CHAPTER- I
INTRODUCTION

1.1 Introduction

Education is like an axis around which fullness of the human beings revolves, thus forming an effective means to improve the status and character of living pattern of the people. Education helps the people in their intellectual, social and emotional development and enables them to meet their basic needs. Thus, it can be said that education is the only way to help a child to inculcate cultural values, prepare him for professional training, helps him to adjust according to the environment. So, Education is the indispensable instrument for stability and progress of the individual as well as the society.

To come up to these expectations, the liability of proper imparting and spread of education to the society is mandatory. The present era has been called the age of anxiety, the age of opportunity, and the age of science. It is the age of challenge also. The human mind is passing today through an acute crises, reason is being the disequilibrium between the progress that has been registered in recent times in the externalities of life and the progress or the lack of progress in the inner realm of life. The world has become global, but man has not developed for the required global consciousness. Unless, teachers help the students to develop their personal identity, education cannot be said to have fulfilled its essential role. (Kaur, 2009)

Today the whole world is suffering from the lethal disease of moral anemia. Man sacrifices everything and joins the rat race of materialism. There are crisis of values as seen among school and college students, also among teachers and parents as well. These crises or sacrifices leads to stress and strain in the mind of every individual, which could be students or teachers or parents. This stress and strain directly influence their mental health. Mental
health is primarily related to human behavior, so it is very essential for human beings to be mentally healthy.

A person with sound mental health makes healthy decisions in their life and guides other people properly to achieve their goals. Sound mental health enable a person to live his life with full of satisfaction. One can understand the world, face extreme situations, cope up from failures, easily accept his limitations and can better in understanding the relationships in the world of work and personal life. He can make decisions effectively and efficiently which are based on their judgements. A person who is not having good mental health will consequently find it difficult to make equilibrium between the other spheres of life. Neither one can work effectively in their world of work nor in their personal life. When one finds himself unable to make balance between various aspects of life, they surround themselves with the feelings of anxiety, depression, low self esteem, lack of confidence, non readiness towards work, easier get frustrated and make themselves silent on many spheres of life. This also affects their feelings which they hardly express to colleagues, family and life partners. When one is not willing to express their feelings for the sake of a relationship with others and go into silence, is termed as self silencing.

Moral judgements also have a major role to play in the decision making processes. Therefore, the need of the hour is to re-orient the process of education by rendering the moral education in curriculum that young people realize that these exploitations, insecurity and violence are not the solution to every problem. An organized society cannot be sustained without adhering to and enforcing some norms of social and moral behavior. The society has delegated this responsibility to teachers for creating future citizens and shaping their character and behaviour too. Teachers play a vital role in making an organized society. They are role models for their children and highly adhered by their students. Hence, a teacher must possess a good mental health,
distinctive enough to make moral judgements and with low level of self silencing so that they can inculcate these values among their students. If they do not possess these qualities, somehow they would have been lagging behind from fulfilling their responsibilities. This is the reason why in India, a great place has been given to a teacher.

An effective teacher is described as one who is able to successfully perform tasks expected of him/her. Teachers influence students not only through content, but also through their personality traits and through his/her behavior. A teacher should have many essential qualities which are discussed as follow by various authors:

Kucukahmet (1999) is of the view that teachers have the potential to influence students, both positively and negatively through their professional qualifications and personality traits.

Whereas according to Ingersoll (1999), the quality of a teacher is determined by his/her personality traits, teaching application and level of academic development.

According to Ali (2011) the characteristics to be developed in a teacher are as per following. A teacher is:

- Empathetic, understand student’s emotions by their emotional maturity.
- Aware of personal and social responsibilities, upholds social values to keep up social maturity.
- Fair and treat students equally and patiently is non judgmental through moral judgement.
- Warm, kind, friendly, sociable, familiar, trustworthy, earns student’s trust, humble, dynamic, disciplinarian and confident.
• Encouraging, supportive, democratic, flexible, amicable, cooperative, respectful of students, values their opinion, cheerful, compassionate and enjoys helping others.

As discussed above, teachers affect their students in the class and outside by their personality. The teacher is a role model for the students. So it is very important for teacher to be fair enough in their decisions and to be free from favouritism. A true teacher always keeps his/her personal and professional life apart. Their attitude, actions, behavior, moral values and decisions are not affected by their personal life. Therefore it is important that teacher should be mentally healthy and should be fair in his/her moral judgements.

There is a growing and utmost need of mental health services for the teachers and especially in case of women teachers, because; women teachers have to manage their domestic as well as professional life. Women are the pivot of a family. She is the central figure who teaches all the members of society i.e. students, their children and family members and act as role model. A women teacher manages all her household work as well as her professional life. It is very important for her to make equilibrium between her personal and professional spheres of life. In order to achieve this equilibrium she is occupied with lots of tasks to be completed and between all this she should be physically as well as mentally healthy in order to achieve the maximum output. Therefore, the awareness about the importance of mental health issues among women teachers is equally important to the other prevailing issues. It becomes very important that women teachers must have good mental health and must possess the ability to make moral judgements. It is also very important for women teachers that they have the ability to express her feelings. If they are not able to express them, they will get depressed and experience self silencing. So, self silencing will affect the mental health of women teachers.
The importance of mental health has also been recognized by WHO (2012) since its origin, and is reflected by the definition of health in the WHO constitution as “not merely the absence of disease or infirmity” but rather “a state of complete physical, mental and social well-being (Tharyan, Bragana and Jebraj, 2005). In recent years this definition has been given major focus by huge advances in the biological and behavioral sciences. These in turn have broadened our mental functioning and of the profound relationship between mental, physical and social health.

Mental health is a global term which refers to that condition of an individual which results from the normal organization and functioning of his mind. Mental health can also be called the process of human self-realization, self-satisfaction and full successful existence. Mental health of a person, among other things, is chiefly concerned with his total sense of growth and development; adjustment and peace, success and happiness and effective membership of a group or community which remarks the psychological demands. (Kumar, 1991)

In the past, many attempts have been made to find out the relationship of mental health and its correlates at different levels of education. Wig and Nagpal (1971) attempted to find out the relationship of mental health with academic achievement; Gupta (1988) with sub dimensions of religiosity; Shouse and Nilson (2011) found the relationship between well being and self silencing. But, a few scholars have investigated the relationship of mental health with moral judgement and self silencing. The National Education Policy (1986) lays emphasis on moral and social values. Therefore, the teachers are encouraged to become morally balanced and impart moral education to the children through their deeds. Teachers should ensure social harmony, peace, universal love and brotherhood by cultivation of moral values among the children. Researches regarding the relationship of mental health and moral judgement are negligible up to recent times. (Kaur, 2002)
Moral judgement is a mode of moral reasoning where persons or events are rated as good or bad (James, 1974). The extreme selfishness and utter lack of honesty that can be seen everywhere and convinces everyone that it is necessary to consider seriously the questions of moral education. No society can survive without a moral order. The schools and colleges should produce civilized people who will be able to exercise moral judgement. Moral development is an activity of building moral character and the ingredients of this activity are moral habits and skills in moral reasoning. Moral habits mean moral quality or moral virtue. A moral person is one who exemplifies in action the basic stock of moral qualities which are cherished and practiced in society such as courage, honesty, and respect for life, friendship or justice. The unity of these similar qualities constitutes moral character and these qualities are acquired by moral doing. Moral development involves actions and knowledge of what is good and bad and what is right or wrong, action of fighting against wrong or bad. Moral judgement in all critical situations depends upon personal factors and environmental factors. Hence, moral issues are everyday type problems to human and they are increasingly complex.

Development of moral judgement among women teachers is important so as to provide them with intellectual resources that enable them to make informed and responsible for judgements about difficult matters of moral importance. Our society being in the transition stage is likely to bring unusual distortion and disruptions in the inherited system of values. The primary concern of moral judgement is therefore to enable the teachers to survive these distortions to establish a system of ethical and spiritual values in the rapidly changing society (Kataria, 2006).

In the job environment or a home, women everywhere have to prove themselves to save her identity. Most of the times, she has to make sacrifices to stay in the limelight and has to suppress her and bottle up their feelings in order to maintain relationships. Women are much adhered and intimated in
relationships with others. Either at professional or personal life, everywhere she tries to calm and stress free environment. While trying to do so, she does not express herself and undergoes self silencing. Self silencing has negative impact on the mental health as well as the ability of making decisions.

Therefore, the awareness about the importance of mental health issues among women is equally important to other prevailing issues. Wherever a teacher fails to do justice with her moral judgement, her inner voice produces a feeling of guilt in them. Sometimes, they go and sort out the things themselves but many a times, in order to save a relationship or to avoid arguments; women do not express their feelings and undergo the sense of self silencing. Self-silencing is a socially maintained phenomenon that inhibits women’s self-expression and input in society. The construct affects women, both individually and collectively. It has been linked to physical health problems, psychological issues and the nature and quality of intimate relationships. Therefore, it is very important to study the mental health in relation with moral judgement and self silencing of women teachers.

1.2 Moral judgement

Moral judgement is the ability to judge or to opine goodness or badness or to distinguish between right or wrong. Moral judgement is not only a judgement about an action but a judgement upon an action with reference to moral ideals. It compares an action with moral standards and proves it to be right or wrong. Moral judgement is a judgement of value and virtue as distinguished from a judgement of fact. Judgement therefore is a person’s capacity to form, give or decide or correct opinion of what is right or wrong. It is conditioned by society, environment and time. Generally, moral judgement is believed to be an ability to discriminate between what is right and what is wrong according to social standards. In Lee’s (1971) viewpoint, moral judgement is the individual’s capacity to make concrete, approved, acceptable decision and choice that does not contravene any code of social ethics. It can
be conditioned by environment, economic and family factors. Morality is the conformity to the moral code of the social group. It is the internationalization of a set of virtues, ideas and values sanctioned by society that become an integral part of the individual’s self through the process of development. It is considered as a sum total of an individual’s way of behaving which is judged in terms of ethical righteousness or wrongness.

Morals are not those objects which exist in space and time but, they are established by judgements like judging things, qualities, events or actions from a personal point of view (Taneja, 1986). The judgement is the aspect of morality which is the capacity to make judgement of right or wrong and to justify maintaining standards to one self and to others. Moral judgements are the assertions which an individual makes on the basis of his/her values. According to Haidt's (2001) social intuitionist model, emotional capacities involving affect and intuition do almost all of the work in generating moral judgments. Whereas some other educationists, philosophers and psychologists describe moral judgement as:

According to Mackenzie (1929), moral judgement is not simply of the nature of what is called a judgement in logic. It is not merely a judgement ‘about’ but a judgement ‘upon’.

