CHAPTER I

INTRODUCTION

A recent survey showed that the increasing number of tourists visiting India aspire to explore and understand Yoga, theory about the self and ancient sciences of health (Aggarwal, et al. 2008). It shows an inner urge for growth and advancement in people from technologically and economically advanced countries (see Ryan & Deci, 2000). No doubt Science is becoming a blessing for the modern era by providing the highest comfort and pleasure of worldly life by continuous and rapid advancement of technologies, but the development of psyche and its functions is not progressing with the same pace as technology. This could be seen in terms of increasing rate of psychological disturbance (see WHO, 2004), increase in the hospitalization rate and decrease in the satisfaction among the masses. Therefore, the need of the hour is to advance a holistic science of human life that recognizes the boundaries, limitations and growth potentials in realistic terms and in tune with the context. This requires a kind of awareness about self. The present study is a humble attempt to contribute in understanding of the processes of self-awareness in relation to the central concerns of life, i.e. happiness and health. This chapter presents an overview of theories and research pertaining to self-awareness, health, and well-being.

Changing scenario of health and well-being among college students

More than half of India's population is under the age of 25 (Geeta, 2011). The modern era is undergoing rapid changes at various levels in which youth are facing major challenges. This can be noticed in different areas of life. In the academic domain,
increasing competition and uncertainty regarding future employment is presenting a serious challenge, especially in a context where changing social values are contributing complicity by setting parameters of success in terms of academic grades and packages of jobs (economic value). Education system only focuses on providing information regarding the subject and trains the student in the technological system. However, no training is given to develop the skills to organize life of the individual (Nivedita, 1998). Learning process at the higher education level which is based on external criteria of success (examination) develops alienation (Mann, 2001), and diminishes intrinsic motivation (Case, 2007). In similar vein, a study on post graduate doctors showed that approximately 70 percent of students reported a score of <20 and rest 30per cent reported a score of <15 on the measure of emotional intelligence (EI). Such a low score of EI was further identified among the group by the authors who noted that, “soft skills hands on training are sorely lacking, and a resident medical doctor is expected to self-imbibe the required skills” (Faye, et al. 2011, p. 143).

A survey conducted in a red-light area of Calcutta found that eight per cent of the customers of prostitutes were students (Biswas, 1994), and another survey in a Bombay red-light area found the corresponding figure as high as 30 per cent (Gilada, 1994). The estimates of 25 per cent of male students in a Delhi school (Sehgal, et al. 1992) and 28 per cent of male college students in Hyderabad (Goparaju, 1994) reporting premarital sexual experience reflects the changes in value systems, norms and behaviour styles among students. One study in India found that the percentage of the drinking population aged less than 21 years has increased from 2 to more than 14 percent the past 15 years (Prasad, 2009). In a survey of 1200 students from junior and degree colleges in Maharashtra, 9.9 per cent took pan masala, and 9.6 percent chewed gutka (Hans, 1998).
These data are indicating a big lacuna in dealing with the youth and their issues. As Prasad (2009) rightly observed that the country, which has seen a rapid proliferation of city bars and night clubs in recent years, is fast shedding its inhibitions about alcohol as a lifestyle choice. Increasing consciousness of bodily appearance (Hasmukh, et al., 2012) especially in girls (Dixit, et al., 2011) is also one of the serious concerns. Public self-consciousness means seeing self as a social object (self remains in periphery). It has shown the relationship with a number of pathologies: social anxiety, phobia, rumination, eating disorders and body consciousness (Belloch & Rupierez, 2003; Matsuo & Arai, 1998).

Excess exposure of these behaviours can be one of the causes of bolstering of these behaviours among youth. It was reported that availability of and frequent exposure to fast food items, cold drinks, alcohol, drug and pornography (Tripathi & Lal, 1999) is a major cause of negative health behaviors among the Indian youth. The excess exposure and changing social value system are leading youth to internalize the new values and priorities as the major aspects of their self definition (which is symbolic of outer appearance, luxury and physical beauty). In some sense, the outer objects are becoming figures and the inner self is moving to the background. The Upanishadas rightly identify this Bhokta Bhava (consumerist spirit) as the root cause of all the sufferings and pain. Therefore, the prime need of the hour is to develop methods and strategies which can bring back human consciousness to its roots in order to provide a path for true happiness and health. To this end, self-awareness can contribute a lot.

**Self-awareness: A way of enhancing health and well-being**

Every person has a wish to reach to their imagined perfectionist state during their life. To achieve this state, one has to strive hard. Indeed, what is the perfectionist stage is
very subjective to every person. Through socialization, cultural influence and individual’s own understanding people determine this state. Indian seers differentiate between shreya (desirable goals or eudemonia) and preyas (desired pleasant goals or hedonistic); or, basically Indian seers are known to have identified qualitative differences in the aims and activities of an individual. It might be possible that smoking, drinking and over eating give extreme pleasure to individual but qualitatively how it is affecting life and what are the real outcomes of it is the parameter to differentiate between two. Therefore, to have knowledge and awareness of something is not important rather awareness of the relationship of the things with person’s self has real importance.

Buddha (Carus, 1997, p. 136) emphasized the differentiation between the transient and eternal. He spread the awareness among people to learn to discriminate between those aspects which lead them to suffering and pain and to those which lead them to eternal happiness.

Thus self-awareness appears to be the only way to achieve sound health. A crucial feature of well-being is self-awareness. Many scientists, thinkers, and artists of the past when dealing with the nature of being, knowledge and conduct, have assumed that there is a stepwise increase in awareness of truth that allows us to become increasingly wise and coherent in our understanding (for a scientific position see Cloninger, 2006). It is now possible to demonstrate that a radical transformation of self-awareness is required in order to develop well-being, wisdom, and coherence.

Recent investigations using belief models in health psychology, for e.g., health belief model and reasoned action model (Ogden, 2010), lend support to the view that the individual’s subjective perception and appraisal of the situation play significant role in the adopting and maintaining healthy behaviour. An individual, despite the risky
behaviour, may not seek treatment or do not adopt healthy behaviours. One of the causal explanations of this paradoxical behaviour is that it critically depends on understanding of the problem by the person. Studies of emotional intelligence and health showed that an emotionally intelligent person has better understanding of his or her self, and therefore, may adopt more healthy behaviours than less emotionally intelligent people (Austin, et al. 2005).

Interestingly, many recent studies indicate that self esteem is negatively related to health status of the people. People’s desire to maintain, enhance, and protect self esteem may lead them to engage in behaviours that are deleterious to their physical health (Crocker & Park, 2003). In the similar manner, self presentation is found to be hazardous for health (Schlenker, 2003) and relates to numerous health problems like HIV infection, skin cancer, eating disorder, alcohol, and drug abuse. The reason is that people do not have capacity to understand their own self in relation to the outer demands. Long back Aristotle emphasized that to achieve the highest good for which we all should be aspiring was the task of self-realization played out individually, i.e. each according to his or her own disposition and talent. The Indian tradition too lays emphasis upon identification with person’s own duty “swadharma”. Hence, it is necessary for the individual to become aware of his/her core values, and then work accordingly—a process which leads a person towards more satisfying experiences in life.

Before moving to the present study it is necessary to understand and look at the theory and research on self-awareness in relation to health and well-being. The theoretical models of self-awareness, well-being and health are presented. It is followed by an analysis of research trends of this field.
Self: A Continuous Quest

Quest for knowledge of self is one of the most basic curiosities about human nature. ‘Who am I’ is the basic question which arises in everyone’s heart. Philosophers and thinkers have contributed much in this regard, but the search is still on and there seems a puzzling problem regarding how to define one unitary model for self. “This puzzling problem arises when we ask, ‘who is that I that knows the bodily me, who has an image of myself and a sense of identity over time, who knows that I have propriate strivings?’ I know all these things, and what is more, I know that I know them. But who is it who has this perspectival grasp? .....it is much easier to feel the self then to define the self” (Allport, 1961 p, 128). Researchers are striving to find out this core aspect of the person which is the agent, doer or experiencer and which is the source of all events inside and outside the human being. Every subject or discipline dealt with self, using the basic premise typical of the subject or discipline. For example sociology dealt only the social part of self; management dealt with the individual’s performance part; psychology dealt with more the person-centered aspect of self, while neuropsychology tried to search this in the brain and its neurons. As a consequence, self borrowed many different typologies as social self, interpersonal self, private self, material self and so on. Apart from the typologies of self, self has also been used as a prefix (e.g. self efficacy, self management, self regulation, self esteem, self control, self verification, self discrepancy, self-conscious emotions, and self-awareness). As Leary and Tangeny (2003) have rightly highlighted: “from the beginning, the topic has bogged down in the conceptual quagmire as muddy as any in the social and behavioral sciences........not only we have lacked a single, universally accepted definition of “self” but also many definitions clearly refers to
distinctly different phenomenon, some uses of the term are difficult to grasp no matter what definition one applies (p. 6).”

Self is now used interchangeably with several constructs including ‘total person’, ‘personality’, ‘experiencing subject’, belief about one self’, and ‘executive agent’ (Leary & Tangeny, 2003). Yet, all of these involve the basic quality of self, the capacity for self-reflection or capacity that allows a human to take itself the object of one’s attention and thought. This capacity distinguishes the ‘I’ (the subject) from the ‘me’ (the object). So the experience of self involves the relationship between the subject and the object or the ‘I’ and ‘me’. It is the dialogue between the two that makes the self possible (Mishra, 2007).

It has been held that cognitive processes differentiate human beings from the animals. Since chimpanzees, orangutans, and possibly dolphins only showed rudimentary capacity for self attention (DeGrazia, 2009). Considerable work on self attention process showed that simply focusing attention on oneself has important effects on thoughts, emotions and behavior (Carver & Scheier, 1981). This attention is guided by the cognitive processes which include both the transitory part of the self and the more enduring aspects of it. Possession of the attention and cognitive processes, in turn, make human beings capable of regulating their behavior. Regulation of behaviors could encompass a basic sense behavior (as protection form hot or cold), or, at a higher level, regulation of the activities could be to change habits as an enduring aspect of the cognition. Therefore, attention, cognition and regulation as three basic processes of the self are inherent part of self process (Leary & Tangeney, 2003). These three processes do not happen in vacuum, and instead, require conscious thinking and volitional act of person. This brings self’s part as the doer, agent, knower and experience in the centrality
of discussion. William James (1980) was the first who accepted the difference of ‘I’ as the subject or doer and ‘Me’ as the object of knowledge. This particular problem of self as doer or agent has been studied almost in all the branches of the psychology. Interestingly, every branch dealt with it very differently. As Leary and Tangney (2003) note our understanding about it has certain limitations: “our sense is that this problem will not be addressed adequately until the larger problem of the consciousness is solved. Once we understand how consciousness can arise from biological matter, we ought to be in a better position to talk about how it is that consciousness can focus on itself, allowing an organism to think about its own thoughts and direct the response of the body in which it resides” (p. 9).

Self-awareness: An Historical Overview

The beginning of intellectual discussion of the self are traced to Plato (circa 428-347 B.C.E.) in the Western world but in the Vedic and Upanishadic period dating back approximately (3000 B.C.) in east started earlier. They deal extensively with ‘self’. Self has been at the centre in the debate over centuries for philosophers, researchers, social scientists but also for common people.

