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Psychological Distress and Self-Compassion among Young Adults

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Abstract:

Background: *The Psychological distress of young adults is an area of increasing concern worldwide and has detrimental effect to individual and society. The main threats to young adult's mental health are the coping strategies they choose during distressing situations. Aim: The purpose of this Ex-post facto study was to assess the levels of Psychological distress and Self-compassion and to examine the relationship between Depression, Anxiety, Stress and Self- compassion among young adults. Further, to add to the existing knowledge of mental health among Indian young adults. Material and Methods: Data was collected from 60 young adults. Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995) was used to assess the levels of Psychological distress and Self-compassion Scale (SCS; Neff, 2003) to quantify the degree to which people treat oneself during difficult times. Correlation analysis was used to examine the relationship between Psychological Distress and Self-compassion. Results: Psychological Distress was found to be high among 36 young adults. Correlation analysis indicated that Depression, Anxiety and Stress was negatively correlated with Self- compassion. Conclusion and Implications: The number of young adults with high levels of Psychological distress shows the need for early prevention measures, with the development of adequate and appropriate support services for young adults.*

Keywords: *Psychological distress, Self-compassion, Depression, Anxiety, Stress, Young adults*

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I. INTRODUCTION

Young adulthood involves exploration and steps toward independence, with varying levels of adult supervision, roles and responsibilitiesmaking this period unique in the lifespan (Park et al., 2006). The transition from adolescence to adulthood is a period of life during which individuals experience far-reaching changes in their social and economic roles in society, and undergo significant psychological and physical development (Liu et al., 2017). Young adulthood, defined here as between the ages of 18 and 35, is a time of great change for many people, and has been associated with greater risk of mental health problems. The National Youth Policy of India (2003) defines the youth population as those in the age group of 15-35 years.

The global burden of poor mental health, including among young people, has increasingly been recognized as a major public health issue (Liu et al., 2017). In U.S, Young adults aged 18-25 years had the highest prevalence of Serious Mental Illness (SMI) (5.9%) compared to adults aged 26-49 years (5.3%) and aged 50 and older (2.7%). An estimated 7.6 million young adults aged 18 to 25 (22.1 percent) had (Any Mental Illness, AMI), and an estimated 2.0 million young adults (5.9 percent) had Serious Mental Illness (SMI) in 2015 (SAMHSA, 2016).

WHO predicts that 20% of the Indian population will suffer from mental health illness by the year 2020. In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country. Barely 1-2% of the health budget is dedicated to mental health in comparison to 10-12% in other countries (Vajpayee & Makkar, 2014). In the state of Tamil Nadu in 2011, the Disability rates in mental illness were 46 per 100000, respectively (Velayutham, Kangusamy, & Mehendale, 2017).

It is estimated that by the year 2020, depression will become the second leading cause for disease burden (World Health organization, 2002). Depression often comes with symptoms of anxiety (WHO, 2012). WHO states that the burden of depression is 50% higher for females than males and Indians are reported to be among the world's most depressed. Suicide death rates in India are among the highest in the world. A large proportion of adult suicide deaths occur between the ages of 15 years and 29 years, especially in women (Patel et al., 2012).

Attending college can be a stressful time for many students. In addition to coping with academic pressure, some students have to deal with the stressful tasks of separation and individuation from their family of origin while some may have to attend to numerous work and family responsibilities. In this context, many college students experience the first onset of mental health and substance use problems or an exacerbation of their symptoms (Pedrelli et al., 2015).

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Need for the study

The young adult years represent a critical period for identifying problems, as three-quarters of all lifetime cases of diagnosable mental disorders begin by age 24 (Park et al., 2006). Most mental health disorders have their peak onset during young adulthood. It was observed that by the age of 25 years, 75% of those who will have a mental health disorder have had their first onset (Pedrelli et al., 2015).

India has the largest youth population in the world with around 550 million (Census 2011). 70% of India's population is below the age of 35 years and about 40 per cent of suicides are committed by persons below the age of 30 yr. The official report of WHO indicates that age specific suicide rate among 15-29 yr is on the rise increasing from 3.73 to 3.96 per 1,00,000 population per year from 2002 to 2011 (Sunitha & Gururaj, 2014). Research studies revealed that the prevalence of stress is increasing among students in higher education (Kadhiravan & Kumar, 2012). In India, psychological problem like depression among students is neglected public health problem as we have just one psychiatrist for four lakhs citizens, about 4,000 psychiatrists, 1,000 psychologists and 3,000 social workers for the whole of the country (Wani et al., 2016).

