Chapter V
DISCUSSION
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Discussion

The major issues that emerged from the study are discussed below in the context of available earlier literature and theoretical underpinnings.

SEX DIFFERENCE IN MENTAL HEALTH

There was sex difference in mental health variables, specifically in the outcome variable namely Subjective Well being (SWB), in favor of men. However no difference was found for most of the resource variables, that is ego functions. No difference was obtained between the sexes for the Ego Function Factor 2, that is ‘Physical, intrapersonal and interpersonal reality orientation’ or for Ego Function Factor 3 concerned with ‘Flexibility and self confidence’. This implies that reality anchorage and adaptability and sense of competence were equal for women and men. But women scored less than men in two functions of Ego Function Factor 1 dealing with ‘Adequacy of everyday functioning’.

That men enjoy better mental health status has been observed by a host of studies earlier conducted abroad (Russo, 1990; Moran and Eckenrode, 1991; Ravitz, 1998), as well as in India (Sehgal, 1999; Pradhan and Misra, 1996). However certain kinds of problem behavior and aggression or abuse related disorders have been reported to be higher in men (Coyle and Morgan-Sykes, 1998; McIntyre and Hunt, 1997). Our study dealing with the over all measure of Subjective Well being was in accordance with these findings, particularly, as the study did not specifically explore the aggressive and abusive contents of behavior.

The usual explanation of this finding, as obtained from the existing literature is in terms of different social roles and imperatives of the two sexes. The concept of SWB has been defined to contain an affective and a cognitive component (Diener et. al 1999). The affective component is an individual’s (actual or perceived) hedonic balance (i.e., the balance between pleasant affect and unpleasant affect). The cognitive component is an individual’s life-satisfaction (i.e., evaluations of one’s life according to subjectively determined standards). Studies have demonstrated that these factors are dealt with differently in individualistic and collectivistic
cultures. It has been suggested that the individualistic cultures are more self-oriented, while the collectivistic cultures are other-oriented (Hofstede, 1984; Ramamoorthy et al., 1998). One significant study in this area is that by Rozin (1999). Rozin asked students in India (a collectivistic culture) and the United States (an individualistic culture) to agree or disagree with the statement “whether or not an outcome of an action will be pleasant or unpleasant for me is not an important consideration” Whereas 12% of the students in the United States agreed with this statement, 34% of the students in India agreed to this. Therefore the perceived wellness apparently stands on distinct dimensions for these two cultures.

This emphasis on renunciation of earthly or selfish pleasure, at least at the value level, so ardent a characteristic of collectivistic culture is more pronounced in case of women. Even in the West feminist research over the last few decades has demonstrated how society, in many ways seem to negate the ability or right to enjoy life on the part of the women. One important argument in this regard has come from the observation on direct suppression of bodily pleasures in women. A violent example of this kind of suppression is the practice of clitorectomy in certain cultures (Baasher, 1979). A second line of thought in the same vein places the responsibility of disturbed hedonic balance on the self image of women, the ‘repression’ imposed by the society on their introjected and imagined world, where they themselves become the most sincere guards of their own pleasure. One radical example is Anorexia Nervosa, a predominantly female urban disorder, where the girl deprives herself of the pleasure of food intake owing to an introjected pressure from the society to look slim and beautiful (Bruch, 1973; Orbach, 1978; Diamond, 1985). The introjected denials come in various other forms as well, particularly in our culture where Hindu women justify a number of rituals and fasting (for example, in traditional Bengal the various occasions of worship of the mother goddess ‘Shashthi’ and ‘Worship of Shiva’ rituals where the woman fasts for winning a good husband or for the welfare of her family members, specially the husband and the sons). It may easily be said that denial of pleasure is an integral part of India and Indian women in particular.

To what extent is this denial associated with experienced wellness? Indeed wellness in one sense may reflect a harmony, an undisturbed peaceful coexistence of various components of cognitive and affective life. From this point of view then, it is not only suppression of affect per se, but its contradiction with other cognitive elements of the individual would be the determinant of disturbed wellness. The traditional Indian renunciative value pattern may have
promoted wellness and inner harmony in a given time and space zone, particularly where the entire cognitive system of the individual was at par with this concept. But in the modern age of globalization, the inflow of consumerism and materialism, the glamour of the enjoying other in stark contrast to the renunciating self imposed by the cultural verdict is a much more hard-to-digest component of life. Yet it is quite difficult for the typical Indian woman to completely come out of this cultural imperative and embrace the ‘rational’ and ‘materialistic’ inner universe created by the West.

Commentators on modern Indian culture have noted that there is a palpable contradiction in the depiction of women in Indian society. Although during the Vedic period and in the tribal communities egalitarian attitude may have prevailed for a while, it was soon replaced by patriarchal domination, particularly at the period of Manu. Women were used as property as well as things of beauty to be protected and their independent existence in emotional and cognitive arena was denied (Bhattacharyya, 1985). Kakar (1996) explained how the Freudian mother-whore dichotomy transformed into mother–whore–partner-in-ritual trichotomy to represent the official and public face of culture. Kakar further pointed out that the depreciation of women in Hindu tradition is not a universal phenomenon, rather it is context specific. It is the independent and particularly libidinal aspect of womanhood that is detested, while for the ritual-bound role player wife and particularly for mothers there are eulogizing comments in the ‘Shastra’s. India being a culture with one foot in so called Western modernity (or even postmodernity) and the other in the thousands of years of past tradition is more readily amenable to imbue in her citizens a contradictory image in many arenas of life, including gender specific experiences.

The lesser degree of wellness among the females in our study may be attributed to this two way manipulation of the personality of women by culture – suppression of simple enjoyment like bodily pleasure on the affectional domain and the distortion of ideal self image to support the behavioral suppression on the cognitive domain.

Could it be that the women had ‘naturally’ inferior mental health, by which is meant relatively poor personality disposition owing to the biopsychosocial history of the individual during development? Our findings speak out a straight negation, since the dispositional or resource variables namely the ego functions demonstrated very little sex difference. In the
following paragraphs the implications of this 'differences' and 'no differences' would be delineated.