Leary and Tangney (2003) described three developments that increased the attention of academic psychologists and sociologists in the second half of the 20th century. The empirical interest in the self arose in the context of the notion of self-esteem which is measured by self-report inventories and have been studied in relation to various variables. The second development was the cognitive revolution in psychology where many models were presented to describe the self and its processes and it has been conceptualized mainly as the attention and cognitive process. Third was the publication
of various measures of dispositional attributes related to self which prompted surge of interest in self related topics in the 1960s and 1970s. Till 1970s there were not any studies directly on the measurement of the self-awareness. Theoretically James (1890) and Cooley and Mead (1934) described the process of becoming aware about the self as rooted in the socialization process. However, it was the result of a series of experimental studies on self-awareness by Shelley Duval and Robert Wicklund (1972) that the concept of self-awareness came into limelight. Fenigstein’s scale (1975) on self-consciousness helped to establish self-awareness as a dispositional construct which later facilitated the study of self-awareness with other variables. In a similar vein, Trapnell and Campbell’s (1999) work on reconceptualization of private self-awareness gave depth to the concept of self-awareness. In addition, the work on emotional intelligence by Goleman (1995) who wrote on self-awareness also attracted attention of scholars. In the applied arena the study of mindfulness (Kabat-Zinn, 1990), contributed much in the development of the concept of self-awareness as a positive construct.

**Self-awareness and Culture**

Before presenting a review on self-awareness this is must be emphasized that the cultural context of self has been used as a major approach in related research. It is worthy to describe that modern psychology is mainly developed in Euro-American context where Cartesian view is dominated. Cross and Gore (2003) contended that “their view of the person is part of an analytical worldview which originated in ancient Greek philosophy. The Greek viewed the world as a collection of separable discrete objects that could be categorized in term of their stable universal properties (p. 539)” They sought abstract rules for the behavior of objects in a field and tended to ignore the environment
in which the behavior occurred. This analytical worldview laid the foundation for modern science and western psychology of the individual. In contrast to the analytical worldview, the holistic worldview of Easterner is based mainly on Vedas and Upanishadic views which describe self in three parts which is as follows: nature of person, cosmos and relation of person with cosmos. Therefore, it takes the individual as an unique entity but simultaneously has a concern to know cosmos and its relation with it for establishing perfect harmony in and out of the individual. Thus, the concept of self-knowledge includes above three aspects where cosmos is considered as part of self. Misra (2007) contended “the nature and experience of self depend to a larger extent on early socialization, peer interaction and subsequent experiences. Our perception and experience of self, as a result, differ from culture to culture. Culture as being a system of meaning and practices provides a framework and a tool to, shape our conception of selfhood” (p. 12). The cultural shaping of the self includes four primary levels (Croos & Gore, 2003).

1. Cultural models of the person derive first from the socio-historical ideals and values of the society
2. These socio-historical ideas and values shape social customs, practices, and institutions, including linguistic practices, employment practices, and educational and legal system
3. These practices and institutions provide settings and situations in which individual act and behave
4. These experiences in everyday settings sculpt a self and shape individual psychological tendencies.
The Western and Eastern socio-historical ideals differ in their representations of
the world and the person’s place in it. As described above, one view has imprints of
Cartesian dualism, individual reason, free will and capitalism which is an unified,
integrated, autonomous, efficacious and objective view of self whereas other view
(eastern) perceived self as continuous with and embedded in the environment. This
meant “the individual happens to be open systems which communicates with other
selves” and that these selves can be social, spiritual in terms of having faith and work in
accord to some superior power than individual and society itself, and soul or
metaphysical self which is supposed to be an inherent part of individual yet different
from individual and society and somewhere near to spiritual self.

Globalization is also playing a critical role in reducing the differences yet
researcher argued that globalization does not result in universalization but in interactive
outcome, resulting in range of different psychological worlds. Changes can take place
within the culture apart from changes across cultures (Misra, 2007). Therefore, construct
of self-awareness would be in vain to explain without taking concern of cultural
differences on four levels described above. In the present study the Western
conceptualization of self-awareness is being presented with the aim of keeping the recent
as well as the Indian view of self.

Conception of the Self-awareness: Key Theoretical Models

A.S. Dalal (2000) has noted that, ‘there has been in the United States a growing
cult of awareness even though most people use the slogan awareness do not quite seem
to know what they want to become aware of’ (p. 236). Many theorists grappled with this
basic question. Many models and theories have been proposed to explain the nature of
self and its dynamics. Self as subjective part was discussed first by James (1980) as ‘I’, following which some humanistic psychologist began considering it as a unique phenomenal reality that is present in everyone and cannot be part of empirical studies. Modern psychology is based on neurological and behavioral basis of behavior. In modern psychology self is studied in two ways: process aspect as executive agent, or, knowledge aspect as belief about oneself. Self-awareness has been studied in many ways, particularly in terms of content and process (Gibbons, 1985).

**Self-awareness in therapy**: Some of the beginnings of the wide interest presently prevailing in the West in the development of awareness may be traced to the movement of psychoanalysis. Sigmund Freud identified the underlying cause of behaviour in the unconscious. So, therapy is designed to find out the unconscious roots of particular behaviour. Therefore, it assumes that perfect health and well-being of a person cannot be achieved until or unless persons have awareness about the cause residing in unconscious. So here self-awareness is more like ‘insight’ about levels of consciousness and its underlying dynamics. Carl Jung, who broke away from psychoanalysis, held that besides personal unconscious, there is collective unconscious which is common to the human race as a whole. The collective unconscious contains what he calls archetypes or universal ‘complexes of experiences’ which are at the basis of all behaviours, both instinctive and acquired, and which play a far greater role in moulding an individual’s life than the personal unconscious with which psychoanalysis deals. For Jungian therapy, development of awareness should be for collective unconscious and should enable its archetypes to become free and healthy individuals (James & Gilliland, 1998).
Humanistic movement changed the line of thought and explained self-awareness by putting emphasis on environment in which the self grows. Self was put in the centre and at the core of human life and they looked higher possibilities for person. These theories rejected the notion of self as a slave of past learning. Thus, Rogers (1951) explained that for being perfect and fully functioning person one need only to be aware of that core ‘self’ which is unique for everyone and has full possibilities of growth. Maslow (1962) thought that there is a true or inner or enduring guiding force which always leads a person towards the highest of its growth point. They called it true self or divine self. For Maslow (1962) self-awareness involves knowing one's own inner needs, delights and capabilities, as well as one's own doubts, fears, and pathologies. (The word Self is capitalized to distinguish its meaning of inner self or Real Self from its meaning as ego.) The discovery of the essential Self (i.e., one's inner being which is beneath the External, socially acceptable self) and its needs, moves one toward actualizing the Self. Bringing the Self into the awareness of the conscious self is the way Maslow (1962) sees the uniting of one's essential and existential natures. For Maslow (1962) self-awareness leads to procuring what is needed to fulfil needs and desires, looking to oneself and one's environment to supply the necessary tools and materials. Maslow's view of self-awareness removes the person from a relational context. Maslow perceives self-awareness as being different from technical or factual knowledge. It is a kind of knowing that "receives," which is what Maslow (1962) calls Being-cognition.

The cognitive movement completely discarded any existence of self-actualization or of a fully functioning core self or, phenomenal self or unconscious. Self was replaced by ‘thought’ or ‘cognition’ or central processor. Simply put, cognition has been described as the basis of human behaviour, and so awareness of the belief system
considered fundamental for growth and well-being of person. Self-focused state is at the centre in therapies where importance of focusing on and understanding internal motives, feelings and thoughts is emphasized (Ljungberg & Nystedt, 2002). Every therapist follows a particular framework of self and its nature and then works accordingly to enhance patient’s self-awareness for his perfect growth and well-being. Increasingly, the term self-awareness is understood more synonyms with the term ‘insight’.

*Self-awareness in the sociological perspective*- Following the lead of William James, scholars like Charles Horton Cooley and Herbert Mead, extended the conceptualization of self to the social sphere. They emphasized the social nature of self by noting that, “there is no sense of ‘I’ as in pride or shame, without its correlates sense of you, he or they”. This symbolic interactionist school placed primary emphasis on how social interactions with others profoundly shaped the notion and experience of self. The self is viewed as a social construction, crafted through linguistic exchange (symbolic interaction) with others. For Cooley (1901) significant others constituted a social mirror into which the individual gaze in order to detect heir opinion towards the self. These opinions, in turn are incorporated into one’s own sense of self, which he terms ‘looking glass self’. Mead (1934) extended the same idea with greater insistence on the social interaction. For Mead (1934), “we appear as selves in our conduct insofar as we ourselves take the attitude that others take toward us. We take the role of what may be called the ‘generalized others’. For Baldwin (1897) also, the construction of the self was a very social, dialectical process between the self and others. Baldwin (1897) asserted that “the development of child’s personality could not go on at all without the
modification of his sense of himself by suggestions from others. So he, himself, at every stage, is really in part someone else, even in his own thought of himself”.

For this approach there is no existence of ‘self-awareness in true sense. Self is not only constructed in the society but also it comes into existence by others’ perspectives and views where there is no independent self and subjective self. Therefore there is no existence of self-awareness. Here this approach discusses about self attention through which people compare their selves with the social value and trying to be congruent with the perspective of generalized others. Thus a person is nothing only a reflection of society and for the construction and existence of the self, society is needed just as body needs water and food for its survival. The main aim of the individual should be in accordance with the standards of society. So self-awareness means to be aware of society’s standards and norms and then to live accordingly so as to maintain subsequent harmony which will increase health and well-being of the person.

*Self-awareness in cognitive perspective*- A classical distinction made by Mead (1934) and then by Duval and Wicklund (1972), between focusing attention outward toward the environment (consciousness), and inward, toward the self (self-awareness), has been taken as a framework for study of self-awareness and the level of consciousness in experimental social psychology and personality. Later, many neuro-cognitive models have been developed which are an extension of Duval and Wicklund’s model. Like Brown’s proposed (1976) four level model of consciousness, later even Schooler (2002), Farthing (1992) and Natsoulas (1996) proposed models of consciousness. In these neurocognitive models they basically considered unconsciousness states (sleep or coma) (Schooler, 2002), consciousness state (dreams or just sensorimotor experience) (Brown,
as a state of no self-awareness. The highest level where the organism generates thoughts about its own conscious experience is a state of self-awareness. For Brown (1976) this is symbolic level, for Schooler (2002) this is meta-consciousness and for Farthing (1992) this is reflective consciousness.

Nastoullas (1996) introduced a concept of Meta self-awareness where a perception of totality is present with the perception of internal events e.g. impressions, thoughts and feelings. Further, some researchers proposed that self-awareness is actually present at every level of experience but in varying degree and in different forms. This is self-awareness at lower and higher level in which it is assumed that processing of crude type of information is done at lower level of consciousness, and that its refined form is the product of self-information which occurs at higher level. Legerstee (1999) proposed another distinction, i.e. perceptual self-representation and conceptual representation. The former refers to products of one’s direct experience with one self (e.g. body) or environmental stimuli (e.g. other person or mirror) that identify the self, while the latter designates data about the self that is not available to immediate perceptual experience and which has somehow to be mentally represented, i.e. processed, transformed—all of which suggests cognitive work performed at higher level. This treats social (public self-awareness) lower in hierarchy and less important than private self-awareness.

