Chapter-1

INTRODUCTION
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INTRODUCTION

Many people who choose to live their life by themselves experience tremendous loneliness. Humans are social animals and it is a generic need to be a part of society, bond and marry. However, Man reached on the moon but he was accompanying by somebody. He never lives alone since his existence in the world. Human beings live together for fulfilling their various needs like physical, social, psychological needs. Through fulfilling these needs socialization takes place. Marriage is one of the important and necessary event in socialization. Marriage was considered in important institution, essentially because it was the deepest and most complex involvement of human relationship and symbolically the corner stone of society. It was a basic structural element and a part of the social system. With marriage, an individual was assigned a definite role in the family that once again brought into focus the joint family, kin group and religious practices.

Over the past three decades, inter-racial marriages have increased rapidly, from 310,000 to more than 1.1 million, and their proportion among all marriages grew from 0.7% in 1970 to over 2.2% in the mid-1990s (Blau and Duncan 1967; Tucker and Mitchell-Kernan 1990; Kalmijn 1991; Qian 1997; Fu and Heaton 1997). The mindset of Indians is not changed yet about the caste system. Since Mahatma Jyotiba Phule many social reformers had tried their best to eradicate caste system. Chhatrapati Shahu Maharaja of Kolhapur is one of them. His work about eradication of caste system is very significant in the history of India. The history of this campaign goes back to twelfth century saint movement. They had also tried to teach the society to eradicate caste system. But the impact of caste system was so strong that it didn’t changed yet.
In the meantime, the rate of divorce among all marriages in the cohorts of the 1980s and the 1990s reached between 50% and 67% (Martin and Bumpass 1989).

1.1 Marriage

Marriage is a ubiquitous feature of human kinship and social organization and its development assumed a critical role in the history of social institutions. According to many anthropologists, the regulation of sexual relationships may in itself have formed the basis of all human social orders. Several widely occurring functions of marriage can be associated with notable behavioural universals:

- Parental responsibility for long term infant nurturing and education,
- Social regulation of sexual competition,
- Organization of gendered divisions of labour,
- Assignment of individuals to social groups and statuses, and
- The formation of inter-group alliances and exchanges.

According to Hindu religious ethics, marriage was not merely a union of two bodies but that of two souls. It was a religious bond and means of fulfilling the Purushartha. This particular concept was considered to be ordained by the Veda, for it was believed that ‘dharma’ was to be practiced by a man together with his wife. Vivah is generally considered obligatory for every person and no man or woman must die without going through it. This is the only ‘sanskara’ performed for Hindu women and the birth of a son is said to enable one to obtain ‘Moksha.’ Thus Marriage is considered an important religious event in human life. Thus religion, caste, marriage, family and kinship are integrated in the Hindu social structure. Under these conditions religious separation naturally becomes a formidable barrier in the institution of inter-marriages.
Islam exhibits similar model to Hinduism. Though Muslims are polygamous they observe endogamous rules pertaining to class, race, sect, and religion. The first marriage of a Muslim being obligatory, the choice is restricted and the rules of endogamy do not allow a Shia to marry a Sunni.

Catholic considered marriage ‘sacramentum Continuum.’ It must be performed by the Catholic Church to be valid and marriage can not be dissolved. Protestants believe in the sanctity of marriage but divorce is allowed among them.

Marriage the legal union of a man and a woman in order to live together often to have children (according to oxford dictionary). The meaning of marriage differs from one person to another, and from one time to another. In ancient times, for example, a marriage meant a condition in which a woman was given to a man almost as property, and often as part of a political, social or business arrangement of some sort. For much of human history, marriage has been a permanent institution that, once entered into, cannot be dissolved except by the death of one of the spouses. In the modern world, however, marriage is a vastly different thing. On the up side, marriage is today more of a gathering of equals, rather than the subjugation of one to the other. On the down side, marriage often becomes much more temporary than it has been in years past.

Marriage is a social, religious, spirituals and/or legal union of individuals that creates kinship. This union may also be called matrimony, while the ceremony that marks its beginning is usually called a wedding and the married status created is sometimes called wedlock. Marriage is an institution in which interpersonal relationships are acknowledged by the state, by religious authority, or both. It is often viewed as a contract. Civil marriage is the legal concept of marriage as a governmental institution, in accordance with marriage laws of the jurisdiction. If recognized by the state, by the
religion(s) to which the parties belong or by society in general, the act of marriage changes the personal and social status of the individuals who enter into it.

People marry for many reasons, but usually one or more of the following: legal, social, emotional, and economic stability; the formation of a family unit; procreation and the education and nurturing of children; legitimizing sexual relations; public declaration of love. A marriage is often formalized by a ceremony called a wedding, which in modern times is usually performed by a religious minister or a civil officer. The act of marriage usually creates normative or legal obligations between the individuals involved and, in many societies, their extended families. Marriage is a relation of one or more men to one or more women which is recognized by customer law and involves certain lights and duties both in the cases of parties entering the union and in the case if children born of it.

Before going to explain the type of marriage, here is essential to know about caste.

1.2 Caste

The word “caste” – This is of Spanish and Portuguese origin. Casta means lineage or race. It is derived from the Latin word Castus, which means pure. The Spaniards were the first to use it, but its Indian application is from the Portuguese, who had so applied it in the middle of the fifteenth century. The current spelling of the word is after the French word “Caste”, which appears in 1740 in the “academies”, and is hardly found before 1800. Before that time it was spelt as “cast.” In the sense of race or breed of man it was used as early as 1555 A. D. The Spanish word “Casta” was applied to the mixed breed between Europeans, Indians (American) and negroes. But “caste” was not used in its Indian sense till the seventeenth century. The Indian use is the leading one now, and it has influenced all other
uses. As the Indian idea of caste was but vaguely understood, this word was loosely applied to the hereditary classes of Europe resembling the castes of India, who keep themselves socially distinct. Darwin has applied this word to different classes of social insects. The Portuguese used this word to denote the Indian institution, as they thought such a system was intended of keep purity of blood. We thus see that derivation of the word does not help us to understand what caste is.

Nesfield defines a caste as “a class of the community which disowns any connection with any other class and can neither intermarry nor eat nor drink with any but persons of their own community.” Here Nesfield has given only one essential of a caste.

Sir H. Risley defines a caste as follows: “A caste may be defined as a collection of families or groups of families bearing a common name which usually denotes or is associated with specific occupation, claiming common descent from a mythical ancestor, human or divine, professing to follows the same professional callings and are regarded by those who are competent to give an opinion as forming a single homogeneous community.”

There are some statement further on which may be regarded as a part of his definition of a caste, and which may be summarized as follows: A caste is almost invariably endogamous in the sense that a member of a large circle denoted by a common name may not marry outside the circle; but within the circle there are smaller circles, each of which is also endogamous.

A caste is a social group having two characteristics: (1) membership is confined to those who are of members and includes all persons so born: (2) the members are forbidden by as inexorable social law to marry outside the group. Each one of such groups has a special name by which it is called. Several of such small aggregates are grouped
together under a common name, while these larger groups are but subdivisions of groups still larger, which have independent names.

Thus, we see that there are several stages of groups and that the word “caste” is applied to groups at any stage. The words “caste” and “sub-caste” are not absolute but comparative in signification. The larger group will be called a caste, while the smaller group will called a sub-caste. A group is a caste or a sub-caste in comparison with smaller or larger.

1.3 Types Of Marriages

1.3.1 Within Caste Marriages

According to ancient Dharm shastra, individual should marry within varna or caste. There are some reasons to these restrictions. They want to maintain purity of the caste and sustain culture by protecting them from inter-marriages.

1.3.2 Inter-Caste Marriage

The marriage in which the bride groom and bride are from different caste. The Indian culture and society has still not been able to get rid of its caste system. Young couples belonging to different castes and religions find it very difficult to marry each other due to the protests from their families. Inter caste marriages are still seen as the blemish for the family and if the girl holds a modern outlook, she is treated as a rebel in the family. Education and exposure to other cultures of the world are slowly changing the way Indians look at inter caste marriages.
(a) Inter-Caste Marriages In Ancient India

Since the period of Aryan in India through the era of Dharmasutra and Dharmashatras to the present age, the concept of the marriage, as related to Varna and caste, changed from time to time. In Mahabharata period (Dvapar Yuga) inter-racial marriages were common. King Shantanu married to Satyavati (matsagandha), the daughter of fisherman Dasdhivar. The second example of inter-racial marriage in Mahabharata was Bhimsen and Hidimba. Astica was the son of Jaratkaru from Naga Princess, sister of renowned Wasuki, Who were worshipped by Aryans. Savitri who is an exemplar of pativratam among Aryans, belonged to Daitya Shibi dynasty. Her husband, Satyavan, who belong to shalva dynasty, was Danava. Thus it was inter-racial marriage. The marriage of Yayati and Devyani is an instance of pratiloma marriage.(pratiloma marriage in which the male is from the lower caste and the a female of higher caste). Yayati was hesitant while accepting Devyani as his wife as he thought that contracting pratiloma marriage would amount to sinful act. But Shukracharya, the father of Devyani, intervened and told that he would free him from that sin. Inter-racial marriages were practiced in order to propagate the Aryan culture.

In Vedic period four Varna were recognized but rules regarding intermarriage were not so well established. In the Rigveda itself we get the reference of the Brahmin sage Svavasva who married the Kshatriya daughter of Rathviti Darbhya. Another reference is from Sathpatha Brahmana which tell that the sage named Syavana, descendent of Bhrugu, married a daughter of king Saryata. In the same Brahmana we find a king who was allowed to marry Vaishya woman with the condition that the son born the union would not be entitled
to **Vedic** coronation ceremony. The renowned **Avikshita Marutta** described in **Aitareya Brahmin** was **Ayogava**, a **pratiloma** offspring.

At the time of **Ramayana (Krit Yuga)** we find inter-marriages. In Lanka there were no taboos on **pratiloma** marriage. **Rawana** women were mostly daughters of **Rajarshis**, of **Brahmins**, of **Daityas**, of **Gandharvas** and **Rakhasas** who were either formally married to him to had agreed to serve him.