It has already been stated that there was significant sex difference only in case of the first Ego Function cluster, namely, 'Adequacy of everyday functioning'. The two functions where women scored significantly lower were Defensive functioning and Stimulus barrier both concerned with warding off unpleasant stimuli emanating from internal or external environment.

Defensive functioning entails a binary function that includes the extent to which defenses are capable of reducing dysphoric affects like depression and anxiety, and the extent to which the defenses themselves adaptively or maladaptively influence ideation and behavior (Beliak and Meyers, 1984). Deficits in defensive functioning therefore renders the individual vulnerable to the upsurge of negative emotions emanating from within. Of course this deficit does not mean absence of defense, but resorting to maladaptive defenses. Indeed the formation of a hierarchy of defensive functioning, based on either the chronological development of defenses or particular levels of psychopathology is an unresolved issue for psychoanalytic theory. For example usually the defenses of denial, regression, splitting etc. are considered to be pathological, specially in adults (Kernberg, 1966), while sublimation and identification are matured defenses. Certain other defenses like repression, projection and introjection may be normal or pathological depending on their strength, exclusiveness and context.

In any case disturbance in defensive function results in various types of disturbances in affect and behavior. Incapacitating dysphoria and anxiety are the most common symptoms, whereby the individual suffers from upsurge from the disorganized negative affect resulting in inability to function rationally and effectively. For those who bind dysphoria at the cost of adaptation however presents a different kind of problem. There is either a lack of motivation and sap in active life, or manifestations of psychosomatic illnesses. In certain cases use of primitive defenses produce reality distortion including cognitive deficiency and impulsivity (Bellak et al., 1973).

In contrast to Defensive functioning, Stimulus barrier is a function concerned with warding off unwanted external sensory stimuli. This also has two basic components, namely a receptive and an expressive one (Bellak and Meyers, 1984). The receptive is the individual's threshold for sensitivity to and awareness of sensory stimulation. The expressive component
refers to how one responds to different degrees of stimulation with particular emphasis on whether coping mechanisms are adaptive and maladaptive. Thus the major activity of this ego function is to regulate stimulus thresholds, allowing for adaptive changes in sensitivity to stimulation, thus facilitating periods of heightened acuity, focused concentration, and the general filtering out of stimulation necessary for sleep. The warding off function may relate to both internal and external stimuli, the internal ones including changes in body temperature, visceral and muscular pain etc. while the external ones obviously relate to sound, light, chemicals etc.

Inadequacy of stimulus barrier may be related to general inability to handle anxiety, as well as to specific characteristics like stimulus hunger. The latter term has been used by the early researchers on sensory deprivation (Buerger-Prinz and Kalia, 1930) who observed that in some cases of brain pathology there are no satiation for certain categories of stimuli. Wallerstein (1966) suggested that adequacy of stimulus barrier is needed not only to protect the organism from unwanted stimuli, but also to guarantee an appropriate intake of optimal level stimulation.

From the above discussion it may be stated that the two Ego functions where the women scored lower has a commonness in construct. These two regulate the controls of sensory and affective stimuli as well as potential for optimal arousal. Indeed some early literature have pointed out that these two functions are closely related. Bellak et al. (1973) cites Benjamin’s (1965) summary of Freud’s position where it has been said explicitly that stimulus barrier is a true precursor of various aspects of defensive and adaptive functioning. From this point of view these two functions may be considered not only as a passive process of receiving or not receiving stimuli, but an active organizational agent in defining the inner and outer universe for the individual. Waelder (1960) considered stimulus barrier as an ‘active regulator’ implying an adaptive function. This may be done by utilizing either of the two mechanisms available to the organism, namely autoplastic adjustment (changing the internal environment to suit the outer reality, akin to assimilation) or alloplastic adjustment (changing external situation to eliminate tension, akin to accommodation).

One probable implication of this result is that the women are more sensitive to environmental cues, be it internal and external, and some feeling of distress may have cropped up due to this over arousal. Indeed, the general societal stereotype as well as a number of
Search works suggest that women are more expressive in nature (Bakan, 1966; Huyet, 1990), and also more field dependent (Witkin et al., 1977) that is, more context dependent. This renders them more attentive to social cues and the personal emotional nuances generated by social intercourse, and hence the disturbed wellness. It has been suggested that in our culture being a female lowers one’s sense of self efficacy and sense of autonomy (Flk et al., 1992). At the same time, the cultural imperatives force the woman to adopt a more ruminative rather than distinctive coping style (Nolen-Hoeksema, 1987), and thereby men are able to ignore bad spells of mood, whereas women are rendered emotional and inactive.

Since the measure used here was a self report inventory another relevant issue may also come into focus. It has been reported that women are more prone to recognize and admit their emotional ill-being, even though it is irrational, while the men tend to use the yardstick of rationality more stringently and thereby deny ‘mental distress’. The ‘unreason’ of mental disturbance is more acceptable to women (Busfield, 1996). Hence, it is probable that on a self report measure the women would more readily express their discomfort.

Remarkable in this context is also the fact that the sex difference in wellness was prominent although most of the Ego functions were equal for the two sexes. This means that so far as potential for wellness is concerned, that is in the resource aspects there was little difference between the sexes. But the disparity in outcome was palpable. Table 4.3 revealed that well being was associated positively and significantly to all ego functions. Although in two among the 12 functions (EF8 or Defensive function and EF9 or Stimulus barrier) the women fared lower than male, it is unlikely that the sex difference obtained in wellness would be explained by this only. An additional explanation is that the difference in wellness may be due to certain social and not personality variables. This is in line with the feminist interpretation of women’s mental health, whereby it is implied that culture constructs the women’s self in such a way that it entails an inner disharmony or contradiction, a negation of one part of the self by the other, resulting in disruption of defensive system. Bordo (1993) in the context of the western consumerism located the conflict of the female body in a postmodern perspective. She asserted that in the consumer capitalism we have to be both producer and consumer at the same time, delaying and repressing gratification as well as indulging in impulse and desire. This is likely to be more true for the Indian woman who bears a tradition of repression and is expected to cater
to the consumerist demand of the day. Hence the split, the break down of defensive system and the haplessness.

