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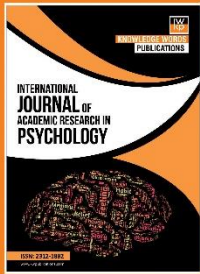
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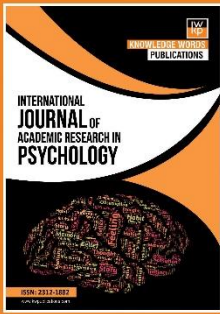


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The Psychological Problems Faced by Students during General Secondary Education Certificate Examinations in Jordan

Maen Hani Al-Amryeen, Nashaat Abdelaziz Baioumy, Abdul Wahid Bin Salieh

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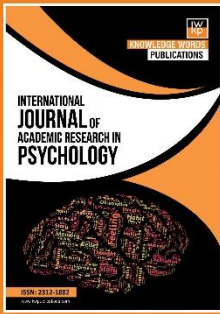
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INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PSYCHOLOGY



The Psychological Problems Faced by Students during General Secondary Education Certificate Examinations in Jordan

Maen Hani Al-Amryeen, Nashaat Abdelaziz Baioumy, Abdul Wahid Bin Salieh

Faculty of Islamic Contemporary Studies, University Sultan Zainl Abidin, Terengganu, Malaysia

Abstract

The study aimed to analyze the impact of tests on psychological problems facing public high school students in Jordan, and due to the tests know the impact on psychological problems. The study adopted a descriptive-analytical approach to obtain the results. The study population consisted of all students enrolled in the public secondary stage in Tafila Governorate for the academic year 2019/2020 AD, the number of which was 2025 male and female students. The study sample consisted of (364) male and female students chosen in a cluster-randomized method, which formed (17.9%) of the original study community. The researcher sought to analyze the impact of tests on psychological problems facing public high school students in Jordan through a questionnaire that included three dimensions, namely: The first dimension: study problems; the second dimension: behavioral problems; and the third dimension: personal problems, where the scale included (30) items for students, its validity and reliability were verified. The most important results of the study that was shown by the study were: that the tests affected the psychological problems of public high school students in the governorate of Jordan. The study also showed differences of statistical significance at the level of significance ($\alpha < 0.05$) in the impact of the tests on psychological problems according to the gender variable and favour of females. The results also showed that the arithmetic mean of psychological problems among students at the public secondary stage in Tafila Governorate came as average and with average arithmetic (3.57) and a standard deviation (0.28). The study recommended activating the counseling programs that reduce psychological problems for public high school students.

Keywords: Tests, Psychological Problems, Public High School, Jordan.

Introduction

The subject of the tests occupied an important position in educational and psychological studies because it causes psychological problems for students in their various stages of development. In the educational field, the sooner the date of the tests approaches, students show a set of physiological

and psychological symptoms that were not apparent before the test period. The test is the primary concern of the student and family. The atmosphere becomes fraught with stress and anxiety, and even the majority of families mobilize all members of the family including the student. The psychological condition that accompanies the student when performing the test negatively affects the different mental processes needed during the performance of the test. Psychological problems often increase among high school students if they realize that their fate in the exam is success or failure which means a lot to prove their existence or self-realization. Among what causes many psychological problems for them is that the exam result decides whether or not they will enter universities and colleges. The mark they receive determines the type of specialization they choose in light of the intense competition they face from the peers of high school graduates. In addition to the parents' desire to obtain higher education and enter certain specialties according to their desire and aspirations, the fear and anxiety among many students causes sudden illness as well as sudden events that negatively affect their results (Saada et al., 2004). All these call for the need to carry out such a study, and as such, the current study aims to reveal the impact of tests on psychological problems faced by public high school students in Jordan.

Questions of the Study

1. What is the level of psychological problems of public high school students?
2. What is the effect of the tests on psychological problems of public high school students in Tafila Governorate?
3. Are there statistically significant differences at the level of significance ($\alpha < 0.05$) in the level of psychological problems attributable to the variable (gender)?

Objectives of the Study

The study aims to achieve the following goals:

Determine the most common level of psychological problems among the study sample individuals.

Know the effect of psychological problems because of the tests.

Check for differences in psychological problems due to gender and the tests of the study sample individuals.

The Importance of the Study

1. **Theoretical importance:** The importance of this study lies in the fact that it highlights an educational stage of great interest in Jordanian society, where the secondary stage is considered a crucial stage for what the student has acquired in the school years, and a stage that determines future choices. It is also a survey and follow-up phase from the family than usual. It is well known that the specific standard for all is the test, and as such, the study of the psychological problems caused by the test is essential.
2. **Applied importance:** The importance of the study is centered on the importance of the nature of the target group, which are public high school students, since the public secondary stage affected most of the components in the society, including students and families. This gives an applied importance to this study in identifying and characterizing the problems of this group by helping them to care for what is beneficial to the pedagogical and educational process. It

is also expected that the study will help in identifying the problems related to this category, which will contribute to reducing the sleeplessness that negatively affects student results.

Theoretical Framework

The public secondary school certificate in Jordan comes after the student has finished all basic, middle, and secondary school classes. The Tawjihi stage is the culmination of these academic classes that the student spent in school. This stage is followed by another educational stage represented by entering the university. In Jordan, the student after completing high school has completed twelve years of schooling. At the end of this stage, the student submits a set of ministerial examinations, which are prepared by the Ministry of Education. These exams are inherently different from the nature of school exams that students used to pass in their previous semesters (Rabaabiha, 2015).

It is known that the public secondary school stage comes in conjunction with the stage of adolescence experienced by the student, as there is a set of physiological, social, and physical changes that occur to the student accompanied by a set of manifestations of growth, development, and a steady increase in physical and mental growth. During the adolescence stage, the future character that a person will be, starts to be drawn like a new birth. For this reason, all the conflicts and challenges that the student may face needs to be taken into consideration. Hence, it is incumbent to look to these students at this stage, as they are more in need of care and attention than ever before (Shuraim, 2009).

Psychological Problems

Psychological problems are individual's inability to achieve compatibility with needs that result from lack of psychological and social compatibility. Shabeer (2007) considered that individual's incompatibility with himself and environment is the main reason for psychological problems, where individual fails to achieve goals and satisfy psychological, physical and social needs. There are many disorders that the individual suffers from, including: anxiety, psychological tension, apathy, despair, pessimism, depression, mental excitement, feelings of guilt, jealousy, sensitivity, excessive hate, loss of self-confidence, and fear of the future.

Types of Psychological Problems

Zahran (2004) conducted many research on psychological problems faced by young people, including: feelings of guilt and remorse, anxiety and tension, feelings of deficiency, shame and confusion, lack of self-confidence, feelings of emptiness and loss, fear of submission and insult, fear of criticism, impulses mood, weakness and determination, irritability and ease of nervous stimulation and emotional sensitivity, constriction, lack of happiness and lack of responsibility.

Causes of Psychological Problems

There are many factors and causes that cause psychological problems. It is difficult to find a single cause for psychological problems, but they are usually many and interrelated, where the psychological problem is the outcome of many factors. They can be summarized as follows:

1. **Biological Factors:** These include genetics, disorders, moods, gland dysfunction factors, and metabolic processes in body cells (Rimawi, 2003).
2. **Psychological Factors:** they are many and interrelated, such as weak self-control, weak ability to moral judgment, exaggeration in the interpretation of aggression, psychological trauma, failure to

control emotions, insecure attachment, and negative emotions such as feeling inferior, feeling guilty, dependent, impulsive, and preparing for anxiety and depression (Rimawi, 2003).

3. Environmental Factors: it is linked to family and social factors, for example parental treatment, family disintegration, poverty, crime, unemployment, wars, and lack of guidance and counseling (El Sherbiny, 2002).

The Importance of the Achievement Test

The achievement tests are extremely important. The most prominent among them can be show in the following points (Rawashidah et al. 2000 CE)

1. A teacher or teacher-based achievement score can enable teachers to know the student's strengths and weaknesses.
2. The ability to rely on tests to reach a measure of student's achievement, and to know their progress in the scientific and cognitive aspects.
3. The tests are based on raising the student's motivation to learn.
4. The test gives educators the ability to assess their teaching methods.
5. The test provides the student, parent, and the educators with the appropriate feedback that shows the student's achievement levels.
6. The importance of the tests increases until they reach a point where the entire achievement program can be evaluated.

Specifications for Achievement Test

There is a set of specifications that are supposed to be available in the achievement test in order to meet the need for which it was put in place, and these characteristics make the test good according to educators' perspective, and among these specifications (Rawashidah et al., 2000)

- 1. Truthfulness:** test honesty means that the test is able to measure the ability or the thing for which it was originally set, and if the test is designed to measure the student's ability to obtain information in the science subject in the seventh grade, and able to measure that, then it is an honest test. However, if the test measures something other than that, such as measuring the student's skills in science subject, it is not an honest test.
- 2. Consistency:** Consistency means that the relative position of the student does not change in the test when re-applying that test again, or applying another equivalent image of this test to the same group, which leads to the stability of the test results.
- 3. Objectivity:** In this capacity, this means that the test results are not affected by the subjective side of the corrector, meaning that the subjective aspects of the corrector are neutralized while correcting the test.
- 4. Inclusivity:** In this capacity, this test means that the exam is comprehensive in all aspects of the subject matter, including all study goals that needs to be measured in the test.

Building Test

When we talk about the test in general, we refer indirectly to the test paper, as the test paper itself is a practical application towards assessing students, and it is necessary to follow a set of scientific

and practical steps in order to build this paper in a correct and sound way, by going with the following steps (Rawashidah, 2000)

1. Determine the goal and purpose of this test, i.e. that the test clearly indicates the purpose for which it was intended.
2. Content analysis, which refers to the set of technical methods and procedures that were designed to classify the subject into main topics and then break it down into measurable goals.
3. Building a specification table, it is a chart that links the main elements of the content to the evaluation fields, and their sub-skills, and determines the relative importance of each.

Literature Review

The study of Abdel-Lawi (2012) aimed to know the relationship between psychological and behavioral problems among children of the first three years of primary school and their academic achievement in addition to knowing the difference in the average scores of each psychological problem based on the gender variable, where the study sample consisted of (300) students. The researcher used the descriptive approach. The most important results of the study were an inverse relationship between children's psychological problems and their academic achievement. It was discovered that there are no differences between male and female in psychological problems.

Rabaabiha (2015), a study titled "Academic achievement barriers for public high school students (Tawjihi) from the point of view of successful and unsuccessful students and their guardians". This study aimed to identify the obstacles related to academic achievement among high school students from the point of view of successful and unsuccessful students and their parents in the governorate of Irbid for the academic year 2014/2015 AD, and whether there were statistically significant differences in these obstacles due to gender, place of residence and the study branch. The results showed that there is an average level of obstacles related to academic achievement among the successful students compared to the unsuccessful who showed a high level of obstacles. While there were statistically significant differences in the fields of self and educational obstacles due to the variable of the study branch and for the benefit of information management students, there are no statistically significant differences in the level of obstacles as a whole due to gender and place of residence variables.

Shurab and Wadi (2015) conducted a study entitled "The sources of school stress and its relationship to the general academic achievement of high school students in the light of a number of variables". The study aimed to identify the most common sources of school stress and its relationship to the general academic achievement of secondary school students and the differences in school pressures that the target group is exposed to according to the variables (Sex, specialization, level of education of the head of the family). The research sample was chosen from the eleventh grade students in its three branches (science, humanities, legal) from the eastern directorate of Khan Yunus governorate. The study sample consisted of 285 students that were chosen according to the stratified random method. The study concluded the following results that the most common sources of school pressure among the study sample were in the exams and curriculum pressures. The results also showed that female students are more exposed to school pressures than male students. The results indicated that there are no differences in the total score of scale of school stress attributed to the academic specialization and level of education of the head of the family except after the curriculum stresses.

Rizk (2008) conducted a study entitled “the problems of secondary school students and their counseling needs”. This research aims to identify the indicative needs of secondary school students through the course of the problems they suffer according to the fields. In addition, the significance of the differences in these problems is defined according to the variables of the academic class, gender and specialization. The results of the study showed that there are no statistically significant differences in these variables between male and female as well as between the scientific and literary specialties.

