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Department of Psychology
Lady Shri Ram College for Women

The Learning Curve

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The COVID-19 Curve ball: Psychological Priorities in the Post-pandemic World

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In early 2020, the COVID-19 pandemic took over almost all aspects of human life ranging from work routines and parenting styles to social behaviour. The pandemic brought in its wake, phenomena that most humans in contemporary times knew little about, for example, lockdowns, social distancing and mask-wearing. Life changed abruptly and drastically with no end in the sight to the adjustments demanded by the 'super-spreader' virus. The situations created by the pandemic have raised many important questions for the discipline of psychology. One question is about the responsibilities that psychologists owe to people during times like these. Can it be business as usual, or do we need to act and respond differently? Given the unprecedented and unpredictable nature of the virus, it would be naivety to think that it can be business as usual.

Data collected during the pandemic has indicated a substantial increase in mental health problems including anxiety and depression. According to a report released by the World Health Organization, the global prevalence of anxiety and depression increased by a massive 25% during the first year of the COVID-19 pandemic, augmenting the need for the world to pay more attention to mental health. Vlachantoni et al. (2022) studied the impact of social distancing measures aimed at controlling the spread of COVID-19 on social isolation among those over 70 instructed to shield at home. Among older people who hardly ever/never felt lonely before the pandemic, 33.7% reported some degree of loneliness between April 2020-January 2021. Further, measures initiated to curtail the spread of the virus and the burden on the health care systems of every country, meant that people with mental health vulnerabilities experienced delays in receiving the care they needed.

Compared to nonessential workers, essential workers have been more likely to report symptoms of anxiety or depressive disorder (42% vs. 30%), substance use (25% vs. 11%), and suicidal thoughts (22% vs. 8%) during the pandemic (Panchal, Kamal, Cox & Garfield, 2021). Members from marginalised groups including LGBTQ community members, ethnic and or religious minorities and women have been confronted with disproportionate losses (e.g., Salerno et al., 2020). As quarantine measures began, several countries, such as the U.S. reported increases in domestic abuse incidents ranging from 21% to 35% (Wagers, 2020). The National Domestic Abuse Hotline in the UK too saw a 25% increase in calls since stay‐at‐home measures were implemented (Kelly & Morgan, 2020). India witnessed the same trend with the National Commission of Women registering a significant increase of 94% in complaints from women being assaulted in their homes during the lockdown.

Such outcomes require an acknowledgement of the fact that mental health professionals including psychiatrists, psychologists, and social workers have a critical role to play in the management of the pandemic as well its aftermath. Psychological adjustment may not come easily to everyone as activities that were suspended in the last two years are resumed. There is also evidence to indicate that patients are also 60% more likely to suffer lingering mental and emotional woes in the year following their infection (Xie, Xu, & Al-Aly, 2022).People who had COVID-19 are 35% more likely to suffer from anxiety, and nearly 40% more likely to suffer from depression or stress-related disorders. Among these patients, there was a 55% increase in the use of antidepressants, and a 65% increase in the use of anxiety medication. These patients were also more likely to have sleep disorders more likely to have thinking declines (e.g., forgetfulness, lack of focus).

Given that mental health has been a burning issue in the events that have unfolded in the last two years, dealing with the pandemic is not simply the arena of doctors. The prime responsibilities of mental health professionals pertain to offering the best care they can to the largest number of people they can. The emphasis needs to be on enhancing the accessibility and availability of mental health care services through awareness programs, telemedicine, telephone helplines, web portals and emergency services. It requires professionals to extend themselves to reach populations they may not have worked with earlier, work longer hours than they might otherwise be used to, conduct research in new domains using novel methods, have higher involvement in community-level work and in policy development. Further, it would require mental health professionals and their clients to adapt to a new form of interaction (for example, during psychological assessment and therapy) that is mediated by technology, as opposed to the usual face-to-face mode followed in earlier times.

The second question is about how the focal areas of various psychological sub-fields may diversify as we enter the post-pandemic phase. In all likelihood, the pandemic has already shaped the contours of every sub-field including health psychology, educational psychology, psychology of disabilities and organizational behaviour. Some reflection on these diversifications may be useful at this point. Health Psychology, still a nascent field in India, studies psycho-social

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factors that promote health as well as the prevention and treatment of disease and illness. Taylor (2018) writes that an important factor influencing the rise of health psychology was the change in illness patterns in developed countries in recent decades. Until the 20th century, the main causes of illness in the United States were acute disorders caused by viral and bacterial invaders.

However, the prevalence of acute infections declined because of better treatments and changes in public health stands. The focus thus shifted in the developed world to chronic illnesses including cancer, obesity, heart disease, diabetes and pain. Health psychology which arose largely in the 1970s has thus traditionally focused on studying chronic illness and its management. However, the pandemic has brought public attention back to infectious diseases, thereby creating a need for health psychologists to study psycho-social and cultural factors in the large scale spread of potent and life-threatening infections. This is also the time for health psychologists to create interventions and programs that can help people adjust to a new normal that requires them to be ever cautious in the face of new COVID-19 surges.

Another field faced with a novel set of priorities is Educational Psychology. The pandemic has drastically changed the global landscape of education. Suspension of face-to-face teaching during the pandemic has indicated clear losses for children's learning. A study analysed these loses by using data from the Netherlands, which underwent a relatively short lockdown of 8 weeks. The country enjoys an equitable system of school funding and the world's highest rate of broadband access. Yet the results revealed a learning loss of about 3 percentile points. Losses were up to 60% larger among students from less educated families (Engzell, Frey &Verhagen, 2021). The closure of schools has created major barriers to learning for children including lack of access to smart phones or tablets, poor internet connections and difficulty paying attention to online content. These challenges have been even greater for children who face multiple disadvantages such as being of the female gender, from groups considered as lower or backward castes and belonging to poor households. It appears that the shift to online education has exacerbated existing inequities within the education sector.

Educational psychologists are now tasked with studying the challenges and advantages of online education (especially when it is an outcome of circumstances rather than choice), particularly for young children. Interest must also be taken in training teachers with the skills that work best in virtual classrooms and determining the impact of being away from school on children's scholastic and social development. Given that the pandemic may surge again, educational psychologists must also equip educators, children and parents for hybrid education.

Among the marginalised populations most hard hit by the pandemic are persons with disability. People with disability who have underlying health conditions remain at higher risk of developing severe symptoms if infected with the virus. Additionally, persons with disability face several barriers in accessing public health information pertaining to the pandemic. Another concern has been with regards to the effects of social isolation on the development of children with disability who tend to have smaller peer networks than able-bodied children. Lockdowns have created an intense set of barriers that have made the availability of basic goods, services, and opportunities even harder for persons with disability. In this scenario, it is necessary to foster access that is disability sensitive by emphasizing the framework of Universal Design. Universal design is creating living and working environments or products that can benefit the widest possible range of people in the widest range of situations. Before the pandemic, the focus had been to create offline spaces and tools based on the principles of Universal Design. The shift to a technology-mediated, post-pandemic world now demands that these principles be applied to spaces that are virtual or hybrid in nature. This essentially amounts to the development of websites, apps, software, and online classrooms that promote inclusion alongside the widespread dissemination of digital literacy.

The place of work and the nature of work have both been impacted for good, too. The pandemic has caused workers to rethink the institution of work and nudged them towards greater self-determination. This may have fuelled 'the great resignation' (Hill, 2021). The increased level of savings during the pandemic especially in developed countries (as it was difficult to spend money and people figured out creative ways to downsize one's expenses) has led workers to leave jobs that do not pay well, do not offer decent work conditions, or do not have a trusted community at work. HR professionals must respond to this challenge and think of innovative ways to bring employee and their well-being at the centre of discourse, instead of just a profit orientation. Emergent changes in work practices (e.g., working from home, virtual teamwork) as also emergent changes for workers (e.g., social distancing, stress, and unemployment) have necessitated a swift response from practitioners. HR practitioners will have to especially address the needs of vulnerable categories of employees, motivate workers in virtual environments, nurture more participative and empathic team leaders, develop new performance management and appraisal systems for remote working populations, and training to recognize mental health issues. The learning from the experiences of the HR Professionals in managing crises posed by the COVID-19 pandemic and the phases they have navigated through will help to successfully manage similar crises in the future (Adikaram, Priyankara, & Naotunna, 2021).

Psychology will play an increasingly crucial role in solving world's most intractable challenges. Human behaviour is at the core of many of the biggest issues with which the world is grappling today- inequality, climate change, health and well-being, the future of work, education, and more contemporary issues like increasing vaccine confidence, pandemic fatigue, family burnout, fighting fake news and misinformation, etc. Psychologists should take their rightful place not just as a seat at the table but to actually head the table.

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The Need For a LGBTQ Inclusive Curriculum and Professional Training of Teachers and School Staff In Gender and Sexual Diversity

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Abstract: This paper aims to comprehensively explore the unique challenges including bullying, harassment and mental health issues faced by LGBTQ students within educational spaces in India and abroad. An effort has been made to understand these challenges as influenced by the social and political nature of stereotyping and prejudice. It also highlights the critical role of social policy change in creating more inclusive educational spaces for sexual minority youth. There is strong evidence of greater self-acceptance and self-esteem and reduced mental health issues when coming out is supported by schools and colleges. The need for the implementation of a LGBTQ inclusive educational curriculum and professional training for sexual and gender diversity has been discussed.

Introduction

LGBTQ is an inclusive term that stands for Lesbian, Gay, Bisexual, Transgender and Queer individuals who have non-heterosexual or cisgender preferences. This paper discusses the unique challenges and mental health concerns faced by LGBTQ students within educational spaces and the requirement for policy based, socio-educational reform to alleviate these challenges. Despite increased acceptance of the LGBTQ community, alarming statistics continue to emerge from educational settings that demonstrate how resistant prejudice can be to elimination. Prejudice in schools and college results in wide-spread bullying of LGBTQ students. According to the American Psychological Association (APA), bullying is defined as an aggressive behaviour in which intentional harm is inflicted by one individual upon an another repeatedly through physical contact, verbally, or subtle actions. The bullied individual is not responsible for the bullying and has trouble defending themselves. Being bullied can result in internalizing and externalizing symptoms such as depression, social withdrawal and conduct issues (Sigurdson et al., 2015) which may continue well into early adulthood. National data from the CDC's Youth Risk Behavior Survey in the U.S. showed that compared to their straight peers, lesbian, gay, and bisexual students report higher levels of cyber bullying (27% vs. 13%) as well as physical bullying on school grounds (33% vs. 17%) (Kann, et al. 2018). Further, in a national U.S. study that focused on bullying and harassment, 80% of LGBQ adolescents reported bullying victimization or peer harassment (Ybarra et al., 2015).

A survey among sexual/gender minority youth in Tamil Nadu (UNESCO, 2018) conducted through focus groups, in-depth interviews and a structured questionnaire found that almost all the participants had experienced harassment in school because of their gender expression or perceived sexual orientation. Forms of bullying varied according to grade levels – primary, middle school or higher secondary. Bullying occurred in a variety of settings such as classrooms, washrooms, school terrace and the playground. More than half the participants reported that co-students acted as bystanders and did not intervene to stop the bullying. Only 18% participants reported bullying incidents to school authorities. The actions taken by authorities included asking participants to change their feminine mannerisms and ignoring the incident. In some cases authorities took action against the person who bullied them. Parents often reacted to such complaints by asking their children to change their mannerisms/behaviour or ignore the incident. Many participants said that when they were subjected to bullying they either cried, suffered silently or resisted perpetrator in some way. About 29% participants skipped school for several days to avoid further problems. The fear of a backlash prevented many youth from reporting the instances of bullying to school authorities and other adults.

Allport in 1954 in his book *The Nature of Prejudice,* said that "It is a serious error to ascribe prejudice and discrimination to any single taproot, reaching into economic exploitation, social structure, the mores, fear, aggression, sex conflict, or any other favored soil. Prejudice stemmed from multiple causes and must be analyzed in terms of the interaction of personality and society" (as cited in Purtilo, Haddad, & Doherty, 2014). This means that discrimination and prejudice are much beyond individual personality traits and should be seen through the broader social political lens. Thus, for any progressive change to happen, the government policies must change with time so that people start to accept it as a way of life. Such a social political change was observed in the sub-continent in September 2018, when the Supreme Court of India made a landmark decision by decriminalizing all consensual sex among adults including homosexual sex (BBC, 2018). Following that, in 2019, a ban was placed on medically unnecessary sex normalizing surgeries on children born with intersex variations by the state of Tamil Nadu in India. In June 2021, the Madras High Court ordered India's National Medical Commission to ask publishers and medical schools to edit their existing textbooks and curricula to exclude any discriminatory, derogatory, and unscientific citing of the LGBTQ people.

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Although such developments are an indication of progress, sexual minorities still experience many problems due to lack of social inclusion and acceptance from the society. There have been reports of LGBTQ youth committing suicides in India and other parts of the world due to stigmatization and ostracization. In a recent incident, a grade 10 student from a well-known school close to Delhi died by suicide leaving behind a note accusing his school of bullying (The Quint, 2022). It was reported that the student had been harassed many times over his sexuality and had reported the mater to school authorities. However no timely action was taken. This lack of action may by tied to nonconformity to traditional cultural norms (by being non-heterosexual or non-cisgender) being viewed as "sexually immoral." Individuals in collective cultures including India, Malaysia and Pakistan have been found to be more strongly opinioned and endorsing of their beliefs regarding protection of cultural norms and "honour" as compared to British Whites (Lowe, et al., 2021). An example of cultural tightness was seen in December 2021, when India's National Council for Education Research and Training (NCERT) had to take down their newly developed LGBTQ friendly teacher training module due to opposition from India's right-wing politicians (Hindustan Times, 2021). Right wing populist parties, individuals with strong religious affiliation and people with lesser education are usually less accepting of sexual minorities as opposed to left wing political parties, individuals with weaker religious affiliation and those with higher education (Poushter & Kent, 2020). The forcible push that occurred in November 2021 on the NCERT in India by the right-wing politicians to pull out the training manual on the inclusion of transgender children in schools unfortunately affirms such strong heteronormative beliefs, leaving no room for acceptability for sexual minorities. This is even though the first audit of NCERT curriculum to make it LGBTQ inclusive was in 2014.

LGBTQ youth report that they are expected to have a heterosexual orientation in school and feel misplaced as a result. Furthermore, many youths from small cities report not having enough knowledge of sexual orientation and what being non-heterosexual or non-cisgender means, which adds to further confusion in the development of their authentic self and sexual identity (Wallqvist & Lindblom, 2015). Often such children do not know how to stand up for themselves when being bullied due to a lack of any language or community that teaches children how to act in such a scenario (Goldstein et. al, 2021). This is also because there is almost no regular conversation on the topic of sexual identity as these topics are generally considered taboo, especially in Asian cultures. There is also an overall lack of discussion, knowledge, and facts about homosexuality in schools, media and society which creates confusion and uncertainty around the topic of sexual identities, often creating a feeling of alienation among the sexual minorities (Wallaqvist & Lindblom, 2015). As a result, even though friends may share their feelings and thoughts about their self-identity and sexual preferences with each other, there is a huge vacuum when it comes to having such discussions with one's family and/or teachers (Wei & Lui, 2019). In fact, research shows that coming out to non-accepting people may lead to threats, bullying and reduced self-esteem (Wei & Lui, 2019). Some of the negative communication and behaviours received by LGBTQ individuals from their family or friends after 'coming out' include denial, religious talk, insensitive or inappropriate questions, comments, shaming statements, and aggression (Manning, 2015).

The impact of discrimination against the LGBTQ is well documented across the globe and it is important to be dealt with. It would perhaps be easier to tackle the stigma associated with same-sex relationships and sexual minorities if it is made part of the educational system where children are taught about non-heteronormative and non-cisgender identities from an early age in life. Children at a younger age are more open to ideas and their views are evolving and developing as compared to adults who may be set in their ways of thinking. However, this is no small task and requires change at the level of policy making and educational framework to allow classrooms to be a safe space for the existence of sexual minorities and discussions on sexual and gender diversity.

The Need for Educational Reform and LGBTQ Inclusive Curriculum and Teacher Training

LGBTQ students report better physical, social, and academic development when they are part of a supportive school environment that is inclusive and supportive as opposed to a hostile school environment which is aggressive and discriminatory. The only way to break political and social stigma is the change that must be brought about by law and policy reform. Research shows that social support reduces the negative mental health effects of minority stressors such as homophobia and homonegativism (Berg et al., 2016), and cultural and social support experienced by the sexual minorities helps them develop self-acceptance and 'coming out' at an earlier age than later (Rosati et al., 2020). A 30-minute online intervention called RISE (Releasing Internalized Stigma for Empowerment) showed a significant decrease in the level of internalized homophobia in gay men and a modified version of RISE too showed reduced internalized homophobia for cisgender gay men, bisexual people, and transgender people (Israel, et al., 2021).

Youth also express a strong desire to educate themselves about LGBTQ and benefit enormously from engaging in healthy discussions about sexual identity and preferences (Manning, 2015). Addressing non-heteronormativity and a non-cisgender way of life is not only realistic but also very much needed in the present times to provide support to the

LGBTQ youth at risk and to sensitise heteronormative individuals towards the rights of the sexual minorities.

Parasocial contact hypothesis which is an extension of the Contact Hypothesis or Intergroup Contact Theory given by Allport in 1954 states that, people's prejudice towards an outgroup can reduce through mass-mediated interaction such as television. This is especially true when such individuals have limited opportunity to interact face to face in real time with the minority. (Schiappa et al., 2005). Individuals who are exposed to the outgroups or sexual minorities or when engaged in imaginary discussions with the members of the LGBTQ community, show lower prejudice due to an increase in self-understanding and a decrease in relational uncertainty as supported by the parasocial contact hypothesis (Waggoner, 2022). LGBTQ youth attending schools that have gay straight student alliance (GSAs) report experiencing less homophobic comments, feeling safer and more supported at school by teachers and staff, reduced victimization, less mental health issues and better academic achievement (Heck et al., 2013)

The implicit stigmatization associated with being a sexual minority usually extends beyond the explicit bullying that one experiences with peers which highlights the need for a more inclusive curriculum. A curriculum is social, political, ideological, and communicative in nature which is why a LGBTQ inclusive curriculum is required to bring about change at the societal and political level in the acceptance of sexual minorities. A change in the language used in texts and communication at school which is largely heteronormative is essential to create inclusivity for sexual minorities. Use of queer texts in classrooms would help bring to attention the issue of being a sexual minority amongst all students creating normalcy about it and furthering open and healthy discussions on the same. Having students participate in book clubs where they themselves choose the queer inclusive texts and then engage in open discussions or identifying and discussing LGBTQ themes present in literature is another way to promote inclusivity of queer representative texts in the curriculum (Page, 2017) and create feelings of positivity among students regarding gender and sexual diversity (Batchelor et al., 2018). Questioning texts through a queer pedagogical lens can shed light upon the heteronormative norms that exist in the texts, schools and society at large helping to bring about a radical change in the existing schooling practices (Page, 2016). As reported by GLSEN, 2011 and Kosciw et al., 2016 (cited in Page, 2017), use of an inclusive curriculum helps LGBTQ students feel safer and more engaged at school, better accepted by peers, and engage in less absenteeism. Evidence for this can be found when looked at educational systems that are LGBTQ inclusive.

One such example is the Canadian Educational System which has been LGBTQ inclusive since 1998 and continues to create strong support for gender and sexual diversity in education (Meyer, Taylor, and Tracey, 2015). By and large, Canadians demonstrate high acceptance for the LGBTQ community. As per the Pew Research Centre report of 2020, Canadians are now more likely to say homosexuality should be accepted by society; 85% say this, compared with 80% found six years ago and 70% found in 2007 (Poushter & Kent, 2020). Educational level policy changes in Canada can be seen though the implementations made at the provincial levels in schools such as through the British Columbia's School Act which states that "teachers should ensure that classroom instruction, assessment, and resources reflect sensitivity to diversity and incorporate positive role portrayals, relevant issues, and themes such as inclusion, respect, and acceptance. This includes diversity in family compositions and gender orientation". This has further led to sexual orientation and gender identity (SOGI) related initiatives including working together with the GSA (Gay Straight Alliance) clubs, organizing anti bullying events, and providing teachers with lesson ideas and resources to make classrooms SOGI inclusive (Kendrick, 2019). The document 'Seeing the Rainbow' advocated by the Canadian Teachers' Federation and the Elementary Teachers' Federation of Ontario (2002) is one example of promoting an LGBTQ inclusive curriculum. An Additional Qualification course in LGBTQ issues in Education was set up by the Ontario College of Teachers in 2010 along with the anti-homophobia training run by the Ontario Secondary School Teachers Federation in 2012. Another such example is AGAPE, which is a focus group formed by the faculty of Education at the University of Alberta, Canada, to discuss issues related to sex, sexual and gender differences in education and culture regarding the needs of sexual minorities. Other developments include programs such as Wells, 2007 in Alberta, Pride Education Network, 2013 in British Columbia and Pride in Education, 2013 in New Brunswick (Kitchen and Bellini, 2013).

This does not mean that there is no incidence of heterosexism, transphobia and/or homophobia in Canadian schools and some provinces are further behind than others when it comes to the creation of safety, inclusiveness, and support in schools because of their religious and political affiliation with heteronormative and binary norms (Grace & Wells, 2006). However, since it is mandatory that every student and teacher who is a sexual minority person be protected at school, the LGBTQ inclusive education policy enables the teachers and school staff to implement the anti-discriminatory laws in schools. Research has found that an LGBTQ inclusive curriculum in Canadian schools helps teachers develop readiness and competence to teach and discuss the existence of non-binary sexual orientations and gender identities (Batchelor et al., 2018). Teachers who have received adequate training in gender and sexual diversity are better able to deal with and intervene, if necessary, in incidences of student bullying due to them being a sexual minority. An inclusive curriculum and teacher training also sets the environment to help students think

about gender and sexual diversity and develop respect and responsibility of ethical behaviour towards their sexual minority peers (Grace & Wells, 2006). Thus, it can be said that peer support and education including, in-school mentorship programs, drop-in groups for LGBTQ youth and after school programs about gender and sexual diversity helps promote social, emotional, and physical safety among LGBTQ youth.

On the other hand, countries that lack ethical guidelines and policies regarding sexual minorities and LGBTQ inclusivity in the curriculum leads to difficulties especially those for teachers and staff with high conformity to heteronormative norms and strong religious affiliations as this may inhibit them from offering the much-needed support to LGBTQ students in school (Wei and Liu, 2019). At times teachers in certain schools do opt towards using queer text to make the curriculum more LGBTQ friendly, but this is a choice and not a requirement as it is not part of the curriculum (Page, 2017). Furthermore, simply opting for the queer text reading without having students engage in healthy meaningful post reading discussions does more harm than good as it may create confusion due to questions left unanswered (Page, 2017). Furthermore, such healthy discussions without adequate teacher training in the use of a gender and sexual diversity inclusive curriculum are solely dependent upon the credibility and insight of a teacher. Additionally, change is also needed in the field of psychotherapy where the major theoretical models are rooted in heterosexual normative research and do not apply well to those who do not confirm to these norms. There is a strong need for specific training to develop competence when working with sexual minorities (Moleiro & Pinto, 2015).

The challenge of implementing an inclusive curriculum and teacher training regarding the same can be harder in smaller rural areas as there is usually less exposure to sexual minorities in small cities. The age and religious affiliations of the teachers too may create a conflict with the acceptance of a LGBTQ inclusive curriculum. Older teachers may feel less comfortable than younger teachers to talk about non heteronormative issues in class as they may have spent most of their lives living according to heteronormative standards. Thus, unless an overall change in the curriculum is brought about, the positive acceptance of LGBTQ youth in the educational system would depend upon the discretion of the instructor. A lack of an overall curriculum that sets the rules of inclusivity of sexual minorities itself creates a sense of exclusivity and gives society the message that sexual minorities are not relevant enough to be considered equal to the heteronormative people.

