

Research Papers (2017-18)



Centering the marginalized: A Comparative study of Mahesh Dattani and Tennessee Williams

KEYWORDS

Marginality, Homosexuality, hijra (Transgendering) identity.

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ABSTRACT

The present article falls under the thrust area of 'Marginal discourses'. The article intends to compare and contrast the characters sketched by Mahesh Dattani and Tennessee Williams. Despite several common denominators these two dramatists have they are distinct in their themes and treatments of the issues theme of Homosexuality, Cannibalism, impotency, drug addiction and sexual frenzy. Tennessee Williams dramatics have been read in relation to the concept of marginality. Williams uses of theatricality and stage craft, and also visual and aural images stage directions and the character's body language as well as their spoken words has been deliberated and explored under the concept of marginalization in his earlier plays. Considering Mahesh Dattani's plays would raise many questions regarding hijra (Trans gendering) identity, their constitution, connotations, their social acceptability and tolerability in a jeopardized conditions as they are the victims of nature as well as of the society. They are deprived class with no voice, no sympathies, no love, no consolations, no justice and probably no hope of acceptability in the society.

Introduction

There is no more influential twentieth-century American playwright than Tennessee Williams. His repertoire twenty five full length plays as well as many shorter ones, two novels, three books of verse, sixty short stories and an original screen play. He won the Pulitzer Prize for A Street car Named desire in 1947 and Cat on A Hot Tin Roof in 1955 and was named as the first playwright who received the Pulitzer Prize for Drama. Honorary Doctorate award on him from Harvard University in 1982. President Carter at Kennedy Centre honored him in 1979.

Being the multifaceted literary and dramatic figure, Mahesh Dattani has given a new height and dimension to Indian English Drama. He is the first English Indian playwright to have been received the Sahitya Academy Award. He dares to expose the naked and agonizing reality of the marginalized groups/class, like gender inequalities, religious intolerance and hypocrisy about HIV victims. They are invisible minority-neglected minority-considered as 'chosen of god'.

Meaning of subaltern studies:

'Subaltern', meaning 'of inferior rank', is a term adopted by Antonio Gramsci (1891-1937), an Italian Marxist and Communist Party Leader, refers to those groups in society who are subject to the hegemony of the ruling classes. A *subaltern* is someone with a low ranking in a social, political, or other hierarchy. It can also mean someone who has been marginalized or oppressed. From the Latin roots *sub*- "below", and *alternus* "all others", *subaltern* is used to describe someone of a low rank (as in the military) or class (as in a caste system). Subalterns occupy entry-level jobs or occupy a lower rung of the "corporate ladder." But the term is also used to describe someone who has no political or economic power, such as a poor person living under a dictatorship. Different kinds of synonyms are used for the word 'Subaltern', like: common people, lower-class, underprivileged, exploited, inferiors, minors, weak etc. British Historian, E.P. Thomson wrote an article in 'The Times Magazine'. While giving his opinion he used the words '*History from Down Below*' Italian Marxist thinker Antonio Gramsci has used the word 'subaltern' for minor, poor, downtrodden people. Subaltern means overlooked, neglected, disregarded, and treated with unconcern and indifference.

Besides all these, it might also be employed in discussions of race, ethnicity, class, gender, sexuality, religion and so on. Gayotri Spivak's essay '*can the subaltern speak*' (1983) has had particular influence on this broader development, especially in its deconstruction of gender" (qtd. in Mc Ewan 16). Spivak objects to careless life of

the term and its appropriation by marginalized groups who are not specifically subaltern" (16). She asserts that "subaltern is not just another word for the approved or marginalized rather; it signifies very specifically a group of people whose voices cannot be heard or that are willfully ignored in dominant modes of narrative production." (16).

Marginalization and subaltern with reference to the works of Tennessee Williams and Dattani:

The term "Subaltern" came in to existence during 1970s by which time Tennessee Williams had already written his most representative works. Though we find several characters and features of subaltern element in his works, the term has hardly been used anachronistically with reference to the works of Tennessee Williams. So, the study makes it a point that in what sense the term 'subaltern' is used with reference to his works. The marginalized characters, issues, and themes which come under subaltern studies are prevalent in the works of Tennessee Williams.

When the topic of marginalization is discussed in the Williams's works, one question is raised whether he intentionally writes about marginality or essentially, he sees all his characters as marginalized. Williams' says "I have never been able to say what was the theme of my play and I don't think I have never been conscious of writing with a theme in mind. I am always surprised when after a play is opened, I read in the papers what the play about...It is a play of life what could be simpler, and yet more you can easily extend that a little and say it is a tragedy of incomprehension. That also means life...that is life in America. Or you can say it is a play that considers the "problem of evil" (qtd. in Day 25-27). His words indicate that being a marginal is a "tragedy of incomprehension" that impedes an individual within a social structure. The question of marginality is therefore, about 'life' which also gives his character a universal aspect.

Even so, Mahesh Dattani, being the best known dramatist, also reputed and accomplished actor, director, and scriptwriter and dance teacher, with his interest in the so called abnormal, maladjusted and marginalized section of society dealt such social issues in each and every plays of him that he produced in the arena of English drama ever. In almost all the plays Dattani has succeeded in exposing social maladies and weaknesses of the mainstream of society.

The subaltern common denominators in the plays of Dattani and Tennessee Williams

The article focuses on common denominators grappled by the two

genius writers in their own way. The plot and the story and the characters are different in these two cases, the treatments are different, but the issues are the same. Whether these writers leave the burning social issues as open-ended plays or struggle to find solutions are studied in the process. Sometimes it appears the two playwrights under discussions have many things in common. The social issues, otherwise ignored or marginalized by the 'others' are the topics of constant and common interest of these two writers.

Brick in a **cat on a Hot Tin Roof** and Blanche's husband in a **street car named desire** bring to mind the homosexuals and the lesbians in Dattani's **On a Muggy night in Mumbai** and **Do the needful**. Both of these playwrights display a special interest and knack in laying bare tensions, anxiety, frustrations and fear of those who are discarded and scorned by the majority of heterosexuals. Tennessee Williams insights into this conflict between the natural propensities of an individual and the rigid social norms and values it seems, have added significantly to Dattani's perspectives on such issues.

Influenced by Tennessee Dattani has explored and dramatized the hitherto forbidden territories of social and personal life with courage with the novelty of approach, clarity of perception and strength of conviction.

Blanche in the "A Street Car named desire" and Mala in the play "30 days in September" both had traumatic experiences in life. Both of them were scarred from previous events in life. Blanche married to a man who happened to be a gay. When Blanche found her husband which another man he eventually committed suicide. This left Blanche depressed and was not able to accept that her husband was a gay. She felt that she failed as a woman or she did not have the charm of a woman for she attracted a gay instead of a real man. Therefore she began to feel insecure about herself. She eventually got involved with a lot of men which would lead to her downfall.

Mala is a young lady who had a rather disturbing past. She was sexually abused by her uncle. Her mother who kept mum about what had befallen Mala made matter even worst. Mala too was insecure in life and always wanted attention from men, older men. She had a bad temper and always blamed her mother for not helping her and letting her uncle abused by her. She was obviously a very depressed lady. What is similar of these two characters is that their past shaped them into who they are now. Sadly both of them became rather disturbed and began to use their sexual appeal to channel their frustration towards what had happened to them. Both of them were depressed and confused. Another similarity between them is that they both found someone who really cared for them. Blanche found Mitch and Mala had Deepak. These two men cared for them and are the ones that could help them change for the better.

Differences between Blanche and Mala will be that in the end Blanche did not overcome her traumatic experiences and fell deeper into it. Mala had the chance to overcome her past and live a better life. Eventually it was really up to these two characters to change. Mala grabbed the chance to change however Blanche got hurt more and more. They rather represent people suffering from depression in our society. Dattani, with his interest is in the so called abnormal, maladjusted and marginalized section of society, which had deep influence on him. Brick in *Cat on a Tin Roof* and Blanche husband in a *Street Car Named Desire* bring to mind the homosexuals and the lesbians in Dattani's *on a muggy night in Mumbai* and *Do the Needful*.

Most of Tennessee Williams' plays—especially *Cat on a Tin Roof* and *A Street Car Named Desire*—focus on struggles with homosexuality in a very straight society. Williams constantly speaks of gender and almost as constantly of sexuality and sexual orientation and gender, sexuality and sexual orientation in his plays, such as *madness*—or not madness, old/south v/s New South, and so on. Some Critics are tempted to see Williams' plays as 'homosexual art'; which can quickly

become reductive supposing there was such a thing as "homosexual art".

The play *Cat on a Hot Tin Roof* simply would not exist if skipper had not committed suicide before the curtain rises. Admittedly, there is Big Daddy's cancer, the question of inheritance, Maggie's splendid character Big Mama's pathetic ramblings and Mae's detestable child rearing. Then, of course, there is the southern heritage. But without skipper's suicide, there is no Brick drinking himself into oblivion and no play. Yes, Brick is "responsible for skipper's death, but Brick was merely an instrument of the heteronormative dominant culture. Homosexual panic killed the skipper. The title of the play 'Cat on a Hot Tin Roof' itself suggests proverbially as in 'used to describe someone who is in a status of extreme nervous worry. Similarly at the beginning of the play Brick appears to be in a status of extreme nervous worry and disarray.

The study tries to bring both these dramatists under one scanner. Sometimes it appears they have more things in difference than things in common. They belong to two diametrically opposite cultural situations. However, they have many things in common. The social issues, otherwise ignored or marginalized by the 'others' are the topics of constant and common interest of these two writers. It concludes that though irrespective of socio-cultural differences in the societies to which the two writers belong to, all human beings have similar problems but the way in which it is grappled varies. Does a good playwright come out with a solution and give due poetic justice for the marginalized characters or whether he places it open-ended is a question to ponder.

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**International Journal of English Language,
Literature in Humanities**

Indexed, Peer Reviewed (Refereed) Journal

ISSN-2321-7065

Impact Factor : 5.7



Editor-in-Chief

**Volume V, Issue IX
September 2017**

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Sado- Ritual Syndrome

This paper tries to present three different instances of Sado Ritual syndrome prevalent in the major 'cultures' of the different parts of the world. The mask of "rites and rituals" support and sustains the patriarchal interests which makes empowering women an almost unimaginable task.

The common features in these three cases are that women are used as scapegoats and token torturers. The atrocities towards women are made to appear a very normal harmless religious ritual that a woman performs against another woman, while the male-centred culprit never comes into picture. Mothers religiously pass the suffering to their daughters without even realizing that it is a male 'construct'. Whether it is the mother-in-law encouraging her daughter-in-law to enter the pyre with her deceased husband for self-immolation, or the mother binding her daughter's foot to cripple her for the rest of her life, or even worse, the barbaric mutilation of the genitals of her own daughter are made to subdue in the guise of a ritual. With such a social condition, called, sado- ritual- syndrome, prevailing in the society, empowerment could be a distant dream. However, two of these three practices are no longer in vogue. Hopefully the pernicious third one too, will find its end soon.

Scenario One:

Sati or Johar in India

The Indian rite of Sati or widow burning, involved a recently widowed woman throwing herself or being thrown onto the funeral pyre of her departed husband.

A variant on Sati was johar, in which all of the women of an area would be burned alive to keep them from falling into the hands of invading Muslims in order to "save their honor".

She must bear in mind that under the rigged rules of the patriarchy, woman actually ends up facing a Hobson's choice, that is, something that appears to be a free choice but, in fact, only one option is really offered. Consider, then, what kind of "choice" a woman within the culture of Sati was dealing with. What were her options?

Well, first of all, a widow was never allowed to marry again. She inherited no property, had nowhere to go. She lived in abject poverty, a street wanderer, a beggar. Her family would not shelter her since, as illustrated above, family members stood to lose caste and face humiliation if she did not join the fire. Since it was believed that the widow *always* according to "Karma" caused her husband's death, everyone despised and terribly mistreated her for the

rest of her life. The only other “option” was to become a prostitute. This was sometimes the case when the wife was very young, like the age of ten or even younger, at the time of her widowhood (this often being the situation because so often sixty year old men would “marry” eight or even three year old girls). Still, a life of prostitution was not only miserable for the most obvious reasons, but also because incurable, fatal venereal disease was the prostitute’s fate. Some women then “chose” suicide by Sati over these “options.”