Whereas Dewey (1932) is of the view that moral is similar to judgement of good and bad in conduct. It deals with recognition of beauty and ugliness in conduct. He explained that a judgement which is adequate under ordinary circumstances may go far astray under changed condition. Judgement is more of personal point of view coming as it does from the word ‘judge’ which means to form or give an opinion about something or somebody.

Piaget (1932) stated that all morality consists in a system of rules, and the essence of morality is to be sought in respect to which the individual acquires for these rules.
According to Hemingway (1955), what is moral is what you feel good after and what is immoral is what you feel bad after. The only true morality is autonomy, Self-rule, the action of an individual guided by internal controls. It’s essential characteristic is free choice; imposed morality can never be genuine morality. Moral concepts and rules are closely related to the structure of society and morality is, therefore relative in the sense that as the ends of each society vary so do the standard of right and wrong. Although all human societies have some standards of right and wrong and are sensitive to judgements in such terms, but behind the variations is some real measure of uniformity.

According to the Dictionary of Education (1959), moral judgement is a judgement involving choice among principles, policies or courses of actions and involving also some criterion of right conduct, the judgement may involve preliminary the selection and application of the principles or it may involve choice among or resolution of conflicting principle of morality.

Piaget (1965) writes that moral judgement is the result of a process of sequential development in the child’s reasoning abilities.

Whereas according to Verma (1976), Moral judgment means power to distinguish right from wrong, good from bad, judging moral seriousness of various acts.

According to Longman’s Dictionary of Contemporary English (1978) moral is (i) a behavior action considered or judged as being good or bad, right or wrong, (ii) it is based on the idea of what is right compared with what is lawful, having or being directed towards rights, (iii) goodness, (iv) related to pureness and goodness, (v) able to recognize the difference between right and wrong, good and evil. And judgement is ability to judge correctly; it is the capacity of an individual to discern and decide what is right and wrong. Judgement is relative, never absolute.
According to James (1979), Moral judgement is the process by which a person arrives at a judgement of what is a moral thing to do in a moral dilemma.

Rest (1979), Moral judgement is defined as the process by which a person decides what is morally right. That is, the structure a person relies on, to assign rights and responsibilities to oneself and others, is based on the way one interprets moral judgements.

New Shorter Oxford English Dictionary (1993) defines morality as the doctrine or branch of knowledge that deals with right and wrong conduct and with duty and responsibility.

But, Blassi (1997) is the view of that moral judgement is defined as intention, a sense of obligation to behave in accordance with one’s perception of the upright, rather than by the behavior that corresponds to the perception.

Learner’s English Dictionary (1998) defined morality as the goodness or rightness of society’s standards of right and wrong.

According to Encarta World English Dictionary (1999), Morality is accepted moral standards of conduct that are accepted as right or proper.

Bebeau, Rest and Narvaez (1999) writes moral judgement is judging which action is morally right or wrong. Once a person is aware that various lines of action are possible, one must ask which line of action is more morally justified.

David (1999) says that moral judgements are nothing but expressions of or about the individual judge’s own attitudes (their thoughts, feelings, personal opinions, etc.)

According to Lind (2000) moral judgement is operationally defined as the ability of a subject to accept or reject arguments on a particular moral issue
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consistently in regard to their moral quality even though they oppose the subject’s stance on that issue.

Greene and Haidt (2002) defined that morality evolved from human’s expending cognitive abilities that allowed the development of within group altruism or cheating, cooperation and norm following behavior.

Whereas Haidt (2003) defined moral judgement as an evaluation of the actions and character of a person, made with respect to the norms and values established in a society.

Thomasma and Wersstub (2004) viewed that moral judgement is competent judgement that an individual has the possibility of making choices and is able to recognize their consequences.

According to Philip (2005) moral judgement is a system of defining rules for judging the behavior of individuals in the society.

Lerkiatbundit et al. (2006) are of the view that moral judgement is the capacity to make decisions and judgements which are moral based on internal principles and to act in accordance with such judgements.

Knutson et al. (2009) are of the view that moral judgement is an evaluation of the actions and character of a person made with respect to social norms.

Conclusively, in the light of above definitions moral judgement is an ability to make distinction between right and wrong according to social standards (Verma, 1976; New shorter oxford dictionary, 1993; Learner’s English dictionary, 1998), judgement of good and bad in conduct. It deals with recognition of beauty and ugliness in conduct (Dewey, 1932), once a person is aware that various lines of action are possible, one must ask which line of action is more morally justified (Bebeau, Rest & Narvaez, 1999) and one’s perception of the upright, rather than by the behavior that corresponds to the perception (Blassi, 1997). Moral judgement is competent judgement that an
individual has the possibility of making choices and is able to recognize their consequences (Thomasma and Wersstub, 2004) and ability of a subject to accept or reject arguments on a particular moral issue consistently (Lind, 2000). Moral judgement is that situation or choices in which an individual take decisions and act according to the social norms or moral values (Hemmingway, 1995; Haidt, 2003), moral judgements are nothing but expressions of or about the individual judge’s own attitudes (David, 1999), whereas Philip (2005) stated that moral judgement define rules for judging the behavior of individuals, the capacity to make decisions and judgements which are moral based on internal principles and to act in accordance with such judgements (Lerkiatbundit et al., 2006) and moral judgement is an evaluation of the actions with respect to social norms (Knutson et al., 2009). Therefore, Moral judgement is a judgement of value and virtue and a person’s capacity to form, give or decide or correct opinion of what is right or wrong. It is conditioned by society, environment and time. So, moral judgement is an ability to discriminate between what is right and what is wrong according to social standards. A person is able to distinguish between rights or wrong and good or bad only when he/she is able to make healthy decisions which are possible only when a person is leading a stress free life. Hence there is direct or indirect relation between mental health and moral judgement.

1.2.1 Theories of Moral Judgement

In this section, the theories of moral development are discussed which leads to the moral judgements/decisions of an individuals in directly or indirectly way. Most of the theories are related to moral development from birth to adolescent period of individuals. Piaget (1932), McGrat (1948), Erikson (1963), Lee (1971) and Kegan (1984) had constructed the theories on moral development of children and describe their own stages of moral development. Kohlberg's (1973) third level of his theory deals with the moral values and decisions which are made according to ethical principles. This
theory describes moral development till adulthood period and related to moral judgements of individual.

1.2.1.1 Piaget’s Theory (1932)

Piaget (1932) constructed theory on moral development and a model consisting of the four stages of moral development through which an individual might progress. Further he described the age and characteristics with each stage though which every person undergoes.

The following are the four stages:

1. Sensorimotor stage (Birth to approximately 2 years): In this stage child is totally egocentrism at first which gradually decreased but remains dominant throughout the stage. The child operates as though he is the whole world and courses all events.

2. Pre Operational Stage (approximately 2-7 years): The actions are internalized and represented, but thoughts are not liberated from perceptions. The child in this stage makes decisions, based on perceptual evidences when confronted with a conflict between cognition and perception. In this stage child has limited social participation.

3. Concrete operational stage (approximately 7-11 years): The child makes cognitive, logical decisions rather than perceptual decisions and no longer perceptions and egocentrism bored him. Child considers the view of others and co-operate in a reciprocal manner. The desire for mutual understanding appears in child.

4. Formal Operational stage (12-16 years): This is the final stage of adult thought of moral development. Now he/she deals with the ideas, issues and principles and considered things as the ‘ought to be rather than only what they are’. The child in this stage thoroughly masters his code of self and even gets pleasure in discussions, whether of principle or
merely of procedure, which may at times arise out of the points in dispute.

Piaget concluded that moral judgement development as a process involving the development of cognitive processes in conjunction with experience of role taking in the peer group and society and allowing the movement from moral realism to autonomy.

1.2.1.2 McGrat’s Moral Judgement Theory (1948)

McGrat (1948) employed a different method from Piaget’s theory and was able to distinguish four stages in moral development:

I. In the first stage there occurs an awareness of duty towards God and moral principles relating to simple social duties such as politeness, honesty, sympathy etc.

II. The second stage is entered as early as about the age of eight or nine. It involves an awareness of more complex/social duties such as problems of marriage and rightness of conduct as it concerns society.

III. The third stage is entered at the age of about 10 years. In this stage he starts taking part in group activities.

IV. The fourth stage is entered at the age of about 11 to 12 years. It brings an awareness of problems.

McGrat (1948) assumed that these stages of development are representative and fundamental in the progress of the individual’s growth from infancy to maturity in which a child reaches at about age of 17 to 18 years.

1.2.1.3 Kohlberg’s Moral Development Theory (1973)

This moral development theory given by Lawrence Kohlberg (1973) is also based on Piaget’s theory. Kohlberg describes how developments change over a series of stages. This theory consists of the following three levels of moral reasoning with each level consisting of two stages:
Level-I: Pre-Conventional level

In this level child extremely self involved and moral development begins with this level in which a young child tries to do with right things to avoid punishment and later to obtain rewards. At this level the child is responsive to cultural rules and labels in term of either the physical or hedonistic consequences of action. This level is divided into two stages: (upto 9 year age)
Stage 1: Punishment-Obedience Orientation
Stage 2: Instrumental relativist orientation

Level- II: Conventional level

At this level, maintaining the expectations of the individual's family or nation is perceived as valuable in its own right, regardless of immediate and obvious consequences. Moral behavior is based on the social norms and as rights of others. According to Kohlberg, most of adolescents and some adults operate at this level. The attitude is not only one of its conformity to it and of activity maintaining it. It has two stages: (9 to 20 year age)
Stage 3: Good Boy-Nice Girl Orientation
Stage 4: Law and Order Orientation

Level-III: Post- conventional level

In this level, Kohlberg defined moral values and principles which have validity and application apart from the authority of the groups or persons holding these principles. Moral reasoning relies on universal principle in approaching moral problems. This level has also two stages: (After 20 year)
Stage 5: Social Legalistic Orientation
Stage 6: Universal Ethical Principle Orientation

Kohlberg's (1973) moral development theory can be summarized as (a) moral development is a role taking process which (b) has a logical structure, is at each stage, (c) this structure is best formulated as a justice structure which (d) is progressively more comprehensive, differentiated and equable than the
prior structure. Thus, it can be concluded that moral judgement according this theory refers to the judgement/decisions in the light of moral values and ethical principles.