Research also shows that unfortunately, simply having an inclusive curriculum is not enough if the intention behind the change is missing. The ongoing program of gender and sexuality diversity teacher education (GSDTE) in the U.S. attributes its ineffectiveness to a lack of intention for change in the rights of the LGBTQ people (Goldstein et al., 2021). Incentives can be taken by the educational authorities and

school administrators to find ways such as workshops and training to support teachers in developing an inclusive curriculum and communication for the LGBTQ youth in school. These trainings or workshops can help provide teachers and school staff a safe space to discuss their queries and personal beliefs or religious views that play a big role in the acceptance or resistance of sexual minorities (Wei & Liu, 2019). Teachers report feeling more confident in providing intervention for bullying against youth of sexual minorities when they have received proper training and guidelines regarding the same (Hudson, 2017).

At times teachers and students who follow heteronormative rules may feel that simply maintaining silence and not engaging in active discrimination against the LGBTQ students would be enough to make them feel inclusive. Unfortunately, this is not true as silence and absence of active discrimination cannot replace open healthy discussions about sexual and gender diversity which creates a feeling of genuine inclusivity for the LGBTQ students (Hudson, 2017). Silence and invisibility about one's sexual identity makes one feel alienated and rejected and increases mental health issues. As mentioned by Sears in 2009 (cited in Hudson, 2017), the lack of LGBTQ inclusive curriculum may not be to 'protect children's innocence' as it is projected to be but rather a desire of the adults (parents, teachers, and staff) to protect themselves from inner reflection, embarrassment, or controversy.

Conclusion

Based on the above-mentioned review of literature, it can be said that there is a strong required for change in people's heteronormative mindsets so that a greater acceptance of sexual minorities can be created in society. An understanding that sexual minorities face unique challenges at school and in their personal lives; use of non-heteronormative and non-cisgender texts in class; and engagement in healthy constructive discussions in school about sexual identity and gender diversity, is crucial to the social political change required for the creation of a LGBTQ inclusive society. Although some changes can be seen in the Western countries regarding the creation of a more LGBTQ inclusive curriculum, this is still a dream in collective cultures such as India. Taking necessary steps in acknowledging that there is a need for change in the social cultural norms of the society is the only way to move forward.

The Way Ahead

An educational reform in the existing heteronormative and binary curriculum towards a LGBTQ inclusive curriculum is essential to help develop an acceptance of sexual minorities amongst children and youth from a young age. There is a strong need for professional training about sexual and gender diversity to help teachers and staff manage their personal issues such as religion and affiliation with heteronormative and cisgender norms that prevents them from creating LGBTQ inclusive

classrooms and reducing discrimination and bullying against sexual minorities. Once a LGBTQ inclusive curriculum is implemented, anti-discriminatory laws can be exercised in schools that prevent the sexual minority youth against abuse and victimization. Only a social political reform can help create a LGBTQ inclusive world where they are given the respect, rights, and privileges they deserve to live happy healthy lives. Hopefully that day shall come soon.

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Psychological Capital (PsyCap) and Counterproductive Work Behaviour: Organizational Identification as a Mediator

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Abstract: The present research aims to address two of the major gaps in PsyCap literature: investigating the processes (mediators/moderators) by which PsyCap influences outcomes, and testing PsyCap in a non-western context. The present study thus examined the relationship between PsyCap and employee counterproductive work behaviours (CWBs) through organizational identification (OID) in the Indian context. The current study used a quantitative survey-based research approach and has collected data from 204 employees from the Delhi-NCR region. PCQ-24 (Luthans et al. 2007), counterproductive work behaviour checklist (Spector, Bauer, & Fox, 2010), and organizational identification questionnaire (OIQ; Cheney, 1983) were used to measure PsyCap, CWBS, and organizational identification respectively. Data were analysed using SPSS. Descriptive analysis and mediation analysis were used to analyse the data. PsyCap was found to be positively related to OID, and negatively to CWBs. Mediation analysis showed that organizational identification mediated the relationship between PsyCap and CWBs having a large effect size. Future implications of the current research have been discussed.

Keywords: PsyCap, CWBs, Organizational identification, Mediation analysis

Introduction

Psychological capital (or PsyCap) is one of the core constructs of positive psychology at work comprising of four identified resources such as hope, efficacy, resilience, and optimism. PsyCap has also been presented as a second-order construct comprising of these four first-level components (Luthans et al., 2007). PsyCap can be considered as a personal resource that increases the employees' ability to deal with the ever-increasing job/organizational demands and evaluate these in a more positive frame leading to organizational and personal related outcomes (Hobfoll, 1989; Costantini et al., 2017). PsyCap influences a variety of outcomes in terms of attitudes, behaviours, and performance (Norman et al. 2010, Newman et al., 2014). A positive association has been found between PsyCap and extra-role behaviours, such as OCBs (Avey et al., 2008; Gooty et al., 2009) and a negative link has been observed with undesirable behaviours in the workplace, such as counterproductive or deviant behaviour (Avey et al., 2008; Norman et al., 2010). Despite a plethora of research in PsyCap, some outcomes have not been explored much as compared to some other, and counterproductive work behaviours (CWBs) is one such neglected area (Newman et al., 2014). Moreover, Newman et al. (2014), Luthans & Youssef-Morgan, (2017) advocated the need to examine the processes (moderators/mediators) through which PsyCap influences outcomes. According to Newman et al. (2014), the literature on PsyCap has tended to focus on its antecedents and results, rather than on the processes through which PsyCap influences outcomes. Although research has begun to discover potential mediators of the PsyCap/outcomes link (Imran & Shahnawaz,

2020; Sihag, 2020; Bhatnagar & Aggarwal, 2020), this field of study is still relatively young. Additional research is needed to elucidate the underlying mechanisms by which PsyCap affects workplace outcomes. Lastly, most of the above-mentioned reviews have recommended testing PsyCap and outcome relationships in a non-western culture. Thus, the present study aims to address the above gaps in PsyCap literature.

PsyCap and Counterproductive Work Behaviours (CWBs)

Counterproductive Work Behaviours (CWBs) have emerged as one of the important constructs in contemporary organizations. CWBs impose numerous costs on organizations such as lower levels of productivity, lost work time, higher intention to quit, and stress for other workers (Appelbaum & Matousek, 2007, Striler et al., 2020; Schilbach et al., 2020). Bennett & Robinson (2000) defined CWBs as voluntary behavior of organizational members that violates significant organizational norms, and in doing so, threatens the well-being of the organization and/or its members. CWBs can manifest in many ways in organizations. The active manifestations of these behaviours include spreading negative rumours, harassing coworkers, sabotaging the work or key projects of other employees, or purposely failing to follow instructions, while passive behaviours include actions such as failing to help a coworker, neglecting to pass on key information, or otherwise withholding something that can help the organization and its members achieve relevant goals, with the intent of restricting the accomplishment of organizational goals.

There is evidence to support that organizational stress (Kelloway & Barling, 2010; Nair & Bhatnagar, 2011), breach

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of psychological contract (Rousseau, 1989; Hoobler & Brass, 2006), unfair organizational practices (Ambrose, Seabright, & Schminke, 2002), and authoritarian leadership styles (Aryee et al. 2007) are positively related to CWBs. There is also evidence to support that PsyCap would mitigate the effect of these negative work conditions, as a negative relationship has been found between PsyCap and stress/anxiety (Avey, Luthans, & Jensen, 2009). Some other studies reported a negative relationship between PsyCap and undesirable work behaviours such as CWBs (Avey et al., 2008; Norman et al., 2010; Avey et al. 2011). Yan (2010) found that when faced with rude customers, employees who have high psychological capital will be more positive and optimistic to take the initiative to explore new initiatives and ways to change negative situations, rather than resort to CWBs.

PsyCap and CWBs: Organizational Identification as a possible mediator

As mentioned above, previous researchers have found a negative relationship between PsyCap and CWBs, however, given the complexities of modern organizations, it would be naïve to take these relationships seriously and further research is needed to explore the mechanism through which this PsyCap-CWBs association takes place. Therefore, it is important to explore the mechanism through which PsyCap would have influenced CWBs (Newman et al, 2014; Luthans & Youssef-Morgan, 2017). In the context of the present study, organizational identification has been presented as a possible mediator between PsyCap and CWBs.

The construct of organizational identification (OID) has been attracting a lot of interest amongst organizational scholars. One of the reasons for this interest is the centrality of OID in understanding and analyzing the link between individuals and their employing organization (Ashforth & Mael, 1989; Dutton, Dukerich, & Harquail, 1994; van Dick, 2001). Secondly, the OID of individuals is beneficial to the individuals as well as to the organization. For instance, employees who have high OIDs are motivated to work hard to achieve organizational goals and activities (Ashforth & Mael, 1989; Dutton, Dukerich & Harquail, 1994). Satisfaction of the need to belong and positive self-esteem are some of the benefits the employees reap (Ashforth & Mael, 1989) because of their identification with the organization.

Yardan, Demirkiran, and Taşkaya (2016) found positive and significant relationships between the dimensions of psychological capital and organizational identification of the personnel working at a state hospital in Turkey. According to their analysis, 27.2% of the change in organizational identification was explained by optimism, resiliency, hope, and self-efficacy. Therefore, it can be concluded that PsyCap would lead to organizational identification.

Demir, Demir & Nield, (2014) found that organizational identification influenced job performance, intention to remain, and CWBs. OID was found to be the main predictor of organizational citizenship behaviours and CWBs. According to Fagbohungbe, Akinbode & Ayodeji (2012), organizational identification was found to be associated with workplace deviant behaviours negatively. When employees' values are similar to that of the organization and when they identify themselves as members of the organization, they develop higher and stronger organizational identification (Ashforth & Mael, 1989). However, when employees have vague and inconsistent organizational identification, they do not feel like part of the organization and are more likely to violate the rules and norms of the organization. Through the extant literature, it can be concluded that organizational identification influences CWBs negatively.

Wang and Zheng (2018) found that PsyCap fully mediated the association between transformational leadership and employee voice behaviour (VB). Moreover, PsyCap's influence on VB was larger when organizational identification was high compared to when it was low. Norman et al. (2010) examined OID as the moderator between PsyCap and CWBs. The result of the study showed that OID moderated the relationship between employees' PsyCap and their OCBs. The result further shows that employees who had the highest PsyCap and who identified most with the organization were less likely to indulge in CWBs. However, Norman et al. (2010) did not enumerate the how and why of this relationship. However, we believe that OID would more likely mediate the relationship between PsyCap and CWBs because of the following processes or reasons.

Firstly, one of the ways PsyCap manifests in the organization is through leadership. For example, Shamir et al. (1993) demonstrated that transformational leaders engage followers in three ways: through enhancing follower self-efficacy, enabling followers' social identification with their group or organization, and aligning the organization's work ideals to follower values.

Leaders with a higher degree of responsibility may help their followers develop a stronger sense of organizational identity by providing more support and maintaining a higher level of work passion within teams. Leaders who have a high degree of hope have a greater grasp of their work environment and are more creative in their problem-solving. As a result, they may more effectively accomplish their objectives and earn the trust of their followers (Lane and Chapman, 2011). Leaders with a greater capacity for resilience are likewise more resistant to unfavourable stressful occurrences. They not only achieve positive emotional control but also inspire the development of favourable feelings in their followers. Thus, these actions of leaders will assist the employees in dealing positively with

hardship and failures, thereby increasing followers' organizational identification, which would ultimately lead to fewer CWBs.

Secondly, Luthans et al. (2007) presented PsyCap as the cognitive processes of positive appraisal of events at work that will lead to increased attention and positive memories related to work (Youssef-Morgan & Luthans, 2015). Therefore, PsyCap would mitigate the effect of negative work conditions such as stress/anxiety (Avey, Luthans, & Jensen, 2009) leading to a more balanced/positive processing of work events. Moreover, leaders can provide critical aspects that guide followers' interpretations of work occurrences. Without a doubt, leaders contribute significantly to the development of team climate, and a positive and harmonious team environment leads to the enhancement of organizational identity (Walumbwa et al., 2010). Moreover, leaders with a high level of PsyCap may allow good and efficient interpersonal relationships, effective resolution of misunderstandings and disputes, and a favourable work environment, all of which contribute significantly to followers' organizational identification. On the contrary, leaders lacking sufficient psychological capital are more likely to stifle their followers' organizational affiliation. Hence, employees lacking in this necessary positive psychological state of PsyCap will be bereft of a strong sense of identity and therefore are more likely to generate negative psychological states, resulting in a lack of work ethic and thereby engaging in destructive counterproductive work behaviours (Wang et al., 2018; Yang & Chao, 2016).

Based on the above review, the following hypotheses have been proposed:

H1: PsyCap will be positively related to OID.

H2: OID will be negatively related to CWBs.

H3: OID would mediate the relationship between PsyCap and CWBs.

Method

Sample

The data was collected through random sampling on employees working in the organizations such as Rajya Sabha Secretariat, Lok Sabha Secretariat, LIC of India, Delhi Metro Rail Corporation, Videocon, AIIMS, Bank of Baroda, etc from the Delhi-NCR region. A total of 204 participants of varying ages and designations were a part of this study. The age of the sample ranged from 20-65 years and the mean age was 41.23 years. There were 66 females and 138 males in the sample.

Measures

Psychological Capital Questionnaire (Luthans et al. 2007): To assess Psychological Capital, PCQ-24 was used on the current sample. PCQ-24 comprised of four subscales with an equal number of six items each: (1) hope, (2) optimism, (3) self-efficacy, and (4) resilience. The items have to be scored on a six-point Likert scale ranging from 1 ('strongly disagree') to 6 ('strongly agree'). Cronbach alpha of PCQ 24 on the current sample was found to be 0.84.

Counterproductive Work Behaviour-Checklist (Spector, Bauer, & Fox, 2010): The short version having 10 items of Counterproductive Work Behaviour Checklist (CWB-C) was used in the current research. There are 5 items for organization-focused CWB and the remaining 5 items for person-focused CWB. According to Spector, Bauer, and Fox (2010), the scale can also be used as a whole (total score) as well as dimensions-wise, however, in the current study, we have used the total score only. Responses can be made on a 5-point frequency scale; Never, Once or twice, Once or twice per month, Once or twice per week, Every day. Cronbach's alpha of the CWB checklist on the current sample was found to be 0.90.

Organizational Identification Questionnaire (OIQ; Cheney, 1983): The shortened version of OIQ having 12 items was used in the current study. Participants had to indicate their agreement with each item on a six-point Likert scale in which 1 signifies totally disagree, while 6 implies totally agree. Miller et al. (2000) found that the short version of the scale is uni-dimensional and valid. Cronbach's alpha of OIQ on the current sample was found to be 0.96.

Results

Before proceeding with the main analysis, Herman's single-factor analysis was run to check for common method variance as all the scales used in the present research were self-reports. The analysis revealed that when all the items of all the scales were loaded on a single item, it explained 26.9 % of the variance, thus it can be said that the results of the present study were free from common method bias. SPSS version 22 was used for finding out the mean, standard deviation, and correlation. Process Hayes 3.0 Micros (2018) was run for the mediation analysis.

Table 1

Means and Standard Deviations, and Pearson correlation coefficients for PsyCap, OID & CWBs

	Mean	Std. Deviation	PsyCap	OID	CWBs
PsyCap	116.0196	12.15016	1	0.437**	-0.402**
OID	71.0196	12.95044		1	-0.404**
CWBs	15.2647	6.67976			1

A significant positive correlation has been found between PsyCap and OID (r=0.437, p<0.01). Significant negative correlations have also been found between PsyCap and CWBs (-0.402, p<0.01), and between OID and CWBs (-0.404, p<0.01) (see Table 1)

Figure 1

Organizational Identification as the mediator between PsyCap and CWBs
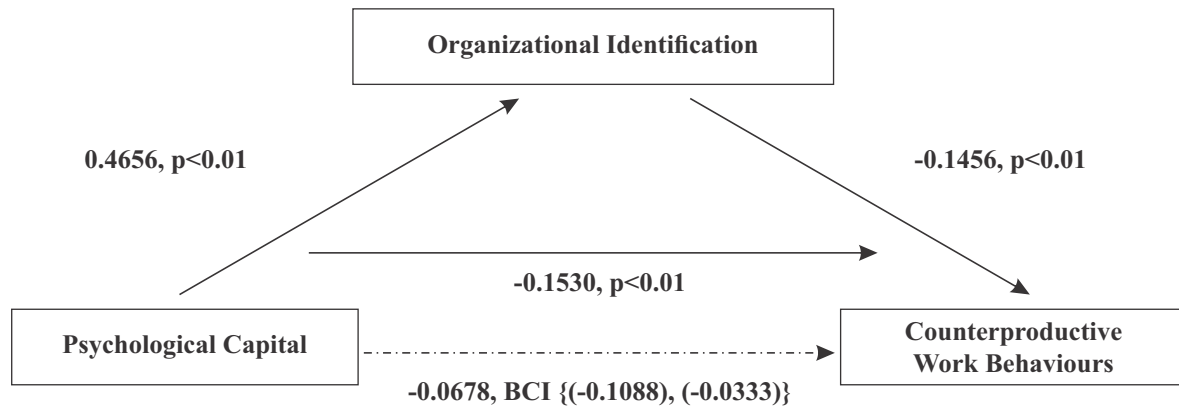
Figure 1 reveals that there is a direct as well as an indirect relationship between PsyCap and CWBs. A completely standardized indirect effect of X (Psychological Capital) on Y (CWBs) was obtained to be -0.1233, Bootstrapping CI {(-0.2007), (-0.0596)}. This indicates that 12% of the effect on CWBs is influenced by organizational identification as a mediator in a negative direction which corresponds to a high effect size.

Discussion

The present research aimed to study the relationship between PsyCap, and CWBs, while simultaneously examining the possible pathways of OID between the two. The first two hypotheses of the study were to ascertain the relationships between PsyCap-OID and OID-CWBs. As predicted, PsyCap showed a positive relationship with OID, and a negative relationship was found between OID and CWBs. As PsyCap is the positive appraisal of work and the context of work, therefore people high on PsyCap would like to identify with the organizations resulting in OID. A more positive appraisal of work and organization would result in developing more positive feelings for the organization and it might also lead to feeling the oneness and belonging to the organization (Ashforth & Mael, 1989). Furthermore, an individual who attaches an emotional significance to his/her membership of the organization (Tajfel, 1978) is less likely to indulge in activities that could sabotage the normal functioning of his/her organization or deteriorate his/her relationship with the organization he/she is a member of. According to Ashforth, Harrison and Corley (2008) and Riketta (2005), OID has a potential capacity to generate a range of positive employee and organizational outcomes, such as organizational citizenship behavior. Hence, an individual who has high organizational identification will tend to indulge in altruistic behaviors and this would thereby decrease his/her tendency to indulge in sabotaging behaviors such as CWBs.

The third objective of the study was to examine the

mediating role of OID in the PsyCap-CWBs relationship. It was posited that PsyCap as a positive psychological state would lead to organizational identification, which thereby would result in fewer CWBs. Youssef-Morgan and Luthans (2015) proposed some mechanisms that will be used to explain the results of the present study. PsyCap would help to cognitively and positively process one's past, present, and future experiences at work that will lead to enhanced wellbeing at work/less distress. PsyCap would also help us to cognitively process attention, interpretation, and memory to experience satisfaction and wellbeing at work (Imran & Shahnawaz, 2020). Spector and Fox (2005) proposed that negative emotions at work might lead up to CWBs as presented in the Stressor-Emotion Model of Counterproductive Work Behaviour (Spector, & Fox, 2005). Moreover, negative emotions usually emerge from the perception of environmental stressors. The model further suggests that the causal flow from a perception of stressors to negative emotions and eventually CWBs is moderated/mediated by perceived control, personality, anger, anxiety, locus of control, etc. It would be pertinent to highlight that CWBs do not occur automatically and in a vacuum; rather, it is embedded within a complex social system of shared values, norms, and models of behaviors (Schein, 1999). Thus, to understand the process leading to CWBs, it is important to consider the role of socio-cognitive processes (Fida et al., 2015). Taking all these arguments together it can be said that high PsyCap would provide the positive cognitive frame to processes attention, interpretation, and memory in a positive way, which would result in

experiencing less distress. Positive appraisal of organizational events and the resultant PsyCap would thus result in a strong identification with the organization (Yardan, Demirkiran, and Taskaya, 2016) which in turn would result in fewer CWBs as organizational distress are related to moral disengagement which in turn predicted CWBs (Fida et al., 2015). Moreover, the mediating role of organizational identification will also be rooted in the leader's PsyCap. Leaders may assist followers in understanding the social and interpersonal context of their job, and effectively integrate the common psychological features into the team. As a result, the psychological capital of leaders has a beneficial effect on their followers' organizational identity. Leaders also provide the subordinates crucial clues as to how they should perceive their work experiences (Chen et al., 2017, Walumbwa et al., 2010). Indeed, leaders have a big impact on the development of team atmosphere, which in turn has a good and harmonious effect on the employee's organization's identity (Walumbwa et al., 2010.), thereby influencing CWBs negatively.

Limitations and Implications

The sample size of the present study was relatively small (n=204). Large sample size would help generalize the results with greater confidence to a larger population and wider domains of work life. We could not conduct a demographic-wise analysis of the data (such as gender, age, and sectors) which further limits the generalizability of our results. In the present research, only a quantitative analysis was done. Qualitative methods can be considered for future investigations.

The results of the present study add to the growing body of literature in several ways, firstly by providing a base to explore how OID could be an inherent outcome of PsyCap among employees, which further strengthens the argument for building and safeguarding the Psychological Capital of employees in an organizational setting. The study also provides replication and extension of previous work linking PsyCap with CWBs (e.g., Avey, Luthans, & Youssef, 2009) by showing in a separate sample that the relationship between these constructs can be replicated even in a non-Western country. Another important practical implication of the study could be the investment in PsyCap for lower CWBs. During challenging economic times, employees may engage in more deviance to gain an advantage over internal competitors for organizational resources, such as jobs, promotions, assignments. Since those higher in PsyCap reported lower levels of CWBs, this study suggests that the enhancement of PsyCap may have a suppressing effect on CWBs. A major contribution of the study could be drawn from the findings of a successful mediation model, and adding a new mediational factor in the form of organizational identification in the Stressor-Emotion Model of Counterproductive Work Behaviour (Spector, & Fox, 2005).

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Can Self-Compassion Impact Relationship Satisfaction, Romantic Jealousy, and Willingness to Forgive? Findings of a brief virtual intervention

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Abstract: The aim of the study was to design and assess the effectiveness of a brief virtual intervention to enhance the self-compassion levels of individuals, and examine its impact on Relationship Satisfaction, Willingness to Forgive, and Romantic Jealousy. The design involved a randomised controlled trial with an experimental group and a control group assessed both before and after a week-long intervention. Data was collected online through four questionnaires. Participants were recruited through convenience sampling and comprised of 67 men and women (aged 18-24 years) involved in a heterosexual romantic relationship at the time of the study. The intervention was successful in enhancing the self-compassion levels of the individuals in the experimental group. The levels of relationship satisfaction of those in the experimental group were also significantly higher as compared to the control group, post the intervention. No significant inter-group differences were found with regards to the levels of romantic jealousy and willingness to forgive.

Keywords: *Self-compassion, Relationship Satisfaction, Intervention, Forgiveness, Jealousy*

Introduction

One often hears 'You must love yourself before you can love somebody else.' Building on such notions, research in the last few decades has focused on exploring the connection between self-compassion and the role that it may play in relationships. Compassion has been an integral part of the Eastern Philosophical traditions. In Buddhism, Karuna (compassion) is said to incorporate two elements: 'loving-kindness' which is the desire for beings to be happy and the desire that others remain free from suffering (Phelps, 2004). However, discussions by Buddhist monks and scholars have extended the act of compassion to one's own self. For instance, His Holiness the Dalai Lama (2011) has spoken of the importance of self-love in order to develop compassion for others. Embedded in such views of Eastern philosophical thought as well as contemporary psychological ideas of 'the self', Neff (2003a) conceptualized a new perspective on healthy self-attitudes, and proposed the concept of: Self-Compassion (SC), or "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003b, p. 87). SC as defined in this way consists of three core constituents, in the face of hardship or personal failure: Self-Kindness, Mindfulness, and Common Humanity. Self-Kindness refers to extending understanding and consideration towards oneself as opposed to being disparaging. The construct of Mindfulness urges one to be aware of any emotional distress without any over-identification, trivialisation or judgement. Lastly, SC entails perceiving one's painful experiences as part of a collective experience all humans share, i.e., Common Humanity. It is this element of SC that distinguishes it from self-centredness (Neff, 2003a), grounding it in compassion for and inter-connectedness with others.