Relatively few Indian studies have focused on this dilemma of the urban modern women. Most of the studies focus on the general suppression of women in terms of physical and financial needs. It must be remembered however that the gross inequalities are relatively reduced for educated urban women, as in our sample, yet the distress is not reduced. It is our contention that the modern society, and the westernization in the garb of modernization has opened up the source of new conflicts and difficulties for the 'modern' women. Among the very few writings that touches this issue is a book by Puri (1999) where she uses qualitative interview method to unravel the dilemma of educated middle class women of India with regard to their perception of body and bodily desire in relation to societal role.

MENTAL HEALTH INDICES IN RELATION TO LIFE STRESS AND GENDER ROLE VARIABLES

The results obtained from the stepwise regression analyses may be summarized in terms of the factors of ego function to observe whether any clear pattern could be discerned. The summary is presented in Table 5.1. The summary of the separate analyses for the two sexes is presented in Table 5.2.
Table 5.1

The significant predictors of SWB and Ego Functions arranged in terms of factors

<table>
<thead>
<tr>
<th>Dependent variables</th>
<th>Significant Predictors</th>
<th>Direction of Association</th>
<th>Percentage of variance explained</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWB</td>
<td></td>
<td></td>
<td>18.3</td>
</tr>
<tr>
<td>Ego Function Factor 1: Adequacy of everyday functioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EF9 (SB)</td>
<td>SLE</td>
<td>Negative</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRA</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF8 (DF)</td>
<td>SLE</td>
<td>Negative</td>
<td>18.0</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>EF10 (AF)</td>
<td>SLE</td>
<td>Negative</td>
<td>21.3</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRA</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF6 (TP)</td>
<td>SLE</td>
<td>Negative</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Ego Function Factor 2: Physical, intrapersonal and interpersonal reality orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EF2 (JD)</td>
<td>SLE</td>
<td>Negative</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF4 (DC)</td>
<td>SLE</td>
<td>Negative</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF1 (RT)</td>
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<td>Negative</td>
<td>2.2</td>
</tr>
<tr>
<td>EF3 (SR)</td>
<td>SLE</td>
<td>Negative</td>
<td>6.6</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF5 (OR)</td>
<td>SLE</td>
<td>Negative</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
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<tr>
<td>Ego Function Factor 3: Flexibility and self confidence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EF12 (MC)</td>
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<td>Positive</td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>GRA</td>
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<td></td>
</tr>
<tr>
<td>EF11 (SF)</td>
<td>M</td>
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<td>9.7</td>
</tr>
<tr>
<td></td>
<td>GRA</td>
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<td></td>
</tr>
<tr>
<td>EF7 (AR)</td>
<td>M</td>
<td>Positive</td>
<td>7.5</td>
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<tr>
<td></td>
<td>GRA</td>
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</tr>
</tbody>
</table>
The significant predictors and percentage of variance explained for women and men of SWB, EF8 (DF) and EF9 (SB)

<table>
<thead>
<tr>
<th>Dependent variables</th>
<th>Significant Predictors</th>
<th>Direction of association</th>
<th>Percentage of variance explained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOR WOMEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>SLE</td>
<td>Negative</td>
<td>10.0</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF8 (DF)</td>
<td>M</td>
<td>Positive</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>EF9 (SB)</td>
<td>M</td>
<td>Positive</td>
<td>11.1</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><strong>FOR MEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>SLE</td>
<td>Negative</td>
<td>22.1</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>EF8 (DF)</td>
<td>SLE</td>
<td>Negative</td>
<td>22.8</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>EF9 (SB)</td>
<td>SLE</td>
<td>Negative</td>
<td>18.4</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRA</td>
<td>Positive</td>
<td></td>
</tr>
</tbody>
</table>

A scrutiny of the Table 5.1 clearly reveals a pattern. SWB, Ego function factor 1 and Ego function factor 2 were strongly and consistently determined by SLE and also by one or the other of the gender role identity variable. The Ego function factor 3 however was not at all determined by life events, but only by M and GRA.

The SWB and the Ego function factors 1 and 2 were directly and primarily related to wellness-disorder continuum. A difference between factors 1 and 2 with regard to the relationship with independent variables however needs mention. F acted as an inhibitor in factor 1 functions and as a facilitator in factor 2 functions. More specifically, femininity related negatively to Factor 2 functions, particularly to those which were impaired in women, that is EF8 (DF) and EF9 (SB). Contrarily it was positively associated with EF2 (JD) and EF4 (DC),
the two Factor 2 functions related with delay of gratification and calm deliberation. Masculinity however had always a positive association promoting mental health.

Notably the Ego function Factor 3 was concerned with manifested effectiveness and flexible action orientation. It was less influenced by life events and more by identity and attitudinal factors.

Table 5.2 summarizes the separate regression analyses for the two sexes. Scrutiny of the table reveals some similarities as well as differences between the sexes. SWB was negatively associated with life events and positively with masculinity for both women and men. Defensive function was positively associated with masculinity and negatively with femininity for both sexes. However negative association of this function with life events was observed in case of men and not for women. Stimulus barrier was positively associated with masculinity for both sexes, but it was also negatively associated with femininity for women, and with life events for men. A positive association with modernity of attitude was also found for men.

In the following sections the relation between each of the independent variables with mental health have been discussed in detail.

Stressful life events in relation to mental health

The general feeling of wellness as assessed in terms of SWB was predicted mainly from stressful life events and masculinity. The effective role of life events in wellness has been explored earlier (Gall and Evans, 1987; Dalgard et al., 1995; Eronen and Nurmi, 1999). The present findings simply corroborate these earlier ones.