1.2.1.4 **Erik Erikson Moral Judgement Theory (1963)**

Erik Erikson (1963) described developmental conflict as occurring at each stage of life and have effective resolution of which produces basic strength. These are given as:

I. Infancy: The development of trust by the infant which nurtures questions like- who is there to meet my needs? When? When not? The infant hopefully emerges with a sense that mostly his/her needs are met.

II. Toddlerhood: Having established an attached relationship the toddler now needs to test it, to struggle to be free from it, to come out with a basic sense of autonomy.

III. Preschool: Building on a balance between dependence (Stage 1) and independence (Stage 2), the 3, 4 and 5 years old seeks to established his/her skills, a competence and often struggles to be different from the attached other to prove their uniqueness.

IV. School age: When all goes well beforehand the child takes the interest, autonomy and competence and tests them in peer group where for some lack of attachment results in a focus on peer and primary relationship.

According to him the child grows and develops in each stage morally and acquires good and bad habits according to each growing stage.

1.2.1.5 **Lee’s Moral Judgement Theory (1971)**

Lee (1971) supported Piaget’s stages of moral development and these stages are probably most adequate to deal with the moral development in
adolescence as they are based on a work on children of 13 years and under. Moral development is the individual’s capacity to make concrete, approved, acceptable decision and choice that does not contravene any code of social ethics. The factors environment, economic and family influenced it. Morality is the conformity to the moral code of the social group. It is learning of a set of virtues, ideas and values which are accepted by society and become an integral part of every individual through the process of development. It is behaviour of individual which is judged in terms of ethical righteousness or wrongness.

Moral development has many elements and no one exists independently of each others. Firstly, moral development passes through different stages and behavior characteristics of each stage. Secondly, development can be understood in terms of the different stages which govern moral behavior. This is more complicated and involves a study of varying motives underlying behaviour at different stages. Thirdly, visible alternative is the study of moral judgements. This is not so much concerned with behaviour and its motivation as with the development of maturity of moral judgement. Obviously, actual behaviour and the motives behind it are important too, but the emphasis here is on the intellectual element involved in the judgement made concerning moral problems. Finally, moral development can be viewed in terms of insight provided by psychology. Personality of the individual recognized with his behavior and stage of psychological development.

The elements of moral development can be tested out into following four categories:

- Simple stages of development
- Moral sanction
- Moral judgement
- Psycho-social development.

Moral development involves the cognitive capacity and insight to see the relationship between an abstract principle and concrete case and judge the
situations as right or wrong. Keeping in view the knowledge of moral standards, it is the byproduct of child’s general social experiences which enables him to evaluate worthiness or unworthiness of an action as good or bad through their judgements.

1.2.1.6 Bronfenbrenner and Barbarino’s Topology of Moral Orientation (1976)

Bronfenbrenner and Barbarino (1976) developed a typology of moral orientation that consists of following five stages:

1. Self orientation: Individual is motivated by impulses of self-gratification without any regards to or expectations of others.
2. Authority-oriented: Individual generalizes parental structures and values to include moral standards of other adults and authority figures.
3. Peer-oriented: Individual becomes an adaptive conformist who goes along with peer group.
4. Collective-oriented: Individual is committed to a set of enduring group goals which take precedence over individual desires.
5. Objectively-oriented: Individual responds to situations on the basis of principles.

Smooth transition from stage to stage requires extensive social interaction. Movement from Type 1 to Type 2 is stimulated by attachment patterns and responsiveness but is mainly associated with parental prohibitions (Bowlby, 1946). The individual stops responding to personal impulses in order to please parents or authority figures. Lack of discipline or authority figures hinder progress from the first to second type. Long term consequences of early social neglect indicate a pattern of psychopathology which might be categorized as amoral (In Bowlby, 1946).

From the discussion of the above theories, moral judgement of an individual is directly or indirectly linked with their moral development process and also develops through the different stages. The individual carries all the
values learnt at the childhood stage throughout his/her life. Most of the theories discussed above related to moral development of individuals. But these theories also reflect the moral behaviour of individual and how they judge the situations morally. Kohlberg (1973) revealed in third level of his theory that individual follow moral values and take decisions based on ethical principles which reflect their moral judgments. Keeping in view the knowledge of moral standards, it is the byproduct of child’s general social experiences which enables him to evaluate worthiness or unworthiness of an action as good or bad through their judgements Lee (1971).

1.2.2 Models of Moral Judgement

1.2.2.1 Four Component Model of Morality

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<td>The Four Component Model</td>
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<td><strong>Moral Sensitivity</strong></td>
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Rest et al. (1999) have presented a four component model of moral judgement. The four component model represents the internal “processes” necessary for a moral act to ensue: moral sensitivity, moral judgement, moral motivation and moral action. These components are not personality traits or virtues; rather they are major units of analysis used to trace how a person
responds in a particular social situation. The model depicts an “ensemble of processes,” not a single, unitary one. Therefore, the operation of a single component does not predict moral behavior. Instead, behaving morally depends upon each process and the execution of the entire ensemble. Each process involves cognitive, affective, and behavioral aspects that function together in fostering the completion of a moral action. Moral judgement is the second component of the Four Component Model.

In this model, the whole process of morality is discussed with its components. The present study deals with the moral judgement among women teachers which is the second component of this model. The component moral judgement deals with how one should analyze actions for core of values and decide what a person should do and justify their actions.

1.2.2 Haidt’s social intuitionist Model (2001)

One of the most radical and provocative of these accounts was proposed by Jonathan Haidt (2001). According to Haidt’s social intuitionist model, emotional capacities involving affect and intuition do almost all of the work in generating moral judgements (Haidt, 2001). Reason, on the other hand, is relegated to the role of a lawyer or public relations agent, whose job is to offer public, post-hoc justifications for judgements after they have been made. Figure 1.1 is a simplified depiction of the Model Haidt defends.

![Figure 1.1](image-url)

**Figure 1.1**

Haidt’s Social Intuitionist Model
The first step in the process leading to moral judgement, in this model, is the perception of a morally relevant event. The second box represents “moral intuitions,” which rapidly and spontaneously appear in consciousness in response to the witnessed moral situation. The person experiencing these intuitions normally lacks any awareness of having gone through a process of reasoning to arrive at them. Rather, Haidt characterizes these intuitions, which he holds to be the fundamental determinants of moral judgement, as affective reactions – quick flashes of disgust or anger, for instance. Often, the entire process stops once the intuition gives rise to a judgement. However, when circumstances require the person to justify his/her judgement, he/she will engage in conscious reasoning in order to produce a justification. This post-hoc reasoning process usually supports the affective intuition, but will occasionally override the initial affective judgement and it may even occasionally affect the system responsible for affective intuitions.

Since neither reasoning nor the downstream effects of reasoning need always occur, it is represented with dotted arrows in Figure 1.1. In support of this model; Haidt offers an extensive array of empirical findings. Among the most striking of these is a study in which participants were presented with vignettes, like the one that follows, which engender substantial affect but which are carefully designed to rule out most of the justifications that participants are likely to come up with. Julie and Mark are brother and sister. They are traveling together in France on summer vacation from college. One night they are staying alone in a cabin near the beach. They decide that it would be interesting and fun if they tried making love. At the very least, it would be a new experience for each of them. Julie was already taking birth control pills, but Mark uses a condom too, just to be safe. They both enjoy making love, but they decide not to do it again. They keep that night as a special secret, which makes them feel even closer to each other. What do you think about that? Was it okay for them to make love? (Haidt, 2001). Haidt found that participants typically answer “immediately,” insisting that the
behavior was wrong. When asked why, they begin “searching for reasons”. But the most obvious reasons to oppose incest, like the risk of pregnancy, the higher probability of having a child with birth defects, or acquiring an unsavory reputation, do not apply in this case. When the experimenter, playing the devil’s advocate, points this out, the typical participant will readily acknowledge the point, but will still not withdraw his initial judgement. Rather, he will insist that his judgement is correct even though he cannot offer any reasons in support of that judgement.

Haidt draws conclusion from this phenomenon, which he calls “moral dumbfounding,” is that reasoning typically plays no role in the production of moral judgement. In another important experiment, Wheatley & Haidt (2005) hypnotized participants and told them to feel disgust when they encountered the emotionally neutral words ‘take’ or ‘often’. Participants were then asked to judge vignettes in which people behaved in morally problematic ways or in entirely unproblematic ways. Half of the participants were given versions of the vignettes with the hypnotic cue word included, while the other half received nearly identical versions of the vignettes with the hypnotic cue word omitted. This is one of the morally problematic vignettes: Congressman Arnold Paxton frequently gives speeches condemning corruption and arguing for campaign finance reform. But he is just trying to cover up the fact that he himself [will take bribes from / is often bribed by] the tobacco lobby, and other special interests, to promote their legislation and this is the morally neutral one: Dan is a student council representative at his school. This semester he is in charge of scheduling discussions about academic issues. He tries to take/often picks topics that appeal to both professors and students in order to stimulate discussion. The presence of the hypnotic cue word in the morally problematic scenarios led the participants to assess the transgressions significantly more harshly, while in the unproblematic scenarios, the presence of the cue word led a significant number of participants to judge that the agent’s actions were morally questionable! Participants were asked for
comments at the end of the study and, Wheatley and Haidt (2005) report, “the post hoc nature of moral reasoning was most dramatically illustrated by the Student Council story. Rather than overrule their feelings about Dan, some participants launched an even more desperate search for external justification. One participant wrote: ‘It just seems like he’s up to something.

1.2.2.3 Greene’s Model of the Processes Underlying Moral Judgement (2001)

Another account of moral judgement in which emotion plays a major role has been proposed by Joshua Greene. However, on Greene’s account, reasoning also plays a role in the production of moral judgement in an important class of cases. Greene et al. (2001) administered FMRI (Functional Magnetic Resonance Imaging) scans the participants while they made judgements about how people should behave when confronting a number of moral dilemmas. The dilemmas were divided into two groups. The first group involved “impersonal” moral situations like the classic “trolley problem,” where one must choose whether to flip a switch to divert a runaway trolley from a track on which it will run over five individuals to a track on which it will only kill one. The second group of dilemmas, the “personal” moral situations, included cases like the “footbridge problem” – a variation on the trolley problem where, rather than flipping a switch, one must decide whether to push an overweight man off a footbridge to stop a trolley that will kill five people if it is not stopped.