Self-compassion is considered to be a salient self-attitude owing to its benefits for psychological functioning. SC has been negatively correlated with levels of psychological distress (Marsh et al., 2017; MacBeth & Gumley, 2012). An Indian study conducted on young adults found that higher levels of SC resulted in higher general positive affect and life satisfaction (Bhat & Shah, 2015). In another undergraduate population, components of self-compassion displayed positive significant correlations with hedonic human flourishing, social well-being, psychological well-being, and overall human flourishing (Verma & Tiwari, 2017). Sharma and Davidson (2015) found a positive correlation between SC and personal imitativeness, curiosity and exploratory behaviour. This suggests that having an open and accepting stance toward oneself is related to being open to the world, in general.

Self-Compassion has also been associated with interpersonal well-being (Crocker & Canevello, 2008; Yarnell & Neff, 2013). Neff and Beretvas (2013) found that individuals having high levels of SC were more likely to report high levels of relationship satisfaction, and SC was found to significantly predict the same. Studies have found a positive correlation between SC and relationship quality among undergraduates (Bolt et al., 2019; Jacobson et al., 2018). Self-compassionate individuals have also been found to report lower levels of romantic jealousy mediated by their willingness to forgive (Tandler & Peterson, 2018). Such aspects are what seem to contribute towards relationship satisfaction experienced by self-compassionate individuals. Research on Indian samples has indicated that young people report SC to be efficacious in enhancing perceived self-understanding, positive self-regard, forgiveness, resilience, hope, optimism, well-being, emotional strengths and decreased stress. It catalyses positive intra-personal and interpersonal relationships (Tiwari et al., 2020). Tanwar and Garg (2020) found a negative significant correlation between SC and depression among female teachers from government colleges in Delhi and Meerut city.

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It is not surprising therefore, that contemporary psychologists are exploring self-compassion as a therapeutic tool. Forms of psychotherapy like Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT) echo the historical Hindu and Buddhist practices of mindfulness (Shah, 2020) and view acceptance as a way to achieve freedom from suffering. The DBT manual for borderline personality disorder includes several exercises designed to encourage SC (Linehan, 1993). Acceptance is a core process of ACT that has been linked theoretically to SC and aims at reducing self-criticism (Neff & Tirch, 2013).

Existing studies have employed exercises like self-compassionate writing (Johnson & O'Brien, 2013), self-affirmation techniques (Lindsay & Creswell, 2014), oral practice activities (Mantelou & Karakasidou, 2017), and group sharing sessions (Smeets et al., 2014) to enhance SC levels.

While there is no dearth of correlational studies linking SC with relationship satisfaction there has been no systematic attempt to establish a causal relationship between the two.

In the present study, the foremost aim became to structure an intervention with the objective of enhancing the SC levels of individuals in heterosexual romantic relationships. The next aim was to see if enhanced levels of SC have any bearing on the relationship satisfaction of individuals, and related constructs like their willingness to forgive and romantic jealousy. The final aim was to implement a brief, completely virtual intervention.

Thus, the following hypotheses were developed:

- The self-compassion scores of the experimental group will be significantly higher as compared to the active control group after the self-compassion intervention.

- The relationship satisfaction scores of the experimental group will be significantly higher as compared to the active control group after the self-compassion intervention.

- The experimental group will demonstrate significantly greater willingness to forgive than the active control group after the self-compassion intervention.

- The experimental group will report significantly lesser romantic jealousy as compared to the active control group after the self-compassion intervention.

Method

Participants

A total of 67 individuals from the Delhi- NCR region in India, participated in the study (12 men and 55 women) with ages ranging from 18 to 24 years (M=19.72 years; SD=1.38). Participants were recruited through convenience purposive sampling. The inclusion criterion for the sample was individuals in a heterosexual romantic relationship for at least 3 months at the time of the study. Informed consent was taken from each participant and their comfort with engaging in an online research process was adequately gauged before recruitment.

Measures

All participants filled out the same questionnaire twice- once prior to the intervention and once immediately after the last day of the intervention. Each participant was administered four self-report measures.

Self-compassion (SC): The 26-item Self-Compassion Scale (SCS; Neff, 2003a) was utilized to assess self-compassion. It consists of six sub-scales, viz. Self-Kindness, Mindfulness, Common Humanity, Self-judgement, Isolation, and Over-identification. Responses are indicated on a 5-point Likert scale, ranging from 1 (almost never) to 5 (almost always). For example, "I try to be loving towards myself when I'm feeling emotional pain". Reverse scoring was done on the negative facets (Self-judgement, Isolation, Over-identification). A total SC score is obtained by taking the mean of all items. Test–retest correlation for the Self-Compassion Scale (overall score) have been reported as .93 (Neff, 2003a). Higher-order CFA confirmed that a single higher-order factor of self-compassion explained the inter-correlations between the six factors (NNFI = .90; CFI = .92) (Neff, 2003a).

Relationship Satisfaction (RS): The level of satisfaction with one's relationship was measured through the Relationship Assessment Scale (RAS; Hendrick, Dicke & Hendrick, 1998). It consists of 7 items (e.g., "To what extent has your relationship met your original expectations?"). It includes a 5-point Likert scale with responses ranging from 1 (low satisfaction) to 5 (high satisfaction). Items 4 and 7 are reversed. Higher scores on this scale indicate higher relationship satisfaction. The test-retest reliability of RAS has been found to be .85 and the alpha coefficient has been reported as .73 (Hendrick, Dicke & Hendrick, 1998).

Willingness to forgive another person: The 18-item Transgression-related Interpersonal Motivations Inventory (TRIM; McCullough et al. 2006) was administered to gauge how willing participants are to forgive an individual that caused them hurt (e.g., "Even though his/her actions hurt me, I have goodwill for him/her"). Responses were given on a 5-point scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Out of the three sub-scales two were negatively scored (Avoidance motivations and Revenge motivations) and Benevolence motivations sub-scale was positively scored, such that higher scores obtained on the scale imply greater willingness to forgive. The scale displays high internal consistency (.85), moderate test–retest reliability (e.g., 8-week test–retest reliability .50), and provides evidence of construct validity (McCullough et al., 1998).

Romantic jealousy (RJ): An 8-item self-report scale adapted by Melamed (1991) from the Romantic Jealousy questionnaire by Pines and Aronson (1983) was employed to assess this construct (e.g., Whenever your partner goes out

without you, do you worry that they will be unfaithful to you?). Participants were required to indicate their responses using a 7-point Likert Scale ranging from Never/Not at all to Always/Very much and the mean of all items resulted in a final jealousy score. Higher scores on the test mean higher levels of romantic jealousy. Split-half reliability of this scale has been found to be 0.84 and item-whole reliability of Cronbach is 0.87 (Melamed, 1991).

Procedure and Design

The randomised controlled trial involved an experimental group and a control group assessed pre-test and post-test. The independent variable was self-compassion which was manipulated through the intervention. The dependent variables were relationship satisfaction, willingness to forgive, and romantic jealousy. An online document consisting of a consent form and demographic details was released to only those who met the inclusion criterion. Upon recruitment the individuals were randomly assigned to the two groups.

Baseline assessment was done using an online survey which included the four measures. It informed the participants of a 30-minute-long session they could be part of in the following days. Four time slots were presented for participants to choose from. The sessions were conducted via online video meeting platform.

The final number of individuals who opted to continue in the experimental group was 37 and that of the control group was 30. The experimental group participants took part in the SC intervention and completed a series of short written exercises. The active control group performed written exercises pertaining to time management. After this, participants (both groups) were given another short writing exercise to complete every day for the next 6 days by themselves. On the sixth day, survey forms containing all the four scales previously administered were sent to them for impact assessment.

In order to control extraneous sources of variation, the experimental and control group sessions took place simultaneously with each researcher conducting one of the sessions. Both researchers conducted an equal number of experimental and control sessions to minimise the researcher's effects. The instructions for both groups were read out from a predetermined script. Furthermore, all participants performed the same number of writing exercises.

After data collection, the participants were sent a debriefing video. Questions regarding the study were also addressed.

Interventions

The design and exercises for the SC intervention were closely adapted from Smeets et al. (2014) which was found to be effective in enhancing SC levels of the experimental group. The activities were modified moderately to suit the aim of the present study. For instance, the present intervention condensed the three-week long intervention by Smeets et al. (2014) into a week, and did not include any group sharing exercises used previously.

Self-compassion intervention (Experimental Group): The participants were explained that they would be engaging in four short self-reflective writing exercises. Some guidelines were provided, like keeping cameras turned on while doing the activities. They were informed of their rights as research participants. The exercises are described in the table below, in order of conduction.

Table 1
Self-compassion Intervention Exercises

Exercise 1: Mapping critical thoughts	The aim was to get participants to explore their inner self-critical voice by listing their most recurring, negative, and disapproving thoughts about themselves. Two to three minutes were given to write as many such thoughts as they wanted.
Exercise 2: Component A: Recalling a from moment of suffering	Participants were given 5 minutes to recall and write any one moment of suffering their life- a low point marked by difficulty or pain- along with some of the thoughts and emotions going through their mind when it happened.
Component B: Self-compassionate letter	Participants had to keep in mind the experience they just described, and take 10 minutes to write a paragraph expressing understanding, kindness, and concern to themselves, the way they might express it to a friend. The goal was to inculcate understanding towards self by thinking about: "What would you as a compassionate figure say to yourself to ease your suffering?"
Exercise 3: Letter of common humanity to self	Participants were asked to write 5-6 sentences offering a message to common humanity. The concept of common humanity was explained to them with the hope that seeing one's experiences as part of the larger human experience could help them realize that one is not alone in their suffering.
Exercise 4: Flip the thought	The task was to convert self-critical thoughts that participants had noted down earlier (in Exercise 1) into more compassionate ones. In response to their self-critical thoughts, they had to come up with a few kind, positive phrases/affirmations for themselves in about two minutes. As participants came up with these phrases, they were asked to go over them again and again, silently to themselves.

Participants were asked to repeat the last exercise- i.e., write down the positive phrases for themselves- every day for the next 6 days leading up to the post-intervention assessment. Participants were sent a regular reminder message and they also shared a picture of their daily affirmations.

Time management intervention (Active-Control Group): This consisted of four short reflective exercises, including a time efficiency rating, identifying how they can manage time better, and classifying tasks according to the Eisenhower Matrix. Participants were asked to repeat the time efficiency rating exercise every day for 6 days leading up to the post-intervention assessment.

Results

Independent t-test was used to examine the differences between the experimental group and the active control group. The means and standard deviations of the experimental and control group for all the variables were calculated (Table 2). Shapiro-Wilk test did not indicate a significant departure from normality for SC and Forgiveness for both groups, while RS and RJ did (Table 4).

Table 2
Descriptive Statistics and Independent t test Results at Baseline for all Variables

	Experimental Group (N=37)	Control Group (N=30)	t value	p-value
	M (SD)	M (SD)		
SC	79.68 (16.53)	73.93 (14.35)	1.42	.161
RS	29.81 (3.86)	28.87 (4.04)	0.97	.333
Forgiveness	55.76 (13.80)	54.4 (13.26)	0.41	.065
RJ	20.03 (9.81)	20.03 (8.96)	-0.002	.998

Note: M= Mean, SD= Standard Deviation, SC= Self Compassion, RS= Relationship Satisfaction, RJ= Romantic Jealousy

Table 3
Descriptive Statistics and Independent t test Results Post Intervention for all Variables

	Experimental Group (N=37)	Control Group (N=30)	t value	p-value
	M (SD)	M (SD)		
SC	86.27 (15.44)	75.4 (15.83)	2.83	.003
RS	30.30 (3.61)	28.53 (4.65)	1.75	.043
Forgiveness	53.92 (12.85)	53.9 (14.06)	0.006	.498
RJ	18.16 (9.04)	17.5 (8.13)	0.31	.378

Note: M= Mean, SD= Standard Deviation, SC= Self Compassion, RS= Relationship Satisfaction, RJ= Romantic Jealousy

Baseline assessment revealed no significant differences between the two groups with regards to self-compassion levels, relationship satisfaction, willingness to forgive and romantic jealousy levels. The first hypothesis was confirmed as a one-tailed t-test after the intervention found that SC scores of the experimental group were significantly higher when compared to the control group. The results also confirmed the second hypothesis which stated that the relationship satisfaction scores of the experimental group will be significantly higher as compared to the control group after the intervention. After the intervention, a one-tailed t-test revealed that the relationship satisfaction scores of the experimental group were significantly higher than the active control group. Contrary to hypothesis 3, a one-tailed t-test revealed no significant differences between the experimental group and the active control group with regards to their willingness to forgive after the self-compassion intervention. A one-tailed t-test found no significant differences in the levels of romantic jealousy between the SC experimental and control group post the intervention, rejecting the final hypothesis.

Table 4
Shapiro-Wilk test for Normality

		w	p-value
SC	Experimental group	.983	.830
	Control	.964	.395
RS	Experimental	.929	.021
	Control	.908	.013
Forgiveness	Experimental	.971	.430
	Control	.97	.535
RJ	Experimental	.864	<.001
	Control	.895	.006

Note: Significant results suggest a deviation from normality

Discussion

The primary aim of the study was to create a self-compassion intervention and explore its efficacy in increasing not only self-compassion but also relationship satisfaction, relationship jealousy and willingness to forgive. The intervention was successful in enhancing the SC levels of the experimental group participants. The self-compassion levels of the experimental group were higher than those in the control group after the intervention, $t(65) = 2.83$, $p = 0.003$. These results are consistent with Smeets et al. (2014)'s work that involved writing exercises similar to the ones used in this study. Further, whereas past researches (Bolt et al., 2019; Jacobson et al., 2018; Neff & Beretvas, 2013) have hinted at significant positive correlations of SC with relationship satisfaction and relationship quality, the present study is a direct demonstration of how enhanced self-compassion levels can contribute to increased relationship satisfaction.

The activities targeted each individual component of SC i.e., Self-kindness (self-compassionate letter, flip-the-thought), Mindfulness (recalling a moment of suffering), and Common Humanity (letter to common humanity). This aimed to clearly define the construct of self-compassion. The additional one week-long daily affirmation activity could have helped in sustaining the self-compassionate attitude that was learnt about by the participants in the session. One meta-analysis found that the most robust evidence exists for SC interventions of longer duration, consisting of self-practice elements in between sessions (Kotera & Gordon, 2021). Moreover, instead of presenting them with general affirmations, each of the participants were encouraged to consider their individual set of circumstances (self-critical thoughts, painful experiences) and use those as a foundation to develop their personal phrases. Writing about an important personal value is more self-affirming and helps in increasing self-compassionate feelings as compared to writing about an unimportant value (Lindsay & Creswell, 2014).

Previous literature gives various explanations for why self-compassionate individuals may report higher levels of relationship satisfaction. It is useful to refer to Neff and Beretvas' (2013) work demonstrating how being happy, authentically expressing one's feelings and feeling worthy contribute to greater relational well-being. To the extent that SC can enable people to feel worthier, it may be able to contribute to improved perceptions of one's relationship and a greater connectedness with one's partner due to enhanced resiliency

(Yarnell & Neff, 2013). The degree to which people are kind to themselves is associated with the kindness they display to their partners. Highly self-compassionate individuals tend to be perceived as significantly more caring, affectionate, warm, and accepting by their respective partners, instilling a sense of relatedness and intimacy while also providing autonomy (Neff & Beretvas 2013).

Crocker and Canevello (2008) found that individuals high in self-compassion have more compassionate goals in their social relationships, and lower psychological entitlement. Compassionate goals predict an increase in support and trust among the individuals. Higher levels of SC are linked to a greater likelihood to compromise, a decreased tendency to self-subordinate needs and lower levels of emotional distress (Yarnell & Neff, 2013), which are likely to be associated with productive conflict resolution and eventually higher relationship satisfaction.

There is evidence of how self-compassion can improve resilience, which in turn could potentially impact one's romantic relationships. Leary et al. (2007) found that SC can be effective in buffering people against negative life events. While recalling recent difficult events, participants with higher SC tend to view their problems as a normal part of life, and thus display a lesser tendency to personalize or catastrophize their problems. Further, when faced with failure, self-compassion encourages emotional-focused coping as opposed to emotional suppression (Neff et al., 2005). Such resilience may help in dealing with interpersonal conflict in a productive manner and maintain psychological health within relationships.

Some research suggests that being self-critical could lead to negative impacts on romantic relationships. For instance, self-critical individuals report their partners as less loving, and feel as if their partners were treating them coldly (Mongrain, 1998). Such individuals were also prone to more negative cognitive-affective reactions, hostility, and anger (Zuroff & Duncan, 1999; Gilbert & Miles, 2000). Since studies have shown how lower self-compassion can often lead people to ruminate on their negative emotions (Neff, 2003a; Raes, 2010), it may be possible that such an overreaction during conflict with a partner could stem from here. Even outside of conflict scenarios, being overly harsh towards themselves can make people feel isolated (Brown, 1999). On the other hand, being compassionate towards oneself- owing to the realization of common humanity- alleviates such feelings, giving space for more inter-connectedness (Fromm, 1963) with others (which may include romantic relationships) (Rubin & Rubin, 1975).

Since a lot of the underlying mechanisms that operate in romantic relationships seem to be positively impacted by SC, the present intervention was able to successfully increase the overall relationship satisfaction of individuals by means of enhancing SC, without actively including activities targeting RS. According to the Broaden and Build theory, positive emotions tend to broaden an individual's "thought-action repertoire" i.e., one positive emotion leads to the urge to experience other positive emotions (Fredrickson, 2004. p.11). Further, each positive emotion experienced has the ability to enhance personal, social, and psychological resources, not just momentarily but for the long term. These personal resources can then be drawn upon in times of need, transforming individuals into more creative, knowledgeable, socially integrated and healthy people (Fredrickson, 2004). Hence, for instance, by experiencing positive emotions such as SC, the individual may develop other personal resources such as resilience (Leary et al., 2007). These positive emotions also diminish the impact of negative emotions (Fredrickson, 2000), potentially allowing people with higher levels of SC to cope better against emotionally difficult situations in a relationship.

Some findings of the present study, however, were inconsistent with previous researches that revealed how higher self-compassion correlates with higher tendency to forgive others (e.g., Enright et al., 1998; Neff & Pommier, 2013) and a lower likelihood of experiencing jealousy.

Studies evaluating forgiveness interventions have often demonstrated that forgiveness can take some time to be produced. On assessing brief psychoeducation-based forgiveness interventions, Worthington et al. (2000) suggested that for the impact to be prolonged and reliable, interventions must be longer than a few minutes or hours- the more time is spent empathizing with the transgressor, the more forgiveness there will be toward them, suggesting that forgiveness may be difficult to alter within a short span of 6 days.

It has been found that across the world, that the readiness to forgive increases with age. In fact, young adults usually exhibit the lowest level of forgiveness (Kaleta & Mróz, 2018; Kumar & Dixit, 2014). Young adults seem to be more influenced by the attitude of the transgressor when it comes to forgiveness (Girard & Mullet, 1997; Sandilya & Shahnawaz, 2014). Since the present sample consisted of young individuals, their age could have influenced the effectiveness of the intervention on them.

With respect to the results about insignificant changes in levels of jealousy, one explanation might be the sample consisting of non-married individuals. It has been observed that daters have a tendency to experience greater overall jealousy as compared to married individuals (Aylor & Dainton, 2001; Khurana & Ahuja, 2020) since they have lower commitment levels and greater uncertainty compared to married individuals (Afifi & Reichert, 1996)- this may have made it tougher to reduce jealousy. Moreover, it may be important to consider how the mean scores of romantic jealousy reported by the participants were already very low. The total score that could be obtained on the jealousy scale is 56 whereas the pre-intervention mean of the participants of both groups were approximately 20.03.

Limitations and Future Directions

One important takeaway from this study could be the potential usefulness of employing brief and individual-centred SC interventions in couples' therapy and relationship counselling. The findings suggest that SC interventions in a virtual context can also prove to be effective. Although the present results clearly support an increase in relationship satisfaction as a result of the SC intervention, it is appropriate to recognize several limitations. Firstly, the number of women in the sample greatly outnumbered the men. The sample consisted largely of young adults with an average age of 19.72 years. A varied sample would have been more beneficial for the purpose of generalising the results. The constructs of the study were assessed through self-report measures which are subject to social desirability.

Conducting long-term assessments much after the SC intervention has been completed can prove to be insightful in determining the stability of its effectiveness. A comparison between how SC can help in enhancing relationship satisfaction of individuals in a committed relationship versus those who are married can be explored. Influence of similar interventions could also be assessed with individuals in non-heterosexual relationships.

Conclusion

SC allows one to extend open-mindedness and kindness towards oneself and others. Enhanced inter-connectedness with others, especially a romantic partner seems to contribute to greater satisfaction with one's interpersonal romantic relationships. Hence, the practice of SC may be the key to maintaining emotional well-being- and health in relationships with not just the self but others as well.

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Exploring Bisexuals' Experiences of Bi Erasure, Stigma & Discrimination: A Qualitative Study

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Abstract: Bisexual individuals are often marginalized, disregarded, excluded, or seen as sexual deviants. The focus of the study is to understand the lived experiences of people who identify themselves as bisexual. The study included a sample of 12 bisexuals (3 males and 9 females) aged between 21-32 years. Data was collected through short, semi-structured interviews with the help of open-ended questions. The study aimed to analyze bisexual participants' experiences of prejudice, rejection, and invalidation in India. Ten global themes emerged while analyzing the data using thematic analysis which included Identity Denial and experiences of Binegativity; Guarding the traditional ideas of masculinity and femininity; Fetishization and negative stereotypes; Stigma and negative expectations interrupting with the need for social belonging; Cognising bisexuality as hypersexuality and openness to threesomes; Concealing the sexual stigma in a heterosexist society; Dilution of Bisexuality; Chances of being discriminated against; Unconstructive gatekeeping within the community; Significance of supportive community spaces. Even though bisexuals are included in the LGBT community, there are still issues (such as rejection) within the group that limit a bisexual's access to the community. The study has implications for bisexuals' significant experiences with discrimination and sexual objectification.

Keywords: Bisexuality, Bi Erasure, Stigma, Binegativity, LGBTQ

Introduction

The psychological and social requirements of bisexuals are increasingly being studied, although they are still a relatively unstudied group, with little emphasis on their unique experiences and resources (Loi et al., 2017). Bisexuals are subject to double discrimination due to their 'straight passing privilege'. The lack of proper awareness is another factor that can add to the double marginalization of bisexuals. Awareness about bisexuality can be a great deal for bisexual individuals, from when they first start to figure out who they are, to when they come out, and even into old age and old relationships. There is a lack of clarity in the concept of bisexuality, which contributes to this lack of awareness. This seemingly ambiguous view on bisexuality affects bisexuals as well. As a result of a lack of awareness or understanding of one's sexuality, persons with non-heterosexual as well as heterosexual orientations frequently find themselves in a web of uncertainty and identity crisis.

Bisexuality, according to Kinsey et al. (1948), occurs on a seven-point continuum ranging from entirely heterosexual to exclusively homosexual. Much of today's research on this subject is still based on the notion of bisexuality as a complicated orientation that spans a wide range of non-monosexual manifestations, which makes it important to expand the focus of bisexual studies to their lived experiences. Bisexuality may be described as "the capacity to be attracted romantically and/or sexually to individuals of more than one sex and/or gender, not always in the same manner or to the same degree" (Eisner, 2013).