Of greater interest however is the relationship of life events and the resource variables, that is the ego functions. Life events have been demonstrated to be associated with ego functions in a rather complex pattern by Basu et. al (2000). It has also been demonstrated that ego functions moderate the relation between life events and mental disorder (Basu et al., 1998). In the present study also it has been observed that stressful life events were negatively associated with nine Ego functions belonging to the first two factors, while it was not at all contributory to the functions belonging to Factor 3. The relationship, where it exists is self explanatory, but the absence of relationship needs some special attention. To understand these
results, the nature of the three ego functions belonging to Factor 3 (Flexibility and self confidence) needs to be scrutinized in some detail.

EF12 or Sense of Mastery and Competence assesses the individual's degree of active striving to deal with the situations, overcoming obstacles and actualizing potentials. It is developed from childhood onward as the ability to master a segment of the environment. This means an inborn drive to do and to learn how to do. This instinct appears to determine more of the behavior of the child during the first two years than even need for sensual pleasure (Hendrick, 1947). A major contribution to the understanding of the concept of mastery – competence is by White (1963). He supplemented psychoanalytic theory with concepts of action and efficacy. He acknowledged the urge of 'effectance' from the start of postnatal life and discriminated between 'competence' and 'sense of competence', the latter being the subjective side of experience. The function of Sense of Mastery and Competence is therefore concerned with the issue of self evaluation in terms of capability as perceived by oneself.

Usually studies indicate that this self evaluation relates to success and failure in real life (Coopersmith, 1967; McKay et al., 1992), but the present findings indicated it to be relatively independent of experienced events. It is difficult to understand the reasons. However one tentative explanation might be that the measure of sense of competence did not specify any area of ability, while most of the scales on self esteem and confidence speak of direct 'success' and achievement. The present scale was one that tabs the general orientation to the relation between oneself and environmental dominance, and assesses the general 'belief' that one can master one's environment. In other words it is a measure of predominantly subjective feeling, relatively free of outside events. Hence its relative independence from life experiences, particularly for those subjects who are free from any definite disorder.

EF11 or Synthetic-integrative function is the ability to adjust to changes in life, the organizing power of the individual to harmonize the contradictory elements of life. Freud (1926, 1928) in his explanation of the synthetic function described it as opposed to the tendency of splitting. Nunberg's (1930) works are the most significant addition to the concept of synthetic function. Such characteristics of mental functioning as the search for causality, the findings of connections, and the tendency to simplify and to generalize are also attributed to synthetic function. The function resolves contradictions, inconsistencies, and incongruities in thought and
action and serves the economic function of the mind. Nunberg argued that a failure of Synthetic function is discernible in all mental symptoms. The applicability of the concept to social integration has been developed by French (1945). Although generally integration is opposed to disorganization Hartmann (1947) and Searles (1959) felt that synthesis and differentiation are both aspects of the organizing functions of the ego. These two actions in dialectical interaction render the ego its immense complexity. From the developmental perspective, the Synthetic function is considered to be present from the beginning and becomes increasingly powerful (Glover, 1930; Spitz, 1965). However at a given point of time in adulthood it may be considered as a relatively stable perceptual-conceptual organizational system, a construct that can best be understood as ‘world view’. For normal adults at least this function may be independent of immediate environment as its change would be time consuming.

EF7 or Adaptive regression in the service of the ego is the creative, flexible element of life, associated with the temporary suspension of rationality for the sake of original output. The term ‘Regression in the service of the ego’ has been introduced by Ernst Kris (1936) and further elaborated in the 1950s. According to Kris (1952) ‘...under certain conditions, the ego regulates regression and that the integrative functions of the ego include voluntary and temporary withdrawal of cathexis, from one area or another to regain improved control’. (p. 312). Kris also noted that the alternation between the two phases could be short or long in duration. As a result of this regression the cognitive, selective and adaptive functions are decreased, and the sharply defined boundaries of figure and ground, of logical, temporal, spatial and other relations are weakened. Schafer (1958) enumerated six conditions in the personality that favors regression in the service of the ego. These are , (a) a set of well developed affect signals to enable reversal of regression from a danger point, (b) a secure sense of self to withstand the temporary blurring of boundary, (c) a relative mastery of early traumata, (d) mild superego pressure and flexible defense pattern, (e) ability to form trusting mutuality in relationship and (f) culturally meaningful self awareness and communication. ARISE is in one sense a very unique variable as it may not be related to intelligence or mental health status at least in a linear fashion. The relative independence of ARISE from other variables has been demonstrated earlier in Indian context by Mukhopadhyay et.al(1992), where it was demonstrated that creative persons with high ARISE did not exactly share the mental health status indicators of ‘normal’ noncreative persons. The lack of association of this function with
life events in the present study may imply that ARISE is a relatively stable predisposition of the personality, leading to a natural talent toward creative output or at least appreciation of alternative ways to life.

The three component functions of Factor 3 are then predominantly concerned with views and outlook to life and world at large, toward the presented self and the outer reality, as well as toward inner life of fantasy. While all of them may be disrupted in a clinical sample, for the normal adults these were less easily manipulable within a short period by altering the life course, as they represented rather stable 'approaches to life'.

**Gender role identity in relation to mental health**

*Masculinity* (M) was associated significantly and positively with SWB. The role of masculinity as promoter of wellness has also been observed in earlier records (Taylor and Hall, 1982; Whitley, 1983; Cook, 1985; Long, 1991; Ramanaiah, 1995).

On the other hand, the relation of gender role variables was found to be significant in interesting ways for some of the Ego Functions. One significant issue was that *masculinity has been found to be contributing positively to almost all ego functions, whereas the role of femininity was less clear*. Scrutiny of Table 5.1 reveals that M was associated positively with all 4 functions of Factor 1, namely EF8 (DF), EF9 (SB), EF6 (TP) and EF10 (AF), as well as with all 3 functions of Factor 3. The same relation was observed in case of 2 functions of Factor 2, namely EF3 (SR) and EF5 (OR). It was not significantly associated with EF2 (JD) and EF4 (DC).

