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INDIX

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The Relationship between Internet addiction and Anxiety Among adults

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ABSTRACT

The pervasive use of the internet has led to rising concerns over internet addiction and its Potential impact on mental health, particularly anxiety. This study explored the Relationship Between internet addiction and anxiety among adults (N = 60).30 male and 30 female Participants completed the Internet Addiction Test (IAT) and Depression, Anxiety, and stress (DASS-21) Anxiety Sub Scale used. Results showed moderate internet addiction (M = 33.983, SD = 18.594) and Anxiety (M = 5.166, SD = 4.084). A significant positive correlation (r = 0.603, p < 0.01) Emerged Relationship between internet addiction and anxiety. Findings highlight the need for Addressing internet addiction in anxiety interventions.

Keywords: Internet addiction, Anxiety, mental health, Adults.

INTRODUCTION

Internet addiction is a behavioral pattern in which a person uses the internet excessively and finds it difficult to control or reduce usage. This overuse begins to interfere with daily life—such as work, relationships, sleep, and emotional health.

The internet has become an essential component of modern life, offering opportunities for communication, learning, entertainment, and accessibility to information. However, the rapid growth of digital technology has also led to excessive and uncontrolled internet use among many individuals. This pattern of overuse, often described as internet addiction, is increasingly recognized as a behavioural concern that can interfere with daily responsibilities, social relationships, and psychological well-being. Although internet addiction is not formally identified as a clinical disorder in the DSM-5, research over the years has consistently highlighted its harmful effects on mental health.

Adults across age groups rely heavily on digital platforms for work, social interaction, and leisure, making them vulnerable to problematic usage. Excessive dependence on the internet has been linked with psychological difficulties such as depression, stress, sleep disturbances, and particularly anxiety. Anxiety refers to persistent worry, heightened physiological arousal, and feelings of tension. Several studies suggest that individuals with higher internet use may experience increased anxiety due to disrupted sleep, reduced social interaction, emotional dysregulation, and continuous exposure to online content.

In India, the rise of smartphones and inexpensive internet services has contributed to a dramatic increase in internet consumption, especially among adults. As the number of online users continues to grow, understanding the psychological consequences of excessive internet use has become an important area of inquiry. Considering the evolving digital landscape and rising mental health concerns, it is necessary to investigate the relationship between internet addiction and anxiety among adult users.

Rise in Anxiety Levels

Spending too much time online can create constant worry, nervousness, and a strong fear of missing out on updates or messages.

- **Symptoms of Depression-**Overuse of the internet often reduces meaningful social contact, which can lead to feelings of sadness, loneliness, and hopelessness.

- **Disturbed Sleep Patterns**-Late-night screen exposure affects the body's natural sleep cycle, resulting in poor sleep, delayed sleep, or insomnia.

- **Emotional Instability-**Individuals addicted to online activities may struggle to manage their emotions and may show irritability, anger, or sudden mood changes.

- **Reduced Self-Confidence-**Continuous comparison with others on social media platforms can damage self-image and lower self-worth.

- **Decline in Focus and Attention-**Frequent notifications and multitasking online weaken concentration, making it difficult to stay attentive in academic or work tasks.

- **Withdrawal from Social Life-**Excessive internet use can reduce face-to-face interactions, causing isolation and weaker personal relationships

- **Increased Stress and Mental Fatigue-**Constant online engagement overloads the mind, leading to stress, mental exhaustion, and difficulty relaxing.

Anxiety is a normal reaction to stress. Mild levels of anxiety can be beneficial in some Situations. It can alert us to dangers and help us prepare and pay attention. Anxiety Disorders differ from normal feelings of nervousness or anxiousness and involve excessive Fear or anxiety. Anxiety disorders are the most common of mental disorders. They affect Nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable With a number of psychotherapeutic treatments. Treatment helps most people lead normal Productive lives.

Anxiety refers to persistent worry, restlessness, and tension that affects a person's ability to function effectively. Research suggests that individuals who spend long hours online especially on social media, gaming, or browsing—may experience higher levels of anxiety due to sleep disruption, social isolation, and constant mental stimulation. Understanding this relationship is important for promoting healthy digital habits and mental well-being.

LITERATURE REVIEW

Azher and colleagues (2014) investigated university students and found that internet addiction was more common among male students compared to females. Their findings also revealed a positive association between increased internet use and higher levels of anxiety.

Gholamian and colleagues (2017) conducted research among high school students and observed that a significant proportion of adolescents displayed mild to severe levels of internet addiction. Their study indicated a strong relationship between problematic internet use and increased depression, anxiety, and stress.

Kaur (2015) studied adolescents and reported that boys and urban students tended to show higher levels of internet addiction, although no significant relationship was observed between depression and gender or locality.

Khan (2015) examined medical students and reported that excessive internet use negatively affected academic performance. Students who scored higher on internet addiction scales were more likely to perform poorly in examinations, demonstrating how behavioral dependence can interfere with productivity and learning.

Lodha et al. (2018) explored Indian youth and concluded that internet addiction was meaningfully linked with psychological difficulties such as anxiety, stress, and depression, although gender did not play a significant role in this association.

Ostovar et al. (2016) assessed Iranian adolescents and young adults and found that individuals with higher internet addiction scores experienced greater levels of depression, anxiety, stress, and loneliness.

OBJECTIVE OF THE STUDY

➢ To examine the relationship between internet addiction and anxiety among adults

HYPOTHESIS OF THE STUDY:

➢ There would be significant Difference between internet addiction and anxiety among adults.

METHODOLOGY

SAMPLING:

The target population includes adults aged 14 to 19 who regularly use the internet. This demographic is selected to capture individuals likely to experience both internet use And varying levels of anxiety. Sample Size: A sample of 60 participants will be selected. Sampling Method: A convenience sampling method will be used to recruit participants. Individuals from various social backgrounds and professions will be included to ensure Diversity. Participants will be recruited through social media platforms, email invitations, and Online forums.

RESEARCH DESIGN:

This study employs a quantitative correlational research design to explore the relationship between internet addiction and anxiety among adults. The correlational design is suitable Because it allows for assessing the relationship between two variables—internet addiction and anxiety—without manipulating them. The primary goal is to determine whether there is a Statistically significant relationship between these variables.

VARIABLES;

- **Independent Variable**: Internet addiction.
- **Dependent Variable:** Anxiety.
- **Control Variables**: Gender (Male, Female).

TOOLS AND INSTRUMENTS:
1) **Internet Addiction Test (IAT):**

The Internet Addiction Test (IAT), developed by Dr. Kimberly Young (1998), will measure the Degree of internet addiction. This is a widely used 20-item Likert scale instrument, with Responses ranging from 1 (rarely) to 5 (always). Scores are categorized into mild, moderate, And severe addiction.

2) Depression Anxiety stress (DASS-21)

Depression Anxiety stress (DASS-21) Sub Scale Anxiety To assess anxiety levels, the Depression, anxiety and stress (DASS-21) anxiety subscale Questionnaire will be used. It consists of 7 items that measure the severity of anxiety overall past two weeks. Each item is rated on a 4-point Likert scale ranging from 0 (did not apply Me at all) to 3 (applied to me very much), providing a total score ranging from 0 to 21.

DATA COLLECTION PROCEDURE

Data will be collected using online self-administered surveys distributed through a secure Online platform such as Google Forms or Qualtrics. The process will follow these steps:

1. Informed Consent: Participants will first review an information sheet detailing the purpose of the study, the voluntary nature of participation, and assurances of confidentiality. They will Then provide their informed consent.

2. Survey Distribution: The survey will include demographic questions (age, gender, Occupation), followed by the Internet Addiction Test (IAT) and the Depression, anxiety and Stress (DASS-21) anxiety subscale were administered questionnaire.

3. Completion Time: The estimated time to complete the survey is 10–15 minutes.

DATA ANALYSIS

The collected data will be analyzed using SPSS. The following statistical methods will be Employed:

Descriptive Statistics: Mean, standard deviation, will be calculated to describe the sample Demographics and the levels of internet addiction and anxiety.

Pearson's Correlation: To examine the relationship between internet addiction and anxiety, Pearson's correlation coefficient will be computed. This test will assess the strength and Direction of the relationship between the two continuous variables (internet addiction scores and anxiety scores).

ETHICAL CONSIDERATIONS

Informed Consent: Participants will be required to give informed consent before participating In the study. They will be informed about the nature of the study, their rights as participants, And the option to withdraw at any point without penalty.

Confidentiality: Participant anonymity will be ensured by assigning unique codes to each Survey response. No identifying information will be stored or shared.

Ethical Approval: The study will be conducted after obtaining ethical approval from the University's ethics committee to ensure adherence to ethical guidelines.

RESULTS AND DISCUSSION

A significant positive correlation was found between internet addiction and anxiety, $r = 0.603$, $P < 0.01$, indicating that higher levels of internet addiction are associated with higher levels Of anxiety. The mean score for internet addiction was 33.98 (SD = 18.59), while the mean Score for anxiety was 5.17 (SD = 4.08). These results suggest a meaningful relationship Between internet addiction and anxiety, with participants who reported higher internet Addiction also reporting higher anxiety level.

Table 1: Descriptive Statistics

Variables	Mean	Standard deviation	N
Anxiety	5.16	4.08	60
Internet Addiction	33.98	18.59	60

Table 2 : Correlation Analysis

Anxiety			Anxiety	Internet Addiction
	Pearson correlation		1	.603
	Sig.2 tailed			.000
	N		60	60
Internet Addiction	Pearson correlation			
	Sig.2 tailed		.603	.000
	N		60	60

There will be positive correlation between internet Addiction and Anxiety among adults because

Correlation is .603 the Correlation is significant at the 0.01 level .

CONCLUSION

This study investigated the relationship between internet addiction and anxiety among adults. The results revealed a significant positive correlation between internet addiction and anxiety, indicating that individuals with higher levels of internet addiction tend to experience increased anxiety. The findings suggest that internet addiction is a significant predictor of anxiety among adults.

The study's results are consistent with previous research, highlighting the potential negative effects of excessive internet use on mental health. The findings underscore the importance of addressing internet addiction as a potential risk factor for anxiety and other mental health issues.

IMPLICATIONS

The study's findings have implications for mental health professionals, policymakers, and individuals. Specifically:

1. Mental health professionals should consider internet addiction as a potential risk factor for anxiety and other mental health issues.
2. Policymakers should develop guidelines and regulations to promote healthy internet use and mitigate its negative effects.
3. Individuals should be aware of their internet use habits and take steps to maintain a healthy balance between online and offline activities.

LIMITATIONS

This study had some limitations, including:

1. Small sample size
2. Self-reported measures
3. correlational research design

FUTURE DIRECTIONS

Future research should:

1. Investigate the causal relationship between internet addiction and anxiety

2. Explore the role of other factors (e.g., social support, personality traits) in the relationship between internet addiction and anxiety

3. Develop effective interventions to address internet addiction and its negative effects on mental health

RECOMMENDATIONS

Based on the study's findings, the following recommendations are made:

1. Individuals should limit their internet use to less than 4 hours per day.
2. Mental health professionals should incorporate internet addiction assessment and treatment into their practice.
3. Policymakers should develop public awareness campaigns to educate individuals about the potential risks of excessive internet use.

FINAL THOUGHTS

This study contributes to the growing body of research on the relationship between internet addiction and mental health. The findings highlight the need for a comprehensive approach to address internet addiction and its negative effects on anxiety and other mental health issues.

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Modularity effect and Verbal Recall Performance

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ABSTRACT

This study examined the effect of stimulus presentation modality orthographic (written words), pictorial (images), and auditory (spoken words) on immediate verbal recall performance among neurotypical young adults. Drawing from the multi-store model of memory and Baddeley's working memory framework, which highlight modality-specific sensory stores and slave subsystems like the phonological loop and visuospatial sketchpad, the research addressed a gap in comparative analyses across these three modalities using Malayalam stimuli. Thirty participants aged 18-25 years each experienced two sets of eight Malayalam words per modality: pictures and orthographic text via successive PowerPoint slides, and auditory input via pre-recorded native speaker audio, with counterbalanced presentation order to minimize sequence effects. Recall was scored out of eight per set, yielding average scores across sets: orthographic (4.96), pictorial (5.13), and auditory (4.13). Friedman's test revealed significant differences across modalities ($\chi^2 = 1.96$, $p < 0.05$), with Wilcoxon signed-rank post-hoc tests showing no difference between orthographic and pictorial ($Z = 0.98$, $p > 0.05$), but superior performance for both visual modalities over auditory ($Z = 2.14$ and 2.28, respectively, $p < 0.05$). Superior visual recall aligns with dual-coding theory, where pictorial stimuli engage both verbal and imagistic codes for richer encoding, while orthographic stimuli benefit from direct phonological conversion without additional translation steps required for auditory decay-prone echoic traces. These findings echo DeLosh and Neely (2000) on visual advantages in short-term tasks but contrast Smith and Kosslyn (2008), possibly due to stimulus familiarity in native Malayalam enhancing visual processing depth per Craik and Tulving's levels-of-processing framework. insights support visual aids in speech-language therapy

for optimizing memory rehabilitation.

Key words: Modularity, modality, orthography, auditory**.**

INTRODUCTION

Memory is a cognitive process involving three key stages: encoding, storage, and retrieval of information. Through encoding, information is modified into a format suitable for storage. Storage consists of the retention of encoded input, whether briefly in short-term memory or over time in long-term memory, and recall refers to a form of retrieval in which information is accessed without reliance on external cues. One of the earliest and most influential explanations of how information moves between these stages is the multi-store model of memory. Modality-specific sensory stores such as iconic memory (visual) and echoic memory (auditory) briefly store incoming information before it enters short-term memory. Echoic memory lasts significantly longer than iconic memory and these serve as a precursor to short-term memory (Atkinson & Shiffrin, 1968). Following this brief sensory storage, information is stored temporarily and is characterized by limited capacity. This limitation is described by Miller's law, which states that the average number of items stored in short-term memory is 7 ± 2. However, organizing multiple items into "chunks" allows retention of considerably more information.

This idea was expanded by Baddeley and Hitch (1974), who introduced the concept of working memory. Working memory "refers to a system, or a set of processes, holding mental representations temporarily available for use in thought and action" (Oberauer et al., 2018, p. 886). This model proposed a new structure for short-term memory, including the central executive, phonological loop, visuospatial sketchpad, and episodic buffer.

The phonological loop and the visuospatial sketchpad are 'slave systems', different and temporary storage systems for auditory information and visuospatial information, respectively. The KF case

study (Shallice & Warrington, 1974) supports this thought and indicates that differences in recall performance across modalities may be attributed to these distinct slave systems. This distinction between modalities is further reflected in experimental findings comparing auditory and visual task performance.

A study by Lindner et al. (2009) compared the effect of auditory and visual learning. Two of four groups were given an article to read, and the same material was read aloud to the other two groups. The experimenters then asked questions either immediately after presentation or after a 45-minute interval, allowing for a comparison of short-term and long-term memory across the two modalities. The results suggested that visual learning produced better recall than auditory learning, and also that there was no significant interaction between modality and post-test timing.

Further, depth of processing has been shown to improve memory retention (Craik & Tulving, 1975). As visual stimuli can be encoded with greater perceptual and semantic detail, they may contribute to enhanced recall performance in visual memory studies (McBride & Dosher, 2002).

However, a larger number of studies indicate that long-term visual recall is stronger than its auditory counterpart, whereas the opposite pattern is observed in short-term memory. Supporting this, a study by Brady, Konkle, Alvarez, , and Oliva, A. (2008) found that long-term memory has a marked capacity for visual information, retaining fine details across a vast array of objects.

The Crowder and Morton (1969) paper, titled "Precategorical acoustic storage (PAS)", demonstrated the 'auditory recency effect' or the 'modality effect', that is, the last few stimuli presented in memory tasks were better recalled in the auditory modality as opposed to the visual modality.

Furthermore, according to Baddeley and Hitch's model, auditory recall tends to be stronger because the phonological loop stores and rehearses sounds independently, whereas visual

information must first be converted into verbal form, thereby engaging the phonological system even during visual tasks. Consequently, since visual recall involves this additional processing step, auditory tasks may have a certain advantage.

Several studies have previously compared auditory versus visual task performance, but have not shown the effects of the orthographic modality on recall compared to the auditory and pictorial modalities. The present study, therefore, aims to investigate recall performance across all three modalities.

NEED FOR THE STUDY:

Considerable number of studies have been carried out comparing visual recall and auditory recall, however, there are limited studies comparing orthographic versus picture versus auditory recall. This, necessitates the current study

AIM OF THE STUDY

➤ To compare the performance on orthographic versus picture versus auditory recall.

METHOD

Thirty neurotypical participants aged 18-25 years, native Malayalam speakers with no reported hearing, vision, or cognitive impairments, were recruited from the All India Institute of Speech and Hearing (AIISH), Mysuru. Informed consent was obtained, and ethical clearance was secured from the institutional review board. Each participant underwent testing in a quiet room using a laptop for stimulus delivery. Stimuli consisted of two sets per modality, with each set comprising eight high-frequency, concrete Malayalam nouns (e.g., words denoting common objects like "house" or "tree") selected for cultural familiarity and balanced phonemic length to control for acoustic complexity. Picture stimuli featured clear, colored line drawings standardized from normed databases, ensuring unambiguous depiction without text overlays. Orthographic stimuli used black Arial font (size 72 pt) on white backgrounds for optimal legibility. Auditory stimuli

were digitally recorded at 44.1 kHz by a female native speaker at a natural conversational rate (approx. 4 syllables/sec), normalized for equal intensity across words.

Presentation occurred via Microsoft PowerPoint for visual modalities (pictures and orthographic), with each word displayed successively for 3 seconds, followed by a 1-second blank interstimulus interval to prevent proactive interference while allowing rehearsal. Auditory modality used pre-recorded WAV files played through calibrated headphones at 65 dB SPL, matching the 3-second exposure per word. Order of modalities (orthographic set 1-2, picture set 1-2, auditory set 1-2) was counterbalanced across six blocks using a Latin square design to equate primacy/recency effects. Immediately post-set, participants verbally recalled as many words as possible in any order within 30 seconds, scored dichotomously (1 point per correct word, max 8/set). Two practice trials with unrelated words familiarized participants. Average scores per modality were computed: orthographic (sets 1-2 averaged), pictorial (sets 1-2), auditory (sets 1-2). Non-parametric analysis proceeded due to non-normal distribution (Shapiro-Wilk test, $p < 0.05$).

RESULTS AND DISCUSSION

The stimulus presented in orthographic, picture and auditory stimulus was designated as set 1, set 2 and set 3, The median scores for three sets were 4.96, 5.13 and 4.13 respectively. In order to verify if there was any significant difference between three stimulus sets, Friedman's test was carried and the X^2 obtained was 1.96 and the corresponding p value showed significant difference across the three stimulus types. Further Wilcoxon's signed rank test was carried out to compare the performance across the stimulus type in pair wise manner. On comparing set 1 and set 2, Z score obtained was 0.98 the corresponding p value showed no significant difference. On comparing set 1 and set 3, set 2 and set 3, Z score obtained was 2.14 and 2.28 respectively and the corresponding p value showed significant difference. The scores were higher for pictures followed

by orthographic stimulus and auditory stimulus.

Median recall scores were 4.96 (orthographic), 5.13 (pictorial), and 4.13 (auditory), indicating a visual modality advantage. Friedman's test confirmed overall differences ($\chi^2(2) = 1.96$, p < 0.05), with Wilcoxon signed-rank tests revealing no significant orthographic-pictorial disparity (Z = 0.98, p = 0.33) but superior visual over auditory performance (orthographic-auditory: Z = 2.14, p = 0.03; pictorial-auditory: Z = 2.28, p = 0.02). These align with the modality effect in serial recall, where auditory stimuli benefit from precategorical acoustic storage (PAS; Crowder & Morton, 1969) yet underperform here due to immediate free recall minimizing recency advantages. Visual superiority stems from dual-coding theory (Paivio, 1986), as pictures activate both verbal (phonological loop) and imagistic (visuospatial sketchpad) channels, enhancing encoding robustness per Baddeley's working memory model.