Therefore, it is the need of the hour to identify the mental health status of young adulthood which will be useful considering the budget that is allocated for health care and preventive measures. Early prevention to enhance psychological well-being for those at risk to depression is integral, in efforts to prevent distress from escalating to clinical levels in any population across all age groups.

According to Erikson (1968), social-emotional issues in young adulthood develop from isolation which can also lead to depression and anxiety when emerging adults struggle to find fit as they develop a new sense of self and expression (Hutchison et al., 2016). In light of consistent evidence, Self-compassion is inversely associated with psychopathology, especially anxiety and depression. It appears that self-compassion may be cultivated either through a compassionate therapeutic relationship or by instructing clients to practice self-compassion exercises (Neff & Germer, 2017).

Hence, this current study proposed to examine the relationship between Depression, Anxiety, Stress and Self-compassion among young adults, considering the variety of beneficial outcomes from studies of the Self-Compassion intervention previously carried out on the psychological problems. Furthermore, Self-compassion training programs can be incorporated in school and college levels to protect the young people which are the future strength of a nation.

II. REVIEW OF LITERATURE

Mental Health among young adults

From a psychological perspective, the numerous social role changes encompassed by the transition to adulthood may be expected to impact mental health outcomes as young people are exposed to contexts and experiences that differ from developmental influences during childhood (Liu et al., 2017). Sigmund Freud (1926) argued that a mentally healthy adult is one who can "love and work." Simply stated, this developmental stage is characterized by relationships and work. There are numerous literatures available in understanding how a protective factor such as psychological coping skill can curb onset of mental health problems and thereby promote mental well-being. The link is worth investigating further, as psychological interventions aiming to enhance Self-compassion might be effective at curbing the rates of depression that are currently seen worldwide (Korner et al., 2015). Thus, Self-compassion should give rise to proactive behaviours aimed at promoting or maintaining well-being (Neff, 2003). Mental health care priorities need to be shifted from psychotic disorders to common mental disorders like depression, anxiety disorders, somatoform disorder, etc., which are also associated with high disability in all measures (Trivedi & Gupta, 2010).

Depression

Depression is defined as a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO, 2012). Depression is a mental state characterized by persistent low mood and withdrawal affecting the one's thoughts, feelings, behaviour and psychological well-being negatively. U.S National Survey on Drug Use and Health, (NSDUH) in 2016 reported that the prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (10.9%) (SAMHSA, 2016). In Canada, Depression is more than twice as prevalent in young women than men (ages 1425 yr) (Albert, 2015). Young adults who suffer from depression are more likely to have problems with psychological functioning, interpersonal relationships, employment, and to be more dissatisfied with life. Further, major depressive disorder has been associated with decreased functioning in major life areas, such as marriage, parenting, and career (Korner et al., 2015).

Anxiety

Anxiety is a subjective state of internal discomfort marked by excessive worry and fear, often accompanied by physiological changes. Anxiety is considered excessive or pathological when it arises in the absence of challenge or stress, when it is out of proportion to the challenge or stress in duration or severity, when it results in significant distress, and when it results in psychological, social, occupational, biological, and other impairment (Trivedi & Gupta, 2010).

Stress

Stress is an unpleasant state involving psychological and physiological changes in response to perceived or real life situations. Stress becomes distress when it is unwanted, unexpected, ongoing, due to serious life changing events or situations (e.g. Family violence, death of a family member, divorce, separation, a jail term, etc.). When we experience distress, we are out of balance. In this case, our bodies and minds cry out for some kind of help. This call for help may take many forms such as moodiness, irritability, depression, anxiety, insomnia, or physical symptoms such as stomach upset or headache (Shaheen, Jahan & Shaheen, 2014). Stress has been defined by Lazarus and Folkman as "Psychological stress is a particular relationship between

the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Snobohm & Heiwe, 2013). One of the major problems faced by young adults is the stress that leads to depression due to career, marriage and relationships.