Sex has always been a problematic topic to be discussed in Indian society. Sex education, for example, is essentially non-existent in the school curriculum. At the same time, neither in academia nor in popular culture, sexuality is regarded as an issue that should be discussed openly. Popular culture has likewise adopted a heteronormative stance and avoided addressing sexuality and orientation. Films exploring issues like homosexuality and bisexuality have mostly failed in Bollywood or they lack authentic LGBTQ representation (Bhugra et al., 2015). Refraining from talking about the concept of sex, in general also explains the societal denial towards the issue of diverse sexualities. Sex is taboo, not getting enough attention leads to experiences of invalidation among bisexuals. Cultural perceptions about bisexuality have been shown to impact the formation and expression of identity (Chun & Singh, 2010). Many individuals think about bisexuality as a strange phenomenon or an anomaly. Lack of understanding might contribute to the perpetuation of negative stereotypes and biases about bisexuality. An ethnographic study with a bisexual woman was conducted in Kerala to throw light on the lived experiences of an openly bisexual woman (Chithrangathan, 2018). This study further tried to understand the participant's experiences of struggle, confusion related to her sexual experiences within the social and cultural context of society. Most of the literature on bisexual research in India has focused on the health disparities and perceptions towards bisexuals. Much work is required to map the lived experiences of discrimination, bi-invisibility, and stigma among bisexuals in India. The present study tries to expand the focus to understand their experiences within the cultural context. Living in a disapproving society, where the concept of bisexuality is rarely

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acknowledged, it is natural for certain bisexual individuals to have absorbed the Bi-negative belief that bisexuality is a transitory phenomenon. This lack of discussion around myths and facts related to bisexuality may lead to the experiences of bi-erasure or bi invisibility. Sometimes they feel marginalized within sexual minority groups because they are perceived to be someone who would adjust to both and has all the options. The current research attempts to capture their concerns about being bisexuals and how it interferes with their everyday lives to understand them.

Method

Participants

For the study, 12 bisexuals between the ages of 21 and 32 were chosen. Three of the participants were male, and nine of the other participants were females. Their educational backgrounds varied from undergrad to postgrad, and five of them are employed. Purposive sampling was used to collect the data.

Data Collection

Data was gathered through short, semi-structured interviews with the help of 10 open-ended questions. The study's interview questions were designed to analyze bisexual participants' experiences of prejudice, rejection, and invalidation in India. A pilot interview was done to ascertain common meanings, to clarify questions' comprehension, and to identify any possible scheduling conflicts. The interview was used to get a more in-depth look at how they felt about being a minority. Accordingly, the interview schedule was designed to cover the following areas:

- Concerns related to sexual orientation and bisexuality

- Particular problems they have faced because of discrimination based on bisexuality/sexual minority

- Experience with oneself and others after coming out or transitioning

- How open are they about their bisexuality? At work? At college? At home?

- The impact of their sexual orientation on their relationship with family/friends/coworkers

- Support from family/friends/coworkers

- Perception towards Queer collectives and involvement in LGBTQ communities

- Concerns about their body image

Procedure

The interview was started with rapport building, following which the participants were briefed about the goal of the research, and informed permission was obtained. The participants were ensured that their information would be kept private. Using the framework established by Braun and Clarke (2006) as well as Attride-Stirling (2007), the present research employed thematic analysis to analyze data. This process begins with the coding of the study data. The original code was done to place the self as near to the data as possible since the study was to be entirely data-driven. After the first coding was completed, core themes were extracted from all of the codes by methodically categorizing them.

Table 1

A collection of themes relevant to bisexuals' lived experiences, culled from interviews

Verbatim	Basic Themes	Organizing Themes	Global Themes
"Something was wrong about me, especially when others are aware of my bisexuality. People stop interacting with me once they know I am a bisexual."	Stereotypical alienation from social groups	Discrimination and non-normativity	
"I am okay with my sexuality but people make me feel bad about my bisexuality."	Induced Binegativity	Internalized binegativity	Identity Denial & experiences of Binegativity
"I am from Haryana, I struggle to fight for my make-up, education and career. My parents don't take me seriously. They think I'll be straight in some time.	Daily struggles Dismissal of sexuality Second-guessing Parental Denial	Explicit Refusal	

Verbatim	Basic Themes	Organizing Themes	Global Themes
"I've faced sexual harassment in school because of my feminine looks. Besides, I had a relationship with a guy who cheated on me because I don't have a vagina."	Harassment for feminine looks cheating betrayed for being lesser than a heterosexual	The pressure to conform to the norms	Guarding the traditional ideas of masculinity and femininity
"I receive criticism based on my sexuality on a daily basis, be it my choice of clothes, soft-hearted nature…I am having anxiety issues now."	Daily dose of criticism the choice of clothes, soft nature (unusual for a man) nontypical way of living		
"I've faced judgments, scrutiny, and isolation because of my sexuality."	portrayal as unstable and untrustworthy	degree of exclusion perceived untrustworthiness	
"Biphobic comments, bi-erasure,& fetishizing bisexuality have become a part of my daily routine."	Usual biphobic comments, bi-erasure remarks	Fetishization of Bisexuals Experiences of living	Fetishization and negative stereotypes
"I am worried about others becoming aware of my bisexuality because People are invasive and won't mind their own business." in a Biphobic society.	People being invasive fear of judgment Protecting oneself	Invasive culture as a threat to be out	
"Despite being confident in myself, I still hesitate coming out to some people as they might fetishize or invalidate me."	Self-preservation unsure about coming out second thoughts	safeguarding against normative forces	Stigma and Negative expectations interrupting the need for social belonging.
"You can't just come out to anyone as their negative reaction can become a setback in your life if you're already going through a rough patch".	Anticipating getting hurt protection from future discrimination		
"My friends need proofs for my bisexuality in terms of my sexual encounters with male and female partners."	Identity erasure unstable identities sexual objectification myths of bisexuality	The quest to prove bisexuality lack of knowledge related to bisexuality	
"In India bisexuality equals to threesomes."	hypersexuality threesome as a defining feature of bisexuality	Sexual objectification	Cognising bisexuality as hypersexuality and openness to three somes.
"I hide my bisexuality from my male friends in case they might get curious, you know."	fear of objectification mistrust concealing bisexuality	Concealing a stigmatized identity	
"I'm voluntarily closeted. I only hint at it. Some friends know."	selective disclosure	being selective about who you open up to	

| Verbatim	Basic Themes	Organizing Themes	Global Themes
"I prefer not to be out at work. Work politics are enough, I don't need more problems."	Negative expectations protecting oneself from unpleasant and negative experiences	coping mechanism tackling by hiding	Concealing the sexual stigma in a heterosexist society
"People don't get the concept of LGBTQ, B in LGBTQ is there for a reason."	lack of inclusion	minorities within minorities	
"I know I liked both girls and boys ever since I was a school going girl, but I didn't think much of it, I was open to the idea of exploring but that was brought to a halt when a classmate called me 'bi' out of the blue."	becoming aware of one's sexual orientation being called out being selective in picking up fights for oneself	Experiences of identifying as a bisexual	Dilution of Bisexuality
"Coming out caused the occasional shouting match at home. Coming out may change your relationship or interactions with others."	issues after coming out household disputes post revelation	implications of stigma in coming out	
"I guess, I knew pretty early that I was bisexual. But it was the 90s-00s, & the only options were 'gay' & 'lesbian', So I was late to the party, I guess."			
"Some LGBTQ networks expect you to look non-binary & this can be damaging."	the compulsion to adhere to the LGBTQ norms in terms of looks and behaviours.	Gatekeeping	
"The communities are toxic with abusers & enablers. Always sweeping their abusive history under their wokeness.	Toxic LGBTQ community culture wokeness	Woke LGBTQ activism Abuse and toxicity	Unconstructive gatekeeping within the society
"I prefer not to be associated with them unless a situation calls for it.	Avoiding LGBTQ communities	Isolation from LGBTQ organizations	
"All my friends are from the Community".	finding support in the community	Community connectedness	
"I was in confusion related to my identity but some people from community helped me out."			
"Talking to community helped me become more comfortable with my sexuality."	crucial support during identity formation		

Figure 1: *Global Themes of Bisexuals' experiences of Bi erasure, Stigma & Discrimination*

Discussion

The goal of the study was to investigate bisexuals' lived experiences of discrimination, invalidation, and negative stereotypes in India. Because this study is qualitative, it acknowledges both the researcher's and participants' subjectivities. Qualitative research was employed to use interviews to stay as close as possible to the detailed description of their lives as bisexuals. The themes that emerged from the participants' experiences of persistent sexual orientation neglect, social marginalization, and finding strength in bisexual identification were explored.The theoretical framework of social power and sexual objectification (Fredrickson & Roberts, 1997) may be traced back to explore participants' experiences of sexual objectification. So, social power, for example, promotes the objectification process. Social power, which may be described as an individual's ability to manage resources and influence others, including the ability to apply rewards and punishments, is a regular occurrence in everyday social life. In this case, heterosexuals, as the dominant group, may see bisexuals as social targets or vulnerable groups. Social power encourages people to process social objectives as tools rather than as persons with personalities. This can explain the dismissive attitude of the majority towards bisexuals in society. In addition, the prejudice against bisexuals by heterosexual and LGBTQ groups may be explained using Social Identity Theory (Hodson & Earle, 2020). Individuals establish social identities, i.e. understanding that they belong to specific groups of people or categories, which form part of their self-concept. People cease acting like individuals and start acting like members of a group when social identity is activated. When social identities are highlighted, one's self-perception and group behaviour become normative and stereotyped as each member seeks to represent specific group features (Flanders, 2016). The stigma associated with bisexuality in heteronormative society and LGBT groups rendered the participants unable to identify with any one social group.

Identity Denial & experiences of Binegativity

Since bisexuality challenges the central notion of heterosexism, the fact that a person is bisexual can lead to strong reactions from society, such as a constant lack of attention and hostility. Identity denial may be a type of unsupportive response that can make people think bad things about them. One of the participants mentioned being fine with his sexual orientation; it's the others around him who make him feel bad about his bisexuality. Identity denial is described as the scenario in which a person is not acknowledged as a member of an important in-group (Cheryan & Monin, 2005). As a result of the denial of one's existence, bisexuals get their feelings of acceptance impacted. Since heterosexist culture doesn't acknowledge a bisexual person as its member can lead to social exclusion, alienation, and neglect. As mentioned by a participant, "People stop interacting with me once know I am a bisexual".The societal way of chucking away may make them feel bad about their sexuality, which explains the experiences of internalized biphobia. Binegativity which can be described as the widespread preconceptions, stigmas, and unfavourable attitudes that bisexual men and women suffer as a result of their sexual orientation can be found rooted in the ideas held by the majority of society that bisexuality is not a valid identity (Barker et al., 2012).

Guarding the traditional ideas of Masculinity & Femininity

Bisexuals and other sexual minorities' non-binary identity is an affront to heterosexist society's truths and heteronormative ways of living a life. There are occasions when bisexuality is perceived as diminishing the importance of the sex binary. In this context, dismissal, disregard, denial, and rejection are the societal ways of dealing with alternative realities. Society continues to undermine that bisexuality/homosexuality is a genuine and legitimate sexual orientation. For heterosexual women and men, the core of gender stereotypes is that they follow established gender norms (Blashill&Powlishta, 2009). Not adhering to these established norms can lead to criticism, lack of inclusion, prejudice, and hostility. As mentioned by one of the participants, "I have received criticism based on my sexuality on a daily basis, be it my choice of clothes, looks or soft-hearted nature". This can further explain the negative impact of not going as per societal expectations.

The fetishization and Negative Stereotypes

Those who identify as bisexual are often subjected to negative and stereotypical representations of sexual orientation. Fetishization in this context would mean paying unreasonable attention/fixation to the fact that bisexuals can date both males and females, which explains the process of turning bisexuals into sexual objects only because of some part of their personal or social characteristics. Thus, sexual objectification is yet another way to turn a bisexual person into a thing or object that doesn't have any of the characteristics that make a person human. This may be observed in one of the participants' responses, which said, "Biphobic insults, bi-erasure, and fetishizing bisexuality have become a part of my everyday routine." The interviews show that bisexual people often face stigma, prejudice, and discrimination because of their sexual orientation from both heterosexual and gay/lesbian people. It is part of what causes bad stereotypes to be negative: heterosexism and homosexualism. When people see a sexual expression that is not heteronormative, like same-gender sexual expression, they get indifferent, dismissive, and judgmental as can be seen in a participant's response where he said, "I've faced judgments, scrutiny, and isolation because of my sexuality."

Stigma and Negative expectations interrupt the need for social belonging

People hide their sexuality, are afraid to reveal their identities, and participate less in society because of stigma and negative expectations (Klesse, 2011). Bisexuals as denied members of society feel insecure and restrained when it comes to socialization. Due to the stigma associated with bisexuality, they do not feel their authentic version of self or identity while interacting with others. As human beings, we do not form deep and lasting relationships with others if the contact lacks authenticity. Hence, negative expectations and fear of rejection may affect bisexuals' need for social belonging. As reported by a participant in her verbatim, "I feel the need of being vigilant all the time, this constant vigilance and safe-guarding has affected my social life".

Cognising Bisexuality as hypersexuality and openness to threesomes

Bisexual individuals often experience objectifying experiences because of their sexuality. Lewd ideas for threesomes are especially common among bisexual women. People in our culture are not shy about asking them questions about their sexual orientation, such as whether they're open to threesomes or if they're interested in sexual activities with other genders. For example, one participant shared her experiences, "people including my close friends got so many questions regarding threesomes and my sexual encounters with different genders, In India bisexuality, equals threesomes". Bisexuality is sometimes misunderstood because of a lack of understanding, which may lead to the belief that bisexuality and hypersexuality are equivalent. Due to this fact, a bisexual individual might get even more conscious about opening up to people fearing exploitations and inaccuracies/myths after identity revelation (Serpe, 2020). As can be observed in one of the participant's experiences, "I hide my bisexuality from my male friends in case they might get curious, you know." The responses demonstrate how these encounters have the potential to destroy a friendship/relationship. It demonstrates how biphobia may cause tremendous suffering and damage relationships.

Dilution of Bisexuality

Dilution of bisexuals occurs because bisexuals' sexuality is often denied in both the heterosexual and homosexual communities; as a result, they experience more discrimination and microaggression than their gay and lesbian peers. For instance, one of the participants mentioned, "identification with my sexuality was confusing as the only options were gay and lesbian". This response aligns with a widespread belief that one must either be straight or homosexual; there is no in-between. Furthermore, many persons in the LGBTQ community are under the assumption that bisexuals do not encounter prejudice because they may be passed off as heterosexuals. This lack of inclusion in both mainstreams can itself evoke the experiences of bisexual dilution and bi invisibility. As stated by a participant, "People don't get the concept of LGBTQ, B in LGBTQ is there for a reason." This, along with the negative stereotypes that people have about them, leads to a lot of misrepresentation in the media and a lot of sexualization of bisexual women (Yoshino, 2000).

Chances of being discriminated against

One needs to have one's own beliefs validated by others to preserve a stable sense of self and a predictable social reality, according to self-verification theory (Swann, 2012).

Restoration of a clear and positive self-concept after being stereotyped negatively requires self-verification. In the absence of adequate social support and positive self, bisexual individuals may have the chance of being discriminated against, for instance one participant talked about anticipations regarding life post coming out "Coming out may change your relationship or interactions with others."When people reject one's sense of belonging to a group, it may impair one's sense of self-worth as well as their mental health (Leary, 2010). Experiences of invalidation and discrimination should have negative psychological effects since they undermine both one's ability to verify one's own identity and one's desire to fit in with others.

Unconstructive gate keeping within the community

Sometimes they face backlash within the LGBTQ community who are supposed to support them. Bisexuals have a lot of the same problems as gays and lesbians, but they also have to deal with "double discrimination". They have to deal with discrimination from both heterosexuals and homosexuals. If someone is only straight or only gay, they may think that bisexual people are greedy and promiscuous, have not chosen a side, or are just going through a phase (Yoshino, 2000). Besides, some individuals are adamantly opposed to the existence of bisexuality. Participants reflected into the societal beliefs that there is no such thing as bisexuality and one is defined by their current partner's gender. Participants noted extra difficulties associated with being in a "straight appearing" (i.e., diverse pair) relationship or looking more feminine. For instance, one participant mentioned, "Some LGBTQ networks expect you to look non-binary, and this can be damaging". Not adhering to the standards might lead to alienation from the LGBTQ community. One participant said, "The communities are toxic with abusers & enablers. Always sweeping their abusive history under the 'wokeness'". The accounts provided by participants demonstrate the challenges that bisexual people face when confronted with prejudice from the community.

Limitations and Directions for Future Research

Bisexuals' lives are multifaceted and cannot be completely covered in a single qualitative research. This constraint may be solved by increasing the sample size and using mixed method designs. The participants were predominantly working, living in developed areas of the country, and speaking English, therefore cannot be generalized to other sections of the society. The present study focused on a range of experiences related to the LGBTQ community's involvement in bisexuals' lives, future studies can specifically focus on the 'community of bisexuals' as a whole, which acts as a buffer against the discriminatory gestures by the LGBTQ community. Since the focus of the present study was narrowed down to the psychosocial concerns of bisexuals' experiences, the implications were limited to psychological, cultural & social contexts. Future studies should broaden the range of issues and ideas to capture the understanding of economical, linguistic and cultural diversity aspects.

Conclusion

The present research debunked bisexuality-related myths, prejudices, and preconceptions in India. The participants discussed how patriarchal norms govern the view of bisexuality, as well as cultural meaning systems and psychosocial dynamics that control parts of life as bisexuals, such as marginalisation, disclosure, membership in the LGBTQ community, and familial ties. They talked about being othered by LGBTQ groups due to their straight privilege. This finding is consistent with a previous study that discussed the straight privilege contributing to bisexuality's stigma in the Indian context; it explained the widespread belief that the majority of bisexuals would ultimately marry their straight spouses (Bowling et al., 2019). The importance of being closeted in the face of heteronormative influences was explored. The present study also highlighted the crucial role of the LGBTQ community on identity building and coming out.

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Conceptions of Mental Illness and Social Distance Practices

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Abstract: The present study is an attempt to examine the prevalent understanding of mental illness and related social distance practices. The study examines the conceptions of meaning of mental illness, recognition of its causal factors, and explores if contact with mentally ill individuals in the past has an impact on social distancing practices. For this purpose, a survey was constructed with open-ended questions and a vignette-based questionnaire adapted from the McArthur Mental Health Module (Link et al., 1999) and was administered to 93 participants of 18-48 years. Data analysis was carried out using content analysis and descriptive and inferential statistics. The results indicated no significant differences in social distance practices with respect to contact. Further, a dependent sample t-test indicated a significant difference between the social distance practices for a mental illness and a subclinical mental illness condition. One-way ANOVA indicated a significant difference in social distance practices among the three mental illness conditions: schizophrenia, depression and alcoholism. Although content analysis indicated optimistic results in terms of conceptions of mental illness, there persists a desire to socially distance from mentally ill individuals. Implications for further research have been discussed.

Keywords: mental illness, social distance, attitudes, mental disorders, mentally ill

Introduction

Mental illness has no barriers of age, gender, geography, money, social status, race, ethnicity, religion, sexual orientation, or other components of cultural identity; it can affect anyone. The American Psychiatric Association defines mental illness as, "mental illness refers collectively to all diagnosable mental disorders - health conditions involving significant changes in thinking, emotion and/or behaviour; and distress and/or problems functioning in social, work or family activities". A report jointly released by the World Health Organisation and United for Global Mental Health and the World Federation for Mental Health(2020) showed that close to 1 billion people are living with a mental illness. WHO (2016) estimated that about 7.5 percent Indians suffer from some mental disorder and predicted that by the end of the year around 20 percent of India will suffer from mental illnesses.

Due to general lack of awareness, stigma and discrimination, people with known mental health problems neglect preventive care and never seek help from professionals (WHO, 2016). However, there is a significant level of interest in learning more about mental health issues, community members' help-seeking behaviour, and the general public's attitude toward mentally ill individuals in recent times (Sindhu et al., 2021). Some of the strategies encouraged and undertaken to enhance awareness and address stigma around mental illness include participation by family members, sensitization to treatment, and social inclusion (Patel & Saxena, 2014; Rebello et al., 2014). People are becoming more aware of mental disorders, which serves as a subtle boost for an improvement in the knowledge, attitude and behaviour towards the mentally ill.

The idea of social distance (the desired proximity between oneself and another person in a social environment) has been utilised in the mental illness stigma literature to analyse expected discriminatory conduct toward people with mental illness (Baumann, 2007; Marie & Miles, 2008). Individuals and groups reject, shun, and isolate themselves from the mentally ill because mental illness is associated with abnormality, danger, and difference. This societal attitude increases the stress experienced by people with mental illnesses, lowers their quality of life, and reduces their chances of recovery (Tsang et al., 2003). Hence, this topic has been of great relevance and interest to researchers and policymakers for many years. It is important to assess any gaps in public knowledge, perception, and attitudes because recognizing the mentally ill as community members with distinct disorders who require special needs is aided by proper education and public perception.

Research Objective and Research Questions

The objective of the present study was to examine conceptions of mental illness and social distance practices. The study sought answers to two research questions. Firstly, it aimed to explore the conceptions of the meaning of mental illness and recognition of its causes because attitudes and beliefs about mental illness are shaped by different factors (Corrigan et al., 2004; Wahl, 2003) and can be different from the clinical understandings. This can influence treatment choices and recovery of the mentally ill. Additionally, longitudinal surveys report that although knowledge and familiarity increased and prejudice decreased with increasing education, social distance did not change much (Shruti et al., 2016). Hence, the study also sought to examine social distance practices towards the mentally ill and the impact of contact in the past.

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Method

Participants

Using convenience and snowball sampling, the present study included 93 participants (46 females, 45 males, 2 others) of 18-48 years (M=25.94) belonging to different states across India. The highest educational qualification of majority of the participants was Bachelor's degree (40.86%). Majority of the participants belonged to families that earn an annual income of less than 10 lakhs (55.91%).

Design

The present study used a survey research design that aimed to find relationship between different variables- contact and type of illness (independent variables) and social distance practices (dependent variable). The qualitative aspect of the study was conceptions of mental illness looking at the general idea of mental illness held by the public.

Measures

Data was collected via Google forms that consisted of three sections. Prior to that, the participant read the consent form and agreed to voluntarily participate in the study.

Demographic Information. The first section of the form included demographic information like age, gender, highest educational qualification, annual family income, and email ID.

Mixed-method questionnaire. The second section of the form contained open-ended questions (*e.g., 'How would you describe mental illness?'*) to analyse understanding of mental illness among the respondents. One close-ended question was added here to measure contact in the past.

The measure for examining the recognition of causal factors and attitudinal social distance was adapted from a questionnaire included in the *MacArthur Mental Health Module* (Link et al., 1999). It contained vignettes of a person based on DSM-IV criteria for schizophrenia, major depressive disorder, alcohol dependence, and drug dependence and a vignette of a "troubled person" with sub-clinical worries and

problems. The "troubled person" condition allows to assess how well the general population differentiates between clinical and subclinical problems (Link et al., 1999). The present study used four vignettes (depression, alcohol dependence, schizophrenia, and troubled person) from the original questionnaire. After reading the vignettes of a diagnosable mental health condition and then the troubled person's, respondents were asked to select a set of possible causes for the condition and their willingness to interact with the person *(e.g., "How willing would you be to move next door to Person A")*. Responses were given on a four-point Likert scale(1= definitely, 4= definitely not). The responses ranging from 1 to 4 for each item were summed. Following Link et al.'s scoring method, the summed scores were then divided by 5. This resulted in scores ranging from 1 (low social distance) to 4 (high social distance). Respondents who had a score of more than 2.5 were considered unwilling to engage in the types of contact mentioned in the scale

Procedure

Three different Google forms were created for the purpose of data collection. Each form contained a consent form, demographic information section, vignette of Person A with one of the mental illness condition (depression/alcohol dependence/schizophrenia), and a vignette of Person B showing signs of a troubled person. Further, each form also included questions on willingness to interact with the person and open-ended questions to analyse the understanding of mental issues. The questions were (a) What is the first thing that comes to your mind when you hear the word mentally ill or mental illness? (word/phrase/image); (b) How would you describe mental illness? (c) Do you think the mentally ill are different from other people? Please elaborate. A pilot study was conducted and feedback was incorporated. After data collection, responses from all three forms were compiled for data analysis. Qualitative data was analysed through content analysis while quantitative data analysis was carried out using descriptive and inferential statistics on MS Excel and SPSS.

Table 1

Key ideas emerging from "what is the first thing that comes to your mind when you hear the word mentally ill or mental illness? (word/phrase/image)"

Key ideas	Frequency	Responses
Care and support	6	If the person is mentally ill that person should be handled with utmost care and respect. People who require assistance
A specific mental illness	9	Depression Schizophrenic
Difficulties experienced by the mentally ill	10	Difficulty in comprehending things and communicating. Negative feelings Feeling trapped
Words associated with mental illness	17	Sad, Helpless, Stigma, Innocent, Dependent, Mad, Trauma

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Care and support	6	If the person is mentally ill that person should be handled with utmost care and respect. People who require assistance
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Words associated with mental illness	17	Sad, Helpless, Stigma, Innocent, Dependent, Mad, Trauma
Image	4	A drawing of a head with a lot of squiggly lines in it. A blank paper
Ways for treatment	4	Mental hospitals Therapy
Disturbances in body, mind, and thoughts	5	Disturbances in the normal functioning of body, mind and thoughts Dysfunctional life

Table 2

Key ideas emerging from "how would you describe mental illness?"