The nature of EF8 (DF) and EF9 (SB) have been elaborated earlier. EF6 or Thought Process has a very special place in psychiatric understanding of human functions, as disorders of thought marks many a disorders including schizophrenia. From a psychoanalytical point of view thinking is a kind of trial action, a revival of memory that enables in accordance with the reality principle a desired delay of drive discharge (Bellak et al., 1973). It is through development of thought that primary process discharge are bound by the secondary process. Hacker (1957) refers specifically to the importance of symbols in thinking. Symbols are used to manipulate
inner and outer reality and that they make it possible to deal with objects in ways not necessarily inherent in actual experience.

EF10 or Autonomous functioning holds a central position in the arena of ego functions required for effective implementation of day to day activities. Hartmann (1939) introduced his ideas about ego autonomy in Ego psychology and the problems of adaptation (1939) and discussed them further in many writings. He differentiated between primary and secondary ego autonomy. By primary autonomy he meant that the ego possesses some functional abilities like perception, intention, object comprehension, thinking, language, etc. which do not depend upon conflict for their genesis or development. Secondary autonomy refers to the behavior-form which originated in the course of development and may have conflict related manifestation at initial phases, but eventually becomes largely independent of their roots. Various kinds of habitual activities, skills, routines, hobbies and interests fall in this category. Disturbance of primary autonomous functioning are obviously associated with various organic and mental disorders where disruption of perception, thought, memory and language are observed. When habit patterns are disturbed there may be difficulty in continuing daily activities, and a sense of strain and undue investment of energy would prevail resulting in tension, fatigue and sense of inadequacy.

EF3 (SR) or Sense of Reality is concerned with issues like body image, ego boundaries, concept of self and identity. Since identity involves one’s self definition its disruption may lead to identity diffusion and a choice of negative identity. This function, if severely disturbed, may lead to depersonalization. EF5 or Object Relation entails two essential components – the ability to form friendly and loving bonds with others with a minimum of inappropriate hostility and the ability to sustain relationships over a period of time with little mutual exchange of hostility. Object love develops through a series of stages parallel to that of libidinal organization (Abraham, 1924). Disturbances in object relations are reflected in emotional coldness and detachment, inability to fall in love or sustain love, self centeredness, helpless dependency on others, need to dominate others and perversions (Moore and Fine, 1968).

Although direct studies concerning relationship between masculinity and ego functions are absent, earlier findings corroborate the relation of masculinity to a number of related functions. Jansz (2000) observed that functional autonomy, along with achievement and stoicism is an
integral part of masculinity. Josephs et al. (1992) also supported the view of autonomous component of masculine schema. So far as the relation of masculinity with thinking is concerned, some studies have indicated that masculinity is associated with problem- focused cognition unaffected by emotional confusion (McCall and Struthers, 1994; Martin and Doka, 2000). O’Heron and Orlofsky (1990) observed that masculinity is favorable for defensive function. However there are certain findings to the contrary, for example, Mahalik et al. (1998) found that masculinity is not necessarily associated with matured defenses and adequate coping ability. Indeed, a number of studies have demonstrated that too much abiding by the masculine role, particularly by men may lead to specific gender role stress (Eislser et al., 1988). Our study however did not demonstrate this difficulty with masculinity.

So far as the relation with Factor 3 functions (EF12 or Mastery Competence, EF11 or Synthetic integrative function and EF7 or Adaptive regression in the service of the ego) are concerned, a number of indirect supports can again be mentioned from earlier literature. Sense of competence is closely associated with self esteem and a number of studies have demonstrated that traits like superiority, esteem and self actualization are positively associated with masculinity (Lau, 1989; Spiro, 1991; Ying, 1992). Traits like intellectual ability, independence, and adventurous approach to life are integral parts of the stereotype of masculinity and may be related to creative endeavor (Grieve et al., 1988).

It is relatively difficult to explain the relation between masculinity and the two ego functions of Factor 2, EF3 (SR) and EF5 (OR). Indeed it could be expected that Object relation would be enhanced with feminine sensitivity to social cues. One tentative explanation is that owing to the higher level of self esteem associated with M, those possessing more masculine traits have a stronger identity and a vigorous approach to the object world.

Femininity (F) was associated negatively with two functions of Factor 1 (Adequacy of everyday functioning), the two ego functions being EF8 and EF9, the same ones where sex difference in favor of men was observed. In other words, femaleness as well as femininity hampered the adequate operation of Defensive functioning and Stimulus barrier. Again, F was associated positively with the two functions within the Factor 2 (Physical, intrapersonal and interpersonal reality orientation), the functions being EF2 (Judgment) and EF4 (Control of impulse and drive). In other words femininity in identity had an ambiguous impact on mental
health. Higher degree of femininity was associated with disruption in everyday life, but with greater reality orientation. It may be stated that the Factor 1 seems to represent the neurotic (in the sense of everyday functionality and positive feeling) and the Factor 2 the psychotic (in the sense of reality orientation and control) status. Judged from this point of view it may be said that F had an ambiguous pattern of association with mental health, facilitating reality anchorage in a broad sense, yet hampering day to day functioning and organizing capacity. One earlier study by Basu et al. (1995) investigated a similar issue and observed that feminine identity was indeed associated with the neuroticism scale on Eysenck’s Personality Questionnaire.