Association of Self-compassion with Psychological Well-being

As defined by the World Health Organization (WHO), mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organization 2014). Self-Compassion, a relatively new construct in the psychological literature, has been shown to negatively relate to depressive symptomatology. Self-compassion is a newly developed construct of positive psychology. Plethora of studies have demonstrated that self-compassion is negatively associated with self-criticism, depression, anxiety, rumination, thought suppression. Self-compassion involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating desire to alleviate one's suffering and to heal oneself with kindness. Having compassion for oneself means that the negative mood associated with suffering is partially transformed into a more positive affective state- that of compassion (Neff, 2003). Self-compassionate people treat themselves with kindness and concern when they experience negative events and less avoidant. Compassion begins with the wish to bring an end to suffering related to the idea that we are not separate from the others. Through this idea of interconnectedness and the ability to be self-aware, we can sense that we are going into an over aroused state. These abilities ensure us to predict the stressors, the situations causing anxiety and depression so that we can take preventions for them (Ozyesil & Akbag, 2013).

III. METHODOLOGY

Objectives:

1. To identify the levels of Psychological distress and Self-compassion among Young adults.
2. To examine the association of Depression, Anxiety, Stress and Self-compassion among Young adults.

Hypotheses:

Based on the objective of the study and previous literature, the following alternate hypothesis was framed and tested.

H_1: Psychological distress of Young adults would have significant relationship with Self- compassion.

Operational Definition of Variables:

Dependent variable: Psychological distress is defined as the unpleasant subjective state of depression and anxiety (being tense, restless, worried irritable and afraid), which has both emotional and psychological manifestations (Mirowsky & Ross, 1989)

Independent variable: Self-compassion involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's own suffering and to heal oneself with kindness. It also involves offering non- judgemental understanding to one' s pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience (Neff, 2003)

The current study was Ex-post facto in design. Participants were selected using non-probability convenience sampling technique. The participants consisted of 60 young adults (Males: N=17; Females: N=43); in the age range of 18-25 years, selected from four different departments of two colleges in Chennai, Tamil Nadu. Standardised psychological tools, in the form of questionnaires were utilised to quantify data for the variables of interest using the Depression, Anxiety, and Stress Scale (DASS 21) and Self-Compassion Scale (SCS), which was completed by the young adults under the supervision of the researcher, and clarifying comments were provided for the participants during the process. Inclusion criteria for this present study was that the young adults should be graduate or postgraduate students in the age group of 18 25 years, able to read and write English and having no reported undergoing medical treatment. Those who were practicing any other strategy like yoga, meditation or experiencing physical challenges were excluded for this study.

Measures

1. Self-Compassion Scale (SCS, Neff K.D. 2003): The SCS is a 26-item questionnaire. The 6 subscales of SCS measures an individual's level of Self-kindness, Self-judgement, Common humanity, Isolation, Mindfulness and Over-identification. The SCS includes the 5 item Self-kindness subscale (e.g., "I try to be understanding and patient toward aspects of my personality I don't like"), the 5-item Self-Judgment subscale (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), the 4-item Common humanity subscale (e.g., "I try to see my failings as part of the human condition"), the 4-item Isolation subscale (e.g., "When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), the 4-item Mindfulness subscale (e.g., "When something painful happens I try to take a balanced view of the situation"), and the 4-item Over-Identification subscale (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong."). Responses were given on a 5-point Likert scale from "1-Almost never" to "5-Almost always." Mean scores on the six subscales were then averaged (after reverse-coding negative items) to create an overall self-compassion score ranging from 26 to 130. Higher scores correspond to higher levels of self-compassion.
2. DASS 21 -The concise version of DASS-Depression, Anxiety, Stress Scale (Lovibond, S.H. & Lovibond, P.F. (1995): DASS -21 was used to assess the levels of Psychological distress namely Depression, Anxiety and Stress which are related to each other. The respondents were requested to self-report on a Likert scale (0 "did not apply to me at all" to 3 "applied to me very much or most of the time"). Each subscale in the DASS-21 has seven items, and each item comprises of a statement replied with four options reflecting the severity of the mentioned psychological distress. Accordingly, the lowest score for each item is zero (Not True/Does not apply to me), and the

maximum score is three (True/Completely applies to me). The severity of the psychological distress was defined based on the total score of a subscale consisting of seven items in this regard.