The **Dharmashtrias** period, (when the **Apastamba, Gautam, Baudhayana** and **Vaisishtha** were composed) most of the law givers had sanctioned **anuloma** marriage and reprehended **pratiloma** ones. They prescribed that a person should by preference marry a girl of his own **Varna**; but also allowed the marriage of a person with a girl of another **Varna** lower than his own. Though **anuloma** marriages were sanctioned legally, we do not find the unanimity among the law-givers regarding the status of the progeny of such unions. Three different views were prevalent. The first view, advanced by **Baudhayana**, was that the progeny belonged to the **Varna** of the father provided the latter had married a female of the **Varna** immediately after his. Thus a son of **Brahmin** from a female of the **Kshatriya Varna** was considered as **Brahmin**. The second view, was that the progeny of **anuloma** union was in status lower than the father, but higher than the mother. The third view was that the status of the progeny of **anuloma** unions, regarding its privileges and obligations, should be considered the same as that of the mother.
(b) Inter-caste marriages in *Pauranic* period

During *Pauranic* period (300 A.D to 600 A.D) though the laws laid down by *Smritis* were strictly followed, calculable inter-caste marriages took place. During the regime of *Chandragupta maurya, Kautilya* ordained that a girl who remained unmarried for three years after her menses, could marry a man even outside her caste at her choice as her father had failed in his duty towards her. *Varna* of the *Gupta* dynasty was *Vaishya*. *Samudragupta* was born of a union between *Chandragupta* and *Shudra* woman named *Kumaradevi*. The daughter of *Chandragupta*, second, become the queen of a king *Rudrasena* who was a *Brahmin*. Classic *Sanskrit* literature provide well known instances of inter-caste marriages. *Agnimitra*, son of *Senapati Pushyamitra* of the *shunga* dynasty and a Brahmin married *Malvika* who was a *Kshatriya*. *Kandamba* King *Kakutsavarman* arranged marriages of his daughters with *Gupta* and *Kshatrya* princes. One of the ministers of *Vakataka* king *Devasena*, was *Hastibhoj Brahmin* whose one of the forefathers had contracted marriages with *Kshatriya* females. The king of *Vijayanagar* *Bukka* first had given his daughter named *Virupadevi* to *Vodey Brahmin*. *Harishchandra*, the founder of *Pratiha* Dynasty and who was a *Brahmin*, had a *Kshtriya* wife. One of the progenies of *Guhadatta*, the founder of *Guhil* dynasty, named *Bhartupatta* had married a *Kshatriya* girl belonging to *Rastrakut* dynasty. The stepmother of *Bana*, composer of “*Kadambri*” was a *Shudra*.

Inter-caste marriages in the British India: Before the establishment of the British courts of the law, caste *panchayat* settled the matters relating to caste offences in accordance with the principles laid down in *Dharmashatras*. Even, the courts law had recognized the sovereignty
of caste *panchayata* an generally did not interfere with its jurisdiction. For all practical purposes, the commentary known as *Mitakshara*, written on the code of *Yajnavalkya* by south Indian *Brahmin* named *Vijnanesvara* who lived in the twelfth century, was since then the basis of Hindu law practically in the whole India except Bengal where *Daya Bhaga of Jimutavahana*, another commentary was followed. Besides these two, another commentary known as *Vyavaha Mayukha*, the paramount authority in Gujarath, written by *Nilakantha*, was also consulted wherever it was necessary.

In *Nath Vs. Chotalal* it was held that the son of a *Brahmin* from a *Shudra* wife was entitled to inherit of 1/10th share in the estate of his father as well as of his uncle and that he could not get more than 1/10th, as Manu expressly had laid down, so some controversy arose regarding this decision, as the case was from Gujrath where *Vyavahar Mayukha* was the authority, which was not consulted.

*Panigrahan Sanskaral*, that is holding the hand of the bride, had been recommended by Manu only for marriages contracted between the individuals of the same Varna. He further stated that if the wife is of a lower caste, instead of *Panigrahana*, certain other things, depending on the caste, like dagger or sword should be used.

**1.3.3 Sub-caste marriages**

Even sub-castes were regarded as endogamous units, and marriage between two sub-division of one primary caste was against the Hindu law. In “*Melaram Nudial Vs. Thanooram Banum*” and “*Narain Dhara Vs Rakhak Gain*”, it was decided that marriages between two sub-castes of the major caste were invalid. It was observed in the cases that to make such a marriage valid, the authority or some sanction of a local custom was necessary. Later decisions, however, held that such
marriages between subsects of Hindu were valid in Hindu Law. In the case of “Upama Kuchin Vs. Bholaram Dhubi” in which the parties were Dhobi and fisherman by caste, the court held that there was nothing in Hindu law, prohibiting marriage between persons belonging to different sections or subdicisions of the Shudra caste. In “Manickam Vs. Poongavanamman” it was held that marriage between two subdivisions of Shudrs was valid unless there was a custom to the contrary, therefore the marriage between Adidravid woman and Naidu was held to be valid.

In some cases marriages even between two major castes were held as valid. In the districts of Dacca and Tipperah marriages between Vaidya and Kayastha take place and such intermarriages were recognized by local custom. In the case of “Ramlal Sookoo Vs. Akhoy Charan Mitter,” The Culcutta High Court held that such marriages were in accordance with local custom and valid. The issue regarding the inter-marriages between members of different sects of Lingayat was decided in “Fakirgauda Vs. Gangi.” It was held that such marriages were valid; and if allegation is made regarding its invalidity, the onus lies on the person making such allegation—that such marriage is prohibited by immemorial custom.

*Anuloma* and *Pratiloma* Marriages Many cases were settled in British Court of Law just after deciding whether the union was *Anuloma* or *Pratiloma.* By the time of the British rule India *Varna* were well divided castes and sub-caste; and in most of the cases learned judges had to decide the *Varna* which the caste in question could be included. Thus subject to certain reservations, we may state that in some form or other *Varna* system was followed in India, till the first quarter of the twentieth century.
*Pratiloma* marriages were declared invalid while *Anuloma* marriages were held valid, at least, in the in the court of Mumbai and Channi. *Pratiloma* marriages was declared invalid by High Courts in India, as it was not sanctioned by law. In *“Lakshmi Vs. Kaliarsing,”* marriage between a Brahmin girl and a *Rajput* that is a *Kshatriya* male was held invalid. Similarly, in *BaiKashi Vs. Jamnadas* it was held that under Hindu law as recognized in the Bombay presidency, a *Brahmin* woman could not contract a valid marriage with a *Shudra*. Decision of the Alahabad High Court was very remarkable, in that it did not distinguish between *anuloma* and *pratiloma* marriages, and held that marriage between persons not belonging to same caste was invalid unless sanctioned by custom. Both Bombay and Alahabad High Courts had declared the marriage of a *Brahmin* woman with a *Kshatriya* or *Shudra* man invalid. The marriage between a *Shudra* male and a *Brahmin* woman being void, the woman was not entitled even to the maintenance.

The *anuloma* marriages got better recognition. In *“Bai Gulab Vs. Jiwanlal.”* Shah, J. discussed the original text from *Manu, Yajnavalkya* and *Nilkantha*, and remarked that these authorities did not lay down any prohibition as distinguished from disapproval *anuloma* marriages. In this case, the *anuloma* marriage was held valid. The chief argument against the *anuloma* marriage was that such marriages had become obsolete. But, “it is important,” the learned judge remarked, “to remember at the outset that what is out of practice or obsolete is not necessarily prohibited.” The High Court of Bombay had again reaffirmed its decisions in *“Nath Vs. Chotalal.”* In this case *Patkar and Shingane, JJ.* Held that the marriage of a *Brahmin* male with a Dharala (*Shudra*) female was an *anuloma* marriage and was not invalid under the Hindu Law and that a son born of such a marriage was legitimate.
Anuloma marriages were declared valid also by Madras High Court. In “Ratansi D. Morarji Vs. Administrator General of Madras, Venkata Subborao, J,” held that the marriage of a European woman, converted to Hinduism, with a Hindu of a High caste, Bhatia who claimed to be Vaishy, was valid as it was anuloma marriage. In this case of the purpose of the marriage a converted woman was suppose to be a Shudra. The Lahor High Court also upheld the same view. In Panjab, generally, and in the Kangra and the adjoining districts particularly anuloma marriages between the different main castes were recognized as valid, both by custom and according to the personal law of the parties. Reference may be made to “Haria Vs. kanhaya” where the question was whether a marriage between a Vadhyar Rajput of the Kangra district and a Khatri woman was valid and legal and offspring of such marriage legitimate. The case was decided in the affirmative. In “Ralla Ram Vs. Asa Ram “a marriage between a Brahmin agriculturist and a Rajput woman was held to be valid according to custom.

1.4 Various Enactments Promoting Inter-caste marriages

When a caste law was in progress, various subtle rules in Hindu law prohibiting Sagotra and Sapinda marriages gave rise to difficulties in recognizing such marriages as valid. Such marriages were to be considered invalid though they were contracted between the persons of the same religion. To overcome these difficulties and legalize such marriages, Special Marriage Act of 1872 passed. Marriages between the individuals coming within the prohibited degrees of relationship could be considered lawful under the provisions of Special Marriage Act III of 1872. this Act was amended, first in 1923 (Act XXX), and later in 1954. the changes suggested in the Act of 1954 were more secular in character as it recognized marital relations even between spouses of different religions.
The Special Marriage Act, (1954)

Any person, irrespective of religion Hindus, Buddhists, Jains, Sikhs can also perform marriage under the Special Marriage Act, 1954. The Muslim, Christian, Parsi, or Jewish religions can also perform marriage under the Special Marriage Act, 1954. Inter-caste marriages are performed under this Act.

Hindu marriages disabilities Removal Act No. 28, passed in 1946 legalized Sagotra, Sapinda and Subcaste marriages. The direct result of this enactment was that individuals intending to contract Sagotra, Sapinda or Sub-caste marriages had not to legalize it under the Provisions of Special marriage Act. To propagate inter-caste marriages, Caste Tyranny Removal Act of 1933 of Baroda Government, Arya Samaj Validity Act of 1938 and Hindu Marriage validity Act No. 21/1949 by central Government proved to be useful to some extent.

Hindu Marriage Act of 1956 is revolutionary in character. It take no cognizance of caste and sub-caste tradition as related to marriage. Main condition of a valid marriage, according to this Act, is that, “neither party has a spouse living at the time of marriage,” Thus it has abolished the practice of polygamy and polyandry. Beside, it permits divorce, under certain specified conditions, which not recognized by Hindu law.

After independence, the Indian Government introduced various reforms in order to attain the ideal of casteless and classless society. At present, Government aids financially marriages contracted between case-Hindu and Harijans. On 14th February, 1959 a petition was presented to the Secretary if the Loksabha sighed by 3599 social workers demanding enforcement of exogamy through the legal means.

Social hierarchy and consequent civil and religious disabilities, restrictions on social intercourse and privileges of different castes, The
graduated scale of society starts from the most dignified and divine Brahmin culminating at the other end in the untouchables or the depressed classes. In between these two extremes, there are more than 3,000 castes with different degrees of gradations. Some castes can be easily identified.

**Challenges of inter-caste marriages**

Thus Hindus, Muslims and Christians in India all tend to follow strict religious endogamy by arranging marriages, So inter-caste or inter-religion marriages are a kind of challenge to the couples.

With the onset of technology and development, modern day society is molding people in a way to accept inter-caste marriages. For couples living in an open-minded society as this, comfort and acceptance in the lives of their near and dear ones can achieve.

However, for those young hearts who are still battling to stay together are the ones who live in remote and far-flung areas where growth, education and development prospects have not yet reached their soil. Malpractices in these areas encourage a caste and racial approach to society, which contributes to high divorce and forceful marriage rates.

Some people believe that inter-caste marriages are successful and healthy. However, the success of any relationship lies in the ability to maintain an independent thought and appreciated for it and vice versa. So it is immaterial to say that caste defines the fate of a relationship.