Al-Abideen (2013) conducted a study entitled “Negative Behavior Patterns and their Relationship to Academic Achievement among Secondary School Students in Khartoum State: A Field Study from the Teachers 'Point of View”. The study aimed to know the patterns of negative behavior and its relationship to academic achievement of second stage students in the state of Khartoum from the point of view of teachers in the east unit of Khartoum (Al Baraari and Imtidaad Nasser). The study population consists of all supervisors and teachers of the secondary stage, and a random stratified sample consisting of 60 male and female teachers was chosen from a number of government schools consisting of five schools with a number of teachers of 120 teachers for the year 2012/2013. The study concluded that the degree of negative behavior patterns with high school students is high as the field of relationship between teachers occupied the primary rank among the fields of study with a relative weight of 48% and a weak prevalence rate. While there is a relationship between some members of common negative behavior patterns of high school students and their level of academic achievement from the teachers' point of view, the study also found that there were no statistically significant differences in the degree of prevalence of negative behavior patterns from the point of view of individuals with different demographic variables.

Approach of the Study

The current study adopts the descriptive analytical approach, which depends on the interpretation of the existing situation of the studied phenomenon by defining the circumstances and the dimensions associated with it, and describing the relationships between them with the aim of arriving at an accurate and integrated scientific description of the problem based on the facts associated with it. This approach goes beyond a process of describing the phenomenon, but it also includes analyzing, measuring and interpreting data to arrive at an accurate description and results of the phenomenon.

Study Community

In this study, the study population consisted of all students enrolled in the public secondary stage in Tafila Governorate for the academic year 2019/2020, and they numbered (2025) male and female students.

Table (1) shows their distribution according to the gender variable:

Table (1): Distribution of the study sample by sex

Variable	Variable class	the number
Sex	male	909
	female	1116
Total		2025

Sample of the Study

The study sample is divided into:

1. **Exploratory sample:** where the researcher chose a survey sample to experiment the study tools. It consisted of (35) male and female students.
2. **The actual sample:** The sample of the study consisted of (364) male and female students chosen in the random cluster method, which constituted (17.9%) of the original study community. Table (2) shows distribution of study sample individuals by gender.

Table (2): Distribution of study sample individuals by gender

Variable	Variable class	the number
Gender	male	137
	female	227

Tools of the Study

The researcher used the questionnaire as the most appropriate tools for scientific research that are consistent with the data of the study as a tool to collect the necessary information for this study. It is used to achieve the goals of the study; to obtain information and facts related to a specific reality. The researcher by referring to educational literature and previous studies used the questionnaire as a tool to collect data, to find out the impact of the tests on psychological problems of public high school students in Jordan. The researcher developed a questionnaire that includes three dimensions, namely:

- The first dimension: academic problems.
- The second dimension: behavioral problems.
- The third dimension: personal problems.

Validity of the study tool: The researcher has confirmed the validity of the study tool through:

The apparent validity of the tool:

The indications of apparent validity were verified by using the sincerity of the arbitrators, and by distributing the questionnaire in its primary form to (11) arbitrators from Jordanian university professors, and those who made some observations about it which the researcher took. In the light

of their amendments, their opinions, suggestions and amendments were taken into consideration, and the questionnaire was judged according to the following table (3)

Table (3): the name of questionnaire arbitrators

the number	The name	The destination	Nationality
.1	Prof. Abdul Hakim bin Abdullah	University Sultan Zain Al Abidin	Malaysian
.2	Dr. Najiha Abdul Wahid	University Sultan Zain Al Abidin	Malaysian
.3	Dr. Mohammed Al-Shafi	University Sultan Zain Al Abidin	Malaysian
.4	Prof. Suleiman Al-Hijaya	Tafila University	Jordanian
.5	Dr. Nizar Addomuury	Mutah University	Jordanian
.6	Dr. Mohammed Al-Khasoba	Tafila University	Jordanian
.7	Prof. Ahmad Odeh	Tafila University	Jordanian
.8	Dr. Muhammad Al-Quddot	Tafila University	Jordanian
.9	Dr. Abdullah Al-Qarara	Tafila University	Jordanian
.10	Dr. Atef El-Iyayada	Arabic language supervisor	Jordanian
.11	Dr. Khadija Suleiman Al-Zaghamim	Teaching Curriculum Supervisor / Ministry of Education	Jordanian

Accordingly, the study tool (the questionnaire) was finalized.

Validate the Internal Consistency of the Tool

The validity of the questionnaire was verified by using the validity of the internal consistency to calculate the correlation between the degree of the paragraph and the total score on a survey sample of (35) students who were randomly chosen from within the community and were not included in the study sample.

First: The validated internal structure was used to identify psychological problems by calculating the Pearson correlation coefficient between the degree on the paragraph and the total degree. Tables (4) show the coefficients of correlation.

Table (4): the validity of the internal structure to identify psychological problems by calculating the Pearson correlation coefficient between the score on the vertebra and the total score (n = 35)

Paragraph	Correlation coefficient	Paragraph	Correlation coefficient
1	.544	16	.367
2	.579	17	.341
3	.485	18	.403
4	.410	19	.314
5	.442	20	.452
6	.431	21	.400
7	.525	22	.346
8	.391	23	.451
9	.468	24	.533
10	.661	25	.319
11	.320	26	.511
12	.437	27	.426
13	.437	28	.468
14	.339	29	.498
15	.507	30	.513

Table (4) shows that good internal construction validity indicators were achieved for the questionnaire, where correlation coefficients ranged between (0.314-0.661).

Reliability of the study tool: The significance of the questionnaire stability was verified by using the Alpha Cronbach equation for internal consistency over the same exploratory sample (n = 35). Table (5) shows the stability of the resolution parameters

Table (5): Cronbach alpha coefficients for the internal consistency of the study instrument

The dimension	Stability Coefficient
Study problems	.86
Behavioral problems	.83
Personal problems	.76
The total score to measure psychological problems	.88

Table (5) clarifies the stability coefficients of the study tool (the questionnaire), and the stability coefficients of the study tool ranged between (0.76 - 0.86), and these values of stability are appropriate.

Statistical Treatments

To achieve the goals of the study and to analyze the collected data, many appropriate statistical methods were used using the Statistical Package for Social Sciences, which is denoted by the abbreviation of the symbol (SPSS).

After the data was encoded and entered into the computer, and to determine the length of the pentagonal scale (the lower and upper bounds) cells used in the study axes, the response to the questionnaire is done according to the Pent-Likert scale (very high, high, medium, simple, never affects), and the grades are respectively given (5, 4, 3, 2, 1). The degree of approval is judged based on the following criterion

SMA	Level relative to the arithmetic mean
1- 2.33	Low
2.34 – 3.67	Average
And above 3.68	High

Discussing the Result

Results of the first question: What is the level of psychological problems among public high school students?

To answer the first question, the arithmetic averages and the standard deviations for paragraphs and table (6) have been calculated that shows:

Table (6): Arithmetic averages and standard deviations for the total score, and the paragraphs on the scale of psychological problems for public high school students in Tafila Governorate

the number	Paragraph	The average Arithmetic	The normative deviation	Rank	the level
19	I feel sad about the low scores on the tests	4.36	.91	1	High
2	I accept and respect all teachers	4.17	.93	2	High
17	I think the gloom ends when the tests are over	4.11	.90	3	High
8	I think the curriculum is super difficult	3.98	.91	4	High
22	I feel upset about the negative behaviors that students take during classes	3.79	.91	5	High
6	I understand the school laws and regulations and	3.69	.89	6	High

	disciplined implementation				
7	I participate in extracurricular activities	3.68	.85	7	High
1	I feel I have the decisive desire to learn	3.57	.94	8	Average
9	I constantly do homework	3.55	.94	9	Average
10	The teacher neglects my thoughts and contributions	3.55	.94	10	Average
30	I communicate with teachers outside of school	3.55	.88	11	Average
12	I miss feeling psychological comfort and contentment in my life	3.54	.97	12	Average
13	I have a feeling of depression at tests	3.53	.83	13	Average
14	I suffer from permanent struggle with myself	3.52	.96	14	Average
15	I feel tight and restless when submitting tests	3.51	.73	15	Average
16	I am unable to control my emotions before the tests	3.50	.79	16	Average
11	I am accused of cheating on tests	3.47	.91	17	Average
18	I feel that the tests are useless	3.45	.81	18	Average
4	I interact during class sessions by participating and asking questions	3.44	.84	19	Average
20	I miss classes	3.44	.90	20	Average
21	I make false excuses to miss the tests	3.42	.99	21	Average

28	I'm scared of dealing with others	3.41	.91	22	Average
23	I feel uncomfortable when the tests approach	3.40	.93	23	Average
3	I participate with my classmates in the study	3.39	.93	24	Average
25	I constantly feel sorrow and sadness	3.37	.86	25	Average
26	I suffer from health problems at the time of the tests	3.37	.94	26	Average
27	I prefer studying with colleagues	3.36	.87	27	Average
5	I prefer studying books outside the curriculum	3.34	.94	28	Average
29	I stay making new friends with great difficulty	3.32	0.82	29	Average
24	I do not have the ability to talk about my psychological problems	3.27	0.81	30	Average
	Total marks	3.57	0.28	---	Average

It is noted from Table (6) that the arithmetic mean of psychological problems among students in the public secondary stage in Tafila Governorate came with an average arithmetic average (3.57) and a standard deviation (0.28). This result is consistent with the study of (Rabaabiha, 2015) whose results showed an average level of obstacles related to academic achievement, as well as a study of (Sherab and Wadi, 2015) whose results summarized that the most common sources of school stress to the study sample were examinations and curriculum pressures.

Results of the second question: What is the effect of the tests on the psychological problems of public high school students in Tafila Governorate?

To answer the question, a simple regression analysis was used and Table (7) shows that:

Table No. (7): Results of simple regression analysis to test the effect of tests on psychological problems among public high school students in the province of Tafila

Independent variable	Correlation coefficient R	Determination coefficient R ²	B	Standard error	Beta	Computed t value	Significance level t
Gradient constant			.406	.113		3.602	.000
Psychological problems	.851	.706	.905	.032	.844	24.158	.000

The values of the test (t) are clear from the statistical results mentioned in Table (7). The tests had an effect on the psychological problems of public high school students in Tafila Governorate, in terms of the (Beta) coefficients, as they appear in the table, and in terms of the rise in the calculated (t) values (24.158) from their tabular value at the significance level ($\alpha \leq 0.05$). The variable of psychological problems explained (70.6%) of the total variance in the tests for public high school students in Tafila Governorate.

The study considers that the emergence of the impact of the tests on psychological problems of public high school students is a tangible result in the societal reality, as secondary tests cause confusion that leads to psychological problems. The secondary stage is often considered a fateful stage that parents care about, which causes some pressure on their children, leading them to more psychological problems. This is consistent with the result of a study (Abdel-Lawi, 2012) that found an inverse relationship between psychological problems and academic achievement. It is also consistent with the study of (Shurrab and Wadi, 2015).

Results of the third question: Are there statistically significant differences at the level of significance ($\alpha < 0.05$) in the level of psychological problems due to (gender) variables?

The T test was used for the independent samples to indicate the differences in the effect of the tests on psychological problems according to the gender variable. Table (8) shows that:

Table (8): Results of (T) test for independent samples to indicate differences in the effect of the tests on psychological problems according to the gender variable

The dimension	Sex	the number	SMA	standard deviation	Freedom Degree	T value	Indication
Study problems	Male	137	3.47	.29	362	-3.531	.000
	female	227	3.54	.27			
Behavioral problems	Male	137	3.47	.21		-4.673	.024
	female	227	3.41	.24			
Personal problems	Male	137	3.44	.27		-2.432	.000
	female	227	3.48	.27			

It is noted from Table (8) that there are statistically significant differences at the level of significance ($\alpha < 0.05$) in the impact of the tests on psychological problems according to the gender variable and in favor of females, where the values of (T) = (-3.531) for study problems, and (-4.673) for behavioral problems, and (-2.432) for personal problems, meaning that females are more affected by psychological problems.