In modern man, self-awareness involves a set of cognitive processes. Neisser (1997) proposed that self-knowledge is based on five distinct forms of information, which he called ecological, interpersonal, extended, private and conceptual self knowledge (Leary & Buttermore, 2003). At the lowest level “ecological self” exists where processing of self specifying information (e.g., visual, auditory, and kinaesthetic cues) takes place. This processing gives direct awareness of self with respect to the
physical environment (i.e. position and movement). It involves a basic form of bodily awareness, or primitive knowledge about one’s body in relation to the environment, the ecological self is, in a sense, self-awareness. A second level of consciousness is labelled “interpersonal self,” a raw awareness of one’s engagement in social interaction here and now, allowing one's action to enmesh with those of others. This stage represents the emergence of basic social (and thus public) self-awareness and also consists of perceptual self information. The “extended self-awareness” (third level) can reflect its over time- it can generate thoughts about itself in the past and in the future. This is the genuine self-awareness (Morin, 2006) with an emphasis on time perspective no explicit focus on mental state or personal characteristics (private self-awareness) or visible features (public self-awareness) or both (Morin, 2006). The “private self” (fourth level) can process private self information- e.g. thought, feeling and intentions; this fourth level refers to private self-awareness. And the “self concept” (fifth level) is made up of abstract and symbolic representations of oneself- e.g. role, identity, traits, personal characteristics, autobiography. This ultimate level of consciousness represents a full blown private and public self-awareness, where the organism most probably can also engage in Meta self-awareness. These five kinds of self knowledge are sufficiently distinct to require different information processing systems, each of which permits the organism to process and act upon a different kind of self-relevant information (Leary & Buttermore, 2003). These five kinds of abilities working together create higher degree of self-awareness.

Carver and Scheier (1981) distinguish between “low level” and “high level” of meaning of self. The low level refers to narrow, concrete, and temporally limited awareness of one’s movement and sensations in the immediate present; this would
represent consciousness. High level imply an examination of self over time (e.g., implication of one’s behaviour in the future), the use of broad standards to self regulate, and attributions of meaningful traits that go beyond the present moment; this could consist in private and public self-awareness, and even possibly Meta self-awareness. Therefore, these models prove that self-awareness is not self-focused attention rather it is a very complex phenomenon and a hierarchical concept which has many dimensions which are responsible in self regulatory activities and developing self concept at higher level.

*Self-consciousness Model (SCS)* - Researchers have begun to speculate that self-focused attention in addition to being influenced by experimental manipulation may also result from fairly stable versus dispositional tendency that vary considerably among individuals. Nasby (1989) has pointed out: however, that such selective processing of self - knowledge also lies behind the development of the self concept. He has further argued that people who spend a good deal of their time engaged in that kind of selective processing naturally develop a view of themselves that is more elaborated and more firmly anchored than do other people. The Self-consciousness Scale prepred by Fenigstein, Scheier and Buss (1975) paved the way to study this construct as a dispositional construct.

Feningstein, et. al. (1975) conceptualized self-awareness as having two dimensions, namely, the private aspect of self-awareness and the public aspect of self-awareness, wherein, private self-consciousness was identified a tendency to be aware of the covert, internal aspect of self, and to be particularly attentive to one’s inner thought. They assumed it to be more cognitive where the focus is on thought and reflections
which deal solely with the self. Public self-consciousness is an awareness and concern over the self as a social stimulus. It is concerned mainly of the reaction by the others. Therefore, this involves an awareness of an interest in the outward display or manifestation of self, such as appearance, social behavior and the impressions made on others. Public self-consciousness is parallel to the conception of the Mead (1934). Social anxiety regarded as an occasional byproduct of public self-consciousness because social anxiety does not deal directly with the notion of the self-awareness (Fenigstein, 1979). This involves a particular kind of reaction to focusing on public self. This is different than public self-awareness because with the awareness of the public self, apprehension over being evaluated by others is also present (Carver & Scheier, 1985).

**Self-awareness: How it works?**

The publication of Duval’s and Wicklund’s *A Theory of Objective Self-awareness* (OSA) (1972) gave direction to the understanding of the process involved in self-awareness. They advanced an objective self-awareness (OSA) theory and explored this concept by manipulating it in controlled experiments. Later most studies took OSA as basic framework (Fenigstein, *et al* 1975) or parts of it (Grant, Franklin, & Langford, 2002; McKenzie & Hoyle, 1999; Trapnell & Campbell, 1999) expand the domain of it.

*Theory of Objective Self-awareness*- This theory is concerned with the self reflexive quality of consciousness. Just as people can apprehend the existence of environment stimuli, they can be aware of their own existence: “when attention is directed inward and the individual’s consciousness is focused on himself, he is object of his own consciousness-hence ‘objective’ self-awareness” (Duval & Wicklund, 1972). Further
Duval and Wicklund (1972) clarified that this is contrasted with the ‘subjective self-awareness’ that results when attention is directed away from the self and the person “experience himself as the source of perception and action” (p. 187). By this they meant consciousness of one’s existence on an organismic level, in which such existence is undifferentiated as a separate and distinct object in the world. Keeping experiments as prior and essential for scientific observation, Duval and Wicklund (1972) excluded this subjective self-awareness, or better still, the ‘I’ or knower part of self. Objective self-awareness stimulated a lot of research with variety of situations such as emotion (Scheier & Carver, 1977), attribution (Duval and Wicklund, 1973), and self standard comparison (Duval & Lalwani, 1999) and so on.

These three important elements of the OSA work according to motivational mechanism (Heider, 1960). If a discrepancy arises due to matching the standard with the salient aspect of self, negative affect was said to arise. This is the negative state which initiates self regulatory process to reduce that discrepancy either in form of changing the behaviour or changing the standard or avoidance of attentional focus.

A Conceptual Dilemma

As described above self-awareness is very basic process which is discussed by philosophers as well as researchers widely as a part of the saga of human progress. This construct differs widely in the theory in clinical perspective, in sociological perspective and in experimental studies. In clinical, in personality and in sociological perspective, self-awareness construct has been conceptualized as positive construct which is considered the basis of the growth, well-being and health of the person. Core of mindfulness and emotional intelligence is self-awareness. It is the process wherefrom
these mechanism start, e.g. to become mindful or become emotionally intelligent. Self regulation or executive aspect of self is also based on the ability to become self-aware. Therefore, self-awareness could be considered as the core of psychological development of the individual. However, paradoxical results indicate towards an incoherent picture of this construct. Below some points are discussed which helps to identify the lacking of coherence in the existing literature about self-awareness.

**Self-awareness: Self Absorption** - Nasby (1989) and Fenigstein, et al (1975) suggested that those who are very attentive for their self and scrutinize their behavior are clearer in their self concept reported accuracy in their reports. Self concept clarity, or the tendency to report self beliefs that are clear and confidently defined as well as stable and internally consistent, has been established as an individual difference variables (Campbell, et al, 1996). So people who are less frequent or “whose absence of self-consciousness is so complete that they have no understanding of either their own motives or how they appear to others” (Fenigstein, 1975) must be having low self concept clarity. Individuals with low concept clarity have clouded notions of who they are and what traits they possess. Low self clarity is associated with neuroticism, low agreeableness, low self esteem, low internal state awareness, chronic self analysis and a ruminative form of self-focused attention (Shower & Hill, 2003).

Here a conceptual dilemma occurred because a high state of private self-awareness is found to be positively correlated with neuroticism and negative affect. If people who are frequent to attend their internal stimuli and people who are very less attend their internal state are supposed to be stayed at opposite direction at one pole so their well-being and health should be very different according to SCS which is developed
with this very basic assumption. Fenigstein’s approach is a cognitive approach to trait self focus. According to Campbell and Tranpnell (1999), “to the extent that the public and private self-consciousness measure differences in motives, needs or values as well as self-awareness, the possibility exists that effect of scales thought to be due to self attentional mechanisms may instead be due to motivational ones” (p. 285). A confounding of other important factors in the SCS is present which are clearly explained by Tranpnell and Campbell (1999). In their study they showed the positive relationship between some items of private self-consciousness with neuroticism on one hand, and on another side, the same quantity of self attention is found to be positively related with openness to experience. This paradox indicates that at the heightened level of attention pathology and fully functioning both are possible.

The emphasis on self-awareness for achieving health and well-being is an ancient idea present in almost all cultural traditions. On the other hand, insight therapies with increasing awareness of client have take in to consideration the growing capacity of client or increasing insight about himself and environment. If one person has epistemic or curious motives to see or perceive the self-aspects but others do not have capacity to take the same self-aspect more positively and openly, it would mean that the person who has ruminative thinking will lack capacity to see his or her own strategy to deal with that event. This lack of awareness about motive is what is actually leading him/her towards ruminative thinking. Therefore, to take motive as a determinate of the basis of discriminating high and low self-awareness would be incomplete. Awareness of the one’s motive could be taken up as part of self-awareness indeed.
Self-awareness: A unitary construct? - A factorial analysis done by Mittal and Balasubramanian (1987) found that public self-awareness has two sub dimensions: style conscious and appearance orientation. Style Consciousness, on the other hand, refers to the interest or concern for offering a certain image to others and Appearance Consciousness deals with the awareness the individual has of his or her appearance (Belloch & Ruiperez, 2003). Two points are important in conceptualization of public self-consciousness. First, as Mead (1934) and Cooley (1902) said a person tries to become or regulate his behavior according to the standards of the society. In the standard matching process it depends on the person which standard is important for him. James (1980) called this aspiration level. When a person aspires for a particular thing and if there is any discrepancy in the behavior and aspiration level or standard, the person tries to change his/her behavior to achieve that level. This social standard could be to maintain a dressing sense to match the social standard or to become better in communication or to behave according to the other’s need. However, in deep relationships and in significant relationships, this dimension takes the form of understanding others feelings (empathy), to serve others without expecting any benefit (social service), to change one’s inner behavior for loved one, etc. When a person visits a temple, church or any place of worship, he/she becomes less conscious about the outer appearance and style, and is aware of others inner feelings. Parents having awareness of their children’s needs behave accordingly. Similarly children also behave and change their behavior for the parents’ love. In this situation a person might not communicate the change in the behavior but it is his awareness for others that compel him to behave accordingly. Therefore, to take public self-awareness as Fenigstein (1975) took would mean: 1) awareness of one’s own
appearance and style of presentation, and 2) concern over the appraisal of others which would confine this quality of self-awareness in these initial parameters.

The next important point is that the construct of emotional intelligence is a hierarchical structure where awareness of one’s own and other’s emotion is at the initial level, whereas management of one’s own and other’s emotions are at the higher level. This means that as a person becomes aware of one’s own emotion he should be aware of other’s emotion too. In other words, it is possible to understand another’s view only when a person is able to understand himself. This is the reason to feel or think about others’ pain. In the process, the person takes himself/herself as the subject of that event, either by drawing on past experiences, or, by drawing on the imagined self, subsequent to which he/she becomes equipped to understand others’ problem/s. In organizational studies, the construct of self-awareness is taken as the inherent need of the organization (Bourner, 1996). A statement that, “personal development is the key to effective management”, indicates precisely this point, that is, to manage others or to understand the need of others is the first demand to become aware of one self. In the clinical setting, more self-aware therapists have reported more positive feelings towards the clients (Fauth & Williams, 2005). Thus, considering the public self-awareness dimension as independent of the private seems bizarre. These are two interrelated concepts which are part of one unitary construct of self-awareness. As self-awareness increases, change should be in both private and public self dimensions. This is an important point to mention simply because the process of self-awareness could comprise of many important factors like motives, feelings, capacity of evaluation, and culture but this process should be in a continuation. Indeed, the degree of awareness could be related to change in the other dimensions of self such as social self, private aspect or spiritual self.
Self-awareness: Holistic viewing- Fenigstein (1975) after pursuing a factorial analysis found more than one factors contributing to self-awareness. Later analyses of sub-dimensions of the private self-consciousness found several factors contribute to self-awareness. Trapnell and Campbell’s (1999) model for private self-consciousness found two factors in particular: rumination and reflection. The concept of emotional intelligence described by Danial Goleman (1995) included two aspects of self-awareness, awareness in interpersonal aspect and awareness in intrapersonal aspect. James (1918) viewed various layers of self material, social and spiritual self which also support self-awareness as multilevel phenomenon and multilayered concept. In the public/private dimensions studies Fenigstein, et al (1975) took these dimensions as fairly independent and less correlated. So they assumed that some individuals are more conscious for others’ appraisal and some are more concerned with their inner world. Later analysis of private Self-consciousness Scale (Mittal & Balasubramanian, 1987) indicated different correlation of sub-dimensions, internal state awareness and rumination with pathology and well-being (Trapnell & Campbell, 1999). Public self-aspect was also found correlated with social anxiety. Public self-consciousness is assumed to be a prior condition for social anxiety. The subdivision proposed for public self-consciousness, style consciousness and appearance consciousness were found to collaborate differently in pathology. Belloch and Rupeeraz (2003) found that style consciousness correlated positively with trait anxiety and social phobia. Appearance consciousness was not related to any pathological measure.