The FMRI scans revealed that brain areas associated with emotion were much more active during contemplation of the personal moral dilemmas. In addition, most people judged the actions described in the personal moral dilemmas to be less permissible, and those who did judge them to be permissible took longer to make their judgements. Greene et al. (2001) believe this last finding to be a type of interference effect, where participants must suppress their tendency to judge the action impermissible. Though Greene
does not offer an explicit psychological model, his interpretation of these data suggests a model that would look something like Figure 1.2.

**Figure 1.2**

**Greene’s Model of the Processes Underlying Moral Judgement**

In this model, personal moral dilemmas trigger emotion systems, which then play a major causal role in producing a moral judgement. Impersonal moral dilemmas, however, leave the judgement to reasoning systems. The role of reasoning in personal dilemmas is either diminished or entirely absent. The dotted lines in Figure 1.2 represent the claim that reasoning can play a minor role in personal moral dilemmas. Although Greene’s model accords reasoning a more substantial role than Haidt’s, a central feature of both models is the heavy emphasis on the causal efficacy of emotion in the production of moral judgements. Despite the findings of Greene and Haidt (2002), many reject the idea that reasoning processes should be given second billing.

### 1.2.2.4 Hauser’s “Rawlsian” Model of Moral Judgement (2006)

Marc Hauser (2006) has recently argued that emotional response cannot be the primary means by which we produce our moral judgements. His proposal is that we possess an innate, tacit capacity for moral judgement that is in many ways parallel to our capacity for language. Hauser argues that humans are endowed with an innate moral grammar, similar to the linguistic Universal Grammar proposed by Chomsky and his followers (Hauser, 2006).
As in language development, this innate moral grammar provides information regarding core principles common to all moral systems. That information enables children to use cues from their environment to extract and internalize the specific moral rules present in whatever culture they are born into, even in the face of impoverished stimuli. In addition, like the linguistic faculty, the innate moral faculty operates unconsciously, quickly, and automatically. Thus, as in Haidt’s account, moral judgement is primarily intuition-based. However, Hauser denies that these intuitions are affective.

Hauser’s view is inspired by a passage in A Theory of Justice in which Rawls (1971) suggests the use of a linguistic analogy for morality. Hauser proposes that humans are “Rawlsian creatures” who produce moral judgements in the following manner. First, the perception of a morally significant event triggers an analysis of the actions involved. That analysis, though fast and unconscious, is a complex cognitive process in which many factors must be considered. In an important sense, it is a reasoning process – albeit not a conscious one. The analysis, in turn, is used to form a permissibility judgement. Emotions are triggered only after this judgement has occurred, and are relevant mainly for controlling our behavioral response to the perceived act. As in Haidt’s model, conscious reasoning may also come in after the initial intuitive judgement.

The figure below lays out the central features of Hauser’s view.

**Figure 1.3**

Hauser’s “Rawlsian” Model of Moral Judgement
Hauser contrasts the Rawlsian position with the position like Haidt, who portray humans as ‘Human creatures’ whose emotions play a causal role in the production of moral judgements and whose reasoning capacity comes in only after the fact, and also like Piaget and Kohlberg, who suggest that humans are ‘Kantian creatures’ whose moral judgements are largely or entirely sub served by conscious reasoning. In arguing against the Human creature view, Hauser notes that neither we nor any other feeling creature can just have an emotion. Something in the brain must recognize quickly or slowly that this is an emotion-worthy situation (Hauser 2006). Before emotions can play any role, Hauser argues that a complex analysis of the relevant event must occur that scrutinizes the consequences, intentions, and participants involved. We must determine who did what, and why. Only then will we be equipped to make the remarkably fine-grained moral discriminations that we make. One piece of evidence that Hauser invokes in support of his view is the fact that very slight alterations to a given situation can result in a sharp shift in permissibility judgements. Importantly, it is often difficult to account for such shifts by appeal to differences in emotional response.

Greene (2001) in his study found that emotional centers of the brain are activated during contemplation of the footbridge variant of the trolley problem. Greene hypothesized that this increased emotional reaction is responsible for our judgement that pushing the man is impermissible. Mikhail (2000) and Hauser (2006), on the other hand, hypothesized that our innate moral grammar encodes a rule to the effect that using someone as a means to an end is wrong. Thus, pushing the man off the footbridge is impermissible because it wrongly uses the man as a means, while flipping the switch in the standard trolley case is permissible because the death of the person on the other track is a mere side-effect of the intended act of saving the live.

Mikhail (2000) presented participants with two ingenious variations on
the footbridge case intended to test this hypothesis. In one case, Ned has the option of flipping a switch to divert a trolley from a track with five hikers to a looping side track containing one overweight man. If the overweight man were not present, trolley would loop back around to the initial track and kill the five, but the overweight man is heavy enough to stop trolley before this occurs. Thus, the overweight man is a means to saving the five. In second case, Oscar faces a situation which is identical, except that instead of an overweight man the looping side track contains a heavy weight and a single slim hiker. The hiker is not heavy enough to stop trolley, but the weight is; the hiker is simply in the wrong place at wrong time and his death will be a side effect of saving the five. If the footbridge case is impermissible not because of its “personal” nature but because someone is used as a means, participants should judge Ned’s flipping the switch to hit the overweight man impermissible as well. This is in fact what Mikhail’s study found.

In a separate study Hauser found that, while about 90% of his participants considered deflecting the trolley in the standard trolley case to be permissible, only 50% found it permissible in Ned’s case (Hauser 2006). This poses a problem for purely emotion-driven accounts; why should flipping a switch to hit an overweight man on a looped track be more emotion-triggering than flipping a switch to hit a thin man on a looped track? Though Hauser found an impressive difference between these two cases, the response on Ned case is still quite a far cry from the response on the standard footbridge case, where only 10% deemed pushing the man off the footbridge to be permissible. However, this does not necessarily undermine Hauser’s hypothesis that emotional activation plays no causal role in permissibility judgements. Hauser notes that up-close and personal moral dilemmas may trigger our moral faculty differently than action-at-a-distance cases. Consider two cases due to Unger (1996). Most people judge it impermissible to leave a bleeding man lying on the side of the road even though taking him to the hospital would cause $200 worth of damage to your car’s upholstery. However, few people
consider it obligatory to donate $50 to UNICEF, even if doing so would save 25 children’s lives. Hauser argues that we sense a moral difference in these two cases because “in our past, we were only presented with opportunities to help those in our immediate path. The psychology of altruism evolved to handle nearby opportunities, within arm’s reach” (Hauser 2006).

A similar explanation may apply to the difference between Ned’s case and the footbridge dilemma. We are inclined to think that Hauser has marshaled a persuasive defense for the claim that much complex cognitive analysis of the situation must take place prior to making the subtle and fine grained moral discrimination that people actually make. Moreover, since these discriminations are made quickly and people typically cannot give a convincing account of the considerations involved, most of the mental processing involved must be unconscious, much as it is when we make grammatical judgements. We are, however, not persuaded by Hauser’s contention that emotions enter the process only after moral judgements are made. The argument that Hauser offers for this aspect of his theory is indirect and far from conclusive, and the Wheatley and Haidt experiment provides some impressive evidence that sometimes at least emotions come first and moral judgements follow.

1.2.3 Factors influencing moral judgement

Many researchers have shown that moral development depends on certain factors. The factors may be divided into two groups:

(a) Personal and

(b) Environmental.

(A) Personal factors:

The following personal factors influence the moral judgement of a person:

a) Age: The growth trends in values have been found to be gradual.
b) Sex: There are evidences from the studies that boys and girls differ in their pattern of values. Boys are being more rebellious against discipline than girls.

c) Intelligence: The studies have revealed no definite relationship between the two. The studies on bright children have shown that bright children were superior in honesty and truthfulness as compared to children of average intelligence. On the contrary, it was also found that even bright children occasionally show weak moral characteristics.

(B) Environmental factors:

The following environmental factors influence the moral judgement of a person:

a) Family: Groves (1932) says that the home itself enmeshed in a cultural milieu is the most powerful transmitter of the culture of the group. Parental behavior/parenting conditions the child’s conscious and moral development.

b) School: In the all important influences of value formation school experiences play the next important role.

c) Community: The child at first learns to conform to the standards of conduct in the home. Later on he learns to conform to school standards and when he becomes a member of a group he learn accordingly.

d) Playmates: Children catch ways of thinking and feeling from friends.

e) Religion: All the children in a culture are influenced at some degree by the religious practices, ideas and believe. (In Kataria, 2006)

Concludingly, in the light of above discussion one can say that moral judgement is an ability to make distinction between right and wrong according to social standards (Verma, 1975; New shorter oxford dictionary, 1993; Learner's English dictionary, 1998; Bebeau, Rest & Narvaez, 1999). The discussed theories of moral judgement of an individual are directly or indirectly linked with their moral development process and it also develops
through the different stages. Kohlberg (1973) revealed in third level of his theory that individual follow moral values and take decisions based on ethical principles which reflect their moral judgments. Keeping in view the knowledge of moral standards, it is the byproduct of child’s general social experiences which enables him to evaluate worthiness or unworthiness of an action as good or bad through their judgements (Lee, 1971). Moral judgement is that situation or choices in which an individual take decisions and act according to the social norms or moral values (Hemmingway, 1995; Haidt, 2003; Philip, 2005; Lerkiatbundit et al., 2006; Knutson et al. 2009). A person is able to distinguish between rights or wrong and good or bad only when he/she is able to make healthy decisions which are possible only when a person is leading a stress free life.

1.3 Self-Silencing

Silencing is an action (verb) and 'feeling silenced' can lead to an ontological state of being silenced. When someone feels silenced, then in this situation they feel muted, suppressed or muffled. There are some scholars who describe the definition of silencing. Glenn (2004) presents silence as a rhetorical art and can be something one does, something that is done to someone, or something one experiences. Silencing includes any such act (or non-act) in which a person is unable to express themselves (Perlow & Repenning, 2009). Finally, Blackman and Sadler-Smith (2009) discussed the silenced as those who could speak, but do not, due to a locus of power that is either external or internal. The focus is on those who feel silenced and how their being shifts as a result. The dynamics of feeling silenced are complex and the impact of silencing may be more powerful. Therefore, an individual becomes silent on most of the situations and undergoes the phenomenon of self silencing.