The results of the study differ with the study of (Rizk, 2008), the study of (Rabaabiha, 2015) and the study of (Abdel-Lawi, 2012). This result is consistent with the study of (Zain El Abidin, 2013) and the study of (Sherrab & Wadi, 2015).

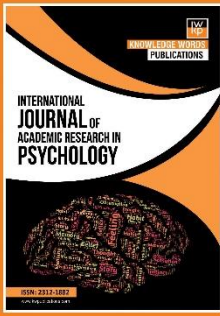
Conclusion

Psychological problems are considered as a real concern for the students. Despite the fact that counseling centers and resources exist within the school campus, the psychological problems still appear among students during General Secondary Education Certificate Examinations in Jordan. This study showed that the psychological problems faced by these students include: the difficulty of retrieval, confusion, and anxiety. The researchers suggest that holding educational awareness sessions for students to guide them to avoid these problems during this Examinations so that these problems could not affect their motivation and achievements. Finally, future studies should include student life-styles and their correlation with the examinations. Therefore, the authors recommended further studies to explore this phenomenon in a more depth manner.

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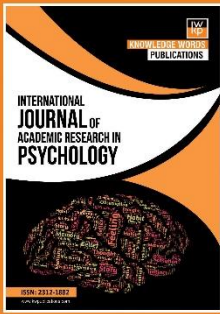
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INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PSYCHOLOGY



Self Construal and Mental Health of Women in India

Ruchika Varma* & Megha Gupta**

* Asstt. Professor, Deptt. of Psychology, CMP PG College, University of Allahabad 211002.

** Research Scholar, National Institute of Mental Health and Neuroscience, Bangalore 560 029.

Email: ruchikapsy@yahoo.co.in, meghagupta3003@gmail.com

Abstract

The present paper discusses the nature of self and its relationship with the mental health problems in women. Data were collected through in-depth interviews. Twenty women in the age range of 30 to 45 years were interviewed using an open ended interview schedule. The nature of self was assessed using Singeli's Self Construal Scale (1994). The women in the sample reported that mental health problems in women originate from the psychosocial causes such as role conflicts, role expectations and role burden. Sixty-seven per cent women showed an inclination towards independent self whereas thirty-seven per cent reflected an interdependent self. The results on in depth interviews however, showed that they felt pressurized to adhere to the traditional social roles and norms. Women despite willing to adapt individual selves could not do so because of the guilt induced by the family and society for not following a traditional image thereby reflecting interrelation self of women in Indian society. This state of confusion was a major cause of mental health problems in women. The implications of the study were discussed in the light of past researches.

Keywords: Self Concept, Independent Self, Interdependent Self, Mental Health.

Introduction

Mental health is defined as equilibrium between the individual and the environment, constituting an integral part of overall health (World Health Organization, 2001). It is "a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." With the National Mental Health Program in place since August 1982, subsequent research has yielded that a gender neutral policy is inadequate to address the needs of those experiencing poor mental health. A number of researchers have proposed that women's mental health cannot be taken care of in isolation with the psychosocial factors that, by and large, contribute to it. Psychosocial factors, as defined in the Encyclopedia of Behavioural Medicine, are "influences that affect a person psychologically or socially. These are multidimensional constructs encompassing several domains such as mood status (anxiety, depression, distress, and positive affect), cognitive behavioral responses (satisfaction, self-efficacy, self-esteem, and locus of control), and social factors (socioeconomic status, education, employment, religion, ethnicity, family, physical attributes, locality, relationships with others, changes in personal roles, and status)," (Suzuki & Takei, 2013).

World Health Organization (1981) has also positioned the definition of mental health in its report on the Social Dimensions of mental health which states that “Mental Health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality”.

This definition has special relevance for in relation to women’s mental health because it stresses the complex web of interrelationships that determine mental health and goes beyond the biomedical model. It also acknowledges the crucial role of social context and emphasize on the role of justice and equality in determining mental well being.

Globally research has indicated that mental health problems are precipitated and maintained in women due to psychosocial factors. Research analysis by Vindhya (2007) on the two decades of research on gender in psychology was done and the major psychosocial variables were classified into 8 categories which were *work family interface, mental health of women, violence against women, reproductive health, gender linked attributions, sexuality, aging and widowhood and marriage and motherhood*. It has been reported in the researches that there is a greater prevalence of depression, somatoform and dissociative disorders in women (Vindhya et al., 2001).

With the globalization and consequent social change, the women started stepping out of their homes for financial reasons, for gaining a status in the society and for developing their hidden potentials. But this change placed her in more conflicting situations. The role of a working woman on one hand gives her a sense of economic security and independence but on the other hand, somewhere she is not comfortable in these conflicting roles demanding situations. The National Crime Record Bureau Reports (NCRB, 2018) has indicated a tremendous increase in the nature of crime against women during this period, a special category being added is the *Crime by Husband and his Family*. This evidently proves that changes in women are educational and employment status was directly affecting the family scenario. These changes in the social scenario have in many ways increased the general vulnerability to mental health disturbances. It has been reported in the researches that physical abuse of women, especially by husband is prevalent even in the 21st century in India (Dutt & Noble, 1982; Kumar, Gupta & Abraham, 2002; Rao, 1997). This led to disintegration of already fragile self esteem of women and creating conditions of psychological distress (Basu, 2012).

Education and employment are two important variables in maintaining the self esteem of women. Mental health consequences of employment on women have been investigated in several studies by comparing groups of women who are gainfully employed and those who are mainly engaged in domestic activities (Aminabhavi & Kulkarni, 2000; Kumari & Singh, 2000; Mathur & Bharti, 2001; Aujla, 2002). Moreover, the experiences of self-worth, autonomy and competence, financial security, physical and sexual safety, all essential for mental wellbeing, are denied to a large number of Indian women in rural and even urban setting. Violation of women’s rights, specifically their reproductive rights, has a cumulative effect on the disability caused by poor mental health. A woman’s poor mental health not only causes damage to her but has far-fetched implications primarily roots from the role of a mother or caregiver (Afifi, 2007). Studies from different cities of India indicates the role of conflict with mother-in-law and husband, verbal and physical abuse, poverty, alcoholic or abusive partner, raising a child with special needs, intimate partner violence, and inadequate support for child care, were most vulnerable to mental health disorders (Kermode et al., 2007). There is comparatively paucity of research indicating the changes in the roles of other family

members as a result of women's employment. Thus, there is a need to look at mental health through a gender-sensitive lens as this will be in interest of the society at large.

Nature of Self and Mental Health of Women

For years, Western researchers have assumed a single model of the self what has been termed the independent self-construal (Markus & Kitayama, 1991). The underlying principle that shapes the independent self-construal is the premise that the person is essentially separate from others. The primary components of the independent self-construal are one's unique traits, abilities, preferences, interests, goals, and experiences, and these are differentiated from social contexts, interpersonal relationships, and group memberships. To maintain and enhance this independent view of the self one must maintain a sense of autonomy from others and "be true to one's own internal structures of preferences, rights, convictions, and goals" (Markus & Kitayama, 1994, p. 459).

In contrast, the notion of the interdependent self-construal holds that the person is connected to others, so that the self is defined, at least in part, by important roles, group memberships, or relationships. For individuals with this self-construal, representations of important relationships and roles share the self-space with abstract traits, abilities, and preferences. To maintain and enhance this interdependent view of the self, individuals will tend to think and behave in ways that emphasize their connectedness to others and that strengthen existing relationships. According to Cross (2016) Self-construal refers to the grounds of self-definition, and the extent to which the self is defined independently of others or interdependently with others. Initially, the term derived from perceived cultural differences in the self. Westerners were thought to have an *independent self-construal*, which is characterized by separateness from others, by attention to one's abilities, traits, preferences, and wishes, and by the primacy of one's individual goals over those of in-groups. East Asians were thought to have an *interdependent self-construal*, which is characterized by a sense of fundamental connectedness with others, by attention to one's role in in-groups, and by the primacy of group goals over one's individual goals. Later, a third characterization, the *relational self-construal*, was proposed; it represents the ways that people may define themselves in terms of close, dyadic relationships. Social and cultural psychologists now view these as three dimensions of the self, which virtually all people construct to some degree. Cultural differences in self-definition arise through differences in the relative strength or elaboration of this self-construal. Consequently, the literature on self-construal can seem somewhat confusing: self-construal is described at times in terms of very different understandings of the self in different cultures, and at other times in terms of universal dimensions (independent, relational, or interdependent) that vary in strength in different cultures.

The self construal of Indian women has undergone transitional changes in the recent past. Traditionally Indian self in general and Indian women's self in particular were highly interdependent or relational. But due to social changes and changes in the roles executed by women in her psychosocial environment, the women's self concepts are also changing and moving towards individualist. The impact of broader socio cultural changes can be seen in the women self also. Nature of self is an important indicator of a person's way of doing in the society. The female self in patriarchal societies are defined by the societal norms, values and culture. Traditionally, even when women tries to redefine their selves and identity they always try to fit in the already existing moulds and remains satisfied in their "being in relation." Wills and Petrakis (2019) did a systematic review of research on mother's mental health, well being and motherhood. Findings indicated that the self is an important construct in transition to motherhood. It was found that women are more likely to have a relational

self-construal than men. Although relational self- construal is not associated with life satisfaction yet is often a moderating variable for wellbeing.

Maas et al. (2019) studied the relationship between self construal, acculturation and autonomy-connectedness and the relationship between autonomy- connectedness and psychopathological symptoms. It was found that on Dutch sample, independent self construal was positively associated with self awareness and capacity for managing new situations and was negatively associated with sensitivity to others. Moreover an interdependent self construal was negatively associated with self awareness and capacity for managing new situations.

Women's dependency has been a widely debated topic around the world. Back in the 60s-80s, women were limited to their household chores, child rearing practices and were financially dependent on men, and the concept of women dependency on men was phenomenological and acceptable. But when 90s arrived with the drive of women empowerment; women education flourished, they became financially independent and balanced work and personal lives. The concept of women dependency then started confusion and displeasure among the "new independent women". Cinderella Complex is a psychological syndrome that states women are unconsciously driven to be dependent on a dominant figure (preferably male). Relational Theory in relation to Cinderella complex marks distinction in emotional development of men and women. It states that women are primarily driven to connect with others (Saha & Safri, 2016).

With the above research background and understanding the relationship between self construal and mental health of a person, the present study has been designed on the following objectives:

- To understand qualitatively the concept and causation of mental health problems in women.
- To assess the nature of self construal of women.
- To outline the relationship between nature of self and causes of mental health problems in women.

Method

Sample: The in depth qualitative interviews of 20 women in the age range of 30 to 45 years with at least one child. The sampling was purposive and 8 women were working as a professional at work place for about 6 hours and 12 women were homemakers. These women were residents of Allahabad City in North India and belong to upper middle socioeconomic class of the society. The mean-age of the respondents was 38.8 years. The minimum educational status of the sample was undergraduate and maximum post graduate level.

Measures

An in-depth interview schedule was prepared to assess the meaning and causes of mental health problems in women. In order to understand the women's notions on causes of mental health problems, probing was done and the respondents were asked to elaborate on the role of various psychosocial correlates on the mental health of women. Singelis (1994) self construal scale was also administered to see the nature of self of Indian women. However, in many instances during the interview the reflection of self was also observed and is therefore reported in the results wherever required.

Procedure

Twenty women in the sample were individually approached. A prior appointment was fixed and a time slot of around 90 minutes was fixed for the interview session. Rapport was established with the respondents and the purpose of the research was explained to them. Consent was also taken from

the respondents. When it was found that the respondents were comfortable with the setting, the interview schedule was started and then they were first asked to give their responses on Self Construal Scale. Little probing was done wherever required. The responses were recorded for the further use. The responses were later on transcribed and used for interpretation of results. The thematic analysis was done to delineate major findings from the data.