Lack of orthographic-pictorial difference challenges picture-superiority effects (Smith & Kosslyn, 2008), possibly because Malayalam orthography—syllabic and phonologically transparent—facilitates rapid sublexical grapheme-to-phoneme conversion, bypassing articulatory recoding demands of opaque scripts. This resonates with DeLosh and Neely (2000), who found visual-advantage persistence in short-term tasks irrespective of format, attributed to iconic memory's higher fidelity versus echoic decay (Atkinson & Shiffrin, 1968). Depth-of-processing (Craik & Tulving, 1975) further explains richer semantic elaboration in visuals, amplified by stimulus familiarity. Contradictions with auditory primacy in some serial tasks (e.g., Lindner et al., 2009) likely arise from free recall's reduced suffix interference.

Clinically, for speech-language pathology, visual aids optimize rehabilitation in aphasia or working memory deficits, prioritizing pictures/orthographics over auditory for Indian multilingual contexts. Limitations include immediate recall (neglecting consolidation), small sample (power =

0.72), and Malayalam specificity; no covariates like anxiety or rehearsal strategies. Future directions: longitudinal retention, clinical cohorts (e.g., post-stroke), neuroimaging (fMRI for slave system activation), and parametric variations (list length, delay).

CONCLUSIONS

The study was carried out with the aim of investigating the effect of modality on recall. The study was done on neuro-typical participants in the age range of 18-25 years and the stimulus was presented in the form of orthographic, pictures and auditory stimuli and the results showed that the performance varied across the visual and auditory modality across the visual modality there was no significant difference.

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SEXUAL HARASSMENT IS A GERMINATING ISSUE AND PSYCHOLOGICAL WELL-BEING OF AFFLICTED IN INDIA: THE ROLE OF ABUSE RELATED TO MENTAL HEALTH IN GENDER BASED

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ABSTRACT

In India, sexual harassment and abuse are serious problems that have an impact on people's psychological well-being, and gender-based abuse has a big impact on mental health results. The frequency of intimate partner violence and child sexual abuse demonstrates how pervasive these problems are across all age groups and genders. Such abuse has significant psychological effects on social and personal well-being, resulting in chronic mental health issues like addiction, PTSD, anxiety, depression, and suicidal thoughts. A systematic literature search of original research articles published between 2015 and 2025 has been conducted using the electronic databases (CINAHL, EBM Reviews, PsycINFO, ScienceDirect, Ovid, Scopus, SID, PubMed, and Google Scholar). Among about 200 research and review papers with an emphasis on gender-based disparities and their widespread impacts on psychological well-being, this study investigates the role of sexual harassment in mental health.

Keywords: sexual harassment, mental health, psychological well-being, gender, rape, legal, rape myths.

BACKGROUD

Sexual harassment is defined by the law as any unwanted sexually suggestive activity, including physical contact, advances, requests for sexual favors, and any other unwanted sexually suggestive behavior. Unnatural lust, harassment, rape, attempted rape, or actual rape, as well as sexual acts without consent. Sexual harassment includes all of the terms listed above.

According to the statement, "Unnatural lust respects no gender, falling victim to it has a significant

impact on a person's internal health anyhow of their gender." Sexual violence, according to the CDCP (Center for Disease Control and Prevention), is "sexual exertion when concurrence is n't attained or freely given." It's a serious public health issue that has a substantial impact on openings, well- being, and health throughout life. Sexual assault affects people of all periods, genders, and sexual exposures, and it impacts every community. Sexual assault is any sexual act imposed on an individual without their freely given and explicit consent (APA. 2023).

Anyone can become a victim of or perpetrate sexual assault. Sexual abuse is typically perpetrated by a friend, coworker, family member, or someone the victim knew well. Sexual assault can occur in person or online when someone is texted about something sexual without that person's consent, which is commonly referred to as "sexting." Non-consensual sexting is the posting or sharing of another person's sexual photographs without that person's consent.

Sexual harassment is a serious organizational issue that affects society worldwide, not only in India. Male victim voices have not gotten as much attention as those of female victims, even though the number of studies has increased over the past 30 years. The qualitative experiences of two male victims of sexual harassment who were harassed by male offenders are investigated in this study. The study examines the interplay between dangers, uncertainty, and the negotiation of heterosexual, male identities. Conduct of a sexual nature that is unwelcome or considered offensive, particularly in the workplace. According to the U.S. Equal Employment Opportunity Commission, there are two forms of sexual harassment: quid pro quo and behavior that makes for a hostile work environment. In the United States, under Title VII of the 1964 Civil Rights Act, an employee subjected to sexual harassment is entitled to sue employers. See also Harris v. Forklift Systems Inc.; Meritor Savings Bank v. Vinson (APA. 2018).

We also look at how the men's communication tactics differed and converged as their stories were developed, realized, and responded to. Theoretical implications for liminality and hegemonic masculinity are examined in relation to the experiences of male victims. It is a serious public health issue that needs a lot of societal, public, and legal attention.

Further than 27 of men and 32 of women have endured sexual victimization at some time in their life, according to recent statistics. This easily indicates that sexual importunity and botheration are major issues that affect both men and women. Nearly one in three males have at some point in their lives been the victim of physical or sexual importunity. Children are constantly the victims of botheration, which has a largely negative impact on their lives and is constantly executed by

using force against a weak person.

Nearly one in three males have at some point in their lives been the victim of physical or sexual harassment. Children are frequently the victims of molestation, which has a highly negative impact on their lives and is frequently perpetrated by using force against a weak person. Sexual action with children that ranges from one-time to frequent, resulting in a pattern of sexual assault and subjecting them to sexual abuse or harassment is referred to as molestation.

The physical and emotional well-being of victims is negatively impacted by victimization, leading to both short-term and long-term bodily damage, feelings of dread, worry, and despair, as well as PTSD, low self-esteem, social difficulties, and suicidal thoughts. Male victims of sexual abuse often experience severe mental health issues, including depression, anxiety, and post-traumatic stress disorder (Juyal et al., 2017). In addition to other socioeconomic consequences like unemployment, school dropout, and social rejection, it is linked to an increased risk of sexual and reproductive health issues and impacts men just as much as it does women, both psychologically and physically. A study indicated that nearly 40% of sexual assault victims had psychiatric disorders, highlighting the urgent need for mental health interventions ("Retrospective Chart Analysis of Sexual Assault Victims Referred to Psychiatry OPD," 2023).

This problem is especially severe in India, where gender inequalities in the legal system have been highlighted by recent legislative developments including the implementation of the Bharatiya Nyaya Sanhita (BNS) in 2023. Despite its goal of changing criminal laws, the BNS has drawn criticism for its provisions that are thought to be disproportionately biased in favor of protecting women, frequently at the price of neglecting male victims. The BNS 2023 serves as an example of India's present judicial system, which falls short in protecting males from unfounded allegations and in acknowledging male victims of sexual assault. In addition to undermining the idea of equality before the law, this gender bias in legislation also fuels a societal stigma that keeps male victims from coming forward. Men's lack of legal options worsens their sense of unfairness and vulnerability, which affects their general and mental health. Shame and fear of social stigma can prevent male victims from seeking help, exacerbating their psychological distress (Anwar, 2022).

FACTS AND FIGURES

On December 9, 2013, the Sexual Harassment at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, and its implementing regulations were drafted and implemented.

According to data from the National Crime Records Bureau (NCRB), India has experienced more than 400 incidences of sexual harassment at work annually since 2018, with an average of 445 cases recorded annually. In 2022, the most recent year for which data is available, there were around 419 instances reported nationwide, or roughly 35 cases per month.

That time, Kerala (83), Maharashtra (46), Karnataka (43), and Himachal Pradesh (97) had the utmost cases of sexual importunity at work. The list of five countries with the loftiest number of reports of sexual importunity at services and workplaces did n't include West Bengal, which is presently the scene of demurrers following the contended rape and murder of a croaker at Kolkata's R G Kar Hospital. It was the only one the state recorded that time. In order to protect women and establish procedures for dealing with sexual harassment, the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013 (POSH Act) was passed more than ten years ago.

Although it's frequently unreported and implied, manly sexual importunity is a serious issue in India. In 2022, there were 3,000 proved circumstances of sexual assault on men in India, and 1.4 of Indian men reported having been sexually wearied, according to a National Commission for Women exploration. This represents a notable rise over the 2,500 cases reported in 2021. The results of a recent study conducted by the Economic Times and Synovate indicate that males should be included in the bill as soon as doable. Nineteen percent of the 527 people surveyed in seven metropolises Bangladesh, Chennai, Delhi, Hyderabad, Kolkata, Mumbai, and Pune said they had endured sexual misconduct at work. 51% of respondents in Bangalore reported having experienced sexual harassment, compared to 31% and 28% in Delhi and Hyderabad, respectively. In seven Indian cities, almost 38% of respondents said that "men are as subjected to sexual harassment as women" in today's workplaces. The primary reason these crimes went unreported was "social ridicule," and they believed that because of Indian society's perceptions that men should behave in a particular manner and be strong, rape and molestation cannot occur to such a powerful gender.

For so long, it has been kept a "Dark Secret" that when it does happen and comes out of the shadows, society either doesn't know about it or completely ignores it. Male victims of sexual assault are discouraged from talking to anybody, including friends, family, and coworkers, about these difficult and painful experiences due to societal response and fear of being disbelieved, which encourages perpetrators to keep pursuing their victim.

Companies filed 1,160 sexual harassment complaints in FY23, the most in the previous ten years. But according to data from Ashoka University's Centre for Economic Data and Analysis, just a little over half of these cases were settled. The data included a sample of 300 firms, 100 of which were ranked between 1,914 and 2,013 on the NSE, 100 of which were in the intermediate range (rank 957 to 1,056), and 100 of which had the greatest market capitalization (rank 1 to 100). In India, men's sexual harassment is a severe problem that is usually not well-publicized or acknowledged. A 2022 study by the National Commission for Women found that 3,000 cases of sexual assault against men were reported in India in 2022, and 1.4% of Indian men reported having been the victim of sexual harassment. Compared to the 2,500 cases that were reported in 2021, this is a significant increase. Nearly 18% of Indian adult men polled by the Centre for Civil Society in 2023 said they had experienced pressure or coercion to engage in marital relations. 16% of respondents named a female offender, while 2% named a male offender. According to a different survey by the Economic Times, between 29 and 43 percent of participants said that they experienced harassment from female coworkers. Nevertheless, it is important to keep in mind that these numbers only represent occurrences that were reported to the police. Experts claim that the actual number of male sexual harassment cases is significantly greater. This is due to the fact that many men are reluctant to report sexual harassment out of embarrassment and potential consequences.

SOCIAL STIGMATIZATION

One of the most challenging issues in dealing with sexual harassment of men in Indian society is the stigma connected with such behavior. This is due in part to the social traditions that guys are expected to follow. As a result, most male sexual harassment victims are afraid to report it. Only a woman can be a victim of sexual harassment in India, and only a man can be the perpetrator. The Indian Penal Code of 1860 does not consider it a crime if the victim is a male. The Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act was passed for the first time in 2013, with provisions only for women and their modesty. Cultural norms in India frequently lead to the discounting of male victimization, resulting in a lack of attention and assistance (Juyal et al., 2017; Singh & Rani, 2023). Male victims encounter specific issues, such as emotional manipulation and false charges, which might exacerbate their mental health problems (Singh & Rani, 2023). The stigma associated with male sexual abuse can lead to isolation and an

unwillingness to share experiences, impeding rehabilitation (De Sousa, 2015).

Is this due to a lack of workplace sexual harassment for guys in India? No, it turns out that men in India are frequently sexually harassed. Furthermore, many individuals in India do not believe that sexual harassment can occur to men. This is because sexual harassment is widely regarded as a crime against women. As a result, men who report sexual harassment may encounter mistrust or false accusations.

A woman who claimed rape had to prove, under the common law, that sexual encounters were not consensual; she had to prove that the sexual contact was forced upon her and that, in spite of her "utmost resistance," she gave in to the overwhelming physical force. In incidents of female sexual harassment or female rape, women are urged to stand up for justice and punish the offender appropriately. Although there are strong rules protecting women that stipulate that anyone who violates their rights and violates their dignity will face harsh punishment, it is not widely acknowledged that sexual harassment is a "curse" that impact of both gender.

While the body of research examining men as victims of sexual violence is lacking, women who have been sexually assaulted have gotten much-needed attention. Therefore, compared to the amount of knowledge on female victimization, the body of knowledge on adult male sexual victimization (AMSV) is quite small. Male victims are thought to receive attention and treatment that is almost 20 years less than that of female victims. In addition, male victims of sexual harassment experience more shame and have fewer resources than female victims. The notion of a woman sexually harassing a man is still unthinkable in Indian society. It is considerably harder for men to talk openly about sexual harassment because of the stigmatization of male victims as "feminine."

The public's distrust is exacerbated by the dearth of information and statistics regarding sexual harassment of men by women in India. Because it has been kept a "Dark Secret" for so long, society either doesn't know about it or dismisses it out of hand when it does happen. Male victims of sexual assault are discouraged from talking to anybody, including friends, family, and coworkers, about these difficult and traumatic events due to the social reaction and fear of being ignored or disbelieved.

The negative connotation attached to male sexual harassment is arguably the most difficult problem to address in Indian society. Telling someone that a man or boy has experienced sexual assault is a source of shame for men not only in India but also in other nations. Because of this,

men who experience sexual harassment are frequently reluctant to come forward. *"A MAN CAN NEVER BE RAPED BY ANYOTHER MAN OR WOMAN,"* according to Indian belief. This mentality is a result of society's cultivation of the idea that men are powerful and dominant and that only women are capable of rape and molestation.

MENTAL HEALTH CONSEQUENCES

The literature consistently links experiences of sexual harassment to poorer mental health across the board:

Depression and anxiety. There's a clear connection between experiences of sexual harassment and higher levels of depressive and anxiety symptoms for both community and clinical groups.

Post-traumatic stress and trauma-related outcomes. Severe harassment and sexual assaults frequently lead to post-traumatic stress symptoms, with repeated or intense experiences heightening the risk of chronic trauma responses. Male victims of sexual harassment frequently experience severe mental health issues, such as trauma and stigma, which are made worse by cultural misconceptions about male rape and abuse, according to research on the effects of male sexual harassment on psychological well-being (Kumar, 2024).

Suicidal behavior and drug use. Victims tend to face a greater risk of substance abuse and suicidal thoughts or attempts, which serve as both immediate triggers and ongoing risk factors.

Impaired functioning. Harassment adversely impacts school attendance and work performance, leading to absenteeism, withdrawal, and long-term socioeconomic consequences that further deteriorate mental health.

Recent studies emphasize that even non-physical forms of harassment, like verbal and online abuse, can inflict serious psychological harm. This shows that the mental health impact of harassment can be severe without any physical contact.

Mechanisms Linking Harassment to Mental Health

A few interconnected mechanisms help explain how sexual harassment contributes to mental health issues:

Trauma and stress physiology. Harassment can trigger acute stress reactions and disrupt biological stress systems, like the HPA axis, making individuals more vulnerable to mood and anxiety disorders.

Shame, stigma, and social isolation. The fear of social judgment and stigma surrounding disclosure

often leads individuals to conceal their experiences and avoid seeking help, prolonging their distress.

Loss of safety and autonomy. Ongoing harassment diminishes feelings of safety and control, leading to persistent anxiety, hypervigilance, and avoidance behaviours.

Intersectional vulnerabilities. Factors such as socioeconomic disadvantage, caste, disability, sexual minority status, and youth can increase the likelihood of encountering harassment and limit access to support, exacerbating outcomes.

Gendered and Diverse Experiences

Women and girls bear a disproportionate share of sexual harassment in India. However, men and gender-diverse individuals also face harassment and encounter unique challenges in reporting and seeking support. Power imbalances rooted in patriarchy not only influence how often harassment occurs but also how survivors are responded to—often resulting in harsher social penalties for women who come forward.

Policy, Services, and Interventions Regarding Mental Well-being in India

Though India's legal and policy frameworks, such as workplace sexual harassment laws and criminal regulations, offer formal protections, there are significant gaps in implementation. Survivors often face various hurdles when trying to report incidents, including stigma, a lack of trust in institutions, and limited access to survivor-focused mental health care. Reports suggest that integrating trauma-informed psychosocial care into primary and community health systems, along with preventive measures at institutional levels, shows promise but needs thorough evaluation and expansion. Campaigns to raise public awareness of male sexual assault and its psychological impacts are desperately needed (Juyal et al., 2017) (Sousa, 2015). In order to ensure that male victims receive the proper care and assistance, mental health practitioners must be taught to address their unique requirements ("Retrospective Chart Analysis of Sexual Assault Victims Referred to Psychiatry OPD," 2023). Even though there is a growing emphasis on male victims of sexual harassment, it is important to understand that stigma and societal beliefs can make healing more difficult. A comprehensive strategy that incorporates education, legislative reform, and mental health services catered to the experiences of men is needed to address these problems.

RESEARCH GAPS AND FUTURE DIRECTIONS

A notable shortcoming in the research is the lack of longitudinal studies clarifying causal links and

long-term effects, along with insufficient representative data on non-physical and online harassment. Rigorous evaluations of culturally sensitive psychosocial interventions are also rare, and there's not enough focus on intersectionality (e.g., caste, disability, sexual orientation). Connecting legal protections with essential mental health care remains a critical priority.

CONCLUSION

Both India-specific and global evidence suggests that sexual harassment is linked with serious mental health problems. A coordinated approach is necessary—this includes better monitoring and reporting, survivor-centered legal and institutional processes, and evidence-based mental health support that is culturally relevant and accessible. Addressing structural factors like gender norms, poverty, and discrimination should go hand in hand with clinical and psychosocial interventions to reduce both exposure to harassment and its psychological impacts.

Male sexual harassment is a severe problem in Indian society that goes unreported. Despite the existence of laws prohibiting sexual harassment, they largely shield women from harm and offer little relief to male victims. Sexual harassment of men has increased, according to recent data, and experts believe the true figure is considerably higher but goes unreported because of stigma. Gender-neutral laws and more respect for male victims of sexual assault are needed in India; other nations have enacted comparable laws, but India has not yet done so. This situation needs to be changed by eradicating discrimination, promoting candid communication, and enacting laws that give all victims, regardless of gender, justice.

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Associations Between Emotional Intelligence, Child Conflict Strategies, and Academic Outcomes in Young Children

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ABSTRACT

Emotional intelligence (EI) plays a vital role in children's social–emotional development, academic achievement, and ability to manage interpersonal conflicts. This study examined the relationships among emotional intelligence, conflict management strategies, academic performance, and parent–child relationship quality in Malayalam-speaking children aged 6–10 years from Kerala, India. A cross-sectional design was employed with 250 parent–child pairs recruited from schools in Kerala. Parents completed standardized questionnaires, including the Quick Emotional Intelligence Self-Assessment Scale (QEISA), the Child–Parent Relationship Scale–Short Form (CPRS-SF), and a conflict resolution questionnaire assessing children's responses to peer and sibling conflicts. Academic achievement was measured using standardized school performance records. Results indicated significant positive correlations between emotional intelligence, adaptive conflict management strategies, and academic achievement. Further analysis suggested that parent–child relationship quality acted as a key mediating factor in these associations. The findings highlight the importance of early emotional development and supportive parent–child relationships, emphasizing the need for school-based social emotional learning programs and parent-focused educational interventions.

Keywords: Emotional Intelligence, Academic Achievement, Conflict Management, Parent–Child Relationship, Malayalam-speaking Children, Social Emotional Development, School-Based Interventions.