The *only* way for a woman to stop being reincarnated into misery was to get to heaven and the *only* way for her to do that was through *Sati*.

The term *custom* – a casual and neutral term – is often used by scholars to describe these barbarous rituals of female slaughter.” Here again, morally “objective” language works to keep us from identifying with real women, real women who had dreams, lives, feelings, souls, parents, siblings, friends, perhaps children. This is part of the erasure of women. Daly asks whether the massacre of the Jews would be referred to as a “Nazi custom.” I ask whether any modern scholar would refer to slavery as a “custom.” Again, there seems to be a particular tendency in “objective” scholarship towards moral relativism specifically when it comes to ritualized atrocities against women. Language such as “custom” also works to keep us from noticing the *larger planetary patriarchal patterns at play*, for “objective scholarship” time and again merely presents to us faceless women in peculiar faraway times and places “adopting” these curious regional “customs” that in fact *all hurt and oppress women*.

Where men can’t reach women because the space is women-only, these women, most of whom are deeply damaged, serve as the perfect Trojan horses and cannon fodder for the destruction of feminist spaces. They are men’s “**token torturers**” in feminist spaces, doing men’s dirty work of demolishing women’s capacity for resistance.

In most cases, pseudo-feminist (masculinist) practices or ideologies are the perfect terrain for such abusive behaviours because they give both the sense of legitimacy and individual rationalisation for them. Token torturers within feminist or women-only spaces almost always justify their continual acts of women-bashing with male-identified ideologies disguised as feminism, and some may be more obvious than others. This is particularly true for prostitution positions, BDSM practices, pseudo anti-racism, intersectionality, male-centric anti-capitalism or leftism, focus on male institutions or law, queer theory, butch-fem ideology, radical lesbianism, and the “phobia” ideologies.

It has very much been the case that *Sati* has been practiced and idealized long after it was made illegal. Note that the writers of the modern law banning the practice back in the eighties felt compelled to even explicitly ban “any glorification” of *Sati*. Remember too that only since the ban, Sati has become a very popular name for girls, which I would file under “glorification.”

Sati appears to be prevalent in the beginning between the 5th and 9th centuries AD. gaining in popularity from the 10th century AD and spreading to other groups from the 12th through 18th century AD. In their own sphere of influence the Portuguese, Dutch and French banned Sati but efforts to stamp out Sati were formalised only under Lord William Bentinck after 1829. Finally, within 18 months of having assumed the governorship of Bengal, Lord William Bentinck passed the Sati Regulation, XVII of 1827 on 4 December. Even before the regulation was out, some three hundred orthodox Hindus petitioned Lord Bentinck to stop the abolition. They pleaded that the practise of "self immolation", was not merely a sacred duty but a "privilege" of believers. The commission of Sati (prevention) Act, 1987 punishes for Attempt to commit sati, Abetment of sati and also for glorification of sati.

Scenario two:

Footbinding in China

Chinese footbinding was a thousand-year-long practice of tightly wrapping girls' feet from a very young age to keep the feet only three inches long. The "adorable" wrapped, maimed feet, a focus of extreme sexual fetish for men, were in fact so grotesque and so smelly that they could only be unwrapped and washed in private. Perfumed ointment was always needed on the woman's feet and body to camouflage the horrible stench of her rotted stumps. Women with bound feet could just barely, painfully hobble along, although once the feet had been thus trained, a woman would suffer even greater pain if she attempted to walk without her feet bound. The ritual continued until the twentieth century Maoist revolution required women in the workforce.

Men found the short steps in the gait of woman with bound feet to be erotic, calling it the "lotus gait." One rumor is that the new way of walking would tighten a woman's vagina, thus making her grip her husband's penis during intercourse more tightly. This is because after the feet are bound and a part of the lower leg muscles weaken and the muscles around their hips and buttocks build up to look more erotic.

Feminist scholar can further understand the links between the bound feet as "lotus hooks" and purity, for the mutilation of women's feet and the resulting lack of mobility absolutely guaranteed that, in the most complete sense, a wife would never be able to "run around." Thus we see women confined and under complete control of their masters. Mary Daly says, "The foot purification (mutilation) ensured that women would be brainwashed as well, since their immobility made them entirely dependent upon males for knowledge of the world outside their houses... Thus her mind was purely possessed, and it became axiomatic that the possessor of tiny feet was a paradigm of feminine goodness.

Chinese emphasis on tiny feet has traveled to our own culture. The *Cinderella* with which we are all familiar was originally a Chinese story from the 9th century A.D., during the age of footbinding. One version recounted by Jakob Karl Grimm in the early 19th century and republished and translated in subsequent editions since has it that when the older step-sister tried on the tiny shoe presented by the prince, her mother ordered her to cut off her big toe to

make it fit. The prince, however, noticed the blood. Then Cinderella's step-mother had her other daughter slice off part of her heel to make the tiny shoe fit, but again, the prince noticed the blood. In the end only the good, previously mistreated (pain and martyrdom being necessary ingredients in the patriarchal making of "true," *worthy* femininity) Cinderella possessed properly tiny feet and fit into the shoe – thus she gets to marry the prince, which always means living happily ever after. Today, American women still have a tendency to underestimate their shoe sizes. On the popular television show "Married With Children," this tendency was the source of an ongoing gag – the shoe salesman Al Bundy routinely brought to women customers shoes that were actually two sizes larger than the sizes the women had requested to try on. Bundy did this to save himself multiple trips to the shoe storage room in the back of the store since experience had taught him that his women customers actually needed sizes larger than those they initially claimed to wear.

The erasure of male responsibility is evident in foot-binding. Daly writes, "From the Chinese male point of view, there was no question of his blame or moral accountability. After all, women 'did it to themselves.'" The feminist scholar should by now detect that once again, women actually faced a Hobson's choice, for during a period of a thousand years, millions of Chinese men only wanted brides with bound feet and the condition of marriage was the only respectable option open to a woman.

Foot-maiming caught on quickly and spread widely. The rite, a "family affair" "enjoyed" by all members, is estimated by scholars to have begun in the period between the T'ang and Sung dynasties. From there, it quickly spread throughout China and into Korea. By the 12th century, it was considered correct fashion among the upper classes. Mothers from families claiming aristocratic origins had to bind the feet of their daughters as a sign of upper-class distinction. The ritual spread downward, even to members of lower classes in some regions.

Mothers and aunts bound the feet of little girls, as I just indicated, to show upper-class distinction to prospective husbands. And again, not binding the feet was unthinkable to these older women / token torturers because no man would want to marry the young woman whose feet were not bound. Thus the mother, herself mutilated and imprisoned, believed that "if one loved a daughter, one could not love her feet."

Consider too the cult of female helplessness in the antebellum American South, where women wore corsets laced so tightly – to achieve the ideal of a waist tiny enough for a man to wrap his hands around – that they often fainted because they simply couldn't breathe, which was taken as proof of women's extreme delicacy. In the book "Gone With the Wind," Margaret Mitchell explained how Scarlett was trained to slowly walk pigeon-toed to "make her skirts sway alluringly."

The Manchu Kangxi Emperor tried to ban foot binding in 1664 but failed. In the later part of the 19th century, Chinese reformers challenged the practice but it was not until the early 20th century that foot binding began to die out as a result of anti-foot binding campaigns. Foot-

binding resulted in lifelong disabilities for most of its subjects, and a few elderly Chinese women still survive today with disabilities related to their bound feet. The traditional Chinese custom, was officially banned in 1911 but continued through to 1949. It quickly turned those with bound feet – once a marker of beauty – into subjects of ridicule.

Scenario three:

Female Genetic Mutilation (FGM) in Africa

Female circumcision, the partial or total cutting away of the external female genitalia, has been practiced for centuries in parts of Africa, generally as one element of a rite of passage preparing young girls for womanhood and marriage. Often performed without anesthetic under septic conditions by lay practitioners with little or no knowledge of human anatomy or medicine, female circumcision can cause death or permanent health problems as well as severe pain. Despite these grave risks, its practitioners look on it as an integral part of their cultural and ethnic identity, and some perceive it as a religious obligation.

Opponents of female genital cutting, however, emphasize that the practice is detrimental to women's health and well-being. Some consider female circumcision a ritualized form of child abuse and violence against women, a violation of human rights.

The debate over female circumcision is relatively recent. The practice was rarely spoken of in Africa and little known in the West until the second half of this century. In the 1950s and 1960s, however, African activists and medical practitioners brought the health consequences of female circumcision to the attention of international organizations such as the United Nations and the World Health Organization (WHO). Still, it was not until 1979 that any formal policy statement was made: A seminar organized by WHO in Khartoum to address traditional practices affecting the health of women and children issued recommendations that governments work to eliminate the practice.

Female circumcision is currently practiced in at least 28 countries stretching across the center of Africa north of the equator; it is not found in southern Africa or in the Arabic-speaking nations of North Africa, with the exception of Egypt. Female circumcision occurs among Muslims, Christians, animists and one Jewish sect, although no religion requires it. Although circumcision may be performed during infancy, during adolescence or even during a woman's first pregnancy, the procedure is usually carried out on girls between ages four and 12.

There are three basic types of genital excision, although practices vary widely. In the first type, clitoridectomy, part or all of the clitoris is amputated, while in the second (often referred to as excision), both the clitoris and the labia minora are removed. Infibulation, the third type, is the most severe: After excision of the clitoris and the labia minora, the labia majora are cut or scraped away to create raw surfaces, which are held in contact until they heal, either by stitching the edges of the wound or by tying the legs together. As the wounds heal, scar tissue joins the labia and covers the urethra and most of the vaginal orifice, leaving an opening that may be as small as a matchstick for the passage of urine and menstrual blood.

Indeed, girls have very little choice. Given their age and their lack of education and resources, they are dependent on their parents, and later on their husband, for the basic necessities of life. Those who resist may be cut by force. If they remain uncircumcised and their families are therefore unable to arrange a marriage, they may be cast out without any means of subsistence. A variety of justifications are given by DHS respondents who favor continuation of the practice, including preservation of virginity before marriage, fidelity after marriage, enhancement of the husband's sexual pleasure, enhancement of fertility, prevention of infant and child mortality, cleanliness and religious requirements, but tradition is by far the most commonly mentioned reason.

Conclusion:

Harmful traditional practices (HTPs) or the Sado rituals exist in many different forms. These traditions reflect norms of care and behavior based on age, life stage, gender, and social class. While many traditions promote social cohesion and unity, others wear down the physical and psychological health and integrity of individuals, especially women and girls. Efforts to alter or eradicate these practices are often met with suspicion or hostility from those communities practicing them, particularly when efforts originate from outside the community.

Efforts to change harmful traditions are most effective when they originate within the culture that practices them. It requires the cooperation and understanding of community leaders, policy makers, and the people who have experienced or witnessed hardships these practices cause. They must realize the need for the women's empowerment. Women's groups, human rights activists, governments and international organizations must work together with traditional and religious leaders to most effectively advocate against such practices.

Also, community education is very important in increasing public awareness of the negative consequences of these practices and changing societal norms. Public education campaigns should be encouraged as they make open discussion of these practices more acceptable.

While the barbarous practices like Sati and foot-binding have finally come to an end, after hundreds of years of unperturbed practice followed by a long effort by the society and government to abolish it, let us hope the FGC also ceases to exist, transcending the limits of religion, geography, and socioeconomic status.