The nature of EF2 (JD) and EF4 (DC) may be given some attention at this juncture. EF2 or Judgment is the central aspect of secondary process thinking. It entails the discriminatory, anticipatory and appropriateness functions of the ego. Freud (1925) described judgment as a process involving inhibition of the ego when wishful cathexis of a memory is compared with the related perceptual cathexis. Schilder (1930) held that judgment is the basic form of thinking and it has to do with cognition of relationships between events, the goal being to attain knowledge of a state of affairs. Thus perception and evaluation of reality becomes a crucial component. On the side of the execution again, the appreciation of social propriety and evaluation of the emotional orientation that brings to mind the various possibilities from which appropriate selection and emphasis in action can be made is important. Disturbance of judgment disrupts anticipatory awareness of potential consequences and results not only in faulty perception and risky decision making, but also in impulsive acting out which in turn is the other factor to be discussed here, namely EF4 or Drive Control.

The ‘Regulation and control of drives, affects and impulses’ concerns the person’s ability to tolerate anxiety, depression, disappointment, frustration and the necessity of postponing expected satisfaction. It involves the expression of inner wishes, emotional strivings, and urges and also modulates the ability to delay gratification. Although everyone responds impulsively at one time or another there is considerable individual difference in the frequency and degree to which the impulse is carried out. It is often related to the inability to bind tension (Savitt, 1963). Two important aspects of deterring impulsivity are low frustration tolerance and temptation resistance. While acting out impulsively is one expression of poor drive regulation, another expression is over inhibition and inappropriate domination of the punitive super ego. Freud (1926) stated that sexuality, eating, locomotion and work are the functions most commonly
subject to inhibition; Disruption of this regulative function may result in impulsive acting out seen in addiction, suicidality and anti-social behavior, as well as in obsessive inhibition of action (Bellak et al., 1973). It may be said that both Judgment and Drive control functions are expressions of 'social wisdom'.

The negative relationship between femininity and mental health, particularly anxiety and depression has been demonstrated by a few earlier studies (Gallacher and Klieger, 1995; Oliver and Toher, 1990). However studies on positive effect of femininity are almost nonexistent. One possibility might be that this positive effect is culture specific.

What is there in the concept of femininity that disrupts the defensive system of the individual, or is at least coexistent with the disruption? At the same time how does the same femininity enhances social resilience and delay of gratification? A provisional answer may be obtained through understanding the meaning of womanhood and manhood in modern society, particularly with reference to Indian society.

Jensen et al. (1991) observed that men and women's world view differ in six respects. First, the feminine perspective is a moral, caring world view. Next the caring and morality is directed toward the people and relationships as opposed to abstraction. Third is the intuitive or emotional mode of acquiring knowledge which is less cognitive in nature. Fourth is the concern with 'being' rather than 'doing'. Fifth is the diminished concern with success or achievement and sixth is the absence of power as a basic criterion of success. Another relevant study is that by Pulkkinen (1996) where the typological analysis of personality of women and men were done across developmental stages. It was found that while intra-gender variations were prominent the nature of matured and immatured personality for women and men differed considerably. Although such features characterize all cultures, there are some farther marks of demarcation for the East and the West. In a study by Kwok and Violato (1993) the gender related differences and similarities in concern between one western and one eastern community were examined. Comparison between Canadian and Hong Kong adolescents revealed that certain sex related differences were constant across cultures. For example women were more concerned with physical appearance and interpersonal relationships and men with sexual feelings and environmental issues. Culture specific variations were also obtained so far as the
Canadian women were more sensitive to world and social issues while the Hong Kong women to educational and job related issues.

Comparable studies in India are very few, and virtually absent in Bengali community of West Bengal, but even in the scanty literature there are evidences of specific pattern. In some ways Bengal bears a slightly different character of womanhood than the typical India, in being occasionally uncontrolled, passionate and even violent. Mitra (1985) in an exceptional analysis demonstrated how the Indian women play an ambiguous role in relation to their offspring, developing strong ambivalence and dependence at the same time in the son. In an analysis of Bengali society Roy (1988) pointed out that Bengali women are constantly caught within a conflict between their socially prescribed sacrificing and self expansive roles. The compromise is often made by minimizing the possibility of the development of self conscious personality among women. But that may not be the entire story. From an analysis of Bengali folk tales Basu (1990) commented upon the unconscious dichotomy of Bengali women, her one face being aggressive and vicious and the other soft and weak.

Though psychological studies are scanty, the conflict in Hindu Indian culture regarding femalehood is prominent in the myths and folklores of India. Many of the traditionally adored heroines of folklores and tales of this subcontinent epitomize tolerance and submission, their assertion expressed only in relation to their wifehood, in their chastity and devotion to husband. Seeta and Savitri are two widely known examples. In Bengal however, the typical local myths sometimes bear a touch of passionate and interesting disobedience of norm. One such famous myth is of Behula, a young bride whose husband died of snakebite as a result of the wrath of Manasa - a violent goddess of snakes. Like Savitri, the more classical epitome of chastity, Behula carried her husband’s dead body in a small boat made of plantain leaves and went to the gods to restore her husband to life; but she even went to the extent of dancing in front of the male gods and impressing them with her beauty, an act of unthinkable social indignity in the context of the time (since only women of questionable virtue danced before men). Thus in one sense Behula disavowed the norms to abide by the norms. Finally Manasa had to listen to the appeal of the gods and granted Behula her husband’s life. In this tale the vicious side of womanhood is expressed in Manasa and the dilemma of being unchaste to preserve chastity is reflected in Behula’s activities.
A mythical character attains its myth status by virtue of her exceptional strength and dramatic course of life bestowed by fate. Nothing so dramatic happens for the real life people who nevertheless carry the essence of the culture symbolized through myths (Bettelheim, 1978; Smelser, 1983-84). If from the cursory scan of the Bengali myths we assume that being a female means both vicious aggression and submissive affinity, it is only the latter that is allowed in the civil society. To express the wrath one has to grow beyond mundaneness, has to be the vengeful goddess Manasa. To express one's creative and ecstatic moods, as in dancing, one has to present an elaborate scheme of rationalization following the norms, as Behula did. So it may be said that every ordinary woman bears this partial suppression of self, the contradiction in emotion has to be digested and suppressed in society, probably at the cost of psychological harmony.