These studies indicated a clear cut multifactorial presence of self-consciousness. As Fenigstein, et al (1975) proposed initially one unitary construct which subsequently emerged multi-factorial as a result of factor analysis. Duval and Silvia (2002) have laid
special emphasis on the fact that such a reconceptualization must be theoretical, and that one should not attempt to discover aspects of self-consciousness from mere a factorial analysis of the scale. Watson, et al (1996) concluded that completely new measure of private self-consciousness is needed (Belloch and Rupeerez, 2003).

Here one point is important to note which is that self-awareness is not merely a cognitive construct. To see it in such a way would lead us to the confounding of important factors like motives, feelings etc. Therefore, for accurate understanding of the self-awareness, other factors which are responsible in the process of self-awareness should be accounted for. Indeed, the individual cannot be separated from the society, and society cannot be separated from the individual. In the reciprocal relationship with society, many factors inherent in the individual play an active role.

*Self-awareness: The Diverse Conceptualizations:* The construct of self-awareness has been studied in various ways. As Carver (2003) suggested “the term self-awareness has different connotation in different contexts. The research literature uses it in ways that differ from its meaning in other contexts” (p.183). An important point to note about this construct is that it provides the basis for many other constructs and that it changes in its meanings accordingly to such contexts. For instance emotional intelligence (Mayer & Salovey, 1999), mindfulness (Langer, 2002), and self knowledge provide diverse contexts. But as an individual construct this has been studied basically from two points of view, quantity versus quality, and time versus frequency. Self-focused attention studies where higher awareness has been created by some outer stimuli like video, audio recordings or mirrors come in the category of situational self-awareness. Here momentary awareness has been studied which is based on this assumption that when
people’s attention is gravitated to any aspect of self then a state of discrepancy arises which lead person to behave in some predictable ways. To find conformity to some situations, this type of momentary self-focused attention has been studied. On another continuum, self-awareness has been taken as a dispositional construct or a stable trait on the basis of the assumption that people reflect or ruminate about their self, and that on this trait, people vary according to time, i.e. some people indulge more frequently in this activity in comparison to others (Fenigstein, et al., 1975).

People also differ in the quantity, i.e. “a person who knows about his or her thought processes, beliefs, perceptual experiences, attitudes, and personality traits could be said to be more self-aware than another individual whose self-knowledge would limit itself to his or her beliefs and personality traits (Morin, 2006 p.366)”. Quantity does not mean quality (accuracy of self information), and therefore, “a large and diversified body of literature suggests that although people think they know themselves well, in actually they do not” (Morin, 2005). Trapnell and Campbell (1999) identified two different motives, in which frequency of self examination can be same, but on the basis of these two motives, of curiosity and other is mental probing of negative feelings, people differ in their well-being.

Assessment of Self-awareness: Various Approaches

Simply focusing attention on any aspect of self can result significant effects on the cognition, affect and behaviour of the person. The construct of self-awareness has been measured in various ways. Self-focused attention is difficult to measure (Eichstaedt & Silvia, 2003). Duval and Wicklund (1972) also observed that there is no easy way to ask a subject how self-aware he/she is without creating self-awareness”. Self-awareness
has been studied mainly in two forms. In the first form, momentary effect of self-awareness has been seen on particular behaviour (Silvia & Duval, 2001). In the second form, dispositional aspect of self-awareness has been measured. In the former, the effect of self-focused attention was seen on various aspects of self and behaviour rather in the second way individual differences have been taken in to account. In both situational self-awareness and dispositional self-awareness functions are equivalent (Carver & Scheier, 1981). Fenigstein, et al (1975) used term self-awareness to refer to state self-awareness and disposition aspect of self-awareness is termed as self-consciousness.

*Situationally Induced Self-awareness*

A person when exposed to self referent stimuli becomes highly self-focused for a particular behaviour then those who have not been exposed to these stimuli. A methodology for studying self-focused attention emerged as early as 1932, when Wolf focused attention of experimental subjects onto themselves by means of confronting them with their own recorded voice (Wicklund & Gollwitzer, 1987). Duval’s and Wicklund (1972) gave direction and resurgence to the systematic study of self-awareness. They gave objective self-awareness theory and explored this concept by manipulating it in controlled experiments. This theory is actually an extension of Jamsian concept of reflexivity. This theory is concerned with the self-reflexive quality of consciousness. In other words, just as people can apprehend the existence of environmental stimuli, they can be aware of their own existence: “when attention is directed inward and the individual’s consciousness is focused on himself, he is object of his own consciousness; hence, ‘objective’ self-awareness” (Duval & Wicklund, 1972). Three important elements of objective self-awareness theory, i.e. self, standard and
attention are important keys in regulation of the behaviour. In these elements, attention is that aspect which is the basic to the process of being aware. Taking this basic assumption, attention has been induced in the laboratory by various means. This self-directed attention which is thought to be transient is susceptible to manipulation (Carver & Glass, 1976). These studies basically identified that conscious attention can be directed either externally upon the environment (public self-awareness) or internally upon the self (private self-awareness) (Carver, 2003). Public self-awareness can be induced in the laboratory by exposing participants to a full length mirror or video camera whereas private self-awareness has been induced by instruction on personal thoughts or exposing participants to a small mirror.

Other important ways in which the study of situational self-awareness includes many methods designed to measure it momentarily, rather to create it. These methods can be sorted into three types. The first type is self-report scales which measure the momentary feelings of self-awareness like situational self-awareness scale (Govern & Marsch, 2001). A second type of measure involves coding open-ended responses, such as thought listing or daily diary entries, for self-relevant content (Greenberg & Pyszczynski, 1986). These measures are then interpreted in terms of the degree of the use of self-relevant content. A third type of measure assesses through a pencil-and-paper implicit measure where people select a pronoun that best fit the sentences (Wegner & Giuliano, 1980). Use of ‘I’, ‘me’ and ‘my’ shows high self-awareness. Recently, Silvia and Eichstaedt (2003) designed a more modern measure, an implicit assessment of self-focused attention using word recognition latencies. This is used to assess self-relevant cognition directly, i.e. based on how quickly people recognize self-relevant words. Looking at the increasing dependability upon internet, recently Silvia and Eichstaedt
(2004) designed a novelty manipulation of self-focused which was different from conventional measures that induce and manipulate self-awareness through computer-based communication. Therefore, this provides a researcher a chance to study self-awareness outside the laboratory and expand the scope of self-awareness research.

**Dispositional self-awareness**

Dispositional self-awareness refers to a tendency of people to be aware constantly about one self (Feningstein, *et al.* 1975) which can be measured through paper-and-pencil test. Feningstein, *et al.* (1975) first attempted to measure the dispositional aspect of self-awareness. The section below presents some scales which have been designed to measure the same tendency.

**Self-consciousness Scale:** Feningstein, *et al* (1975) speculated that “some persons constantly think about themselves scrutinize their behaviour and mull over their thoughts, to the point of obsessiveness”; for others the “absence of self-consciousness is so complete that they have no understanding of either their own motives or of how they appear to others (p.522)”. These differences were identified as a trait of self-consciousness—the relatively permanent tendency of an individual to direct more or less attention to the self. Buss, along with colleague, Fenigstein and Scheier (Feningstein, *et al.*, 1975) drew on Duval and Wicklund’s OSA theory as well as psychoanalytic and other insight therapies to make a theoretical links between self-awareness and self-consciousness. Then they developed self-consciousness scale based on this link. In designing the scale, several basic content area were first identified as relevant to the concept of SCS and items were generated largely on the basis of their face validity-to
sample these domains: preoccupation with one’s past, present or future behaviour, awareness of one’s own attribution both positive and negative, sensitivity to inner feelings, introspective behaviour, tendency to visualize oneself, awareness of one’s own appearance and style of presentation and concern over the appraisal of others.

While determining the domains of self-awareness scale, it has been assumed to be a unitary concept. After the principal component analysis, three factors were identified in 23 items questionnaire.

1. Private self-consciousness: identified as a tendency to be aware of the covert, internal aspect of self, and to be particularly attentive to one’s inner thought.

2. Public self-consciousness: an awareness and concern over the self as a social stimulus.
   It is concerned mainly with the reaction of others.

3. Social anxiety: an occasional byproduct of public self-consciousness because social anxiety does not deal directly with the notion of the self-awareness (Fenigstein, 1997).
   This involves a particular kind of reaction to focusing on public self.

This scale has aroused a great deal of interest among researchers mainly because of the multidimensional view of self-consciousness it has offered. The scale is standardized on college population on both male and female. No gender difference was found. Reliability of the sub scales were quite high e.g., public self-consciousness, .84; private self-consciousness, .79; social anxiety, .73 and total score, .80.

*Self-reflection and insight scale* (Grant, Franklin, Langford, 2002): it is based on the private self-consciousness model proposed by Fenigstein, *et al* (1975), as well as Grant, Franklin and Langford (2002) who developed their scale for a clinical population so as to examine levels and insight following a program of systemized change, such as occurs in
the coaching process or in clinical practice. Many researchers disagreed to take private self-consciousness as a unitary concept rather they found in their factor analysis the presence of two sub factors of private self-consciousness scale (Anderson, Bohon, & Berrigan, 1996; Burnkrant & Page, 1984; Mittal & Balasubramanian, 1987). However, with the disagreement of specific items that comprise each subscale (Grant, Franklin & Langford, 2002) they developed a more elaborate and clearly defined scale for two sub-aspects of private self-consciousness: Self-Reflection and Insight Scale (SRIS). Self-reflection, the inspection and evaluation of one's thoughts, feelings and behaviour and insight is the clarity of understanding of one's thoughts, feelings and behaviour, are metacognitive factors central to the process of purposeful, directed change (Carver & Scheier, 1998). They explained these two factors as independent with each other. Their model of self-reflection and insight revised the model of self regulation and goal attainment in the context of self-awareness where they used Lazarus and Folkman (1984) measure of coping style. It had two styles: problem solving self-reflection (PS- SR) and self-focused self-reflection (SF-SR). In PS- SR approach, people constructively reflect on how best to reach their goals and in the case of SF-SR, a person focuses and reflects upon emotion, cognition and behaviour. Therefore, PS-SR is a constructive approach which includes the cycle of self-regulation towards goal attainment, and which helps the individual to increase his level of insight. SF-SR, on the other hand, is associated with difficulties in reaching goals because of the excessive tendency to just focus on the level of insight. So self-reflection is not necessarily related to the growth of the person or goal attainment, rather it depends on the type of self-reflection which the person uses, and insight is defined as a process of purposeful change in behaviour through self-regulation and goal attainment, including cognitive flexibility.
The Self-Absorption Scale: McKenzie and Hoyle (2008) developed a scale based on the concept “self absorption paradox” a term first given by Ingram (1990) to assess the maladaptive process at the both dimension of self-consciousness. Self-awareness varies along three dimensions- degree, duration, and flexibility. Ingram (1990) defined self-absorption is in terms of ‘excessive, sustained, and rigid attention to information emanating from internal sources” (p. 169). This self absorption is a common element which plays a role in many forms of pathological cognition that involves self-awareness. This scale measures the pathological form of self-awareness, both, in private self-aspect and public self-aspect established by Feningstein, et al. (1975), which they called private self absorption and public self absorption to the prediction and explanation of different forms of psychopathology and maladjustment.