Results

The data obtained from the respondents were both quantitative and qualitative in nature. The responses obtained on Self Construal Scale were quantitative and were interpreted accordingly. The responses on self construal scale indicates that the 33% of the respondents showed low scores on independent self and high scores on interdependent self whereas 67% of women showed high scores on independent self and low scores on interdependent self. These results showed a clear indication that Indian woman when asked on a simple 7-point rating scale reported high on independent self. The researches have already established that Indian self has both interdependence and independence but a bent towards independent self is a new feature in the context of Indian women.

Meaning of Mental Health Problems

The major themes for the meaning of mental health problems that emerged from the analysis of the obtained data were- mental health is related to a) Biological factors, Physical health and Life style issues

- b) Inability to follow normal routine and perform duties in the family,
- c) Emotional outbursts, and
- d) Cognitive deterioration.

The meaning of mental health problems has been described by women as due to genetic factors. It was reported that depression runs in families and where mother is in depression, the children also develop such tendencies. Disturbances in mental state, problems related to thinking, reasoning and inability in expression of emotions. Irritations, aggression, late night sleep, getting up late are some more descriptions for mental health problems. Some women reported that inability to do normal household chores and too much confusion in executing our different roles are some sort of mental health problems. The respondent number 3 gave her response this way-

"A person who is not able to express his views , might be in the proper way, or is out of the social way of doing things, cannot do housework, or might be speaks something unusual , doesn't react in the way they are supposed to , that's what if it is unusual behavior, we say that there is some mental problem. It can be stress of some sort, depression; I think if you take women, specifically, it could be related to genetics also but if something is happening after marriage or after going into a different family, might be its because of some stress, strain, or if she's not able to express over a long period of time."

The physical health and fitness of the body was also considered as an important way of defining mental health. It was interpreted from the data obtained that the respondents were trying to define mental illness in a very vague way. The words to express mental anguish, emotional disturbances were not clearly communicated. Some respondents even simply expressed mental illness as inability to express one's emotions. This is reflected in responses obtained from respondent number 13.

"There are various kinds of things. See, a person can be disturbed by basically disturbance because of health, illness or probably because of mental health, or from either fooding habits, or probably you

know the day-to-day lifestyle. What we are doing is abusing our body every day, sleeping late in the night and getting up late in the morning so that's one lifestyle that we shouldn't do. So, basically it is all governed with you head right here and brains, it's all in your mind how you are, you know getting your body and mind in discipline. So, if your brain is disturbed so basically, you'll get a (mental disorder)."

From the responses obtained, it was inferred that the present educated women's notion of mental illness is not very clear. The definition involves the focus on body mind relation, deterioration of cognitive abilities, inability to do normal day routine work and special emphasize on inability to perform prescribed duties in relation to the roles they occupy in the family. The definition of mental illness itself reflect a relational nature of women's existence as some women significantly reported that the mental health of a woman is good if everyone in the family is happy with her.

Regarding the causes of mental health problems in women, it was reported that mental illness originates from the home environment, in more formal terms the psychosocial environment. The major themes identified were-

- a) Suppression in the family
- b) Employment of women
- c) Husband's role
- d) Women's perception of the psychosocial environment

Suppression in family is a universal phenomenon that was reported by majority of women respondents. The crucial factor was the family structure, women's employment and economic independence and freedom. Too much of restrictions by parents –in- laws, inability to say or decide even in front of servants, early marriage, lack of employment and hence financial independence are some of the prominent factors reported by many women respondents. It was also reported by one of the women respondent that historically since less importance was given to the women's domestic roles, men dominated women for their economic dependence on him and as a result an imbalance is created in the society. Men considered household work as irrelevant and presumed to be undertaken by women.

"People remain in problems due to household work and older members in family are dominating and cannot say anything in front of them. Humiliation in front of servants is also common and since cannot answer back so the irritation persists in mind and this irritation is the prime cause of mental illness. When my daughter went to other state for higher education, I went into depression, severe back pain was also there but back pain was treated after treatment of depression".

Education and employment of women reflects a dialectical opinion in relation to mental health problems faced by women. It was reported that women enjoys all the benefits of employment but also at the same time is overstressed due to multiple roles and subsequent role burden. Woman who goes out of the house is not free from their household duties and moreover they feel guilty if they are not able to execute their domestic duties especially as mother. Some respondents also reported that they are brought up in very open minded and liberal parents before marriage but as they acquire new roles in their husband's family, they are expected to fulfill the duties of a traditional wife and a daughter in law. Husband's role is especially important and is a decisive factor in reducing the impact of patriarchal forces on the mental health of women. One of the respondents reported this way-

"All boils down to the same thing because he's the earning member, the girl has already sacrificed, even if she is educated she is not working, so she's looking after the house and the kids and the boy is earning. So, the earning which is coming should have been like, both the partners should have had an equal right on that earning because she's also doing her share, the credit of looking after home and

children is not given to women. Men don't realize that if their wives don't look after children and home, they also can't go and work peacefully. Still the girl herself feels responsible for her house, for her kids and like give up their jobs. It's not always due to pressure by mother in law or any other family memebr, you also feel responsible yourself that I have to bring up my kids properly, and for their proper education I have to confine myself in the house".

Historically Indian women were given the right to education after a long struggle by the social reformers (Right to Education Act, 2009). Women's education and employment became an agenda for the Government of India after a long time in post independent India. The social growth of women took place very slowly and at present at least there is a steady increase in the literacy rates of women in the last 50 years (Census of India, 2011). Although women gained education and later on entered into many professional fields, unfortunately the men folk were not ready to accept the changing roles and resulted in conflict. Today education has become a mandatory need of major sections of women. The women respondents indicated in the data that education is most important for women as through education only they can be aware of their rights and can think about themselves. Illiterate women are more vulnerable to the mental health problems due to their associated helplessness. There is a special section of women whose education is stopped after marriage and as a result due to suppression of their desires, frustrations and inability to continue their education due to prominence of their domestic roles they always remain irritated and gradually goes in depression (Sinha & Lakshmi, 1993).

One of the women reported that it is very disheartening that after being educated when women get married and she has to leave her studies for her marriage she comes to back foot and is worse than illiterate women who is more liberal and mentally tuned for how they have to lead their lives. This shows a clear indication of the double bind situations which young girls and women face in Indian society. Moreover, whenever they try to give lesser importance to their domestic roles over their education, they have to face guilt induced by the family and society leading to mental health problems. Many researches in the recent years has supported the fact that women all over the world is twice more vulnerable than men to suffer depression because of their frustrations for being not able to reach their goals due to marriage (Nolen Hoeksema & Girgus 1994; Sinha & Lakshmi, 1993; and Whilhelm & Roy, 2003).

The women respondents were also asked about the role of employment in the mental health problems. They were asked whether employed or unemployed women experience more mental health problems on which they responded that employed women has an ample opportunity to express herself, go out of the house for some time and do whatever they want at work place but an unemployed women remains confined to home and is always at target of all family members to get caught up in extended household duties. Moreover, they emphasized that women at home is always being judged by family members and this create a suffocating environment and a growing tendency for negative self esteem. The responses of both employed and unemployed women expressed that employment to a greater extent reduces the vulnerability towards mental illness as employed women are more independent and self reliant. A small section of women respondents also reflected that employed women are more vulnerable to the mental health problems because of the dual burden and difficulties in maintaining a balance between their domestic and professional roles.

"I think educated ones (are more prone to mental illness.) The reason is they are dissatisfied, illiterate ones are like dissatisfied but mentally tuned, actually in educated ones they are liberated from their parents side, they are like go do this, go do that, go and achieve this, but after marriage you have to come back to the basics which are like the same old things. I think even in highly educated, liberated,

or open families, at a point when you have to have kids you have to do it, either men or women has to leave jobs and it's always the women. I have never seen a single example of this that men leave jobs due to child birth. So, this is one reason why in educated families there is more dissatisfaction. However, in illiterate families, the girls' rights from childhood are tuned to a different life style. The mothers tell their daughters to first look after their family and children and so you are like used to that way. If you (educated ones) share (your problems) with friends then it becomes a gossip, more suffocation is there".

An important theme that came out in the present study is the women's own perception of the psychosocial environment. Some of the women's respondents indicated that it is very important that women should have a positive perception for their new family. It is a conventional practice in Indian families that girls during their marriage get an untold negative image for some new roles like mother in law and sister in law. History of cases of crime against women in the category of Husband and its family in NCRB reports indicate the significance of the two roles- husband's mother and sister. However, in the present context as the scenario is changing with increase in women's independence, authority and control over her resources as a result of economic independence, it is very important that women should also come out of the traditional moulds of new relations and see things in a more positive way. As reported by one of the respondents,

"When you get married and go to a new place, traditional women start with what is cooked, salt is more or less and all that, it starts from there, everything starts from the kitchen. But then if you understand that see you have to adjust somewhere so I think eventually time gives you all the space to get out of it but some people are there who just stay there, you know. So, that's the problem. Even there's a proverb that God helps those who help themselves. So, until and unless you won't find a midway through whatever the family problem is, there is no start to a new day. So, if you sit with that you will ten thousand problems with a negative mind if you think so everything, a person will do in a family would be a problem to that person".

The second aspect on which the present research focuses was the reasons for gender differences in mental health problems. Women respondents reported that women suffer more with mental health problems because of their emotional nature, conflict with husbands over patriarchal restraints, and their ego to maintain patriarchal social norms related to women roles in the society. Conflicts in the family due to women's working roles or autonomy and decision making are still prevalent in Indian families. Studies have also supported this fact that women and men differ in the ways they communicate, deal in relationships, express their feelings and respond to stress. Therefore, the gender differences are based in physical, physiological and psychological attributes (Delina & Raya, 2013). Other psychosocial variables reported to be responsible for more mental health problems in women are partner alcohol use, sexual and physical violence by the husband, being widowed or separated, having low autonomy in decision making, and having low levels of support from one's family (Patel et. al., 2006; Shidhaye & Patel, 2010; Nayak et. al., 2010). Therefore, it can be inferred from these results that the present educated contemporary Indian women, despite moving ahead with all opportunities and aspirations and also trying to fulfil them but due to strong social construction of gender, it becomes difficult for them to leave their traditional or relational self ideologies and as a result end up in a state of flux. On probing, women also reported that it is very difficult for Indian women to come out of the existing moulds that is in comparison to men, it is difficult for women to deny the social norms and rules and as a result even if they want to assert their individual self they have to go with the group or show interrelatedness in order to maintain peace in

their families. This seems to be the most disturbing feature of women's psychosocial environment where she feels suffocated and cannot show any autonomy.

The causes of mental health problems in the present study are indicative of the fact that even when the woman in India is passing through a transitional phase and moving from her traditional to modern roles, the conflicting situations are still prevailing and patriarchal mindsets are still prevailing and affecting the mental health of women. Orthodox thinking in Indian families, overemphasize on women's domestic duties, lack of family support in taking a decision and lack of economic independence still occupy strong position in the factors associated with poor mental health of women. Studies have shown that females are more predisposed to mental illness due to rapid social change, gender discrimination, social exclusion, gender disadvantage like marrying at young age, husband's substance abuse, domestic violence etc (Patel & Kleiman, 2003). These results infer that hardly any change has taken place in the causes of mental health problems when compared to what was reported by women in the researches done during 1980-2000. Moreover, the limited awareness and resistance to accept the mental health problems in any of the family members is one of the crucial factors in the seriousness of mental health problems especially in Indian context.

Conclusions and Implications

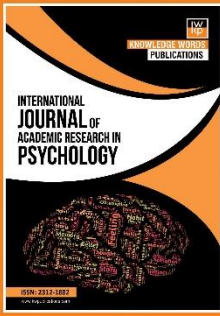
The results of the study indicate that the women perceive psychosocial environment as major cause of mental health problems in India. They consider women's education, employment and their work home balance as determining factors in causation of mental health problems. Moreover, the study gives a clear indication that the different roles played by women in her life are very important in understanding the etiology of mental health problems in later life. The complexity of the roles expectations and roles conflict puts woman in a demanding and stressful situation leading to an increase in the mental health problems. The self of the women is showing a transition towards individuality however their narrations indicates a guilt for being an individual identity so she compromises and adjust in the relational being. The Indian society is changing very fast and there is a need to understand the transitions in the Indian women's psyche with reference to their selves. These results of the study imply that there is a need to sensitize the men folk to understand the changing needs of women in their psychosocial environment and to consider them as being who is not always "in relation" but as an "independent identity". The women's interdependence nature of self reflects that it is difficult for women to come out of the traditional definitions of roles occupied by her in her psychosocial environment.