To be more specific, at the conscious level at least, being a woman, specially an Indian woman, one has to be a partial being, one half of her emotional life buried for ever in anonymity. In this context it also requires mention that the scale that was used for assessing gender role identity also reflected this submissive component of femininity only. Indeed this is the 'stereotype of femininity', if not the real femininity. Thus the scale also assessed only the half face of the woman, the other half ignored. The submission and sensitivity makes the woman pro-social, enhances her sensitivity to social reality and enables her to deal smoothly with interpersonal issues. Probably this is reflected in the positive contribution of femininity to Factor 2 variables which deal with reality orientation. But the suppression of assertion would also make her jittery, since any forcible denial of the intrapsychic reality entails a considerable degree of tension. Hence the negative contribution of femininity to Factor 1 variables, concerned with experienced calmness and ease.

Interpreted from this point of view, the present finding provides a tentative answer to the controversy of whether androgyny or masculinity promotes mental health. Some of the earlier studies including the initial study of Bem (1974) suggested that androgyny is associated with good mental health (Bem, 1974; Spence & Helmreich, 1978). Others observed that masculinity was the major determinant of wellness (Taylor & Hall, 1982; Whitley, 1984, Cook, 1985). The difference in the earlier findings may be explained by the role of femininity, which is an integral part of androgyny. Most of these studies did not scrutinize the various aspects of wellness, particularly the resource variables. With the present findings at hand it may be stated that masculinity indeed facilitates mental health by promoting assertion, confidence and
venturesome attitude. But femininity associated with softness and submission is occasionally facilitatory and occasionally inhibitory to wellness, depending upon the situation and the variable studied. It inhibits impulsivity, but also inhibits action and achievement, and probably that is why many of the earlier studies were in contradiction to each other depending on whether they assessed output and achievement or affiliation. Therefore in certain cases femininity, in conjunction with masculinity enhanced wellness; in other cases it was a deterrent, while masculinity was a constant factor promoting wellness.

**Relation between Gender role attitude and mental health**

So far as the relation of gender role attitude and mental health was concerned it was found that GRA was associated positively with resource variables only. *Modernity of attitude was associated significantly with all three functions of Factor 3 and also with two functions of Factor 1, namely EF9 (SB) and EF10 (AF).* The nature of EF9 or Stimulus barrier has already been discussed. The nature of these variables have already been discussed. However at this juncture a few words about the relation between EF9 and EF10 (Stimulus barrier and Autonomous functioning) may be illuminating.

What these two functions have in common is an ability to neutralize disrupting stimuli and carrying on the usual activities needed for smooth functioning. That is, these two functions entail the ability to ignore certain disrupting input by accommodating flexibly within the available resources and conditions at hand. In this sense they share a kind of communality with the Factor 3 functions also, as they also represent a kind of flexible adjustment. Modernity of attitude, specially regarding gender role connotes a mingling of role requisites as and when required, to transgress the boundaries without remarkable anxiety. Thus this reflects a kind of flexibility in general perception. It is probably this common base in flexible approach to the events and issues that caused the significant association between modern attitude and flexibility components of ego functions.

One interesting issue here is that although for the total sample life events contributed to EF8 and EF9, Table 5.2 reveals that this was true only for men and not for women. That is *gender role identity factors overrides the real event factors for women.* A similar finding has been observed by Chakroborty (1998) who observed that gender role identity factors were
stronger than the motivational factors in achievement for girls, but not for boys. Thus the salience of gender role factors for women was much greater.

**THEORETICAL CONNECTIONS AND IMPLICATIONS OF THE FINDINGS FOR MENTAL HEALTH POLICY**

The study reveals that the mental health status is different for the two sexes, the women having poorer health status. But understanding its etiology and planning its management require more than a mechanical outlook; indeed only a sensitive approach can do justice to the extent and severity of the problem. In the first place it has to be understood that although sex difference was palpable in outcome, there was little difference in resource. Apparently it could imply that negative life experiences hindered the smooth functioning of the resources. But subsequent findings subdued the simplicity of this interpretation, because, first, masculinity was a constant promoter of wellness for both sexes, thus highlighting the need to take into consideration the gender role identity variable, and secondly, the significance of life experiences in regulating resources was only partial. Furthermore, for women, the salience of gender role variables was greater than that of life experiences.

Therefore, greater sophistication and gender sensitivity is an essential requirement for a meaningful mental health policy in the coming decades.

How to frame the mental health policy in relation to gender and how to implement it is however another issue. Adequate discussion of this issue would entail a close scrutiny of the complex theoretical viewpoints emanating from various feminist and other social philosophical theories, regarding the meaning and consequences of gender as a construct. We do not consider it the proper place for a detailed comparative discourse. It may however be stated that there are a number of such approaches, and an excellent reading of a critique of various approaches is the article by Riger (1997) who enumerates at least five such orientations. Among these, two approaches are particularly relevant as contesting theoretical background of the present finding.

One approach was called 'the separate but equal view' by Riger. This view proposes that there exists an essential difference between the sexes, and naturally it implies a similar real disparity between masculine and feminine characteristics. But so far as the status and social
evaluation is concerned this approach of course subscribes to an egalitarian view, stating that each gender has its own unique meaning and contribution to life.

Apart from the question whether these gender categories can ever be freed from the power relationship ingrained in them, that is whether women and men can ever be equal within this social paradigm that shapes its essentials on the basis of gender discrimination, there remains an even more basic query. This relates to the validity or actual social reality of the gender related categories. This leads to the issue of deconstruction of gender.

Another group of critics, though differing in many aspects among themselves, strongly oppose the significance as well as the validity of the gender categories, be it in the sense of womanhood and manhood, or femininity or masculinity (MacKinnon, 1987; Lott, 1990; Butler, 1990; Lorber, 1994). Regarding deconstruction of gender categories they agree in favor of the following major arguments: (a) the notion of inequality and discrimination is inherent in the concept of gender and (b) there is no absolute existence of gender as a valid psychological notion, it is the result of social construction, the product of an artificially chiseled gendered environment at every step of life. This group of critics represents the second approach we wanted to discuss.