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MYTH AND REALISM IN THE PLAY A LONG DAY'S JOURNEY INTO NIGHT OF EUGENE O'NEILL

[JANARDHAN V.P. Janardhan V.P.](#), [Dr. Udaya Ravi Shastri](#) ·

Published 1 August 2017 · Art

Eugene O' Neill was an American playwright and Nobel Laureate in Literature. His poetically titled plays were among the first to introduce into U.S. drama techniques of Realism. O'Neill's plays were among the first to include speeches in American English vernacular and involve characters on the fringes of society. They struggle to maintain their hopes and aspirations, but ultimately slide into disillusionment and despair. He has written many popular plays. The most important ones are Beyond the...

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Journal of Library Development (JLD)

ISSN: 2395-518 X

JLD: Vol.4, No.1 | January 2018

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**Relevance of library collections for doctoral research:
A citation analysis of theses in the field of Education
and Physical Education at University of Mysore**

Relevance of
library
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doctoral
research:

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Abstract

The present study has been undertaken to examine the relevance of Mysore University Library collections for doctoral research in the Faculty of Education. The study evaluated 1865 references found in the 20 theses submitted to the University during the period from 1964 to 2013. The study includes the analysis of various variables of the citation such as type, authorship, age and library holdings to meet objectives of the study. The findings of the study reveals that the overall average number of citations per doctoral thesis in the faculty of Education was 154.24. The researchers cited 43.97% Journals and 41.34% Textbooks in the theses. The result clearly shows that the majority of cited resources (69.44%) were Single author works found in theses. The researchers cited the majority of resources that belong to age group of less than 1 year to 10 years that constituting 733 (39.91%). The Mysore University Library owned 49.78% of 1836 resources cited in the theses. The library ownership of cited resources is varied from one type to another type of resources. The library owned 612(74.63%) of 820 cited Journals and owned 265(34.77%) of 771 cited Textbooks. The age wise availability of cited materials is varying from one decade to another

JLD 4, 1 decade. The cited resources that belong to age group of 'less than 1 year' and '41 to 50 years' were available more than 65 % each in the library.

Keywords: Citation analysis, Bibliometrics, Library collection, Collection Management, Doctoral Thesis, References

Introduction

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The relevance of library collections has become very important in the terms of the financial crunch of libraries and use of information through other communication channels such as the Internet. Traditionally, libraries were the major means of a way to find and access information, of late Internet, has provided the space for easy access to information. Today there are 2405 million of library users across the world (Internet World Stats, 2012). In India, there are 87.1 million Internet users (Internet and Mobile Association of India, 2012). This number will be increasing as Internet penetration reaches the remote parts of India. The visibility of libraries has become important in this context. Thus there is need to study how libraries are important for research and scholarship in a networked society, where an instant connection with people and institutions has become a norm. The escalating cost of e-journals, which is the offshoot of Internet technologies, has also made libraries and librarians more careful in using library budget. In order to determine the way users access information and kind of library materials users use, libraries and academicians involved in research activities have conducted both the qualitative and quantitative studies to identify the user information needs as well as the kind of materials used by the users. These kinds of studies have got the prominence as libraries started examine the usage of library collections in terms of return on investment (ROI). The study is not examining the quality of the collections available in the Mysore University Library rather examining the kind of documents cited in doctoral theses and how these collections contribute to the successful completion of the research in the Faculty of Education during the period from 1964 to 2013. The main objectives of the study is to identify the range of resources cited in the theses, to find out the type of resources cited by the researchers, to identify the authorship pattern of the researchers, to examine the age wise distribution of cited resources, to determine library ownership of the resources cited and to examine age wise library ownership of the cited resources in the library.

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The researcher has attempted to investigate the availability of previous literature in the field of library collection contributions and reviewed that literature which is already done in the field. Similarly, Iivonen, Nygrén, Valtari, & Heikkilä, (2009) compared holdings of general as well as special universities of economic and administration discipline and reported that both universities owned nearly 80% of cited materials of research scholars' theses but owned only 10% of the print form of cited articles. The faculties of anthropology used 72 % of their cited references of publications from the library collection (Kayongo & Helm, 2009). Salisbury & Smith (2010) examined that the facilities of Agricultural sciences, physical science, biological sciences, engineering have cited 73% of journal articles in their publications. Sinn (2005) stated that mathematics and statistics students were found to use their journal literature less frequently than highly research oriented fields like chemistry and biology and more frequently than applied fields like engineering and computer science. Brazzeal and Flower (2005) revealed that researcher of forestry cited only 1.8 % electronic resources. There are some studies which conducted user studies along with citation study to accurately evaluate library collection. One of the investigations conducted by Fuchs, Thomsen, Bias, & Davis (2006) who reported 55.8% of research scholar of civil engineering and education psychology accessed on third research materials electronically and 79.1% of research scholars used Inter Library Loan Services for their research work. Tourism is one of an interdisciplinary field which highly preferred to cite the 20-year-old literature (Dilevko & Dali, 2004). Singh and Chander (2016) conducted a study on publication output of Indian Journal of Traditional Knowledge and identified that majority of the articles produced by universities and majority of the papers were contributed by two authors. Keat and Kaur (2008) investigated that research scholars of library and information science subject cited publications belongs to the English language and identified that journals and books are still the most used sources for information and there is a steady increase in the use of electronic media by Library and Information Science (LIS) researchers.

The aim of the study is to examine the relevance of Mysore University Library collections for doctoral research in the Faculty of Education. The Faculty Education includes the two subject: 'Education' and 'Physical Education'. The study conducted using the research method of citation analysis and the data source for the study was 1862 references cited in the 20 theses submitted to the University of Mysore during the period between 1964 to 2013. The stratified random sampling method was employed for selecting 20 theses from 5 decades for the study. The researchers analyzed various variables of the citation to meet objectives of the study such as type, authorship, age, and library holdings. The website citation was included for analysis of Range and Type only. The library ownership of the documents determined by using the traditional and online catalogues. The data so collected has been analyzed and interpreted in the succeeding sections of the paper.

Data Analysis and Interpretation

Cited Resources in the Doctoral Theses

Table 1 reveals the range of resources cited in the doctoral theses in the field of 'Education' and 'Physical Education'. It may be seen from the table that in all 1865 citations, the overall average number of references per thesis in the both Education and Physical Education subject was 154.27. The 'Education' has the highest number of average cited references per thesis constituting accounting 92.27% followed by 'Physical Education' with the average of 57 cited references. It may be noted that the Education includes the highest and lowest number of references accounting for 203 and 18 cited resources respectively

Table 1: Cited resources in the doctoral theses

Subject	Number of Thesis	Total References	Average Number of References	Lowest Number of References in a Thesis	Highest Number of References in a Thesis
Education	18	1751	97.27	18	203
Physical Education	2	114	57	40	74
TOTAL	20	1865	154.27	58	277

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Genre of Resources Cited in the Theses

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The genre of resources cited in the theses during the period from 1964 to 2013 was presented in Table 2. The research scholar of the faculty of Education cited twelve types of documents cited in the theses during the period. There has been increased in dependency on various types of resources from 2 types in the first decade to 10 types in the fifth decade. Out of 1865 cited resources, the researchers cited the highest number of Journal in the theses that constituting 820(43.97). Journal was not only predominant in total average but also it was dominated from the second to the fifth decade. However, the dependency on Journals has been increased from 34.51% in the second decade to 40.11% in the fifth decade. The similar studies also reveal that the Journal was major type of cited resources. Haycock (2004) who identified that 44% journal articles were cited in the education dissertation at University of Minnesota. The textbook was next preferred type of the cited resources by the researcher that accounting 771 (41.34%). Except for the first decade, the Textbook was the second majority of cited resources in each decade. However, the reliance on the Textbook has been decreased from 88.89% in the first decade to 38.16% in the fifth decade. It may be seen from Table that the researchers cite about 5% of reference sources that including Dictionary, Encyclopedia, and Report. Thesis and Report were the next preferred type of cited resources by the researchers that constituting 6.01% and 3.91% respectively followed by Dissertation (1.55%) and Website (1.55%). The researchers cited very least (below 1%) of some type of cited resources such as Encyclopedia (0.70%), Dictionary (0.48%), Newsletter (0.21%), Newspaper (0.16%) and Conference Proceedings (0.11%)

Table 2: Genre of Resources Cited In the Theses

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Authorship Pattern of Resources Cited in the Theses

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Authorship Pattern of cited resources found in the theses of the faculty of Education during 1964 to 2013 is shown in Table 3. In Table, the type 'Website' was not considered for the analysis. Hence, the total 1836 cited resources were examined for ascertaining the authorship pattern. During the all five decades, out of 1836 cited resources the researchers cited the highest number of Single authored resources that constituting 1275(69.44%). The cited resources of Single authorship were not only dominated in total average but also it was dominated in each decade. However, the researchers relied on the Single authored resources have been decreased from 77.78% in the first decade to 66.91% in the fifth decade. It may be seen from Table that the researchers cited 498(27.13) resources of Collaborative Authorship. In Collaborative authorship, the Joint authored resources most cited authorship pattern that accounting 317(17.27%) followed by 'Four and more four authorship' with 100(5.45%) and 'Three authorship' with 81(4.41%). It may be noted in Table that the cited resources Collaborative authorship have been increased from 11.11% in the first decade to 30.81% in the fifth decade. Among the Collaborative, authorship the Joint authorship has been predominant in each decade and the Joint authorship has been double increased from 11.11% in the first decade to 20.28% in the fifth decade. The researchers cited only 63(3.43%) resources belong to Corporative authorship in total average. The relied on the resources that belong to Corporative authorship pattern has been drastically decreased from 11.11% in the first decade to 2.90% in the fifth decade.

Decades												
	1964-1973		1974-1983		1984-1993		1994-2003		2004-2013		All Times (1954-2013)	
Number of Thesis	1		3		3		5		8		20	
Authorship	Total Citations	%	Total Citations	%	Total Citations	%	Total Citations	%	Total Citations	%	Total Citations	%
Single Authors	14	77.78	238	70.21	216	75.26	346	88.79	451	86.91	1275	89.44
Joint Authors	2	11.11	52	15.34	48	16.72	102	20.28	113	16.46	317	17.27
Three Authors			5	1.47	10	3.48	23	4.57	43	6.24	81	4.41
Four and More than Four Authors			14	4.13	4	1.39	30	5.96	52	7.55	160	5.45
Corporate authors	2	11.11	30	8.85	9	3.14	2	0.40	20	2.90	63	3.43
TOTAL	18	100.00	339	100.00	287	100.00	503	100.00	629	100.00	1835	100.00

Age of Cited Resources in the Theses

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Table 4 reveals that Age wise distribution of cited resources found in the doctoral theses of the Faculty of Education during the period 1964 to 2013. In Table, the type 'Website' was excluded from the analysis. The citation age refers to the number of years between the completion year of the doctoral theses and the publication year of the cited resources. The citation age refers to the number of years between the publication year of the cited resources and the completed year of the doctoral theses (Smith, 2003). The citation age is calculated by finding the difference between the 'year of submission' of the thesis in which resource was cited and 'year of publication' of a resource. Mathematically it can be shown as below:

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Citation age = 'Year of submission' of the thesis - 'Year of publication' of a resource

For example, if a resource published in 1962, gets a citation in the thesis which was submitted in 2002, then the citation age will be:

Citation age = 2002 - 1962 = 40 years. During the all five decades 1964 to 2013, out of 1836 cited resources, the researchers cited the majority of resources that belong to age group of less than 1 year to 10 years that constituting 733 (39.91%). This result supported by Haycock who identified that the majority of cited materials (57%) belong to the 12-year age in the education dissertation at University of Minnesota¹². The second majority of cited resources belong to age group of 11 to 20 years that accounting 496(27.06%). It may be seen from the Table that more than 66% cited resources belong to the age of 20 years and around 30.3% cited resources belong to age group of 21 to 30 years. The researchers cited very least (2.72%) resources belong to the age of 51 to 200 years. It is noted that the researchers relied on age group less than 1 year to 10 years has been almost equal from the first decade to the fifth decade whereas the dependency on the age group 11 to 20 years has been increased from 11.12% in the first decade to 19.59% in the fifth decade. The researchers cited 33.34% resources that belong to age group of 21 to 50 years but it was dressed to 25.39% in the fifth decade. Similarly, the cited resources of the age group 51 to 200 years have been decreased from the first decade to the fifth decade.