Education, it should not be forgotten widens the territory of the mind and thoughts. Therefore inter-caste, religion or racial marriages are possible only with a change in mindsets. We say that the world has developed so much but progress is still a distant light at the end of the tunnel, which can reached only with the acceptance of inter-caste marriages.
An inter-caste marriage is a myriad of sweet and sour adjustments. Unlike same caste weddings, the differences begin to show up even before the wedding ceremony takes place.

Inter-caste marriages often crippled with unique challenges that are actually associated with maintaining barriers. Experts claim that it is a natural tendency of people to create barriers in their minds and around them. The question is always about security, preservation and protection. Society is nurtured in such a way to enclose humankind within particular boundaries, limits and observations, and right from when a baby is born he or she is directed towards a particular way of living and abiding by certain societal norms. There are certain things, which are intrinsic to our childhood and that which is very difficult to part with.

Inter-caste marriages face big hurdles in the light of their decision to defy all and may be the basic norms of society. Here are a few problems distinct to an inter-caste marriage Problems in adapting to a new environment, culture and rituals, Inability to convince parents and laws. In many societies inter-caste marriages are considered a religious offence where couples suffer death threats from their own family members. The ongoing discord between the families can lead to a mutual disharmony and misunderstanding between couples.

The Brahmin men and women have majority in the study, while schedule caste having low in numbers. The proportion of Marathi speaking men and women are the highest in rank and the trend to choose a partner from the same language found in many studies. Most of the women are equally educated to their counterpart, or even more educated in some cases. The women and men both were working and earning equally.
The occupational status of the men and women are found to be equal though they are in different occupations. Most of them are working in educational field.

The proportion of the family, opposing inter-caste marriage was high due to fear of loosing social prestige. They had tried unsuccessfully to console their son and daughter to give up the thought of inter-caste marriage. Finally, they had agreed. The proportion of registered marriages was very low compared to traditional methods.

Most of the couples have to live separate after inter-caste marriage. Most of the couples were addressing each other traditionally. They were supporting each other in social ceremonies. They were flexible in food habits.

They were not blaming their partner for day-to-day errors, but they were occasionally referring to caste for their partner’s mistakes. Most of them were not regretting about the decision of inter-caste marriage. The proportion of divorce was found to be very rare. Some of the couples have denied the condition of caste in their children’s marriage; but some of them were insisting.

**The concept of Open marriages**

O’Neill and O’Neill (1972) had outlined an alternative life style for married couples, which they label “open marriage,” the emphasis in an open marriage is on the personal growth of the individual partners. This can be seen in each of the eight key characteristics, which O’Neill used to define an open marriage.

First, such a marriage characterized by here and now living combined with realistic expectations. Thus, there is a reduction in the commitment to found in traditional marriages. There is also reduced expectation for the marriage per se to satisfy individual needs and fulfill personal fantasies. Second, an open marriage characterized by a
greater respect for personal privacy than is found in a traditional marriage. Third, an open marriage is characterized by open and honest communication in which there is fantasy sharing self-discloser, productive fighting. Forth, open marriage partners exhibit considerable role flexibility. They also engage in open companionship, avoiding the traditional marriage assumption of coupled ness. They may involve the development of deep personal, even sexual relationships with the other members of opposite sex. An open marriage characterized by equality, of power as well as responsibility. In addition an open marriage emphasizes the pursuit of identity an individual’s uniqueness valued, differences are not viewed as a threat. Finally, all open marriages based on an assumption of mutual trust, an assumption that there is nothing to hide and that one’s spouse is not a possession to be guarded.

Delores P. and Aldridge(1978) Interracial marriages have garnered attention periodically since the turn of the century. However, sociopsychological research in the area of inter-marriage continues to be scant in spite of increased. Contact between the races in 1960s. Social scientists have maintained the study of intermarriage may provide a presize quantitative measurement of crucial and related questions such as the process of assimilation; the degrees of internal cohesion in individual social, religious and ethnic groups and the extent of social distance between groups of these types. Barron (1946) Little had been done, however, in the areas, which promise so much in understands social processes. What research that has been done had focused on: the incidence of interracial marriages, causal factors, sociopsychological characteristics, and the problem encountered by the marriage partners and their children.

**Gender**

Gender is the wide set of characteristics that are seen to distinguish between male and female entities, extending from one’s biological sex
to, in humans, one's social role or gender identity. As a word, it has more than one valid definition. In linguistics, it refers to characteristics of words. In ordinary speech, it used interchangeably with "sex" to denote the condition of being male or female. In the social sciences, however, it refers specifically to socially constructed and institutionalized differences such as gender roles. The World Health Organization (WHO), for example, uses "gender" to refer to "the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women". People whose gender identity feels incongruent with maleness or femaleness sometimes refer to themselves as "inter gender." Not all cultures adhere to a binary gender system. Some cultures have separate sets of gender-related social roles (distinct from those for men and women) types of inter gendered people, such as those covering the hijra of India and Pakistan.

Many languages use a system of grammatical gender, where nouns, adjectives and verbs may be classified as either masculine or feminine - for example Spanish, Hebrew, Arabic and French. Some languages also have a neuter grammatical gender - for example Sanskrit, German, Polish, and the Scandinavian languages. In such languages, a word's gender may have little or no connection to the meaning of the word. Likewise, variety of phenomena have characteristics termed gender, by analogy with male and female bodies (such as the gender of connectors and fasteners) or due to societal norms.

While the social sciences analyze gender as a social construct. Especially gender studies, in the natural sciences, research links biological and behavioral differences in males and females as determining factors for gender (here meaning "the state of being male or female") in humans and other species; this is assisted by debate regarding the extent to which the various biological differences necessitate differences in gender identity, which has been defined as "an individual's self-conception as being male or female, as
Etymology and usage

The historical meaning of gender is "things we treat differently because of their inherent differences".[5] It has three common applications in contemporary English. Most commonly, it is applied to the general differences between male and female entities, without any overt assumptions regarding biology or sociology. Sometimes, however, the usage is technical or overtly assumes a particular theory of human nature, which usually made clear from the context. Finally, gender also commonly applied to the independent concept of distinctive word categories in certain languages. Grammatical gender has little or nothing to do with differences between male and female.

The word gender in English

The word gender comes from the Middle English gender, a loanword from Norman-conquest-era Old French. This, in turn, came from Latin genus. Both words mean 'kind', 'type', or 'sort'. They derive ultimately from a widely attested Proto-Indo-European (PIE) root gen-, which is also the source of kin, kind, king, and many other English words.[8] It appears in Modern French in the word genre (type, kind, also genre sexuel) and is related to the Greek root gene- (to produce), appearing in gene, genesis, and oxygen. As a verb, it means breed in the King James Bible:

According to Aristotle, the Greek philosopher Protegra used the terms "masculine," "feminine," and "neuter" to classify nouns, introducing the concept of grammatical gender.
The usage of gender in the context of grammatical distinctions is a specific and technical usage. However, in English, the word became attested more widely in the context of grammar, than in making sexual distinctions.

The primary and preferable meaning of gender in English is "Gender...is a grammatical term only. To talk of persons...of the masculine or feminine g[ender], meaning of the male or female sex, is either a jocularity (permissible or not according to context) or a blunder."

The sense of this can felt by analogy with a modern expression like "persons of the female persuasion." It should noted, however, that this was a recommendation; neither the Daily News nor Henry James citations (above) are "jocular" or "blunders." Additionally, patterns of usage of gender have substantially changed since Fowler’s day (noun class above, and sexual stereotype below).

**As a sexual stereotype**

The word sex sometimes used in the context of social roles of men and women — for example, the British Sex Disqualification (Removal) Act 1919 that ended exclusion of women from various official positions. Such usage was more common before the 1970s, over the course of which the feminist movement took the word gender into their own usage to describe their theory of human nature. Early in that decade, genders were use in ways consistent with both the history of English and the history of attestation of the root. However, by the end of the decade consensus achieved among feminists regarding this theory and its terminology. The theory was that human nature is essentially epicene and social distinctions based on sex are arbitrarily constructed. Matters pertaining to this theoretical process of social construction were Labelle matters of gender.
In the last two decades of the 20th century, the use of gender in academia increased greatly, outnumbering uses of sex in the social sciences. Frequently, but not exclusively, this indicates acceptance of the feminist theory of human nature. However, in many instances, the term gender still refers to sexual distinction generally without such an assumption.

In fact, the ideological distinction between sex and gender is only fitfully observe.

**Sociological gender**

Gender identity is a person self-identifies as a male or female. The concept of being a woman is considered to have more challenges, due to society not only viewing women as a social category but also as a felt sense of self, a culturally conditioned or constructed subjective identity. The term "woman" has chronically been used as a reference to and for the female body; feminists, in the defilement of “woman”, have viewed this usage as controversial. There are qualitative analyses that explore and present the representations of gender; feminists challenge the dominant ideologies concerning gender roles and sex. Social identity refers to the common identification with a collectivity or social category, which creates a common culture among participants concerned. According to social identity theory, an important component of the self-concept is derived from memberships in social groups and categories; this is demonstrated by group processes and how inter-group relationships impact significantly on individuals' self-perception and behaviors. The groups to which people belong will therefore provide their members with the definition of who they are and how they should behave in the social sphere.

Categorizing males and females into social roles creates binaries, in which individuals feel they have to be at one end of a linear spectrum and must identify themselves as man or woman. Globally,
Western philosopher Michel Foucault claimed that as sexual subjects, humans are the object of power, which is not a institution or structure, rather it is signifier or name attributed to "complex strategically situation". Because of this, "power" is what determines individual attributes, behaviors, etc. and people are a part of an ontologically and epistemologically constructed set of names and labels. Such as, being female characterizes one as a woman, and being a woman signifies one as weak, emotional, and irrational, and is incapable of actions attributed to a "man". Judith Butler said gender and sex are more like verbs than nouns. She reasoned that her actions are limited. "I am not permitted to construct my gender and sex willy-nilly," she said. "This is so because gender is politically and therefore socially controlled. Rather than 'woman' being something one is, it is something one does

**Social assignment and idea of fluidity**

There are two contrasting ideas regarding the definition of gender, and the intersection of both of them is definable as below:

Gender is the result of socially constructed ideas about the behavior, actions, and roles a particular sex performs. The beliefs, values and attitude taken up and exhibited by them is as per the agreeable norms of the society and the personal opinions of the person is not taken into the primary consideration of assignment of gender and imposition of gender roles as per the assigned gender. Intersections and crossing of
the prescribed boundaries have no place in the arena of the social construct of the term "gender".

The assignment of gender involves taking into account the physiological and biological attributes assigned by nature followed by the imposition of the socially constructed conduct. The social label of being classified into one or the other sex is obligatory to the medical stamp on the birth certificate. The cultural traits typically coupled to a particular sex finalize the assignment of gender and the biological differences which play a role in classifying either sex is interchangeable with the definition of gender within the social context.

“Gender can have ambiguity and fluidity.”

In this context, the socially constructed rules are at a cross road with the assignment of a particular gender to a person. Gender ambiguity deals with having the freedom to choose, manipulate and create a personal niche within any defined socially constructed code of conduct while gender fluidity is outlawing all the rules of cultural gender assignment. It does not accept the prevalence of two rigidly defined genders "Male and Female" and believes in freedom to choose any kind of gender with no rules, no defined boundaries and no fulfilling of expectations associated with any particular gender.