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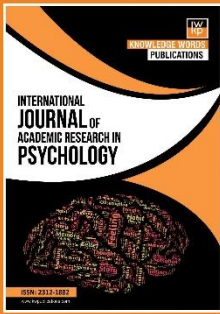
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Linking Transparent Communication and Employees Openness to Change: Does Recognition Respect Matter?

Nomahaza Mahadi¹, Rina Salwani M. Tamin² and Shathees Baskaran³

^{1,3}International Business School, Level 10, Menara Razak, Universiti Teknologi Malaysia, Jalan Sultan Yahya Petra, 54100 Kuala Lumpur, ²Melaka Hospital, Jalan Mufti Hj Khalil, 75400 Melaka.
Email: mahaza@ibs.utm.my

Abstract

In this current competitive business conditions, organizations are hinge on upon their leaders to inspire people who have courageous to made demand out of turmoil, explore organizations through unimaginable natural disturbance and flourish the condition with excellent human capital involvement. Leaders are also expected to reassure the changes and developments required to keep up competitive advantage. In this instance, recognition respect plays a vital part in supporting employees throughout the complex and challenging period of change implementation. Also, recognition respect is an important form of respect in workplace relationships that can bring benefits to both the individual and the organisation. However, despite respect being seen as vital for leaders in exercising influence over employees, there were little attention has been paid to investigate the concept from the viewpoint of leadership. Therefore, this paper aims to address these gaps by exploring the significant role of recognition respect in mediating the relationship between transparent communication and employee's openness to change. Our discussion highlights the importance of understanding the role of recognition respect characteristics that are involved in determining the success or failure of a change initiative.

Keywords: Recognition Respect, Organizational Change, Value-Based, Mediator, Engagement.

Introduction

Major organizational change would mean the emergence of challenges, or more precisely, barriers. The top four barriers that had been identified to impede the process of organizational change include fear of the unfamiliar or unknown, ineffective leadership, ineffective communication, as well as undue complexity (Smith, 2017). Hence, failure by leaders at any level to understand the sensitivities, fears, as well as the resistance that were occurring would create barriers or even frictions among the

executive parties (Smith, 2017). These were made worse if the changes being implemented were not communicated effectively across the whole organization. A report by McKinsey (2002) showed that the organization with a CEO who did not actively involve all the stakeholders in the change process barely reached their expected cost-saving target that were supposed to be gained through the change.

Employees Openness to Change

There were two fundamental components of openness to change, namely, a positive attitude towards the outcome of the change, and the willingness to support the proposed plans and processes during the change event (Wanberg and Banas, 2000). Employees who were opened to change look forward to the changes in their work processes, and believed that the proposed changes would have a positive effect and were for the betterment of the organization, as well as themselves as employees. These constituted the employees' behavioural intention to support the change, and, consistent with the Theory of Planned Behaviour (Ajzen, 1991) the intention to perform a particular behaviour will guide subsequent behaviours (LaMorte, 2019). Whilst openness could also be a personality trait characterised by being insightful, having a wide range of interest, as well as being imaginative (Digman, 1990), the researcher in this context regarded openness to change as a *state* which was specific to a change related event in an organization. It reflected the employees' viewpoint, appraisal, as well as experience of the change event.

Among the differing employees' responses to change initiatives that had been studied include openness, readiness, resistance, or even cynicism towards the change initiatives (Bouckenooghe, 2010). Nielsen and Randall (2013) concluded that employees' presumptions, mindsets and demeanour to a large extent determined the change initiative processes and outcomes. Employees' openness to change had also been identified as the most important factor in determining the outcome of a change initiative, whilst the lack thereof was a predictable sign of failure of a planned change initiative (Miller, Johnson and Grau, 1994). Openness to change was also "the most important element of organizational culture that leaders should look to build" (Erturk, 2008, p.463).

Recognition Respect

Recognition respect was regarded as acting in an ethical, unbiased, trustworthy and dignified manner (Clarke, 2011). In addition, workplace surveys had consistently demonstrated respect as the most prominent feature of what constituted good leaders or effective leadership (Bernthal, Rioux, and Wellins, 1999; Bernthal and Wellins, 2005; Charlesworth, Cook, and Crozier, 2003). Respect had also been shown to be associated with increased employees' physical and mental health in the workplace, as well as heightened individual's sense of well-being and self-esteem (Huo, Binning and Molina, 2010; Smith, Tyler and Huo, 2003). It had also been demonstrated to be associated with job satisfaction, employees' organizational commitment, as well as employees' citizenship behaviour (Faulkner and Laschinger, 2008; Sleebos, Ellemers and De Gilder, 2006).

Researches in the area of interpersonal relationships had suggested the significance of mutuality in enhancing social ties, as well as self-validation and self-worth (Genero, Miller, Surrey and Baldwin, 1992). It was also suggested that one-sided relationships will ultimately lead to lowered self-esteem or even humiliation (Genero et. al., 1992). The study by Clarke and Mahadi (2017a) had found the

predicting effect of mutual recognition respect towards both employees' job performance and well-being. They concluded that mutual recognition respect is an important form of respect in workplace relationships that can bring benefits to both the individual and the organisation (Clarke and Mahadi, 2017a, p. 163). Another study by the same authors had shown the positive association between mutual recognition respect and employees' affective commitment, as well as job satisfaction (Clarke and Mahadi, 2017b).

In addition, recognition respect suggested that people should be respected as they are humans, and was morally the correct thing to do (Fraser and Honneth, 2003). It was an unconditional, fundamental human right (Kant, 1964). As Benditt (2008, p. 488) put it, recognition respect was "having respect for persons as persons, means giving them appropriate consideration, the consideration due to persons as such, in deciding what to do." For instance, respect as an implicit dimension of leadership indicated that respect towards the leader was based upon his / her sensitivities, supportiveness, attentiveness, as well as responsiveness towards his / her followers' needs (Bass, 1985b). Respect was also highlighted as one of the key values that would facilitate stronger follower identification (Bass, 1985b). Reciprocally, the enhanced follower identification and greater emotional attachment brought about by leading with values enhanced respect towards the leader.

Transparent Communication

Transparency constituted openness, and was the opposite of secrecy (Rawlins, 2009). Transparent communication was a highly distinguished method of internal communication, and had been found to increase employee-organization relationships (Men and Stacks, 2014). It was characterized by three related, but analytically distinct elements, which were informational / substantial, participatory and accountability transparency (Balkin, 1999). Informational transparency (substantiality) constituted the disclosure of "truthful, substantial and useful information" (Rawlins, 2008, p. 6). The information provided to employees in this instance must be relevant, complete, accurate, reliable, timely and easily understood by employees. It was not the mere disclosure of abundant information that could cloud the employees' understanding regarding the direction and processes in the change initiative.

Participatory transparency required employees' "active participation in acquiring, distributing and creating knowledge" (Cotterrell, 1999, p. 419). It was about the organization involving the employees in helping to identify the information they needed, taking the time to understand the employees and what their needs were, as well as soliciting the employees' opinion before making a particular decision. The organization also asked for the employees' feedback on its quality of information, as well as providing detailed and accessible information to its employees. The accountability transparency constituted the organization's disclosure of both positive and negative information to its employees (Yue et. al, 2019). It presented more than one side of any controversial issues, as well as was open to criticism and admitted when it had made mistakes during the course of the change initiative. Studies had shown that the withholding of negative information during a change initiative could lead to increased employees' anxiety, uncertainty, distrust and insecurity (Men and Bowen, 2017), hence, this dimension of transparency was crucial in the success of an organization change initiative (Gergs and Trinczek, 2008).

The Role of Recognition Respect between Transparent Communication and Employees Openness to Change

Meanwhile, a lack of respect had been shown to lead to negative affects within group contexts (Bies, 1987). Studies by Dasborough (2006) had pointed insights as to how positive affect among followers were generated through exercising charismatic leadership. Studies had also demonstrated that charismatic leadership was positively related to employee's organizational citizenship behaviours (Deluga, 1995; Sosik, 2005). It was argued that the chief mechanism by which outstanding outcomes were brought about by charismatic leaders were through the engagement of follower's self-concepts which affect motivation (Shamir, House and Arthur, 1993). One of the ways of achieving this was to engage in the respect generating behaviours that contributed to the development of positive followers' social identity (Haslam and Ellemers, 2005).

Transparent communication during a change initiative appeared to have considerably large components of the antecedents to recognition respect, mainly the ethical character of the leader, leader candour and honesty, as well as leader fairness. Transparent communication also possessed the key components of personal engagement with employees, as well as leaders' empathy. These were postulated to have a positive relationship with recognition respect. Consequently, when employees engaged in a relationship that prospers recognition respect with their leaders during an organizational change event, they were more likely to have a positive attitude towards the outcome of the change. This would in turn lead to a greater acceptance of the change, as well as willingness to support the plans and processes associated with the change initiative. Thus, recognition respect played a key role as the mediator through the relationship between transparent communication and employees' openness to change.

Proposition 1: Recognition respect mediates the positive relationship between transparent communication and employee's openness to change.

Conclusion

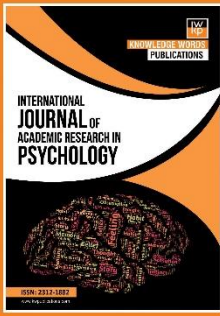
Psychological outcomes of recognition respect include collective identification, group self-esteem, as well as group citizenship behaviour. Collective identity referred to an individual's sense of belonging to a group, while group citizenship behaviour referred to an individual's voluntary commitment within an organization that was not part of his contractual tasks (Clarke, 2011). The early work in this area had identified that respectful behaviours in both the leader or group authority figures, as well as group members, conveyed strong signals to the group fellow members that the member was accepted, valued, and of equal standing within the group (De Cremer, 2002; Tyler and Smith, 1999). This then greatly influenced the group members' willingness to comply with the authority figures in the group (Tyler and Smith, 1999). Scholars also posited that the acceptance and inclusion brought about by recognition respect would promote employees' self-esteem and self-worth (Smith et al., 1988). Thus, these intangible benefits would be reciprocated by employees' through heightening their openness to change towards the organization. Elsewhere, empirical studies had also shown that transparent communication affect different aspects of a change initiative, and reinforced the change initiative's purposes and values (Neill, 2018; Yue et al., 2019), as well as strengthened the understanding between the top management, executive parties and every stakeholder involved in the change initiative (Lewis, 1997).

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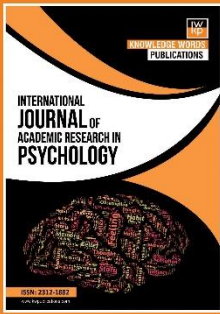
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Kumarashwaran Vadevelu, Wanapat Sangkaew, Varunya Temrat,
Natsarin Saesa, Thanidaphat Saengtong, Suwara Kaewnuy

Faculty of Humanities and Social Sciences, Social Work Section, Prince of Songkla University, Pattani
Thailand

Email: kumarashwaran@yahoo.com

Abstract

The objective of this study is to qualitatively describe the ineffective condom practice rates, sexual high-risk ratio, and HIV/AIDS prevalence among the transgender population in Southern Thailand (Pattani, Yala, and Narathiwat provinces). The snowballing sampling method was employed to select 30 transgender respondents, and the semi-structured face-to-face interview sessions were held to gather data. As a result, although most of the respondents were aware of the dangers posed by HIV/AIDS, they were uncertain about the transmission of HIV virus. Additionally, most of the respondents failed to get tested in order to determine their HIV/AIDS status. Another rising concern is that a majority of the respondents were unaware of the significance of safe sex using condoms. Hence, supporting bodies should disperse awareness pertaining to effective use of condoms and the importance of safe sex in combatting HIV/AIDS.

Keywords: Transgender Youth, Transgender Transition, Social Support System.