Table 4: Age of Cited Resources in the Theses

	Decades												All Total (1974-2013)					
	1964-1973			1974-1983			1984-1993			1994-2003				2004-2013				
	Total Citations	%		Total Citations	%		Total Citations	%		Total Citations	%			Total Citations	%			
Number of Thesis	1			3			3			5			8			20		
Age	Total Citations	%		Total Citations	%		Total Citations	%		Total Citations	%		Total Citations	%		Total Citations	%	
< 1 year	2	11.11		3	0.88		1	0.35			0.00		13	1.89		19	1.03	
1 year	1	5.56		12	3.54			0.00		1	0.20		11	1.60		25	1.36	
2 years	1	5.56		18	5.31		4	1.39		1	0.20		52	7.55		76	4.14	
3 years	1	5.56		21	6.19		8	2.79		7	1.39		55	7.98		92	5.01	
4 years		0.00		17	5.01		3	1.05		10	1.99		38	5.52		68	3.70	
5 years	1	5.56		14	4.13		9	3.14		16	3.18		38	5.52		78	4.25	
6 to 10 years	3	16.67		95	28.02		59	20.56		61	12.13		157	22.79		375	20.42	
11 to 15 years	1	5.56		68	20.06		57	19.86		73	14.51		82	11.90		281	15.31	
16 to 20 years	1	5.56		31	9.14		53	18.47		77	15.31		53	7.69		215	11.71	
21 to 30 years	1	5.56		35	10.32		67	23.34		128	25.45		100	14.51		331	18.03	
31 to 40 years	5	27.78		12	3.54		17	5.92		70	13.92		45	6.53		149	8.12	
41 to 50 years	0	0.00		7	2.06		5	1.74		35	6.96		30	4.35		77	4.19	
51 to 100 years	1	5.56		6	1.77		4	1.39		23	4.57		15	2.18		49	2.67	
101 to 200 years		0.00			0.00			0.00		1	0.20			0.00		1	0.05	
Total	18	100.00		339	100.00		287	100.00		503	100.00		689	100.00		1836	100.00	

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Library Ownership of Cited Resources by Type

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Library ownership of the cited resource is meant here to indicate the physical or electronic availability of the resource in the library at the time of its citing by the researcher. The present study has ascertained whether or not 1836 cited resources were available – physically or electronically - in the Mysore University Library to the researcher before submission of his/her thesis. It may be noted here that if a resource is acquired by the library after the submission of the thesis by the researcher, the present study considers that the library did not own the resource at the time from the perspective of the researcher.

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The percentage of availability under each type category in Table 5 is calculated with respect to the corresponding total citations in that category. For example, in 'journal' category, there are 16 cited journals of which 8 were available. Hence, the percentage of availability with respect to cited textbook is 50.00. This method of calculation is used for all data in Table 5.

During the all five decades 1964 to 2013, the library owned 914(49.18%) of 1836 cited resources found in the theses. The library owned 612(74.63%) of 820 cited Journals and owned 265(34.77%) of 771 cited Textbooks. The library held all cited Newspaper found in the theses. The library supported the researchers by providing 5(17.24%) of 29 cited Dissertation and providing 11(9.82%) of 112 cited Theses. The Reference sources cited in the theses have been partially available in the library that including Encyclopedia (61.54% of 13 cited), Dictionary (22.22% of 9 cited) and Report (10.86% of 73 cited). It is noted that the library did not own the cited Conference Proceedings and Newsletter. The results from the other studies revealed that the percentage of library ownership was more than the present study. Beile, Boote & Killingsworth (2004) made an effort to identify the availability of references of education dissertations in the institution located in the USA and reported that 91 % of cited materials available in the Institution.

Library Ownership of Cited resources by Age

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Table 6 depicts that the age wise availability of cited resources found in the doctoral theses during the period of 1964 to 2013. The library owned 914 (49.78%) of 1836 cited resources found in the theses. The available cited resources belong to age span of less than 1 year to 200 years. The citation age refers to the number of years between the publication year of the cited resources and the completed year of the doctoral theses (Smith, 2003).

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The percentage of availability under each age category in Table 6 is calculated with respect to the corresponding total citations in that category. For example, in the category of <1 year, there are 2 cited resources of which 1 were available. Hence, the percentage of availability with respect to cited resource is 50%. This method of calculation is used for all data in Table 6.

It may be seen from Table that the library held one resource cited in the theses that belong to age group of 101 to 200 years. It may be seen from the Table that the cited resources that belong to age group 'less than 1 year' and '41 to 50 years' were available more than 65 % each in the library. The library held each 50 to 60% cited resources of some age group that including 51 to 100 years, 1-year, 21 to 30 years and 16 to 20 years. It may be seen from the Table that the cited resources of the age group 11 to 15 years, 5 years, 31 to 40 years and 4 years were available 40 to 50% each in the library and library owned below 40% cited resources each from the age group of 3 years and 2 years.

Table 6: Library Ownership of Cited Research Materials by Age

Age	Decades									
	1964-1973		1974-1983		1984-1993		1994-2003		2003-2013	
Number of Thesis	1		3		3		5		8	
	Total Citation	% Owned (Frequency)	Total Citation	% Owned (Frequency)	Total Citation	% Owned (Frequency)	Total Citation	% Owned (Frequency)	Total Citation	% Owned (Frequency)
< 1 year	2	50.0 (1)	3	66.67 (2)	1	0.0 (0)			13	84.62 (11)
1 year	1	0.0 (0)	12	66.67 (8)			1	0.0 (0)	11	45.45 (5)
2 years	1	0.0 (0)	18	77.78 (14)	4	0.0 (0)	1	0.0 (0)	52	28.85 (15)
3 years	1	0.0 (0)	21	57.14 (12)	8	62.50 (5)	7	57.14 (4)	55	27.27 (15)
4 years	-		17	52.94 (9)	3	100.00 (3)	10	70.00 (7)	38	28.95 (11)
5 years	1	100.0 (1)	14	42.86 (6)	9	66.67 (6)	16	87.50 (14)	38	26.32 (10)
6 to 10 years	3	66.7 (2)	95	57.89 (55)	59	71.19 (42)	61	60.66 (37)	157	33.12 (52)
11 to 15 years	1	100.0 (1)	68	50.00 (34)	57	50.88 (29)	73	61.64 (45)	82	36.59 (30)
16 to 20 years	1	0.0 (0)	31	58.06 (18)	53	54.72 (29)	77	49.35 (38)	53	47.17 (25)
21 to 30 years	1	100.0 (1)	35	62.86 (22)	67	47.76 (32)	128	62.50 (80)	100	34.00 (34)
31 to 40 years	5	40.0 (2)	12	16.67 (2)	17	76.47 (13)	70	41.43 (29)	45	44.44 (20)
41 to 50 years	0		7	57.14 (4)	5	80.00 (4)	35	74.29 (26)	30	63.33 (19)
51 to 100 years	1	100.0 (1)	6	50.00 (3)	4	50.00 (2)	23	52.17 (12)	15	73.33 (11)
101 to 200 years							1	100.00 (1)		
Total	18	50.0 (9)	339	55.75 (189)	287	57.49 (165)	503	58.25 (293)	689	37.45 (258)

Note: Figure in parentheses is the frequency of owned materials and its percentage listed above it.

Discussion and Conclusion

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The present citation analysis study attempted to examine the relevance of Mysore University Library collections for doctoral research in the Faculty of Education. The study result identified that out of 1865 cited resources, 43.97% were cited Journals and 41.34% were cited Textbooks. Textbook was the major type of resource cited in the theses from the first decade to the second decade and the Journal was the major type of resources cited from the third decade to fifth decade. The result clearly shows that the majority of cited resources (69.44%) were Single author works cited in theses. The researchers cited the majority of resources that belong to age group of less than 1 year to 10 years that constituting 733 (39.91%). The Mysore University Library owned 49.78% of 1836 resources cited in the theses. The library ownership of cited resources is varied from one type to another type of resources. The library owned 612(74.63%) of 820 cited Journals and owned 265(34.77%) of 771 cited Textbooks. The age wise availability of cited materials is varying from one decade to another decade. Therefore, the library should have to frame appropriate collection development policy for improving the adequate collection to fulfill needs of the doctoral researchers.

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Volume -3
Issue - 5

ISSN : 2321- 8622
September' 2017

INTERNATIONAL JOURNAL OF MANAGEMENT, MARKETING AND HRD

AN INTERNATIONALLY APPROVED AND MONTHLY PEER REVIEWED JOURNAL

UGC APPROVED S.No. 64537



Chief Editor
Dr. N. V. S. SURYANARAYANA

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STRESS AND COPING STRATEGIES AMONG OPTIMISTIC AND PESSIMISTIC SKIN PATIENTS

*I VIJAYAKUMARI

Abstract:

This study aims to find out whether there is any significant difference in stress level and coping strategies between optimistic and pessimistic skin patients along with gender as demographic variable. With null hypothesis 50 optimist [25 male and 25 female] and 50 pessimist [25 male, 25 female] skin patients were administered with LOT®, stress scale from DASS, Brief COPE. The results were analyzed with descriptive statistics and t-values. The results show that there is no significant difference in stress levels of optimist and pessimist skin patients but significant difference exists with gender variable. With regard to coping strategies significant difference exists with optimist and pessimist skin patients and with gender variable also. This shows the need of developing appropriate coping strategies among skin patients and considering psychological aspects in treatment of skin patients.

Key Words: *Optimism, Pessimism, Stress, Coping strategies, Skin Patients.*

Introduction:

Skin as a psychosomatic disorder is associated with many psychological aspects. When it is viewed through biopsychosocial model, it results from various physiological causes associated with various psychological and social implications. [G.L.Engel, 1977,1980, G.E. Schwartz, 1982] So the skin and psyche are interrelated. Even though they are separate concepts, but they are interrelated to each other. Psyche effects the skin and the skin effects the psyche.[Vesna Jovanovska]. Majority of skin diseases, despite their causes are associated with psychological aspects. The reviews of earlier studies on skin diseases have shown that depression, anxiety, aggression and obsessive compulsive disorders, immature coping mechanisms, low self esteem are associated with skin diseases.[Judith Porter. Benjamin Barankin & Joel DeKoven, [2002], But very few studies have been done to study the role of optimism and pessimism in stress level and coping strategies of skin diseases.[Sreedhar Krishna, Nicole R et al.]. Most of the studies are focused on skin disorders like acne, psoriasis. Hence this study aims to study the role of optimism and pessimism in stress and coping strategies of skin patients.



The life orientation [optimism and pessimism] or the life expectancies are the negative and positive expectations of life [Carver et al] Empirical evidence shows that optimism and pessimism have significant effect on physical and mental wellbeing [Carver, Scheier & Segerstrom, 2010 Scheier Carver & Bridger Peterson and Seligman 1987] and health behaviors also. [Peterson] Optimism is associated with better recovery from coronary surgeries [Fitzgerald, Tenenbaum & Pransky, 1993] and bone marrow transplants [Curbow, Somerfield, Wingard and Legro, 1993] and many other illnesses like recovery from cancer. It determines the coping strategies adopted by individual [Heeson Lee & Derek Maron 2013, Szymanska 2013]. Optimism is considered as significant predictor of positive psychological outcome. [Heather Rasmussen]

Stress is defined in different ways. It is defined as a negative experience accompanied by predictable, biochemical, physiological, cognitive and behavioral changes that are directed either toward altering the stressful situation or toward accommodating to its effect. Stress has been called as the spice of life and the enemy of death. The research in 20th century has focused on role of stress in health and illness. Stress acts on nervous system and affects many organ systems. It is well acknowledged that stress plays an important role in pathophysiology of numerous skin disorders. [Amit garg, Mary Margaret Chren, Laura P. Sands et al 2012] Optimism is associated with coping behavior also. Maladaptive coping is associated with subjective distress. [Hill & Kennedy, Kade M Harry 2012, Mazzoti E, Moura Robeten et al]

There is no coping without stress. Lazarus and Folkman (1984) defined stress as "constantly changing cognitive and behavioral efforts to manage specific external/ and or internal demands that are appraised as taxing or exceeding the resources of the person". Carver, Scheier, and Weintraub [1989] sorted coping techniques into 14 categories. Optimism is associated with more use of problem focused coping, seeking of social support, and emphasizing the positive aspects of a stressful situation. Pessimism, in contrast, is associated with denial and distancing from the event, focusing directly on stressful feelings, and disengagement from the goal with which the stressor was interfering. [Scheier Weintraub & Carver 1986, Carver and Segerstrom 2010, K Bargiel-Matusiewicz and A Krzyszkowska 2009].