Reflection and Rumination Scale (Trapnell and Campbell, 1999): the rumination–reflection model was motivated by “the self-absorption paradox” which has been developed to reconceptualize private self-consciousness. They argued that SCS (Self-consciousness Scale) does not simply index the frequency of attending to the public and private selves, rather they index specific motives for doing so. Feningstein’s approach is fully cognitive in the conceptualization of dispositional self-consciousness. Campbel and Tranpell (1999) proposed that the self attentive disposition requires specification in terms of a particular motive or value directing attention to the self because this confounding of motives is leading to paradoxical results in the heightened level of attention which means it is at that same time positively related to openness to experience and neuroticism which he called self absorption paradox. It was noted that private self-consciousness at higher
degree is resultant in form of higher degree of self-reflection. Repeated self-reflection should result in enhanced self-knowledge which can be explained in three increased effects, i.e. in terms of increased accuracy, articulation, and autonomy. They developed a scale mainly based on reflection and rumination: Rumination items all incorporate language about thinking back, rethinking, being unable to put something behind oneself. Reflection items all incorporate language about being fascinated, meditative, philosophical and inquisitive (Carver, 2003).

Some other measures are not directly designed to measure the construct of self-awareness, but in their theoretical model, as well as in their scale, they majorly used this construct, e.g. Emotional Intelligence and Mindfulness.

**Relationship and discrimination of constructs with Self-Awareness**

Self-awareness is the basic process in human life. So important constructs defined or developed by researchers in the area of self and about any aspect of self, overlap with each other. Though discrimination is prevalent among these constructs, at one or the other domain, these fall in same general domain. Keeping the versatility of construct of self-awareness, various types of relationships are found. The following paragraphs deal with some of the important constructs.

*Emotional Intelligence:* the first former model of emotional intelligence (EI) was developed by Salovey and Mayer (1990). However, Goleman’s (1995) influential book popularized the construct and strongly influenced most subsequent scientific conceptualizations of EI. Goleman (1995) described two sub-components of EI, namely, personal competence (intrapersonal intelligence) and social competence (interpersonal
intelligence). Self-awareness is the basic component of intrapersonal intelligence where a person should have the capability to understand the underlying emotions (emotional self-awareness), to accurately judge our strengths and weakness (accurate self assessment) and a strong sense of self-worth and capabilities (self confidence), whereas social awareness is the basic quality of the interpersonal domain which includes awareness of others’ feelings, needs and concerns. It comprises of three capacities; first is empathy, i.e. sensing others feelings and perspectives, second is organizational awareness which means to read a group’s current emotional currents and power relationships, and the last capacity is service orientation which means to anticipate, recognize and meet the society’s need. Apart from the awareness component other important component of emotional intelligence is the management capability. To be emotionally intelligent means not only to have an awareness of one’s own capabilities and underlying emotions, but also to inculcate the management of those emotions, impulses and resources (self management), and relationship with others (relationship management). Therefore, the construct of emotional intelligence includes self-awareness and self-regulation. Salovey and Mayer, (1990) described emotional intelligence “as a form of social intelligence that involves the ability to monitor one’s own and others feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action” (Salovey & Mayer, 1990). Model given by Mayer and Salovey (1997) includes four aspects: emotional perception and expression, emotional facilitation of thought, emotional understanding and emotional management. These four descriptive dimensions of EI majorly points out towards some important points.

Awareness of emotions includes attendance and perception of one’s emotions as well as ability to identify others emotions by their facial expression, tone or cultural
artefacts. Knowledge about the causal relationship of emotions, other aspects and ability to understand the various complexities of emotions and the relationship among these is one’s private domain. Management of emotion in one’s private domain as well as management of others emotions like sensing others need and bolstering their abilities, initiating, managing change.

These four aspects are in hierarchy according to this model management of one’s own and others emotion is at the highest level.

Self-awareness is different than the construct of emotional intelligence. As described above EI includes awareness of emotions and management. Self-awareness includes both the quality to understand one’s own and another’s emotional state. In addition, with it are included other dimensions of self, such as the bodily self. Emotional intelligence has been used both as ability model and trait model. Self-awareness, meanwhile, is related to the subjective perception of one’s own awareness at every dimensions of self.

Mindfulness- Mindfulness is a psychological construct which has been proposed as the common factor among all psychotherapies (Shapiro, et al. 2006). This is also conceptualized as one of the attribute of consciousness (Ryan & Brown, 2003). This construct has been defined in many ways. According to Brown and Ryan (2003): “it is a state of being attentive to and aware of what is taking place in the present; enhanced attention to and awareness of current experience of present reality”. Langer (2002) defines mindfulness as “a flexible state of mind- openness to novelty, a process of actively drawing novel distinctions” In spiritual literature, the definition of Braza (1997) is important. Braza identifies that “mindfulness is a technique that teaches inert alertness.
It means becoming fully aware of each moment and of your activity in the moment”. Tart (1994) simply defines mindfulness as a “complex, open, honest awareness of everything all of the time”, while Thera (1972), in the same vain, defines mindfulness as “the clear and single minded awareness of what actually happens to us and in us at the successive moments of perception”. If analyzed this definition has five key components: 1) attention, 2) awareness, 3) present moment, 4) particular attitude, and 5) alertness. So being mindful needs self regulation of attention by bringing awareness to current experiences-observing and attending to the changing field of thoughts, feeling, sensations from moment to moment and adopting a particular orientation toward one’s experiences in the present (Bishop, et al., 2004). Becoming fully aware means to be able to have sustained attention (ability to maintain a state of vigilance over prolonged periods of time) and to have a conscious motive to be open and curious for every experience. As Tranpell and Campbell (1999) noted that motive creates differences in the same level of heightened attention state.

Mindfulness is a state of awareness which differs with the level of self-awareness. It puts emphasis on awareness of the present moment. In the attentive state of mindfulness an individual tries to become aware of those thoughts, feelings etc. which are coming in that state. The second condition of mindfulness is to be open for the thoughts without analyzing these, whereas self-awareness is about the individual’s subjective appraisal or evaluation about his/her self which is the outcome of his/her past experiences, his capacity to understanding his self and others as well.
Concept of Well-Being

Suffering and pain constitute an inevitable part of human life. Every person tries to maximize the positive feelings in life events and minimize them which produce pain and sufferings. Therefore, this is very subjective to the person that gives happiness. Similar stimulus can give a feeling of heightened pleasure to one person and very aversive to others. Well-being is very complex and deeper phenomenon. The construct of well-being has been a paramount concern for thinkers since ancient times. It became a topic of scientific inquiry during the 1950 in the West when interest in fostering a better life was facilitated by the Zetigeist following the World War II (Keyes, 2006).

In the East, notion of quality of life and well-being were found from the time of Vedic and Upanishadic periods dating back to approximately 3000 B.C. and even earlier (Kiran Kumar, 2006). After it Buddhism and other traditions nurtured the concept of quality of life and well-being in more practical ways. Later emergence of positive psychology as an important branch of psychology boosted up the progress and development of the area of quality of life, health, and well-being.

Personality models played a far greater role in the conceptualization of well-being and health keeping self at the centre of analysis. Humanistic psychology converted the mechanical and negative orientation to growth centered. Waterman (2008) mentioned that till February 2008, a set of Psycho-Info reviews conducted revealed over 6,000 entries for happiness and over 2,500 other hedonic related terms. There were over 1,700 entries for SWB. In contrast, there were only 64 entries for ‘eudemonia’ and related terms and other 12 for eudemonia constructs. It shows that study on construct of SWB is more fascinating. Waterman (2008) suggested four conceptualization of well-being: Subjective well-being, Hedonic well-being, Eudemonic well-being, and Psychological well-being.
Subjective Well-being (SWB): the field of subjective well-being comprises the scientific analysis of how people evaluate their lives both at the moment and for longer periods such as for the past year (Diener, Oishi & Lucas, 2003). Keyes (2006) defines it as follows: “subjectively, individual evaluate their own live as evaluation made, in theory after reviewing, summing, weighing the substance of their lives”. These evaluations include people’s emotional reactions to events, their moods and judgment they form about their life satisfaction, and fulfillment and satisfaction with domains such as marriage and work. Diener’s (1984) review of research on SWB culminated in a model composed of a person’s cognitive and affective evaluation of life as a whole. He considered SWB as the experience of high level of pleasant emotions and moods, low levels of negative emotions and moods and high life satisfaction. The operational definition of SWB generally falls into two categories1) Measure of the presence of frequency of positive and negative emotions over a specified period of time, ranging from particular occasion to a period of several weeks. 2) A moral global, cognitive assessment of life satisfaction.

SWB is a measure of the quality of life of an individual and of societies (Diener, et al, 2003). It has been suggested that SWB could be measured to assess quality of life of societies along with economics and social indicators (Diener, et al, 2003). Diener, et al (2003) “how people feel and think about their own lives is essential to understand well-being in any society that grant importance not just to the opinions of experts or readers, but to all people in the society”.

conceptual definition…the connotation associated with SWB are clearly positive. However, linguistic association of HWB with philosophical hedonism invites conceptual confusions…” Hedonic view states that the goal of life is to experience maximum pleasure and that happiness is the totality of one’s hedonic moment (Ryan & Deci, 2001) Psychological well-being (PSW)- Ryff and Singer (1998, 2008) have explored the question of well-being in the context of developing a life span theory of human flourishing. Also drawing basically from Aristotle’s Nicomachean Ethics, they described well-being not simply as attaining pleasure but as the striving for perfection that represents the realization of one’s true potential. Their main basis of PSW was to define the aspect of positive functioning “psychology…has devoted much more attention to human unhappiness and sufferings than to cause and consequences of positive functioning” (Ryff, 1989).

Keys (1995) identified two primary lines of the study of positive functioning and defined happiness as the balance between positive and negative effect. The secondary conception, which has gained prominence among sociologists, emphasizes life satisfaction as a key indicator of well-being. Quality of life research has so far been data driven rather than based on a clear conceptual framework. Ryff (1989) developed a multidimensional model of well-being from convergence of multiple framework of positive functioning by Erikson’s psychosocial states, Bhuler’s basic life tendency, Maslow’s conception of self-actualization etc. (Ryff & Keyes, 1995).

Based on all these conception of positive functioning six dimensions were extracted. These are: self acceptance (positive evaluation of oneself and one’s past life), a sense of confirmed growth and development as a person (personal growth), the belief that one’s life is purposeful and meaningful (purpose in life), the possession of quality relation
with other (positive relation with other) the capacity to manage effectively one’s life and surrounding world (environmental mastery) and a sense of determination (autonomy).

_Eudemonic Well-Being (EWB)_ - According to Waterman (2008) eudemonia well-being is also like psychological well-being and subjective well-being at individual level. Given that eudemonia is seen as a sufficient but not a necessary condition for the experience of hedonic. Eudemonic well-being is based on the ethical theory that one ought to pursue a life of virtue or excellence. Norton (1976) identifies two great Greek imperatives as expressing the central element of eudaemonist philosophy 1) know thyself, 2) choose yourself. This self discovery is but the first step in pursuit of A Good Life. It must be followed by the choice to dedicate life to actualize those potentials controlling one’s domain.