Key ideas	Frequency	Responses
Changes in emotion, thinking, and behaviour	45	When a person loses his ability to make rational decisions. They will usually have no control over their mood, behaviors, thoughts, and emotions
Illness that requires help	7	A serious health condition which needs help from a professional. It is very important to address this kind of problems and one should not ashamed to consult a doctor for this
Causal factors	12	They are a result of a combination of various psychological, biological, and sociocultural factors Stress, poverty, uncertainty, insecurity lead to mental illness
Society's perception	4	Mental illness is a more 'hidden' form of suffering that is often inappropriately labelled in the current Indian society It's as normal as physical illness which people don't take seriously
Comparison with physical illness	4	It's exactly like physical illnesses, if left untreated it's keeps magnifying and the consequences can be very detrimental. But unlike physical illnesses it's not always apparent I would like to describe it as harmful as any physical illness

Figure 1

Key ideas emerging from responses for "do you think the mentally ill are different from other people? Please elaborate."
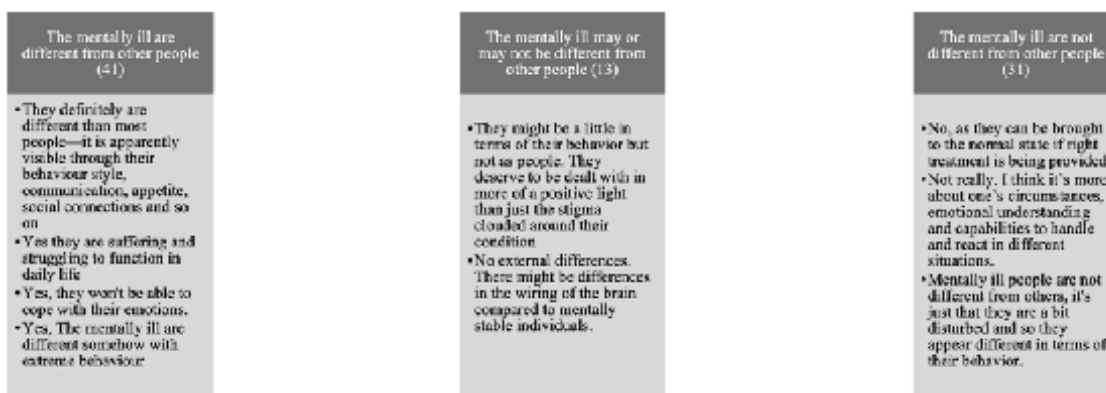
Table 3
Key ideas emerging from "if you have had contact with individuals with mental illness, please describe the experience"

Themes	Frequency	Responses
Pleasant experience	8	It was a good experience to assist them and learn from them. Yes, I have. And they have been the most real and open persons I have ever met.
Difficult to deal with/unpleasant	22	Their reactions were unpredictable and minimal mostly. These people are difficult to convince they don't like when you tell them they need to take professional help
Impact of traumatic events	3	One of my friends was depressed as she lost both her parents.
Felt sad and helpless	4	It was not harmful or scary but I felt sad for the person It's quite frustrating to know what they are going through, but not being able to help them
Person was unhappy	4	The person wasn't happy couldn't sleep and had bad and painful thought all throughout the day.
Not different from other people	2	The experience isn't different from that with non-mentally sick people

Table 4
Key ideas emerging from "if you have not had contact with individuals with mental illness, what is the reason?"

Themes	Frequency	Responses
No one in their social circle	4	Do not have any close friends or family that has mental health issues I never came across anyone till now
Recovered individuals	1	I had contact with people who were very depressed at some point of their lives but with counselling they became better
Seen at public places	1	I have only seen at railway station, bus stand etc.
People hide their problems	2	Generally people like to hide these problems from others

Results of descriptive and inferential analysis
Figure 2
Causal factors of schizophrenia condition
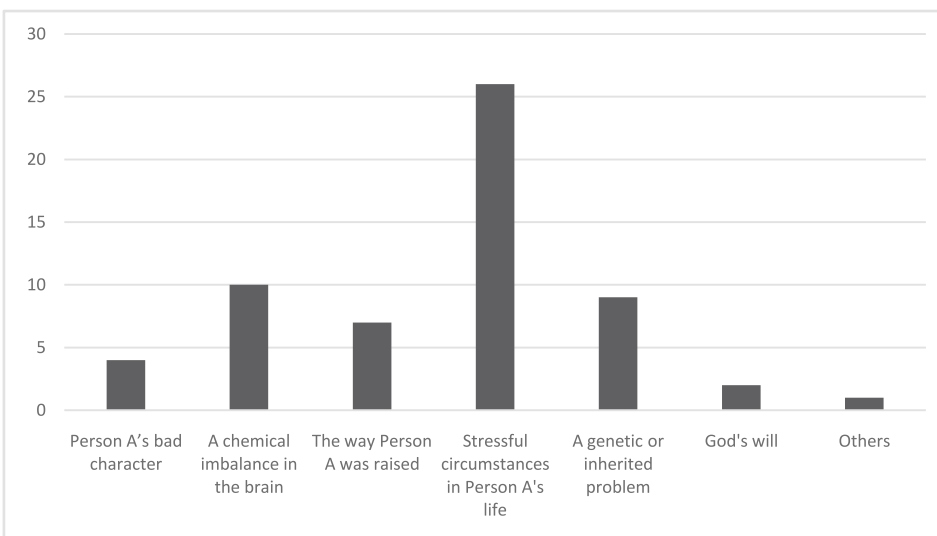
Figure 3
Causal factors of depression condition
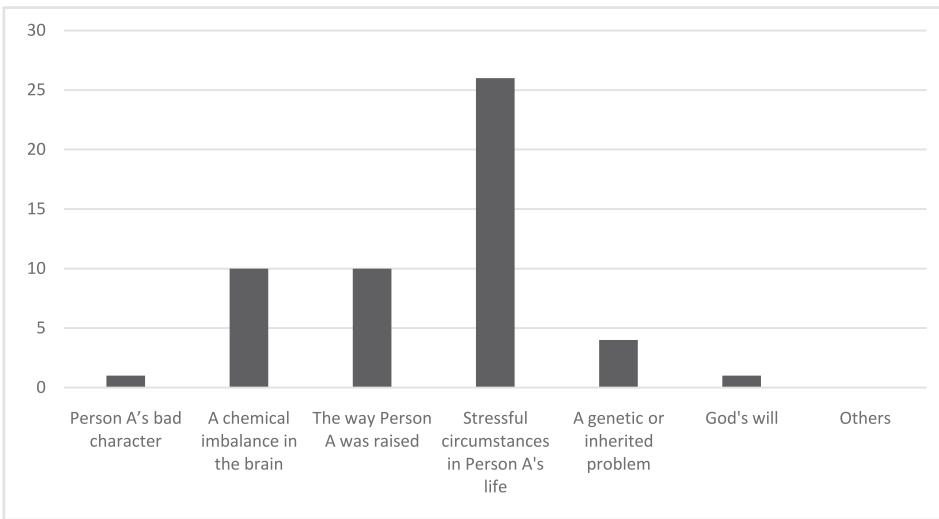
Figure 4
Causal factors of depression condition
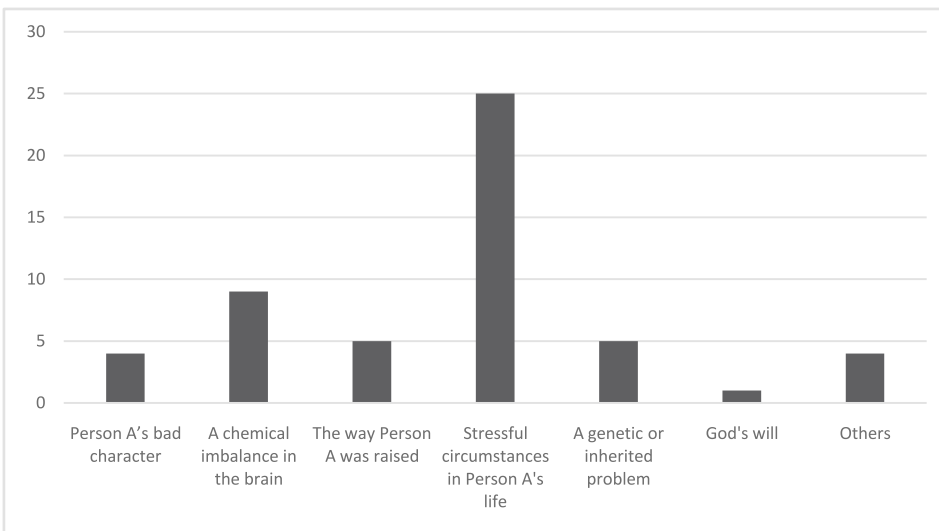
Figure 5
Causal factors of troubled person condition
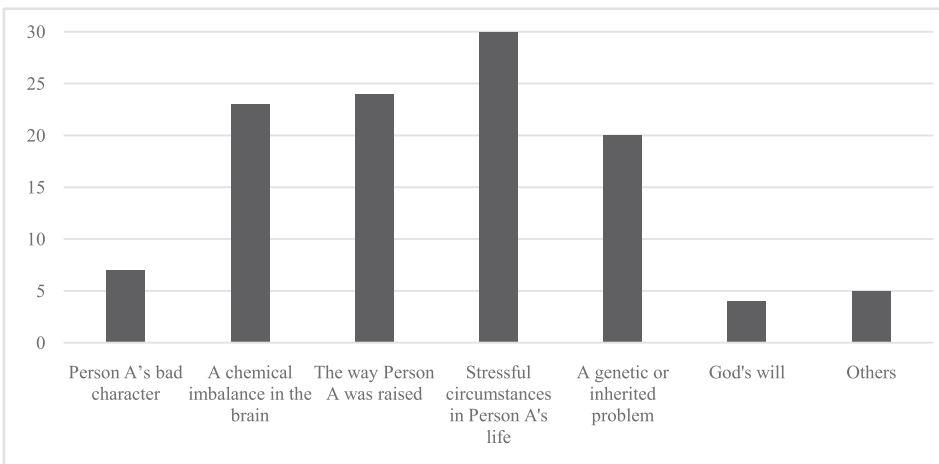
Table 5

Means, Standard Deviations, and results of t test to examine impact of contact in the past on social distancing practices

	Contact with Mentally Ill	Means	Standard Deviation	t (df=91)	Sig. (2-tailed)
Move next door to Person A	No	2.1935	.79244	.666	.507
	Yes	2.0645	.92099		
Spend an evening socializing with Person A	No	1.8387	.82044	.817	.416
	Yes	1.6935	.80141		
Make friends with Person A	No	1.7097	.73908	-.194	.847
	Yes	1.7419	.76684		
Start working closely with Person A	No	1.9677	.87498	-.262	.794
	Yes	2.0161	.81967		
Have Person A marry into the family	No	2.8710	.95715	0.000	1.000
	Yes	2.8710	.99974		
Social Distance	No	2.1161	.65884	.375	.708
	Yes	2.0645	.60790		

Table 6

Means, Standard Deviations, and One-Way Analyses of Variance comparing three mental illness conditions

	Means			Standard Deviation			F (2,90)	Sig.	1 VS 2	1 VS 3	2 VS 3
	1	2	3	1	2	3					
Move next door to Person A	1.90625	1.83871	2.6	0.73438	0.7347	0.96847	8.094**	0.001		*	*
Spend an evening socializing with Person A	1.5625	1.54839	2.13333	0.80071	0.6239	0.86037	5.761**	0.004		*	*
Make friends with Person A	1.53125	1.67742	2	0.71772	0.74776	0.74278	3.265*	0.043		*	
Start working closely with Person A	1.90625	1.90323	2.2	0.81752	0.70023	0.96132	1.281*	0.283		*	
Have Person A marry into the family	2.6563	2.6774	3.3	0.93703	0.94471	0.95231	4.573**	0.013		*	*
Social Distance	1.9125	1.929	2.42	0.64845	0.50477	0.58333	7.472**	0.001		*	*

Note 1= Depression   2= Schizophrenia   3= Alcoholism; *p<0.05. ** p<0.01

Table 7

Means, Standard Deviations, and results of dependent samples t-test comparing mental illness condition and troubled person condition

	Means		Standard Deviation		r	t	Sig.
	1	2	1	2			
Move next door to Person A	2.1075	2.000	.87802	.93250	.212	.912	.364
Spend an evening socializing with Person A	1.7419	1.6237	.80627	.72102	.336	1.292	.200
Make friends with Person A	1.7312	1.7097	.75383	.78824	.215	.215	.831
Start working closely with Person A	2.000	1.8602	.83406	.78839	.430	1.555	.123
Have Person A marry into the family	2.8710	2.3656	.98053	.97563	.482	4.894**	.000
Social Distance	2.0817	1.9075	.62222	.63763	.368	2.371*	.020

Note 1=schizophrenia/alcoholism/depression condition   2=troubled person condition

*p<0.05. ** *p*<0.01

Discussion

Conceptions of Meaning of Mental Illness

In response to the first ideas associated with mental illness (Table 1), the key idea that emerged was words associated with mental and it included responses like "stigma", "stress", "care", "mad", and so on. The word "depression" was the most frequent response. This is probably because depression is one of the most common mental disorder with more than 264 million people experiencing it worldwide (WHO, 2020). In response to description of mental illness (Table 2), key ideas that emerged included changes in emotion, thinking, and behaviour; causal factors; illness that requires help; and so on. Majority of them were related to the impact of having a mental illness on emotions, thinking, and behaviour, for instance, "when a person loses his ability to make rational decisions". Responses suggest a good understanding of mental disorders and empathy. This is possibly due to the increased mental health awareness and a growing acceptance of mental health as an important component of one's overall well-being.

For the question "Do you think the mentally ill are different from other people?", responses were broadly categorized into three. From Figure 1, it can be observed that the theme of "mentally ill are different from other people" (41) has the highest frequency, followed by "mentally ill are not different from other people" (31), and "mentally ill may or may not be different from other people" (13). Majority of the respondents suggested that mental illness affects the thinking, behaviour, and emotions of individuals and that it can disrupt normal functioning, hence, requiring care and support, making them different from others. There is recognition of the fact that prime

domains like concept of "self", emotions, thoughts, perceptions, and actions are distorted in mental disorders (Malla et al., 2015).

Among the 93 participants, 62 have had contact with the mentally ill in the past. From Table 3, it can be observed that these participants describe their experience as difficult to deal with; pleasant experience; felt sad and hopeless; and so on. Responses largely indicated a sense of understanding of the difficulties that come with mental disorders and empathy, for instance, "Yes, as they are difficult to communicate and handle. But with patience and empathy, they can be handled and treated." It shows the optimism in recovery and the belief that patience and empathy are prerequisites for the same. The rest of the 31 respondents (Table 4) have not had any contact with the mentally ill primarily because there is no one with mental illness in their social circle.

Recognition of Causal Factors

Beliefs about the causes of mental illnesses influence the decision on treatments (Muga & Jenkins, 2008; Saravanan et al., 2008). Therefore, it is important to find out about the public perception of causes. Participants were asked to choose from six possible causes- a chemical imbalance in the brain; the way the person was raised; person's own bad character; stressful circumstances in the person's life; a genetic or inherited problem; and God's will, for each vignette condition. As shown in Figure 2, 3, 4, and 5, stressful circumstances in the person's life was the most frequent cause chosen by the participants across the four conditions. This was followed by biological reasons like a chemical imbalance in the brain and/ a genetic or inherited problem. Previous studies have similarly shown that

the social environment and life events are more strongly perceived important than biological factors when explaining the causes of mental illnesses (Furnham & Swami, 2018). The way a person is raised is perceived to be less important in these disorders than are stressful circumstances and biological and genetic factors.

The results show similarities with beliefs observed in previous studies done in Western countries about public views regarding causes of mental illnesses that reported predominantly held beliefs to be biological, such as genetics or infections, and social factors such as stressful life events, traumatic experiences, family problems, and social disadvantage (Angermeyer & Matschinger., 2005; Furnham & Chan, 2004; Magliano et al., 2004; Nakane et al., 2005). However, in Abolfotouh et al.'s (2019) study in Saudi Arabia, nearly all participants reported poor knowledge about the nature and causes of mental illness. The findings from the present study give a promising outlook in India as participants' understandings are close to the clinical understandings of causal factors of mental disorders.

Social Distance Practices

The concept of social distance has been utilised in the mental illness stigma literature to understand expected discriminatory conduct toward people with mental illness (Baumann, 2007; Marie & Miles, 2008). Table 6 shows the results of ANOVA comparing means of three mental illness conditions of the five social distance practices items and its total score. It can be observed that there is a significant difference at .01 level for alcoholism (M=2.42, SD=.58) and depression (M=1.91, SD= .65) condition. There is also a significant difference between mean scores of alcoholism and schizophrenia condition across three items, as well as the total social distance score (M==2.42, SD=.58; M=1.93; SD=.50) at .05 level. The mean score of alcoholism (M=2.42, SD=.58) was highest, indicating that people are less willing to interact with such individuals than individuals in other conditions. The findings are consistent with prior research (Pescosolido et al., 2010; Schomerus et al., 2006). Similar results were found in Subramaniam et al.'s (2017) study where the participants responding to alcohol abuse vignette expressed the need for greater social distancing compared to other mental disorders. This is not surprising given the potential for negative effects and interactions with individuals with an alcohol issue.

It can be observed that there is a significant difference in responses between all the mental illness conditions combined and troubled person condition for "Have Person A marry into the family" and the total social distance score at .01 and .05 level respectively (Table 7). Similarly, Shrivastava et al.'s (2011) study on patients with schizophrenia in Mumbai had revealed that close to half the respondents disclosed not receiving marriage proposals due to their illness. Further, the comparison between a mental illness (M=2.08) and a subclinical mental illness (M=1.92) condition shows that

people are less willing to interact with a mentally ill individual. This could be due to perceived dangerousness which is the main predictor of social distance from people with mental illness in India (Kermode et al., 2009), especially for schizophrenia/alcoholism conditions; or stigmatized attitudes towards the mentally ill. Exaggerated and inaccurate media representations of mental illnesses play a key role in perpetuating these beliefs. Stuart (2006) suggested that one in four mentally-ill characters depicted in movies kill someone, and half of them inflict harm on another person. This is concerning, as the majority of the population report that their understanding of mental illness comes primarily from what they see in the movies (Orchowski et al., 2006). Further the social dis-identity hypothesis (Ahuja et al., 2017) suggests that since we find it uncomfortable to deal with the mentally ill and in order to prevent ourselves from feeling threatened or concerned about being one of them, we distance ourselves more than what actually exists between us.

Impact of Contact in the Past in Social Distance Practices. The findings reveal that contact with the mentally ill in the past (M=2.06, SD=.61) did not impact their social distance practices (Table 5). This is inconsistent with the social contact hypothesis and the existing literature. Previous studies show that personal experience with the mentally ill reduces both stigmatizing attitudes and preferences for social distance from them (Angermeyer et al., 2004; Corrigan et al., 2001). Additionally, Lauber et al. (2004) suggest that in some cases, having contact with people with mental illnesses resulted in a positive and an understanding attitude, while in other cases, there has been rejection and negativity. However, the findings from the present study do not align with previous studies which report that contact has an influence on social distance practices towards the mentally ill.

In sum, conceptions of mental illness in majority of the participants were generally close to the APA definition and clinical understandings of mental illness. Our results are in line with the findings of Bhullar's (2018) study which concluded that adults in India have good knowledge and positive attitude regarding mental illness, conveying a growing awareness about mental illness. Although the results showed no significant difference in social distance practices with respect to contact in the past, there is a significant difference between social distance practices for a mental illness and a subclinical mental illness condition.

Implications, Limitations, and Directions for Future Research

In recent times, there has been a growing acceptance of mental health as an important component of overall well-being. However, we also need to pay attention to our behaviour towards the mentally ill in terms of interacting and forming relationships. The present study examines the understanding of mental illness and social distance practices, which is an important aspect of mental illness stigma literature, among the

adult population across India. The results from the study offers a rough understanding of where we stand now and where to improve in order to stop perpetuating myths and stigma through interventions and policies, and promote inclusivity.

It should be noted that the sample size of 93 in the present study was small, limiting the generalizability of the findings. Further, the role of social desirability bias has to be noted considering the nature of topic. In this case, a qualitative study using social representations approach might have provided a more accurate and holistic understanding of the topic. Future research can look at the role of demographic variables like age in conceptions of mental illness and social distance practices. The present study can be expanded to examine the knowledge and attitude towards mental illness.

Conclusion

People's attitudes and beliefs about mental illness influences how individuals with mental illnesses experience and express mental health concerns, as well as their attitude towards seeking help. The present study found optimistic results with regard to conceptions of mental illness among the public. However, a desire to socially distance individuals with mental illnesses persists, which is problematic. It is essential to have a detailed understanding of public perceptions of mental illnesses and behaviour and attitudes towards people with mental illnesses so that the need for interventions and awareness can be identified and developed.

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The Use of Psychological Assessments in the 'New Normal': A Scoping Review

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Abstract: Assessment is an integral part of the field of Psychology. It plays an important role in the knowledge, practice and research in the field. However, psychological assessment has undergone a dynamic change since the pandemic. The aim of this study is to understand these changes, emerging trends and challenges in the area of psychological assessment. Secondary data has been collected and the method of scoping review has been used. The results show that the new psychological assessments have been developed mainly to measure the psychosocial impact of COVID-19. The trend is towards remote and computerized assessment that has given rise to ethical issues. It has also raised questions on the psychometric properties of the adapted assessment. The issues on test administration and interpretation through tele-assessment is a new phenomenon. However, the unavailability of professional guidelines is debatable. Hence, the field is facing new challenges. The findings of the study can help in re-structuring the field of psychological assessment.

Keywords: Psychological assessment, remote, tele-assessment, psychometric properties, scoping review

Introduction

Assessment is an integral part of knowledge, practice and research in the various fields of psychology. Before COVID-19, the test administration, scoring and interpretation of the assessment tools were standardized in the face-to-face format. Appropriate norms and psychometric properties in accordance with the existing ethical guidelines were established.However, since the COVID –19 pandemic the field of psychological assessment has undergone a dynamic change. COVID-19 brought new protocols such as isolation and maintaining physical distance. This changed the mode of test administration and interpretation of the tools. The face-to-face format was no longer feasible for psychological assessment. It was replaced by remote or computerized assessment which meant that any kind of assessment could be administered and interpreted via online platforms such as zoom, telephone, e-mail and web-based tools only. It could be conducted in synchronous or asynchronous form. While tele-assessment and assessment by video conferencing was at an early stage of development as a clinical tool, it certainly gained prominence during the COVID-19 pandemic.

Tele-assessment is a sub-field of a broader field of telehealth. Medical Council of India & National Institution for Transforming India Aayog (2020) states, ". . . telehealth is a broader term of use of technology for health and health related services including telemedicine" and defines telehealth as, "The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies."

The Ministry of Health and Family Welfare and NITI Aayog have released the "Telemedicine Practice Guidelines" which has been included in the Indian Medical Council Regulations and is applicable to the entire country. The word telemedicine is derived from the Greek word "tele" meaning "distance" and the Latin word, "mederi" meaning "to heal." World Health Organization (as cited in Medical Council of India & NITI Aayog, 2020, p. 10) defines telemedicine as, "The delivery of health-care services, where distance is a critical factor, by all health-care professionals using information and communications technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities." In general, telemedicine is used in remote clinical service delivered by a Registered medical practitioner.