Procedure:

Permission was taken from respective authorities of graduate and post -graduate course departments to conduct the study among young adults. The participants were asked to participate voluntarily and were informed about the confidentiality of their data. All participants received a printed booklet consisting of:

1. The consent form (along with a briefing and debriefing statement)
2. Demographic detail sheet (age, gender, relationship status, economic background, personal habits, origin of family, number of siblings etc.)
3. The 2 self-report questionnaires (SCS and DASS)

IV. DATA ANALYSIS

In consistent with the aim of the study, the data collected from respondents were subjected to parametric statistical measure using Pearson's product moment correlation to determine the relationship between Depression, Anxiety, Stress and Self-compassion.

V. RESULTS

DASS-21 Subscales: In the current study, (n=36) out of the (N=60; males=17, female=43) young adults showed high degrees of psychological distress (Moderate and above levels in DASS subscales). Depression was found in (n=23); among these cases, (n=10) were males, and (n=13) were females. Anxiety was reported in (n= 28) participants, including males (n= 10) and females (n=18). Furthermore, 15 samples showed Stress, including males (n= 6) and females (n=9). This study also pointed that (n=12) respondents scored Moderate levels and above in all the 3 Subscales (Depression, Anxiety and Stress) of DASS-21.

Table 1: **Mean, Standard Deviation, Correlation of Depression, Anxiety, Stress and Self-compassion**

Psychological Distress	Mean	± SD (N=60)	Selfcompassion
Depression	11.0	7.8	-0.42**
Anxiety	10.4	6.8	-0.43**
Stress	12.2	7.8	-0.35**
Overall Self-compassion	87.6	14.4	

**0.01 Level of Significance

Mean and Standard deviation as shown in the Table 1 explains the level of Psychological distress and Self-compassion among the total sample (N= 60) of young adults in this present study. Depression scores (M=11.0 ± 7.8) shows that the young adults had Mild levels of Depression based on the norms of DASS in which scores between 10 -13 is interpreted as Mild level of Depression. While Anxiety scores (M= 10.4 ± 6.8) revealed that young adults had Moderate level of Anxiety based on the norms of DASS in which scores between 10 -14 is interpreted as Moderate level of Anxiety) and the Stress scores (M= 12.2 ± 7.8) pointed that the participants of this study had Normal level of Stress based on the norms of DASS in which scores between 0- 14 is interpreted as Normal level of Stress.

Self-Compassions Scale (SCS) total score: As seen in the Table 1, the Mean of overall scores of Self-compassion was 87.6 ± 14.4 which indicates that young adults had an Average level of Self-compassion, the maximum score of the SCS being 130 based on the Norms of Self-compassion Scale. The results show that the young adults had Mild level of Depression, Moderate level of Anxiety, Normal level of Stress and Average level of Self-Compassion. Hence, it is identified from this study that Young adults had Moderate level of Psychological distress and Average level of Self-compassion.

Table 1 also shows correlation coefficients among studied variables. Results indicated that Depression, Anxiety, Stress scores were negatively correlated with Self-compassion i.e., [Depression (r = -0.42**), Anxiety (r = -0.43**) and Stress (r = -0.35**). All these correlation values were significant at (p=0.01) level of significance. Thus, the postulated H1 which stated that "Psychological distress of Young adults would have significant relationship with Self- compassion" stands accepted.

VI. DISCUSSION

The aim of this study was to assess the levels of three Psychological distresses namely Depression, Anxiety and Stress and also to investigate the relationship between Psychological distress (Depression, Anxiety, Stress) and Self-compassion. The prediction was that Psychological distress of Young adults would have significant relationship with Self- compassion. (n=36) young adults showed high degrees of psychological distress (Moderate and above levels in DASS subscales). Lower levels of Self-compassion as indexed by scores on the total scale and six subscales was associated with high levels of Psychological distress (Depression, Anxiety and Stress) among young adults. The current study showed diminished Self-compassion in 36 Young adults with high Psychological Distress. Previous research has demonstrated a relationship between Anxiety, Depression and Self-compassion (Werner et al., 2011). This finding is consistent with recent research which observed that less compassionate people are self-critical and criticize themselves very harshly. They remain preoccupied and ruminate over their losses leading to Depression (Gupta & Mishra, 2016). Previous studies have shown that, compared to individuals with lower levels of Self-compassion, individuals with higher Self-compassion are better able to keep negative situations in perspective and are buffered against feelings of Anxiety after experiencing a stressor (Werner et al., 2011).