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Significance of the study: Based on earlier studies, it is known that stress and coping strategies are related to optimism and pessimism [Danial, Friedman, Mouravi, Ramirez Maestre et al] this study helps us to know the role of life expectancies [optimism and pessimism] in skin disease and the role of stress and coping strategies so that it helps in knowing the psychological aspects associated with skin disease and thus helps in focusing on development of positive life expectancy [optimism] which in turn leads to adaptation of proper coping strategies and thus helps in treatment process. It also stresses the need of considering psychological aspects in treatment.

Objectives:

- The objective is to study whether there is any significant difference in stress level and coping between optimistic and pessimistic skin patients.
- To study whether there is any significant difference in coping strategies between optimistic male and pessimistic male skin patients
- To study whether there is any significant difference in stress level and coping strategies between optimistic female and pessimistic female skin patients.
- To study whether there is any significant difference in stress level and coping strategies between optimistic male and optimistic female skin patients.
- To study whether there is any significant difference in stress level and coping strategies between pessimistic male and pessimistic female skin patients.

Problem:

To study whether there is any significant difference in stress level and coping strategies among optimistic and pessimistic skin patients along with gender as demographic variable.

Rsearch hypothesis:

In this study a null hypothesis was framed that there will be no significant difference between optimistic and pessimistic skin patients with regard to their stress level and coping strategies and it was also hypothesizes that there are no gender differences with regard to stress and coping strategies of optimistic and pessimistic skin patients.

Variables:

Independent variable: Optimistic and pessimistic skin patients and gender [male& female] as a demographic variable.



Dependent variables:

Stress levels and coping strategies of optimist and pessimist skin patients along with gender differences.

Method:

Sample:

Purposive random sampling procedure was used to select the participants. The skin patients who suffered from various kinds of skin problems with different duration of illness and with different age levels who visited a private dermatology clinic at Bangalore city were selected for the study with a sample of 50 optimistic [25 Male & 25 female] and 50 pessimistic patients [25 Male & 25 female].

Measures:

In this study Life Orientation Test- Revised [LOT-(R)] was used to assess the optimism and pessimism published by Schier M F, Carver C S and Bridges M W (1994). It is a brief self reporting measure with 10 items out of which only 6 are used to derive optimism and pessimism scores and remaining 4 items are fillers (item no 2, 5, 6 and 8). Out of 6 items, 3 are keyed in positive direction (optimistic item 1, 4 & 10) and three are in negative direction. (Pessimistic item 3, 7 & 9) 5 point rating scale ranging from strongly disagrees to strongly agree [0 to 4] is used to measure optimism and pessimism. The subjects are asked to state their level of agreement or disagreement. Item 3, 7 and 9 [pessimism] are reverse coded so as to avoid response bias. The scores range from 0 to 24. High scores indicate optimism and low scores indicate pessimism. The scores from 12 to 15 are used as intermediate scores, so that below 12 are considered as pessimists and above 15 are considered as optimists. Scheier et al. (1994) report that item-scale correlations range from .43 to .63. Cronbach's alpha for all six items was .78, reflecting an acceptable level of internal consistency. Test-retest reliability was reported to be .68 (4 months), .60 (12 months), .56 (24 months), and .79 (28 months). LOT has demonstrated with reliability and validity. recent studies have found that it has a bidimensional structure (Chang et al., 1994, 1997). (Optimism scale-alpha = .78; pessimism scale-alpha = .75).

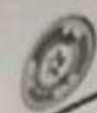
Stress inventory:

(DASS) To assess the stress level, a sub scale from the self reporting questionnaire DASS (the Depression, Anxiety and Stress scale) is used. This scale is developed by Lovibond S H and Lovibond P.I in 1995. It has 43 items with 3 subscales: Depression, Anxiety and Stress. Each subscale has 14 items. It is rated



on four point Likert Scale, the scores ranging from 0 to 3 [Did not apply to them=0, Apply to them to some degree or some of the time=1, Apply to them to a considerable degree or a good part of time=2, Applied to them very much or most of the time=3]. For the present study out of three subscales of DASS only the stress items has been selected. The items related to stress scale are item no 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, and 39. The scores on stress scale ranging between 0-14 is normal, 15-18 is mild, 19-25 is moderate, 26-33 is severe and 34+ is extremely severe. The high scores on stress scale indicates that the person is over-aroused, tense, unable to relax, touchy, easily upset, irritable, easily startled, nervy, jumpy, fidgety, intolerant of interruption or delay. The reliability score reported for stress scale is 0.90 [Cronbach's alpha]

Brief COPE inventory is self report questionnaire developed by Carver C.S (1997). It is an abbreviated version of the cope inventory developed by Lazarus and Folkman (1984). It assesses dispositional as well as situational coping efforts. The Brief COPE can be used to assess trait coping (the usual way people cope with stress in everyday life) and state coping (the way people cope with a specific stressful situation). We used the state coping format which asked individuals to report their coping behavior since they suffered from their skin disease. It comprises 14 subscales [total: 24 items] they are: Self distraction (item 1&19), Active Coping (2,7), Denial (3,8), Substance use (4,11), Use of emotional support (5,15), Use of instrumental support (10, 23), Behavioral disengagement (6, 16), Venting (9, 21), Positive reframing (12, 17), Planning (14,25), Humor (18, 28), Acceptance (20, 24), Religion (22, 27), Self-blame (13, 26). Each subscale has 2 items for which psychometric properties are described. The internal reliabilities for the 14 subscales range from 0.57 -0.90 (Carver 1997). Scoring: Four-point Likert scale is used. The scores ranging from 1 to 4, i.e I haven't been doing this at all=1, I've been doing this a little bit=2, I've been doing this a medium amount=3, I've been doing this a lot=4 Based. Higher scores reflect a higher tendency to implement the corresponding coping strategies. 3 scales (*active coping, planning, use of instrumental support*) were considered as problem focused coping and 5 scales [*positive reframing, acceptance, humor, religion, use of emotional support,*] were grouped together as emotional focused coping strategies, and the 6 scales (*self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame*) were considered maladaptive or dysfunctional coping strategies.



Procedure:

The patients who visited a dermatological clinic were requested to participate in this study. The purpose and the procedure of the study were explained to the willing participants and were asked to complete demographic sheet recording information on gender, age, marital status, occupation, and educational level etc. Then they were asked to complete the Life orientation test @, Stress inventory (DASS), and Brief COPE. After the data was collected the scoring was done according to the procedure. It was made explicit to patients that confidentiality would be maintained throughout the study.

Statistical Analysis:

Descriptive statistics and t-values were calculated to find out the significant difference between optimistic and pessimistic skin patients along with gender variable.

Results and analysis:

Table-1 showing descriptive statistics and t values for optimist and pessimist skin patients stress scores along with gender.

	MALE N=25				FEMALE N=25				TOTAL N=50			
	MEAN	SD	SEM	t-VALUE	MEAN	SD	SEM	t-VALUE	MEAN	SD	SEM	t-VALUE
OPTIMIST	13.20	6.50	1.30		15.88	6.02	1.20	1.48	14.50	6.35	0.89	
PESSIMIST	17.52	7.01	1.40		16.28	6.03	1.20	0.60	16.90	6.50	0.91	
t-VALUE				2.00*				0.20				1.61

*Significant at 0.05 level

Table-1 shows the descriptive statistics and t-value of optimistic and pessimistic skin patients stress level along with gender as its demographic variable. The optimistic skin patients show slightly more than normal level of stress and pessimist skin patients show mild stress. The obtained t-value is not significant at 0.05 or 0.01 level. Hence the null hypothesis is accepted that there is no significant difference in stress levels between optimistic and pessimistic skin patients. But when optimistic male and pessimistic male patients were compared the t-value 2.00 [df -24] is significant at 0.05 level. Pessimistic male skin patients show mild level of stress and the optimist male skin patients show normal level of stress. Hence the null hypothesis is rejected with regard to gender variable.



Table 2: showing the mean scores SD, obtained by optimistic and pessimistic skin patients in Brief COPE along with gender as demographic variable and t-values.

coping strategies	OPTIMIST [MALE=25,FEMALE=25] N=50				PESSIMIST N=50[MALE=25,FEMALE=25]		
	GENDER	MEAN	SD	t-value	MEAN	SD	t-value
Self distraction	MALE	4.64	1.86	1.76	4.76	1.64	0.29
	FEMALE	5.52	1.53		4.4	1.35	3.26
	TOTAL	5.08	1.74		4.58	1.49	
Active coping	MALE	5.76	1.36	0.2	5.48	1.66	0.54
	FEMALE	5.84	1.31		4.72	1.3	3.04
	TOTAL	5.8	1.32		5.1	1.52	
Denial	MALE	3.64	1.15	1.5	4.48	1.47	1.91
	FEMALE	4.24	1.42		4.04	1.3	0.71
	TOTAL	3.94	1.31		4.26	1.39	
Substance use	MALE	3	1.97	0.98	3.96	1.69	2.21
	FEMALE	2.56	0.82		3.72	1.69	3.21
	TOTAL	2.78	1.51		3.84	1.68	
Use of emotional support	MALE	4.48	1.44	1.34	5.24	1.83	1.41
	FEMALE	4.92	1.49		4.32	1.67	1.61
	TOTAL	4.7	1.47		4.78	1.79	0.24
Use of instrumental support	MALE	5.04	1.88	0.5	4.72	1.54	0.67
	FEMALE	4.8	1.52		4.8	1.58	0
	TOTAL	4.92	1.7		4.76	1.54	
Behavioral disengagement	MALE	3.48	1.41	0.2	4.32	1.49	2.01
	FEMALE	3.56	1.32		4.24	1.58	0.11
	TOTAL	3.52	1.35		4.28	1.52	
Venting	MALE	4.04	1.69	0.53	4.84	1.65	1.85
	FEMALE	4.28	1.45		4	1.77	0.71
	TOTAL	4.16	1.56		4.42	1.75	0.86
Positive reframing	MALE	4.8	1.7	2.64**	4.88	1.58	0.16
	FEMALE	6	1.58		4.72	1.67	3.11**
	TOTAL	5.4	1.73		4.8	1.61	1.82
Planning	MALE	6.32	1.7	1.34	5.56	1.44	1.58
	FEMALE	5.68	1.51		5.08	1.15	1.6
	TOTAL	6	1.62		5.32	1.31	2.25*



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Humor	MALE	3.72	2.09	0.13	4.4	1.7	1.3	0.99
	FEMALE	3.64	1.77		4.84	1.74	2.28*	
	TOTAL	3.68	1.92		4.62	1.72		
Acceptance	MALE	5.04	1.88	0.49	5.24	1.76	0.37	1.28
	FEMALE	5.24	1.47		4.72	1.69	1.35	
	TOTAL	5.14	1.67		4.98	1.73		
Religion	MALE	4.28	1.69	0.68	5.2	1.77	1.9	0.78
	FEMALE	4.6	1.68		4.84	1.72	0.5	
	TOTAL	4.44	1.68		5.02	1.74		
Self blame	MALE	3.8	1.75	0.22	5.16	1.9	2.83**	3.03**
	FEMALE	3.92	1.82		3.76	1.3	0.33	
	TOTAL	3.86	1.77		4.46	1.76		

* Significant at 0.05 level

**significant at 0.01 level

Table 2 shows descriptive statistics and t values for Brief COPE for optimistic and pessimistic skin patients along with its gender. With df of 49, between optimistic and pessimistic skin patients the t-value is significant for active coping [2.32] at 0.05 level, substance use [3.85] at 0.05 & 0.01 level, behavioral disengagement [2.94] at 0.05 & 0.01 level, planning [2.25] at 0.05 and humor [2.55] at 0.05 level. This shows that optimistic skin patients use more of active coping and planning which are problem focused coping and pessimistic skin patients use substance use and behavioral disengagement which are dysfunctional coping and humor which is emotional focused coping. Significant difference is found in certain coping strategies between optimistic and pessimistic skin patients; hence the null hypothesis is rejected.