Introduction

Countries are progressively recognising the significance of preparing youthful individuals with information and abilities to create capable choices in their lives, especially in a setting where they have more prominent introduction to sexually unequivocal material via internet and other platforms. The 2030 Agenda and its global Sustainable Development Goals call for action to leave no one behind, including the realisation of social justice and gender equality for all (UN, 2015).

Surveillance data on HIV prevalence among transgender individuals have not been systematically collected. Based on some surveys, the transgender populations are reported to have some of the highest HIV prevalence rates in the region, ranging from 8.7% in Phnom Penh (2005), to 22% in Jakarta (2002), 29% in Myanmar, and 31% in Bangkok (2007) (Chemnasiri et al., 2010). Young people within 10-24 age range appeared to constitute one-quarter of the world's population (UN,

2012) and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, about 5 million people aged 10–24 years old were living with HIV, and those within 15–24 age range accounted for an estimated 35% of all new infections worldwide (UN, 2013).

Approximately 75,626 transgender women in Thailand participated in a programme that investigated an HIV/AIDS strategic planning. The rigorous estimation is planned and will be updated in the near future. A significant fraction of the transgender population is concentrated in major cities. The immediate HIV risk amongst young transgender people has been linked to sexual behaviours, especially unprotected anal sex with an HIV positive partner, as well as other structural factors that make young transgender people especially vulnerable to HIV (WHO, 2014). Transgender persons and men having sex with men (MSM) are at an increased risk of HIV infection if they have unprotected penetrative sex. In 2005, 46.7% of MSM, 34.9% of men having sex with women (MSW), and 52.3% of transgender women sampled in Bangkok, Chiang Mai, and Phuket reported inconsistent condom usage (Chemnasiri et al., 2010).

The high cost of transition healthcare adds more pressure on the transgender group to generate cash. Since sex workers tend to get paid more for unprotected sex, they become more vulnerable to HIV (APTN/UNDP, 2012). In numerous settings, youthful key populaces have continued to bear unbalanced burdens of HIV counting youthful gays, MSM, and transgender youth (Bekker et al., 2015)

Study Objective and Methodology

The objectives of this study are

- To qualitatively describe the ineffective condom practice rates among young transgender,
- To explore the level of sexual high-risk ratio towards HIV/AIDS prevalence among the transgender population in Southern Thailand (Pattani, Yala, and Narathiwat provinces).

Methodology

Preliminarily, the interviewer verbally assessed the information sheet with each respondent, and later described the purpose and the nature of this study. The snowballing sampling method was employed to select 30 transgender respondents, and the semi-structured face-to-face interview sessions were performed to gather data.

The distribution of transgender respondents in this study is as follows: 17 respondents (56.7%) were 15-19 years old and were studying at secondary school, while 13 respondents (43.3%) aged from 20 to 25 were pursuing Diploma and Bachelor degree at local higher education institutions.

‘Transgender’ is a wide-ranging term that includes feminine men, cross-dressers, drag queens, transsexuals, and intersex (Burgess, 1999). In this paper, transgender people refer to those who feel that they have been wrongly considered with their sexual characteristics at child birth. Hence, only transgender women were selected; those with feminine inner feelings and behaving like a woman in their daily life that is against their gender at birth.

Research Instrument

The snowballing sampling method was employed to select 30 transgender respondents, and the semi-structured face-to-face interview sessions were performed to gather data.

Data Analysis Procedure

Quantitative data were analysed using Basic Statistics: mean, frequency and percentage. After conducting the interviews, the researcher transcribed into English interview conversations that were in languages other than Thai. The data from interviews, documents, and records were coded and analysed using content and narrative analysis. The results of quantitative and qualitative data analysis were integrated using triangulation.

Ethical Consideration

All participants in the empirical phase of the case study were selected and later treated with appropriate sensitivity, in recognition of their vulnerability, the sensitivity of the topic of transgenderism, and their close connection with the aim and objectives of the research.

Results

HIV and AIDS Knowledge Level

A total of 23 respondents (76.6%) had awareness on HIV/AIDS, while 7 (23.4%) were unaware of HIV/AIDS. More interestingly, 26 of the respondents (93%) were totally unaware of the HIV virus transmission procedure. Next, 17 and 13 respondents (56.7% & 43.3%, respectively) from 15-25 and 20-25 age groups displayed HIV/AIDS prevalence. Nonetheless, studies conducted by UNFPA and UNICEF revealed several reasons for the transgender community to be lacking in knowledge regarding HIV/AIDS. Oppressive health frameworks, transphobia, family rejection, as well as pressing need of gaining education and employment, seem to dishearten transgender individuals from seeking services to combat HIV (UNFPA, 2015).

HIV/AIDS Voluntary Counselling and Testing (VCT)

The number of youths (aged 10-19) living with HIV, which had increased from 1.4 million to 1.8 million between 2007 and 2017, appeared more active than the senior transgender (UNAIDS 'AIDSinfo', 2019). Although countries are progressively counting individuals most influenced by HIV in their national HIV testing rules, such as drug addicts and sex workers; those from the LGBT community seemed to stay restricted in most settings (UNAIDS, 2018).

The HIV testing objectives call for 90% of all individuals living with HIV to determine their status by 2020, as stipulated in the UNAIDS' 90-90-90 Fast-Track Targets. In 2017, 75% of all HIV diseases were analysed (UNAIDS, 2017). A rights-based approach that rejects restraint and stigmatisation is basic to effective HIV testing. For this reason, WHO and UNAIDS do not suggest required, obligatory or coerced HIV testing of those on open wellbeing grounds. However, constrained testing of key populations (including detainees and migrants) is practiced in a few countries, including in clinics, particularly in Africa, Asia Pacific, Eastern Europe, and Central Asia (UNAIDS, 2018).

This present study looked into an interesting scenario of Voluntary Counselling Test (VCT) for detecting HIV/AIDS. The noteworthy abnormality of VCT was that 28 respondents (93.3%) were not tested for HIV/AIDS, while only two respondents had HIV/AIDS examination on annual basis. Next, seven respondents (23.3%) of the transgender community did use condoms during anal penetration sexual intercourse, whereas five respondents (16.7%) did not do so while performing sexual activity. A past study discovered that in spite of the fact that there have been numerous campaigns and activities outlined to progress levels of testing, a staggering 43% of those living with HIV in Thailand

were unaware of their status (Bhakeecheep, 2014). The open health benefits of HIV testing must continuously exceed the potential harm or risk. The most important reasons for the testing to continue are that it benefits those being tried and to progress the health outcomes at the populace level (WHO, 2016).

Individuals who are most at risk of HIV are failing to get their HIV testing in massive numbers. For instance, between 2010 and 2014, more than 600 million adults from 122 low- and middle-income countries were tested for HIV. As a result, based on the 81 countries that revealed detailed information, fairly 3% of the tests had been positive (WHO, 2018).

Sexually Transmitted Infection (STI) Testing

In this present study, 29 respondents had not checked for sexually transmitted infection (STI) since past one year despite having multiple sexual partners due to lack of awareness and apprehension that made them feel stressful. On the contrary, only one respondent had STI check-up and found having STI due to multiple sexual partners. Despite this, the respondents opted for sex worker profession as full-time job while still studying at the local university.

At High Risk Behaviour towards HIV/AIDS and STI Transmission

Condom Use Practice Knowledge Level of Safe Sex among Respondents

Interestingly, transmission of HIV virus for high-risk behaviour was linked with the perception of safe sex. Out of the 30 respondents, only 15 (50%) were knowledgeable about safe sex activity using a condom with an unfamiliar partner, while ten and five respondents (33% and 17%) were unaware and lacked knowledge on safe sexual activity, respectively.

This study offers detailed knowledge on safe sex practices using condoms. A total of 18 respondents (60%) used condom for safe sex, while 18 respondents (17%) did not practice safe sex by not using condom, and five respondents (23.3%) used condoms occasionally during sexual activity.

Table 1: Reasons for Not Using Condom with Intimate Partner

No.	Reasons for Not Using Condom with Intimate Partner	Number of Respondents	Percentage (%)
1	Sexual partners feel uncomfortable using condom during sex.	15	50.0
2	Sexual drive is not good.	4	13.0
3.	Not wearing a condom with life partner due to strong trust.	10	34.0
4.	Consuming alcohol and did not realise not wearing a condom.	1	3.0
Total		30	100

This study discovered four significant themes as reasons for dismissing the use of condoms during sexual activity with sexual partner. First, 50% of the respondents did not use condoms during sexual activity due to dislike or discomfort in using condoms every time performing sexual activity. Second, 14% of the respondents did not use condoms during sexual activity due to failure of attaining sexual pleasure or sexual superiority. Next, 34% of the respondents dismissed use of condoms to

display loyalty towards their spouse, so as to indicate that no sexual activity was involved with others. Lastly, only a respondent claimed to have not used condom due to consumption of alcohol.

As a matter of fact, 40% of the respondents had knowledge on using condoms effectively. The awareness factor was due to the spread of knowledge from close friends with identical transgender personalities. A noteworthy issue highlighted in this study is that 60% of the respondents were unaware about proper usage of condom, while 90% of respondents within the 15-19 age group were unaware of using condom properly. The respondents claimed that their desire to have sex was so high that they neglected safe sex by using condom.

Table 2: Level of Knowledge and Understanding the Correct Use of Condom

No.	Knowledge and Correct Use of Condom	Number of Respondents	Percentage (%)
1.	Least knowledge	5	16.7
2.	Average knowledge	13	43.3
3.	Deep knowledge	12	40
	Total	30	100

As for the subject on using condoms the right way, only 12 respondents (40%) knew the correct way of using condoms after gaining information from close friends with similar transgender identities. It is indeed worrisome that 18 respondents (60%) did not know the correct way of using condoms, especially those from the 15-19 age group.

Out of the 30 respondents, 75% had awareness regarding effective condom use learnt from their transgender friends and from working as sex workers outside southern Thailand. A study conducted in 2014 found that use of condoms among transgender individuals across five zones had been 84%. Approximately 59% of transgender individuals in these zones received anticipation services, and 34% were tested for HIV. The HIV testing at Chiang Mai city, for instance, had expanded over time, from 22% in 2005 to 43% in 2014 (NAC, 2015).

Sexual High Risk Behavior on HIV Transmission

Interestingly, transmission of HIV virus for high-risk behaviour was also associated with perception of safe sex. The result illustrated that 15 respondents (50%) were aware of safe sex activity using condom with unfamiliar partner. Meanwhile, 10 respondents (33%) were unaware of safe sex activity, and five respondents (17%) lacked knowledge on safe sexual activity.

Upon discussing the respondents' male sexual partners, 23 respondents claimed that their male partners' sexuality status was bisexual due to their sexual relationship with female partners as well. Next, seven respondents mentioned that their sexual partners were gay, as they only had sex with male partners. Five respondents in this study admitted that although they had special male life-partner, they pursued multiple male sexual partners mainly to fulfil their sexual desire or sexual lust.

In terms of achieving joy in life, all 30 respondents in this study admitted that they had been earning a steady income as sex workers. However, only two respondents (6.7%) opted for sex worker as their permanent job, while 28 respondents (93.3%) became sex workers on part-time basis. The main reasons for the respondents to choose sex worker as their profession are: poor family background, as well as need of additional money to cover the cost of everyday living and schooling. Previous research findings explained that an expansive extent of transgender individuals that offered

sex had made them progressively vulnerable to HIV (UNAIDS, 2014). A case study in 2015 conducted by UNICEF reported that 39% of young transgender individuals participated in sex mainly for income.

Conclusion and Recommendation

This study had investigated the ineffective condom practice rates, sexual high-risk ratio, and HIV/AIDS prevalence among the transgender population in Southern Thailand (Pattani, Yala, and Narathiwat provinces). As a conclusion, it was found that although most of the respondents did reckon the dangers posed by HIV/AIDS, they were uncertain about the transmission of HIV virus. Most of them failed to get tested in order to determine their HIV/AIDS status. A majority of the respondents were unaware about the significance of safe sex using condoms. Therefore, both the government and non-governmental agencies should put in more effort to enhance awareness pertaining to effective use of condoms and the importance of safe sex amongst the transgender community to curb HIV/AIDS.