Assessment of EWB is often based on two main scales, Personally Expressive Activity Questionnaire (Waterman, 1998) and the Aspiration Index (Grouzet, _et al_, 2005). Waterman (2008) clearly distinguished between EWB and PSW. He stated that since EWB is subjective condition and PWB is designed for measuring objective condition corresponding to Aristotle criterion of living a life of contemplation and virtue. Contrary to the view of Waterman (2008), Keyes (2006) existing well-being concept is a part of private aspect of the individual. Keyes (2006) noted whereas PWB is conceptualized as a primarily private phenomenon that is focused on the challenges encountered by adults in their private lives, social well-being represents primarily public phenomena focused on the social tasks encountered by adults in their social structure and communities. Since, person’s private aspect is also embedded in social structure and communities and persons encounter a variety of social events, eudemonia should be conceptualized as comprised of both facets private and public.
Keyes (1998) conceptualized social well-being as a concept comprising of five dimensions. He defined SWB as appropriate in the context of one’s circumstances and functioning in society (Keyes, 1998). The five factors are social integration (a feeling of connectedness to the member of the society), social acceptance (to feel and take other’s as oneself), social contribution (to be productive for society and its members) social actualization (hopefulness for potential growth of the society) and social coherence (realistic concern of knowing the world). Taking social well-being as the integral part of the subjective well-being Keyes (2006) described 13 facets of SWB, these are as follows: positive affect, avowed happiness, avowed life satisfaction, the six dimensions of the PSW and five dimensions of the social well-being.

*The Indian View of Well-being*

The Indian view of well-being is integrally related to “how one views the nature of man and what perspective is valued” (Kiran Kumar, 2006, p. 106). *Panchkosha* is one of the models delineated in *Upanishads* which describes deeply the multilayered configuration of human being and subjective experiences associated with it.

<table>
<thead>
<tr>
<th>Koshas</th>
<th>Related Emotions</th>
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<tbody>
<tr>
<td>Anandamaya</td>
<td>Shanti Peace</td>
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<tr>
<td>Vigyanamaya</td>
<td>Ananda bliss</td>
</tr>
<tr>
<td>Manomaya</td>
<td>Harsha excited associated with some events</td>
</tr>
<tr>
<td>Pranamaya</td>
<td>Santosha being pleased by some interpersonal interaction</td>
</tr>
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<td></td>
<td>Ullasa feeling of pleasantness associated with experience of natural beauty, a good breeze etc.</td>
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<tr>
<td>Annamaya</td>
<td>Tripti satisfaction of sensual pleasures</td>
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Taken from five layers of human existence three types of individuals are described (Kiran Kumar, 2006): Demonic group (*Raakshasa*) living life for sensual pleasures and unconcerned to other’s existence, human group (*Manusya*) have a sense of humanness and behave in accord with it and third is divine group (*Daiva*) full of feeling of presence of supreme reality and follow divine path. Comparing these to existing well-being, Kiran Kumar (2006) explained “the hedonic perspective goes along with a biological view of man that treats ‘man as another animal’, the collective perspective views man as social being interdependent of each other and the transcendental perspective holds that man is essentially spiritual in nature and has divine potentialities to be actualized” (p. 109). From the perspective of Panchkosha model, *annamaya kosha* and *pranamaya kosha* are limited to hedonic well-being where a person is more concerned to gaining pleasure and enjoyment out of activities in which he indulges. Eudaimonia well-being comes in the *Manomaya kosha* where only person judge, analyse and then indulge in the activities which enhance well-being. Whereas *Vijnanamya kosha* and *Ananadmaya kosha* are the perfect stages of well-being where person start to work as pure spiritual entity and work beyond the conditions of material and social world yet established own self in self disciplined life (*adhyatamik*- slave of true self). But these stages or layers are not static in nature rather Indian notion provides many path (Astanga yoga, bhakti yoga, karma yoga, raja yoga etc.) to progressively enfold these layers of awareness. “Unfolding of the dimensions can progressively alter our sense of identity...” (p. 109).

The key life goals include dharma (pursuit of values), artha (pursuits of wealth), kama (pursuits of desires) and moksha (pursuits of liberation) in the course of one’s life span. A balance among all four goals in human life was emphasized where pursuit of desires and pursuit of wealth were organized within the purview of dharma. Therefore,
the Indian view provides not only a multilayered view of well-being but a hierarchical model also where a person is supposed to be effortful always.

*Reconsidering Well-being*

The concept of well-being developed in Euro-American context has been found wanting in other cultural contexts. A study by Oishi (2006) found that while some items which are good indicator of life satisfaction in American culture were found not significant indicators in Chinese culture. Based on the assumption that cultural differences in reasoning about psychological contradiction account in the east-west variance in the well-being, Spencer-Rodger, *et al.* (2004) assumed East-Asian cultures as the dialectical culture and Western as synthetic in their cognitive orientation. Based on this they found that Asians exhibited greater ambivalence or evaluative contradiction in their self attitude than did Westerners. Also socioeconomic status, socio demographic and geographical factors do play role in determination of the self reported individual happiness and satisfaction with life.

*Concept of Health*

‘Having good health and not likely to become ill/sic’ or ‘showing that you are in good health’ or ‘successful and working well’ are some of the synonyms described in Oxford Advanced Learner dictionary to describe a healthy person. WHO’s (1997) defines health as “a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity”. So health is a positive construct and a composite of many dimensions reciprocally interacting with each other. This multidimensional concept of health is also known as ‘holistic model of health’ (Shrestha & Shrestha, 2002).

The biological model has dominated the whole health domain in providing the evidence that how biological processes are involved in illness yet in many chronic
diseases it’s not clear. Still scientists are making it central in finding out the causes and
treatment. Dala and Misra (2006) rightly indicated that “the biological model has
managed to attain worldwide acceptance and has been adopted as an official health care
programme by almost all countries” (p. 92). Health psychology is the field which
contributed understanding of the role of psychological and social factors in health
(Sarafino, 2006). Anderson (2003) has proposed that present definition and concept of
health is missing some important dimensions. He noted “it serves to highlight the
essence of the new way of thinking about longevity and health, an essence characterized
by connections- connection between biology and social relationships; between biology
and beliefs and behaviours; between biology and emotions.

Science is now documenting these and other connections and showing us that
attaining physical and mental health and longevity involves much more than being
biologically sound, and even more than staying physically fit and eating a proper diet”. Health is multidimensional and multifaceted concept which includes six dimensions as
described in Figure 1 (Anderson, 2003). These are 1) biological well-being- biology 2)
psychological and behavioural well-being- thoughts and actions 3) environmental and
social well-being- environment and relationship 4) economic well-being- personal
achievement and equality 5) Existential/ religious/spiritual well-being- faith and
meaning and 6) emotional well-being- emotions (taken from Anderson, 2003). Anderson
(2003) further explained these dimensions on the basis of interconnectedness. From the
onset of illness to treatment, these dimensions play role “this interplay determines in a
large part who gets sick, who stays well- and who recovers from, adapt to, or survives
illnesses”.
Like health, self-awareness is also a multilevel phenomenon. At every level awareness is required to reach and touch to all the dimensions of the health. There are mainly three levels individual level, interpersonal level and community level where all dimensions of health exist. At the individual level personal dispositions like personality structure, level of self efficacy, knowledge and attitude about health related aspects, level
of self control, emotions, socialization of person, spirituality are important. At interpersonal level family, school and friends are important parts. At community level health care system, policies, community level programme for health are important. At every level awareness is the part and parcel for holistic health.

In health care system individual, health care system and community are three important dimensions. Effective and efficient usage of health facilities depends on the decisions made by the individual using the current health care system (McEachreom, et al, 2000).

At the individual level realistic perception of health problems is required to engage in health behaviors. A study by Golding and Cornish (1987) compared medical and non-medical students and showed that compared to nonmedical student’s medical students exercised more health behavior and were less likely to smoke. The reason could be that medical students have better knowledge and perception about risky behaviors. Emotional intelligence is the ability of a person to accurately understand emotion in self and other, and management of these emotions both in self and others. Baron (2000) in his mixed model of emotional intelligence proposed emotional awareness as an important construct. A meta-analysis of 44 effect sizes based on the responses of 7898 participants found that higher emotional intelligence was significantly associated with better health (Schutte, et al, 2007). They found that emotional intelligence is positively correlated with mental health, psychosomatic health and physical health. In explaining the causality of these results they explained that it may be due to better perception, understanding and management of emotions.

At individual level Health Belief Model (HBM) (Becker and Rosenstock, 1984) and the Theory of Planned Behavior (TPB) (Ajzen, 1991) explains how people’s
cognition works in adopting health behaviors. According to HBM performing health behaviors depends on two assessments by the individual one is perceived threat for individual and other is perceived benefits and barriers. TPB explains that likelihood of health behavior depends on the intentions determined by the individual who in turn depends upon three judgments attitude regarding the behavior, subjective norm and perceived behavioral control. Both require complete awareness of risky behavior, its impact on individual life and individual’s capacity for right appraisal of the behavior.

At the interpersonal level, family and friends influence people’s likelihood to adopt health behaviors. Parental support is conceptualized as parenting behavior that shows acceptance, such as involvement and encouragement in the child’s life and activities (Wetherill & Fromme, 2007). Peer influence works directly through explicit offers and indirectly through social modeling and perception of peers values. A study done by Wetherill and Fromme (2007) assessed perceived awareness and caring, or beliefs about how much parents and peers know and care about students behavior, was assessed in relation to drinking pattern. The findings indicated that perceived awareness and caring from parents was correlated with students’ drinking behavior, and family motives moderated this association for drinking quantity during high school. Results also supported that family motives was a stable construct whereas social motives showed a significant but small decrease between high school and college.

At community level program are designed to reach to large numbers of people. Meyer, et al (1980) conducted community based program to get people to change their behavior and reduce their risk of cardiovascular disease. For this study, the investigator selected three very similar towns in north California. Two of these towns which shared the same TV and radio stations, were chosen to receive an extensive 2-year mass media
campaign, consisting of warnings and information concerning diet, exercise and smoking. The third town received no campaign and served as control community. By selecting randomly from the three communities and assessing cardiovascular disease they found that people’s overall risk increased somewhat in the control community and decreased moderately in the two campaigns. Subsequent follow up research revealed that the program’s long-term success was greatest with older people and lowest with individuals who were much younger, had little education, and were from the lower socioeconomic classes (taken from Sarafino, 2006). Therefore, it could be said that awareness can be taken at the core of health models.

**Indian Conception of health**

The concepts of health and illness are embedded in culture (Dalal & Misra, 2006). Health beliefs and the concept of being healthy in Indian context are codified in another way, which reflects in day to day discourse and activities of the person (Tewari, 2000; Shukla, 2000). In Sanskrit health is termed as “swasthya” which means ‘Auto located’ ‘being in itself’ ‘self contained’. This means to be in tune with oneself. Ayurveda an Indigenous model of health and well-being offers in similar vein a holistic model of health “as a paradigm it shows how body, mind and interaction can be predicted, balanced and improved upon to enable people to live gracefully and harmoniously…in Ayurveda, balance and equilibrium (sama) is synonymous with health” (Dalal & Misra, 2006, p. 94). The individual is a dynamic entity very much embedded in the nature so any change in nature will, in turn, affect the nature of person. Drawing on this principle, Ayurveda keenly depicts many basics of health. This balance is supposed to be
established within the person and with the environment by following the principles
depicted in it e.g., *ritucharya, ratrichrya, dincharya* etc.

Concept of integral health is another example of Indian health model derived
from Sri Aurobindo’s Integral Yoga. An integral view of health will include the body,
life, mind and soul as one unit “there are no royal roads to wholeness and integration. So
the first dictum in any true healthful is to understand that health is an attitude- a total
attitude as much of the body as of the mind and psyche” (Pandey, 1996). He contend that
it is not the awareness of the risky behavior due to which person indulge in healthy
behavior rather it is a healthy attitude towards perfect health “to seek, find and identify
ourselves with this core of our being, the true person, is then the first fundamental step
towards a beautiful healthy and wholesome living (Pandey, 1996).