To find out the gender difference when optimistic male patients were compared with optimistic female patients, the t-value [df=24] is significant for positive reframing [2.64] at 0.01 & 0.05 level, showing that optimistic female skin patients use more of positive reframing [emotional focused coping]. When pessimistic male patients were compared with pessimistic female patients, the obtained t-value is [df=24] significant for use of emotional support [2.19] at 0.05 level and self blaming [3.03] at 0.01 & 0.05 level indicating that pessimistic men use more of emotional support and self blaming [emotional focused and dysfunctional coping strategies].

When optimistic male patients were compared with pessimistic male patients [df=24] t-values were significant for Denial [1.98] at 0.05 level, Substance



use [2.25] at 0.05 level, Behavioral disengagement [2.04] at 0.05 level, and Self blame [2.83] at 0.05 and 0.01 level indicating that pessimistic male patients used denial, substance use, behavioral disengagement and self blame [dysfunctional coping strategies] and when optimistic female patients were compared with pessimistic female patients [df=24] t-values were significant for Self distraction [3.26] active coping [3.09] and positive reframing [3.11], at 0.01 & 0.05 levels indicating that optimistic female patients used more of self distraction [dysfunctional coping] and active coping [problem focused coping] and positive reframing [emotional focused coping strategy]. The above results show that there is gender differences between and within optimistic and pessimistic skin patients and the null hypothesis is rejected.

Table 3: showing the coping strategies adopted by optimistic and pessimistic skin patients along with gender variable.

Coping strategies		MALE [N=25]			FEMALE [N=25]				TOTAL [N=50]		
		MEAN	SD	SEM	MEAN	SD	SEM	t-value	MEAN	SD	SEM
Dysfunctional coping	Optimist	22.6	5.91	1.18	24.08	4	0.8	0.99	23.24	5.05	0.71
	pessimist	27.52	5.71	1.03	24.16	4.57	0.91	2.23	25.84	5.12	0.72
	t-value	3.42**			0.06				2.44*		
Problem focused coping	Optimist	17.1	4.36	0.87	16.32	3.06	0.61	0.81	16.72	3.75	
	pessimist	15.76	3.5	0.7	14.6	3.13	0.62	1.23	15.18	3.34	0.47
	t-value	1.1			1.9				2.03*		
Emotional focused coping	Optimist	23.32	6.29	1.25	23.96	5.18	1.03	2.62	23.14	5.76	0.81
	pessimist	24.96	4.42	0.88	23.44	4.48	0.89	1.38	24.2	4.47	0.63
	t-value	1.51			0.41				0.97		

* Significant at 0.05 level

**significant at 0.01 level

When coping strategies were categorized as dysfunctional coping, problem focused and emotional focused coping strategies, the t-value [2.44] is significant at 0.05 level for dysfunctional coping, and [2.03] significant at 0.05 level for problem focused coping between optimistic and pessimistic patients indicating that significant difference exists between them and pessimist skin patients use more of dysfunctional coping strategies, optimist skin patients used more of problem focused coping strategies. Similarly when optimistic male patients compared with pessimistic male patients [3.42] the t value is significant at both 0.01 & 0.05 level indicating that pessimistic skin patients used more of dysfunctional coping.



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Conclusions:

This study shows that though there is no significant difference in stress levels but significant difference is found in coping strategies between optimistic and pessimistic skin patients. Optimistic skin patients use more of active coping and planning while pessimistic skin patients use more of substance use, behavioral disengagement, and humor i.e dysfunctional coping strategies. With regard to gender differences, between optimistic male and pessimistic male patients significant difference exists in stress level showing that pessimist male patients having mild stress and they used more of denial, substance use, emotional support, behavioral disengagement, and self blame. Between optimistic male and female patients, optimistic female patients use more of positive reframing. Between pessimistic male and female patients pessimistic male patients use more emotional support, behavioral disengagement, and self blame. When optimistic female patients were compared with pessimistic female, pessimistic female patients used more of substance use and humor and optimist female patients used more of self distraction, active coping, and positive reframing. Only with regard to stress levels null hypothesis is accepted and with regard to coping strategies and gender differences the null hypothesis is rejected. Significant difference is found between optimistic and pessimistic skin patients coping strategies and gender differences are found with stress levels and coping strategies. Over all optimist use problem focused coping and pessimists use dysfunctional coping. These results to some extent support earlier findings.

From the literatures reviewed and the findings of the present study we can conclude that negative and positive life expectancies [optimism and pessimism] influence on coping strategies [Carver et al], and gender differences in stress levels. Optimists use more of problem solving strategies and pessimists use dysfunctional coping. The application of optimism -pessimism concept may help in treatment of skin patients.

Exclusive and inclusive criteria:

As inclusive criteria, the duration of disease, types of illness, and a normal healthy group as controlled group could have been selected for study. Further a detailed statistical analysis like ANOVA or multivariate analysis could have been conducted. There are no exclusive criteria.



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Self Image [Schemas] of Skin Patients: Difference between Optimists and Pessimists

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ABSTRACT

The present study intended to find out the difference in negative and positive self schemas between skin patients with optimistic and pessimistic outlook along with socio demographic variables. A total of 300 patients were selected, of which 150 optimist (51 male and 99 female) and 150 pessimist (58 male, 92 female) skin patients. They were administered with LOT®, Brief Core Schema Scale (BCSS). The results were analyzed with descriptive statistics and ANOVA. The results revealed that no significant difference existed in negative schema between optimistic and pessimistic skin patients along with socio demographic variables. But significant difference exists in positive schemas between the groups. As far as the influence of demographic variables is considered, only in optimistic patients with different education levels differed significantly in their positive schemas, where respondents having lower educational qualifications (SSLC and PUC) had lesser scores than rest of the respondents with higher educational qualifications.

Keywords: *Optimism, Pessimism, Self Schema, Skin Patients.*

Skin disorders include a wide range of disorders related to outermost layer of the body i.e. 'skin'. They are called as Dermatological disorders. 'Psycho dermatology' is a field which is interested in understanding the relationship between skin diseases and psychological factors. The research in this field shows that these disorders are associated with various physical and psychological factors. Though the exact role of psychological factors in various skin disorders are not completely known it is clear that in most of the skin diseases psychological factors play role in onset, maintenance and exacerbation of these diseases (Newell 2000; Carl Walker, Popadopoulos 2005, Popadopoulos Bor & Legg 1999). At the same time the skin disorders also affect the person psychologically by causing depression, anxiety, stress. Hence they come under psychosomatic disorders. Skin as an external response organ has impact on psycho social behavior. Any disturbance (due to psychological or physical causes) in skin condition may affect the psyche of the person especially on his self evaluation. Earlier studies

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Received: February 13, 2018; Revision Received: March 15, 2018; Accepted: March 25, 2018

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have proved its effect on body image,(Kavehzadeh ,Beigrezaei , Nilforoushzadeh , Hosseini 2017),self-esteem(Owoeye et al 2009), poorego (John Updike on Psoriasis: Jackson, (2000) and causing depression, anxiety and stress etc. (Dalgard & Kupfer, 2015).Self esteem, body image, self image, self schemas are all mental representations of self which influence on self evaluation and in turn influence on illness and well being.

‘Self’ being a nucleus of personality development involves personal characters, motives, emotions, skills, and aspirations etc influence on self evaluation. Cognitive and social psychologists use various technical terms like self image, self perception, self concept, and self schemas for self evaluation. ‘Self-Schemas’ (self-image) are based on personal experiences and judgments [self/others]. They may be negative or positive. They process self relevant information’s and these information plans course of action for present and future behavior [Wayne Weiten & Lloyd, 2000]. Studies especially on self esteem [which is a related concept] show that theyare related to health behaviors and well being[Rao&Tamta,2015]. They play important role in various psychological illnesses especially with psychotic behaviors (Bentall et al 1994). Some studies have been done on physical illness also. The research in this area shows that positive self evaluations contribute to mental health and well-being [Armor, & Taylor. 1998; Segerstrom, 2005) and it is one of the important resource in coping with stress (Lazarus & Folkman, 1984) whereas negative schemas are high risk factors for illness. Hence self evaluations are core elements of mental health (Tudor 1996; Michal Mann et al 2004) though lot of research has been done on self esteem of skin patients, not much research has been done on negative and positive schemas of skin patients. Hence, this study aims to find out the schemas of skin patients along with life orientation (Optimism and pessimism).

Optimism and pessimism (life orientation) are positive and negative life expectancies which determine behavior. They predict two classes of behavior good vs. bad and striving vs giving up. They also predict physical and health aspects (Carver, Scheier & Segerstrom 2010; Peterson & Seligman 1987). Self-Schemas (self-image) and life orientation (optimism and pessimism) both being cognitive constructs influence on behavior outcomes especially with health and illness behaviors. Optimists tend to have positive schemas and pessimists have negative schemas (Seligman, 2006). Not many studies have been done in this area with regard to skin patients.

With this background this study hypothesized to study whether there is any significant difference between self schemas of optimistic and pessimistic skin patients along with select demographic variables like gender and educational background.

MATERIALS AND METHODS

Participants

Purposive random sampling procedure was used to select the participants. The skin patients who suffered from various kinds of skin problems with different duration of illness and with different age levels (range between 16 to40) who visited private dermatology clinic at

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Bangalore city of Karnataka state were selected for the study with a sample of 150 optimist (51 male and 99 female) and 150 pessimist (58 male, 92 female) with a total sample of 300.

Tools Used

1. **Life Orientation Test- Revised (LOT-(R)):** LOT-® published by Schier M F, Carver C S and Bridges M W (1994) is a brief self reporting measure with 10 items out of which only 6 are used to derive optimism and pessimism scores and remaining 4 items are fillers (item no 2, 5, 6 and 8). 5 point rating scale ranging from strongly disagrees to strongly agree (0to4) is used for responding. Out of 6 items, 3 are keyed in positive direction (optimistic item 1, 4&10) and three are in negative direction. (Pessimistic item 3, 7 & 9 which are reverse coded to avoid response bias). The scores range from 0 to 24. High scores indicate optimism and low scores indicate pessimism. Scheier et al. (1994) report that item-scale correlations range from .43 to .63. Cronbach's alpha for all six items was .78, reflecting an acceptable level of internal consistency. Test-retest reliability was reported to be .68 (4 months), .60 (12 months), .56 (24 months), and .79 (28 months). LOT has demonstrated with reliability and validity. (Optimism scale-alpha = .78; pessimism scale-alpha = .75).
2. **Brief CORE schema scale (BCSS):** The scale consists of 24 items. Each item is rated using 4 point rating scale i.e., from 1-4. It has four scales. They are as follows:1. Negative self (6), 2. Positive self (6), 3. Negative others (6) and 4. Positive others (6). Each scale has six items. The total score comprises of the total of the checked items. Higher scores reflect greater endorsement of the item. The BCSS has good reliability and internal consistency, with Cronbach's α Coefficient > .78. Principal component analysis revealed a 4-component solution (consistent with the 4 subscale scores), accounting for 57% of the variance. In this study only 2 scales (negative self and positive self) are used and negative others and positive others are excluded.