INTRODUCTION

Emotional intelligence (EI) - the ability to identify, understand, control and use emotions productively has become a major topic of concern in psychology and pedagogical literature. Despite the fact that cognitive abilities are necessary to aid the academic success, emotional and social skills play an important role in determining the behavior of learning, motivation, and academic performance of children in schools. Since the age of 6 to 10, children undergo significant development. They become independent, interact more with their peers and they learn how to control behaviour within formal educational settings. These skills are directly interconnected with such EI constituents as self-regulation, compassion, and interpersonal competencies.

Although theoretical evidence suggests a relationship between EI and school achievement, the number of studies examining EI among children of young school-going age, especially by short parent-administered tests of EI, remains limited. This study would address this gap by looking at the relationship that exists between EI and academic success via an adapted Quick Emotional Intelligence Self-Assessment Scale (QEISAS). Another vital thing that is important to the social-emotional development of children is conflict resolution strategies. During middle childhood, children gradually deal with complex forms of peer interaction and have to develop effective ways of solving interpersonal conflicts. The manner in which children manage and resolve conflicts may have vast effects to their behaviors in the classroom, friendships as well as their levels of participation and achievement in education.

Parent-child relationship influences the academic involvement, emotional development, and conflict-resolution skills of children significantly. It is through warm and nurturing parent-child relationships characterized by a fitting autonomous support and effective communication that the stable ground where children form an emotional competence can be established. Children learn to control their emotions and to solve conflicts observing the way in which their parents exhibit such abilities.

The advantages of using parent-report measures to assess the emotional intelligence and conflict-resolution skills of young children include a variety of advantages. These instruments are appropriate in development since children aged between 6-10 years often lack the metacognitive

abilities and reading abilities that are essential towards accurate self-reports. They also enhance observational validity because the parents view their children in different situations and environments. Moreover, the role of parents reduces the barriers to literacy and helps in assessment in the cultural and linguistic background of the child. Finally, parent-report assessment gives a long-term perspective, based on the observations made with long time periods. Kerala maintains high standards of literacy and sound educational traditions. However, the socio-emotional learning factors, including emotional intelligence and conflict resolving skills, have received less extensive attention in the elementary education courses. In this study, the relationships between these competences and academic achievement in this specific cultural and linguistic context are examined.

REVIEW OF LITERATURE

The emotional intelligence concept first introduced by Salovey and Mayer (1990) and popularized by Goleman (1995) has four principal components, namely recognizing emotions, applying emotions to reasoning, understanding emotions, and controlling emotions.

These skills are built in the young children, and they can identify emotional cues in themselves and other individuals, use emotional knowledge to guide their actions and thoughts, perceiving what causes emotions what emotions are caused by and how, and successfully managing the reactions to the emotions. Research findings indicate that emotional intelligence is greatly developed in middle childhood, more so between the ages of 6 and 10, with unbelievable gains in comprehending and controlling emotions (Pons, Harris, and de Rosnay, 2004). I would also like to add that research has continued to show positive correlations between emotional intelligence during childhood and high levels of academic achievements, including higher grades, better test scores, and improved classroom behaviour (Petrides et al., 2004).

In the middle childhood, their conflict resolution strategies can be classified into three types namely constructive approaches that imply negotiation, compromising and problem-solving; aggressive strategies, which imply physical or verbal aggression and dominance; and avoidant strategies which imply withdrawal, submission, or denial. Studies have shown that children with the use of positive approaches are more likely to enjoy more positive peer relations, have less behavioural problems and become engaged with their academic activities (Aber et al., 2003).

It is worth noting that the acquisition of effective conflict resolution abilities between the age 6-10 years is closely connected with extensive advances in social cognition and perspective-taking skills, as children start to be more adaptive to the directions of interpersonal problems. The 6-10-year-old academic achievement covers the basic literacy and numeracy skills and general thinking development of a child. Besides cognitive skill, the role of social-emotional skills is also being recognized in supporting academic success in studies. The model of Collaborative of Academic, Social, and Emotional Learning (CASEL, 2015) provides the emphasis that social-emotional skills, including emotional intelligence and inter-personal problem-solving, play a crucial role in the achievement of academic success.

Kerala is a cultural environment that underlines collectivism, respect to authority and strong interdependence between families, which have an important impact on the emotional and social development of children. Such cultural cultures influence how cultures express and control emotions, the preferred means of conflict resolution usually focusing more on upholding harmony than direct antagonism, value of academic achievement in identity and social standing within the family and parental involvement in emotional development of children.

METHOD

Participants & Sample

This study focused on examining the relationships among emotional intelligence, conflict management strategies, academic achievement, and parent–child relationship quality in Malayalam-speaking children aged 6–10 years in Kerala, India. A cross-sectional design was used with a sample of 250 parent–child pairs selected through stratified random sampling from urban schools across two districts, ensuring representation of diverse socioeconomic backgrounds. Eligible participants included children enrolled in formal education without known developmental or social–emotional disorders, along with parents or primary caregivers capable of completing questionnaires in English. Data were collected using parent-reported measures of emotional intelligence, conflict resolution behaviors, and parent–child relationship quality, while academic achievement was assessed through standardized school records. Findings indicated positive associations between emotional intelligence, adaptive conflict management strategies, and academic performance. Importantly, the quality of the parent–child relationship emerged as a significant mediating factor. The results underscore the importance of early emotional

development and supportive family environments, highlighting the need for school-based social emotional programs and parent-focused educational interventions.

RESEARCH TOOLS
Quick Emotional Intelligence Self-Evaluation Scale (QEISA)

Parents were given the QEISA to assess emotional intelligence of children along four areas: Self-Awareness: Recognition and understanding of personal emotions. Social Awareness: the acknowledgement and the realisation of the feelings of other people. Relationship Management: The use of emotional awareness in interpersonal communication.

The test will consist of 20 items rated using a 5-point Likert (Never, Always). Parents will respond based on how they perceive their child normally behaves both at home and the school that has been reported.

Child-Parent Relationship Scale – Short Form (CPRS-SF)

Short Form of the Child-Parent Relationship Scale (CPRS-SF). The CPRS-SF is a parent perceptions custody measure used to determine the relationship between parents and children. The CPRS-SF is a rating scale used to measure two concepts: Closeness (7 items) and Conflict (8 items).

DATA COLLECTED FROM:

1. Academic Achievement
2. School grade reports,
3. The scores were normalized to be compared.

PROCEDURE

In the study, Malayalam speaking children between the Grades 1-5 were enrolled. Parents acted as informants and filled in the eleven-question standardized questionnaires. Purposive sampling was employed to make sure that the representation was done on both the age level and on the grade level. Parents gave an informed consent, and the questionnaires were distributed together with clear instructions to help in proper behavioral observations. The questionnaires were turned in within a period of one week and the data coded and compiled into SPSS to be analyzed.

RESULTS

They were performed using statistical methods to test the relations between Emotional Intelligence

(EI), quality of parent-child relationships, and academic performances of children aged 6-10 years. Descriptive statistics showed that all measures had the right variability and none of the data was missed. The Pearson correlation found that EI was significantly correlated with academic achievement (r =.29, p<.01), implying that, with increased emotional competence, children achieve better in academics. Parent-child conflict was very negatively correlated with EI (r = -.75, p =.001) so that the stronger the emotional I score, the less conflict children experience with their parents. Academic performance was also negatively correlated with parent-child conflict (r = -.26, p <.01), which underscores the harmful aspect of conflict between relationships and academic performance. To further evaluate predictive relationships with EI as predictor variable, simple linear regression is done with academic achievement as an outcome variable. The model was also found to be statistically significant $F(1,118) = 10.72$, $p = 0.001$ and EI explained about 8 percent of the variation in academic performance ($R^2 = 0.08$). The coefficient of regression showed that the better the EI scores, the better the academic performance (b = 0.41). All these analyses indicate that emotional intelligence among children is an important correlate and predictor of academic success and directly connected with the quality of parent-child interactions.

Table 1

Correlation Matrix for EI, Parent–Child Relationship, and Academic Achievement

Variable	1	2	3
Emotional Intelligence	–	-.75	.29
Parent–Child Conflict	-.75	–	-.26
Academic Achievement	.29	-.26	–

DISCUSSION

This paper examined the relationship of academic performance, the quality of parent-child relationships, and emotional intelligence (EI) between 6–10-year-old Malayalam-speaking children. The findings provide strong evidence to support the fact that emotional intelligence (EI) correlates with academic performance of children and family dynamics. Such conclusions are in line with the growing body of literature which provides evidence that socioemotional skills are paramount to early childhood learning and relating behavioral adjustment. The positive relationship between emotional intelligence (EI) and academic ability supports the idea presented by Abar and Loken (2010) who concluded that higher emotional regulation and self-management

skills in children lead to higher levels of academic engagement and a higher school outcome. The theoretical model developed by Salovey and Mayer (1990) states that emotionally intelligent individuals are in a better position to manage stress, remain motivated and apply problem solving skills- competences that directly correlate with academic achievement. This means that emotional competences are common learning plays of children speaking Malayalam irrespective of their language and cultural background.

The significant negative relationship in this study between EI and parent-child conflict is in line with other studies that have indicated the significance of home climate in the emotional development. According to Pianta (1994), balancing the socioemotional growth of children leads to behavioural problems in children with conflictual parent-child relationships.

As per the present study, the children who were more emotionally intelligent (EI) experienced less confrontation with the parents. This implies a mutual association of emotional viable children who experience more agreeable relationships with caregivers and positive parenting more enhances emotional repositions. This can be in line with the so called emotion coaching developed by Gottman and DeClaire (1997) which points out the process of developing emotional consciousness and emotional control abilities of children in terms of both attentive and sympathetic communication of parents.

Also, negative parent-child conflict and academic achievement are also correlated, as other studies have indicated that relational strife and family stress have a harmful impact on academic achievement. Youngsters who have been being brought up in high conflict situations often have problems with attention, discipline, and in-class attendance (Thompson and Meyer, 2007). Also, the research contributes to the paucity of literature on the subject of EI assessments administered by parents under Indian cultural conditions. Malayalam has been translated into version of QEISA and CPRS- SF enabling parents to better report emotional and relational behaviour of their children showing that different groups of people simply require culturally specific tools. This assures recommendations by child development scholars who argue that ecological validity and reliability can be enhanced by culturally sensitive tools (Bornstein et al., 2012).

Taken as a whole, the findings point to the relationships between academic success, family relations, and emotional intelligence. They discuss the role played by parents and schools in nurturing their children to gain their emotional intelligence (EI) by identifying the signs of

relationship problems early, providing systematic programs, and using emotionally supportive parenting styles.

CONCLUSION

The authors demonstrate that there is a strong interconnection between academic achievement of early children, styles of resolving conflicts, and emotional intelligence. Parent-administered tools such as QEISA and CPRS-SF are useful in providing valuable data regarding the relationship and emotional growth of children. Academic performance and interpersonal skills are highly strengthened through the support given to EI in early childhood.

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Gender Differences in Levels of Aggression among Generation Z Students

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ABSTRACT

The present study examines gender differences in aggression among Generation Z students in India, a cohort shaped by rapid digitalization, shifting social norms, and increasing academic and psychosocial pressures. Using a descriptive-comparative research design, data were collected from 100 college students (50 males, 50 females) aged 18–25 through the Aggression Scale for Children and Adolescents (ASCA), an Indian culturally adapted tool. Results revealed that male Generation Z students exhibited significantly higher total aggression scores (M = 85.4) compared to female students (M = 76.2), with the difference reaching statistical significance (t = 4.75, p < 0.01). These findings align with international and Indian literature indicating higher overt aggression among males and greater relational aggression among females. The study underscores the influence of biological, socio-cultural, and digital factors on aggression and highlights the need for gender-sensitive educational and psychological interventions.

Keywords: -Aggression, Gender Differences, Generation Z, College Students,

INTRODUCTION

Aggression is widely conceptualized as a multidimensional construct involving behavioral, emotional, and cognitive components. Buss and Perry's (1992) model remains one of the most influential frameworks, defining aggression as comprising physical aggression, verbal aggression, anger, and hostility. These dimensions allow researchers to measure the construct comprehensively among adolescents and young adults, including Generation Z students. As aggression is shaped by both biological predispositions and environmental factors, understanding these domains is

essential for examining group differences such as those arising from gender.

Theoretical explanations for aggressive behavior often draw from Albert Bandura's social learning theory. According to Bandura (1978), individuals learn aggressive scripts through observation, modeling, and reinforcement, especially during formative developmental stages. With peers, family members, and digital media serving as consistent behavioral models for Generation Z, the mechanisms proposed by social learning theory are particularly relevant. This cohort's immersion in online platforms may amplify exposure to aggressive content, thereby influencing how aggression is learned and expressed.

Gender differences in aggression have long been a central focus of psychological research. A substantial body of meta-analytic evidence suggests that males tend to exhibit higher levels of overt physical aggression than females (Archer, 2004). These differences are often attributed to both evolutionary predispositions and gender-role socialization that encourages assertiveness and physical dominance in boys. However, female students may exhibit higher or comparable levels of indirect or relational aggression, which includes behaviors such as social exclusion, gossip, or manipulation. Hyde's (2005) gender similarities hypothesis further argues that males and females are more psychologically similar than different on most variables, cautioning against exaggerating gender differences without careful interpretation of effect sizes.

Generation Z (born approximately 1995–2010) represents a unique demographic cohort characterized by constant connectivity, digital literacy, and extensive engagement with social media. Researchers such as Twenge (2017) have suggested that the rise of smartphone culture may influence social interaction styles, emotional regulation, and interpersonal conflict—factors that closely relate to aggression. Increased reliance on digital communication may also shift aggression toward less visible forms such as cyber aggression or verbal hostility. These shifting patterns of interaction make it essential to re-examine traditional assumptions about gender differences in aggressive behavior.

Furthermore, public health institutions emphasize that youth aggression and school-based violence remain significant challenges with implications for academic performance, emotional well-being, and long-term mental health outcomes (Centers for Disease Control and Prevention [CDC], 2023). Understanding gender-specific patterns of aggression among Generation Z students therefore has practical importance. School administrators, counselors, and policymakers can use such insights to design more effective, gender-sensitive intervention programs aimed at reducing aggression and

promoting healthier interpersonal relationships.

Given the evolving digital landscape and ongoing shifts in gender norms, studying aggression among male and female Generation Z students offers a timely opportunity to update existing knowledge. Identifying whether traditional gender patterns persist—or whether new forms of aggression are emerging can contribute significantly to psychological theory, educational practice, and youth mental-health strategies.

RESEARCH GAP

specifically examines aggression patterns among Generation Z students, a cohort shaped by digital environments, changing gender norms, and evolving social interactions. Previous studies primarily focus on general adolescent populations or earlier generations, leaving a gap in understanding how aggression manifests uniquely among students born between 1995 and 2010. Additionally, while gender differences in aggression have been explored historically, most studies emphasize physical aggression, with comparatively fewer investigations into verbal, relational, and digital aggression among Gen Z. There is also a shortage of research from the Indian context, where cultural expectations and gender socialization patterns may influence aggression differently. This creates a clear need for updated, generation-specific, and gender-focused research.

The purpose of the present study is to examine and compare the levels and forms of aggression among male and female Generation Z students. The study aims to evaluate aggression across dimensions such as physical aggression, verbal aggression, anger, hostility, and relational aggression. By doing so, the study seeks to provide an updated understanding of whether traditional gender patterns of aggression persist or have shifted within this digitally connected generation. The purpose is also to generate empirical data that can inform preventive and intervention strategies in educational and psychological settings.

NEED FOR THE PRESENT STUDY

The present study is needed because Generation Z students experience unique socio-digital influences constant online connectivity, exposure to social media, cyber interactions, and shifting peer norms that may alter the way aggression is expressed. Traditional assumptions that males are more physically aggressive and females are more relationally aggressive may not fully apply to

this group. Schools, colleges, and mental-health practitioners require current, evidence-based insights to address emerging forms of aggression, particularly cyber aggression and emotional hostility. As India witnesses rising concerns about youth mental health, bullying, online conflict, and classroom aggression, research specifically targeting Gen Z is essential for developing relevant intervention programs.

SIGNIFICANCE OF THE STUDY

This study holds significant value for educators, psychologists, policymakers, and parents. First, it contributes to academic literature by providing generation-specific data on aggression, addressing a gap in contemporary psychological research. Second, it offers practical insights for designing gender-sensitive educational programs that promote positive social behavior, emotional regulation, and conflict management. Third, the findings can support mental-health professionals in creating targeted interventions that acknowledge distinct aggression patterns among males and females. Lastly, the study highlights the influence of digital interactions on aggression, providing evidence that can guide cyber-safety initiatives and youth behavior policies.

RATIONALE FOR THE STUDY

The rationale for conducting this study is grounded in the need to understand aggression within the context of modern youth culture. Generation Z's social environment is fundamentally different from previous generations due to digital connectivity, rapid communication, and changing gender-role expectations. These factors may reshape how aggression develops and is expressed. Investigating gender differences among this cohort is essential to determine whether long-standing patterns remain consistent or whether new trends have emerged. The study is also rationalized by the increasing prevalence of school conflict, relational aggression, and online bullying, making it imperative to explore aggression scientifically to support effective educational and psychological interventions.

REVIEW OF RELATED LITERATURE

Altaf Hussain Ganie & Hilal Ahmad Malla (2022), 200 university students (both rural and

urban) were studied to examine the relationship between emotional intelligence (EI) and aggression. Their findings showed that male students had higher aggression than female students; also, there was a low but significant negative correlation between emotional intelligence and aggression. **Archer, (2004)** this study found that Males generally exhibit more overt aggression due to biological, hormonal, and socio-cultural factors. **Arnold H. Buss and Mark Perry (1992),** which operationalized aggression along physical aggression, verbal aggression, anger and hostility dimensions. This model has served as a foundational tool for countless empirical studies across cultures and age groups. **Bharati Roy & Neha Jha (2022)** studied 200 adolescents (100 males, 100 females) aged 16–18 in Ranchi. They found that males scored significantly higher on assault (physical aggression) and verbal aggression, while females showed a trend toward higher indirect aggression. **Buss and Perry (1992)** proposed a multidimensional model of aggression consisting of physical aggression, verbal aggression, anger, and hostility. This framework has been foundational in aggression research globally, providing a reliable tool to measure and compare aggression across different populations. **Chauhan (2023)** noted that both gender and urban/rural context influence aggression, with urban students (male and female) showing higher levels of aggression than rural counterparts. **Crick & Grotpeter, (1995)** this study found that females tend to engage in relational aggression, which includes excluding peers, spreading rumors, and emotional manipulation. **Harshmeet Kaur (2018)** examined 250 adolescents (equal number males/females, age 16–18) with measures of aggression, life satisfaction, affect, and psychological well-being. The study found a significant inverse relationship between aggression and well-being; importantly, physical aggression was significantly higher among males compared to females. **Mandal and Roy (2022)** highlighted that psychosocial factors such as stress and resilience contribute to aggression among Indian college students, suggesting that contextual variables play a crucial role alongside gender. **Patchin and Hinduja (2018)** found that online anonymity increases the likelihood of verbal and emotional aggression, and gender differences become more complex in digital settings. **Raya Mandal & Sudeshna Roy (2022),** examined how psychosocial variables such as stress and resilience relate to aggression among college students (ages 18–25). They used the Buss–Perry Aggression Questionnaire, along with resilience and perceived stress scales. Their findings indicated a significant positive relationship between stress and aggression, and a negative relation between stress and resilience. **Roy and Jha (2022)** reported that male adolescents scored significantly higher on physical and verbal aggression, whereas females were

more likely to exhibit indirect aggression. **Shaban and Kumar (2016)** noted that among young adult students, aggression patterns are increasingly influenced by peer interactions and online environments, with no significant difference in overall aggression levels between genders. **Singh and Kaur (2021)** reported that male college students displayed higher levels of physical aggression, whereas female students were more likely to engage in indirect emotional aggression. **Singh, (2013)** this study found that school-based study in West Bengal found that boys showed higher physical aggression, while girls displayed higher relational aggression. **Sona Thakur & Kuldip Kaur Grewal (2021)** examined aggression in relation to family environment among 200 adolescents. They found a significant association between family environment (support, cohesion, conflict) and aggression levels. **Sunita Chauhan (2023),** the study among college-aged students (17–21 years) revealed that students from urban settings both male and female exhibited higher aggression compared to their rural counterparts. **Twenge (2017),** digital immersion has altered emotional regulation patterns among Gen Z, potentially increasing irritability, impulsivity, and aggression.