A story in the New York Times by Parker-Pope (2007) discusses a study published in the July issue of Psychosomatic Medicine that looks at the
differing impact that "self-silencing" has on men and women. The study, which included near about 4000 participants, found that women who kept their feelings quiet during arguments with their spouses were four times as likely to die during the 10-year study period. Interestingly, the level of reported marital satisfaction had no impact on the level of risk. “When you’re suppressing your communication and feelings during conflict with your husband, it’s doing something very negative to your physiology, and in the long term it will affect your health,” said Eaker (2007), an epidemiologist in Gaithersburg, who was the study’s lead author. This doesn’t mean women should start throwing plates at their husbands, but there needs to be a safe environment where both spouses can equally communicate.

A male centered world tells women who they are or who they should be, especially in intimate relationships. Self-silencing is prescribed by norms, values and images, dictating that women are “supposed” to be like: pleasing, unselfish, loving. The inner dialogues of depressed women, self-monitoring and negative self evaluation in arguments between “I” (voice of self), and the ‘over-eye’ (the culture moralistic voice that condemns the self for departing from culturally prescribed “should”). The imperatives of the over-eye regarding women’s goodness are strengthened by the social act and feels revealed as a divided self that results from self-silencing in an attempt to preserve relationships. Inwardly, they experienced anger and confusion while outwardly presenting a pleasing, compliant self trying to live up-to cultural standards of good women in the midst of fraying relations, violence and lives that were falling apart. Women’s self judgement and behavior were guided by specific beliefs about how they should act and feel in relationships. When followed, these self-silencing relational schemes create a vulnerability to depression by directing women to differ to the needs of others, censor self-expression, repress anger, inhibit self directed actions and judge the self against a culturally defined “good women”. (Jack & Ali, 2010)
Gortman & Krokoﬀ (1989) discussed that self silenced individuals who suffer from depression appear withdrawn and nonverbal during interactions.

Jack (1991) deﬁned self silencing as the act of denying one’s own needs and feelings in order to maintain an intimate relationship, which leads to the development, presentation and maintenance of a fake self.

Page, Stevens and Galvin (1996) theorized that the women self-silence is to maintain relationships through denial of their needs, while men self-silence as a way to maintain power in the relationship through self-concealment to their partner.

Whiffen and Aube (1999) discussed self-silencing within the context of dependency and neediness and postulated that women high independency and interpersonal neediness are likely to engage in self-silencing behaviour.

Whereas Jack (2001) also described that the unwillingness or inability to express anger is a central characteristic of women who engage in self silencing.

Witte, Sherman & Flynn (2001) deﬁned self-silencing as a phenomenon that represses women by inhibiting their self expression and input in society.

According to Remen, Chambless and Rodebaugh (2002) self-silencing behaviors may be indicative of the desire to avoid intimacy, conﬂict, situations that limit independence or situations where the outcome of discussion is likely destructive.

Cherry (2007) writes the tendency to bottle up feelings during a ﬁght is known as self-silencing. For men, it may simply be a calculated as harmless decision to keep the peace. But when women stay quiet, it takes a surprising physical toll.

Jordan (2010) described that individuals who self-silence lose their identity in relationships, resulting in a loss of intimacy.
Shouse and Nilsson (2011) found that self-silencing (or the suppression of expressing one’s thoughts, feelings, and needs) can have a negative impact on the mental health of women.

To conclude the above discussion it can be inferred that self silencing is a situation where a person bottles up his/her emotions and feelings to maintain the relationships (Cherry, 2007; Jack, 1991; Jack, 2001) because that person could not express them which are a sign of poor mental health. Gortman & Krokoff (1989) discussed that self silenced individuals appear withdrawn during interactions. Page, Stevens and Galvin (1996) talked about self silencing in men and women claiming that women self silence themselves through denial of their needs and men through self-concealment in order to maintain intimate relationships. Whiffen and Aube (1999) and Witte, Sherman & Flynn (2001) said that self-silencing represses women by inhibiting their self expression and input in society and lose their identity (Jordon, 2010). Remen, Chambless and Rodebaugh (2002) stated that self-silencing behaviors indicates to avoid intimacy, conflict, situations that limit independence or situations where the outcome of discussion is likely destructive. Shouse and Nilsson (2011) found that self-silencing can have a negative impact on the mental health of women. Poor mental health gives birth to the situation to ignore one’s own needs and feelings in order to save and develop an intimate relationship. The term self silencing is directly related to mental health.

1.3.1 Silencing the Self Theory (1991)

Silence has been a pervasive theme in the study of girls and women in multiple disciplines. Within the field of psychology, Jack (1991) proposed silencing the self theory (STST) to account for women’s higher rates of depression relative to men in North American contexts. Since then, scholars have employed STST in a wide array of research across sub-disciplines within psychology. Jack’s model of self-silencing proposes a set of cognitive schemata and behaviors which depicts women’s experience in romantic
heterosexual relationships. In brief terms, women are under strong pressure to conform to societal norms and feminine ideals prescribing silence. In conforming to these roles, women actively suppress their own thoughts and feelings if these are in conflict with their romantic partners. This process of devaluation and inhibition of one’s own feelings and opinions results in a fall in self-esteem and feelings of a loss of self (Jack & Dill, 1992), thus heightening women’s vulnerability to depression.

According to silencing the self theory (Jack, 1991), living in a culture that values independence and devalues the need for intimacy leads women to self-silence. Self silencing has been defined as the act of denying one’s own needs and feelings in order to maintain an intimate relationship, which leads to the development, presentation and maintenance of a fake self. She theorized the act of self-silencing ultimately leads women to develop depression and that this contributes to the higher rates of depression among women. According to Jack, women are simultaneously taught to define themselves through their relationships and to think of their relationships as having a much lesser value than professional accomplishments. In other words, women’s healthy psychological needs for intimacy and closeness are defined as unhealthy by the larger society. These messages combined with women’s actual healthy psychological needs for intimacy, lead women to silence herself in order to maintain their relationships. When women self-silence, they are evaluating their self-worth in terms of their ability to maintain a relationship through creating and presenting a socially created and defined false self. Similar to self-objectification, it is theorized that women who engage in self-silencing are more prone to depression because they deny and become disconnected from fundamental aspects of themselves (Jack, 1991).

Jack and Dill (1992) formulated the Silencing the Self Scale (STSS) to empirically explore the construct of self-silencing. The STSS has four rationally-derived subscales to describe the four basic elements of self-
silencing. These subscales are Externalized Self-Perception (ESP; holding one’s self to standards set by others), Care as Self-Sacrifice (CSS; caring for others by putting their needs before one’s own), Silencing the Self (SS; suppressing opinions or emotions in order to be accepted and protect one’s relationship), and the Divided Self (DS; becoming hostile and angry internally while being agreeable on the outside).

Silencing the self scale was developed from qualitative research on the experiences of depressed women (Jack 2001 & 2011). These interviews revealed a trend in which women would often sacrifice their own needs in order to establish a safe and secure relationship or care for others’ needs (Flett, Besser, Hewitt, & Davis, 2007). However, these women would lose their sense of identity and self in their relationships, thus creating a dynamic “that is unattainable and self-defeating (Jack, 1999). As women would lose their authentic selves they would also lose their ability to fully connect and feel happy (Jack & Ali, 2010). Meanwhile, their denial of their own needs would lead to anger, which they would also suppress (Piran & Cormier, 2005), and the sense that one’s true self was incompatible with a secure relationship would lead to sadness.

1.3.2 Etiology of Self-Silencing

The development of self-silencing behaviors can be understood within several perspectives. Self-silencing behavior may emerge as a result of anxious attachment patterns formed early in life (Hautamaki, 2010; Remen, Chambless, & Rodebaugh, 2002; Thompson, 1995; Zoellner & Hedlund, 2010). Children who are unable to easily establish intimacy and attachment with their caregivers or whose requests for attention and affection are rejected may suppress their own needs for fear of being rejected. Consistent with this argument, self-silencing is correlated with anxious/ambivalent attachment styles (Hautamaki, 2010; Remen et al., 2002).
Self-silencing may also come from anxious attachment patterns that develop in adult relationships if a person perceives his/her romantic partner as critical or intolerant (Thompson, Whiffen, & Aube, 2001). Just as in childhood, a person may then be cautious about expressing his or her needs for fear of being rejected. Jack and Ali (2010) suggested that cognitive schemas may also help to understand self-silencing behaviors. Women may internalize cultural beliefs that promote the qualities of submission and compliance over strength and assertiveness. In line with this understanding, scores on the Silencing the self scale correlate with individual's endorsement of stereotypically feminine behaviors and roles (Schrick, Sharp, Zvonkovic, & Reifman, 2012; Witte & Sherman, 2002), as well as with suppression of anger (Piran & Cormier, 2005).

An additional way of understanding Self-Silencing is through relational cultural theory (Jordan, 2010). Relational cultural theory understands women to be relatively under-privileged members of society who are more dependent upon relationships to survive. Women are often tasked with the responsibility of maintaining the cohesiveness of families (Jack, 1999; Jordan, 2010), a role that is devalued in favor of autonomy and independence. Support for this theory comes from findings that women tend to rate their relationships as bigger sources of stress than do men (Jack, Pokharel, & Subba, 2010) and women whose greatest stressors are relationship stressors score higher on the STSS (Ali, Oatley, & Toner, 2002).

A final way of understanding the development of self-silencing comes through understanding women’s increased risk of exposure to poverty, violence and other human rights violations (Astbury, 2010; Smolak, 2010; Zoellner, & Hedlund, 2010). Within this context, women often learn that expression of their needs may be met with punishment or suppression. Therefore, the self-silencing may serve as an attempt to protect oneself from the further injustice (Astbury, 2010; Jack et al., 2010; Zoellner, & Hedlund,
and in fact the self-silencing is positively correlated with exposure to
the abuse in both childhood and adulthood (Arata & Lindman, 2002;
Thompson et al., 2001).

Summarizing it, self-silencing can be understood through a lens that
incorporates attachment, sociopolitical, or relational perspectives. Silencing
the self theory proposed that that some women exert tremendous time and
energy to censor and suppress their needs and emotions in order to conform to
expectations from society or their intimate partners (Jack & Ali, 2010). While
these efforts allow depressed women to maintain relationships and protect
themselves, they paradoxically result in loss of authenticity that can
undermine intimate relationships and lead to further depression.