Both these definitions are facing opposite directionalities with their own defined set of rules and criteria on which the said systems are basic.

Social categories

Sexologist John Money coined the term gender role in 1955. "The term gender role is used to signify all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman, respectively. It includes, but is not restricted to, sexuality in the sense of eroticism." Elements of such a role include
clothing, speech patterns, movement, occupations, and other factors not limited to biological sex. Because social aspects of gender can normally presumed to be the ones of interest in sociology and closely related disciplines, gender role is often abbreviated to gender in their literature.

Most societies have only two distinct, broad classes of gender roles—masculine and feminine—and these correspond with biological sexes male and female.

**Feminism and gender studies**

The philosopher and feminist Simone de Beauvoir applied existentialism to women’s experience of life: "One is not born a woman, one becomes one." In context, this is a philosophical statement. However, it may be analyzed in terms of biology — a girl must pass puberty to become a woman — and sociology, as a great deal of mature relating in social contexts is learned rather than instinctive.[citation needed]

Within feminist theory, terminology for gender issues developed over the 1970s. In the 1974 edition of Masculine/Feminine or Human, the author uses "innate gender" and "learned sex roles", but in the 1978 edition, the use of sex and gender is reverse. By 1980, most feminist writings had agreed on using gender only for socio-culturally adapted traits.

In gender studies, the term gender is use to refer to proposed social and cultural constructions of masculinities and femininities. In this context, gender explicitly excludes reference to biological differences, to focus on cultural differences. This emerged from a number of different areas: in sociology during the 1950s; from the theories of the psychoanalyst Jacques Lacan; and in the work of French psychoanalysts like Julia Kristeva, Luce Irigaray, and American feminists such as Judith Butler. Those who followed Butler came to
regard gender roles as a practice, sometimes referred to as "performative".

Hurst states that some people think sex will “automatically determine one’s gender demeanor and role (social) as well as one’s sexual orientation (sexual attractions and behavior).” Gender sociologists believe that people have cultural origins and habits for dealing with gender. For example, Michael Schwalbe believes that humans must taught how to act appropriately in their designated gender in order to properly fill the role and that the way people behave as masculine or feminine interacts with social expectations. Schwalbe comments that humans "are the results of many people embracing and acting on similar ideas". People do this through everything from clothing and hairstyle to relationship and employment choices. Schwalbe believes that these distinctions are important, because society wants to identify and categorize people as soon as we see them. They need to place people into distinct categories in order to know how we should feel about them.

Hurst comments that in a society where we present our genders so distinctly, there can often be severe consequences for breaking these cultural norms. Many of these consequences are rooted in discrimination based on sexual orientation. Gays and lesbians are often discriminated against in our legal system due to societal prejudices.[citation needed] Hurst describes how this discrimination works against people for breaking gender norms, no matter what their sexual orientation is. He says that "courts often confuse sex, gender, and sexual orientation, and confuse them in a way that results in denying the rights not only of gays and lesbians, but also of those who do not present themselves or act in a manner traditionally expected of their sex". This prejudice plays out in our legal system when a man or woman is judge differently because he or she does not present the "correct" gender. How people present and display their gender has
consequences in everyday life, but also in institutionalized aspects of our society.

Recent critiques of feminist theory by Warren Farrell have given broader consideration to findings from a ten-year study of courtship by Buss. Both perspectives on gendering are integrated in Attraction Theory, a theoretical framework developed by Dr. Rory Ridley-Duff illustrating how courtship and parenting obligations (rather than male dominance) act as a generative mechanism that produces and reproduces a range of gender identities.

**Biological gender**

The biology of gender became the subject of an expanding number of studies over the course of the late 20th century. One of the earliest areas of interest was what is now called gender identity disorder (GID). Studies in this, and related areas, inform the following summary of the subject by John Money, a pioneer and controversial sex and gender researcher.

The term "gender role" appeared in print first in 1955. The term "gender identity" was used in a press release, November 21, 1966, to announce the new clinic for transsexuals at The Johns Hopkins Hospital. It was disseminated in the media worldwide, and soon entered the vernacular. The definitions of gender and gender identity vary on a doctrinal basis. In popularized and scientifically debased usage, sex is what you are biologically; gender is what you become socially; gender identity is your own sense or conviction of maleness or femaleness; and gender role is the cultural stereotype of what is masculine and feminine. Causality with respect to gender identity disorder is subdivisible into genetic, prenatal hormonal, postnatal social, and postpubertal hormonal determinants, but there is, as yet, no comprehensive and detailed theory of causality. Gender coding in the brain is bipolar. In gender identity disorder, there is discordance
between the natal sex of one's external genitalia and the brain coding of one's gender as masculine or feminine.

Money refers to attempts to distinguish a difference between biological sex and social gender as "scientifically debased", because of our increased knowledge of a continuum of dimorphic features (Money's word is "dipolar") that link biological and behavioral differences. These extend from the exclusively biological "genetic" and "prenatal hormonal" differences between men and women, to "postnatal" features, some of which are social, but others have been shown to result from "postpubertal hormonal" effects.

Prior to recent technology that made study of brain differences possible, observable differences in behaviour between men and women could not be adequately explained solely, on the basis of the limited observable physical differences between them. Hence the then-plausible theory, that these differences might be explained by arbitrary cultural assignments of roles. However, Money notes concisely that masculine or feminine self-identity is now seen as essentially an expression of dimorphic brain structure (Money's word is "coding"). The new discoveries have an additional advantage over the theory of cultural arbitrariness of gender roles, as they help explain the similarities between these roles in widely divergent cultures (see Steven Pinker on Donald Brown's Human Universals, including romantic love, sexual jealousy,[48][49][50] and patriarchy).

Although causation from the biological — genetic and hormonal — to the behavioural has been broadly demonstrated and accepted Money is careful to also note that understanding of the causal chains from biology to behaviour in sex and gender issues is very far from complete. For example, the existence of a "gay gene" has not been proven, but such a gene remains an acknowledged possibility.
Sexual reproduction and differentiation

Sexual reproduction

Sexual reproduction is a common method of producing a new individual within various species. In sexually reproducing species, individuals produce special kinds of cells (called gametes) whose function is specifically to fuse with one unlike gamete and thereby to form a new individual. This fusion of two unlike gametes is called fertilization. By convention, where one type of gamete cell is physically larger than the other, it is associated with female sex. Thus an individual that produces exclusively large gametes (ova in humans) is said to be female, and one that produces exclusively small gametes (spermatozoa in humans) is said to be male.

An individual that produces both types of gametes called hermaphrodite (a name applicable also to people with one testis and one ovary). In some species hermaphrodites can self-fertilize (see Selfing) in others they can achieve fertilization with females, males or both. Some species, like the Japanese Ash, Fraxinus lanuginosa, only have males and hermaphrodites, a rare reproductive system called androdioecy. Gynodioecy also found in several species. Human hermaphrodites are typically, but not always, infertile.

What is considered defining of sexual reproduction is the difference between the gametes and the binary nature of fertilization. Multiplicity of gamete types within a species still is considered a form of sexual reproduction. However, of more than 1.5 million living species,[53] recorded up to about the year 2000, "no third sex cell — and so no third sex — has appeared in multicultural animals." Why sexual reproduction has an exclusively binary gamete, system is not yet known. A few rare species that push the boundaries of the definitions are the subject of active research for light they may shed on the mechanisms of the evolution of sex. For example, the most toxic
insect, the harvester ant Pogonomyrmex, has two kinds of female and two kinds of male. One hypothesis is that the species is a hybrid, evolved from two closely related preceding species.

Fossil records indicate that sexual reproduction has been occurring for at least one billion years. However, the reason for the initial evolution of sex, and the reason it has survived to the present are still matters of debate, there are many plausible theories. It appears that the ability to reproduce sexually has evolved independently in various species on many occasions. There are cases where it has also been lost, notably among the Fungi Imperfecti. The blacktip shark (Carcharhinus limbatus), flatworm (Dugesia tigrina) and some other species can reproduce either sexually or asexually depending on various conditions.

**Sexual differentiation**

Although sexual reproduction is defined at the cellular level, key features of sexual reproduction operate within the structures of the gamete cells themselves. Notably, gametes carry very long molecules called DNA that the biological processes of reproduction can "read" like a book of instructions. In fact, there are typically many of these "books", called chromosomes. Human gametes usually have 23 chromosomes, 22 of which are common to both sexes. The final chromosomes in the two human gametes are called sex chromosomes because of their role in sex determination. Ova always have the same sex chromosome, labeled X. About half of spermatozoa also have this same X chromosome, the rest have a Y chromosome. At fertilization the gametes fuse to form a cell, usually with 46 chromosomes, and either XX female or XY male, depending on whether the sperm carried an X or a Y chromosome. Some of the other possibilities are listed above.
In humans, the "default" processes of reproduction result in an individual with female characteristics. An intact Y chromosome contains what is needed to "reprogram" the processes sufficiently to produce male characteristics, leading to sexual differentiation (see also Sexual dimorphism). Part of the Y chromosome, the Sex-determining Region Y (SRY), causes what would normally become ovaries to become testes. These, in turn, produce male hormones called androgens. However, several points in the processes have been identified where variations can result in people with atypical characteristics, including atypical sexual characteristics. Terminology for atypical sexual characteristics has not stabilized. Disorder of sexual development (DSD) is used by some in preference to intersex, which is used by others in preference to pseudohermaphroditism.

Androgen insensitivity syndrome (AIS) is an example of a DSD that also illustrates that female development is the default for humans. Although having one X and one Y chromosome, some people are biologically insensitive to the androgens produced by their testes. As a result they follow the normal human processes which result in a person of female sex. Women who are XY report identifying as a woman — feeling and thinking like a woman — and, where their biology is completely insensitive to masculinizing factors, externally they look identical to other women. Unlike other women, however, they cannot produce ova, because they do not have ovaries.

The human XY system is not the only sex determination system. Birds typically have a reverse, ZW system — males are ZZ and females ZW. Whether male or female birds influence the sex of offspring is not known for all species. Several species of butterfly are known to have female parent sex determination.[61] The platypus has a complex hybrid system, the male has ten sex chromosomes, half X and half Y.
1.6 MENTAL HEALTH

Mental means ‘of mind’ (according to oxford dictionary); ‘pertaining to mind’ or ‘the process associated to mind’ (according to Dictionary of psychology). Health Means ‘the state of being well in body’ or ‘mind;’ ‘a person’s mental’ or ‘physical condition;’ (according to oxford dictionary) ‘Mental health is a state of good adjustment with a subjective state of well being, zest of living, and the feeling that one is exercising his talents and abilities.’

WHO definition of Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental Health is the balance between all aspects of life - social, physical, spiritual and emotional. It impacts on how we manage our surroundings and make choices in our lives - clearly it is an integral part of our overall health. Mental Health is far more than the absence of mental illness and has to do with many aspects of our lives including.