Through this research, the government and the local community will have a better understanding towards the psychosocial aspects of young transgender who faced various challenges especially facing stigma and discrimination by the local society in Pattani, Yala and Narathiwat, Thailand who are majority living in Islam faith.

At the same time, this research can contribute to the National Strategic Plan for HIV / AIDS in Thailand provides additional information about the pattern of sexual behaviour young transgender in Pattani, Thailand, particularly the challenges faced by transgender people in their Muslim communities who are against the movements of LGBT. This research is very useful to social workers in Thailand to gain more psychosocial aspects experienced by transgender people and can providing more effective interventions for this marginalized populations.

Conflict of interest

The authors have no potential conflict of interest to declare.

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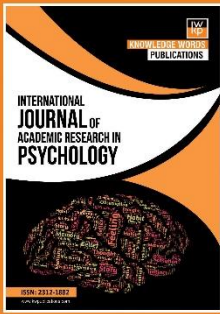
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Body Image Predictors in Post-Mastectomy among Adult Breast Cancer Patients

Osama Hasan Gaber

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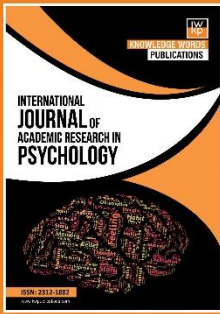
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INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PSYCHOLOGY



Body Image Predictors in Post-Mastectomy among Adult Breast Cancer Patients

Dr. Osama Hasan Gaber

Associate Professor of Psychology, Faculty of Education, Najran University, Saudi Arabia
Associate Professor of Psychology, Department of Education and Psychology, Faculty of Education,
Najran University, Saudi Arabia, P.O. Box: 1988, Najran, Saudi Arabia.
Email: dr.osamagaber@yahoo.com

Abstract

This study aimed to examine the relationship between Body Image, depressive symptoms, self-esteem and emotional stress with Husband for (33) adult women Breast Cancer patients. (Body Image scale, depressive symptoms scale and emotional distress scale (prepared by the Author) and self Esteem scale (Rosenberg). Were used Pearson Correlation coefficient showed that there is statistically significant relationship between body Image and depressive symptoms (0.409). In addition to showed that there is statistically significant relationship between Body Image and Self-esteem (-0.376). Also, the result showed that there is statistically significant relationship between body Image and emotional stress with husband (0.429). Also, the regression and prediction coefficient (stepwise) were also used and showed two models, the first model explains that the emotional stress with husband predicts Body Image, the second model explains that emotional stress with husband and depressive symptoms predicts Body Image.

Keywords: Body Image, Depressive Symptoms, Self Esteem, Emotional Stress.

Introduction

Breast cancer is one of the four most incessant sorts of tumor found in women's and the second driving reason for death from cancer. As all through whatever remains of the world, regarding surgeries, altered radical mastectomy was the most widely recognized medical procedure (63%), and bosom moderating medical procedure was the second (36%). Just 1% of patients had radical mastectomy. Mastectomy, as the careful treatment of bosom disease, results in a lasting change to the presence of ladies. The bosom is viewed as a piece of a lady's character in numerous societies; it speaks to gentility, sexuality, excellence, parenthood, and sustaining newborn children. The apparent loss of any of these ascribes may prompt a negative change in body image (Kocan & Gürsoy, 2016). Obvious changes in women' self-perception are joined by negative mental results. A man's psychological picture of oneself is implicitly showed in one's esteem reactions and Since a man's view of his/her body greatly affects his/her character and conduct, an adverse self-perception prompts

antagonistic mental impacts, which unavoidably influence one's disposition and relationships with others (Bagheri & Mazaheri, 2015).

Mastectomy is one of the basic medications for this tumor, in which bosom is expelled with or without lymph hubs. women who experience mastectomy encounter medical procedure physical deformities and physical and mental dangers because of tumor which can prompt mental injury, for example, depression and anxiety. However, inquiries about show that seeing data needs and meeting them prompt their self-care enhancement and decrease the effects of these dangers as well as prompt their adapting to ailment, better communication amid and after treatment, accomplishment in self-care, and having a decent life after surgery. Thus, focusing on these patients' data needs amid post-surgery care period appears to be essential to reach to better result in the briefest time (Latifi, Salimi, Barahmand, Fahimnia, & Farsani, 2018).

The author believes that after mastectomy, women may feel negative emotions as result for the features changing of her body, which leads to Some negative psychological feelings such as Such as anxiety and depression and fear of non-acceptance from others. Studies have shown that many. The author believes that the body image is one of the most disturbing subjects of breast cancer patients after the stage of mastectomy for many reasons, including external appearance and relationship with the partner of life and a sense of femininity.

Body image is regularly striking in women's breast cancer encounters. Because breast cancer treatment more often than not impacts a women's appearance and saw gentility, restorative researchers have been worried about how women see and assess their bodies after cancer treatment (Fang, Chang, & Shu, 2014). The researcher believes that the perception of the image of sting in breast cancer patients after the stage of mastectomy is very important for women.

The author believes that there are many factors and reasons responsible for the perception of the negative body image after the stage of mastectomy Such as psychological symptoms and self-esteem for the patient and Type of relationship with husband. Depression symptoms are one of the factors that may be associated with the body image of cancer patients, especially after the stage of mastectomy. Where the patient feels the desire for isolation and the feeling of despair and frustration because of the pessimistic view of her life after the eradication the femininity symbol. This is confirmed by the results of several studies(Hamilton, 2008; Holsen, Kraft, & Røysamb, 2001; Junne et al., 2016; Manaf, Saravanan, & ZuhrAh, 2016).

The author believe that the mastectomy of cancer patients greatly affects their self-esteem, where the patient feels a kind of self-intolerance because of the internal feeling that others do not accept her and her body and this may affect her perception of body image.

According to Carl Rogers' self-theory, a person who has a positive self esteem has the ability to coping frustrations, feelings of helplessness and anxiety. Because self-esteem makes a person able to continue life and has a high sense that the future will bring him positive news and optimism in addition to self-acceptance. The results of the study (Leite, Nogueira, & Terra, 2015) showed that women cancer patients women who have a positive self esteem continue to receive treatment in a systematic manner.

Thus, for some couples, the wife's cancer experience can lead to great difficulties in adaptation and relationship, which may lead to greater feelings of conflict and less intimacy (Zimmermann, 2015).

Breast Cancer has long been seen as an individual stress experience that must be confronted with individual coping strategies.

The author believes that the removal of the wife to one of her breasts as a result of breast cancer effects on intimate or emotional relationship between husband and wife. Because the breast is one of the factors of sexual arousal of the husband. Which leads to the wife feeling a sense of frustration because she lost one of the members of her body, which works to raise and stir her husband during the intimate relationship, the difficult feelings may lead to disorder perception of body image. In addition, women's in post mastectomy as a result to cancer may make them feel disappointed because they feel less attractive after losing one of their breasts, which can lead to upsetting intimacy with their partners or husbands, which causes the negative body's image. In addition to the breast is not just a gland that receives hormonal effects, but it is an area of great interest in most cultures because it is part of the female body image and has a great undeniable value for both the infected patient women and her husband (Arroyo & López, 2011).

Also (Diji et al., 2015) study showed that the mastectomy affects men's perception of their wives' body image, emotional and intimate life, and coping mechanisms. This leads to feelings of frustration and dysfunctional in emotional and intimate relationship between husband and wife, which may cause disturbance of the body image of the wife.

The author wants to present some of the difficulties he faced in that study such as difficulty in obtaining the sample because of the psychological feelings that the patient has mastectomy, where he feels the reluctance and unwillingness to participate in the application of some of the scales that prepared by the author for that study. In addition to this study also contained some of the scales that indicated some special relations such as intimacy and emotional relationship between the husband and wife, which caused awkwardness to some study sample.

Study Questions

Accordingly, this study aimed to explore the Predictive relationship between the negative body image and, Depression symptoms, self esteem, emotional stress with husband. The study inquiries are:

1. What is the relationship between body image and depressive symptoms?
2. What is the relationship between body image and self esteem?
3. What is the relationship between body image and emotional distress with the husband?
4. Can body image be predicted by depressive symptoms, self esteem and emotional stress with the husband?

Review of Related Literature

Body Image

The author believes that the body image, is a cognitive and mental image that the person has made of his body worse in his appearance or in his inner feelings, and may be accompanied by positive feelings or negative attitudes about that mental image of the body.

Body image was characterized concisely by (Dropkin, 1999) as "the dynamic impression of one's own substantial appearance, capacity, and sensations and in addition sentiments related with this perception (Hagedoorn et al., 2008).

The body image is described as a critical psycho-social issue for breast cancer patients, especially those who have mastectomy. this leading to a feeling of breast cancer patients anxious and depressed due to physical changes that breast cancer patients can undergo due to illness and surgeries (Dropkin, 1997).

the author believes that the breast cancer patient is in a state of severe psychological conflict, before the mastectomy as the content of this conflict the conflict between the consequences of the disease and the need for mastectomy and the results of this eradication on the external appearance, although when the patient decides to eradicate the breast, the result is regret and concern over appearance in front of others.

The body image that individuals have of themselves even influences their practices. eradication of one or the two breasts is regularly related with changes in mental picture, decreased sexual fascination, nervousness, gloom, sentiments of misery, feeling of being dismantled, blame, dread of repeat, , and inevitably Thinking of suicide (Bagheri & Mazaheri, 2015).

Besides, and from the point of The view of psychology, body image is a build that suggests how one considers furthermore, feels and how one Realize and acts in connection to one's very own body (Herranz, Manos, Bueno, & Mateos, 2008).

It is expected that there will be a relationship between the removal of one breast and the body image for women. She may suffer feelings of loss of one of her breasts and feelings of anxiety and frustration about how they appear to other especially the husband or her partner (Dye, 2008).

In addition to the society considers women's breasts as symbols of femininity and sex, so any damage to the breast leads to feelings of anxiety. Those feelings that may lead to despair and pessimism of life because of the disorder perception of the body image (Rezaei et al., 2016).

The previous studies emphasizes that patients with breast cancer can experience changes in body image, self-concept, emotions, behavior, family dynamics, and the roles of the patient and her family (Kocan & Gürsoy, 2016)

Depressive Symptom

Depression Symptoms usually include feelings about the self that may contain negative feelings about the body image. This is because depression may increase the susceptibility to criticism of real or imagined weakness in order to achieve positive awareness of body image. There is also a relationship between depressive symptoms and a negative body image among young women(Almeida, Severo, Araújo, Lopes, & Ramos, 2012).

Previous studies have shown that nearly a third of breast cancer patients are more likely to experience psychological stress. Depression also spreads among breast cancer patients, depending on the nature of the sample and the method of diagnosis and assessment of depression (Purkayastha et al., 2017).

Emotional Stress

The emotional experience is a very complex human experience. Although emotional experiences such as feeling happy or feeling sad may seem obvious. Now that understanding feelings requires more ability to understand the human psyche and its depths. Emotional motivation also leads to behavioral, physiological and personal responses (Conley, Bishop, & Andersen, 2016)

There is clear awareness that there is no doubt that the diagnosis and treatment of cancer does not only affect patients, but also includes the families of cancer patients, their friends and their husbands, as well as the people who provide them with care (Girgis & Lambert, 2009)

Emotional stress is called the sixth vital sign in cancer care. The emotional stress of cancer patients is also of an important nature because there is a relationship between the high level of emotional stress and low compliance with cancer treatment (DiMatteo, Lepper, & Croghan, 2000),

The author believes that the emotional pressure of the wife who suffer from mastectomy after the cancer is due to the husband because it depends on it a lot in the sense of femininity, because the husband may feel the wife is upset and distaste due to mastectomy, which causes the wife's feeling of emotional pressure, which leads to strained sexual relationship.