This led further to the development of 'Telepsychiatry Operational Guidelines 2020' (Bada Math et al., 2020). These guidelines are applicable to the field of mental health and can be followed by psychologists. Telehealth in the mental health field encompasses both therapy and assessment. Krach, Paskiewicz, & Monk (2020) define tele-assessment as "diagnostic, psychological assessment procedures administered to (an) individual(s) who is not in the same room as the examiner through the use of telecommunication technologies." Tele-assessment was used sparingly before COVID-19 pandemic. It was mainly used for rural, long-distance or home-bound clients (Perle& Nierenberg, 2013) who had difficulty in accessing the traditional assessment services. Hence, there is an absence of substantial data or research on the efficacy of psychological tele-assessment. National Association of School Psychologists (2017) states that "this is the least explored area of service in telehealth" (pg. 7). Wright (2020) also states, "Most current and emerging telehealth guidelines largely focus on psychotherapy and, as such, tele-assessment guidance is necessary."

Psychological assessments are of different types such as verbal, non-verbal and performance tests. Some of these assessments such as Vineland Social Maturity Scale are administered by using interviews and observation. Interviews

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can be conducted remotely though there are certain limitations to the observation method. Similarly, the performance tests where the material is manipulated such as blocks and pictures in Bhatia Battery intelligence tests or block design in Wechsler tests are cumbersome to adapt to be administered remotely. For instance, The Wechsler Adult Intelligence Scale–Fourth Edition (WAIS–IV; Wechsler, 2008) can be administered in a telepractice context by using digital tools from Q-global that allow stimulus to be shown to the examinee in another location via the screen-sharing features of teleconferencing software. The effectiveness of such innovations remains to be evaluated scientifically. Another limitation is found in psychophysics experiments where instruments such as aesthesiometer and Whipple box are used. Wright (2020) states, ". . . multiple types of assessment, including cognitive, neuropsychological and autism assessment, . . . have historically relied on tasks and interpersonal procedures that require in-person interaction, such as the manipulation of physical materials, standardized interactions between assessor and client, and clinical observations of the person in a physical environment." Hence, there are limitations in administering the assessments remotely.

This has given rise to ethical concerns. The dilemma is whether the American Psychological Association's ethical principles of beneficence, nonmaleficence, fidelity, integrity and justice are being followed in this crisis period. There are numerous ethical concerns that have arisen such as test security, informed consent, testing environment or conditions for constancy of test administration, appropriateness of test scoring and interpretation, competence and respecting client's rights.

Thus,it has become important to understand and gain insight into the emerging phenomenon of tele-assessment as it is being implemented since the pandemic. The aim of this research study is: (a) to understand the technical, legal and ethical issues arising from the transition and implementation from face-to-face to tele-assessment; (b) the status of tele-assessment in India; (c) propose recommendations.

Method

The method of scoping review of literature was conducted to meet the objectives of the study. The framework given by Arksey and O'Malley (2005) was followed to do the scoping review. Following the framework, the study was done in following stages:

a. "Identifying the research question". The research questions for the study were: (a) What are the technical issues in adapting from face-to-face to tele-assessment for the community? (b) What are the legal and ethical issues in adapting from face-to-face to tele-assessment for the community? (c) What is the status of tele-assessment in India? The questions were developed on the basis of the 'PCC

(Population (or participants)/Concept/Context) framework given by Joanna Briggs Institute (2020)

b. "Identifying relevant studies". Literature search was conducted using Google and Google Scholar. Reference lists were checked. On the basis of this search, book chapters and professional guidelines on tele-assessment were also included.

Table 1

Search terms

Concept	Search terms
Psychological Assessment 'New Normal'	"Psychological assessments during COVID-19", "psychological assessment during COVID-19 in India", "tele-psychology", "tele-assessment", "tele-assessment in India", "professional guidelines"

Table 2

Inclusion and exclusion criteria for selecting the literature

Inclusion Criteria	Exclusion Criteria
Journal research articles	Conference proceedings
Professional / Ethical guidelines	Abstracts
Book Chapter	Literature in other languages
Literature in English Language	

c. "Study selection": Figure 1 shows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses; Page et al., 2021) flowchart for the scoping review in this research study.

Figure 1

PRISMA Flowchart
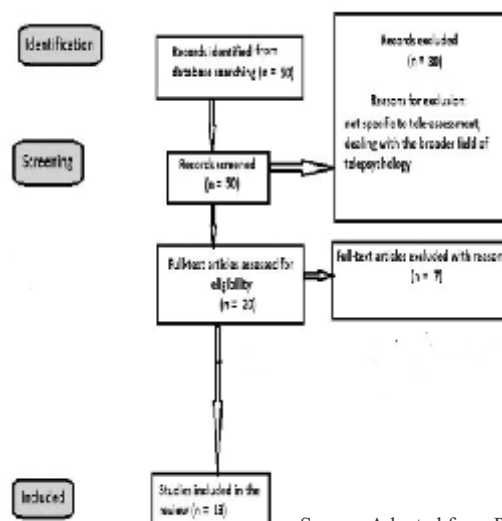
Source: Adapted from Page et al. (2021).

Results

Stage four of the scoping review framework which is 'charting the data' (Arksey & O'Malley, 2005) was conducted in this section

Table 3

Research Sample

S. No.	Author (year)	Hypothesis / research questions / focus	Methodology	Data Analysis	Results
1.	Bada Math & Manjunatha (2020)	Mental health issues in the "acute phase" of COVID-19 outbreak	Conceptual	-	Case identification by screening instruments, questions, referral, using community resources for capacity building
2.	Bloch, Maril, &Kavė, (2021)	Remote neuropsychological assessment in Israel and propose guidelines	Conceptual	Review	Recommendations for remote testing; decision making model for remote testing of the referrals.
3.	Cortez et al. (2020)	Brief review on the importance and advantages of using empirically valid tools to address mental health issues	Conceptual	Review	Development and advantages of empirically valid tools during the COVID-19 pandemic
4.	Farmer et al. (2020)	Tele Assessment of children on achievement and intelligence tests	Conceptual	Review	Remote assessment, construct validity, Factors as "environment, culture, equity and social justice"; implications
5.	Mangalesh, Dudani & Dave (2021)	Assess the mental health status of Indian medical students during the COVID-19 pandemic	Survey using GHQ-28	Chi-square, Mann-Whitney, Kruskal-Wallis test	About 60% of the students have mental health problems.
6.	Manickam (2020)	Ethical guidelines for psychologists in India	Conceptual	–	ICMR ethical guidelines in COVID-19
7.	National Association of School Psychologists (2020)	Recommendations for "virtual service delivery"	Conceptual	–	Guidelines for one component – "Assessment / Evaluation"
8.	Pandit, Salian, & Salian (2021)	Psychological distress due to pandemic during the lockdown	Quantitative, community based cross-sectional study; Online survey	Descriptive statistics and multiple logistic regression analysis	68% of the sample has psychological distress

S. No.	Author (year)	Hypothesis / research questions / focus	Methodology	Data Analysis	Results
9.	Salam, Bhat, Chakraborty & Acharya (2020)	To assess the knowledge, attitude, practices and psychological impact of COVID-19	Cross-sectional study; online survey; questionnaire for knowledge, attitude and practice, DASS-21	Mean, correlation,	Knowledge score was high; positive attitude and good practices; about 35% of the respondents had a psychological impact.
10.	Society for Personality Assessment	Assessment of personality and psychopathology through tele-assessment methodologies	conceptual	–	Multi-method assessment; accurate-clinical interview; structured clinical interview retains reliability and validity in tele-assessment; equivalence for self-report inventories; collateral report measures; difficulties in administering performance tests as Rorschach
11.	Stifel (2020)	Psychoeducational assessment by school psychologists			Ethical and legal guidelines to conduct valid psychoeducational assessments in schools; guidelines for special education
12.	Wilson et al. (2020)	Assess the prevalence and predictors of stress, depressive and anxiety symptoms among healthcare workers in India.	Cross-sectional, online survey among healthcare workers. Tools used were GAD-7, PHQ-9, PSS-10	Descriptive statistics - frequency, percentage, mean, SD; logistic regression	Depressive and anxiety symptoms were more than stress symptoms.
13.	Wright et al. (2020)	Psychological tele-assessment	Conceptual	–	Given six principles

Table 3 shows the sample of the research study. According to PRISMA shown in Figure 1, thirteen articles were finally selected from a total of fifty articles. Nine articles are conceptual and four articles are based on quantitative methods.

One article focuses on neuropsychological testing (Bloch, Maril, &Kavė, 2021). Two articles focus on assessment in children (Farmer et al., 2020; Stifel, 2020). One article gives a review of empirically valid tests during COVID-19 (Cortez et al., 2020). Five articles focus on psychological assessment in the Indian context (Bada Math &Manjunatha, 2020; Mangalesh, Dudani& Dave, 2021; Pandit, Salian, & Salian, 2021; Salam,et al, 2020; Wilson et al., 2020).

There are four ethical guidelines that have been reviewed (Wright et al., 2020; Society for Personality Assessment; National Association of School Psychologists, 2020; Manickam, 2020).The ethical issues highlighted are tele-assessment of Rorschach, construct-irrelevant error for performance-based personality and psychopathology measures, test security, statistical considerations in scoring and interpretation, simulating the conditions in remote assessment for constancy of administration procedures, equivalence of testing in remote and face-to-face format, clients' level of technology literacy and mentioning the alterations in the psychological report.

Discussion

The aim of this research study is: (a) to understand the technical, legal and ethical issues arising from the transition and implementation from face-to-face to tele-assessment; (b) the status of tele-assessment in India; (c) to propose recommendations. The findings from the results for the research questions are discussed in this section.

The first question is (a) What are the technical issues in adapting from face-to-face to tele-assessment for the community? When tests are adapted from face-to-face administration to tele-assessment it is known as adapted tele-assessment. Krach et al. (2020) states that "'adapted tele-assessment' is the administration using telecommunication technology of tests that were standardized for face-to-face administration." In the process there are psychometric errors. The norms, reliability and validity that has been developed for face-to-face test administration is absent for tele-assessment administration. Hence the results and the interpretation cannot be generalized with accuracy to the clients.

There are other issues related to the administration from face-to-face to tele-assessment. In face-to-face mode, tests are administered in a structured setting. However, in tele-assessment the setting can be informal. This can have an effect on the client's responses on the test. It is very difficult to control the environment of test administration in tele-assessment and may have an effect on contextual validity (Stifel et al. & Farmer et al., 2020). Wright (2020) has suggested the use of 'remote audio-visual monitoring' of the test administration.

The familiarity with the telecommunication technology is an important factor for both the client as well as the psychologist.

This can be a challenge to certain clients, such as those who may be from lower socio-economic status or do not have access to the technology. At the same time, the psychologist should be trained in administering the test via tele-assessment. Cultural factors can determine communication patterns in tele-assessment (Farmer et al., 2020).

Apart from the technical issues there are ethical and legal issues in tele-assessment as well as issues in test security. The informed consent form provided to the testee should state the limitations of the applicability and accuracy of results obtained through tele-assessment (Bloch, Maril, &Kavė, 2021). The presence or absence of parents is another debatable issue as it might hamper the constancy of conditions while administering tests remotely on children (Farmer et al., 2020). Further, there can be violation of copyright on sharing the test material remotely. This can be a legal issue. Also, the question about how much the results can be acceptable in forensic settings deserves attention.

While research pertaining to generic tele-assessment is already meagre (National Association of School Psychologists, 2017), when it comes to studies exploring specific areas of adapted tele-assessment, it becomes negligible (Wright, 2020). It is important to establish psychometric equivalency of face-to-face tests and adapted tele-assessment. This points out that more research is needed in this area. Reliability, validity and norms have to be determined for adapted tele-assessment.

Professional bodies in various countries such as Indian Council of Medical Research, National Association of School Psychologists, American Psychological Association and Society for Personality Assessment have issued new guidelines on tele-assessment. The Society of Personality Assessment, for instance, recommends multi-method assessment and has stated that there is equivalency for interviews, self-reports and structured clinical interviews. However, further research needs to be done for performance tests such as Rorschach and Thematic Apperception Test. Wright et al. (2020) have given six principles for tele-assessment. These principles are test security, appropriate substitutions, maintaining data quality and widening "confidence-intervals". Hence, these guidelines can help in addressing the legal and ethical issues. Bornstein (2017) also recommends the use of a multi-method approach and clinical expertise to overcome the margin of error.

The second research question is about the status of tele-assessment in India. Results show that it is at the preliminary stage. Most of the research studies are surveys conducted to assess community health using psychological tests (Mangalesh et al., 2021; Pandit et al., 2021; Wilson et al., 2020). They are generally used for screening purposes (Bada Math &Manjunatha, 2020; Salam et al., 2020).

A few research studies have used experimental designs to

compare mental health and well-being before and after COVID-19. Kumari (2020) in her study used a pre-post design to assess stress in adolescents. The objectives of the study were to compare the stress level in adolescents before and after lockdown and know the impact of gender on stress level. The sample was selected randomly. General Health Questionnaire-12 (GHQ-12) was used as a screening measure. Socio-demographic data was collected and 'Student Stress Scale' (SSS) was used. In the post-test, the tool was administered online. Results showed a significant impact of lockdown on the stress level of adolescents. Females felt more stress in pre and post lockdown.

Fernandes et al. (2020) examined the impact of lockdown on internet use, gaming addiction and COVID-19 worries in adolescents before and after the lockdown in India, Indonesia, Malaysia, Mexico, Philippines and UK. The data was collected by using online questionnaires to measure depression, internet addiction, use of social media, escapism, loneliness, gaming addiction and self-esteem. Results showed that COVID-19 had a significant impact on internet use and psychological well-being of the adolescents across all countries.

In the above research studies, the measures were administered online. Globally, assessments have been developed to measure the psychosocial impact of COVID-19 (Cortez et al., 2020). Guidelines on tele-assessment have been given by ICMR (Manickam, 2020). Manickam (2020) have pointed out some important ethical issues such as confidentiality, copyright issues, physical distance and use of PPE in rapport formation and empathy, care in interpreting the results in the absence of norms for tests conducted using telepsychology. This shows that more in-depth research is required to develop and apply tele-assessment in psychology and mental health in India.

The third research objective aims at proposing recommendations for the effective use of tele-assessment. The recommendations are as follows:

i.   Guidelines for tele-assessment have to be revised at each stage from rapport formation, test administration, conduction, scoring, interpretation and communication to the client.

ii. Greater awareness about establishing rapport via telecommunication should be developed; tele-assessment should be explained in the informed consent; and instructions should be communicated properly so that they are understood by the participant.

iii. The environment in which the subject is taking the assessment should be monitored properly and it must be ensured that the test is completed by the participant without any disturbances. Technology similar to Any Desk can be used for remote control by the client. Research can also focus on developing computer-simulated virtual reality environments for conducting assessments.

iv. While conducting the assessment an appropriate substitution can be made for the sub-tests, for e.g., an alternative verbal test can be used for a performance sub-test or more questions can be asked in the absence of non-verbal cues. However, the substitution should measure the same construct.

v.   Margin of confidence interval can be increased and the margin of error should be taken into consideration while scoring and interpreting the obtained data. Tele-assessment alterations should be mentioned in report-writing.

vi. Artificial intelligence technology can be used in conducting and scoring the assessments.

vii. Research should be undertaken to determine the psychometric equivalence and norms of the verbal, non-verbal, performance and projective tests from face-to-face to remote assessment.

viii. Ethical concerns such as test security, confidentiality, informed consent, psychometric equivalency and professional competence; as well as legal concerns such as copyright issues and testimony in forensic settings must be addressed.

ix. Extraneous factors such as technology literacy of the participants, diversity, internet connection and accessibility need to be considered in tele-assessment.

x.   Further research and guidelines are required for using tele-assessment with children and differently abled populations.

Thus, the above recommendations would aid in transitioning towards tele-assessment and thus adapting to tele-medicine in psychology and mental health.

Conclusion

The field of psychological assessment is at a historical stage and it will be redefined. The present study has highlighted the technical, legal and ethical issues in tele-assessment and given certain recommendations. It is important to be aware about re-establishing psychometric equivalency, test security, informed consent, test administration and interpretation guidelines while adapting to tele-assessment. Though the developed countries are ahead in doing research in this area, still a mammoth task awaits the field of psychology.

The limitation of the study is that it has used secondary data. Further research can be conducted with primary data. More data is required for understanding tele-assessment for performance tests and non-standardized assessment methods. Thus, more in-depth research is needed for establishing the field of psychological tele-assessment.

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The Impact of Priming Free Will Beliefs
on Career Decision-Making Self Efficacy: An Experimental Study

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Abstract: Belief or disbelief in free will has been widely researched recently, not only as a philosophical notion but as an influence on other beliefs and behaviour. Previous literature has shown strengthening or weakening belief in free will to be an uncomplicated feat but the present paper calls attention to this fallacy. Using an experimental design, we aimed to investigate if priming notions about free will would alter beliefs in free will and if that alteration would then influence career decision making self-efficacy among a sample of 72 Indian college students. The participants were randomly assigned to two conditions and were administered priming materials: research that supported either the existence of free will or opposed it. Free will beliefs and career decision-making self-efficacy were measured a week before and immediately after priming treatment using standardised measures. Data were analysed by comparing the participants' scores before and after the treatment. Results revealed that beliefs about free will remained unaltered in both conditions despite the priming, indicating their strength and pervasiveness. Consequently, career decision-making self-efficacy also remained unaffected. Several reasons for this have been elaborated. Our findings imply that beliefs about free will and determinism are robust and not easy to manipulate.

Keywords: *Free Will, self-efficacy, career, decision-making*

Introduction

The philosophical debate of whether free will exists or not is never-ending. However, the question of whether one's fate is in their own hands is less relevant to psychologists than whether one believes that one can control their fate. Free will is essentially a belief in choice and control over one's behaviour. This is contrary to the notion of determinism which claims that all events occur due to pre-existing causes and that humans cannot act otherwise even if they wanted. Direct attempts to understand how people generally construe the concept of free will reveal that it is seen as associated with fulfilling desires, making decisions based on conscious thought, and resisting external influences (Monroe & Malle 2010 ; Stillman et al, 2010). Disbelief in free will can lead to perceiving life as meaningless, drawing attention to limits in one's ability to control and higher life stress (Crescioni et al, 2011).

While philosophical views about free will remain at an impasse, psychologists have attempted studying the behavioural impacts of such beliefs. Within research-based settings, manipulating belief in free will often take the form of priming through messages and arguments that support the existence of free will or which point to free will being an illusion. These methods are shown to be effective in altering how people see the universe and their agency in it (Baumeister, Masicampo & DeWall, 2009; Rigoni et al., 2012; Vohs & Schooler, 2008). Making one's own choices and sticking to one's decisions rather than conforming to others in social situations is inhibited when belief in free will is decreased through manipulation (Alquist et al., 2013). Undermining free will belief has shown to result in maladaptive behaviours such as reduced belief in one's own ability to control impulses (Rigoni et al., 2012), negative impact on helping behaviour,

increase in antisocial tendencies (Baumeister, Masicampo & DeWall, 2009), as well as an increase in willingness to cheat (Vohs & Schooler, 2008). Rigoni et al., (2012) investigated whether undermining free will affects two aspects of self-control: intentional inhibition and perceived self-control. Participants were exposed to either anti-free will or to neutral messages. The two groups (no-free will and control) then performed a task that required self-control to inhibit a response. No-free will participants showed less intentional inhibitions than the control group, suggesting a reduction of self-control. Perceived self-control was also lower in the no-free will group.

Manipulating how people feel about free will and having a state of agency has been shown to enhance several aspects of quality of life such as life satisfaction, positive affect (Kondratowicz-Nowak & Zawadzka, 2018; Li et. al, 2017), gratitude, perceived meaning of life, and forgiveness towards relationship partners (Crescioni et. al, 2015). Belief in free will rather than determinism, then, has been shown to have an impact on self-agentic behaviour. The notion that one has control over a difficult situation and has the capability to make it through that situation can partly be understood as a consequence of belief in free will. This belief about one's capabilities to overcome problems is self-efficacy. The concept was first introduced by Bandura (1977) as a personal judgement of how well one can execute courses of action required to deal with prospective situations. Crescioni et. al (2015) found that belief in free will was significantly and positively correlated to self-efficacy and self-control, predicted higher levels of self-efficacy, and had a causal impact on setting ambitious and meaningful goals for oneself. People who were induced to believe in free will set goals which were more personally relevant and long-term than the control condition or the disbelief-in-free will condition.

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While beliefs in free will may be pertinent for behaviours, feelings of self-efficacy and even decision making, most research in this arena has been done in the Western context. There exists no literature studying the manipulation of free will beliefs and their impact on agency-related constructs among the Indian population, including the youth. This is despite the fact that a topic like free will and its impact on people must be investigated through a culture-sensitive lens. Empirical evidence suggests that folk intuitions about philosophical issues lead to different patterns of response between individuals of Western and Non-Western backgrounds (e.g., Kashima et al, 1995; Weinberg et al, 2001).

India is a land of ancient wisdom which has propagated the law of Karma since times immemorial. The very common phrase "what goes around comes around" is an illustration of the Karmic theory. According to this law, every action has an effect or a consequence that the individual must reap, enjoyable or painful. The universe responds, sooner or later, according to the quality of one's actions. A similar scientific concept, Newton's third law of motion, states that for every action or force in nature there is an equal and opposite reaction. The scientific evidence for Newton's theory, then, upholds the Karmic law. However, the theory of Karma also allows room for conscious choice and action. Even though the present situation that an individual encounters, is determined by past actions, the future is not predetermined as it will be based on how the individual reacts to the stimuli in the present, thus giving due to weightage to volition. Free will and determinism both, then, exist to some extent as per the Indian philosophy. Such beliefs are, then, deeply endorsed by cultural conditioning. Given the complex understanding of free will and determinism in Indian culture, the present study aims to investigate the influence of belief in free will on decision-making and self-efficacy in the Indian context.

This article specifically focuses on the construct of career-based self-efficacy. A career can be defined as the combination and sequence of work roles that a person experiences throughout their lifetime (Super, 1980). Choosing a career can be stressful and involves several deliberations about interests, aptitudes and the scope for growth. Feelings of uncertainty about prospects of a career among students are quite common. However, fostering confidence in their ability to make suitable decisions regarding their future careers has been proved to be quite fruitful. Career self-efficacy is people's judgments of their abilities to perform career behaviours concerning career development, choice, and adjustment (Anderson & Betz, 2001). In general, if individuals have high career self-efficacy, they are likely to have specific career goals, be more motivated and task-focused rather than self-focused. They will have a greater tendency to set higher goals and objectives for themselves and will show more perseverance to effectively achieve those goals.

High career self-efficacy is found to be one of the best predictors of beginning career behaviours and influences exploration and employment outcomes (Niles & Sowa, 1992). Career self-efficacy beliefs determine motivation toward career behaviours. This indicates that career self-efficacy can mould an individual's entire approach when it comes to behaviours that will make or break their career. People with high career self-efficacy tend to see success for themselves and seek positive support and outcomes for their career ambitions. Lower career self-efficacy, on the other hand, can result in self-handicapping and enhanced fear of failure in career-related endeavours. Research has found that career self-efficacy is considered essential for successful job performance and can greatly influence work behaviours regardless of knowledge and skill (Bandura, 1977, 1986; Niles & Sowa, 1992).

Literature implicates belief in free will too, as a predictor of job performance (Stillman et. al, 2010). It was found out that belief in free will was positively correlated with four of the five measures of workplace performance: work effort, consistency, positive social impact, and general assessment. Research also suggests that people with free will enjoy greater self-efficacy and suffer less from helplessness (Baumeister & Brewer, 2012). Along with an increase in job performance, belief in free will can benefit decision making by reducing indecisiveness (Kokkoris, Baumeister, & Kühnen, 2019), implying difficulty in making decisions- whether big or small- across domains (Germeijs & De Boeck, 2002). In the process of choosing a career, many students face confusion and stay in two minds about what they want to pursue. Being indecisive while choosing a career can be challenging because it is an extremely crucial decision in one's life. This pressure might lead one to develop a fear of making the wrong decision. However, having the freedom to choose whatever career one may want and a belief in the fact that the individual's success or failure in that career will be a product of his or her own choices can reduce indecisiveness. Hence, the present study investigates how manipulating belief in free will can have an impact on career-based decision-making self-efficacy. By priming a belief in free will or non-free will, we aim to understand whether it will bring about a change in one's self-efficacy in making important career-related decisions which can have several practical implications on job performance, satisfaction, success and growth in the chosen field. It is hypothesised that priming free will beliefs would increase belief in free will which would then increase career decision making self-efficacy.