Mental health is a term used to describe either a level of cognitive or emotional well being or an absence of mental illness. From perspectives of the discipline of positive psychology or holism, mental health may include an individual’s ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

In general terms, mental health is the full and harmonious functioning of the whole personality. Meninger (1945) writers, “Let us
define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition”.

Jahoda (1958), an advocate of the concept of positive mental health said that it means a successful synthesis of the factors, who the people are, where he is and what he wishes to be. Behaviour of a person is determined by concepts unifying look on, life, possessions of long range of goals, and appropriate connections with the past are the characteristics of a healthy person.

Jahoda (1958) has noted following six aspects of positive mental health:

1. Attitudes of an individual towards his own self: the accessibility of the self to consciousness, the correctness of the self-concept, and its relation to the sense of identity and the acceptance by the individual of his own self.
2. Growth, development, or self-actualization.
3. Integration.
4. Autonomy.
5. Perception of reality.

Maslow and Mittelmann (1951) have suggested the following criteria for normal psychological health:

1. Adequate feeling of security.
3. Adequate spontaneity and emotionality.
4. Efficient conduce with reality.
5. Adequate bodily desire and the ability to gratify them.
7. Integration and consistency of personality.
8. Adequate life goals.
9. Ability to learn from experience.
10. Ability to satisfy the requirements of the group.
11. Adequate emancipation from the group or culture.

### 1.6.1 Models of Mental Health

**i) Biological models**

Genetics is at this time an important area of research for psychiatric disorders. For example, a specific gene has been associated with bipolar disorder (also known as manic-depressive disorder), but unfortunately, the "switch" that controls the expression of the disorder is still unknown. It is presently thought that many genes go into the expression or non-expression of any human characteristic, such as a facial feature or a certain aspect of mental health. Research done on identical twins has provided strong support for a genetic component in the development of schizophrenia. For instance, the average person in the United States has a 1% chance of developing schizophrenia, while the identical twin of a person diagnosed with schizophrenia has a 50% chance, even if he or she has been reared by adoptive parents. Other researchers who are studying schizophrenia have found that during embryonic development, there are nerve cells that do not migrate to their proper position in the brain. On the other hand, none of the genetic or embryological findings can account for the rare but occasional recoveries from schizophrenia, indicating that biology alone does not determine the occurrence of mental disorders.

Dementias are also noted to run in families, but most of these disorders cannot be predicted with any certainty for the following
generation. Only one disorder, Huntington's chorea, which is really a movement disorder with a psychiatric component, appears to be determined by a single gene. Dementia of the Alzheimer's type does seem to have familial pattern, but again, the expression of the disease in any specific individual is not predictable at this time. Scientists believe that similar statements can be made for many mental disorders that run in families, such as obsessive-compulsive disorder (OCD), depression, anxiety, and panic disorder. The roles of the environment and learning behavior in the ultimate expression of genetically predisposed individuals are, however, undisputed.

**Neurotransmitter-related chemical imbalances**

This theory regarding the origin of mental disorders has become the foundation of most psychiatric treatment today. It has legitimized psychiatry by returning it to the world of biological medicine. Diabetes may offer a helpful analogy. In diabetes, a chemical necessary to health (insulin) is missing and can be replaced, essentially restoring the patient's health. In mental illness, the neurotransmitters in the brain may be present in insufficient amounts. These chemicals or transmitters allow communication between nerve cells; as a result, they coordinate information processing throughout the brain. As a person reads, for example, chemical levels rise and fall in response to the letters; the meaning they have; the reader's eye movements, thoughts, reflections and associations; and to the feelings the reader may have while reading. Thus, a person's brain chemistry is changed by everything that influences him or her, whether internally or externally. While the discovery of certain neurotransmitters and their roles in mental disorders has led in turn to the discovery of effective medications to treat these disorders, it has also resulted in the unfortunate notion that medication is the only method of treatment that is helpful.
Major neurotransmitters identified thus far include acetylcholine, dopamine, epinephrine, norepinephrine, histamine, and serotonin. Serotonin and norepinephrine are most highly implicated in depression, panic disorder and anxiety, as well as OCD. Most of the medications found effective for these disorders are drugs that increase the availability of serotonin and norepinephrine (such as selective serotonin re-uptake inhibitors, or SSRIs). In particular, depression, panic disorder, anxiety disorders, and OCD have responded strongly to medications that increase serotonin levels. On the other hand, medications that block the effects of dopamine in certain parts of the brain are effective in controlling auditory and visual hallucinations as well as paranoia in patients with psychotic disorders.

**Nutritional factors**

There is no doubt that poor nutrition leads to mental imbalances. While few people in the United States are truly starving or completely depleted nutritionally, instances of mental disorders related to malnutrition still occur in this country. The B vitamins are essential for mental clarity and stability. Insufficient amounts of the B vitamins, which include thiamin, nicotinamide, pyridoxine, and B, can result in confusion, irritability, insomnia, depression, and in extreme cases, psychosis. The body does not store these vitamins, so one should monitor one’s daily intake to ensure a sufficient supply. Tryptophan is an amino acid and supplement that is a building block for serotonin, the neurotransmitter that has been found to be essential in treating depression, anxiety, panic, and OCD, among others. Tryptophan is so important nutritionally that studies have shown that its absence in the diet will result in depression even when the person is taking a prescription antidepressant to increase the availability of serotonin.
ii) Medical model

Medical conditions is important to note that bacterial and viral infections, metabolic illnesses, medications and street drugs can all affect a person's mental status. Insults (injuries) to the brain can cause a person to be disoriented, speak incoherently, have difficulty concentrating, hallucinate, or even act out violently. When clinicians see disorientation and an abrupt change in a person's level of alertness, they refer to the altered mental state as delirium. Delirium is considered a medical emergency because the underlying cause must be identified and treated as quickly as possible. The exact way in which infectious disease and chemical agents change human mental function is unclear, and thus may not be visible on imaging studies.

The elderly are particularly vulnerable to changes in mental status resulting from apparently minor changes in body chemistry. Fever, dehydration, electrolyte imbalances, and even aspirin or antibiotics can all have an abrupt effect on the mental status of the elderly. Older people are susceptible simply because older brain tissue is more sensitive to the slightest change in metabolism or the presence of toxins.

Certain diseases have severe effects on the brain. An example is HIV/AIDS, in which approximately 70% of patients suffering from full-blown AIDS develop dementia, depression, or delirium. Similarly, at least 50% of patients with multiple sclerosis develop depression from the effects of the disease on brain tissues—not simply as a reaction to knowing that they have MS. Any infectious disease that causes inflammation inside the skull, such as meningitis or encephalitis, will usually result in some change in mental status; fortunately, these changes are usually completely reversible.

Recently, there has been an exciting development involving infectious disease and OCD as exemplified by "PANDAS," the acronym for
Pediatric Autoimmune Neuropsychiatric Disorder Associated with Group A Streptococcus. Group A Streptococcus is an autoimmune disorder thought to cause OCD symptoms (neuropsychiatric symptoms) in children with streptococcal infection of the tonsils and pharynx (more commonly known as strep throat). The OCD symptoms resolve when the infection is treated with antibiotics. The neuropsychiatric symptoms are believed to result from an autoimmune reaction, meaning that antibodies made to fight the bacteria mistakenly attack part of the brain, resulting in symptoms of OCD. The discovery of this connection between a streptococcal infection and an autoimmune reaction may have great importance for treating certain mental illnesses in the future, since links between the onset of psychiatric disorders and physical infections have been observed from time to time.

Disorders of metabolism can certainly mimic depression, anxiety and sometimes, even psychosis. Overproduction of thyroid hormone (thyrotoxicosis) can cause agitation, anxiety, mania and even psychosis; while a lack of thyroid hormone produces symptoms of depression and is routinely checked in patients with depression of recent onset. Imbalances in glucose (sugar) management can result in mood swings and should always be evaluated. Less commonly, malfunctions of the adrenal glands can profoundly affect a person's energy level and mental activity. The role of estrogen in postmenopausal depression has been intensively studied in recent years, but the findings remain inconclusive.

**iii) Neurological Model**

Neuropathology refers to damage to the brain tissue itself that results in mental illness. Dementias are placed in this category, since the brains of persons diagnosed with dementia exhibit microscopic changes in tissue structure when viewed under a microscope. These changes may ultimately appear on tests such as a CAT scan of the
brain. Larger changes are seen with strokes, which result when the blood supply is cut off to a specific area of the brain and causes localized damage. In these instances, a person may have altered speech patterns but retain the ability to think clearly, or vice versa. The losses are somewhat predictable and specific, based on the area of the brain that was affected and the extent of oxygen starvation of the tissue in that region.

Brain tumors and accidental injuries are random in their effects, and the deficits are usually less predictable. Each case must be examined individually. As with strokes, however, the location of the injury or tumor will determine the resulting mental status changes or deficits.

Pancreatic and certain colon cancers are particularly interesting for psychiatrists. For reasons that are unknown as of 2002, these tumors are frequently accompanied by depression even though they are located in organs that are far removed from the brain. More research is needed on the relationship between mood disorders and certain illnesses; it is possible that the tumor releases compounds into the bloodstream that have depressive effects.

iv) Psychological/interpersonal Model

Psychodynamic theories

Freud certainly opened the doors for humans to understand themselves in terms of psychology, or the notion that how one thinks and feels affects one's view of the world. Freud also found that simple conversation could help some very sick people out of depressions and other mental disorders. His work essentially demonstrated that extreme inner conflicts can become a source of mental illness. These extreme internal conflicts can occur, for instance, when one loves another deeply but also feels that that person is hurting them or depression if insights and appropriate coping skills are not gained, limiting their development in some way. If the person who is causing
pain or hindering growth is a parent or other powerful figure, these intense feelings can be hidden away or repressed. Also, a lack of honesty about reality can lead to any number of illnesses. For instance, feelings of anger and powerlessness, if unrecognized, may place the person at risk for developing aggressive behaviors or These psychological dis-harmonies, if ignored, can lead to disease if they are sufficiently intense or associated with central relationships in the person's life.

Freud's view of psychological conflicts as rooted in sexual repression was questioned by Jung, a psychiatrist and protégé of Freud, who felt that people's lives were affected by deep spiritual forces. Jung's work centered on psychological imbalances stemming from spiritual distress. There were other theorists after Freud, such as Adler, who regarded power as the central motivating force of human personality, or Melanie Klein, who emphasized the significance of envy.

Since the Second World War, behavioral and cognitive theories have emphasized the role of learning in the development of mental disorders. Children growing up in an abusive home, for example, may be "rewarded" by not getting beaten if they learn to be quiet and internalize everything. This internalized state may be a precursor of full-blown depression in later years. Unconscious assumptions based on early experiences may spill over into other situations later in life. As another example, children may learn to be "good" for their parents or society by taking on careers they don't like or belief systems that don't fit them, all for approval by the perceived higher authority.