1.3.3 Negative Consequences of Self-Silencing

The result of self-silencing argues Jack (1999 & 2011), is that women
lose a part of themselves. This creates confusion about one’s identity, and the
loss of a sense of identity in an intimate relationship predicts dysphoria (Drew,
Heesacker, Frost, & Oelke, 2004). Additionally, Jack argues that self-silencing
creates a suppression of anger which in turn can trigger depressogenic self-
critical and hopeless thoughts. Consistently, following a perceived rejection,
self-silencing behaviors predict feelings of hostility (Romero-Canyas, Reddy,
Rodriguez, & Downey, 2013). Others argue that the time and energy required
to filter and suppress one’s emotions and beliefs can be emotionally
exhausting (Harper & Welsh, 2007; Jack, 1999; Little, Welsh, Darling, &
Holmes, 2011).

Self-silencing therefore correlates with depression in a number of
studies. Scores on the silencing the self scale are concurrently and positively
related to depression for Asian-American, Caucasian, and African-American
male and female undergraduate students (Gratch, Bassett, & Attra, 1995; Page,
Stevens, & Galvin, 1996; Schrick et al., 2012); depressed adult women (Ali et
al., 2002); a non-clinical sample of women of various professions and
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ethnicities (Jack, 2001); married men and women (Uebelacker, Courtnage, & Whisman, 2003); adolescents who are in romantic relationships (Harper & Welsh, 2007), and an ethnically diverse sample of women who had used alcohol or illicit substances during their pregnancy (Grant, Jack, Fitzpatrick, & Ernst, 2011). Furthermore, each subscale of the STSS (Silencing the self scale) is correlated with depression (Flett et al., 2007; Grant et al., 2011). Self-silencing may also predict future depression: Little et al. (2011) found that self silencing in adolescents aged 14 to 21 predicted increases in depression one year later. Levels of self-silencing may also impede the progress of psychotherapy interventions targeting depression (Ali et al., 2002).

In addition to depression, self-silencing is linked to feelings of anger (Flett et al., 2007; Jack, 2001; Zaitsoff, Geller, & Srivameswaran, 2002), anxiety, low self-esteem (Schrick et al., 2012) irritable bowel syndrome (Jack, 2001; Piran & Cormier, 2005), overall distress (Hurst & Beesley, 2013), eating disorders (Jack, 2001; Piran & Cormier, 2005; Smolak & Munstertieger, 2002; Zaitsoff et al., 2002), lower self-esteem, less academic engagement, and perfectionism (Flett et al., 2007; Schrick et al., 2012).

It is possible that the negative effects of self-silencing result from the ways in which individuals in a relationship interact during times of conflict, more so than from general patterns of interactions. Specifically, when a conflict arises and emotions are heightened, how an individual relates to their emotions is significant both for addressing the conflict and for the individual’s psychological health. Further evidence for the relationship between self-silencing and conflict resolution comes from research demonstrating that the trait of self-silencing mediates the relationship between perceived sexism and psychological distress, which suggests that self silencing does not allow individuals to process that stressor in an adaptive way (Hurst & Beesley, 2013). However, there is little research indicating which types of coping strategies those high in trait self-silencing are more prone to use.
Theoretically, self-silencing is linked with internalizing strategies, such as suppression or distraction, rather than external strategies like problem-solving (Jack, 1991), and individuals higher in the trait of self-silencing rate their communication in relationships as worse than those low in the trait of self-silencing (Harper & Welsh, 2007). Therefore, self-silencing likely predicts strategies that are internally focused and do not involve outward problem solving or direct communication. There is no research, however, those documents whether self-reported trait self-silencing predicts specific instances of self-silencing behaviors in everyday life. In the present study, the investigator examined the association between trait self-silencing and daily self-silencing behaviors in everyday life, and in particular, coping behaviors in response to perceived conflicts.

Understanding, how self-silencing predicts the response to the conflicts and which is important in the understanding role that it plays in relationship satisfaction. Self-silencing is correlated with marital dissatisfaction for adults (Uebelacker et al., 2003) and relationship dissatisfaction for adolescent girls (Harper & Welsh, 2007). Relatively high levels of self-silencing also are associated with poorer communication (Harper & Welsh, 2007) and less intimacy in relationships (Thompson et al. 2001). Furthermore, self-silencing mediates the relationship between marital conflict and depression for both men and women (Whiffen, Foot, & Thompson, 2007). Again, this data suggests that individuals high in the trait of self silencing are vulnerable to depression when they experience conflicts in their relationships. Those who are high in self-silencing may not express their voice in conflicts and thus lose their sense of identity in relationships (Jack, 1991; Jordan, 2010). This may create a pattern where relationship conflicts become even more likely in the future, because particular, un-resolved themes may continue to re-emerge in conflicts, causing the self-silencer to grow unhappy in the relationship. Romantic conflicts may be even more distressing for those high in self silencing than those who are not, as self-silencers are not able to express themselves in an
effective manner and may feel particularly helpless during conflicts (Jordan, 2010).

Additionally, silencing the self scale scores predict individuals’ partners’ feelings of frustration and discomfort following conflict (Harper & Welsh, 2007). Therefore, not only does self-silencing hurt an individual’s ability to resolve conflicts, it also may have a negative effect on one’s partner. In fact, scores on the silencing the self scale are inversely related to relationship satisfaction for one’s partner (Thompson, 1995), so the higher an individual’s scores in self-silencing the more likely their partner is dissatisfied with the relationship.

It is important to note, however, that the reviewed findings above are based on individuals’ report of their own “typical” levels of self-silencing, rather than examining specific instances of self-silencing in everyday life. There is very little evidence that higher score on the silencing the self scale actually correspond to daily self-silencing behaviors. The only study examining this issue found that individuals high on the silencing the self scale were more likely to give in to their partners during a stressful conversation (Harper & Welsh, 2007). However, there is no evidence of STSS predicting self-silencing behaviors over time. It is possible that some people think they put others’ needs first or suppress their emotions, when in reality, they do not. Rather, self-reports on the STSS might more accurately represent a schema of one’s efficacy with expressing their emotions. It is therefore important to document whether the trait self-report measure of self silencing predicts self-silencing behavior in everyday life. Additionally, by examining the consequences of trait and daily self-silencing, one can determine whether the consequences of daily self-silencing are similar to the consequences of trait self-silencing. Furthermore, trait self silencing might exacerbate the effects of any given instance of self-silencing in daily life.
It is important to examine the consequences of daily self-silencing within romantic relationships, as it may not be inherently harmful. Often, it can be very helpful to inhibit a mood-congruent action, for example when one chooses not to yell at one’s partner when one feels misunderstood. The negative consequences of self-silencing may only occur if it becomes a long-term pattern, or if it represents a cognitive schema of oneself as being submissive and of lacking a voice in the relationship. Therefore, it is likely that self-silencing behaviors are more detrimental for individuals who self-report as high in self-silencing tendencies, rather than for individuals who use self-silencing techniques for strategic purposes in specific situations.

Concludingly, one can say that the trait level of self-silencing are linked with many negative consequences, including depression, anxiety, biased judgements and problematic regulation of anger which all are the symptoms of low mental health. Therefore, self-silencing can be understood through a lens that incorporates attachment, sociopolitical or relational perspectives. Silencing the self theory proposed that that some women exert tremendous time and energy to censor and, suppress their needs and emotions in order to conform to expectations from society or their intimate partners (Jack & Ali, 2010). Dohrenwend (1995) examined self-silencing of moral perspective and provide some support for gender difference in moral orientation. Women law students scored significantly higher on self and other care. Self-silencing can have a negative impact on the mental health of women (Shouse and Nilsson, 2011). Poor mental health gives birth to the situation to ignore one’s own needs and feelings in order to save and develop an intimate relationship. The term self silencing is directly related to mental health.

1.4 Mental Health

Thoughts, feelings and understanding of self and the world around us describe mental health of the mind. In general, the word ‘Health' means working order of body and mind. Therefore, mental health put together means
working order in which mind works. Mental health is a familiar concept in the study of human behavior. It is an index which shows the extent to which person has been able to meet the environmental, social, emotional and physical demands. However when a human being finds himself trapped in such a situation and is not able to deal with that situation in an appropriate manner it leads him to mental strain. Mental health should not be confused with mental illness; actually mental health refers to that psychic condition which results from normal organization and functioning of mind. It combines the following types of health—physical, moral, social, emotional and spiritual (Kaur, 2009).

Many scholars, educationists and philosophers had studied and defined the concept of mental health:

Menninger (1945) defined 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 behavior and a happy disposition.

Whereas according to Crow & Crow (1951) mental health includes physical well being, adjustment to mental ability, emotional control, social adjustment and sex adjustment.

But, O’Doherty (1956) has stressed integration of personality, judgement freed from distortions due to emotional pressure and consciousness freed from obsessions with self, among other things he writes mental health demands good intra-personal and interpersonal relations with others and with the God.

According to Stevenson (1956) positive mental health is based on the recognition that all persons have potentialities or talent, sometimes very modest and sometimes great that might either be allowed to languish or at the other extreme, may be developed to their fullest. It is these abilities cultivated to higher level that constitute positive mental health according to the results in
a higher level of performance and satisfaction. One might say that positive mental health means more robust, broader and more productive living.

Klein (1956) says that mental health can be described as an absence of symptoms of maladjustment, be they mild or severe. Mentally healthy person is free from all types of maladjustments.

But, Jahoda (1958) is of the view that aspects of attitudes toward self, growth and development, self-actualization, integration of personality and mastery of the environment must be considered in judging whether a person is mentally healthy or not.

Lehner and Kube (1962), Mental health is an attitudinal concept towards others and ourselves. It also presents a humanistic approach towards the understanding and assessment of self, positive feeling, attitude toward self and others.

According to Kornhauser (1965) mental health connotes those behavior, perceptions and feeling that determine a person’s overall level of personal effectiveness, success, happiness and excellence of functioning as a person.

Goldsmith (1970) defined mental health is the ability to handle every day demands and situations including the emotional aspects without excessive stress and strain.

According to Wolman’s Dictionary of Behavioral Sciences (1973) mental health is a state of relatively good adjustment, feeling of well being and actualization of one’s potentialities and capacities.

According to Alma-Ata (1978) mental health is the capacity of an individual to form harmonious adjustments to his social and physical environments. The word ‘mental’ usually implies something more than the purely cerebral functioning of a person. It also stands for one’s emotional affective states, the
relationships one establishes with others and a quiet general quality that might be called equilibrium in one’s socio-cultural context.