Method

Participants

The data for the study was collected by circulating Google forms amongst university students. Altogether, 114 participants filled out the pre-intervention questionnaire. Of these, 42 participants failed to respond to one of the two forms which

were required to be filled and thus 72 participants comprised the final sample who were assigned to either the free will condition (n=38) or the non-free will condition (n=34). The sample consisted of 14 males (19.44%) and 58 females (80.56%). All students were pursuing varied disciplines including Commerce, Sociology, Economics, English, and Mathematics. 45 respondents (62.5%) were under the age of 20 and 27 respondents were aged 20 - 25 years (37.5%). The mean age was 19.4 years.

Tools

Free Will and Determinism Plus Scale (FAD Plus), (Paulhus & Carey, 2011). This is a 27 item self-report measure of lay beliefs in free will and the three related constructs of scientific determinism, fatalistic determinism, and unpredictability independently. The authors of the tool report each of the subscales to show acceptable internal consistencies and construct validity. The items for free will include statements such as "People have complete control over the decisions they make." Responses were recorded on a five-point Likert scale.

The Short-Form Career Decision-Making Self-Efficacy Scale (SFCDMSE), (Oreshnick, 1986; Betz, Klein, & Taylor, 1996). This tool contains 20 items used to measure respondents' beliefs about whether they can complete tasks related to making decisions relevant to their career. The original Career Decision-Making Self-Efficacy Scale (CDMSE, Taylor & Betz, 1983) had 50 items making it lengthy and time-consuming and so the shorter version was developed for more appropriate assessment. Items from the original version which loaded highest on the general factor in Oreshnick's study (1986) were selected to comprise the SFCDMSE. Responses were recorded on a ten-point scale with 0 indicating 'not at all confident' and 9 indicating 'very confident'.

Procedure

Data was collected online in two stages over 2 weeks. The first form consisted of the two instruments (FAD-plus and CDMSE-SF). Data from this stage served as the baseline. The participants were then randomly assigned to one of the two conditions- free will and non-free will. The second form was circulated after one week, which included the priming material along with the two instruments. As the priming stimuli, the free will group read the pro-free will passage while the non-free will read the anti-free will passage. The priming stimuli were adapted from Zhao et al., (2014) which involved passages portrayed as excerpts from a scientific article. The free will condition passage supported the usefulness of volitional control for humankind and advocated that humans' behaviours are determined by their own desires and intentions. The passage is presented below:

Are people's attitudes and behaviours always controlled by volition? Can people's brains truly dominate people's reactions to various natural and social challenges? After conducting an

extensive field study, behavioural experiment, and neural cognitive study with functional MRI, the Cognition Research Centre at the University of Geneva concluded large numbers of human behaviours are indeed determined by our desire. A well-known cognitive psychologist, Professor George Levinger, the principal investigator of this project, also reviewed a large number of research findings from biology, psychology, archaeology, and cultural anthropology on people's attitudes and decisions. The results suggested that, in fact, plenty of people's attitudes and behaviours are controlled by themselves, like aggressive behaviours and altruistic behaviours. He concluded that such controllability of our behaviours increases our survival probability in evolution...

The non-free will condition passage supported the futility of belief in volitional control and advocated that human beings' actions are not determined by their desires and intentions. The passage is presented below:

Are people's attitudes and behaviours always controlled by volition? Can people's brains truly dominate people's reactions to the various natural and social challenges? After conducting an extensive field study, behavioural experiment, and neural cognitive study with functional MRI, the Cognition Research Centre at the University of Geneva concluded large numbers of human behaviours are indeed not determined by our desire. A well-known cognitive psychologist, Professor George Levinger, the principal investigator of this project, also reviewed a large number of research findings from biology, psychology, archaeology, and cultural anthropology on people's attitudes and decisions. The results suggested that, in fact, plenty of people's attitudes and behaviours are not controlled by themselves, like aggressive behaviours and altruistic behaviours. He concluded that such uncontrollability of our behaviours increases our survival probability in evolution...

After reading the passage, the participants had to write and explain the theme of the passage briefly to ensure its comprehension. They were then required to complete the tools and mail them back to the researchers.

Results and Analysis

The study aimed to assess if reading the priming material would alter the beliefs in free will and if that would influence the individuals' career decision making self-efficacy. The scores on the two questionnaires, FAD+ and CDSME-SF, were analysed using dependent t-tests. The scores on these tools before the intervention was administered served as the baseline, which was compared to the post-intervention scores to establish whether the manipulation had an impact on free will beliefs and if that impact led to a change in career decision making self-efficacy.

Table 1
Dependent Sample t-test of Free Will Condition Participants

Variable	Pre-Intervention		Post-Intervention		t	p-value
	M	SD	M	SD		
Belief in Free Will	24.55	3.83	25.05	4.23	0.57	0.284
Career Self Efficacy	127.47	28.98	130.05	28.02	0.42	0.337

Belief in free will, measured by FAD+, was not significantly altered (t37=0.57, p=0.28) after the intervention as revealed by the comparison of scores obtained by participants before (M=24.55 SD=3.83) and after (M=25.05, SD=4.23) reading the priming materials. Unsurprisingly since the belief manipulation was ineffectual, the career decision-making self-efficacy of the participants also remained unaffected (t37=0.42, p=0.33).

Table 2
Dependent Sample t-test of Non-Free Will Condition Participants

	Pre-Intervention		Post-Intervention		t	p-value
	M	SD	M	SD		
Belief in Free Will	24.03	4.49	23.56	4.77	-0.43	0.331
Career Self Efficacy	138.68	23.41	134.41	21.08	-0.88	0.192

The belief manipulation in the non-free will condition was also found to be ineffective (t33=-0.43, p=0.33). The participants' belief in free will were insignificantly weakened (Pre-Intervention: M=24.03, SD=4.49; Post-Intervention: M=23.56, SD=4.77). In line with this, the career decision making self-efficacy scores were also not markedly impacted (t33=-0.88, p=0.19).Thus, the hypothesis that priming would alter free will beliefs and this alteration would influence career decision-making self-efficacy was rejected.

Discussion

The present study aimed at assessing the effect of priming beliefs in free will on career decision making self-efficacy. Our results established that the manipulation which was directed towards amplifying or weakening the belief in free will did not achieve the intended results. Exposure to the passages on free will was unable to create a shift in the participants' belief systems. One explanation for this may lie in the nature of the passages themselves. The passages were brief and may not have contained enough convincing information to change the mindset of the participants. A psychological phenomenon that should be considered to explain these results is 'belief perseverance' which is the tendency to hold on to discredited beliefs (Ross et al., 1975). Belief perseverance is said to occur as a result of constructing causal stories about the currently held belief. People may be convinced that they have, or do not have,

a sense of control over their actions through general experiences and socialisation. Thus, their beliefs or disbeliefs in free will are maintained and even strengthened in the face of contradictory evidence. Schooler et al. (2014) found that studies similar to the present research used news and research articles ("Neuroscientists Discover How Free Will Works" or "Neuroscientists Discover That Free Will is an Illusion") and did not show a significant impact on the belief and disbelief in free will. This indicates that altering and manipulating such beliefs is more difficult than anticipated as per previous literature.

Beliefs in free will may be strong because they allow for a happier and more meaningful life where people's actions have significance and where the future is given more importance than the past (Feldman & Chandrashekhar, 2018). The association of a universe of indeterminism and free will with

positive life outcomes such as higher well-being, more prosocial as well as morally responsible behaviour explains why people find the belief in personal free will advantageous and adaptive, leading to fitness increasing behaviours (Smithdeal, 2016). A sense of control that results from believing in free will motivates action. For instance, the belief that intelligence is a malleable rather than a fixed quality results in more hard work and motivation and consequently better academic performance (Dweck, 1999). This exemplifies how belief in free will compels fitness-increasing behaviour and is thus adaptive. Similarly, people may also find comfort and utility in determinism. The notion of determinism may be appealing to those facing adversity as it allows for the belief that the factors leading up to the unfortunate circumstances were out of their control. Beliefs such as these from which people derive utility are resistant to change (Abelson, 1986).Alongside it may be noted that what sways people's beliefs in free will may be explained by the self-serving bias. People tend to attribute positive outcomes to personal dispositions and negative outcomes to external factors to maintain and enhance self-esteem (Forsyth, 2008). When individuals experience positive life outcomes, they may claim that it is a consequence of actions and decisions that were in their control. However, they may attribute failures to "the universe working against them" and factors like bad luck or interference by others that were simply not in their hands. Altering philosophical beliefs would perhaps require more powerfully worded arguments or even intensive sessions over a longer period to bring about an impact and to make a significant difference, at least with regard to the population studied in the present research.

Moreover, self-efficacy is domain-specific. The passages provided were generic in nature and made no references to career choices. The differences in the level of specificity in the nature of the passage and the construct being studied is something that could have impacted the results and should be investigated further. Furthermore, the research studies from which the concept of manipulating free will beliefs using written passages was adopted were conducted in laboratories. However, our study was conducted online due to the pandemic related lockdown. So, perhaps the online mode used to administer the priming material acted as a barrier to convincing participants to change their beliefs. The larger context within which the study was conducted, must be considered. The data collected occurred at a time when the COVID-19 pandemic was having unprecedented impacts on people's lives. The theory of threat-rigidity (Staw et al., 1981) suggests that individuals and groups tend to behave rigidly in threatening situations. A threat may result in restriction of information processing, such as a narrowing in the field of attention, a simplification in information codes, or a reduction in the number of channels used leading to a lack of flexibility in thinking and learning. Disaster-related research about this theory suggests that the primary psychological effects of a crisis are to create feelings of stress and anxiety in affected individuals and that this elicits behavioural responses of withdrawal and reductions in critical information processing (Menninger, 1954; Glass, 1956). This theory then explains why, in the middle of the stressful pandemic, the participants may have faced rigidity in thinking patterns which led to the inadequacy of the intervention in successfully manipulating free will beliefs.

The success of such interventions in Western culture provides evidence that it is indeed possible to prime one's beliefs in free will. Therefore, one of the major implications of the present study finding insignificant results is the need to design culturally appropriate, longer interventions which can be piloted amongst the Indian population. Further, the passages used to prime one's beliefs should be more specific and related to the variables under study, career self-efficacy in this case. People's belief in their own free will can fluctuate across time according to changing circumstances (Baumeister & Brewer, 2012). This implies that belief and disbelief in free will can be context-specific. Belief in free will is, then, both a stable dimension and a flexible opinion that may be subject to variation depending on situations. Individuals may feel more in control in specific situations, thus experiencing free will, but may feel helpless and at the mercy of the universe in other situations. Passages may thus be designed to be more context-specific in nature.

Limitations and Directions for Future Research

The present study had the limitation of being conducted online. The online medium may have interfered with the process and weakened the impact of priming, leading to insignificant results. So, future studies may examine the impact of this priming in real-life settings. Further, our sample was relatively small and predominantly female. Future studies should aim to collect data from a larger and more representative sample to be able to make generalisations. Another limitation may lie with the method of priming. There is some evidence suggesting that priming research is difficult to replicate. Effects of the priming method should be examined by future studies to determine the most efficient priming procedure.

Conclusion

To conclude, we observed that manipulation attempts to alter beliefs in free will and determinism had no significant impact on the participants. This suggests that beliefs in abstract philosophical notions are complex and culturally conditioned, making them difficult to change. The present work is not in line with previous literature where significant results have been produced in changing free will beliefs through priming and adds to the literature by bringing to attention the difficulty of replicating results concerning such metaphysical belief systems. Our findings imply that since beliefs in free will and determinism are stable and pervasive, more intensive interventions are much more likely to be effective in changing them.

Acknowledgements

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Self-construals in Adolescence: Intersections of Gender and Streams of Education among High School Students in India

Vasundhara

Abstract: Self-concept (SC) refers to an individual's self-perceptions and is shaped by temperament, experiences with and interpretations of one's environment. This study aimed at investigating the differences in SC and its various dimensions (physical, social, educational, moral, intellectual, temperamental) among high school boys and girls studying in different academic streams. A sample of 218 high- school students (males=100, females=118) were recruited using purposive sampling. The sample belonged to 3 different steams of study (Science, Commerce and Humanities) and were administered the Self-Concept Questionnaire (Saraswat, 1984) to assess their global and domain-wise SC. Data was analyzed using SPSS 23. On performing 2 x 3 ANOVA and further Post-Hoc analysis, findings indicated that gender had a significant main effect on total (p=0.04), educational (p=0.01) and moral (p=0.01) SC. Girls obtained significantly higher scores on these as compared to boys. Results with respect to stream of study showed that Humanities students had significantly higher SC than Science students (p=0.004). Implications and future directions are discussed.

Keywords: *Self-concept, gender, stream of study, adolescents, India*

Introduction

The term 'self' is generally used in reference to conscious reflection on one's own being or identity, as an object separate from others or from the environment (Huitt, 2011). Self-concept is a person's self-perceptions shaped by experiences with and interpretations of one's environment. Positive self-concept has been seen to foster good outcomes in social relations, academics, mental and physical health (Craven & Marsh, 2008; Habeeb, 2016). The development of self is a lifelong process (Erikson, 1971), but childhood and adolescence are important periods for development of a positive self-concept.

Theoretical accounts have suggested that a large number of intersecting factors influence self-concept. These factors include both intra-personal and social influences such as children's temperament, parent-child interactions (Brown et al., 2009), friendships (Tarrant, MacKenzie, & Hewitt, 2006) and peer groups (Buhs, 2005; Zhenhong, Dejun, & Ping, 2004). Contextual factors such as gender and culture (Parkes, Schneider & Bochner, 2002) have also known to be important influences. Another influencing factor that seems to have received considerable attention in past literature is that of classroom - based experiences. Children's self-concepts can be critically shaped by classroom structures and teachers' control orientations (Marshall & Weinstein, 1984). Studies that have compared the effects of "unidimensional" and "multidimensional" classrooms (Rosenholtz & Rosenholtz, 1981) demonstrate this influence. Classrooms within which teachers emphasize a narrow range of students' abilities, group students as per their abilities and publicly evaluate performance are considered unidimensional. On the other hand, multidimensional classrooms, are those within which teachers focus on multiple types of ability (e.g., artistic as well as reading skills). Students have opportunities to work on a variety of different tasks using different materials and their performance is evaluated more privately. Additionally, children studying in classrooms that support autonomy have higher perceptions of their cognitive competence, self-worth, and mastery motivation than children in classrooms where teachers exercise control (Ryan, Connell, & Deci,1985). It has also been established that self-concept undergoes changes as children grow older. In a study that assessed self-concept among Spanish adolescents who were in the 5th and 8th grades, it was found that there were strong differences in the dimensions of self-concept during the school transition. Middle-school students, compared to elementary-school students, showed significantly lower levels in almost all dimensions of self-concept (Onetti, Fernández-García, & Castillo-Rodríguez, 2019).

Unlike the above-mentioned factors, the influence of gender on self-concept has created little consensus. It has been suggested that many of the observed differences in the behaviour of men and women can be explained by interpersonal differences in their self-concept (Cross & Madson, 1997). Children in their early developmental stages define themselves differently depending on their gender, with girls sharing a more social and group sense of themselves as compared to boys (McGuire & McGuire, 1988). Studies show that females have a better interdependent (Marcic & Grum, 2011) and total self-concept (Habeeb, 2016) as compared to males, proving to be more satisfied with themselves in relationships and the social environment. In an Indian study, Jani (2017) found a statistically significant difference in self-concept between males and females, with females obtaining higher scores. Saraswat (1982) also found relatively better self-concept among female students than male students. On the other hand Khan et al., (2015) and Haussler & Hoffman (2002) reported better self-concept among males. To further complicate the picture, there have also been studies finding no significant differences in the self-concept of males and females (Amirkhani et al., 2018).

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Along with acknowledging developmental influences on self-concept, it may also be noted that as children grow, self-concept becomes increasingly differentiated into different domains such as social, physical and cognitive (including academic). From the perspective of educational psychology, academic self-concept is important to focus upon, because it facilitates a wide range of academic behaviours and outcomes (Marsh et al., 2011). School engagement and self-concepts are closely tied to students' economic success, long-term health and well-being. Prince and Nurius (2014) examined the role of academic self-concept in predicting school success over and above co-occurring contributors. They used stepped linear regression to understand the impact of positive academic self-concept on future educational aspirations, student GPA and accessing educational guidance counseling while controlling for factors like student socio-demographics. The findings confirmed hypotheses for each academic indicator, with the strongest coefficient being found for positive academic self-concept. In another study conducted in Sargodha district, Pakistan, Awan, Noureen and Naz (2011) examined achievement and its relationship with achievement motivation and self concept among students from four public and four private schools of the at the secondary level. The results indicated significant relationships between achievement motivation, self concept and academic achievement. Studies such as these have created interest in the benefits that positive self concept can create for children's decision making, planning, perseverance and accomplishments. Therefore educators have begun to embrace the goal of fostering positive and realistic self-concepts among children. Many educational policies, including the NEP 2020 have begun to emphasize self-concept enhancement as a primary goal of education.

Statistically significant differences have been observed in students' self-concept scores in different majors (Amirkhani et al., 2018) making it important to study the relationship between self- concept and stream of study. The Indian education system provides students the first opportunity to choose their stream of education in Grade 11. The choice a student makes at this point is seen as pivotal to their future career. The three broad streams offered to students at this stage include Humanities (Arts), Sciences and Commerce. Although the common perception is that Indian students, under the guidance of their parents, consider Science to be the most prestigious stream to pursue, data from the All India Survey on Higher Education (AISHE) 2020 says that Arts subjects are growing in popularity. The findings of the survey showed that 93.49 lakh students were enrolled in arts courses at the undergraduate level in India, making it the most popular. This is an indication that the educational landscape of the country might be shifting.

Given that research on self-concept within this changing landscape is sparse, the present study sought to compare self-concept among the students of the three main streams of study. Further given that literature on gender and self-concept appear to convey ambiguous findings, the present study also sought to assess whether boys and girls showed any differences with respect to this variable. The limited number of studies done so far have shown differences in average self-concept scores of males and females as well as humanities and science students, where females scored higher and humanities students scored higher (Joshi & Pathani, 2017). This study hopes to shed more light on this issue, especially through a domain wise analysis. It was hypothesized that there would be a significant difference in global self-concept and its various domains (physical, social, temperamental, educational, moral, intellectual) with respect to gender as well as the streams of study. It has been suggested that specific components of self-concept ought to possess greater predictive power regarding outcomes than a single, global component of self-concept. For example, research in education indicates that academic achievement is more correlated with academic self-concept than one's global self-concept. Further achievement in other domains should be correlated with the corresponding specific domains of self-concept (Marsh & Craven, 2006; Seaton, Marsh, & Craven, 2010).

Method

Sample

The sample recruited through convenience sampling consisted of 218 (M=100, F=118) high school students. The age range of the sample was 15-19 years (M=16.77, SD=0.86). They were students of 11th and 12th grade belonging to various streams of study (Science=69, Commerce=85, Humanities=64). The participants belonged to middle or upper middle-income families residing in Uttar Pradesh.

Design

An ex-post facto descriptive and quantitative design was followed in the present study. A standardized questionnaire (SCQ) was used for data collection, and self-concept scores were subsequently calculated. The final scores were classified into categories based on gender and stream of study as variables. Gender was classified as Male or Female and Stream of Study was classified into Science, Commerce or Humanities.

Measures

Demographic profile sheet: Used to collect preliminary information about the participants, it was circulated alongside the standardized tool. Details included name, stream of study, age, school name, gender.

Self-Concept Questionnaire: Developed by R.K. Saraswat (1984), this is a 48-item inventory to measure 6 separate dimensions of self-concept (Physical, Social, Intellectual, Moral, Educational and Temperamental) and total Self-concept. Each item provides 5 alternatives, ranging from "Strongly Agree" to "Strongly Disagree"., each item being scored similarly. Higher scores indicate higher self-concept. There is no maximum time limit for responding to the items.

The maximum obtained score is 240 and minimum is 40. Reliability of the inventory has been established through the test-retest method and was found to be .91 for the total self-concept measure.

Procedure

Various school representatives in Uttar Pradesh were contacted for data collection. Consent from both school authorities and students was taken, and in-person group data collection was carried out. The instructions for the self-concept questionnaire were read out and students were assured that this was a psychological questionnaire and hence, there were no right or wrong answers. They were assured of anonymity of their responses, and it was ensured that data be used only for research purposes. Any queries regarding the questionnaire were cleared up and henceforth, the data was collected in a time span of over an hour. The data was analyzed through SPSS 23. Seven 2-way 2x3 ANOVAs was performed to analyze the effect of gender and stream of study on participants' self-concept and subsequent self-concept dimensions.

Results

The independent variables for this study were Gender (male/female) having two levels (Male/Female) and Stream of Study (science/commerce/humanities) having 3 levels whose impact was studied on the dependent variables (Total SC, Physical SC, Social SC, Temperamental SC, Educational SC, Moral SC and Intellectual SC).

Table 2

Mean scores of Self Concept and its dimensions across Gender and Streams of Study

| Measure | Gender | | | | Stream of Study | | | | | |
| | Male | | Female | | Science | | Commerce | | Humanities | |
	M	SD	M	SD	M	SD	M	SD	M	SD
Total SC	163.90	14.99	167.57	14.44	164.71	14.57	166.15	15.45	166.81	14.21
Physical SC	28.00	4.33	26.83	3.87	27.86	4.60	27.63	3.84	26.46	3.83
Social SC	29.29	4.36	30.02	3.60	29.69	3.77	29.77	3.94	29.56	4.28
Temperamental SC	27.78	4.78	28.38	3.59	28.46	4.11	28.14	4.79	27.68	3.32
Educational SC	24.38	5.37	26.22	4.99	23.85	5.18	25.61	5.34	26.71	4.81
Moral SC	28.59	3.94	29.91	3.29	28.73	3.97	29.17	3.84	30.09	2.87
Intellectual SC	25.90	3.46	26.16	3.53	26.10	3.49	25.81	3.37	26.28	3.70

7 two-way 2x3 between subjects ANOVAs were conducted to compare the effect of gender and stream of study on the self-concept of students. The post-hoc test conducted was the Tukey's HSD. The results indicated females to have higher total, educational and moral self-concept than males. No other differences were found with respect to gender. Further the Educational SC of Humanities students was significantly higher than that of the Science students.

Table 2

Univariate Analysis for Total Self Concept (SC)

Predictor	Sum of Squares	df	Mean Square	F	p
Gender	901.851	1	901.851	4.158	0.04*
Stream of Study	75.545	2	37.773	0.174	0.96
Gender XStream	618.522	2	309.26	1.426	0.66

Table 3
Univariate Analysis for Educational Self Concept

Predictor	Sum of Squares	*Df*	Mean Square	*F*	*p*
Gender	144.610	1	144.610	5.588	0.01*
Stream of Study	136.472	2	68.236	2.637	0.07
GenderXStream	97.233	2	48.616	1.879	0.15

Table 4
Post-Hoc Analysis between Streams of Study for Educational Self-Concept

Measure

	(I)Stream	(J)Stream	Mean Difference (I-J)	Std. Error	*p*
Educational SC	Commerce	Humanities	-1.10	.84	.38
		Science	1.75	.82	.08
	Humanities	Commerce	1.10	.84	.38
		Science	2.86	.88	0.004
	Science	Commerce	-1.75	.82	.86
		Humanities	2.86	.88	.004*

Table 5
Univariate Analysis for Moral Self-Concept

Source	SS	df	MS	F Value	P Value
Gender	81.42	1	81.42	6.31	0.01*
Stream of Study	14.16	2	7.08	0.54	0.57
GenderX Stream	43.54	2	21.77	1.68	0.18

Discussion

Self-concept (SC) in students has proven to play a significant role in the educational process, where an attitude of self-acceptance and respect develops when a child is accepted, approved, and liked by the ones around them (Chowdhury & Pati, 1997). Hence, SC serves as a basis for detailed understanding about the learning pattern of school students and their peer group adjustment levels. It can be an important tool in understanding emotional intelligence. Prior Indian research in SC has been uni-dimensional, although studies in the West have observed a consistent stream of findings documenting significant differences in domain specific areas of SC (Orth et al., 2021).