Cognitive approaches to therapy maintain that people construct their view of the world from beliefs and feelings based on deeper assumptions about their own competencies. Depression, for instance, would be seen as a spiral downward into negative "self-talk" and feelings of inadequacy. Re-examining these negative assumptions then breaks the cycle based on erroneous thinking (cognition) which is
causing the depression, anxiety, or aberrant behavior. Studies have shown that three months of cognitive therapy is as effective as medication in the treatment of depression. This finding shows clearly that talk therapy does change the chemistry of the brain.

v) Stress-diathesis Model

**Trauma-related factors** Psychological traumas refer to events that are outside the experience of everyday life, although the exact definition of a traumatic experience may vary from person to person, country to country, and century to century. Traumas in early life, such as sexual or physical abuse, can lead to mood disorders and contribute to the development of personality disorders. Horrendous early traumas involving torture of a child, other people, or animals, may result in dissociative identity disorder, formerly called multiple personality disorder. Dissociation is a self-protective mechanism for separating conscious awareness from repeated traumas. It has sometimes been described as self-hypnosis, but most clinicians believe that it is not under the patient’s control, at least initially.

In later life, such severe traumas as war, rape, natural disasters, or any similar event, can lead to psychiatric difficulties. Post-traumatic stress disorder (PTSD) is a well-known disorder that affects war veterans. Extreme trauma causes the brain to record impressions in a way that is different from ordinary formation of memories. These disjointed impressions may re-emerge as flashbacks months or years after the traumatic experience. Chronic and repetitive trauma, exemplified by intermittent abuse or hostage situations, can lead to a chronic form of PTSD as well.

A subcategory of psychiatric disorders that occur in response to traumatic shock are termed fugue states. Fugue states are poorly understood, but can be described as conditions of total memory loss
after witnessing an overwhelmingly horrible accident or atrocity. These states of memory loss can last from minutes to years.

**Stress-related factors** Stress is something everyone in modern society seems to understand. There are two basic kinds of stress: inner stress from previous traumas or wounds that affect one's present life; and outer stress, or the environmental issues that complicate life on a daily basis, such as work or family problems. The interplay of these two forms of stress affects brain chemistry just as it can affect physical health. Numerous studies have shown that when people are chronically stressed in life, they are vulnerable to depression, anxiety, and other disorders. Interestingly, 70% of the adults in one recent European war situation were found to have depression, which is a normal human response to relentless stress. Researchers presently think that the mechanism that triggers this depression is the depletion of certain neurotransmitters, particularly serotonin and norepinephrine, which may lead to other biochemical imbalances. For instance, most people diagnosed with schizophrenia have their first psychotic episode during such stressful situations as leaving home for college or military service.

Genetic factors may add to a person's susceptibility to mental illness by lowering the body's production of neurotransmitters during difficult life transitions. The same combination of circumstances might affect the development of high blood pressure, diabetes, or ulcers in some families.

**vi) Socio-cultural model**

**Socio-cultural factors** Some mental disorders are influenced by social values and social interactions shaped by those values. Anorexia nervosa, bulimia nervosa, and body dysmorphic disorder are the most commonly used examples of mental illnesses in this category. With the increased visibility of unnaturally slender women in modern society
(as seen everywhere in advertising, television shows, movies, and celebrity fan magazines) doctors have seen a tremendous rise in the occurrence eating disorders. "You can never be too thin or too rich," a saying attributed to the Duchess of Windsor, is a phrase that has many women, and some men, monitoring their every ounce of food intake. The core of the illness is a lack of self-esteem combined with feelings that one's world is out of control. Some clinicians add fear of sexual maturation to this list of psychological causes of eating disorders. The common denominator is that these patients apparently believe they can control their world by controlling their food intake. Although neurotransmitter deficits have been found in patients with bulimia, whose vomiting may actually change their body chemistry, the desire to be thin is the conscious motivating force.

Modern society also values activity over rest, doing over being, thinking over feeling, resulting in many people becoming slaves to work and productivity, and having little respect for their inner life. Many cases of mild stress-related disorders run the risk of developing into full-blown generalized anxiety, panic, and depressive disorders. Mental health requires a reasonable balance between work and activity on the one hand and periods of rest and relaxation on the other.

**Alcohol and substance abuse** Alcohol is a central nervous system depressant. It plays a prominent role in the development of at least depression and is often involved in other mental disorders. In addition, people who abuse alcohol are at increased risk of mental disorders related to nutritional deficiencies. A lack of thiamin, a B-vitamin, can result in permanent brain damage in the form of severe dementia even at an early age. People in withdrawal from alcohol are also at risk for delirium tremens, a serious condition that can result in cardiovascular shock and death.
Street drugs are well known for their effects on young people’s mood and behavior. Permanent brain damage may result from the use of some "designer" drugs. One example is "Ecstasy," which can cause permanent memory loss and severe depression that responds only slowly to treatment. Street drugs must always be considered as a possible factor in the sudden onset of a mental illness in a young person. Moreover, drugs may precipitate a first psychotic episode in a person with a genetic predisposition to schizophrenia. In this case, the drug is the stressor that reveals the person’s dormant susceptibility to the disorder.

**Current theory and future directions**

**vii) Social Model**

The social model of mental health places much greater emphasis on the role of networks and communities in maintaining the mental health of individuals. Social isolation is a common problem for people experiencing mental distress and some kinds of mental health services can make a vital contribution towards alleviating this isolation, thereby forming an essential part of the social networks of their service users. To highlight the importance of these issues, this unit next introduces the work of a community resource centre in Scotland which makes a significant contribution to the welfare of local people.

Epidemiological studies report prevalence rates for psychiatric disorders from 9.5 to 370/1000 populations in India. This review critically evaluates the prevalence rate of mental disorders as reported in Indian epidemiological studies. Extensive search of Pub Med, Neuro Med and MEDLARS using search terms "psychiatry" and "epidemiology" was done. Manual search of literature was also done. Retrieved articles were systematically selected using inclusion and exclusion criteria. Only sixteen prevalence studies fulfilled the study criteria. Most of the epidemiological studies done in India neglected
anxiety disorders, substance dependence disorders, co-morbidity and
dual diagnosis. The use of poor sensitive screening instruments,
single informant and systematic underreporting has added to the
discrepancy in the prevalence of mental disorders reported in
epidemiological surveys can be considered lower estimates rather than
accurate reflections of the true prevalence in the population.
Researchers have focused on broad non-specific, non-modifiable risk
factors, such as age, gender and social class. Future research focused
on the general population, longitudinal (prospective), multi-center, co-
morbid studies, assessment of disability, functioning, family burden
and quality of life studies involving a clinical service providing
approach, is required.

Psychiatric epidemiology has gone through various stages of growth
over the past five decades in India, starting from the first psychiatric
epidemiological study by K.C. Dube, in 1961 at Agra, to the
development of tools like the Present Status Examination (PSE), and
the Indian Psychiatric Survey Schedule (IPSS). A major advance in
psychiatric epidemiology is the development of reliable and valid
diagnostic interviews.

Many epidemiological studies conducted in India on mental and
behavioral disorders report varying prevalence rates, ranging from
9.5(4) to 370 per 1000 population. These discrepancies are not
specific to Indian studies but are also seen in international studies
like the Epidemiological Catchment-Area Program and the National
Co-morbidity Survey67. This discrepancy will impact planning,
funding and health care delivery. Providing accurate data about the
prevalence of mental disorders in the community would help to justify
the allocation of scarce resources and planning of health services.

Psychiatric epidemiology lags behind other branches of epidemiology
due to difficulties encountered in conceptualizing, diagnosing, defining
a case, sampling, selecting an instrument, lack of resources and
The descriptive epidemiological studies have undergone unprecedented growth in India, but at the same time advances with respect to cost-effective, analytical and prospective experimental epidemiological studies have been minimal. A major challenge for psychiatric epidemiologists is to increase the relevance of their research with regard to their counterparts in preventive psychiatry and to the policy makers. Researchers have expressed reservations about the comparison of various epidemiological studies because of methodological differences. However, at present one has to rely on available studies to generalize the findings. Hence this article attempts to critically evaluate the (overall) prevalence rate of psychiatric disorders as reported in epidemiological studies from India. This review also attempts to answer the following questions: (i) What are the reasons for wide variation in the prevalence rate in India; (ii) Is the prevalence rate of psychiatric disorders stable or changing? (iii) What is the cost of treating psychiatric patients?; and (iv) What should be the focus of future epidemiological studies?

As Weisman and Klerman (1977) argue women are more likely than men to be depressed regardless of whether they are married or not. Yet Tarvis (1992) and Gilligan (1982) argue that it is not certain whether this is because of women really are more depressed or because of a gender bias in the depression is measured. It may well be that depression measures are only sensitive to the way in which women express depression.

viii) The bio-psycho-social model of mental illness

All of the above factors are most succinctly summarized in terms of the bio-psycho-social model of mental illness. Biological contributions, thoughts and perceptions, social pressures, and environmental stressors, the presence or absence of nurturing and consistency of love, core values, and self-worth are just a few of the things that contribute to making up the psychological uniqueness of every human.
being on the planet. In addition to the above, researchers are actively examining the role of spirituality in mental health and recovery. No one factor can be said to be the sole cause of mental illness; rather, disorders result from a complex set of forces that act upon each person as an individual. Finding the various elements that contributed to the onset of an illness requires considerable patience from the patient, his or her family, and health workers. Identifying all factors, if possible, provides the best road map for the healing process.

1.6.2 Mental health and marriage

Being married is associated with better physical and psychological health than being either single or separated. However, marital distress has proved to be an important risk factor for people's mental and physical health. This could be because the physical stress created when couples are unhappy can damage health and affect the immune system. Given the high divorce rate in the UK there is a high chance that marital distress could be making a significant contribution to ill health and mental illness. There are a number of programmes aimed at preventing marital problems and these have been shown to be effective in improving couples relationships but there has been no research into how this affects peoples' health. A Swiss trial of 118 couples divided them into two groups with half of the couples receiving marital therapy - aimed at improving their coping strategies, communication skills and problem-solving abilities - and the other couples forming a control group for comparison purposes. By the end of the study those who were receiving marital therapy were psychologically healthier and the women were happier with their lives. But there was no difference in physical health between the two groups.

Does marriage improve the mental health of men at the expense of women? David De Vaus investigates whether this widespread belief is supported by data from the 1997 National Survey of Mental Health.
and Well being of Adults. In 1972 Jessie Bernard coined the now famous phrase “his and her marriage.” By this she meant that a man experiences his marriage very differently from the way a woman experiences her marriage. Bernard argued that men do well out of marriage while women marry at considerable cost to themselves. She especially pointed to the way in which marriage advantaged the mental health of men and damaged that of women (Bernard 1976).

At much the same time as Bernard was writing American sociologist Walter Gove (1972) reported on research from which he argued that; “In modern western societies women have higher rates of mental illness than men.” This difference can be attributed to the role of married women...Married women have noticeably higher rate of mental illness than married men. In contrast, when single women are compared with single men and divorced women with divorced men widowed women with widowed men. These women do not have higher rates of mental illness. They are higher than their male counterparts in fact, if there is a difference within these marital categories. It is that women have lower rates of mental illness.

It is not certain whether or not Bernard and Gove were correct about the effect of marriage on men and women. In North America in the 1960s since their evidence is incomplete and can be interpreted in different ways (Fox 1980). Nevertheless, this view of the effect of marriage on men and women has been enormously influential and has become part of the “common knowledge” about marriage: men do well from marriage and women poorly.