*Reconsidering Health: The Indian Scenario*

From Western/European perspective, health is still largely conceived, measured
and intervention implemented according to a biomedical model which is predominantly
individualistic, reductionist, physical, and secular- wherein “a disease can be viewed
independently of the person suffering it” (Sarafino, 2006). In contrast, health and well-
being is about presence of culture as like “Indian-Religio-philosophical ideas are so
engrained in natural course of Indian society that people who are not aware of concepts
are found to quote the message in their general conversation” (Vinoba, 1999). In Indian
society health is viewed as individual’s pursuit in life by engaging in those activities
harmonious with the individual life, with the society and with the environment. As
Capstick, *et al.* (2009) has noted the studies and interventions should be culturally
appropriate where some sensitivity should be for these points like (1) concept pertaining
to communal, relational aspects of health, (2) everyday approach to health and treatment which are plural and pragmatic, (3) situation of health within conception of traditional way of living, (4) possible conceptual differentiation between western and indigenous treatments, (5) the applicability of mundane and/or western health explanations in a given situation, and (6) relevance to local factors, such as level of education, traditions and other “localized cultural idioms” etc.

Apart from the culturally sensitivity for construct of health, the individual should be kept in center where individual is actively dynamically influencing other factors and simultaneously influenced by them should be taken in to research for health. Only by adopting this holistic view of health, it can be studied in proper way.

Taking these points into consideration two aspects become important for the present study: first is that spirituality comes in Indian scenario as inevitable part of health rather to measuring it as different component from health. Second point is to inclusion of Indian self ‘ataman’ in the study where people’s overall life course embedded in the experience of it and belief and activities are molded accordingly. One of the good examples is Upavasa which is related to the changing of the season and their impact on individual health system. Simultaneously these Upavasa is performed with the feeling of refinement of mental faculties and to make deep connection with the ‘Ataman’ like two times in a year Fast of navaratries.

Various Trends of Researches on Self-awareness: A review

Various studies have been done in on issue related to self-awareness in India which mainly focused on several objectives. Especially studies directly dealing with self-awareness subject were reported more in international journals which have been mainly
conducted on foreign land. In addition to it studies which were conducted in India restricted to one or other aspect of the self-awareness. Therefore, very less attempts has been made to study self-awareness in Indian context.

The research attempts that have been made in India were most likely on awareness of environment, social awareness or awareness about particular part of age like awareness of family systems in adolescent’s girls, knowledge level about work or a particular aspect of self. Therefore, studies restrict itself in one or other area.

To investigate the awareness of environment in a sample of bank employees, Mukhopadhyay (2006) studied environmental awareness of the employees, mental health of employee and performance of the employees. The study was aimed to study the relationship between two predictors’ awareness of the environment, mental health and one predicted variable- banking performance.

In the similar vein Murli, et al (2006) studied awareness of consumers regarding selected aspect of consumerism. They developed a scale to measure the awareness level about consumerism and its related aspects. Apart from the studies focusing on environmental aspect of awareness some studied focused on awareness of self destructive behavior. Vera, et al (1998) focused self-awareness of suicidal risk in adult’s patients attending psychosexual clinic which were then compared with the normal student population. They assumed that self-awareness of suicidal risk increase more in negative circumstances of life both in normal and patients. But those who are in psychological treatment were assumed to be more self-aware for suicide.

Awareness and knowledge are two intermingled concepts. Awareness is the key to get knowledge and knowledge is necessary to be aware about something. In the same vain rather than to direct dealing with awareness, study by Gupta (2008) focused on the
relationship between personality and knowledge. Study examined impact of personality as an antecedent of knowledge sharing and acquisition activities.

In the same vein study by Bilquis (2001) on adolescent girls in rural setting has been conducted to measure the knowledge level of adolescent girls. Subjects were assessed to find out how much girls have knowledge of quality of life. It was assumed that rural girls has less chance to get the awareness about pregnancy, child birth, family planning which create many adjustment problems in them. A favorable attitude towards these issues must be present for growth in proper way.

Khurana and Bhumika (2002) conceptualized and developed scale on wisdom. They defined it as latent variable that consists of integration of cognitive, reflective and affective element. She studied concept of wisdom in relation to old age. The objective of the study was to develop a wisdom scale to measure the dimension of wisdom among retired /pre-retired government employee in Delhi.

In a very creative study by Roy (2006), the concept of consciousness by Sri Aurobindo was studied by using picture drawing test. Consciousness is comprises of awareness and will power. Children’s spontaneous drawings were interpreted using the concept of Sri Aurobindo. Three layers outer, inner and inmost conceptualized as at higher level consciousness manifests the mind (the mental plane) out of the life-base involved in a matter, at other plane consciousness formulates the material base of existence (physical plane).

“Without self-awareness, people could not take the perspectives of others, exercise self-control, produce creative accomplishments, or experience pride and high self-esteem” (Silvia & O’Brian, 2004, p. 475). Clarifying the contradictory results Silvia and O’Brian, (2004) clarifies that self-awareness can be achieved when the standard
taken by the person is reasonable and person is optimistic about to reach to those standards. Studies showed that self-awareness has positive link with the health and well-being (Trapnell & Campbell, 1999).

Wenlog (2009) assessed level of self-awareness among college students. He assessed students' individual self, moral self, inclination self, social virtual self and the self-awareness dimension. The study was aimed to know the differences between male and female level of self-awareness, to see the differences of various dimensions of self-awareness in different grades of students and to see the relationship of public-private orientation to the level of self-awareness.

Self-awareness is related to affect according the various models (Duval and Wicklund, 1972, Carver, 2003). What mediates in this experience of affect in state of self-awareness? Having this aim Csikszentmihalyi and Figurski (1982) conducted one study over seven days to investigate the relation of self-awareness and affect is conditional on one’s sense of personal control. Specifically personal control was assumed to be present in everyday activities that respondent rated as being voluntary and absent in activities rated as obligatory.

In the similar vein by taking note of daily experiences Nezlek (2002) conducted study to investigate the relationship type between day to day self-awareness experiences and anxiety and negative events.

Similarly to see the effect of self-awareness on affect, Yu & Lui (2007) conducted study to explore the characteristics of self-awareness and social anxiety in elementary school students with different social status.

Sheridan (2006) did a study to see the differences of level of self-awareness on less experienced and more experienced coaches. Kalin, et al (1991) assessed the effects
of self-awareness enhanced by a mirror on self-disclosure when another person (the male experimenter) was present.

Alcohol consumption comes in risky behavior is reported to present more in adolescents. Wetherill, et al, (2007) conducted study to investigate effect of perceived self-awareness and caring on alcohol use. It was assumed that students’ awareness that their parents have knowledge about their activities and has much concern to their activities would differ to those students who are unaware of this fact. Perceived awareness of peers is synthesis of two constructs, peer socialization and support. Here peer socialization is the working model of self for individual through which individual learn to view other’s feeling for him. Therefore, quantity of alcohol depends on peer use.

Contrary to the people belief neither financial security nor success are the most important life goals. Shukla (2000) portrays happiness as one the most important life goals. Happiness has relationship with the life satisfaction. Study done by Moorjani and Geryani (2004) on college students were aimed to see the relationship between life satisfaction and general well-being. Study specifically put stressed on differences among various faculty students on above two variables. Perceived discrepancy between self and parents’ life goal for student also can influence subjective well-being of the students (Pandey & Singh, 2009).

Health is multi dimensional concept encompassing not only physical and psychological dimensions but also social and spiritual resources. Lata and Yuvraj (2006) did study to know the interrelationship between all the dimensions of health and their contribution to global well-being.

A study by Sherman (2000) showed positive impact of complete awareness on acceptance of risky behaviors and increment in practice of health behavior relevant to
one’s life. Taking the base of self affirmation theory (Ditto & Lopez, 1990), they assumed that thoughts and actions are motivated by a desire to maintain a self-image as moral, adaptive, and capable, when people receive threatening health information they respond defensively as a means of maintaining their positive self-image. However, self-affirmation theory predicts that if one’s self-image can be affirmed through some other means, the need to respond defensively to the threatening information should be reduced. They conducted two studies on caffeine consumption affirmed VS non-affirmed participants and sexually active participants affirmed VS non-affirmed. They found that In Study 1, self-affirmation eliminated defensive responses by coffee-drinking women and increased their intentions to reduce caffeine consumption. In Study 2, self-affirmation increased the acceptance of an AIDS educational video by sexually active college students and led to greater perceptions of personal risk and AIDS-preventive behaviors.

Higher and lower self-focus alone cannot predict accurate results rather study with the other variables showed different picture. One study (Shaw, et al, 2008) showed that higher and lower degree of self-awareness is significantly related to mental health. 286 patient of breast cancer were examined on higher vs. less self-focused followed by negative or positive events, showed that higher self-focused attention on one’s problem followed by positive event bettered mental health. Those who use more relational pronouns are assumed more social were found to be positive in perception of their health condition.

Mahajerien, et al (2008) conducted a study to know the level of awareness and knowledge about Type 2 Diabetes mellitus (T2DM) among adolescents. The objective of the studies was to assess the knowledge about, awareness of, and self reported risk
factors for T2DM in which participant knowledge and awareness were evaluated with multiple choice questions about basic patho-physiology, risk factors, complications, factors relating to T2DM development, and methods to decrease future risk. Finally, health information sources were evaluated.

Awareness of self change in behavior is the way to initiate health behavior. Cunningahma, et al, (1998) conducted a study to find out the prevalence of awareness of self-change among the public, and its impact on risky behaviors. They assumed that public due to stereotypical thinking and belief become less aware about the possibility of self change for cessation of risky behaviors (smoking, drinking, etc).

Life style is one of the major contributors for health (Sarafino, 2006). Chronic health problems like cancer, diabetes, blood pressure is due to life style disturbance (Sanderson, et al, 2009). To investigate the level of public self-awareness about life style factors in relation to demographic data and family history, Sanderson, et al, (2009) conducted their study. The aims of the study were: to assess levels of public awareness of lifestyle risk factors for cancer using open-ended questions; to identify demographic factors associated with awareness; to examine whether people with a family history of the disease were more aware of the importance of lifestyle in disease prevention than those with no family history; and to compare these levels of, and factors associated with, awareness of lifestyle risk factors for heart disease in the same population-based sample.

*Emotional Intelligence, Self-awareness, Well-being and Health*

Emotional intelligence comprises two important dimensions awareness and management. Goleman (1995) self-awareness is the basic component of intrapersonal intelligence where person should have the capability to understand the underlying
emotions (emotional self-awareness), to accurately judge our strengths and weakness (accurate self-assessment) and a strong sense of self worth and capabilities (self confidence), whereas social awareness is the basic quality of interpersonal domain which includes awareness of others’ feelings, needs and concerns. Keeping this aspect some studies of awareness dimensions is as follows in relation to health and well-being. A study by Carmeli, et al (2009), investigated effect of higher level of emotional intelligence and lower level of emotional intelligence on psychological well-being. They assumed that higher level of emotionally intelligent people have the capability to maintain a positive mental state due to their ability to effectively manage their emotions.

Austin, et al (2005) conducted their study to see the relationship between emotional intelligence with personality, well-being and health. For achieving the purpose, they investigated the possible relationship of emotional intelligence with personality, alexithymia, life satisfaction, social support and health related measures. The basic assumption of the study was based on the previous studies for these variables at different places. The aim of the study was to see at one place the possible relationship of above variables with the emotional intelligence.