Gender and Self concept

The results of the present study indicate that males and female differ significantly in their total SC. The findings of the present study are not in line with those done in the past, wherein, males have a higher total self-concept than females (Ahad et al., 2016, Josephs et al., 1992; Jadav, 2019; Kumar, 2015, Halder & Datta, 2012). With respect to the results of this study, the reasons for why women may demonstrate higher self-concept within a highly patriarchal culture like India warrants further attention and necessitates a domain-wise analysis. The domain wise differences indicate that females obtained higher scores on educational and moral SC. The gender differences

found in the domain of educational SC may be understood by taking a closer look at the Indian education system. One of the reasons why females perceive themselves to be more capable as compared to males can be due to the way the education system has been designed. Starting from a very young age, children are taught that self-regulation plays a role in academic performance and this manifests in their grades for the coming future. Disciplinary skills like raising one's hand, waiting one's turn, listening to, and following teachers' instruction become an integral part of a student's assessment and hence, engrains itself into their learning experience as well.

Duckworth and Seligman (2006) found that girls edge out boys in total self-discipline and this contributes greatly to their better grades across all subjects. They found that girls are more adept at "reading test instructions before proceeding to the questions", "paying attention to the teacher rather than day-dreaming", "choosing homework over TV" and "persisting on long-term assignments despite boredom and frustration", hence girls embody self-discipline better in an academic setting as compared to boys. These behaviours end up being rewarded at school in the form of teacher praise, higher grades, and per acceptance. This contributes to the learning process for girls and leads to a positive experience as compared to a negative one for boys where they are reprimanded for their lack of discipline. A positive experience for females further can then lead to a higher educational self-concept as compared to males.

Research surrounding morality has been ground for much debate and historically also been criticized for favouring males. However, measures of morality using empathy, guilt, altruism, and other helping behaviours indicate sex differences favouring females (Hoffman, 1984). Meta-analyses favour women in ethical attitudes (Borkowski & Ugras, 1998), holding business practices to higher ethical standards (Franke et al. 1997) and losing interest in jobs when asked to sacrifice ethical values (e.g,: honesty and loyalty) (Kray &Kennedy, 2014). Gilligan (1982) proposed that men and women utilize qualitatively different moral approaches. Women exhibit an ethic of care and solve ethical dilemmas by considering others' needs whereas men exhibit an ethic of justice and resolve ethical dilemmas by considering individual rights. Hence, the resultant moral identities differ, where women internalize moral traits in their identities more strongly than men. Additionally, differing self-construals that males and females hold have also been suggested to result in gender differences (Cross & Madson, 1997). Relationships being more central to women's identities than to men's, women define themselves as fundamentally interdependent and connected to others, meanwhile men define themselves as independent from others. This results in the tendency of women to describe themselves in more relational terms, experience more relationship-linked emotions and stay more attuned to such aspects. This relational need increases the importance of a stronger moral identity in females which helps individuals build and maintain

relationships. Hence, women are more likely to adopt goals and values that promote the welfare of others. Gradually, these goals and values translate into identifying strongly as a moral person and developing a relatively more positive moral self-concept. Upadhyaya (2015) revealed that females had higher moral judgement than males, similar results have been reported by Krebs and Gillmore (1982) and Turiel (1975). Zhang (2010) concluded that females' ethics were higher than males because in Chinese society there were higher moral standards and demands from women as compared to men, these findings could be generalised for the Indian society as well. Nonetheless it may be acknowledged that there were no gender differences in the other domains of SC measured- physical, social, temperamental, and intellectual. The lack of gender differences in Intellectual SC indicates that boys did not see themselves as less intelligent than girls. It is likely however that girls in India, have a more positive relationship with educational and curricular demands than boys do.

Stream of Education and Self-Concept

The findings with respect to stream of study were highly interesting. Once again, differences were found with respect to Educational SC with Science students holding a significantly less positive view of themselves than their corresponding Humanities and Commerce counterparts. Thus, students of Science appeared to have poorer views of themselves in relation to school, teachers, and extracurricular activities. In a country wherein Science and its corresponding professions such as Medicine and Engineering are concerned, these results appear to highlight a paradox. Science is usually taken up by the highest scoring students in school and thus, for these students to have low Educational SC appears at odds with commonly held ideas. The reasons for this may be fully known only through further investigation. However, some factors that could explain these results may be considered. Students who have a passion for the arts but perform well academically are pushed towards taking up Science purely due to their performance, with their interests put to the side. Further, since choice of subjects is dependent on good academic performance in the prior year, a stressful environment to maintain equally good, if not better grades is created for the student. If these circumstances lead to or cause reductions in lowered academic performance, then it can further discourage students, leading to frustration and a negative perception of their competencies.

Implications, Limitations and Future Directions

The National Education Policy 2020 (MHRD, 2020) has recognized and stated that streamlining of students into rigid narrow disciplines with early specialization has posed a problem in Indian students and hampered efficient learning. Hence, the Ministry of Education will work on disbanding streams and will instead encourage high quality multidisciplinary and cross-disciplinary learning across all fields. The is likely to translate into more choices for students,

thereby reducing the pressure to enter a stream they may not feel ready for. It is clear that the pressure on students, particularly those in the Science stream needs to be reduced. This can be done through counseling not only students, but also their parents. It is also important to create awareness about appreciable career options offered by the Arts and Commerce streams, so that students can practise autonomy and chose these streams if they so desire.

The present study used quantitative analysis, but caution must be exercised when using the results to draw inferences. There might be extraneous variables at play which could not have been accounted for influencing the results. The Self-Concept Questionnaire was used to collect data, being a self-report measure the reliability of SCQ can be questioned. The present study depended on a single source of information which didn't allow for in-depth inquiry into the nature of the results. The sample in the present study was small (N=218) and the groups were of different sizes due to lack of availability on part of students, hence, the results might not be generalizable to the entire student population in India. Students in the study were predominantly of North-Indian origin, coming from a different cultural background and hence, inferences made on their scores might not be applicable across the country. Future research in this arena can focus on studying a larger sample and utilize multiple sources of data to increase reliability. Efforts can be made to bring in a qualitative component like interviews or focused group discussion for in-depth study and richer data.

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Pride and Prejudice in COVID-19 Pandemic: Exploring the Social Implications on Muslims in India

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Abstract: The outbreak of the novel Coronavirus has overwhelmed the world with the associated morbidity, mortality, and recounted cases of scapegoating of 'the others.' This research aims to understand the psycho-social impact of COVID-19 on religious minorities in India. This paper focuses on the rise of prejudices towards Muslims in India due to restricted social interactions during the pandemic. The findings suggest that the pandemic has deepened the divisions in a society already fraught with prejudices, marred by violence fueled by myths, hatred, rumors, and fake news by complicit media which has created an uncanny rift between religious minorities and majorities. The biological understanding of hosts, vectors, and carriers of COVID-19 is in stark contrast to increased social prejudices. The findings of this study may help to identify preventive approaches using community awareness, social tolerance, and anti-stigma interventions which are vital for mental well-being.

Keywords: *Minority, Pandemic, Prejudice, Social Interaction, Scapegoats*

Introduction

A pandemic can be defined as, the global introduction of a new infectious disease that is spread to several continents or worldwide, affecting a significant number of individuals. When it became apparent that the COVID-19 infection was serious and that it was spreading rapidly over a wide area, the World Health Organization declared COVID-19 as a pandemic and forced international authorities to lockdown, sealed borders which contributed to slumped economies, overwhelmed communities across the world and has led to catastrophic death (The Economic Times, 2020).

The virus has generated widespread distress and suffering, as well as an attitude of "us vs. them" that has infected society's socio-political and psychological realms (Reny & Barreto, 2021-2020). White (2018) defined 'Epidemic Orientalism' as the stigma, hatred, and marginalization used to characterize diseases. Throughout history, the outbreaks of infectious diseases have had a propensity to unveil existing societal prejudices, allowing for scapegoating, and epidemic orientalism to occur (Reny & Barreto, 2020). For instance, during the 13th century' bubonic plague, 'Catholics blamed Jews for poisoning the water and spreading the disease, 'Asian cholera' in 1817 — a pandemic named because it was believed to be endemic to India's Gangetic region, Typhoid Mary in New York (1900s), Middle East Respiratory Syndrome (2012), and Hong Kong flu (1968), to name a few.

Similarly, the COVID-19 pandemic has exposed deeper systematic xenophobic structures in addition to inciting xenophobic speech (Rogers, Jakes & Swanson, 2021). Xenophobia is defined by the American Psychological Association as "a strong and unreasonable, often pathological, fear of strangers and hostile attitudes or violent conduct against persons of other countries, ethnic groups, regions, or neighbourhoods."

Globally, the Chinese were vilified for the virus, while in India, Northeasterners and Muslims were attacked and accused (Lone, 2020). This prejudice and scapegoating can be associated with reduced social interactions, due to the lockdown, between the communities which widened the greatest fault line in Indian society - religion (Venugopal, 2021). Social interaction can be understood as the exchange between two or more individuals, which facilitates social connections. The protracted lockdown compelled individuals to go into protective online mode, which limited social connections and impeded the formation of friendships at schools, universities, and businesses (Venugopal, 2021). Limited online mode resulted in collateral damage to social tolerance and understanding between religious identities which produced a massive distrust-dislike fuelled by rumors, fake media content, and news. During the coronavirus pandemic, the media blitzkrieg reached its pinnacle, with fake news being spread without any fact-checking by media outlets or journalists. Politicians and political influencers disseminated them further. On social media, videos emerged showing Muslim employees in takeaway restaurants spitting on food before dispatching it, spreading the coronavirus (Bose, 2020). This turned out to be an old video that was shared as if it were new (Mehta, 2020). A newspaper called Amar Ujala News published an article claiming that the Tablighi Jamaat members who had been detained were demanding non-vegetarian food and peeing openly in the quarantine centers (Patel, 2020). The Saharanpur Police Department in Uttar Pradesh disproved this hoax (Sikander, 2021). According to AajTak, Tablighi Jamaat members in Bareilly attacked police officers who were searching for them in a village (Sikander, 2021). This misleading news was debunked by the SSP of Bareilly (Naim, 2020). The Tablighi Jamaat allegedly hurled stones at medical personnel in Firozabad, according to Zee News. This hoax was exposed by the Firozabad Police Department (Sikander, 2021).

Therefore, the research question, "How does the restricted

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social interaction of the pandemic result in increased prejudice, bigotry, and marginalization towards Muslims as a minority in India?" becomes important. The objective of this paper is to look at the psycho-social impact of COVID-19, which has intensified prejudices, scapegoating, and religious hatred in India.

Social Distancing: Unintentional Reshaping of Social Interactions

The pandemic forced an unavoidable lockdown, urging us to switch to an emergency online mode that curtailed the frequency of social interactions. However, it is not just during the lockdown, as several activities which werefrequent before the pandemic such as going to public gatherings, shopping malls, restaurants, cinemas and so on have become restricted even after the lockdown has been lifted (Naser et. al., 2020). The continued practice of physical distancing impacts social interactions.

In India, this impact may be seen in the interaction between the Hindu majority and the Muslims. According to Allport's (1954) contact hypothesis, contact and social interactions with the outgroup or the 'other' is required to reduce prejudice. In this context, the outgroup is Muslim minorities, with whom prejudice is not being reduced since there is little or no contact as a result of social distancing. The COVID-19 pandemic has caused families to live in close proximity and made people further apart from friends and communities (Al-Tammemi, 2020; Brooks et al., 2020; Liu, 2020). Due to these reduced everyday social interactions, people are interacting more with others in their in-group, as new friendships without group members that were supposed to happen in physical social settings were not possible due to social distancing.

According to Mishra and Majumdar (2020), these social distancing measures are expected to remain for a sustained period and it is likely that this will become a habit in the future and become customary in India. This calls to attention the rising need to address the reduced social interactions with the Muslim minorities, due to social distancing, which may, in turn, be detrimental to minority communities like Muslims in India.

The Social Aspects of Comprehending Disease: Rise in Prejudices

Allport (1954) defines prejudice as a hostility based on an erroneous and inflexible generalization, and prejudice and stereotyping are inherent human views. He claimed that humans are aware of their membership in numerous communities as early as the age of five, but that these classes (e.g., gender, religion, etc.) are not their first choice. Humans do not have the ability to evaluate themselves in relation to other groups until they are a little older (about nine years old), but by that time they will have formed an attachment to their identities

including social categorization, helping individuals engage in meaning making.

Owing to social learning and adherence to social expectations, prejudice and discrimination persist in society. Children learn from society about prejudiced behaviors and beliefs: their parents, peers, the internet, and other socialization outlets, such as Facebook (O'Keeffe & Clarke-Pearson, 2011). One such prejudice often seen in India is between the two major religious communities i.e., Hindus and Muslims. The nationalist politics is fueled with stereotypes about the Hindus as 'civilized, friendly, clean and inclusive' and the Muslims as 'backwards, violent, dirty, and fanatical' (Anand, 2005). Gupta (2009) reports that even in the twenty-first century, tropes that used to represent the community in the 1920s, such as 'cow-killers', 'lack of character' and 'abductors of Hindu women', have found purchase in the form of 'love jihad.'

In the COVID-19 pandemic, prejudices and scapegoating practices can be seen against the other group i.e. Muslim community, primarily due to reduced social interactions and the creation of in-group versus out-group phenomenon. This often manifests as xenophobic tendencies at a societal level, such as the blaming of 'out-groups' and increased 'in-group' protectiveness (Mobayed, 2020). The formulation of religious prejudice in the pandemic can be explained through the lens of various theoretical frameworks given below.

Goffman's theory of Stigma (1963). Stigmatized groups, according to Goffman (1963), are generally the 'others' who have undesirable features or attributes that society does not anticipate them to have. Stigmatization can lead to prejudice, discrimination, and unfair treatment of people (Major, Quinton, & McCoy, 2002). Individuals may be stigmatized and discriminated against based on the observer's understanding of cues and associations (Goffman, 1963; Green et al., 2005).

Due to the existing stigma, the Muslim community has been subjected to different prejudices and discriminatory acts in the present pandemic, such as at a meeting of the Islamic missionary group Tablighi Jamaat held in the Nizamuddin neighbourhood in mid-March 2020 (Guardian, 2020). They were blamed by the police and the administration for the spread of the coronavirus across India. The Delhi government had sanctioned the conference (Jamaat), which drew over 8,000 people, including hundreds of foreigners. COVID-19 was assumed to have been taken up irresponsibly by many Jamaat attendees and transmitted to cities and villages across India. Anyone suspected of having ties to Jamaat was detained and forcefully quarantined all across the country. Later, the Indian Scientists' Response to COVID-19 maintained that the evidence does not support the theory that the Tablighi Jamaat is principally to blame for the coronavirus pandemic in India (The Guardian, 2020). When Mahatma Gandhi was infected with

Spanish flu in 1918, he said, "The first long illness in my life thus afforded me a unique opportunity to examine and test my principles." Thus, our sensitivity to the virus not only informs us of the risks that the virus poses to us, but it also serves as a mirror of ourselves, our systems of thought and values, our connections, theories, and principles of social functioning (Murthy & Gupta, 2020).

Social Identity Theory (1974). Tajfel proposed the social identity theory, which states that a person's perception of who they are is based on the group to which they belong. Individuals who belong to these groups gain a sense of social identification and belonging, as well as pride and self-esteem. Tajfel (1974) also claimed that people tend to group things together and divide them into 'them' (out-group) and 'us' (in-group) groups, exaggerating the distinctions between groups and the commonalities shared within them. Prejudice can also be understood as a 'us' versus 'them' framework.

The Muslim community was often referred to as 'them/they' and described as 'Islamic insurrection' as well as 'Corona Terrorism'. After the Tablighi jamaat had been portrayed as corona bombs by complicit media, attacks against the community in Karnataka were reported (Newslaundary, 2020). On Twitter in India, #CoronaJihad, #JihadiVirus, #BanTabhlighiJamat, and a wide variety of other hashtags were trending. Since March 28, 2020, tweets with the hashtag #CoronaJihad have surfaced about 300,000 times and seen by 165 million users on Twitter, according to statistics reported by TIME magazine by Equality Labs, a human rights advocacy group. Following that, video clips were circulated purporting to show them spitting on food and sneezing, asking locals not to allow Muslim grocers and hawkers to operate in their area. Rumors that they were infecting water supplies with the virus soon spread (Sharma, 2020).

Epidemic orientalism (2018). Diseases have been associated with ethnicity, gender, sexual preferences, and geography throughout history. White (2018) described these structures as epidemic orientalism and they in turn reinforce prejudice. The origins of infections in history are vague, and those branded by such nomenclature are often the ones who suffer the most as a result of such biological crises. The issue is that people forget about the disease's genuine roots and characteristics over time, and the condition is frequently identified with the 'tag' it is attached with (Banerjee et. al., 2020). To avoid prejudice, the WHO now has stringent guidelines for identifying infectious diseases, which must be done with those that are generic and not related to the origin or people affected. The targeted community was often associated with discriminatory terms like 'Corona Jihad', 'Spitting Jihad', 'Tablighi Virus', 'Corona Bombs' and 'Corona Terrorists' in the COVID-19 pandemic, implying that the onus of spreading the virus lies on targeted community and alleges that the targeted

community deliberately took measures to infect others. The word "jihad" immediately associates Muslims with violence (Sikander, 2021). Using this word during the pandemic was fatal, manifesting xenophobic tendencies and existing islamophobia at a societal level, such as the blaming of 'out-groups' and increased 'in-group' protectiveness (Mobayed, 2020).

The Scapegoat Theory (1954). This theory was proposed by Allport (1954) who extended the frustration-aggression hypothesis and said that when frustration causes aggression, prejudice people tend to choose outgroups as 'scapegoats' to blame. This type of prejudice is extreme, as the outgroup is blamed for the ingroup's misfortunes (Glick, 2005). 'Scapegoats' chosen are usually people from relatively weaker groups who tend to be seen as minority groups and are excluded.

Scapegoating has a long history. Jews were blamed for the outbreak of the Black Death, Irish immigrants were accused of spreading cholera, Haitians were stigmatized during the AIDS epidemic. Similarly, Muslims were blamed as people in India struggled to find coronavirus scapegoats (Slater and Masih, 2020). Television anchors accused the community of engaging, without citing any proof, in a deliberate conspiracy to spread the virus (Sikander, 2021). Headlines like 'Corona villains identified', 'In the name of religion, deadly attacks', 'Corona's speed: Jamaati Driver', 'Jihad in the name of Corona', 'Along with Jamaat, Rohingya too are corona bombs' were telecasted for a long time without any substantial evidence (Bose, 2020).

Media's Audit of Bigotry

The mass media has played an important role in disseminating COVID-related information to the general public and encouraging people to practise safe habits (Sharma et al., 2020). Before COVID-19, people who had never read, watched, or listened to the news did so on a regular basis. COVID-19-related information distortion was frequently led by television news or online media, causing alarm among the general public. During the pandemic, television networks and newspapers engaged in a hate campaign against the community (Sharma & Gupta, 2020).

According to a large body of evidence, certain news outlets stereotype certain social groups. According to Allport (1954), stereotypes are socially encouraged, reclaimed, and drilled in by mass communication mediums such as books, short tales, newspaper articles, cinema, theater, radio, and television. Some news media over-represent specific social groups/classes as lawbreakers. In the United States, African Americans are more likely to be portrayed as lawbreakers in local TV news than Whites, and are more likely to be discussed with cognitive bias (Dixon and Linz, 2002). Similarly, during the pandemic, the targeted community was regularly depicted on television as

actively infecting the audience. Anchors accused the Jamaat of spreading the virus intentionally, using terms like "Corona Bomb," "Betrayal," "Criminal Negligence," "Superspreader Maulana," and "Terrorist" (Sharma, 2020). Between March 20, 2020, and April 27, 2020, the MIT Center for Civic Media and Harvard University's Berkman Klein Center for Internet and Society conducted a study review of Tablighi Jamaat's media coverage, obtaining 11,074 articles from 271 outlets, 94 percent of which were only English reports (Iyer & Chakravarty, 2020). The repeated association of a minority with negative characteristics, such as 'criminal' or 'terrorists,' may reinforce cognitive bias between these minorities and negative traits in memory (Arendt, 2013).

The Aftermath

India had to address the causing agent of the spread of COVID-19 in order to curb it. However, in the early months, a lack of adequate knowledge of the virus caused panic and anxiety among the public, contributing to irrationality, discrimination, and blame-shifting behaviour (Gilbert & Paul, 2002), which was amplified by the media. The polarized language directed against the 'targeted community' in the media had an impact on the public's attitude. The —Citizenship Amendment Act (CAA)— and the —National Register of Citizens (NRC)— protests at Shaheen Bagh, where women protesters earned international headlines, had already pressurized the country, and by 2020, Delhi had seen a series of communal riots that deepened the sectarian divide while exacerbating religious tensions. The display of the community event was driven by malice is evident from how they glossed over religious prejudices; the fabricated stories and tortured data to vilify the members on the pretext of carrying the virus, even banned from public places and resulted in increased mistreatment and deepened religious divisions.

The contact hypothesis is premised on the idea that contact and interaction between members of various groups is necessary for acknowledging similarities and learning about the 'other' (Massey & Hodson, 1999). As a result, social contacts are one of the biggest victims of the lockdowns (NDTV Prime Time, 2021). Lack of understanding and communication bottlenecks lead to ignorance, which leads to rumour, distrust, and stereotyping (Matusitz, 2012); tweets like *'The pandemic has projected them to be traitors and unfaithful to the country', 'India needs to be free from Corona and Jihad as both are nothing more than a life-ending weapon', 'Islamic conspiracy of contracting Coronavirus to Hindus',* are just the drop of examples from the ocean of negative comments. Sharma and Gupta (2020) reported that some shops were plastered with posters reading - *Muslims not allowed to enter'* were observed across Karnataka, Telangana and Madhya Pradesh. Others propagated the message 'Do not buy from Muslims', and as a consequence, some vendors faked their

names to earn their living in the streets of secular India and when identified they were beaten. In many places, activists were spotted handing out saffron flags to vendors to identify them as non-Muslims (ingroup favouritism), while Muslim vendors were prohibited from selling fruit and vegetables in non-Muslim areas (Lone, 2020). In Ahmadabad, Gujarat, one hospital separated its wards for them on discriminatory grounds, with some patients from the other community being uncomfortable about sharing the same ward (Awasthi, 2020). The propensity to respond more favorably to persons in our ingroups than to those from outgroups (Tajfel, Billig, Bundy, & Flament, 1971) strengthens our social identity more positively. Sen (2005) claimed that symbols, myths, and metaphors (social representations) might alter the current knowledge base. For example, during Indian Cricket team matches, people of both groups began to believe that their religious identity had been diluted. As a result, social positions and newly emergent social identities began to anchor and impose themselves on the cognitive system (Abrams & Hogg, 2010). Today, a new moral language is required. A language that stands against systemic inequalities that devalue humanity, that does not excuse bigotry, that does not defer to power, and that does not reward the merchants of communal hatred. Finally, in order to foster a syncretic culture in India, we must establish a space for positive recall of the past and merge it with contemporary times.

Concluding Remarks

The Corona virus is much more than a health crisis (BBC News, 2020). It had an impact on society as a whole, with long-term psychosocial consequences of stigmatization, prejudice, 'othering', and blaming. This intensifies hatred and divisions, the repercussions of which will continue for years after the outbreak has ended (Biswas, 2020). This study focused on a recent scenario and contribution to the existing literature, and it aids those advancing research in the same area, such as policymakers, clinicians, academics, and educators, through our investigation of the psycho-social effect of COVID-19 on religious minorities. The study can be used to understand and strengthen intergroup and intercommunity interactions, make people aware so that they can cope better in the face of a pandemic and lockdown, which in turn can help promote the exchange of ideas, enhance shared trust, and enhance skills and abilities required for social change.

Some ideas for future research include conducting primary research on the effects of prejudice on the target community in order to understand their lived experiences. Future research could also look at developing interventions and awareness programmes to identify and lessen prejudice, as well as busting misconceptions and rumors to minimize prejudice. Other populations in India that have encountered discrimination can also be investigated, and possible comparisons can be made to understand how different communities treated with prejudice

during the pandemic.

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- Method
  - ✓ Participants
  - ✓ Design
  - ✓ Measures
  - ✓ Procedure
- Results
- Discussion
- Limitations and Directions for Future Research
- Conclusion
- References

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