STATEMENT OF THE PROBLEM

Aggression is a complex behavioral and psychological construct that manifests in multiple forms, including physical, verbal, relational, and emotional aggression. While global research consistently reports gender differences in aggression—males typically exhibiting higher levels of overt aggression and females demonstrating more relational or indirect aggression—these patterns are not uniform across cultures or contexts. In India, recent studies have suggested similar trends, yet there is growing evidence that contemporary youth, particularly Generation Z (born approximately 1995–2010), may display different aggression patterns due to digital immersion, social media interactions, increased academic and social stress, and changing socio-cultural norms. Despite the proliferation of research on adolescent and college student aggression, there remains a lack of comprehensive, multidimensional studies focusing explicitly on Indian Generation Z students. Existing studies often examine only single dimensions of aggression (such as physical aggression) or fail to integrate contextual variables such as stress, emotional intelligence, peer influence, and digital behaviors. Furthermore, while gender differences have been documented, the interaction between gender and psychosocial or digital factors in influencing aggression among modern youth has not been fully explored. Given the potential impact of aggression on mental health, social relationships, academic performance, and overall well-being, it is essential to

investigate these patterns systematically. Therefore, the present study seeks to examine gender differences in levels and types of aggression among Generation Z students in India, with attention to the multidimensional nature of aggression and the influence of contextual factors, including stress, emotional regulation, and digital engagement.

OBJECTIVE OF THE STUDY

➢ To compare levels of aggression between male and female Generation Z students.

HYPOTHESIS OF THE STUDY

➢ There is a significant difference in levels of aggression between male and female Generation Z students.

METHODS

The study will focus on Generation Z students, born between 1995 and 2010, to examine gender differences in aggression. A purposive sampling method will be used to select participants from various colleges and universities in India, ensuring representation of both genders, diverse academic streams, and socio-cultural backgrounds. The sample will include approximately 100 students, with 50 males and 50 females. Participants must be aged 18–25, enrolled in undergraduate or postgraduate programs, and willing to provide informed consent. Students with psychiatric or behavioral conditions affecting aggression or those unwilling to consent will be excluded.

RESEARCH DESIGN: -

The present study will adopt a descriptive-comparative research design to examine gender differences in aggression levels among Generation Z students.

VARIABLES USED FOR STUDY

Independent Variable: - Gender- male and female Generation Z students

Dependent Variables: - Aggression

OPERATIONAL DEFINITIONS

1. **Gender-** gender refers to the biological and social classification of participants as male or female. Participants will be categorized based on self-reported gender identity to examine differences in aggression levels.

2. **Aggression-**Aggression is defined as any behavior, thought, or emotion intended to harm or injure others, either physically, verbally, or psychologically.

RESEARCH TOOLS: -

Aggression Scale

The Aggression Scale for Children and Adolescents (ASCA), Indian Version, developed by Sanjeev Kumar and Sharma (2009), is designed to assess aggression among Indian adolescents in a culturally relevant context. It measures aggression across three dimensions: physical aggression, verbal aggression, and anger, using 30 items rated on a 5-point Likert scale. The scale demonstrates high reliability (Cronbach's alpha > 0.80) and established validity, making it suitable for research, educational assessments, and behavioral interventions. Self-administered or researcher-administered, the ASCA provides a multidimensional and culturally adapted tool for examining aggression, gender differences, and psychosocial influences among Indian youth.

PEOCEDURES OF DATA COLLECTION

The study will collect data from Generation Z students using a systematic and ethical procedure. After obtaining permission from colleges and written informed consent from participants, demographic information such as age, gender, academic stream, and socio-cultural background will be recorded. Participants will then complete the Buss–Perry Aggression Questionnaire and the Aggression Scale for Children and Adolescents (ASCA) – Indian Version in a quiet, supervised setting, with instructions provided for independent and honest responses. Completing the questionnaires will take approximately 25–30 minutes. All responses will be kept confidential, coded for anonymity, and used solely for research purposes.

STATISTICAL TREATMENT

The collected data will be analyzed using descriptive statistics (mean, standard deviation) and inferential statistics. Independent samples t-tests will compare male and female students on aggression dimensions, while effect sizes will indicate practical significance. Analyses will be conducted using SPSS to identify gender differences and related patterns.

RESULTS AND DISCUSSION

Table No-01
Summary and Results of 't' Value showing the Gender and Aggression

Gender	Mean	SD	N	DF	't' Value	Sign.
Male Generation Z students	85.4	12.3	50	98	4.75	0.01
Female Generation Z students	76.2	11.5	50			

Table No-01 presents the mean, standard deviation, and t-test results for gender differences in total aggression among Generation Z students. The findings indicate that male Generation Z students exhibited significantly higher total aggression scores (M = 85.4, SD = 12.3) compared to female Generation Z students (M = 76.2, SD = 11.5). The difference was statistically significant, t(98) = 4.75, p < 0.01, suggesting that males display higher overall aggression than females.

The finding that male Generation Z students exhibited significantly higher total aggression scores compared to female students aligns with global and Indian research on gender differences in aggression. According to Buss and Perry (1992), males are more prone to overt aggression, such as physical and verbal behaviors, while females often display relational or indirect aggression, including social exclusion and rumor-spreading. Biological factors, such as higher testosterone levels in males, may contribute to these differences (Archer, 2004).

Indian studies support this pattern. Roy and Jha (2022) reported that male adolescents scored higher on physical and verbal aggression, while females tended toward indirect aggression. Mandal and Roy (2022) found that psychosocial stressors, peer influence, and academic competition may exacerbate aggressive behaviors in males. Moreover, characteristics unique to Generation Z, such as extensive digital media exposure and online interactions, may further amplify aggressive tendencies among male students (Twenge, 2017; Mathew et al., 2024).

These findings highlight the importance of gender-sensitive interventions to manage aggression in educational and social settings. Programs that enhance emotional intelligence, anger management, and digital responsibility may help mitigate aggressive behaviors and promote positive peer interactions (Ganie & Malla, 2022). Understanding gender differences in aggression also has implications for mental health, social adjustment, and academic performance among contemporary Indian youth.

CONCLUSION

Male Generation Z students exhibited significantly higher total aggression scores compared to their female Generation Z students.

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A study based on the Role of Spirituality in coping with academic stress for NEET & IIT aspirants

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ABSTRACT

Academic stress is the most common issue for the students preparing for NEET & JEE exams. There are lots of students struggling for these exams with limited number of seats. It develops anxiety and stress among students. The aim of this study is to find out the role of spirituality as a coping mechanism for managing academic stress anxiety and pressure of study for competition and to achieve the goal. Spirituality is the best way to manage stress, anxiety, psychological and physical wellbeing. Spirituality characterized by a sense of meaning purpose and connectedness has been linked to improve psychological resilience and stress management. Some hypotheses states that higher level of spirituality is associated with reduced academic stress. Spiritual practice positively influences stress management and provide actionable recommendations for adding spirituality into student counseling programs.

Key Words: Spirituality, struggling, anxiety, stress, coping mechanism, academic.

INTRODUCTION

Academic stress is a common challenging issue for all the students preparing for NEET, IIT and other competitive examination. This type of stress is harmful and adversely affects the performance, mental health and well being of student. The student faces many challenges which stresses out and gives negative impact to parents and guardians. At the time of this type of situation, spirituality has emerged as a significant coping mechanism which provides an important way to control the emotions and provide emotional strength and clarity to achieve your target.

This study is important to find out the role of spirituality and manage stress and anxiety towards examination of NEET & IIT of aspirants. Spiritualism is important for every human with different religion. The spiritual

practices includes meditation, prayer and mindfulness. Meditation is a connection with the supreme power. Meditation provides strength and helps control emotions and hence helps in achieving the target. This study highlights the facts of spirituality for coping stress related to competitive exams like- NEET & IIT.

Stress: Stress is a natural feeling that can cause impact on academic performance of child, mental health and well-being of students. It is due to academic pressure of competitive examination, fear to failure or not achieving the target, tired schedule, and lack of social interaction, financial crisis, health issues and many more.

The physical symptoms are like headache, sleep disturbance, muscle tension, weak immune system and stomachache etc and the mental symptoms are anxiety, depression, loss of motivation irritability and difficulty in concentration are the most common symptoms.

Spirituality: Spirituality is the concept that involves the meaning, and the connection with a supreme power . It involves the religious practice like, meditation, yoga, and other religious practices. It depends on the belief system. Spirituality plays an important role in psychological well being and stress management and coping strategies. Spirituality helps the individuals in reducing the anxiety, stress and psychological wellbeing.

In the case of aspirants of NEET & IIT (competitive exams), students faces high level of stress. This type of stress is injurious for physical and mental health. One faces difficulty in managing the health and well being.

REVIEW OF LITERATURE

This study of spirituality as predictor of depression, anxiety and stress among engineering students, (Ajit Singh Negi , Ashu Khanna & Rajat Aggarwal) conducted on the engineering students of IIT Roorkee, using a self-administered questionnaire and DASS-21 scale used to measure the spirituality and depression, anxiety, stress in this study. Findings of this study propagated the positive and significant relationship between universal consciousness and anxiety of engineering students. The most influencing spirituality dimensions are relationship with others. The sense of spirituality of female students is stronger than that of male students.

On the basis of the study of Ayushi Bhatnagar 2020 (The Inclen Trust International) the study reveals the relationship between the spirituality and perceived stress, correlation analysis was done. The value of Pearson correlation coefficient (r) was "-0.029", the negative sign of "r" shows that there is a negative relationship between spirituality and stress which means that as the level of spirituality increase, stress level goes down. In this study there are 195 students of IIHMR enrolled and they belongs to different type of religions. The study uses PSS scale and spirituality scale.

RESEARCH OBJECTIVES

- To assess the level of academic stress among NEET and IIT aspirants.

- To assess the role of spirituality in managing academic stress and anxiety.

- To identify the specific spirituality practices that positively influence stress management.

- To provide recommendations for integrating spirituality-based interventions into stress management programs for students.

HYPOTHESIS

- Higher levels of spirituality are associated with lower levels of academic stress among NEET and IIT aspirants.

- Spiritual practice like meditation, prayers, and mindfulness reduce stress more effectively than general relaxation technique.

RESEARCH METHODOLOGY

SAMPLE

The present study adopted a purposive sampling method to select participants, as the research specifically focuses on NEET and IIT aspirants who constitute a well-defined population experiencing significant academic pressure. A total sample of 100 students was selected from District Palwal, comprising individuals actively preparing for either the NEET or IIT entrance examinations. The participants belonged to an age range of approximately 16 to 20 years, ensuring relevance to the academic stress associated with competitive exam preparation. The inclusion criteria required participants to be current NEET or IIT aspirants, willing to participate voluntarily, and capable of understanding and responding to the questionnaire administered through Google Forms. Students who were not preparing for NEET or IIT examinations, those diagnosed with severe psychological disorders, and respondents who submitted incomplete or improperly filled questionnaires were excluded from the study. This sampling approach ensured that the data collected was relevant, focused, and reflective of the targeted population, thereby enhancing the validity and reliability of the study findings.

RESEARCH DESIGN

The present study adopts a Mixed Method Research Design, which integrates both quantitative and qualitative approaches to gain a comprehensive understanding of the role of spirituality in managing academic stress among NEET and IIT aspirants. This design is appropriate as it allows for numerical measurement of stress and spirituality while also exploring students' subjective experiences in depth.

VARIABLES

- **Independent Variable-**Spirituality

- **Dependent Variable-**Academic Stress

DATA COLLECTION TOOLS:

- Academic stress scale

- Spiritual well being scale

Data will be collected on the basis of Google form questionnaire method from NEET & IIT aspirants of district Palwal.

DATA ANALYSIS

	No of Participants	Percentage
Total Participants	100	100%
Male Participants	46	46%
Female Participants	54	54%
IIT Aspirants	42	42%
NEET Aspirants	58	58%
Low Stress (0-13)	5	5%
Moderate Stress (14-26)	85	85%
High Stress (27-40)	10	10%
Very Close to God	30	30%
As Close as Possible	20	20%
Somewhat Close	50	50%

Metrics	Stress	Spirituality
Mean	19.9	1.8
Median	20	2
Standard Deviation	6.05	0.74

RESULTS:

Following charts are showing the results of the Perceived Stress Scale and Spirituality Scale of the IIT and NEET aspirants.

Table 1:

Table 1 shows the data collected through Perceived Stress Scale and Spirituality Scale. This chart shows the total number of participants in this study. There are 100 participants shown in this pie chart, there are 46 Male and 54 Female participants.

Table: 2

Table 2 shows the NEET and IIT aspirants who participated in this study.

There are 42 IIT participants in this study and 58 NEET participants in this study.

Table:3

Table:3 shows the Perceived Stress Scale scores of the IIT and NEET aspirants who participated in this study. There are 5 participants shows the Low Stress (0-13), 85 participants show Moderate Stress (14-26)

and 10 participants shows High Stress (27-40).
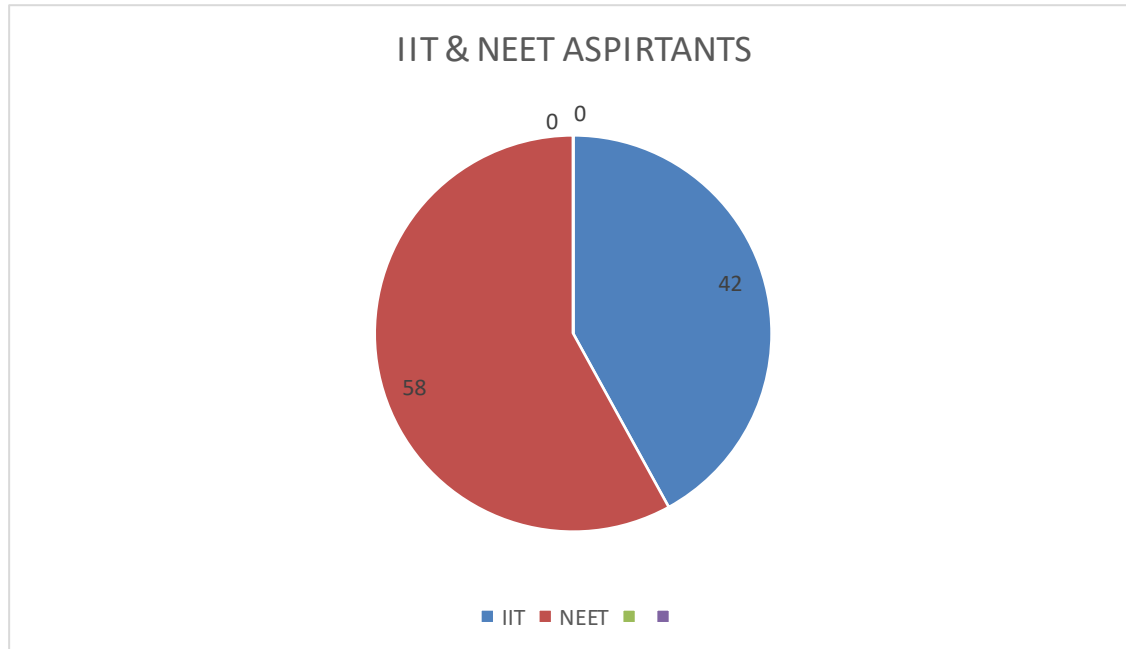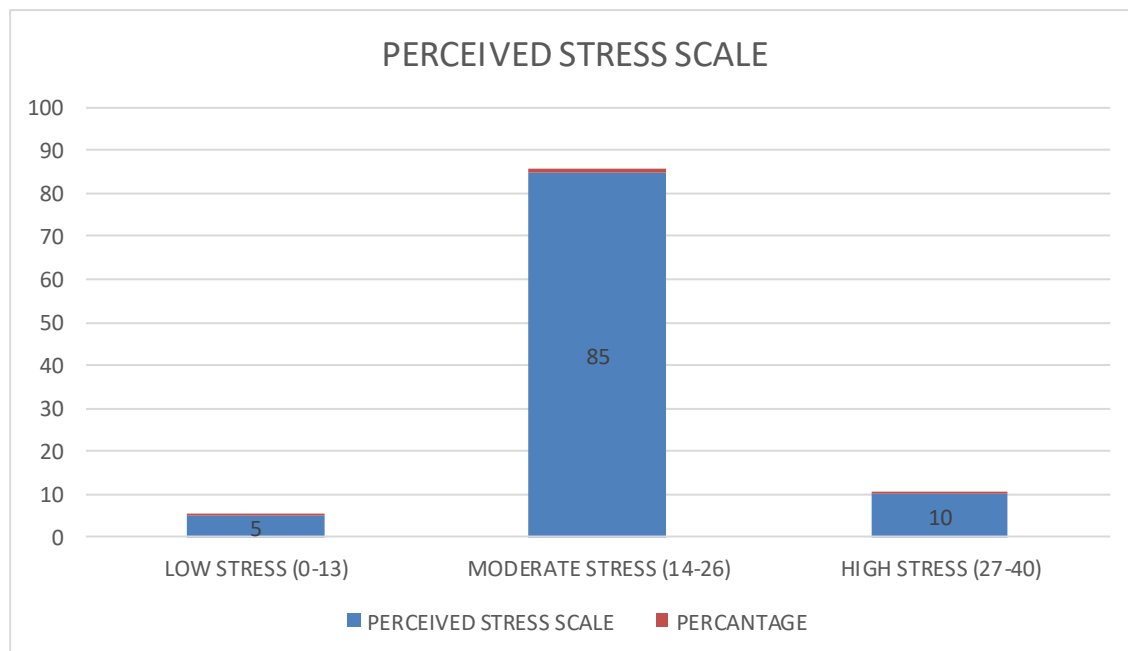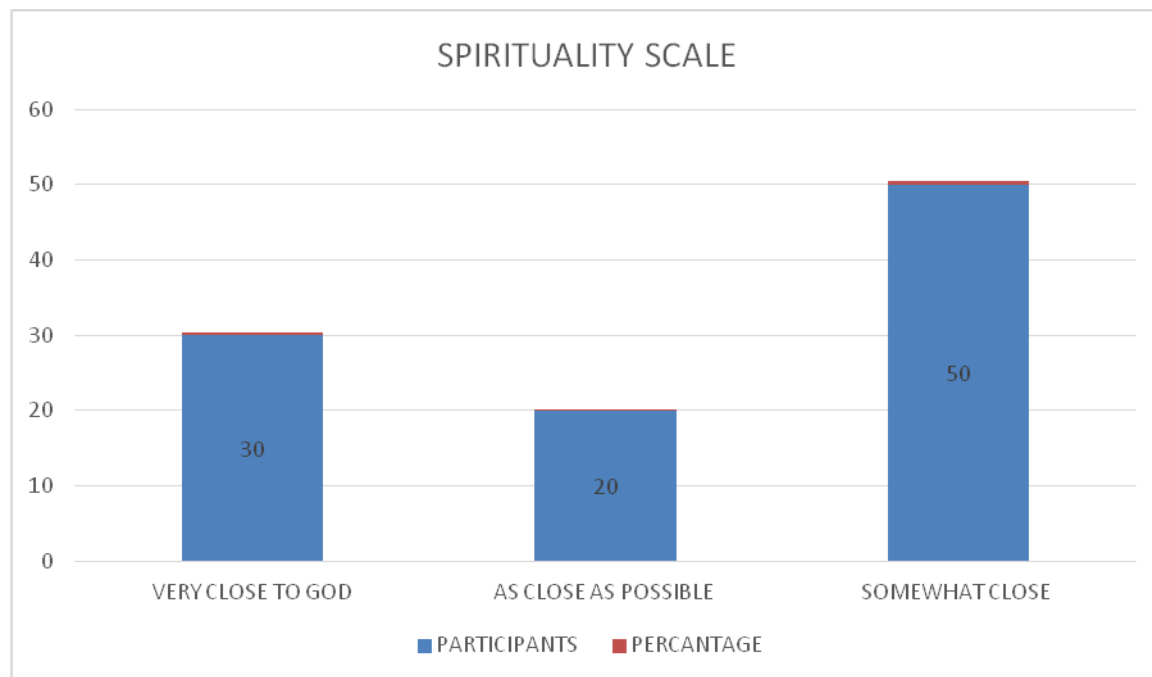
Table:4

Table -4 shows the Spirituality and connection with God of the IIT and NEET aspirants. There are 30 participants shown Very Close to God, 20 participants are shown As Close As Possible, and 50 participants are shown Somewhat Close, according to the Spirituality Scale.