Shaffer and Shoban (1979) have given the following criteria of a sound mental health:

• Adequate feelings of personal worth.
• Adequate understanding of others.
• Adequate emotional maturity.
• Adequate orientation and goals.
• Adequate creativity.

It is within this framework that an individual’s behavior is to be judged as of normal mental health.

Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one’s daily living. It means the ability to face and accept the realities of life.

According to Srivastava and Jagdish (1983), mental health consists of following six dimensions as contributing to the specific component namely mental health.

1. **Positive self evaluation** - In positive self-evaluation one should have self-confidence, self-acceptance, self-identity, feeling of worth wholeness, realization of one’s potentialities etc.

2. **Realistic perception** - Realistic perception includes being free from need distortion, absence of excessive fantasy—a broad outlook of the world.

3. **Integration of personality** - Integration of personality includes balance of psychic forces, ability to understand and to share other people’s emotions, ability to concentrate at work/task and interest in variety of activities.
4. **Autonomy**- Autonomy includes stable set of standards for one’s actions, self-control in one’s actions, dependence for one’s own development upon own potentialities rather than on others etc.

5. **Group oriented attitude**- Group oriented attitudes are ability to get along with others, ability to find recreation, feeling that one is safe in contact with one’s grouped members.

6. **Environmental competence as contributing to the specific component namely mental health**- Environment competence is the efficiency in meeting situational requirements, ability to work and play, ability to carry out responsibilities and capacity for adjustment.

Chauhan (1987) stated that mental health is a condition which permits the maximum development of physical, intellectual and emotional status of individual, so that he can contribute maximum to the welfare of society and can realize his ideas and aim of life.

Kumar (1991) defined mental health is an indicator which shows a person’s ability to meet social, emotional, physical, psychological demands. However, when the individual finds his or herself trapped in a situation and lacks matching and coping strategies to deal with stress effectively, mental strain develops.

Kaplan and Sadock (1993) defined mental health is a condition of well-being and the feeling in person when can come to terms with society and personal situation and social features are satisfying for him/her.

Hales and Hales (1995) defined mental health as the capacity to think rationally and logically, to cope with the transitions, stresses, traumas, and losses that occur in all lives, in ways that allow emotional stability and growth. In general, mentally healthy individuals value themselves, perceive reality as it is, accept its limitations and possibilities, respond to its challenges, carry out their responsibilities, establish and maintain close relationships, deal
reasonably with others, pursue work that suits their talent and training and feel a sense of fulfillment that makes the efforts of daily living worthwhile.

According to Thomson in American Heritage Dictionary (2000) mental health is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society and meet ordinary demands of everyday life.

World Health Organization (2001b) is of the view that mental health is a state of complete physical, mental and social well being; not merely the absence of disease or infirmity.

According to Bhargana (2005a & 2005b) the concept of holistic health is which include physical, mental, emotional, social and cultural health. Every division is associated with each other. A number of psychological problems, materialism, corruption, money mindedness, selfishness, unmindfulness, sleeplessness, snatching tendency and possessiveness, all have greatly affected the total health of modern men. In such circumstances, psychological intervention is very much essential for correcting the psychology of this so-called polluted modern man who is running without any goal and direction. Therefore, positive psychological constructs should play an important role in keeping modern men healthy whose mind and heart should always be empty rather than pre-occupied to think and act according to new situations within realistic perspective.

Clifford (2006) defines mental health as the psychological state of someone who is functioning at satisfactory level of emotional and behavioral adjustment.

Random House Kernerman Webster’s College Dictionary (2010) writes mental health is a psychological well being and satisfactory adjustment to society and to the ordinary demands of life.
The American Heritage Dictionary of the English Language (2011) defines mental health as:

- A state of emotional and psychological well being in which an individual is able to use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life.
- A person’s overall emotional and psychological condition.

World Health Organization (2012) defines mental health as refers to a broad array of activities directly or indirectly related to the mental well being component. WHO’s definition of health: a state of complete physical, mental and social well being and not merely absence of disease, it is related to promotion of well being, the prevention of mental disorders and the treatment and rehabilitation of people affected by mental disorders.

World Health Organization (2014) defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

BBC News (2016) says everyone has mental health. It involves our emotional, psychological, and social well-being, and it affects how we think, feel, and act. It also helps to determine how we handle stress, relate to others, and make choices.

From the above definition it can be concluded that many authors supported that mental health is a state of physical, emotional and psychological well being (Crow & Crow, 1951; Kaplon & Sadock, 1993; Thomson, 2000; WHO, 2001; Bhargava, 2005a, 2005b; Random House Kernerman Webster's Dictionary, 2010; BBC news, 2016) in which individual realizes his/her abilities to cope up with the normal stresses of life and work fruitfully. Mental health allows a person to make adjustment in all sphere of life (Menninger, 1945; Klein, 1956; Crow and Crow, 1951; Wolman's
Hence, Mental health is a state of complete physical, mental and social well being; not merely the absence of disease or infirmity. A good mental health of an individual depicts cognitive and affective well being which enables him/her to perform daily functions fairly and tolerate the stress of normal life. A teacher who does not fulfill these conditions is not likely to work efficiently in school environment. Teacher will be fair in his judgments and decisions, if he/she has a normal state of mental health. Emotional problems and stress of life can affect his/her working in classroom. So, teacher should be mentally fit. Only mentally healthy teacher will be able to interact well with his/her students and teach them effectively. Therefore, it is necessary to maintain sound mental health for every individual to work efficiently and for healthy environmental interactions.

1.4.1 Characteristics of a Mentally Healthy Person

There are some specific characteristics of a well adjusted mature individual who serve as basic criteria of optimum mental health. These characteristics give insightful understanding of mental health. The following criteria are derived from the clinical experience, careful observation, and research studies of several mental health authorities mentioned by John, Sutton and Webster (1954). The well adjusted person possesses:

1. **An Understanding of himself**: He has some insight regarding his motives and desires, as well as his weaknesses and strong points. He attempts to evaluate his own behavior as objectively as possible.

2. **A Sense of Personal worth**: He feels worthwhile and important. He has self respect. He makes use of his natural capacities. He is well-regarded by others. He feels secure in a group.

3. **Personal Security**: He feels that he is wanted; he feels comfortable and safe. **Self - Confidence**: He has faith in his ability to succeed; he...
believes he will do reasonably well whatever he undertakes. He solves his problems largely by his own initiative and effort. He does not overestimate or underestimate his abilities. He feels able to deal with the demands of everyday life.

4. **Sound Physical health:** He maintains a daily program of health practices, promoting healthy living with regard to nutrition, excretion, sleep, rest and relaxation, physical activity, personal cleanliness, protection from disease and defects, etc. His mental health may be proportionate to his physical health.

5. **Well-defined, Realistic Goals:** He establishes socially approved goals and makes reasonable progress towards attaining them. He has some understanding of his environment and of the forces with which he must deal. He plans ahead but does not fear the future. He develops a philosophy of life that gives meaning and purpose to his daily activities.

6. **Ability to Get Along with Other People:** He has understanding of the motives and problems of other people. He respects the differences he finds in people. He considers the interests of others, and he is able to give, as well as receive, love and affection.

7. **Emotional Maturity:** He meets each situation as it arises. He welcomes new experiences and new ideas. He accepts his responsibilities. He takes life’s disappointments in his stride. He doesn’t go to pieces as a result of his fears, worries, anger, or guilt feelings. He develops a wholesome attitude towards sex. He is capable of making a good heterosexual adjustment.

8. **Integration of Personality:** He functions as an organized unit. He thinks clearly and constructively in solving his problems. His mind is adaptable and resilient, and he is able to make adjustments to constant
changes and life situations. He is so organized as to control his body, mind, and emotions.

9. **Vocational Abilities:** He experiences a reasonable degree of success in his vocational endeavors. He puts his best efforts into his chosen vocation and gets satisfaction out of doing so.

10. **Basic Harmony:** He achieves a fundamental harmony with his environment. He feels a sense of responsibility towards his neighbors and fellow men. He gets satisfaction from simple, everyday pleasures. He is able to modify his ambitions if they conflict seriously with the rights of others. He strives to improve the society in which he lives.

Mental health is not mere absence of mental illness. Being mentally healthy doesn’t just mean that one does not have a mental health problem. There are time, when one feels down or stressed or frightened. A mentally healthy person has three main characteristics:

1. **One who feels comfortable about himself/herself:** One feels reasonably safe and sound, neither underestimates nor overestimates his/her own ability, accepts his/her shortcomings and self-respect.

2. **The mentally healthy person feels right towards others:** This means that he/she is able to be concerned about others and to love them. They have friendship that is gratifying and lasting. They are able to like and trust others. They take responsibility for their neighbor and followers.

3. **The mentally healthy person is able to meet the demands of life:** A person does something about the problems as they arise. He/she is able to think for himself, to take his own decisions and sets a reasonable goal for himself.

Good mental health is not simply the absence of diagnosable mental health problems, but good mental health is likely to help and protect against
development of many such problems. Good mental health is characterized by a person’s ability to fulfill a number of key functions and activities including:

- The ability to learn.
- The ability to feel, express and manage a range of positive and negative emotions.
- The ability to form and maintain good relationships with others.
- The ability to cope with and manage change and uncertainty. (Irshad, 2013).

**American Institute for Preventive Medicine (2004)** defines Characteristics of mental health:

Mental health is more than just the absence of mental illness. It includes how you feel about yourself and how you adjust to life events. However, the National Mental Health Association cites 10 characteristics of people who are mentally healthy.

1. They feel good about themselves.
2. They do not become overwhelmed by emotions, such as fear, anger, love, jealousy, guilt, or anxiety.
3. They have lasting and satisfying personal relationships.
4. They feel comfortable with other people.
5. They can laugh at themselves and with others.
6. They have respect for themselves and for others even if there are differences.
7. They are able to accept life’s disappointments.
8. They can meet life’s demands and handle their problems when they arise.
9. They make their own decisions.
10. They shape their environment whenever possible and adjust to it when necessary.

1.4.2 The Educational Process and Mental Health

The functioning of the educational process itself may become a source of stress and strain and ill health for its participants; rather they are teachers or students. This may be due to lack of the necessary aptitude and attitude in the learner and the teachers or in the features of the educational process (e.g., course content, teaching method, interaction pattern, climate, rewards and punishment, evaluation system).