**Intervention based studies**

Some studies are based on enhancing awareness through intervening. Srinath and Bhogle (1997) conducted study to increase awareness and changing the attitude to those who have low awareness and negative attitude towards the AIDS. Using audio-visual media, lecture series and game playing the program gave theoretically and culturally relevant information.
Levalkar (2001) did a study on social awareness. Main objective of the study was to develop social awareness in the adolescent boys. This study also aimed to explore the relationship between intelligence and social awareness. This study attempted to throw light on the effects of one year program designed to develop awareness of social problems on 8th grade students (intellectually superior and average) and compare them on attitude towards social problems, urge for action and general knowledge about some problems in Indian society.

Anderson (2009) based on existential humanistic theory conducted a study to see the effect of educational model of existential intervention as a means of increasing existentiality and self-actualize on first year graduate students. He based his study on the previous theory work that development of self-actualization (or existential awareness) contributes to an individual’s psychological well-being and that increasing self-actualization and existentiality increased life satisfaction and the ability to manage stress. Self-actualization can be taught was also one of the main objectives of this intervention study.

A study by Lane (2002) was aimed to test whether dream work or cognitive restructuring was more effective in increasing self-awareness and locus of control in female college athletes.

In the similar type of study by Gardner (2001) self-awareness as the dependent variable was studied. The objective of the study was to find out the students social work’s influence on the self-awareness and to know underlying processes which is crucial in self-awareness. The assumption was that writers about teaching and learning suggest that learning is likely to be deeper or more connected to practice when it includes reflection: the ability to connect new information with personal meaning or past experiences.
Landsman-Dijkstra, et al. (2006) in an intervention study designed for subjects who had chronic a-specific psychosomatic symptoms (CAPS). A 3-day residential body awareness program (BAP) was developed to teach people with chronic a-specific psychosomatic symptoms (CAPS) to react adequately to disturbance of the balance between daily workload and the capacity to deal with it. The assumption was that body awareness increases, which means there is more attention to the reactions of the body to stress and more efforts to understand these reactions. In turn, by having more confidence in one’s own body, self efficacy will increase. When self efficacy increases, the attribution style becomes less depressive, and thus emotions are better faced. It was also assumed that with increased body awareness, emotions are more channeled and put in more realistic perspective, so emotions are better faced. The attribution style will be less depressive when stress signals are better understood by means of increased body awareness.

Engin and Cam (2009) conducted their study on nurses to investigate the effect of a self-awareness education program on self efficacy and sociotropy-autonomy characteristics. The objective of the education program were raising the self-awareness of their own feelings, thoughts and attitudes while working with patients and psychiatric illness, in increase self efficacy, to increase sociotropic characteristics means having concern to the environment.

Steen and Haugli (2001) conducted a twelve session process and experience oriented learning program on the experiences of persons with chronic musculoskeletal pain. The program was based on a phenomenological frame of understanding where the individual’s experience of her/his situation was essential. The educational approach was inspired by personal construct theory that calls attention to the human being’s capacity to
redefine and reconstruct the meanings of any situation and symptom. Certain qualities and values were embedded in the group program: A context that emphasized an understanding of the body ‘as a talking subject’ rather than focusing on pain and diagnoses; the wholeness of participants’ situation rather than viewing chronic muscular pain as either physical or psychological: activity, participation and operating within the participants’ everyday language and ways of expressing themselves; respecting, seeing, listening and trusting the group participants; focusing on each participant’s and the whole group’s resources, potentials and possibilities; challenging the participants to evoke their inner authority and internal validation instead of surrendering authority on their pain to the health personnel.

*Lacuna in existing studies*

Self is a multidimensional and multifaceted concept. James (1980) also described it as a hierarchical structure. Later on sociological perspective and purely humanistic (Subjective) perspective divided mainly it into two main type’s private and public self. These private and public phenomena later on also established as hierarchical by (Fenigstien, et al, 1975) in their model of Self-consciousness. Further Trapnell and Campbell (1999) divided private aspect again into two rumination and reflection type. Therefore study of self-awareness is started as a multidimensional construct. Problem in the existing studies lies at three levels.

At the initial level problem is with the *theoretical conceptualization* of the construct. Studies on self-awareness studied in many ways at various level of the construct. Some studies mainly focused on the cognitive aspect of self-awareness.

Apart from conceptualizing self-awareness as cognitive component some studies focused mainly on humanistic concept of self-awareness (Anderson, 2009). Steen and Haugli (2001) in their study mainly focused on the phenomenological concept of self-awareness, where the emphasis was more on bodily awareness. They took bodily self-awareness as the base of self-awareness. In another study by Landsman-Dijkstra, et al. (2006) on CAPS patients took body awareness program as the means of increasing self efficacy and emotional intelligence. In the similar vein studies on emotional intelligence focused mainly on awareness of emotions (Carmeli, et al, 2009, Austin, et al. 2005) only. Mukhopadhyay (2006) and Murli, et al. (2006) have focused their study mainly on awareness of environment and awareness of consumers respectively. In the study by Verma, et al. (1998) focused on the self-awareness of suicidal risk in adult patients. In these studies awareness of particular part of individual life is take in the center of the study.

In some studies knowledge and awareness have been used synonymously (Gupta, 2008, Bilquis, 2001). Very fewer studies have been done to see the relationship of self-awareness with health and well-being. Some studies focuses on awareness of particular illness or health behavior (Sanderson at al. 2009, Cunningahma, et al. 1998) rather on effect of self-awareness on that health aspect.

Shaw, et al (2008) conducted a study to map the effect of self-awareness on mental health but they focused mainly on cognitive aspect of self-awareness where they assumed self-awareness as the self-focused attention.

Second problem arises due to different cultural context. Very fewer studies have been done on the concept of awareness in Indian setting. These studies were based on the
particular aspect of awareness rather to complete focus on concept of self-awareness. Studies outside to India cannot be generalized blindly on Indian population. The main cause is the different conceptualization of self in the cultures. Even in the Asian culture due to geographical, different cultural and religio-philosophical basis India differ a lot to the many Asian nations like China.

Third problem is related to methodological aspect of the studies. The major limitation of the studies is their design and samples selection procedures. Mostly in the studies sample was taken from the college or school settings. Subjects were taken on the volunteer basis. The location of the college was also not given importance on the basis of urbanized setting or semi urban or rural setting.

Present Study

The preceding review brings some important issues regarding self-awareness and health status of the youth. The theoretical basis is the main and initial aspect of any research study. Flaws at the first level lead to the wrong results. Concept of self is purely a cultural phenomenon. In India Ataman is embedded in the experiences of the lay person. Each individual (Hindu) indulge in the activities either in the office or in the sport room or in home with the feeling of “being an eternal entity” “bounded by past karmas” “having similar soul in everyone”. These concepts of religio-philosophical play a big role in constructing the individual world. His self is made up of these spiritual, religious and philosophical aspects in everyday interactions with own self and others. Various cultural and social norms are part of the person’s moral self, spiritual self and social self. These in turn made the overall self of the individual.
Theory by Duval and Wicklund (1972) strongly emphasize on standards made by individual. These standards are adopted and assimilated by the individual by the culture and in the culture. The social infrastructure provides the abstract manual of the standard that individual adopt in the process of socialization. Further Carver (2003) extends this theory and focused upon attribution style. Again the attribution and reasoning comes through the socialization process and based on the cultural-philosophical aspect. For example failure or success in any task in India could be reasoned as the consequences of the past karmas. The failure in the same task can produce depression in the one culture and can be neutral in another based on the attribution provided by the cultural context. Therefore, it is legitimate to study concept of self-awareness only by theoretically derived from the indigenous culture. It is must to emphasis that derivation of the concept of self-awareness should be based on the current scenario, philosophical basis and cultural context.

Most researches that have tried to see the effect of self-awareness was having the problem with the conceptualization of self-awareness. One or other parts have been tested to see the effects. In most of the studies cognitive aspects in form of focused attention or emotional awareness as a part of emotional intelligence were studied. None of the study had seen the holistic viewing of the various dimensions of self. In this study researcher will prepare a questionnaire on the basis of the current cultural construction and philosophy. Since most studies which majorly focused self-awareness was unluckily done in different cultural context. Therefore, it is required here by using constructive approach research should be embedded in the Indian setting.

Another issue that has been ignored in self-awareness studies is the subjective importance of the concept. Most of the studies placed and manipulated awareness
different from the individual. Cognition of the individual is studied as the objective aspect and different from the emotional aspect of the same being. No attentions were given to the dynamic concept of self-awareness, where each and every moment all the dimensions of self moves by interacting each other in life.

Therefore keeping the above point in the mind subjectivity of the individual will be kept in the center. Where individual’s subjective perception about him will be taken as the parameter of his assessment, so this study is based on the positive psychology assumption that individual should be seen as active participant in the life with the life. Since viewing health and well-being as the multidimensional and multifaceted concept the scales will be reviewed to include the all possible dimensions of it. After validating on a small sample of the research population researcher will proceed in data collection. The above methodological review also indicates the less representative sample in self-awareness studies. Samples have been taken either from one college on the basis of availability of the sample or from one part of area. In the present study sample will be drawn from the different colleges for better generalisability of the research results.

Various researches on self-awareness raised questions on assessment of self-awareness. It has been seen that self-awareness is a wider construct which has been conceptualized and assessed as a cognitive constructs. In addition with it, till now single measure of self-awareness (Self-consciousness Scale) is widely used and translated in different languages without looking at the contextual factors. Review indicated paradoxical results (Ingram, 1990) as an outcome of extensive use of existing scale of self-consciousness regardless of taking care of culture as an important moderator. Reflection and Rumination Questionnaire (Trapnell and Campbell, 1999) assessed the self-awareness by differentiating negative and positive kind of self-focused attention on
the basis of motives involved in it. This scale managed to assess one part of self-awareness and that is private self-consciousness. However, lack of efforts in reconceptualising the construct of self-awareness as a unitary construct is pervasive throughout the literature which in turn raised a serious concern to study self-awareness in relation to health status. Therefore, it could be inferred that level of self-awareness of the individual cannot studied different from health status rather these must be visualized and approached as interlinked and interdependent process in individual. These factor shares a multilevel relationship with each other, which is needed to be probe. Review also suggests that cultural context play a far much better role in determine level of self-awareness, health and well-being. Therefore, it will be justifiable to study these variables embedded in a particular context and culture.

An important concern also come forefront in term of lack of efforts to enhance health status of youth (Singh, 2009). Literature indicated that an effort to design and develop to complement present technical and informative education (which is stressed upon outward objects) with a program which can bring back roots of youth could open the new array of possibilities among youth. Keeping these issues in centre of the research, following research questions were raised.

1. Is it expedient to conceptualize and develop self-awareness measure as a positive construct?
2. How do the self-awareness contribute in determine health status of Indian youth?
3. Is it feasible to enhance self-awareness, health and well-being of youth?
4. What is the possible mechanism involved in enhancement of health status due to increasing level of self-awareness?

In order to address the above research questions, the present research was undertaken.
Following a holistic approach to health as enriched by the indigenous system of *Upanishadic* concept of self, a series of three studies were planned. The work is situated in the context of bio-psychosocial model of health which recognises health as embedded in the socio-cultural context. A brief discussion of the three studies comprising this work is outlined below.

1. First study was designed to develop a measure of self-awareness based on Indian conception of self and self knowledge system. Psychometric properties of the measure were therefore, tested and established.

2. Second study was aimed at exploring the relationship among self-awareness, health and well-being. It was hypothesized that negative health aspects would be negatively correlated with inward attention but positively with outward attention whereas all the positive health aspects and well-being would be positively associated to inward attention but negatively with outward attention.

3. The third study was aimed to explore the effect of enhanced self-awareness on health and well-being. Therefore, an intervention program comprised of self-awareness techniques pertaining to Indian conception of self-awareness was developed. To get a comprehensive result, intervention mechanism were further explored by using qualitative analysis. It was assumed that increased self-awareness would likely to results in enhanced health status of the participants.