CONCLUSION

On the basis of Perceived Stress Scale the results shows the 85% of participants suffers Moderate stress, and the Mean score is 19.9, it shows the moderate range of the stress.

The Standard Deviations shows moderately variability- 6.05. and the 5% of participants shows Low & 10% of participants shows high stress.

There is the evidence of these findings which suggests that the interventions should focuses on managing the moderate level of stress.

There is the evidence of spirituality scale findings that shows 50% of participants are somewhat close to God, and the mean Spirituality is 1.8 which shows the moderate level of Spirituality.

The Standard Deviation of 0.74 reflects moderately variability, that shows some diversity in participants, Spirituality Closeness, 30% participants are very close and 50% participants are somewhat close to the God. On the basis of the data, the individuals with higher Spirituality might manage better stress. Spirituality is effective as coping mechanism for stress. There are lots of Spiritual practices, like meditation, yoga, prayer

etc. this type of Spiritual practices are effective for everyone for managing physical and mental health.

SUGGESTIONS

- Follow the spiritual practice in daily life specially students and every person for better health and for balancing physical and mental health. Some spiritual practices like meditation, yoga, prayer helps managing the stress in daily life.
- Also, reading spiritual books like "THE BHAGVAD GITA" or other spiritual literature for wisdom and perspective can help in stress management.
- Some people often write and express themselves to the supreme power which gives them a sense of relief.

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Sociological Study of Digital Effects on Women Bus conductors

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ABSTRACT

The rapid expansion of digital technologies has significantly transformed the nature of work across sectors. Women workers, particular in transport industries, bus conductors experience both opportunities and challenges arising from digitalization. This sociological study examines the effects of digital technology on women workers with reference to work conditions, employment opportunities, skill development, work–life balance, and social relations. Using a mixed-method approach, the study analyzes how digital tools influence women's participation in the workforce, empowerment, and inequality. The findings reveal that while digitalization has enhanced flexibility, access to employment, and skill acquisition for women, it has also intensified work pressure, job insecurity, and the digital divide. The study concludes with policy-oriented suggestions to promote inclusive and gender-sensitive digital work environments.

Keywords: *Digitalization, Women Workers, Work–Life Balance, Gender Inequality, Sociology of Work.*

INTRODUCTION

Digital technology has become an integral part of modern society, reshaping economic structures, labor markets, and social relations. The emergence of information and communication technologies (ICT), remote work, digital platforms, and automation has altered traditional forms of employment. From a sociological perspective, digitalization is not merely a technological change but a social process that influences power relations, gender roles, and work culture.

Women workers occupy a distinctive position within the digital transformation of work. Historically, women have faced structural barriers in employment, such as wage inequality,

occupational segregation, and limited access to resources. Digital technology offers new possibilities by enabling flexible work arrangements, online entrepreneurship, and access to global markets. At the same time, it reproduces existing inequalities through unequal access to digital skills, precarious platform work, and increased unpaid digital labor.

This study aims to analyze the digital effects on women workers in the context of Indian public transport, specifically, among women bus conductors in Vidharbha regions's Washim and Yavattmal districts context by examining both positive and negative consequences from a sociological viewpoint.

REVIEW OF RELATED LITERATURE

Scholarly literature on digitalization and labor highlights its contradictory implications for workers. Castells (2010) conceptualized digital transformation as the foundation of the network society, wherein labor becomes flexible yet increasingly controlled. Fuchs (2014) further argued that digital labor intensifies exploitation through surveillance and data-driven monitoring.

Gender-focused studies reveal that technology is not gender-neutral. Wajcman (2004) emphasized that digital systems often reflect masculine work cultures, marginalizing women workers. Kelkar (2019) observed that women's participation in the digital economy is shaped by access to skills, institutional support, and socio-cultural norms.

In the Indian context, Desai and Joshi (2020) noted that digitalization benefits educated urban women more than working-class women. Studies by D'Cruz and Noronha (2016) and Bhave and Kulkarni (2019) highlighted that women in digitalized service and public-sector jobs face heightened performance pressure and emotional labor. ILO reports (2019, 2021) further document the absence of social security and gender-sensitive digital policies.

STATEMENT OF THE PROBLEM

Despite the rapid growth of digital technologies in the workplace, there is limited sociological research focusing specifically on how digitalization affects women workers' social, economic, and psychological conditions. Existing inequalities related to gender, class, and education may be reinforced or transformed through digital work. Therefore, the problem addressed in this study is to understand the nature and extent of digital effects on women workers and the sociological implications of these changes.

OBJECTIVES OF THE STUDY

1. To examine the impact of digital technology on employment opportunities for women workers.

2. To analyze the effects of digital work on women's work–life balance.

3. To study the role of digital skills in women's empowerment.

4. To identify challenges faced by women workers in digital work environments.

5. To assess whether digitalization reduces or reinforces gender inequality.

HYPOTHESES

1. Digital technology has a positive impact on employment opportunities for women workers.

2. Digital work increases flexibility but also intensifies work pressure among women workers.

3. Women with higher digital skills experience greater empowerment than those with limited skills.

4. Digitalization does not eliminate gender inequality but transforms its forms.

METHODOLOGY

The present study adopts a mixed-method research design focusing specifically on women bus conductors.

Research Design: Descriptive and analytical method was used for the present study.

Universe of the Study: Women bus conductors working in state transport services.

Sample: A total sample of 60 women bus conductors was selected.

Area of Study: Washim and Yavatmal districts were selected for the study because they represent semi-urban transport regions where digitalization has been implemented in public bus services under state transport systems. These districts provide a balanced socio-economic context, combining urban depots with semi-urban routes, thereby reflecting diverse work conditions of women bus conductors. Additionally, the researcher's accessibility to these districts facilitated effective data collection through direct interaction with respondents. Studying these districts allows for an in-depth understanding of digital effects on women workers beyond metropolitan settings.

Sampling Method: Purposive sampling was adopted in the present study because the research specifically focuses on women bus conductors who are directly engaged with digital technologies

such as electronic ticketing machines. This category of workers constitutes a relatively small and specialized group within the public transport sector. Purposive sampling enabled the researcher to deliberately select respondents who possessed relevant work experience, exposure to digital systems, and the ability to provide meaningful insights into the digital transformation of their work. Hence, this method was appropriate for obtaining rich, context-specific sociological data.

Sources of Data:

- **Primary Data:** Collected through online a structured google form questionnaire and informal interviews with women bus conductors.
- **Secondary Data:** Books, research journals, transport department reports, and digital labor studies.

Variables Studied:

- Use of digital ticketing machines (ETMs)
- Digital training and skills
- Work efficiency and workload
- Job stress and surveillance
- Work–life balance
- Job satisfaction

Tools of Analysis: Percentage analysis and qualitative interpretation.

RESULTS

The analysis of data collected from women bus conductors reveals the following findings:

Table 1: Distribution of Women Bus Conductors by Digital Training Status

Digital Training Status	Frequency (N=60)	Percentage
Received Formal Digital Training	**43**	72%
No Formal Digital Training	**17**	28%

The data indicate that a substantial majority (72%) of women bus conductors have received formal digital training, suggesting institutional efforts toward technological adaptation. However, a notable proportion (28%) lacks formal training, highlighting the persistence of digital skill gaps.

Table 2: Perception of Work Efficiency Due to Digital Ticketing Machines

Perception of Efficiency	Frequency (N=60)	Percentage
Improved Efficiency	39	65%
No Improvement	21	35%

Nearly two-thirds (65%) of respondents reported improved work efficiency due to digital ticketing machines, indicating positive technological outcomes. Nevertheless, 35% perceived no improvement, reflecting differential adaptation levels among workers.

Table 3: Workload and Job Stress due to Digital Systems

Response	Frequency (N=60)	Percentage
Increased Stress	35	58%
No Increased Stress	25	42%

The findings reveal that 58% of women conductors experienced increased workload and job-related stress due to digital systems. This suggests that technological intervention has intensified labor demands rather than uniformly reducing work burden.

Table 4: Perception of Digital Surveillance at Workplace

Perception	Frequency (N=60)	Percentage
Feel Increased Surveillance	37	61%
Do Not Feel Surveillance	23	39%

A majority (61%) perceived increased digital surveillance at the workplace. This indicates that digitalization functions not only as a tool of efficiency but also as a mechanism of managerial control, affecting worker autonomy.

Table 5: Work–Life Balance Issues among Women Bus Conductors

Response	Frequency (N=60)	Percentage
Difficulty in Work–Life Balance	28	47%
No Difficulty	32	53%

About 47% of respondents reported difficulties in maintaining work–life balance, reflecting the gendered impact of digitally regulated work schedules on women with domestic responsibilities.

Table 6: Level of Job Satisfaction

Job Satisfaction Level	Frequency (N=60)	Percentage
High	10	16%
low	18	30%
Moderate	32	54%

More than half (54%) of women bus conductors reported moderate job satisfaction, while 30% expressed low satisfaction. This reflects ambivalent outcomes of digitalization—simultaneous efficiency gains and psychosocial strain.

DISCUSSION

The findings indicate that digitalization in public transport, particularly the introduction of Electronic Ticketing Machines, has significantly reshaped the work experience of women bus conductors. While digital tools have improved transparency and efficiency, they have also increased work intensity and surveillance.

The findings also revealed that digital system increased workload and job-related stress. This technological intervention is burdened rather than reducing workload.

From a sociological perspective, women conductors face a dual burden—managing technologically demanding work in a male-dominated public space while fulfilling traditional domestic roles. Limited advanced digital training and lack of gender-sensitive support systems further contribute to stress. Digitalization, therefore, operates as a tool of both empowerment and control, reinforcing existing gender hierarchies within public transport employment.

CONCLUSION

The sociological analysis of digital effects on women bus conductors reveals that digitalization is a socially embedded process shaped by power, gender, and institutional structures. While digital ticketing technologies enhance efficiency and transparency, they also intensify surveillance, stress, and job insecurity (Fuchs, 2014; Standing, 2011).

Drawing on Sen's (1999) and Nussbaum's (2011) capability approach, the study argues that digital empowerment cannot be assessed solely through technological access. True empowerment requires expansion of women's capabilities through skill training, workplace autonomy, and supportive social policies. Without gender-sensitive interventions, digitalization risks reinforcing

existing inequalities rather than promoting inclusive development (ILO, 2021).

The study concludes that public transport authorities must adopt a balanced approach that combines technological advancement with social justice, gender equity, and worker well-being.

Future research on the digitalization of women bus conductors should move beyond cross-sectional analysis and adopt comparative, longitudinal, and intersectional approaches. Studies comparing women conductors with women workers in other transport and service sectors, as well as research conducted across different regions, can reveal sectoral and regional variations in digital impact. Long-term and qualitative investigations are needed to understand how sustained digital monitoring affects job satisfaction, mental health, work–life balance, and unpaid care responsibilities. Further research should also examine psychosocial and health outcomes such as technostress and emotional labor, while evaluating the effectiveness of digital training and skill-development initiatives. Finally, policy-oriented and institutional studies focusing on gender-sensitive technology design, labor regulations, and post-pandemic digital transformations can contribute to more inclusive and equitable digital work environments for women workers.

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Developing PTSD: Trauma at a younger age

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ABSTRACT

Post-Traumatic Stress Disorder (PTSD) is a severe mental health issue that can develop after exposure to traumatic events and there is a critical need to explore its impact on young children. This research examines the prevalence, symptoms, and long-term effects of PTSD in children who have experienced trauma. The research aims to address gaps in the existing literature by offering insights into how trauma at a young age affects psychological development and mental health. Studying PTSD in children is essential as early intervention can reduce long-term negative impacts, improve coping skills, and enhance overall well-being. By highlighting the specific challenges faced by young children, this study emphasizes the necessity for specialized therapeutic strategies and informed policies to support affected children from an early age.

Keywords: Post-Traumatic Stress Disorder, Childhood Trauma, Mental Health, Psychological Development, Early Intervention.

INTRODUCTION

Post Traumatic Stress Disorder (PTSD) is a mental health condition which is developed and triggered after an individual experiences a traumatic occasion. People with PTSD often experiences failure to recover from a traumatic occasion which is witnessed by them such as sexual assault, domestic violence, loss of a loved one, car accident, war like situation or natural disasters. However, not only adults but PTSD is experienced by children also. Moreover, trauma at a more youthful age is altogether overlooked and is regularly named as "just a phase" which can result in PTSD.

CAUSES OF PTSD IN CHILDREN INCLUDE:

- Witnessing a traumatic event even if they are not directly involved

- Emotional abuse or neglect

- Violent attacks

- Misfortune of an adored one

- Sexual assault

- Invasive medical procedures

- Animal bites for example bitten by a dog

- Experiencing war like circumstance

- Experiencing natural disasters

- Being separated from caregivers or loved ones

Kids usually develop PTSD in response to trauma which hinders their safe space and security. Children who encounter PTSD may feel sincerely be numb and discouraging. It is additionally watched that children with PTSD regularly rehash the traumatic act. For example, a child may crash his/her toys after witnessing a horrible accident. Be that as it may, it does not always affirm that children who play with their toys like that will have PTSD but inquires about affirm that this is one of the latent sign of the disorder.

SYMPTOMS OF PTSD IN CHILDREN ARE MENTIONED:

- Children can experience stressful events that impact their thoughts and emotions.

- Replaying the event in one's mind or through activities

- Experiencing nightmares and difficulty sleeping

- Feeling distressed when triggered by memories of the event

- Lacking positive emotions

- Displaying irritability and outbursts of anger

- Being hyper vigilant and paranoid

- Feelings of helpless, hopeless and emotionally numb are heavy

- Avoiding places or individuals connected to the event leading to social isolation.

The symptoms of PTSD may start occurring as soon after the traumatic event (usually after 3 months of the event). The symptoms could indicate that the brain is working to control or suppress intense memories and the feelings linked to them. Children's perceptions of past experiences may

change as they mature. For instance, a child who discloses sexual abuse at the age of 7, receives appropriate intervention, and seems to have recovered, may later struggle with memories of the abuse as a teenager, signaling the need for further therapy to address emerging trauma symptoms. PTSD is a mental disorder which essentially disrupts a child's working and cause difficulties in social, individual and formative ranges and may get to be chronic if left untreated. Children with PTSD often exhibit hyper vigilance, continuously monitoring their environment for potential threats. PTSD often coexists with other mental disorders like anxiety, depression and substance abuse in children. However, it is not necessary that every child who has experienced a traumatic event may develop PTSD and thus developing PTSD also depends on various factors like the impact of the trauma, the perceived seriousness of the traumatic event For example, a child who has experienced sexual assault may develop PTSD while a children who is bitten by a dog may not because of the perceived seriousness, the proximity to the trauma, the frequency of the trauma for example kids who have experienced trauma again and again will react in a different way as compared to those who have experienced a single time trauma and the relationship of the act with the victims for instance sentiments of disgrace, blame and fear are experienced by children who have witnessed domestic violence of a parent or a family member. Usually, it becomes difficult for the elder to make the young child understand about PTSD but parents could try to reassure them to know that their brain is working hard to help them deal with the trauma. Brains are designed to keep us safe during times of danger and thus after the danger has passed, our mind may struggle to adjust. It can constantly feel threatened but there are strategies to help brain return to its previous functioning.

IMPACT OF PTSD ON CHILDS MENTAL CONDITION:

PTSD may have substantial influences on children's intellectual functioning and mental health which encompass: Increased anger and aggression that could happen in irritability and conflicts with others, being paranoid: general distrust closer to others makes it difficult for them to shape and keep relationships, symptoms of depression encompass chronic sadness, modifications in urge for food and sleep patterns, self-harming behavior, and emotions of guilt, anxiety problems inclusive of immoderate worry, fear, restlessness, or avoidance of unique situations, causes impairment in attention, concentration, hyperactivity, and impulse control which can also cause in development of Attention deficit hyperactivity disorder.

BUT DOES TRAUMA ALWAYS CAUSE PTSD?

No, going via trauma does not always give rise to PTSD. Most youngsters and young adults who undergo a trauma will not always show signs of PTSD. Almost 15- 43% of the youngsters experience traumatic occasion but not all of them show PTSD.

But maximum of them will sense the results of trauma and it's completely natural to react to a deeply traumatic event. Most may have unwanted and constant feelings, flashbacks of the event and change in behavior. This might also additionally remain for a brief while, from time to time days or weeks. PTSD develops whilst a trauma overwhelms a child's cap potential to cope. Children with PTSD want more assistance to cope up with the trauma experienced by them.

However below mentioned are some variables which often contribute in whether or not a person develops PTSD after a trauma:

- A beyond records of trauma
- How extreme the trauma was
- Genetic predisposition
- How speedy they get assist and support
- If there are more mental disorders like anxiety and depression present

However, there are many strategies that parents can do to save their child from developing PTSD. Admitting that the occasion happened(pretending and avoiding your child's concerns may not assist your baby), teaching youngsters that it is OK to mention no to a person who attempts to the touch their frame or lead them to sense uncomfortable, support your child in every case so he doesn't feel alone, encouraging prevention packages to your network or neighborhood faculty system, decreasing the effect of unavoidable disasters, like earthquakes, through practicing catastrophe reaction drills in houses and schools, reaching out for assist from nearby network services, Being in contact with different mother and father who've a baby with PTSD can be helpful, being supportive and get counseling for kids and teenagers who've visible or gone through a stressful occasion, telling others approximately your baby's PTSD (working together along with your baby's healthcare company and college to create a remedy plan), creating a secure area for your baby so that they can easily convey their emotions and renowned their power in dealing with stressful occasion, considering your child in a help institution for trauma survivors, as sharing reviews with friends can offer in addition expertise and validation, reassuring your child that they may be now no longer accountable for the stressful occasion and inspire open discussions

concerning any emotions of guilt they will have and if your baby indicates signs inclusive of sadness, anxiety, social withdrawal, declining educational

performance, and mind of self-damage or suicide, are looking for instantaneously remedy from a intellectual fitness professional and the most important taking all signs of despair and trauma very seriously and getting remedy immediately.

HOW IS PTSD TREATED?

PTSD doesn't generally leave if left without treatment. Seeking treatment and support can significantly improve outcomes. Mental health professionals, such as psychologists, psychiatrists, and mental health counselors, have expertise in treating patients with PTSD. Treatment may involve therapy and/or medication to address anxiety, mood disorders, and sleep problems.

For children with trauma, a specific therapy which is cognitive behavioral therapy (TF-CBT) is used. This remedy makes uses the techniques of speaking, talking and getting to know activities, guided with the aid of using a intellectual fitness therapist.

For more youthful youngsters, trauma remedy consists of communicate, play, drawing, and tale activities. A discern or caregiver is nearly continually there all through the remedy. Their aid and luxury play a large position in assisting their infant experience secure and do well. Children are given special care and attention because PTSD causes functioning impairment.