Procedure

The tests were administered to the skin patients during their visit to the clinic. They were asked to fill up the relevant demographic details. Then they were requested to answer LOT® & BCSS. They were asked to read the instructions given on the questionnaire and indicate their responses in the respective column. Once the data was collected they were scored accordingly and analyzed using descriptive statistics and 2-way ANOVA.

Tables 1 and 2 present mean negative and positive self-schema scores of pessimistic and optimistic patients with gender and educational background along with results of 2-way ANOVA.

RESULTS

In negative schema, a non-significant difference existed between pessimistic and optimistic patients ($F=.003$; $p=.957$), the mean scores were statistically same for pessimistic and optimistic patients (mean scores 8.44 and 8.46 respectively). However, ANOVA revealed a significant difference in positive schema ($F=14.914$; $p=.001$) where optimistic skin patients

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had higher positive schema (17.43) than pessimistic skin patients (14.74). There was no significant difference with negative self-schema ($t=0.059$; $p=.953$) between optimistic and pessimistic skin patients. However, male and female respondents did not differ significantly in their negative and positive image scores, as the obtained F values failed to reach the significance level criterion of .05 level. Even the interaction effects between groups and gender were found to be non-significant, revealing that pattern of negative and positive image were same for male and female respondents, irrespective of the group they belong to (Table 1).

Educational level of employees did not have significant influence over negative schema scores ($F=0.644$; $p=.632$). However, significant difference exists in positive self-schemas with different educational levels of optimistic skin patients ($F=4.739$; $p=.001$) showing that as educational level increased the positive schema scores increased linearly. Further, Scheffe's post hoc revealed that those respondents with lower educational qualifications (SSLC and PUC) differed significantly from rest of the respondents with higher educational qualifications. But we do not find any significant influence of education on negative image scores. Except for positive schemas in optimists and optimists with different educational level there is no significant difference between optimistic and pessimistic skin patients with positive and negative schemas including demographic variables (Table 2).

DISCUSSION

The current study examined the positive and negative self schemas of optimistic and pessimistic skin patients along with demographic variables with an aim of finding whether there is significant difference or not. A null hypothesis was framed. The major findings of the study were as follows:

1. Optimistic skin patients had more positive self schemas than pessimists.
2. Education level had influenced on positive self schemas of optimistic skin patients.
3. Optimists with high education level have higher positive self schema

Both self schema (positive self and negative self) and life orientation (optimism and pessimism) are cognitive constructs which affect health and illness behavior. As Seligman says optimists have positive self evaluations and pessimists have negative self evaluations, in this study it was found that the significant difference existed between optimist and pessimist skin patients in positive self schemas. Optimists had more positive self schema than pessimist skin patients. But no significant difference was found between them with negative self schemas.

With demographic variables except educational level of optimist's positive self schema, there was no significant difference between optimist and pessimist positive and negative self schemas regarding gender, age, marital, and occupational status. In most of the demographic variables the group had almost equal scores.

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With educational level only positive self schema differs and negative self schema does not differ significantly. Scheffe's post hoc reveals that with higher educational level increases the positive self schema scores also increase.

Since few research on positive self and optimism show that they contribute to better health and buffer against negative influences and promote healthy functioning (Tudor, 1996; Ralf Schnarzer, 1994) and effect on stress and enhances in selecting better coping strategies. (Lazarus and Folkman, 1984). No investigation is done on self-schemas of optimist and pessimist skin patients. Its effects are less investigated in skin patients. Further investigations can be made on treatment effects of optimistic positive self schemas so that the psychological burdening can be lessened in skin patients.

In summary this result shows that optimism is associated with positive self schema and educational level has its influence on positive self schema of skin patients. More research in this area may contribute in focusing on role of schemas and life orientation in treatment of skin patients so that they can cope with their illness in better way by adopting better coping strategies and reduce their stress regarding their illness.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Vijaya T R & Shivacharan P (2018). Self Image [Schemas] of Skin Patients: Difference between Optimists and Pessimists. *International Journal of Indian Psychology*, Vol. 6, (1), DIP: 18.01.086/20180601, DOI: 10.25215/0601.086

RESEARCH ARTICLE



Received: 04.01.2018

Accepted: 23.05.2018

Published: 06.06.2018

Citation: Ningegowda MK. (2018). Temporal and spatial variation of literacy: A case study of Tumkur District. *Geographical Analysis*. 7(1): 11-15. <https://doi.org/10.53989/bu.ga.v7i1.3>

Funding: None

Competing Interests: None

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Published By Bangalore University, Bengaluru, Karnataka

ISSN

Print: 2319-5371

Electronic: XXXX-XXXX

Temporal and spatial variation of literacy: A case study of Tumkur District

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Abstract

Literacy is considered as a fairly index of socio-Cultural and economic development of society / Population. Literacy is essential for eradicating poverty and mental isolation for cultivating peaceful and friendly relation at areas and area levels for permitting a free play of demographic process. Tumkur district is situated between 12°45' and 14°20' North latitudes and 76°20' and 77°31' East longitudes. The district has irregular shapes with peculiar features. The North Eastern part of the district is totally detached from the remaining part of the district. To know talukwise literacy in 2001 & 2011. To identify the change in literacy between 2001 & 2011. The methodology adopted to study the literacy characteristics of Tumkur districts with the help of secondary data collected from various departments of government. Simple statistical technology like diagrams, graphs and maps will be used to analyze the population aspects. However several maps will be prepared to show the location and physical aspects and various population characteristics of the study area with the help of GIS technology. Literacy of the district is characterised with sharp differences between the literacy rate of males & females and also rural & urban areas. Table represents the literacy level of population in India, Karnataka and Tumkur district according to 2001 and 2011 census. The total literacy level of India was 64.8% in 2001 and in 2011 it became 73.0% with the increase of 8.1%. Total male literacy was 75.3% in 2001 and 80.9% in 2011, which denotes a growth of 5.6%.

Keywords: Literacy; economic development; population

Introduction

Literacy is considered as a fairly index of socio-Cultural and economic development of society / Population. Literacy is essential for eradicating poverty and mental isolation for cultivating peaceful and friendly relation at areas and area levels for permitting a free play of demographic process. Trend in Literacy is considered an index of the place at which the socio-economic transformation of a society is taking place. Thus, the analysis of literacy, its pattern and trends is immense

significance.

United Nations Educational, Scientific and Cultural Organization (UNESCO) defines education as the capability to learn through the use of languages, images, figures, numbers, electronics media etc., to comprehend, to use, to communicate, to solve mathematical and general problems, to create, to understand cultural symbols associated to one or many societies and to apply learned skills wherever necessary. Literacy is the combination of both tangible and

intangible skills, human can acquire and should acquire for individual and societal development. Literacy in India has shown tremendous growth since independence, which is its one of the primary socio-economic progress indicators. Given its large young demography, growth of literacy will decide the fate of the country in the global social, political and economic landscape of near future. At the end of British rule, the overall literacy rate of the country was mere 12%, it has grown six fold since independence.

Different countries adopted different types of calculation of literacy rate. The population of below 6 years of age is not capable of acquiring literacy skills. Hence the population of below 6 years of age is not considered for the calculation of literacy rate in India.

Literacy rate in India has shown tremendous growth since independence, which is its one of the primary socio-economic progress indicators. Given its large young demography, growth of literacy rate will decide the fate of the country in the global social, political and economic landscape of near future. The total literacy of India stands at 73% whereas rural literacy is 67.8% and urban literacy is 84.1% as per 2011 census. It has grown six fold since independence, as at the end of British rule, the overall literacy rate of the country was mere 12%. In the state of Karnataka, the total literacy rate of 2011 stands at 75.4% while rural literacy is 68.7% and urban literacy is 85.8%. All the three literacy rates of Karnataka are higher than national average, which is although not commendable still noteworthy achievement for the state.

$$\text{Literacy rate} = \frac{\text{Total number of Literates}}{\text{The population of below 6 years of age}} \times 100$$

Study area

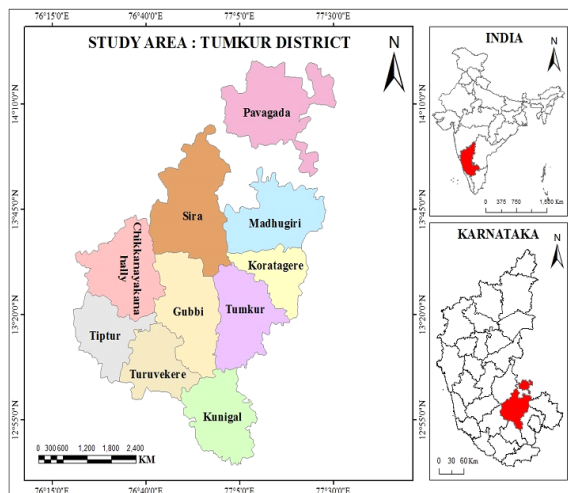


Fig. 1. Study Area

Tumkur district is situated between 12°45' and 14°20' North latitudes and 76°20' and 77°31' East longi-

tudes. The district has irregular shapes with peculiar features. The North Eastern part of the district is totally detached from the remaining part of the district. This place named Pavagada taluk and surrounded by the Andrapradesh, western part of this taluk with very short stretch to touches the Chitradurga district.

The district is bounded on the north by Annantpur district by Andrapradesh, on the south by Mandya district on the east by Chikkaballapur, Bangalore rural and Ramanagar district and west bounded by Hassan and Chitradurga district of Karnataka state. The midwest part of the district too touches Chikkamagalur district. The district has an area of 10,597 km², accounts 5.5% of the total geographical area of the Karnataka state.

Objectives

To know talukwise literacy in 2001 & 2011. To identify the change in literacy between 2001 & 2011.

Methodology

The methodology adopted to study the literacy characteristics of Tumkur districts with the help of secondary data collected from various departments of government. Simple statistical technology like diagrams, graphs and maps will be used to analyze the population aspects. However several maps will be prepared to show the location and physical aspects and various population characteristics of the study area with the help of GIS technology.

Data analysis

Literacy rate in 2001

The population of Tumkur district above the age of 6 years is 2276549 persons as per 2001 census, out of which rural population is 1829360 and urban population is 447189. Total male population is 1155722 while the female population is 1120827. Rural male and female populations are 924878 and 904482 respectively. In case of urban area population after negating children below the age of six is 230844 males and 216345 females.

Table represents the literacy rate among population above the age of 6 years as per 2001 census. Total literates of Tumkur in absolute number are 1525485, which accounts for 67.0% of the total population. Male literacy is 76.8% while total female literacy is 56.9%. In the rural area of Tumkur district, total literacy rate stands at 63.4% of the total population out of which male literacy is 74.2% and female literacy is 52.3%. In comparison, urban literacy rates are higher as, total literacy of urban areas of Tumkur district is 81.8% while male and female literacy rates are 86.9% and 76.3% respectively. The total, rural and urban all the three literacy rates of Tumkur district are

Table 1. Literacy level in India, Karnataka and Tumkur

	Literacy(%) 2001			Literacy (%) 2011			Difference		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
India T	64.8	75.3	53.7	73.0	80.9	64.6	8.2	5.6	11.0
India R	58.7	70.7	46.1	67.8	77.1	57.9	9.0	6.4	11.8
India U	79.9	86.3	72.9	84.1	88.8	79.1	4.2	2.5	6.3
Karnataka T	66.6	76.1	56.9	75.4	82.5	68.1	8.7	6.4	11.2
Karnataka R	59.3	70.4	48.0	68.7	77.6	59.7	9.4	7.2	11.7
Karnataka U	80.6	86.7	74.1	85.8	90.0	81.4	5.2	3.4	7.2
Tumkur T	67.0	76.8	56.9	75.1	82.8	67.4	8.1	6.0	10.4
Tumkur R	63.4	74.2	52.3	71.7	80.5	62.7	8.3	6.2	10.4
Tumkur U	81.8	86.9	76.3	87.3	90.9	83.7	5.5	4.0	7.3

(Source: Census of India)

higher than national average and very close to the literacy rate of the state.