This view continues to be reported today. Only recently Susan Maushart argued that: “Marriage makes life much better for men and only somewhat better for women and with significant and telling exceptions.” one of those exceptions is mental health. Marriage not only fails to protect mental health of women, there is evidence that it
is a direct risk factor for depression.” Hence, Inter-caste marriage is a risk factor for stress related disorders.

Fortunately, we are in a position to provide some clear answers to these questions. In 1996 the Australian Bureau of Statistics conducted the National Survey of Mental Health and well-being of adults. (1999) in which personal interview was conducted with a random sample of 10,641 adults Australians. This survey is largest study of mental health ever conducted in the world. Because the study is based on a probability sample the result ca be generalized to the Australian population and thus provide the first chance to gain accurate picture of the prevalence of mental disorders in Australia. The study asked about people’s marital status their family structure and related matters, and so we no longer have to relay on the picture painted in North American in 1960s For the first time we can reliably assess whether there is any evidence to support in belief that contemporary Australian marriage damages the mental health of women and improves that of men.

It should be clear what is meant by mental health. Too many studies have confused the idea of happiness or satisfaction with mental health. (Glenn (1975). They are not the same thing. When Bernard writes of the mental health cost of marriage she correctly insists that mental health is about clinical disorders such as depression, anxiety disorders, phobic disorders rather than happiness or life satisfaction.

1.6.3 Mental Health and Gender

Sex differences in reporting symptoms was also found more in women than men because the expression of malaise and distress by women is more acceptable by society than men. The social desirability of symptoms however, have to be compatible with the gender role expectation such as antisocial behaviour in males is considered as pathological.
Depression is one of the most frequently occurring mental illnesses in women in the ratio of 2:1 to men. It has been linked to single parent family and young married women who work at dead end jobs (Belle 1980). Even in India the suicide and homicide carried out by women shows intense feelings of depression. It has been universally felt that "stress and powerlessness are the deadly combination" for depression. The chief stressors are physical and sexual abuse, discrimination, divorce, poverty, etc. (Carmen, et al, 1981). Ulrich (1989) found high mortality rate due to dowry, infanticide and suicide in Indian women. Scheduled caste girls were also more vulnerable to stress and depression (Mishra, et al, 1980). Emotional stability, poor quality of life, rigid sex role stereotypes, external locus of control and joint family structure were also the factors leading to depression in young women (Barnes, 1992). Currently psychologists (Seligman, et al, 1978) view depression as helplessness induced by perceiving lack of contingency between responses and outcomes and that, an attribution style of interpreting the causes of the controllability as internal, stable and global elicits the symptoms of depression. This feature of 'learned helplessness style' has been found pre-dominantly as female issue. Hence, women may be having less effective instrumental coping behaviour than men and therefore experience more helplessness.

As for schizophrenic disturbances the most frequently reported symptoms by women were delusions which are more sexual in nature.

Phobias have been more associated with female gender. Nearly 98% of females have had animal phobias in childhood. These phobias can be considered developmental since they originate in childhood and often become a life time phobia. For some, the most disabling phobia for women is the social phobia, they try to avoid situations that subject them to valuation and scrutiny. Agoraphobia is yet another phobia that is commonly found in women and known as housewives disorder. They fear being trapped in a situation that relates to anxiety, about not being in control of themselves and manifest the physical
symptoms of dizziness with hyper ventilation, nausea and with no escape or help available to them. They lack the skill to control themselves when they panic or, to function competently as adults in coping with outside world. Also they have high incidence of hypochondriacal symptoms. The causative factor is due to ego defects, separation anxiety, parental over protectiveness and parental anxiety. Researcher showed 34% had phobic mothers and 6% had phobic fathers. Agoraphobic women have been socialized as child- women, over protected, dependent, strerotypically female and often with a maternal role model.

The incidence of taking alcohol has been related to stressful life events and 'empty nest' situation. Alcohol abuse is more sensitive to environmental situations. Higher incidence is observed in women who indulge in psychotropic drugs. Those who take psychotropic drugs have depicted low self- esteem and number of personal and social problems (Cooperstock 1980). There is a strong relationship between the use of drugs and the need to adjust to life situations that are otherwise unbearable. When the emotional turmoil is unmanageable the tranquilizers have become leading method of suicide.

The criminality in women has been biologically considered, where delinquent girls are expected to show a higher rate of XXY genetic makeup. These girls are large for their age and have masculine traits and show homosexuality. Crimes were also associated to be more frequent with menstrual cycle. The current increase in crime rate in women is due to the active and aggressive part taken be some women in the society. Incidence of high shop lifting is due to day to day temptations of life. It has been predicted that women of 21st Century will be far more involved in crime than the present generation. Women have become aware of their needs and also have easy access to arms and ammunition and would have no inhibition is using them.
As for sexual dysfunction in young women there are problem in arousal and orgasm due to less genital veso-congestion to erotic material (Heriman 1978). This variability of individual sexual expression is also determined by socio cultural influences. The sexual repression affects more women than men since most cultures monitor and control female than male sexuality. Hence women report higher sexual dysfunction (63% women : 40% men. Frank, et. al 1987) than men.

In obese women there is an acute awareness of their overweight. In this age of hedonism and narcissism many of the obese women are depressed and have poor self esteem. The physiological predisposition for women is significantly higher for fat cells and by the time they are adults, they have 21% fat compared to 15% fat in males. This higher fat is a mammalian adaptation to increase the survivability of pregnant female and their babies in time of food scarcity. In the society, obese children are considered as more lazy, ugly, dishonest, sloppy and dirty than normal weight children. Females learn at an early age that obesity has to be avoided. Dieting may actually lead to an increased propensity to put on fat and can exacerbate psychological stress levels. There are various problems manifested by dieting and over eating. These are commonly known as 'Anorexia' rejecting food, 'Bulimia' excessive eating and 'Bulemanorexia' in which tiny binge eating and vomiting are used to control weight. The struggle to appear sexually attractive produces much stress. The children with problems in weight withdraw from fear of rejection. The obsession with body weight is rather with slightly overweight girls who want to maintain ideal body weight. The process of dieting is negative and intrapunitive experience. Dieting is accompanied by intense anxiety in the first week possibly with fear of failure which is followed by months of depression with feeling of weakness, nervousness and irritability. Matters of nocturnal eating, insomnia and morning anorexia may develop with chronic dieting.
1.7 Adjustment

Adjustment generally refers to the modification to compensate for to meet special conditions. In the dictionary the term adjustment to, make suitable, adapt, arrange, modify, harmonize or make correspondence. Before understanding the adjustment as a process, it is necessary to examine some of the definitions of adjustment given by the researchers

To adjust means to make oneself to suited to, harmonize discrepancies; (according to oxford dictionary),

Adjustment is the establishment of a satisfactory relationship as representing harmony, conformance. Adaptation or the like. (Webster, 1951)

Adjustment is the process by which a living organism maintains a balance between its need and the circumstances that influences the satisfaction of these needs (Shaffer, 1961).

Adjustment is a continuous process in which a person varies his behaviour to produce a more harmonious relationship between himself and his environment (Gates and Jersild, 1948).

From these definitions it is clear that in every definition the needs are incorporated. One has to change one’s mode of behaviour to suit the changed situation so that a satisfactory and harmonious relationship can be maintained keeping in view the individual and his needs on the one hand and environment and its influence on the individual on the other hand. Even Shaffer’s definition underlines one’s need and their Satisfaction. Shaffers tries to maintain a balance between his needs and his capacities of releasing these needs and as long a this balance in maintained he remains adjusted. As soon as balance is disrupted he drips towards maladjustment. Gates and Jersild (1948) mentioned that adjustment is harmonious relationship between the individual
and his environment. View of all these facts it could be stated that adjustment is a condition or state in which the individual behaviour conforms to the demands of the culture or society to which he belongs and he feels that his own needs have been or will be fulfilled. In this concern Arkoff (1968) had given an extensive definition of adjustment. According to Arkoff adjustment is the interaction between a person and his environment. How one adjusts in a particular situation depends one’s characteristics as also the circumstances of the situation. In other words, both personal and environmental factors work side by side in adjustment. An individual is adjusted if he is adjusted to himself and to his environment.

Examination of various definitions of adjustment reveals that adjustment can be interpreted a both process and the outcome of that process in the form of some attainment or achievement. When a poor child studied under the street light because he has no lighting arrangement at home he is said to be in the process of adjustment what he attains in terms of success in his examination or the fulfillment of his ambition or pride in his achievement is nothing but the result of his adjustment to his self and his environment. In other words when adjustment is perceived as an achievement it means low the effectiveness with which an individual can function in changed circumstances and is, at such,. Related to his adequacy and regarded as an achievement that is accomplished as badly or well (Lazarus, 1976).

In some of the definitions of adjustment it was stated that the process of adjustment is continuous. If one thinks in right direction the one observes that the process of adjustment starts at one’s birth and goes on without stop till one’s death. In other words adjustment is something that is constantly achieved and re-achieved by us. Apparently, it appears that adjustment is a one way process but in reality it is not, it is a two way process and it involves not only the process of fitting oneself in to available circumstances but also the
process if circumstances to fit one’s needs. Related to this White (1956) commented excellently. White writes that the concept of adjustment implies a constant interaction between the person and his environment, each making demands on the other. Sometimes adjustment is accomplished when the person yields and accepts conditions which are beyond his power to change. Sometimes it is achieved when the environment yields to the person activities. In most cases adjustment is compromise between these two extremes and maladjustment is a failure to achieve a satisfactory compromise.

In Psychology, adjustment means the behavioural process of balancing conflicting needs, or needs against obstacles in the environment. Humans and animals regularly do this, for example, when they are stimulated by their physiological state to seek food, they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus.

1.7.1 Theoretical Prepositions of Adjustment

Psychological Perspective of adjustment can be explained by following theories. It is necessary because some people adjust to their environment successfully; many others could not. It means that there are some factors that help in satisfactory adjustment and the other factors that hinder the satisfactory adjustment. So, it is necessary to examine some of the theories of models of adjustment. They are as follows:

i) The Moral Model

To explain adjustment, the moral modal existed first. According to this modal, adjustment is decided by social norms and ethics. Those who follow the norms are adjusted and those who do not follow the norms are called maladjusted. This view is not accepted as scientific but it was one of the important views in the old days.
**Freudian Model of adjustment**

Sigmund Freud(1938) was the first person in the history of psychology who explained the behaviour in different way from traditional philosophical ways. He believed that human psyche consists of three levels, the conscious, the sub-conscious and the unconscious. Human behaviour is controlled and directed by the unconscious motives. The repressed wishes, desires, feelings, drives and motives are basically related to sex and aggression. Freud proposed that man wants to seek pleasure and avoid pain or anything which is not in keeping with his pleasure loving nature. It also decides the individual adjustment and maladjustment to his self and his environment.

The ego is the social form the psyche which tries to follow the moral and ethical norms of the society. The Id wants to oppose it because it works on pleasure principle; so the balance between these two is very important in adjustment. Freud further explained that adjustment of a person is not only decided by his present situation, but what happened to him in his childhood plays a significant role.