Play therapy: Play therapy is used for kids to treat PTSD. Play therapy permits them to regulate and talk about their emotions and trauma using play techniques and toys which results in broadening coping abilities, minimize the feelings of loneliness and sadness and regulate and beautify emotions in a better way.

Parent child interaction therapy (PCIT): PCIT is a technique used in PTSD for kids which facilitates parent child relationship and provides techniques to improve parenting styles. Parents are considered basic and very important factor to either increase or decrease any effect in children and thus parents play a crucial role in lessening the effect of PTSD. This therapy aims at providing secure and affectionate environment for the child with the help of their parents.

TF-CBT can assist any infant who has been through a trauma, now no longer simply the ones who've PTSD. Getting therapy quickly after a traumatic event enables youngsters cope well. It

gives them a chance to explore their potential and to figure out their strengths.

For young adults, PTSD therapy includes:

Cognitive processing remedy (CPT) activities: to assist with mind and emotions approximately the trauma Extended exposure (PE) activities: to assist young adults decrease tension and learn how to accurately face matters they keep away from subsequent to experiencing trauma.

Eye motion desensitization and reprocessing remedy: blended cognitive remedy combines cognitive therapy with guided eye movements to diminish the intensity and distress associated with traumatic memories. This process helps the brain reprocess these traumatic memories. There are therapists who specialize in providing this type of trauma therapy.

Medications: The brain in PTSD works differently in humans. They are usually triggered by small responses. Medications are occasionally recommended in specific cases, primarily to address sleep issues related to PTSD that do not improve with therapy. Medications also assist you to look at a more optimistic side of life.

ARE THERE ANY DIFFERENT WAYS TO ASSIST A CHILD WITH PTSD?

Love and care can make a lot of difference. Blaming your child instead to helping them cope up with the trauma they are going through will contribute in increment of not only PTSD but also anxiety, loneliness, sadness and depression. Here are some pointers to observe and proportion with different adults to your baby's life.

- Be patient. Keep in thoughts that your baby will now no longer sense higher proper away. The mind is a very complicated machine that calls for time to get better and redirect itself after a painful event. Even extra time and therapy can be wished in case your baby persist an extended collection of stressful experiences. It's completely fine to need brief relief, however reminding that recovery have to occur in small phases.
- Be greater supportive. Provide them with safe space ad environment. Your child wishes warm temperature and consistent reassurance that their parents are with them through this period. Constant reassurance will help your child to not blame them to whatever they are going through. Let them recognize you may do the whole lot viable to assist them sense secure and secure.

- Respect their want for privacy. Older kids and young adults with PTSD may talk more about their trauma more openly as compared to youthful kids. They may also fear others if others will see them as "weird," "creepy" and "crazy." Allow them the greater area they will want now, at the same time as ensuring they understand your door is open whenever they need. If you experience your infant is feeling embarrassment or shame, analyze greater approximately methods to deal with self-stigma and, as appropriate, percentage those techniques together along with your infant and talk to a mental health specialist if required.

- Respecting and understanding their emotions. Avoid neglecting and scolding your kid's emotions if they react impulsively and aggressively and suggesting that your child will "recover from it" soon. Understanding the fact that they are suffering through a hard time and validating their emotions and not impulsively reacting to them will help. Accept the emotional fact in their emotions and reactions. Kids want to recognize you may not choose them or resent the greater time and care they want from you proper now.

- Offering help to others. If you are someone whose child has been through PTSD, then you might consider talking to a parent whose has also suffered the same. Sharing about the ways your child shows emotions, understanding and validating their behavior and techniques that can be applied by a parent to minimize PTSD will help you to cope up with the disorder.

This situation calls for understanding, support, and expert intervention. Children who've persisted complicated trauma regularly face demanding situations in recognizing, articulating, and regulating their usual emotions. They may also warfare with restrained vocabulary in relation to expressing their inner emotions and thoughts. Children experiencing PTSD might also additionally face developmental demanding situations that may affect diverse regions in their functioning which includes cognitive development, decrease instructional performance, problems with reminiscence and attention, impaired social and emotional responses, and a bent closer to protective or guarded behavior. By being attentive, patient, and attentive to the needs of the child, mother and father can play an important position of their child's recovery. Creating a secure and solid environment, promoting open communication, and in search of suitable remedy for PTSD in youngsters can assist them to heal, regain a experience of security, and pass ahead towards a more fit and happier life.

RESEARCH EVIDENCE

Alisic, E. et al (2014) investigated the prevalence of PTSD in youngster and teens assessed in well-built diagnostic environment through interviews conducted by trained professionals. The investigation was conducted in order to identify the difference in rate of PTSD in trauma exposed area. The research included 72 peer reviewed articles on 43 samples (no external manipulator was involved). The outcomes display 15.9% of individuals having PTSD where least in danger had been boys who were provided non - interpersonal trauma while girls who were provided interpersonal trauma exhibited highest rate. The investigated was unbiased where there was no large difference in the conduction of the interviews. Conclusions were carried out with the best evaluation units indicates that a large minority of youngsters and teens are at a danger to broaden PTSD when specially uncovered with those who were provided an area of interpersonal trauma. The study also shows that girls are at more risk to develop PTSD when exposed to trauma.

Scheeringa, M. (2014) suggested that children of 6 years and younger can show different signs of Post Traumatic Stress Disorder. Even a number of the expressions of positive issues can vary sufficiently to warrant an age-associated subtype for one mental health condition or another. This is important to keep in mind especially with regards to PTSD because, although PTSD has been widely talked about amongst kids and adolescents, the DSM-IV standards had been evolved earlier than sizeable numbers of research have been performed on younger kids. The Fifth Edition of the DSM (DSM-5) consists of a brand-new developmental subtype of PTSD in preschool kids. As the primary developmental subtype of a current condition, this represents a huge step for the DSM taxonomy. Since an opportunity diagnostic set of standards changed into to start with proposed via way of means of Michael Scheeringa and Charles Zeanah, the standards had been delicate empirically, and advocated via way of means of a assignment pressure of professionals on early formative years intellectual health. While the majority of the empirical studies that helps this mental health disorder were performed on 3-to six-year-vintage preschool kids but although the research regularly included one-to two-year-vintage toddlers. This research confirmed that a developmentally set of criteria had been used four to nine times more in children for identifying PTSD as compared to DSM 4.

Ballard, ED. Et al (2015) expressed latent instructions of adolescent trauma publicity expect the

improvement of mental and emotional health in youth and younger adulthood. The study aims to know the development of trauma and traumatic occasions earlier than the age of thirteen years in a city network pattern and to apply those results to know the positive and negative consequences in mental and behavioral aspect of children in their formative years and younger adulthood. 1815 subjects in an epidemiologically based, as youngsters finished complete psychiatric checks as younger adults. Reported reviews of 9 stressful occasions earlier than age thirteen years have been utilized in a latent magnificence evaluation to create latent profiles of traumatic events. Latent lessons have been used to expect psychiatric consequences at age ⩾ thirteen years, crook convictions, bodily fitness troubles and stressful events said in younger adulthood. Other Three latent lessons of adolescence stressful events have been supported via way of means of the data. One magnificence (8% of pattern), mostly female, became characterized via way of means of events of sexual attack and said notably better prices of a number of psychiatric consequences via way of means of younger adulthood. Another magnificence (8%), mostly male, became characterized via way of means of reviews of violence publicity and are more likely to be prone of antisocial personality disorder or PTSD. The very last magnificence (84%) said low ranges of adolescence demanding experiences Parental psychopathology became associated with sexual attack group. The long- time period unfavorable consequences of adolescence traumas are mostly focused in sufferers of sexual and non-sexual violence. Gender emerged as a key covariate within side the lessons of trauma publicity and consequences.

Connor, DF. Et al (2015) analyzed and studied an update of post-traumatic stress disorder in youngsters. The prevalence of PTSD one month after trauma is 15.9%. The lowest risk group comprises male youngsters who were uncovered to no interpersonal trauma. Highest are female youngsters who were to uncovered to interpersonal trauma. Additionally, a subset of kids did not only show signs of PTSD but also signs like anxiety/fears, an hedonic/dysphonic, angry/aggressive, and/or dissociative signs in addition to troubles with sleep, eating, substance use, suicidal behavior. In medical pediatric samples, signs of demanding strain were determined in about 90% of sexually abused kids, 75% of kids experienced high school violence, 50% of kids who're bodily abused, and in 35% of kids experienced network violence. The conclusion was made that between 60% to 90% youngsters have experienced minimum of one traumatic stressor.

Koolick, J. Et al (2016) inspected to delve into the signs of Post Traumatic Stress Disorder in youngsters who are exposed to intimate associated violence. Every year, more than 15 million

kids do witness intimate accomplice violence. IPV is referred to as intimate partner violence. IPV is related to better tiers of each outwardly directed and inwardly directed issues and locations kids at a more threat of growing PTSD than youngsters that aren't uncovered. As preceding research have now no longer blanketed quite a number ethno-racial corporations of their samples of kids uncovered to IPV, the usage of standardized measures, the existing have a look at examines posttraumatic strain signs and PTSD diagnoses in 4 unique ethnic-race corporations of kids, a while 4–6, who witnessed IPV within side the remaining 2 years. The information was gathered from interviews with one hundred forty-four moms with kids collaborating in a have a look at of the effectiveness of program. Findings display excessive tiers of annoying strain signs and symptoms and PTSD concludes (45 %) a number of the general sample, with enormous variations with the aid of using intercourse and ethno-racial group. Conclusions also suggest that Biracial and Latina girls develop PTSD more in relation different corporations. The study suggested that PTSD symptoms will occur more in children who are or have been exposed to IPV.

Stedman, RM. Et al (2017) the study aims to investigate the prevalence of Post Traumatic Stress Disorder (PTSD) in young children and its predictors. Children aged 2–10 years and their parents/caregivers, who visited emergency departments following motor vehicle collisions (MVCs) between May 2004 and November 2005, were evaluated at 2 to 4 weeks and six months post-MVC. Seventy-one families were re-interviewing three years post-MVC. The participants were assessed based on DSM-IV criteria for PTSD and a validated algorithm for diagnosing PTSD in children. Using an "optimal-record" method, 7.0% met DSM-IV PTSD criteria, while for PTSD-AA it was 16.9% at three years. Using parent report alone, these rates were 1.4% and 2.8% respectively. Agreement between parents and children regarding PTSD and PTSD-AA was no better than chance. The baseline level of parent posttraumatic stress related to the child's trauma, rather than trauma severity itself, correlated with optimal-record child PTSD-AA at each assessment and explained specific variance in logistic regression of this outcome at each assessment. PTSD-AA may be present in young children who might otherwise be overlooked.

Fujiwara, T. Et al (2017) inspected to analyze the association of Post Traumatic Stress Disorder with East Japan Earthquake after two years on youngsters. The children, here, aged 5 to 8 years. Children of ages 5 to 8 had selected for the research. In three prefectures tormented affected by earthquake and one one administrative district changed into unaffected, took part within side the study. Questionnaires were given and were completed by caregivers while psychologists and

psychiatrists conducted interviews in to evaluate signs and symptoms of PTSD. Findings showed that among kids who skilled following the earthquake, 33.8% displayed PTSD signs.

Experiencing the earthquake and the lack of remote household had been independently related to PTSD symptoms: 6.88 and 2.48. About every one in three kid exhibits the symptoms of PTSD. This data was used for future to prevent PTSD and take care of young children after natural disaster.

Lokkegaard, SS. Et al (2017) examined the development of seven mental health disorders and social, personal and occupational impairment in 80 preschool kids aged 1-6 years. This research was assessed through caregivers where 46.3% children were found to had Post traumatic stress disorder while 78.3% children had least one co existing disorder with SAD, major depressive disorder, ODD or anxiety being the most common. The children displayed functional impairment and difficulties maintaining relationships with parents and caregivers. The results indicate trauma and PTSD related symptoms at a young age and indicates co morbidity in children who were exposed to trauma.

Hagan, MJ. Et al (2018) assessed to know Post Traumatic Stress Disorder with or without dissociation in youngsters exposed to interpersonal trauma. The ongoing look at examined the speculation that kind and variety of baby stressful events, caregiver trauma exposure, and PTSD with medical dissociation, or non-medical trauma signs. A multinomial regression was performed with the use of records gathered from an ethnically and economically numerous patterns of 297 trauma-uncovered kids among the while of three and six and their caregivers.

Based on discern-document on a well-demonstrated degree of trauma signs, kids had been categorized into 3 groups: non-medical (n = 128), PTSD only (n = 104), or PTSD with dissociation (PTSD-DISS; n = 65). Predictors protected trauma exposure, discern trauma signs, and baby sex. The results displayed that female youngsters had been two times much more likely than boys to be within side the PTSD-DISS organization; sexually abused kids had been nearly 3 instances as possibly to be within side the PTSD-DISS organization; and, for each unit boom in discern avoidance signs or variety of stressful events, the chances of being within side the PTSD- DISS organization improved significantly.

Bloomfield, MAP. (2019) studies trauma and Post Traumatic Stress Disorder where the research aims at to how trauma impacts children and how much children should be seen and heard.

Children who've persisted complicated trauma regularly face demanding situations in recognizing,

articulating, and regulating their usual emotions. They may also warfare with restrained vocabulary in relation to expressing their inner emotions and thoughts. Youngsters are stated to be a susceptible institution for publicity to trauma and for a psychopathological reaction (e.g., PTSD) after a threat-publicity. The precise evaluation of younger youngsters is important to allow them to be enrolled in the ideal care pathway. Nine contraptions are to be had to mainly examine demanding symptomatology in very younger youngsters (0–7-yr old), 5 contraptions are to be had for the wider evaluation of very younger youngsters (1–6-yr old), six contraptions are to be had for the evaluation of demanding signs in very younger youngsters and in older youngsters (2–18-yr old), one tool did now no longer correspond to any category. This 21 equipment are tailored to exclusive ages, constructed consistent with exclusive objectives, and do now no longer rely upon the identical diagnostic algorithm. In The Lancet Psychiatry, Stephanie Lewis and colleagues1 gift facts from a twin-cohort look at in England and Wales, the Environmental Risk look at, with measures of trauma, psychopathology (inclusive of post- demanding strain disorder [PTSD], threat behaviors, and scientific carrier use. One of the numerous strengths of this look at is the excessive costs of participation at follow-up. The studies crew must be lauded for his or her Endeavour: this look at is an influential study this is of instant fee to clinicians and coverage makers. Similar research at the moment is wanted in different international locations along validation of the threat calculator in impartial cohorts. A key locating from Lewis and colleagues' sample1 is that nearly a 3rd of youngsters had been uncovered to trauma, both at once or vicariously, within side the variety of across the world formerly mentioned prevalence. Three this locating shows the want to decide the populace degree interventions able to stopping trauma. Significantly and within line alongside person academic texts, four of traumatized youngsters who move directly to broaden PTSD, the very best threat index trauma became of an interpersonal Nature—i.e., toddler maltreatment— mentioned in almost 1/2 of the contributors with PTSD.

Haag, AC. Et al (2019) studies that impact of trauma and Post Traumatic Stress Disorder within preschool aged youngsters. Trauma at a more youthful age is altogether overlooked and is regularly named as "just a phase" which can result in PTSD. The symptoms could indicate that the brain is working to control or suppress intense memories and the feelings linked to them.

Children's perceptions of past experiences may change as they mature. The study aims to understand the present state of trauma and traumatic events in preschool children. The epidemiology of trauma publicity in younger youngsters is outlined. Results display that publicity

to violence and hospitalization are the maximum general doubtlessly worrying occasions for youngsters on this population. Next the capability signs and problems skilled through younger youngsters after publicity to worrying occasions are outlined. Post traumatic signs in younger youngsters are numerous and might occur in non-precise ways. Apart from signs of posttraumatic strain disorder (PTSD), younger youngsters might also additionally enjoy an array of emotional and behavioral difficulties. This bankruptcy is going directly to define the cutting-edge diagnostic classifications in line with the DSM-five and the proposed ICD-eleven and affords the superiority prices of PTSD in pre-faculty youngsters. The hazard elements for posttraumatic strain reactions are mentioned and the significance of parental posttraumatic adjustment is highlighted. Subsequently, updated measures assessing PTSD in younger youngsters, such as a standardized interview and questionnaires are introduced. In conclusion, FC-BT, parent child therapy and parent- child psychotherapy was main therapy that was used to treat trauma and PTSD.

Mavranezouli, I. Et al (2020) researched about psychosocial and psychological treatments for youngsters with Post Traumatic Stress Disorder. Previous researchers showed that trauma focused cognitive therapy have emerged as suitable treatment option. The researchers undertook a scientific evaluate and community syntheses of psychosocial treatments for youngsters. The research involved 32 studies of 17 interventions and 2,260 subjects. Overall, the proof turned into of moderate-to-low caliber. Lack of uniformity was observed among straightforward and oblique proof. Individual styles of TF-CBT confirmed continuously massive outcomes in decreasing PTSD signs and symptoms post-remedy in comparison with waitlist. The order of interventions through descending significance of impact as opposed to waitlist turned into as follows: cognitive remedy for PTSD (two. ninety-four, 95%CrI −3. ninety four to −1.95), somatic/cognitive therapies, child–determine psychotherapy, TF-CBT/determine training, meditation, narrative exposure, exposure/extended exposure, play remedy, TF-CBT/cognitive processing remedy (CPT), eye motion desensitization and reprocessing, determine training, supportive counseling. The results showed that trauma focused cognitive therapy (individual form) are most effective therapy to treat children with PTSD. However, EMDR and supportive counseling are effective but not to a larger extent.

Bartels, L. Et al (2022) studied to develop and have a look at the credibility of CBCL-PTSD component and evaluate them to the present CBCL-PTSD component primarily based totally at the DSM-five subscales had been tested PTSD diagnostic standards for kids 6 years and younger.

Next component was tested in order to know its properties, uses and benefits for post traumatic stress disorder related impairment. The pattern comprised 116 trauma-uncovered younger kids. The psychometric residences of the present CBCL-PTSD component in addition to the opportunity subscales primarily based totally on professional rating (CBCL-PTSD-17) and primarily based totally on variable importance (CBCL-PTSD-6) had been evaluated via receiver running feature curves, sensitivity, specificity, tremendous predictive values, and terrible predictive values. Area below the curves for all 3 investigated CBCL-PTSD subscales had been appropriate to first rate for PTSD and purposeful impairment. Then, 3 CBCL-PTSD components confirmed excessive sensitivity towards PTSD and purposeful impairment. Considering the duration and the overall performance of the 3 investigated subscales, the CBCL-PTSD-6 seems to be a promising and clinically beneficial CBCL-PTSD component as a screener for PTSD and purposeful functional limitation because of the perfect and highest-level application.

Hitchcock, C. Et al (2022) tried to identify the early treatment of PTSD for youngsters. Two studies were conducted with the goal of identify more treatment options for children with PTSD-YC. Study 1 (N = 105) assessed and examined ASD and PTSD-YC analysis in children aged 3-8 years in one month and at round 3 months following attendance at an emergency room. Study 2 (N = 37) became a preregistered randomized managed early-segment trial evaluating CBT-3M, a cognitive-targeted intervention, to treatment-as-usual (TAU) added in the UK NHS to 3- to 8-year-olds identified with PTSD-YC. In Study 1, the ASD analysis didn't become aware of any younger kids. In contrast, occurrence of acute PTSD-YC became 8.6% within side the first month post-trauma and 10.1% at 3 months. Early (one month) analysis of acute PTSD-YC had an advantageous predictive cost of fifty percent for later PTSD-YC. In Study 2, maximum kids misplaced their PTSD-YC analysis following finishing touch of CBT-3M (84.6%) relative to TAU (6.7%) and CBT-3M became perfect to recipient families. The conclusion displayed that ASD diagnosis didn't suit on the age group taken.