The effect of mastectomy on the emotional relationship between the spouses through the effect of the shape of the breast and its effects on the body of a large body of the wife and can contribute to low self-esteem and may cause depression as a result of the loss of an influential part of a special character in her sexual relations with her husband (Fobair et al., 2006)

The author believes that the breast is a strong symbol of female femininity and the loss of this breast negatively effects on the husband's perception to body image of his wife, which may be this part of the body a strong cause of sexual excitement in many of the husband, leading to disappointment by couples, To the wife's feeling of emotional pressure because she feels that their husbands did not become sexual desire as it was in the past.

Self Esteem

Many psychological theories indicate that self-esteem is one of the basic needs or drivers in humans. Maslow indicated that self-esteem is divided into quality, the first being internal self-esteem, and the second being self-esteem by others. Maslow also explained that self-esteem is one of the goals of normal people, as failure to achieve self-esteem may lead to the appearance of abnormal psychological symptoms (Abamara Nnaemeka, Agu Solomon, Gangopadhyay, Sahni, & Esther, 2014)

Self-esteem is one of the most important self-assessments of an individual. Because it is considered a basic component of mental health. Also, the high level of self-esteem is linked to the improvement of performance in many aspects of personality such as professional success, social and emotional relationships, well-being and positive perceptions on the part of their peers, perseverance in the face of failure, and improving coping skills and self-organization (Kling, Hyde, Showers, & Buswell, 1999). Carl Rogers, a pioneer in the humanities school of psychology, pointed out that many psychological problems faced by humans are low self-esteem (Greenberg, 2008)

Self-esteem is related to a person's physical appearance, for example when a woman goes down of level of self-esteem that she feels is not satisfied with the image of her body, and on the contrary, we find women who have not satisfied with the image of her body and we see her feel a decrease in the level of self-esteem. In addition, there is a relationship between high self-esteem and some psychological benefits, such as positive influence , the ability to normal psychological compatibility, and the ability to cope of psychological stress (Stapleton, Crighton, Carter, & Pidgeon, 2017)

Self-esteem is intrinsically linked to ideas related to a person's body, so that the physical appearance has been consistently found as the first indication of self-esteem in many people (Huebscher, 2010)

Methodology

Participants

Participants in the current study were (33) women aged from 37 to 49 years (M = 42.6) who had surgery for mastectomy as a result of breast cancer in the Arab Republic of Egypt. The objectives of

the study were explained to the patient's husbands so that the scales are applied in an informed manner. The author confirmed that all members of the study sample had undergone surgery to mastectomy as a result for breast cancer. In addition, the author also confirmed that all members of the sample are still married and their husbands were still living with them.

Measures

Body Image Scale: The author has prepared a body image scale included 20 items with 4-point Likert scale. The items focused on (the sense of physical and sexual attractiveness, feeling of body deformity, avoid seeing the body naked, avoiding appearance of others, anxiety of scars scattered in the body, low level of femininity). A higher score indicates that the individual is rated negative perception of the body image. For Body image scale, internal consistency validity for scale items has varied from (0.43 - 0.77) and Split half reliability is (R=0.69)

Self Esteem Scale: The author used the self-esteem scale developed by Rosenberg (Rosenberg, 1965). The scale consists of 10 items with 4-point Likert scale and it is the most widely used instrument to measure self-esteem despite certain negative criticism. A higher score indicates that the individual is rated positively self esteem. Internal consistency validity for scale items has varied from (0.52 - 0.76) and Split half reliability is (R=0.71)

Depressive Symptom Scale: The author has prepared a depressive symptom scale included 24 items with 4-point Likert scale. The items focused (performance Low, isolation love, pessimistic view of life, despair feeling, sleep and eating disorders). The author presented the scale to a three number of specialized professors psychiatry and abnormal psychology field to identify the appropriateness of the scale items for the target for which the scale was prepared. A higher score indicates that the individual is rated increased depressive symptoms., depressive symptom scale internal consistency validity for scale items has varied from (0.39 - 0.79) and Split half reliability is (R=0.67)

Emotional Stress with Husband Scale: The author has prepared an Emotional stress with the husband scale included 20 items with 4-point Likert scale. The items focused (Emotional relationship disorder, jealousy, intimate and sexual relationships, romance, lack of respect for feelings). The author presented the scale to a three number of specialized professors' social psychology and mental health field to identify the appropriateness of the scale items for the target for which the scale was prepared. A higher score indicates that the individual is rated defect in the emotional relationship with the husband. emotional stress with husband scale, internal consistency validity for scale items has varied from 0.32 - 0.70 and Split half reliability is R=0.66

Results and Discussion

Results related to the first question

To answer the first question "Is there any statistically significant relationship between body image and depressive symptoms?" Correlation coefficient was calculated. Results are shown in table 1.

Table 1: Correlation coefficient and statistical significance between body image and depressive symptoms.

Variables	Correlation Coefficient	Significance
	Depressive Symptoms	
Body Image	0.409	0.05

Table (1) shows that there is a statistically significant positive relationship ($R=0.409$) between body image and depressive symptoms at ($\alpha=0.05$). This indicates that the higher the level of depressive symptoms, the more negative the body image increases, while if the level of depressive symptoms decreases, the lower the level of negative body image decreases.

The author believes that the depressive symptoms that appear to breast cancer patients are due to the feeling of losing something that is considered the strongest symbol of womanhood and thus its loss leads to a feeling of disappointment. Also, this loss leads to feelings of sadness and despair, which contributes to an increase in the negative feeling of the body image, especially after mastectomy.

Also, multidisciplinary health care services related to physical attractiveness and femininity after mastectomy may enhance the improvement of depressive feelings and increase the quality of life, thereby reducing negative feelings of body image. (Begovic-Juhant, Chmielewski, Iwuagwu, & Chapman, 2012)

The depressive symptoms are the most common symptoms associated with breast cancer and have a negative impact on the mental health of breast cancer patients (Cordero et al., 2015). Depressive symptoms lead to a decrease in the level of optimism that contributes to increasing the level of death anxiety (Ahmad & Gaber, 2019).

Failure to diagnose symptoms of mood disorder, especially depression, in breast cancer patients after the mastectomy stage. This affects the acceptability of treatment and the level of optimism in survival. The feeling of losing the value of life due to mastectomy is one of the most important manifestations of femininity, especially for the husband. These feelings lead to a negative perception of the body image. (Reich, Lesur, & Perdrizet-Chevallier, 2008)

Results Related to the Second Question

To answer the first question "Is there any statistically significant relationship between body image and self esteem?" Correlation coefficient was calculated. Results are shown in table 2.

Table 2: Correlation coefficient and statistical significance between body image and self -esteem.

Variables	Correlation Coefficient	Significance
	self esteem	
Body Image	-0.376	0.05

Table (2) shows that there is a statistically significant negative relationship ($R=-0.376$) body image and self esteem at ($\alpha=0.05$).

This indicates that the higher the level of self esteem, the more negative the body image decreases, while if the level of self esteem increases, the lower the level of negative body image decreases. Self-esteem is one of the most important elements of psychological construction, which helps the individual in the face of bad events in this life (Ghali et al., 2017)

The author believes that the level of self-esteem of the individual contributes to facing stressful situations. Among patients with cancer, mastectomy is one of the most difficult stressful situations for breast cancer patients. Therefore, the high self-esteem of breast cancer patients after mastectomy is one of the reasons the patient feels self-squating. In addition to being able to manage stress and overcome difficult situations, the patient will thus feel a positive awareness of the image of the body as a result of the high level of self-esteem (Kosir et al., 2001)

Results Related to the Third Question

To answer the first question "Is there any statistically significant relationship between body image and emotional stress with husband?" Correlation coefficient was calculated. Results are shown in table 3.

Table 3: Correlation coefficient and statistical significance between body image and emotional stress with husband.

Variables	Correlation Coefficient Emotional stress with husband	Significance
Body Image	.429	0.05

Table (3) shows that there is a statistically significant positive relationship($R=.429$) between body image and emotional stress with husband at ($\alpha= 0.05$).

This indicates that the higher the level of emotional stress with husband, the more negative the body image increases, while if the level of emotional stress with husband decreases, the lower the level of negative body image decreases.

The researcher believes that there are disorders of sexual and emotional relations between husband and wife due to mastectomy. Because the breast is considered one of the most important elements in the emotional and sexual relations between the spouses. Consequently, it can be said that patients with breast cancer live in pressures of two dimensions, the first of which is the pressure of mastectomy and the second is the emotional pressure with the husband, which negatively affects on the body image perception.

Results Related to the Fourth Question

To answer the fourth question "Can the depressive symptoms, self esteem and emotional stress with husband predict body image?" Regression and prediction coefficients (stepwise) were calculated. Results are shown two models in table 4 and table5.

Model 1 Table 4: Indicates that emotional stress with husband predict body image.

Model1	un standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	30.66	7.04	----	4.35	.000
Emotional stress with husband	.385	.173	.429	2.22	.036

Table No. 4 indicates that the first model of the predictive relationship between body image and both self-assessment and depressive symptoms and emotional pressures with the husband has found that emotional pressure with the husband predicted the body image in post- mastectomy for breast cancer patients.

This is because the partner or husband is one of the most important persons who are supposed to provide psychological and social support to wives, especially in post-mastectomy stage. The decrease of the partner's romantic support for the wife contributes to creating a negative perception of the body image of the wives (Weller & Dziegielewski, 2005)

Thus, disturbances arise in that relationship, which negatively affects on body image of wife. This is because the wife believes that the loss of one of her breasts is the reason for the disturbance of the relationship between her husband or her partner, which contributes to disturbing the image of the body (Weller & Dziegielewski, 2005)

Model 2 Table 5: Indicates that depressive symptoms and emotional stress with husband predict body image.

Model1	un standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	16.21	9.40	----	1.72	.099
Emotional stress with husband	.389	.160	.433	2.42	.024
Depressive Symptoms	.358	.168	.381	2.13	.045

Table (5) indicates that the second model of the predictive relationship between body image and both self-esteem and depressive symptoms and emotional stress with the husband has found that emotional stress with the husband and depressive symptoms predicted the body image in post-mastectomy for breast cancer patients.

The risk of higher sexual dysfunction with partner in patients with breast cancer may be partly due to a set of possible pathways through which sexual performance is affected after breast cancer treatment. Perhaps most importantly, a woman's sexual life includes not only the ability to engage in sexual activity, but also feelings about an individual's body and his thoughts about body image and femininity. Given that sexual activity is closely related to the image of the body, any disorder in the body image caused by disorders in the relationship with the partner may also lead to disorders in sexual performance, and then the emotional and sexual pressures with the partner predicted the body image for the breast cancer patients (Weller & Dziegielewski, 2005).

The researcher believes that the emotional stress with the partner, which are represented in the decrease in psychological and emotional support, the refusal of sexual relations, and the lack of acceptance after mastectomy, which leads to an increase in negative perceptions for body image, and therefore it can be said that the image of the body can be predicted in breast cancer patients through both the emotional stress with the husband and depressive symptoms (Weller & Dziegielewski, 2005).

Depression is also a common factor in cancer patients in general and breast cancer patients in particular. This is because breast loss is the most difficult feelings a woman can feel because the breast is a symbol of femininity and sexual arousal. Hence, its loss is the major disappointment felt by patients with breast cancer, especially in the post-mastectomy phase, which leads to body image disorders, and therefore, symptoms of depression is one of the predictions of the body image of breast cancer patients.

Through the results of the study's findings, the author believes that it is necessary, in addition to the medical treatment for breast cancer patients, that there are psychological treatment programs based on preparing partners in the marital relationship, and reducing symptoms of depression in cancer patients, which may contribute to accepting treatment and maintaining the love life values and optimism.

Conclusion

The body image is one of the factors affecting the psychological construction of breast cancer patients, especially after mastectomy. The current study showed that the body image is associated with some psychological variables such as depression, self-esteem and emotional stress with the partner or husband. The author suggests, through the predictive results of the current study, the need to prepare counseling programs for breast cancer patients who conducted the mastectomy process, so that these programs include the need for self-esteem and counseling of partners or husband in psychological interaction with their wives, in addition to alleviating the level of depression symptoms.

Finally, the author recommends that future studies in this topic should include knowledge of the impact of counseling programs for breast cancer patients and their spouses to reduce the level of depression and emotional stress.

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