Judith Butler (1990) spoke of gender as a multi-faceted fragmented concept, without any spatial or temporal stability. She conceives of gendered subjectivity "as a history of identifications, parts of which can be brought into play in given contexts and which, precisely because they encode the contingencies of personal history, do not always point back to an internal coherence of any kind" (p 331). Lott (1997) strongly argued that not only what we express but also what we feel about our existence is colored by gender. Citing an interesting experiment by Lightdale and Prentice (1994) on self report of aggression, Lott asserted that 'experience' is enmeshed in gender ideology. She prefers to eschew the concept of femininity, masculinity and androgyny (Lott, 1981) as they reflect artificial categories of society.

Where do the present findings fall between these two approaches? Viewed from the first approach, that is the separate but equal view, the findings of the study may be taken at its face value. That is the different roles played by femininity, masculinity and modernity of attitude may be understood as contributing distinctively to the mental health variables, M and modernity having a stronger and unequivocally positive role while F casting a weak and partly positive
influence. The fact that sex difference occurs only in outcome variables, and the resource variables were similar in this regard, cannot be explained well by this paradigm, particularly for those resource functions where the life events did not have any role.

The second angle of explanation is a complex one. Indeed from this approach the entire finding based on the self report inventories may be viewed as one specific instance of self-related thought — representations of experience (e.g., experienced wellness or perceived attributes) which are already shaded by gender. Since in this view any experience already entails the influence of gender, the so called mental health variables and the gender variables share a common ground of gendered existence, even though the former bears no explicit reference to gender in its nomenclature.

Sex difference in wellness, from this approach would then imply the reflection of the stereotype that women are expected to be distressed, to feel vulnerable and depressed. The contribution of M and SLE to SWB therefore only confirms the stereotype. But what about the similarity in resources? And also what about the fact that although sex difference was obtained only on two resource variables (again those closest to expression of vulnerability), gender role identity factors (F and M) contributed to eleven among twelve variables? Incidentally this state of affairs leads support to Bem’s (1974) original contention that gender role identity is independent of sex.

One explanation of sex difference in well being and lack of sex difference in ten resource variables might be that wellness, specially as measured in the present study in terms of harmony within family and work set up entails a sort of declaration of wellness within interpersonal context. The Ego function variables are in contrast more private in nature, expression of an inner thought and emotion, relatively less contaminated by social role requisites. Hence its relative independence from sex difference, which entails implicit gendered perception, thus manifesting relative freedom from social manipulability.

Yet these variables were not free from association with gender role variables. Here we would scrutinize the meaning of sex, gender role identity and gender role attitude in relation to experience. All these variables create nonconscious schema to perform their roles automatically in any experience. For the variable of sex, the nonconscious internal dialogue of a man may be framed in this manner – “I feel like this, because I am a man”. In case of gender role identity it
would be "I feel like this, because I am assertive, aggressive etc. (masculine).". In case of
gender role attitude it would be "I feel like this, because a modern man should be like this and I
am a modern man".

In other words, the meaning of being a 'man' is most clear in the last two instances. The
internalized stereotyped logic of the naïve subject is most prominent in relation to gender role
variables and is more likely to have a stronger foothold on apparently non-gendered variables
like mental health.

On the basis of the above discussion it may be stated that the second approach, 
emphasizing pervasiveness of social construction of gender provides us with a more economic
and comprehensive explanation of the findings. Furthermore we consider gender role variables
as a strong network of the social construction influencing areas that are apparently not
amenable to sex difference.

We come back here to the applicative aspect, that is, to provide suggestions for mental
health policy in our social context. Some authors, particularly those with a definite feminist
stance often speak of a paradigm shift (Barnett, 1997), or deconstruction of the notion of gender.
It is our contention however that before effecting a radical shift in social attitude and action the
nature and pace of change of a given community should be taken into account. In countries like
India there are a number of specific issues to be considered in this regard. One is the already
stated fact that this culture has a strange intermingling of the ancient and the modern. Secondly
owing to the disparity in basic facilities and exposure in different zones and domains of this big
country, the gap in mode and meaning of daily existence between a modern westernized urban
person and another individual from the farthest corner of a tribal village is enormous to say the
least. Thirdly, the simple fact of gross inequalities still predominates even in some so called
educated urban sectors. Thus there are multiple levels of even apparent preparedness for change.

Since a policy should encompass the largest possible individuals, it may be suggested that
there should be at least two levels of the planning. The ultimate goal should undoubtedly be the
freedom from gendered determination of illness. The proximal goals should however take into
account the cognitive dissonance involved in enacting a change, the applicability of the modes
of change within the given cultural context. Trying to enforce a change in attitude and
perception for which the groundwork is not been done, is a violence in itself, and is, by all probability destined to be rejected.

The proximal goals may be framed keeping in mind some of the implications of our study finding. First, the discrimination in life experiences between the two sexes, so palpable in Indian context (Ghadially, 1988) may be removed. This should have direct bearing on wellness. Second, since M has been an unequivocal promoter of mental health, training in the stereotyped masculine qualities (including assertion and dynamicity) for both sexes would bear directly on resource and outcome variables. Third, since modernity of attitude has been found to be associated with better mental health, the flexibility in attitude – the hallmark of modernity may be enhanced. For this purpose the media and other educative modes may also be used with discretion. Fourth, the value of feminine traits in contributing positively to resource variables may be highlighted, particularly because these traits are most often subject to negative evaluation. This awareness program may specially be directed toward men. Fifth, with an eye to the ultimate goal, gender sensitivity needs to be enhanced in general population, particularly developing awareness about the invalid status of binary thought process. Gradually the personality traits clustered within the notion of femininity and masculinity need to be dissociated from these concepts and appreciated in their own merit. It may be asserted that if the proximal goals can be enacted and reflected in the general policy of mental health the distal goal will come closer.