Christoffersen, MN. and Thorup, AAE. (2024) researched about Post Traumatic Stress Disorder in kids between elementary and adolescent stages. Trauma in young children are mostly sidelined and not recognized which can cause significant impairment in the child's functioning. The version indicates that traumatic occasions within the own circle of relatives, network violence, and different traumas are seemed as additive elements which can outweigh defensive compensatory elements and as a result engage with person vulnerabilities. This have a look at is

primarily based totally on potential panel records such as the entire populace of kids born in Denmark from 1984 to 1994, aged 7 to age 18 (N = 679,000) within side the window among 2001 and 2012. Risk elements for first-time diagnose with PTSD are analyzed through the discrete time log- ordinary model. We located an entire life incidence of 23% PTSD in school-age kids (n = 15,636) In accordance with the version, signs of disturbing pressure within side the own circle of relatives, own circle of relative's disintegration, network violence, and person vulnerabilities anticipated later diagnose with PTSD. Some outcomes of the study had been inconsistent with the trauma stress model e.g., parental substance abuse had been related to much less than anticipated PTSD in school-age kids while adjusted for different chance factors. This suggests that PTSD can be underestimated in those groups. Efforts to growth PTSD screening may also permit for higher management.

STATEMENT OF THE PROBLEM

Childhood trauma often goes unnoticed or is minimized, leading to delayed identification of Post-Traumatic Stress Disorder in children. Many children are unable to verbally express their distress, resulting in misinterpretation of symptoms as behavioral problems or developmental phases. The lack of awareness regarding childhood PTSD contributes to inadequate psychological support, increasing the risk of long-term emotional, social, and cognitive difficulties. This study addresses the need to understand the causes and manifestations of PTSD in children to promote early recognition and intervention.

OBJECTIVES OF THE STUDY

Post Traumatic Stress Disorder (PTSD)

- To investigate how trauma impacts young children and how children react to it
- To investigate the causes and risk factors of PTSD at a young age
- To investigate various treatment plans available for PTSD and their effectiveness for children

METHODOLOGY

SAMPLE

The present study does not involve direct participants, as it is based on secondary data analysis. The sample for the study consists of previously published research articles, textbooks, clinical reports, and documented case studies related to Post-Traumatic Stress Disorder in children. These sources primarily focus on children who have experienced traumatic events such as abuse, neglect, loss, violence, or natural disasters. The selected literature includes studies conducted on children across different age groups, cultural backgrounds, and trauma exposures, allowing for a broad understanding of PTSD in childhood.

RESEARCH DESIGN

The study follows a descriptive and conceptual research design. This design is appropriate as the research aims to explore, describe, and understand the causes, symptoms, and psychological impact of PTSD in children rather than establish cause-and-effect relationships. The study relies on systematic review and interpretation of existing literature to develop a comprehensive conceptual understanding of childhood PTSD.

VARIABLES

- **Independent variable**: Exposure to traumatic experiences during childhood (e.g., abuse, neglect, violence, loss, disasters)
- **Dependent variable**: Development of Post-Traumatic Stress Disorder symptoms in children, including emotional, behavioural, and psychological disturbances.

OPERATIONAL DEFINATIONS

Post-Traumatic Stress Disorder (PTSD):

PTSD refers to a psychological condition characterized by persistent distress, intrusive memories, avoidance behaviors, emotional numbness, and heightened arousal following exposure to a traumatic event.

Childhood Trauma:

Childhood trauma is defined as exposure to distressing or life-threatening experiences during early developmental years that disrupt a child's sense of safety and emotional security.

Emotional Numbness:

A reduced ability to experience or express emotions, often observed in children with PTSD as a

coping response to trauma.

Hypervigilance:

A state of heightened alertness in which a child constantly monitors their surroundings for potential threats.

RESEARCH TOOLS

As the study is based on secondary data, no standardized psychological tests were directly administered. The research tools include peer-reviewed journals, psychology textbooks, clinical manuals, published case studies, and reports from credible mental health organizations. These sources were critically reviewed to gather reliable and relevant information regarding PTSD in children.
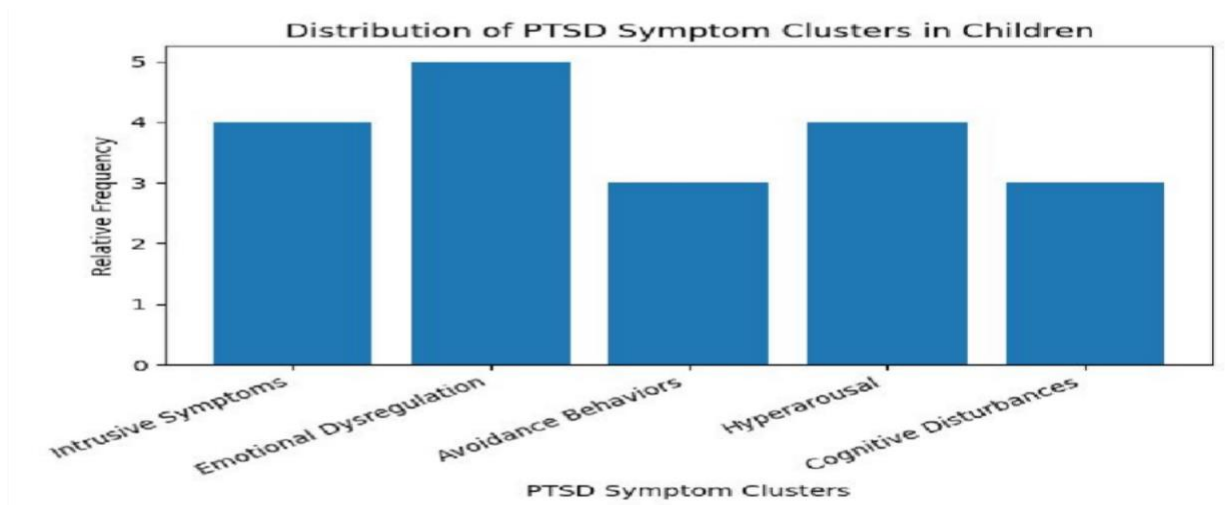
PROCEDURE OF DATA COLLECTION

Data for the study were collected through a systematic review of secondary sources. Relevant literature was identified using academic databases, journals, and books related to child psychology and trauma studies. The collected material was carefully screened for relevance, credibility, and consistency with the objectives of the study.

SATISTICAL TREATMENT

collection. The findings are based on qualitative analysis and synthesis of existing research literature.

RESULTS

TABLE 1 showing distribution of PTSD Symptom Clusters in Children

Distribution of PTSD Symptom Clusters in Children

The results illustrate the relative distribution of major PTSD symptom clusters observed in children exposed to traumatic experiences. The findings indicate that emotional dysregulation is the most prominent symptom cluster, suggesting that children frequently experience intense emotional responses such as fear, irritability, and emotional numbness following trauma.

Intrusive symptoms, including distressing memories, nightmares, and trauma-related play, are also highly prevalent, reflecting persistent psychological re-experiencing of traumatic events.

Hyperarousal symptoms, such as heightened alertness and sleep disturbances, appear with considerable frequency, indicating ongoing physiological activation and perceived threat. In comparison, avoidance behaviors and cognitive disturbances show a relatively moderate presence, suggesting that while these symptoms are common, they may manifest less visibly or develop gradually over time. Overall, the findings highlight that emotional and physiological symptoms tend to be more pronounced in children with PTSD than cognitive or avoidance-based responses.

DISCUSSION

The results of the present study indicate that children exposed to traumatic experiences commonly exhibit a range of emotional, behavioral, and psychological symptoms associated

with Post-Traumatic Stress Disorder. Among the identified symptom clusters, emotional dysregulation and intrusive symptoms emerged as the most prominent, suggesting that trauma in children is often expressed through intense emotional responses and recurring distressing memories or behaviors. Hyperarousal symptoms, including heightened alertness and sleep

disturbances, were also frequently observed, reflecting a persistent sense of threat. In contrast, avoidance behaviors and cognitive disturbances appeared to be moderately present, indicating that these symptoms may develop gradually or remain less visible in younger children. Overall, the findings highlight the complex and developmentally influenced nature of PTSD symptom expression in childhood.

The findings of the present study are largely consistent with earlier research on Post-Traumatic Stress Disorder in children, particularly in highlighting emotional dysregulation, intrusive symptoms, and hyperarousal as prominent manifestations of trauma. Previous studies have repeatedly emphasized that children tend to express trauma through emotional and behavioral changes rather than verbal descriptions, which aligns with the current observation that emotional symptoms appear more pronounced than cognitive disturbances. Research conducted by child trauma specialists has also reported that symptoms such as nightmares, irritability, and heightened alertness are among the most commonly observed reactions following traumatic exposure, supporting the symptom patterns reflected in this study.

However, unlike some empirical studies that focus on specific trauma types or clinical populations, the present study adopts a broader conceptual approach. While earlier research often relies on standardized assessment tools and statistical comparisons, this study integrates findings across multiple sources to emphasize common trends rather than numerical prevalence.

Additionally, previous research has highlighted avoidance behaviors as a core feature of PTSD, whereas the current findings suggest that avoidance may be less immediately observable in children and may develop gradually over time. This difference may be attributed to developmental factors, as younger children may lack the cognitive capacity to consciously avoid trauma-related stimuli. Overall, the study complements existing research by reinforcing well-established findings while offering a developmentally sensitive interpretation of symptom expression.

LIMITATIONS OF THE STUDY

Despite its contributions, the present study has certain limitations that should be acknowledged. First, the study is based entirely on secondary sources and does not involve direct assessment of children or caregivers. As a result, the findings are interpretative in nature and cannot be generalized as empirical evidence. The absence of primary data collection also limits the ability

to examine individual differences, cultural influences, or trauma-specific outcomes in detail. Another limitation is the reliance on previously published literature, which may reflect biases inherent in earlier research, such as underrepresentation of certain populations or trauma types. Furthermore, since the study adopts a descriptive and conceptual design, it does not establish causal relationships between trauma exposure and PTSD symptoms. The lack of standardized measurement tools within the study also restricts the ability to compare symptom severity across different age groups. Lastly, variations in diagnostic criteria and reporting styles across studies may have influenced the consistency of the findings synthesized in this paper.

SUGGESTIONS

Future research on PTSD in children should prioritize longitudinal designs to better understand how trauma-related symptoms evolve across different developmental stages. Long-term studies would help identify delayed or recurring symptoms that may not be evident during early childhood. Additionally, future studies should incorporate culturally sensitive research frameworks to explore how social context, family structure, and cultural beliefs influence children's trauma responses and recovery processes.

There is also a need for research that integrates qualitative methods, such as interviews with children, caregivers, and mental health professionals, to capture subjective experiences that standardized tools may overlook. Future investigations could further examine the effectiveness of age-specific and trauma-informed interventions, particularly those implemented in school and community settings. Finally, expanding research to include preventive approaches and early screening mechanisms may contribute to timely identification and reduce the long-term psychological burden of PTSD in children.

CONCLUSION

The report has also highlighted the importance of training for educators and caregivers to recognize early signs of trauma and respond appropriately. Schools and daycare centers are often the first places where signs of PTSD in children become evident. Therefore, equipping teachers and staff with the knowledge and skills to identify and address these signs can make a significant difference. Early intervention in educational settings can help prevent the escalation of symptoms and provide children with the necessary support to cope with their experiences. The role of

supportive family dynamics and stable social environments cannot be overstated in aiding recovery. Families that are educated about PTSD and actively participate in the therapeutic process contribute to better outcomes for their children. Parenting programs that focus on enhancing communication, emotional support, and stress management can empower families to create a nurturing and stable environment for their children. This, in turn, fosters resilience and aids in the child's overall emotional and psychological development. Moreover, the study emphasizes the need for a multi-disciplinary approach to treating PTSD in young children.

Collaboration among mental health professionals, educators and social workers is essential to address the complex needs of these children. For instance, pediatricians can monitor the child's physical health and development, while social workers can connect families with community resources and support services. By focusing on a comprehensive, multi-faceted approach that includes early intervention, tailored therapy, family support, and cultural sensitivity, we can significantly improve the prognosis for young children affected by PTSD.

IMPLICATIONS OF THE STUDY

The findings of this study have important implications for mental health professionals, caregivers, educators, and policymakers. Understanding that children express trauma differently from adults highlights the need for developmentally sensitive assessment and intervention strategies. The prominence of emotional and behavioral symptoms suggests that early screening should focus on observable changes in mood, behavior, and play patterns rather than relying solely on verbal reports. The study also emphasizes the importance of trauma-informed caregiving and school-based mental health support to identify children at risk. From a policy perspective, the findings support the integration of child-focused trauma services within healthcare and educational systems to promote early intervention and reduce long-term psychological difficulties.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future research should focus on longitudinal studies to examine how PTSD symptoms in children change across different developmental stages. Such research would help identify delayed or recurring trauma responses that may emerge during adolescence. There is also a need for culturally inclusive studies that explore how social, familial, and cultural factors influence children's trauma experiences and recovery. Future investigations should incorporate mixed-

method approaches, combining quantitative measures with qualitative insights from children and caregivers to gain a deeper understanding of lived experiences. Additionally, research evaluating the effectiveness of early intervention and prevention programs in schools and community settings would contribute to improving mental health outcomes for children exposed to trauma.

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Impact of Regular Early-Morning Physical Workout on Confidence, Memory, Resilience, and Work Efficiency: A Case Study

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ABSTRACT

Regular physical activity is widely recognized for its physical health benefits; however, its impact on psychological and work-related outcomes among academic administrators remains underexplored. This case study examines the effects of a consistent 60-minute early-morning physical workout on confidence, memory, resilience, and work efficiency, based on the author's self-experience over a period of 13 months. The subject held the role of University Examination Officer In -charge at a college during this period, a position characterized by high cognitive demand, administrative pressure, and time-bound responsibilities. Using a reflective autoethnographic and self-assessment approach, the study documents perceived changes in cognitive functioning, emotional regulation, stress management, and occupational performance. The findings suggest that regular physical workout contributed positively to psychological well-being, enhanced cognitive clarity, increased resilience to stress, and improved efficiency in professional duties. The study argues for recognizing structured physical activity as a supportive intervention for occupational mental health in academic administration.

Keywords: Physical Exercise, Confidence, Memory, Resilience, Work Efficiency, Case Study, Academic Administration

INTRODUCTION

The contemporary academic work environment is increasingly characterized by multitasking, administrative accountability, digital monitoring, and performance pressure. Roles such as

Examination Officer In charge involve high levels of responsibility, accuracy, confidentiality, and time sensitivity, often leading to occupational stress and cognitive overload. In this context, non-pharmacological and lifestyle-based interventions for improving psychological functioning and work efficiency are of growing interest.

Regular physical activity is increasingly recognized not only for its physical health benefits but also for its significant impact on psychological well-being, cognitive functioning, and occupational performance (Fox, 1999; World Health Organization [WHO], 2020). Contemporary academic and administrative work environments are characterized by high cognitive demands, time-bound responsibilities, and sustained stress, particularly in roles involving accountability and precision such as examination administration (McEwen, 2007).

Research in psychology and neuroscience suggests that regular exercise improves brain functioning by enhancing neuroplasticity, memory, attention, and emotional regulation (Ratey, 2008; Erickson, Hillman, & Kramer, 2015). Exercise has also been shown to reduce stress-related hormonal responses and improve resilience, thereby supporting effective coping in high-pressure work contexts (Salmon, 2001; McEwen, 2007).

From a motivational and behavioral perspective, Bandura's (1997) theory of self-efficacy highlights how mastery experiences, such as sustained physical training, can enhance confidence, self-regulation, and task persistence. Similarly, health psychology research emphasizes that structured physical activity routines contribute to improved work efficiency, reduced fatigue, and better emotional balance among professionals (Taylor & Fox, 2005; APA, 2020).

Despite substantial quantitative evidence, there remains limited qualitative and case-based research documenting long-term, real-life experiences of professionals who integrate regular physical workouts into demanding occupational roles. Addressing this gap, the present case study explores the impact of a consistent 60-minute early-morning physical workout routine on confidence, memory, resilience, and work efficiency over a period of 13 months while performing the role of Examination Controller in a college.

RATIONALE AND SIGNIFICANCE OF THE STUDY

The present study is significant for three reasons. First, it provides a longitudinal experiential account of physical activity benefits in a real-life occupational setting. Second, it contributes to case-based evidence in the fields of occupational psychology and health psychology. Third, it

offers practical insights for academic professionals and administrators seeking sustainable strategies for mental well-being and efficiency at work.

Case Description (Subject Profile)

- **Role:** Examination Officer-In charge at a college
- **Duration of Observation:** 13 months
- **Nature of Work:** University Planned Examination Schedule implementation through online 'RS EXAM & PYUS Software, coordination, confidentiality management, error-free documentation, staff supervision, student grievance handling, and strict deadline compliance
- **Work Environment:** Work timing 7.00am to 7.30pm, High-pressure, time-bound, and responsibility-intensive

The subject voluntarily adopted a structured early-morning physical workout routine alongside regular professional duty.

Intervention: Physical Workout Routine

The intervention consisted of a self-designed, consistent 60-minute physical workout performed daily in the early morning hours.

Components of the Workout:

- Warm-up and Jogging exercises for Five Minutes
- Cardiovascular activities (Surya Namaskar started 15 repetitions, to 80 gradually)
- Strength and flexibility exercises-(Planking/ Pushup for 2 minutes)
- Breathing and cool-down practices (Sounding Omkara for Five minutes)

The routine was maintained regularly for 13 months without major interruptions.

METHODOLOGY

This study follows a qualitative case study design using an autoethnographic and reflective self-assessment approach.

Data Sources:

- Daily self-reflection and experiential observation
- Perceived changes in cognitive and emotional functioning
- Work performance indicators such as task completion, error management, and time efficiency

- Stress response during peak examination periods

Ethical Considerations: As a self-case study, the research involved no external participants. Confidentiality of institutional data was strictly maintained. The study is presented as a reflective academic account without disclosure of sensitive information.

Observations and Results

The outcomes reported in this case study are closely linked to the structured and progressive nature of the physical workout routine maintained consistently for 13 months. The routine consisted of four integrated components: (a) five minutes of warm-up and jogging, (b) cardiovascular activity through Surya Namaskar gradually increased from 15 to 80 repetitions, (c) strength and flexibility exercises such as planking and push-ups for approximately two minutes, and (d) breathing and cool-down practices through Omkara chanting for five minutes.

1. Confidence and Self-Efficacy

The gradual increase in Surya Namaskar repetitions and sustained strength exercises contributed to a sense of physical mastery and self-discipline. This physical self-regulation translated into enhanced confidence in professional decision-making, improved assertiveness in administrative communication, and greater self-efficacy while handling examination-related responsibilities.

2. Memory, Attention, and Cognitive Clarity

Cardiovascular stimulation through Surya Namaskar combined with brief jogging significantly improved mental alertness and sustained attention. The subject reported enhanced memory recall, sharper concentration during documentation and scheduling tasks, and reduced cognitive fatigue during prolonged administrative work.

3. Resilience and Stress Regulation

The inclusion of Omkara chanting as a daily breathing and cool-down practice played a critical role in emotional regulation. During high-pressure examination periods, the subject demonstrated increased resilience, reduced anxiety responses, and improved tolerance to work-related stressors.

4. Work Efficiency and Energy Levels

The integrated workout routine resulted in consistent energy levels throughout the workday. Tasks related to coordination, error management, and time-bound execution were completed more efficiently, with reduced procrastination and improved organizational clarity.

DISCUSSION

The findings of this case study are consistent with existing research emphasizing the role of structured physical activity in enhancing cognitive, emotional, and occupational functioning. The warm-up and jogging component facilitated physiological arousal and cerebral blood flow, which has been associated with improved attention and executive functioning (Ratey, 2008; Erickson et al., 2015). Regular cardiovascular activity through Surya Namaskar, progressively increased from 15 to 80 repetitions, appears to have contributed to sustained mental alertness and memory enhancement, supporting evidence that aerobic exercise promotes neuroplasticity and cognitive resilience (Hillman, Erickson, & Kramer, 2008).