Literacy rate in 2011

The total population of Tumkur district above the age of six years is 2413238, out of which rural population is 1876217 and urban population is 537021. Total male population above the age of six is 1214923 while the female population is 1198315. Rural male and female populations are 944721 and 931496 respectively. In case of urban areas population after negating children below the age of six is 270202 males and 266819 females.

The literacy rate among population above the age of 6 years as per 2011 census is depicted in table. Total literacy of Tumkur in absolute number is 1813391, which accounts for 75.1% of the total population. Male literacy is 82.8% while total female literacy is 67.4%. In rural Tumkur, total literacy rate stands at 71.7% of the total population out of which male literacy is 80.5% and female literacy is 62.7%. In comparison, urban literacy rates are higher as, total literacy of urban Tumkur is 87.3% while male and female literacy rates are 90.9% and 83.7% respectively

Literacy comparison between 2001 and 2011

Literacy of the district is characterised with sharp differences between the literacy rate of males & females and also rural & urban areas. Table represents the literacy level of population in India, Karnataka and Tumkur district according to 2001 and 2011 census. The total literacy level of India was 64.8% in 2001 and in 2011 it became 73.0% with the increase of 8.1%. Total male literacy was 75.3% in 2001 and 80.9% in 2011, which denotes a growth of 5.6%. The literacy growth of female population was more impressive during the period 2001 to 2011 as the increase in literacy rate is 11.0%. In 2001 female literacy was 53.7% and in 2011 it became 64.6%. In rural India, the literacy rates of male, female and overall

population are below the corresponding total literacy rates of the country in case of both 2001 and 2011 census, but the literacy growth rate is more than national average. The literacy rates of urban India in both 2001 and 2011 census are higher than corresponding national averages, but the literacy growth rate is lower. The tendency is continued in Tumkur district. The literacy rate of Karnataka and Tumkur are better than the rate of India. The total, male and female literacy rates are higher than national average in both Karnataka and Tumkur. As per 2001 census, the total literacy rate of urban Tumkur is 81.8% and it improved to 87.3% in 2011. The growth of literacy in the urban areas of the district is better than the national average of urban India. Similarly, the male and female literacy rate of urban area of Tumkur district performed better, when compared to the national average of urban India.

The literacy rate among males and females varies significantly in both rural & urban areas. Usually male literates are more than females, male literacy rate is 75.1% and female literacy rate is 67.4%, the difference between these two is about (15%) in the district. The difference is gradually decreasing from the last decade, from 20% in 2001 to 15% in 2011.

Taluk wise literacy rate in 2001

Tumkur district has 10 taluks in its fold. Of the 10 taluks Tumkur taluk has the district head quarter and recorded highest total literacy rate (75.1%), followed by Tiptur with 75%. Turuvekere 71.4%, Chikkanayakanahalli 70.2% and Gubbi with 67.5% literacy and rest of the taluks are below the national average literacy (64.8%) in the year 2001. There is a wide gap in level of literacy, among males & females and between rural and urban areas, in all the taluks of the district. With the better agricultural development, rural area of Tiptur taluk is placed the first with 72.5% literacy, among the rural areas of all taluks in the district.

Table 2. Taluk wise comparison of literacy in Tumkur district

Taluks		Literacy (%) 2011			Literacy (%) 2001			Decadal Change (%) (2001-2011)		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
C.N. Halli	Total	76.6	84.0	69.3	70.2	79.5	60.8	6.4	4.5	8.5
	Rural	74.7	82.6	66.8	69.0	78.6	59.3	5.7	4.0	7.5
	Urban	85.6	90.6	80.9	80.3	87.5	73.0	5.4	3.1	7.8
Sira	Total	71.9	80.2	63.3	62.4	73.1	51.4	9.4	7.1	11.9
	Rural	69.2	78.6	59.6	59.7	71.3	47.8	9.5	7.3	11.9
	Urban	83.8	87.5	80.0	76.3	82.0	70.3	7.4	5.5	9.7
Pavagada	Total	66.6	76.6	56.5	56.5	68.6	44.0	10.0	8.0	12.5
	Rural	64.6	75.1	54.0	54.1	66.7	41.0	10.5	8.3	13.0
	Urban	81.8	88.3	75.4	75.3	83.2	67.0	6.5	5.2	8.3
Madhugiri	Total	69.9	79.3	60.3	61.2	72.7	49.4	8.6	6.6	11.0
	Rural	68.0	78.1	57.9	59.2	71.2	46.7	8.8	6.8	11.2
	Urban	84.8	89.4	80.2	79.7	85.7	73.4	5.1	3.7	6.8
Koratagere	Total	71.9	80.1	63.6	62.7	73.3	51.8	9.2	6.8	11.8
	Rural	70.6	79.1	62.0	61.2	72.1	49.9	9.4	7.0	12.0
	Urban	85.0	89.8	80.3	79.4	86.5	72.1	5.7	3.4	8.2
Tumkur	Total	82.6	87.8	77.1	75.0	82.3	67.1	7.6	5.6	10.1
	Rural	76.1	83.8	67.7	66.7	76.8	55.8	9.3	6.9	11.9
	Urban	88.9	91.8	85.9	83.8	88.1	79.1	5.1	3.8	6.8
Gubbi	Total	74.7	81.8	67.5	67.5	76.7	58.2	7.2	5.1	9.4
	Rural	73.6	81.0	66.1	66.4	75.8	56.7	7.2	5.1	9.4
	Urban	89.8	93.2	86.4	84.4	89.2	79.4	5.4	4.0	7.1
Tiptur	Total	82.1	88.4	75.7	75.0	83.7	66.2	7.0	4.7	9.6
	Rural	79.8	87.2	72.4	72.5	82.4	62.5	7.3	4.8	9.9
	Urban	88.3	91.7	84.9	82.9	87.8	77.7	5.4	3.9	7.1
Turuvekere	Total	77.3	85.8	69.1	71.4	81.7	61.1	6.0	4.1	7.9
	Rural	76.1	84.9	67.4	69.8	80.6	59.1	6.3	4.3	8.3
	Urban	89.0	93.5	84.6	85.6	90.7	80.1	3.5	2.8	4.5
Kunigal	Total	68.7	78.2	59.3	61.3	72.0	51.0	7.3	6.2	8.3
	Rural	65.9	76.3	55.7	58.8	70.1	48.0	7.0	6.1	7.6
	Urban	84.8	89.1	80.5	78.6	84.3	72.5	6.3	4.7	7.9

(Source: Census of India Publication, 2001& 2011)

Taluk wise literacy rate in 2011

Similarly, literacy differentials also exist in the district in 2011. Economically developed taluks namely, Tumkur, Tiptur Turuvekere and Chikkanayakanahalli are recorded the total literacy above the national average 73%. Tumkur taluk with 82.6% literacy occupy the first place and separable border taluk Pavagada has least literacy with 66.6% among the taluks of the district. Exept Tumkur taluk, the gap between males & females literacy rate is more than 15% in all the taluks and it is more widen (19.9%) in Pavagada taluk. Usually, Tumkur & Tiptur taluks have more than 87% male literates. Highest rural male literacy is recorded in Tiptur taluk with 87.2%, whereas highest urban male literacy is recorded in Turuvekere taluk with 93.5%. Generally, female literacy is more in urbanised

areas, so that Tumkur taluk with 77.1% female literacy occupy the first place, followed by Tiptur taluk with 75.7%. Female literacy in rural areas varies significantly, among the taluks Tiptur taluk with 72.4 % occupy the first place in the district.

Table represents the Taluk wise literacy level of population in Tumkur district according to 2001 and 2011 census. The total literacy level of the district was 67.0% in 2001 and in 2011 it became 75.1% with the increase of 8.1%. Among the taluks, literacy level of Pavagada taluk occupies the first place with rapid increase, the literacy rate of the taluk was 56.5% in 2001 and it became 66.6% with the increase of 10.0% in 2011. Total male literacy was 68.6% in 2001 and 76.6% in 2011, which denotes a growth of 8.0 %. The literacy growth of female population was more impressive during the period 2001 to 2011 as the increase in literacy rate is 12.5%. In 2001



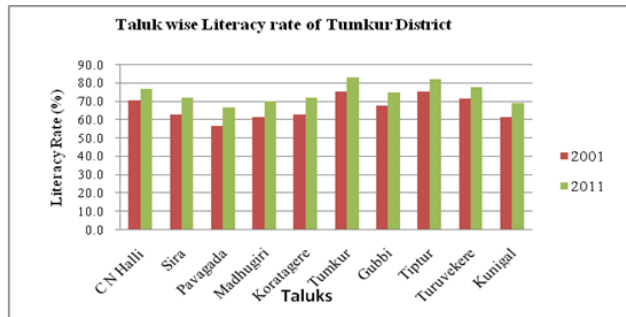


Fig. 2. Taluk wise Literacy Comparison between 2001 and 2011

female literacy was 44.0% and in 2011 it became 56.5%. In the taluk, the literacy rates of male, female and overall population are below the corresponding total literacy rates of the country in case of both 2001 and 2011 census, but the literacy growth rate is more than national average. The literacy growth rate of rural area of the taluk is higher than corresponding national averages. The literacy growth of rural population is more impressive during the period 2001 to 2011 as the increase in literacy rate is 10.5%. In Sira taluk, the total literacy in 2011 is 71.9%, while male literacy is 80.2% and female literacy is 63.3% of total population above the age of six years. In comparison, the 2001 census represents modest picture as the total literacy at that time is 62.4%, while the male literacy is 73.1% and female literacy is 51.4%. The growth rates in literacy between the time period 2001 to 2011 are 9.4%, 7.1% and 11.9% for total, male and female population respectively. Total rural literacy rate is 69.2% in 2011 in comparison to 59.7% of 2001 census. In case of male population rural literacy rate of 2011 is 78.6% and of 2001 is 71.3%, while for female population it is 59.6% and 47.8% for 2011 and 2001 census respectively. For urban areas total literacy of 2011 is 83.8% and of 2001 is 76.3%. The total literacy level of Gubbi taluk was 67.5% in 2001 and in 2011 it became 74.7% with the increase of 7.2%. Total male literacy was 76.7% in 2001 and 81.8% in 2011, which denotes a growth of 4.7%. The literacy growth of female population was more impressive during the period 2001 to 2011 as the increase in literacy rate is 9.4%. In 2001 female literacy was 58.2% and in 2011 it became 67.5%. In Turuvekere taluk, the total literacy in 2011 is 77.3%, while male literacy is 85.8% and female literacy is 69.1% of total population above the age of six years. In comparison, the total literacy of 2001 census is 71.4%, while the male literacy

is 81.7% and female literacy is 61.1%. The growth rates in literacy between the time period 2001 to 2011 are 6.0%, 4.1% and 7.9% for total, male and female population respectively. Total rural literacy rate is 76.1% in 2011 in comparison to 69.8% of 2001 census. In case of male population rural literacy rate of 2011 is 84.9% and of 2001 is 80.6%, while for female population it is 67.4% and 59.1% for 2011 and 2001 census respectively. For urban areas total literacy of 2011 is 89.0% and of 2001 is 85.6%. In rural areas of all taluks, the literacy rates of male, female and overall population are below the corresponding average literacy rates of the taluks in case of both 2001 and 2011 census, but the literacy growth rates are more than total average. The literacy rates of urban taluks in both 2001 and 2011 census are higher than corresponding taluk averages, but the literacy growth rates are lower.

Literacy growth rate is more in the taluks which have recorded low level of literacy in 2001. Among the taluks, four taluks namely Pavagada, Sira, Koratagere, and Madhugiri recorded the literacy growth rate higher than national average growth 8.15% in 2011, rest of all the taluks are recorded the literacy growth rate below the national average growth. The Literacy rate is increased between 2001 & 2011, particularly in the rural areas due to the implementation of Continue Education Centre Program, (CEC) and other educational development programmes by the government and NGOs. Awareness about literacy among the females instigates to get more benefit by the programmes and female literacy grown faster than male literacy.

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