Teaching strategies and behavioral styles of teachers are also potential source of stress and strain if they do not respond adequately and effectively to the needs of the children. This point has been effectively demonstrated in a study by Roy, Sinha, and Hassan (1994) who found that under the nurturant task style of headship, the socio emotional climate was better than under the democratic and authoritarian styles. The students showed more mischievous activities under the authoritarian style and were more studious under the nurturant task style. In addition, the mode of classroom interaction, the social milieu and the physical environment of the institution play an important role in healthy regulation of the teaching process.

1.4.3 Mental Health of Teachers

Teacher’s mental health plays an important role in the teaching-learning process. Teachers have a lot of responsibilities i.e. helping students progress academically, taking on community leadership roles, maintaining a safe classroom environment. Yet perhaps nothing is as important in a teacher’s work as promoting the mental health of students. If the teachers are of not sound mind, they can harm the Nation in terms of poor teaching and guidance to the students. They cannot do justice to their job. Their maladjustment will not only adversely affect their personality but will produce maladjustment
tendency in children. Teachers have special value in the emerging society as it contributes directly as well as indirectly to the wealth of a nation. Bernard (1981) emphasizes that the mental health of a teacher as a person, as a private individual is quite apart from his function as a teacher, as most important. It is not teaching aspect which is not important, but chances of a teacher being of maximum benefit to mental health of pupils are very small unless he maintains his own mental health at high level.

Lulla (1981) attempted to draw attention towards the importance of mental health of teachers. He discussed various factors in school and community environment that contributes to the mental health of a teacher. Mental health is a combined outcome of five types of health (i) physical (ii) emotional (iii) moral (iv) spiritual and (v) social. Mental health is an important aspect of the total health of a person because, it is, both cause and the effect of the other types of health. It means three things of an individual (i) Right thoughts (ii) Right attitudes (iii) Right actions.

The horizon of a teacher is broadened with the qualities; he imbibes from the institution, which provides training to the teachers. National policy on education (1986) has given greater importance to education so it is imperative that teacher in making should be properly equipped with knowledge and skills they are supposed to acquire in order to become successful in the task of Nation building. A teacher with high mental health has willingness to accept new experiences and changes, scope of knowledge which continually extents and his flexibility in meeting changes gives him a good foundation for intelligent thinking. There are three purposes of training institutes. Firstly, it is an agency for the development of knowledge and skill; secondly it is an agency for inculcating moral values such as rationality, achievement, orientation, and equality. Lastly, it is an agency for socialization, thus preparing the individual for future adult roles.
Rao and Parthasarthy (1992) revealed that teachers have needs to understand the meaning of students’ behavior and methods of helping them to have healthy relationship among the students as well as with the teachers. When the teacher is endowed with mental health skills, in addition to the teaching capabilities, he/she would be able to do justice to the growing needs and problems of students in the school setting. The teacher can help the students to get committed to the cause of learning and to overcome unhealthy temptations.

1.4.4 Factors Affecting Teacher’s Mental Health

Borg and Falzon (1989) account the following factors effects the mental health of teachers and given below in figure 1.4:

**Figure 1.4**

**Showing Factors of Mental Health**
1. **Lack of Professional Attitude and Spirit:** In most of the countries many individuals choose teaching as their career not because they are interested in teaching but because they could not gain entry into other professions.

2. **Occupational Hazards:** The teaching profession has frustrating conditions such as dealing with student’s indiscipline that could result in maladjustment and stress.

3. **Lack of Social Prestige:** All agree that teachers are the builders of Nation’s future but what is the importance of teachers in the eyes of the present money driven society?

4. **Poor Salaries:** In spite of a high cost of living and increasing responsibilities of teachers towards the total development of children, the salaries of teachers have not increased in the same proportion.

5. **High Moral Expectations:** Society expects teacher to be a saint. No doubt, the teacher must present a model of ideal behavior before the students, but in actual practice how many students imitate or identify with the model or ideal of the teachers? A teacher is a member of society and the evils of society may affect a teacher’s personality.

6. **Workload:** In schools, the teaching workload is heavy. The teacher may have to teach six out of eight periods a day along with other duties. The overload can cause tensions and mental fatigue and can cause stress.

7. **Relationship among Teachers:** Conflicts among colleagues such as job promotions may disturb harmony, cooperation and goodwill among teachers.

8. **Relationship between Administrator and Teachers:** Some administrators (managers or principals) are autocrats. They impose
orders on teachers without demonstrating appreciation of the services rendered.

9. **Insecurity of Service:** The teachers, who are appointed on a temporary basis, may develop the problems of anxiety, depression or stress.

10. **Lack of Facilities:** Many institutions do not have adequate facilities such as a well equipped library, audio-visual aids and laboratories which can also cause frustration and stress among teachers. (In Biswas, 2012)

In the light of the above discussion, the positive mental health is the foundation for well-being and effective functioning of an individual and community. Crow & Crow (1951), Chouhan (1987), Kaplan & Sadock (1993), WHO (2001), American Heritage Dictionary (2000), Bhargava (2005a & 2006b) all of these supported that mental health refers to a broad spectrum of activities which directly or indirectly related to the mental well being components. This core concept of mental health is consistent with its wide and varied interpretations across cultures. Some common characteristics of a mentally healthy people include: curiosity, optimism, self confidence, ability to exercise, develop mentally appropriate self control, ability to cope up with frustration and solve problems and the ability to form meaningful relationships with others. A person with sound mental health possess the characteristics of a sense of personal worth, sound physical health, personal security, emotional maturity, vocational abilities and basic harmony (John, Sutton and Webster, 1954), and has ability to express, feel and manage a range of positive and negative emotions (Irshad, 2013).

In present era, life is full of challenges that are more psychological than physical. Therefore, mental health of all teachers at the individual and community level is associated with a number of pressures and uncertainties. As the mental health of teachers has far reaching impact on future generation,
so the mental health of teachers play a pivotal role in one’s life. Lulla (1981) attempted to draw attention towards the importance of mental health of teachers and also discussed various factors in school and community environment that contributes to the mental health of a teacher. National policy on education (1986) argued that a teacher with high mental health has willingness to accept new experiences and changes, scope of knowledge which continually extents and his flexibility in meeting changes gives him a good foundation for intelligent thinking. Therefore, there is a need to study the mental health of women teachers. There are many factors which affect the mental health of a teacher. As discussed by Borg & Falzon (1989) the many required characteristics of a teacher are high moral expectations, relationship among teachers and administrator are the most important which describe the teacher's decisions or judgements and how he/she maintain relationships.

1.5 Mental health and Moral Judgement

Morality and mental health are now inseparably linked in view of character. According to the Martin (2006), it's a little bit of both. It surveys the ways in which morality and mental health are related, touching on practical concerns like love and work, self-respect and self-fulfillment, guilt and depression, crime and violence and addictions. Terming this integrative development “the therapeutic trend in ethics,” he uses examples from popular culture, various moral controversies and draws on line of thought that includes Plato, Stoics, Freud, Nietzsche and contemporary psychotherapeutic theories. Conclusions among them that sound morality is indeed healthy and those moral values are inevitably embedded in our conceptions of mental health. In the end, he shows how both morality and mental health are inextricably intertwined in our pursuit of a meaningful life (Martin, 2006).

Mental health and moral judgement are correlated to each other. There is significant correlation between male and female adolescents (Kaur, 2013). Moral judgement, intelligence and parental behavior correlated to mental
health. This study revealed that a significant positive relationship of mental health with moral judgement, intelligence and parent behavior of school adolescents were found. The adolescents with high level of mental health were higher in moral judgement and more accepted by parents than the adolescents with average and low level of mental health (Kaur, 2002).

1.6 Mental Health and Self Silencing

Mental health and self-silencing are inseparable. They are like two sides of the same coin. A state of healthy mental health will lead to the low indulgence towards self-silencing and vice-versa. Both the traits of mental health and self-silencing are dependent on each other. Women are more intimate towards relationships than men. Many researches were conducted earlier to see the effect of mental health of women and self silencing among women. For example, Kurtis (2010) conducted a study on self-silencing and well-being among Turkish women. Self-silencing is predictive of negative mental health symptoms for both men and women (Page et al., 1996).

Silencing the self theory (Jack, 1991) theorized that societal devaluation of female-related self promotes self-silencing among women in romantic relationships and thereby threatens their well-being. Results of a survey study revealed that two dimensions of silencing the self i.e. self-silencing and care as self sacrifice were unrelated to relationship satisfaction and depression. Discussion considers implications for women's silence and well-being in Turkish context. In this study, well being (one of the dimensions of mental health) was studied with self-silencing. But both variables of mental health and self silencing in context of women were not studied. Shouse and Nilsson (2011) had found that self-silencing (or the suppression of expressing one’s thoughts, feelings, and needs) can have a negative impact on the mental health of women. This study was an attempt to see the relationship between mental health and self silencing among women teachers.
Introduction

1.7 Moral Judgement, Self Silencing and Mental Health

The present study was conducted to study the relationship between moral judgement, self silencing and mental health. If the mental health of person is good, he/she has unbiased and fair decisions, and can distinguish between good or bad. From the above discussion, it is revealed that there is a significant relationship between the moral judgement and mental health. As Kaur (2013) found that mental health and moral judgement are correlated to each other. The studies also supported that mental health and self silencing affect each other and correlated to each other. A sound mental health leads to low self silencing and vice versa. Page, Stevens & Galvin (1996) found that self silencing has a negative impact on mental health of both men and women.

Therefore, moral judgement and self silencing are correlated to the mental health of a person. No such a study was found in the relationship between moral judgement, self silencing and mental health. So, the researcher wanted to study the relationship between the three variables and how these variables affect each other.

1.8 Operational Definitions

For this particular research, operational definitions used are as follows:

1.8.1 Moral Judgements: Moral Judgement is defined as the scores obtained by teachers on moral judgement scale developed by the investigator and supervisor. Moral judgement is the ability to evaluate the situation and moral issues as right or wrong keeping in view the knowledge of moral standards or moral values.

1.8.2 Self- silencing: Self silencing is defined as the scores obtained on the silencing the self scale developed by Jack (1991). Self silencing is to put down your own feelings and emotions to maintain good relationships.
1.8.3 Mental Health: Mental health is defined as the scores obtained by teachers on mental health inventory by Verma & Batra (2005). Mental health is an attitudinal concept towards ourselves and others. It presents a humanistic approach towards the understanding and assessment of the self, good physical well being, free from anxiety, positive interpersonal relationships, initiative and social drives and possession of teacher traits.