The Neo-Freudian view states that there is an urge, which is basically inherent and strong enough, plays the important role in adjustment. According to Adler All human beings in the childhood are helpless and feel inferior. So they tries to compensate this inferiority by seeking power and superiority. This is an adjustment.

**ii) The Medico-Biological Model**

Hormonal disruptions arising from stress and other things. This is the one of the important model of adjustment.

The adjustment is not only psychological phenomenon but it is decided by genetic, physiological and biochemical factors. According to them, Maladjustment is the result of diseases. The diseases are
developed in the body and the brain. These diseases can be the result of heredity or damage acquired during the course of a person's life by various reasons like injury, infection.

**ii) The Socio-Cultural Model**

Every society has its rules and patterns of behaviour. These traditions and norms are the culture of that society. These culture affects the behaviour of the person in which he lives. The person behaving to such an extent that behavior takes the shape of adaptive or non-adaptive behavior turning one into an adjusted or maladjusted personality. The society and culture to which one belongs does not only influence or shape ones behavior but also sets his standard for its adherents to behave in the way he desires. Individual, who behave in the manner that society desires are labeled as normal and adjusted individuals, while deviation from social norms and violation of role expectancy is regarded as a sign of maladjusted and abnormality. The person's adjustment is influenced by the culture.

**iii) The Behavioral Model**

The behavioural model of adjustment explains the adjustment in terms of adaptive or maladaptive behaviour. According to learning principles every behaviour is acquired and is not inherited. Competencies required for successful living are largely acquired or learnt through social experiences by the individual himself. The environmental influences provided by the cultural and the social institutes are important. They plays role in shaping behaviour patterns. The interaction of ones psychological self with ones physical or social world which plays a decisive role in determining success or failure. Behavior whether normal or abnormal, is learnt by obeying the same set of learning principles or laws. Generally every type of behavior is learnt or acquired as an after effect of its consequences. The behavior ones acquired if reinforced may be learnt by the
individual as normal as a result one may learn to consider responses which are labeled normal as abnormal. Not only the normal or abnormal behavior is learnt but labeling of behavior as normal or abnormal is also learnt. In short the behaviorist model proposes that adjustment or maladjustment is acquired not inherent. Societal influences on the individual and vice versa should be taken into consideration for understanding adjustment or maladjustment of the individual with the self and environment.

iv) Erich Fromm’s Model

Erich Fromm is one of the prominent psychologist. He emphasized the need of security and felt that a child may feel the necessity for belonging to offset the fear of isolation and aloneness. The individual in his childhood may desire to live in his family, belonging to the members of the family and provided with love, affection, security. When he attains maturity he is impelled by an inner craving for freedom as a result he tries to escape from the very bonds which provided him his security he needed. In this kind of situation he may be confronted with the inner conflict of being dependent for the satisfaction of his needs. If the crisis dissolved the individual is satisfied and adequately adjusted but if the conflict retains then there is possibility of maladjustment.

1.8 Marital Adjustment

Marital adjustment has long been a popular topic in studies of the family, probably because the concept is believed to be closely related to the stability of a given marriage. Well-adjusted marriages are expected to last for a long time, while poorly adjusted ones end in divorce. Simple as it seems, the notion of marital adjustment is difficult to conceptualize and difficult to measure through empirical research. After more than half a century of conceptualization about and research on marital adjustment, the best that can be said may be
that there is disagreement among scholars about the concept, the term, and its value. In fact, several scientists have proposed abandoning entirely the concept of marital adjustment and its etymological relatives (Lively 1969; Donohue and Ryder 1982; Trost 1985).

Scientists have long been interested in understanding which factors contribute to success in marriage and which to failure. As early as the 1920s, Gilbert Hamilton (1929) conducted research on marital satisfaction by using thirteen clusters of questions. In 1939, Ernest Burgess and Leonard Cottrell published Predicting Success or Failure in Marriage, in which they systematically discussed marital adjustment. They defined adjustment as "the integration of the couple in a union in which the two personalities are not merely merged, or submerged, but interact to complement each other for mutual satisfaction and the achievement of common objectives."

1.8.1 Areas of Marital adjustment

The areas of adjustment are as follows

**Sexual** need is the most important need because it is the survival instinct of the human beings. They marry to survive his inheritance. Male and female gets married to fulfill their sexual needs. So the marital adjustment of the couples depends on their healthy sexual relations. There is positive relationship between marital adjustment and sexual relationship between husband and wife; healthy relation—better the adjustment.

**Emotional adjustment** is one of the important aspect of the marital adjustment. Emotional bond ties couples together. Without emotional attachment nobody could live his life satisfactorily. Man is social animal. He needs company for the same purpose. Most of the social needs are emotional kinds of needs. Being accepted by spouse, being
loved by spouse are the indications of well adjustment. Emotional support is one of the important factors of marital adjustment.

**Social adjustment** means those types of relationship which involve the accommodation of the individual to circumstances in his social environment for the satisfaction of his needs or motives. In marriage this kind of adjustment is one of the important aspect of the marital adjustment. The adjustment with in-laws and other member of the relatives are social adjustment.

**1.8.2 Factors affecting Marital Adjustment;**

Marital relationships may have problem in there is lack of co-operation and love among the spouses. There are several factors which influence marital adjustments. Some of the explanation of Psychologies in this regard are as below;

**Limited preparation**- With little preparation in the areas of domestic skills, child rearing, getting along with in-laws, and money management has influence on marital adjustments.

**Roles in marriage**- The trend towards changes in marital roles for both men and women and the different concepts of these roles held by different social classes and religious groups make adjustment problems in marriage.

**Early Marriage**- Marriage and parenthood before young people have finished their education and are economically independent deprives them of the opportunity to have many of the experiences enjoyed by their unmarried contemporaries or even by their married friends who waited to be financially independent before marrying. This leads to constant envy and resentment which militates against good mental adjustments.

**Unrealistic concepts of marriage**:- adults who have spent their lives in school and colleges, with little or no work experience, tend to have unrealistic concepts of what marriage means in terms of work, deprivations, financial expenditures or chances in life patterns. This unrealistic approach to marriage inevitably leads to serious
adjustment problems which often lead to divorce. **Mixed marriages**- adjustments to parenthood and to in-laws are much more difficult to interracial or inter-religious marriages than when both marriage partners come from the same racial or religious background.  

**Shortened courtships**- The courtship period is shorter now than in the past, and thus the couple has less time to solve many of the problems related to adjustment before they are actually married.  

**Romantic concepts of marriage**:- Overly optimistic expectations of what marriage will bring often lead to disenchantment, which increases the difficulties of adjusting to the duties and responsibilities of marriage.  

**Lack of identity**- Both husband and wife are likely to resent the loss of their identity as individuals which they strive hard to achieve and valued highly before marriage.

### 1.9 STATEMENT OF PROBLEM:

To study the mental health and marital adjustment of inter-caste and intra-caste married couples.

### 1.10 SIGNIFICANCE OF THE STUDY:

The tradition of caste system and discrimination are main obstacles of India's progress. For year's Indian society especially Hindu society have been divided on the basis of caste system The problem of caste system was so deep rooted that it took years for the Indians to come out of that idea. Even today also, India is struggling to come out of this social menace. History reveals that efforts have been made by various social reformers like Rajaram Mohan Roy and individuals whose name doesn't appear in the pages of history to make India free from the clutches of caste system, untouchability and race discrimination. In addition, when we talk about Indian marriages,
which are inter caste and inter religious it seems like a taboo to most of the people. However, in order to eradicate the caste system and race discrimination it is important that there should be inter caste and inter religion marriages. Marriages are regarded as the most important social custom and the best means to remove the barrier of caste system. Today in Indian society though we can see inter caste marriages but mostly it is the part of the city culture. The rural parts of the country still have a long way to go.

Indians had an orthodox mindset. They couldn’t imagine inter caste marriages. They had a conception that marriages are only possible in the same community and caste. Nevertheless, it’s not the matter of same caste or religion it is the matter of understanding and compatibility. It is how well the both of them understand each other’s need. It is not necessary that you have to belong to the same community or caste then only you can understand your spouse better. It is how well you feel for your partner. There are ample examples where two people from totally different background and lifestyle come together and spend their entire life happy with each other. So if there is true love and feeling than nothing should come in between their relationship. Moreover, to have this mindset you need to be educated first then only your perception about life and relationship changes. Education broadens your periphery of thinking it helps you to develop an analytical power. So inter caste and inter religion marriages can only be possible if people change their mindset and views and this is possible if there is proper education. With the changing social scenario, changes in mindset of the people can be seen but mostly among the city people. In villages, people are very rigid in matters of marriages. They prefer that their sons and daughters should marry in the same caste and community.

Many a times in newspapers we read about incidents of murder and riot taking place in villages due to caste and religious tensions. This tells us that we still have a long way to go. In addition, the only ways
we can fight this social menace of caste system is when people of two different communities come together and tie their knot. Therefore, we can take the initiative to change the social structure of our country. Inter caste and inter religion marriages are a beacon light for social equality. There should be more societies and NGO’s to support and encourage inter-caste marriages and inter-religious marriages. In order to break the caste-system it is incumbent that there should be inter-caste and caste-less marriages. However, it is a difficult task to promote marriages between two communities but initiatives should be taken to fight this social menace. After all marriages is all about coming together of two souls irrespective of social background and class.

Indian Supreme Court, writing the judgment, Justice Katju said: "The caste system is a curse on the nation and the sooner it is destroyed, the better. In fact, it is dividing the nation at a time when we have to be united to face the challenges before the nation. Hence, inter-caste marriages are in fact in the national interest, as they will result in destroying the caste system. However, disturbing news is coming from several parts that young men and women who unite in inter-caste marriages are threatened with violence, or violence is actually committed on them."

After independence the Indian Government began to introduce various social reforms with a view to attain their ideal of a casteless society. As regards inter-caste marriage, the Government wants to promote the spread of such marriage between caste Hindus and Harijans, promising at the same time to grant increased financial provision for aiding such marriages.

the caste system is a curse and deep rooted in India and so many social reformers since 18th century are fighting against it. The real remedy for breaking Caste is inter-marriage. Nothing else will serve as
the solvent of Caste. Social workers since more than half century insisting for the same.

Social organizations are also trying to eradicate caste system. For instance, social workers are also endeavouring hard to eradicate caste system, through inter-caste marriage. A petition was presented on 14th February 1959 to the secretary of the Loksabha signed by 3500 social workers demanding abolition of the caste system and enforcement of exogamy through legislation. The signature campaign was sponsored by the Jatiwad Unmulan Samiti, which aims at establishing a casteless society. Among the signatories, it was stated there were persons like Mr. S. Ramanathan, a former Minister of Madras, Mr. Kailash Chandrs, founder organizer of the Samiti and Mr. V.K. Pavithran, All Keral Inter-marriage association.

This study helps us to understand the nature of inter-caste marriage: marital adjustment and mental health of the couples they undergone this type of marriages. Today inter-caste marriages are increasing day by day due to various reasons. Therefore, the study will help them to decide about their marriages.