Strength and flexibility exercises such as planking and push-ups reinforced physical endurance and self-regulation. According to Bandura's (1997) self-efficacy theory, repeated mastery experiences enhance confidence and perceived competence, which may explain the observed improvement in professional assertiveness and decision-making efficiency. Similar findings have been reported in occupational health studies linking strength-based exercise routines to improved work engagement and reduced fatigue (Taylor & Fox, 2005).

The breathing and cool-down component, particularly Omkara chanting, functioned as a mindfulness-based intervention. Prior research indicates that controlled breathing and meditative vocalization reduce stress responses, regulate autonomic nervous system activity, and enhance emotional stability (Brown & Gerbarg, 2005; Streeter et al., 2012). This mechanism plausibly accounts for the increased resilience and emotional balance observed during high-pressure examination periods.

From an occupational psychology perspective, the integration of physical exertion with mindful breathing supports adaptive stress coping and sustained work efficiency in demanding administrative roles (Salmon, 2001; McEwen, 2007). The early-morning timing of the routine further contributed to structuring daily work rhythms and preparedness, aligning with research that highlights the positive impact of morning exercise on mood regulation and productivity (APA, 2020; WHO, 2020).

Overall, this case study reinforces sociological and psychological literature suggesting that consistent, multidimensional physical activity serves as a personal resource that enhances confidence, cognitive performance, resilience, and efficiency in high-responsibility professional

contexts.

LIMITATIONS OF THE STUDY

- Single-subject case study limits generalizability
- Reliance on self-reported observations
- Absence of standardized psychological measurement scales

Despite these limitations, the study provides valuable qualitative insights into the role of physical exercise in occupational functioning.

CONCLUSION

This case study demonstrates that a regular 60-minute early-morning physical workout can positively influence confidence, memory, resilience, and work efficiency in a high-responsibility academic administrative role. The findings suggest that physical exercise should be recognized as a supportive occupational health practice for professionals managing cognitively demanding and stressful work environments.

IMPLICATIONS FOR FUTURE RESEARCH

Future studies may adopt mixed-method or experimental designs involving multiple participants and standardized psychological assessments to validate and extend the findings of this case study.

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Farmer Producer Organizations (FPOs), Cooperatives and Self-Help Groups (SHGs): An Economic Analysis of Collective Institutions in Rural Development

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ABSTRACT

Agriculture continues to be the backbone of rural livelihoods in developing economies, particularly in India, where a majority of farmers are small and marginal. Fragmented landholdings, limited access to markets, credit constraints, and vulnerability to price and climate shocks have historically constrained agricultural productivity and farmer incomes. To address these challenges, collective institutions such as Farmer Producer Organizations (FPOs), cooperatives, and Self-Help Groups (SHGs) have emerged as important instruments of economic empowerment. This research paper provides an economic analysis of FPOs, cooperatives, and SHGs, examining their evolution, institutional structures, operational mechanisms, and impact on rural incomes and agricultural development. It also compares their strengths and limitations and evaluates their role in inclusive growth, market efficiency, and poverty reduction. The paper concludes with policy recommendations to strengthen these institutions for sustainable rural development.

Keywords- Farmer Producer Organizations (FPOs), Cooperatives and Self-Help Groups (SHGs)

INTRODUCTION

Rural development and agricultural growth are central to economic transformation in agrarian economies. Despite technological progress, smallholder farmers often face structural disadvantages such as weak bargaining power, lack of economies of scale, poor access to formal credit, and limited market information. Individually, farmers are price takers both in input and output markets, resulting in low profitability and persistent rural poverty.

Collective action through institutional mechanisms has been widely recognized as a solution to these challenges. Farmer Producer Organizations (FPOs), cooperatives, and Self-Help Groups

(SHGs) are three prominent forms of farmer collectives that aim to aggregate resources, enhance bargaining power, reduce transaction costs, and improve access to markets and finance. While these institutions share common goals, they differ in structure, governance, economic orientation, and scale of operation.

This paper analyzes these three institutional forms from an economics perspective, focusing on their contribution to income enhancement, market integration, financial inclusion, and rural empowerment.

Conceptual Framework and Economic Rationale

1 Collective Action and Economies of Scale

From an economic standpoint, the primary justification for collective institutions lies in the theory of economies of scale. Small farmers face high per-unit costs of inputs and marketing due to low volumes. By pooling resources, collective institutions reduce average costs, improve efficiency, and enhance competitiveness.

2 Transaction Cost Economics

According to transaction cost theory, markets are not frictionless. Information asymmetry, search costs, and enforcement costs disproportionately affect small producers. FPOs, cooperatives, and SHGs act as intermediaries that lower transaction costs by organizing procurement, storage, processing, and marketing.

3 Inclusive Growth and Institutional Economics

Institutional economics emphasizes the role of organizations in shaping economic outcomes. Inclusive institutions enable marginalized groups to participate in markets, access credit, and benefit from economic growth. SHGs, in particular, play a critical role in social inclusion and gender empowerment.

Farmer Producer Organizations (FPOs)

1 Meaning and Structure

Farmer Producer Organizations are legally registered collectives of primary producers, typically farmers, formed to undertake agricultural and related economic activities. In India, FPOs are often registered under the Companies Act as Producer Companies, combining the flexibility of a private company with the welfare orientation of cooperatives.

2 Economic Functions of FPOs

FPOs perform multiple economic functions:

- Aggregation of agricultural produce

- Collective procurement of inputs such as seeds and fertilizers

- Value addition through processing and grading

- Direct market linkage and export facilitation

By bypassing intermediaries, FPOs improve price realization for farmers and reduce post-harvest losses.

3 Impact on Farmer Incomes

Empirical studies suggest that farmers associated with FPOs experience higher net incomes due to better price discovery and reduced input costs. FPOs also enable risk sharing, which stabilizes incomes in the face of market volatility.

4 Challenges Faced by FPOs

Despite their potential, FPOs face several challenges:

- Limited managerial and technical capacity

- Inadequate access to working capital

- Dependence on government support

- Weak market linkages in remote regions

Strengthening governance and professional management is crucial for their sustainability.

Agricultural Cooperatives

1 Historical Evolution

Cooperatives have a long history in rural economies, particularly in India. Introduced during the colonial period to address rural indebtedness, cooperatives expanded into credit, dairy, sugar, and marketing sectors after independence.

2 Economic Role of Cooperatives

Agricultural cooperatives aim to maximize member welfare rather than profits. They provide:

- Affordable credit

- Input supply at reasonable prices

- Assured procurement and marketing services

The cooperative model is particularly successful in sectors like dairy, where collective processing and branding generate significant value.

3 Cooperative Efficiency and Governance

From an economic perspective, cooperatives face the "collective action problem," where individual incentives may conflict with group goals. Issues such as political interference, weak accountability, and low member participation often reduce efficiency.

4 Contribution to Rural Development

Despite governance issues, cooperatives have played a vital role in expanding institutional credit and stabilizing farm incomes. They remain important instruments for inclusive rural finance.

Self-Help Groups (SHGs)

1 Concept and Formation

Self-Help Groups are small, informal groups, typically comprising 10–20 members, often women, who pool savings and provide loans to members. SHGs operate on principles of mutual trust and collective responsibility.

2 SHGs and Financial Inclusion

SHGs are a cornerstone of financial inclusion strategies. By linking informal savings with formal banking systems, SHGs provide access to credit for households excluded from traditional finance.

3 Economic and Social Impact

Economically, SHGs enhance household income through micro-enterprise development, livestock rearing, and allied activities. Socially, they empower women, improve decision-making capacity, and promote social capital.

4 Limitations of SHGs

SHGs often operate at a micro scale, limiting their ability to engage in large-scale production or marketing. Their success also depends heavily on group cohesion and external support from NGOs or banks.

Comparative Analysis of FPOs, Cooperatives, and SHGs

Criteria	FPOs	Cooperatives	SHGs
Scale of Operation	Medium to large	Large	Small
Legal Structure	Producer Company	Cooperative Society	Informal/Registered
Economic Orientation	Market-oriented	Welfare-oriented	Livelihood-oriented
Key Beneficiaries	Farmers	Farmers	Rural poor, women
Major Strength	Market integration	Credit and procurement	Financial inclusion

From an economic viewpoint, FPOs are best suited for market-led agricultural growth, cooperatives for service delivery and stability, and SHGs for poverty alleviation and social empowerment.

Role in Inclusive and Sustainable Development

1 Poverty Reduction

All three institutions contribute to poverty reduction by increasing incomes, reducing vulnerability, and promoting savings.

2 Employment Generation

Value addition and collective enterprises generate rural employment, reducing migration pressures.

3 Gender Empowerment

SHGs, in particular, enhance women's participation in economic activities, leading to more equitable growth.

4 Sustainability

Collective institutions encourage sustainable farming practices through shared knowledge, resource management, and risk mitigation.

Policy Implications and Recommendations

1. **Capacity Building:** Training in management, accounting, and marketing is essential for FPOs and cooperatives.

2. **Access to Finance:** Tailored credit products and equity support should be expanded.

3. **Market Linkages:** Digital platforms and infrastructure investment can strengthen market access.

4. **Institutional Convergence:** Linking SHGs with FPOs can create synergies between social and economic objectives.

5. **Governance Reforms:** Reducing political interference and improving transparency will enhance efficiency.

Government agencies such as National Bank for Agriculture and Rural Development and the Ministry of Agriculture and Farmers Welfare play a crucial role in supporting these reforms.

CONCLUSION

Farmer Producer Organizations, cooperatives, and Self-Help Groups represent complementary institutional responses to the structural challenges of smallholder agriculture. From an economics perspective, they address market failures, reduce transaction costs, and promote inclusive growth. While FPOs are emerging as market-driven enterprises, cooperatives provide stability and service delivery, and SHGs foster grassroots empowerment and financial inclusion.

Strengthening these institutions through appropriate policy support, capacity building, and market integration can significantly enhance rural incomes and contribute to sustainable economic development. In the long run, a coordinated ecosystem involving FPOs, cooperatives, and SHGs can transform agriculture from a subsistence activity into a viable and resilient economic sector.

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A Comparative Study of Mental Health Among Nurses Working in Private and Government Hospitals

Ms. Gandhi Umayal

ABSTRACT

Mental health is an essential aspect of nurses' overall well-being and directly influences the quality of patient care. The present study aimed to compare the mental health status of nurses working in private and government hospitals. A comparative descriptive research design was adopted. The sample consisted of 100 registered staff nurses, including 50 from government hospitals and 50 from private hospitals, selected using purposive sampling. Data were collected using the Mental Health Inventory developed by Dr. Jagadish. The findings revealed a statistically significant difference in mental health between the two groups, with government hospital nurses showing better mental health than private hospital nurses.

Keywords: mental health, nurses, government hospitals, private hospitals.

INTRODUCTION

Mental health is a crucial component of overall well-being and significantly influences an individual's ability to cope with daily stressors, perform effectively at work, and maintain healthy interpersonal relationships. In the healthcare sector, nurses play a vital role in patient care, often working in high-pressure environments that demand emotional resilience, physical endurance, and professional competence. Due to the nature of their responsibilities such as long working hours, shift duties, high patient loads, and exposure to suffering and death nurses are particularly vulnerable to mental health problems including stress, anxiety, depression, and burnout.

The working conditions of nurses vary considerably between government and private hospitals. Government hospitals often face challenges such as overcrowding, limited resources, and staff shortages, which may increase job stress and psychological strain. In contrast, private hospitals may offer better infrastructure and staffing but can impose high performance expectations, job insecurity, and administrative pressure. These differences in organizational structure, workload, and support systems may have a significant impact on the mental health of nurses.

Understanding the mental health status of nurses in different healthcare settings is essential, as poor mental health not only affects nurses' quality of life but also compromises patient safety, quality of care, and overall healthcare outcomes. Despite its importance, comparative research on the mental health of nurses working in government and private hospitals remains limited. Therefore, the present study aims to compare the mental health status of nurses working in private and government hospitals.

REVIEW OF LITERATURE

Aiken et al. (2019) indicated that nurses working in poorly resourced hospitals reported higher levels of burnout and job dissatisfaction. Supportive management and a positive work environment were found to be protective factors against mental health problems.

Joseph and Thomas (2019) reported that nurses in private hospitals experienced anxiety related to job stability and performance appraisal systems, which affected their mental health.

Kumar and Devi (2020) found that long working hours and inadequate staffing were major contributors to psychological distress among nurses.

Reddy et al. (2017) found that nurses working in government hospitals experienced higher stress levels due to excessive workload and lack of adequate facilities. These factors contributed to emotional exhaustion and reduced mental well-being.

Sharma et al. (2018) revealed that a significant proportion of nurses experienced moderate to severe levels of occupational stress, which negatively affected their mental well-being.

Singh et al. (2021) revealed that nurses in government hospitals reported higher stress due to workload, while nurses in private hospitals reported stress related to administrative pressure and job insecurity.

OBJECTIVES OF THE STUDY

➢ To compare the mental health status of nurses working in government and private hospitals.

HYPOTHESES OF THE STUDY

➢ Nurses working in government hospitals experience higher levels of stress compared to nurses working in private hospitals.

METHODOLOGY

Sample

The population of the study consisted of registered staff nurses working in selected private and government hospitals. A total sample of 100 nurses was selected, including 50 nurses from government hospitals and 50 nurses from private hospitals. The sample size was determined based on feasibility and institutional requirements. A purposive sampling technique was used to select participants who met the study criteria. Nurses with at least six months of work experience and willingness to participate were included in the study.

Research Design

A comparative descriptive research design was used to compare the mental health status of nurses working in private hospitals and government hospitals.

Variables of the Study

- **Independent Variable:** Type of hospital (Private hospital and Government hospital)

- **Dependent Variable:** Mental health status of nurses

Research Tools

Mental Health Inventory

The Mental Health Inventory developed by Dr. Jagadish is a standardized psychological tool designed to assess the mental health status of individuals. The inventory consists of 56 items covering important dimensions such as emotional stability, self-concept, autonomy, security–insecurity, and social adjustment. Each item is rated on a structured response scale, and the total score indicates the individual's level of mental health, with higher scores reflecting better mental well-being. The tool has demonstrated good reliability, with a reported reliability coefficient of approximately 0.73, and strong validity, making it suitable for use in research and clinical studies, including assessments among nurses.

DATA COLLECTION

Data collection was carried out after obtaining formal permission from the concerned hospital authorities and informed consent from the participants. The investigator personally visited the selected private and government hospitals to collect data. The purpose of the study was clearly explained to the nurses, and confidentiality was assured. Data were collected using a socio-demographic questionnaire and the Mental Health Inventory by Dr. Jagadish. The questionnaires

were distributed to the selected nurses and adequate time was given for completion. The filled questionnaires were collected on the same day. The collected data were checked for completeness and accuracy before statistical analysis.

RESULTS AND DISCUSSION

Table No-01
Summary and Results of 't' Value showing the Hospital Nurses and Mental Health

Type of hospital	Mean	SD	N	DF	't' Value	Sign.
Government Hospital Nurses	145.20	12.35	50	98	2.45	0.05
Private Hospital Nurses	138.40	14.10	50			

The results of the study show that government hospital nurses (Mean = 145.20, SD = 12.35) had higher mental health scores than private hospital nurses (Mean = 138.40, SD = 14.10). The t-value of 2.45 was significant at the 0.05 level, indicating a statistically significant difference in mental health status between the two groups. This suggests that nurses in government hospitals exhibited relatively better mental health than those in private hospitals.

These findings are supported by existing research demonstrating that nursing is a highly stressful profession and that occupational stress adversely affects mental health and well-being across settings. Occupational stress among nurses has been widely documented as a significant risk factor for poor psychological health and reduced quality of care. Studies show that work-related stress is prevalent among nurses due to workload pressures, emotional demands, and workplace conditions inherent in hospital environments.

Specifically, comparative research has found differences in role stress between nurses in government and private hospitals, with variations attributed to organizational factors, work pressure, and resources. Such studies emphasize that stress and perceived mental strain differ by hospital type, reflecting unique workplace challenges in each setting.

the significant difference in mental health scores underscores the need for targeted supportive interventions, such as stress management programs, improved staffing ratios, and organizational strategies to enhance nurses' psychological well-being in both government and private healthcare sectors.

CONCLUSION

The present study concluded that there is a significant difference in the mental health status of nurses working in government and private hospitals. The findings revealed that government hospital nurses had better mental health compared to private hospital nurses, as indicated by higher mean scores and a statistically significant t-value at the 0.05 level. This difference may be attributed to variations in work environment, job security, workload, and organizational support. The study highlights the importance of addressing mental health issues among nurses, particularly in private hospitals. Implementing effective stress management programs, providing psychological support, and improving working conditions are essential to enhance nurses' mental well-being and ensure quality patient care.

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ABSTRACT

➢ The word "Abstract" is centered and bold at the top of the page.

➢ Provide a 150–250-word summary of the study.

➢ Do not indent the first line.

➢ Include Keywords: (Italicized, listed below the abstract).

INTRODUCTION

➢ Start with a broad introduction to the topic.

➢ Explain the importance and relevance of the study.

➢ Define key concepts if necessary.

➢ Introduce the research problem and its significance.

➢ Provide relevant background information.

➢ REVIEW OF RELATED LITERATURE

➢ Summarize previous studies related to the research.

➢ Identify gaps in literature and explain how the study addresses them.

➢ Compare different theories and findings.

➢ Use in-text citations in APA format (e.g., Smith, 2020).

STATEMENT OF THE PROBLEM

• Clearly define the research problem being addressed.

OBJECTIVES OF THE STUDY

- List the specific objectives or goals of the study.

HYPOTHESES OF THE STUDY

- Present the null and/or alternative hypotheses (if applicable).

METHODOLOGY

SAMPLE

➢ Describe the sample size, demographic details, and selection method.

➢ Example:

  o "The study included 200 college students (100 males, 100 females) aged 18-24 from XYZ University. Participants were selected through stratified random sampling."

RESEARCH DESIGN

- Specify the type of research design (e.g., experimental, correlational, survey-based).

VARIABLES USED IN THE STUDY

- **Independent Variables** – Define the factors being manipulated or categorized.

- **Dependent Variables** – Define the outcomes being measured.

OPERATIONAL DEFINITIONS

- Provide precise definitions of key terms used in the study.

RESEARCH TOOLS

- Describe the surveys, tests, or scales used.

- Mention the validity and reliability of standardized tests (if applicable).

PROCEDURES OF DATA COLLECTION

- **Explain the step-by-step process of data collection**.

- Example:

o   "Participants completed an online survey measuring emotional intelligence and stress levels. Data collection lasted for two weeks."

STATISTICAL TREATMENT

- Mention the statistical tests used for data analysis (e.g., t-tests, ANOVA, regression).

RESULTS

➢ Summarize the key findings.

➢ Present tables, figures, or graphs (as per APA 7th edition guidelines).

➢ Report statistical analyses (e.g., correlation coefficients, p-values).

DISCUSSION

➢ Interpret the meaning of the results.

➢ Compare findings with previous research.

➢ Discuss any limitations of the study.

➢ Suggest future research directions.

CONCLUSION

➢ Summarize the main findings.

➢ Explain the implications of the study.

➢ Provide recommendations for future research.

REFERENCES

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  o American Psychological Association. (2020). Emotional intelligence. Retrieved from https://www.apa.org/emotional-intelligence

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  o Brown, R. T. (2018). The effects of emotional intelligence on workplace performance. *Proceedings of the International Conference on Psychology and Management*, 45-50.

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  o Doe, J. (2021, March 5). How emotional intelligence is changing leadership. *The New York Times*. https://www.nytimes.com/emotional-intelligence

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