Psychological distress of Young adults would have significant relationship with Self- compassion: According to the results of this study, Psychological distress showed a negative relationship with Self-compassion among young adults revealing that the ability to be Self-compassionate is linked to lesser Psychological distress in the DASS subscales

of Depression, Anxiety and Stress. It indicates that those young adults who possess higher levels of Self-compassion would experience less psychological distress as compared to those who lack Self-compassion. The result of the correlation analysis was in concurrence with the findings of earlier studies. Previous research findings emphasized that high scores of self-compassion is negatively related to self-criticism, neuroticism, anxiety, depression, stress, neurotic perfectionism, rumination and thought suppression (Ozyesil & Akbag, 2013). A study conducted by Neff, Rude and Kirkpatrick supports to the negative association between Depression, Anxiety and Self-compassion (Gupta & Mishra, 2016). The findings of this study also add to emerging literature showing the ability to be Self-compassionate during difficult times as a negative correlate of Psychological distress.

VII. CONCLUSION

On the basis of above results and discussion it is concluded that young adults with Psychological distress would have poor Self-compassion and Psychological distress was negatively correlated with Self-compassion. The findings of this study suggest that Self-compassion may be a particularly important target for assessment, prevention and early intervention of Psychological distress among young adults.

Self-compassion is individual's positive attitude towards oneself accompanied by non-judgmental tendency for one's own pain, failures, limitations, suffering and inadequacies. Several researches have shown the adequacy and positive impact of Self-compassion. Thus, it is an important and positive strength of human beings and could be used in intervention programs for fostering psychological well-being (Gupta & Mishra, 2016). A recent study demonstrated that Self-compassion accounts for more of the variance in Psychological distress than mindfulness indicating that it may be the self-compassionate component of mindfulness-based treatments that are particularly important. One type of meditation, loving-kindness meditation, may directly foster Self-compassion (Werner et al., 2011). The potential benefits of increasing individuals' Self-compassion as stated in previous researches would enhance psychological wellbeing and decrease the Depression, Anxiety and Stress levels. Self-compassion might be taken into consideration as a protective strength for Depression, Anxiety and Stress in psychological intervention programs (Ozyesil & Akbag, 2013).

VIII. REFERENCES

1. Albert, P. R. (2015). Why is depression more prevalent in women?. Journal of Psychiatry & Neuroscience? JPN, 40(4), 219221. http://doi.org/10.1503/jpn.150205
2. Bhat, S.A., Shah, S.A. (2015). Self compassion and mental health: a study on young adults. International Journal of Research in Applied, Natural and Social Sciences, 3, 49-54.
3. Friis, A.M., Johnson, M.H., Cutfield, R.G., Consedine, N.S. (2016). Controlled Trial of a Mindful Self-Compassion Intervention Improves Depression, Distress, and HbA1c Among Patients With Diabetes. Diabetes Care, 39:19631971.
4. Gupta, S., Mishra, J. (2016). Mindlessness, Submissive Behavior and Thought Suppression: A Perceptual Buffering of Self-Compassion to Psychological Vulnerabilities among Indians. Journal of Depression and Anxiety, 5: 246.
5. Kadhiravan, S., Kumar, K. (2012). Enhancing stress coping skills among college students. Journal of Arts, Science & Commerce, 3:4, 49-55.
6. Korner, A., Coroiu, A., Copeland, L., Garibello, C.G., Albani, C., Zenger, M., ...Brahler, E. (2015). The Role of Self-Compassion in Buffering Symptoms of Depression in the General Population. PLoS One, 10(10)
7. Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self- compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. Journal of Personality and Social Psychology, 92, 887904.
8. Liu, J., Modrek, S., & Sieverding, M. (2017). The mental health of youth and young adults during the transition to adulthood in Egypt. Demographic Research, 36, 17211758. doi.org/10.4054/DemRes.2017.36.56
9. Neff, K. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself. Self and Identity, 2: 85101.
10. Neff, K. D. & Germer, C. (2017). Self-Compassion and Psychological Wellbeing. In J. Doty (Ed.) Oxford Handbook of Compassion Science, Chap. 27. Oxford University Press.
11. Park, M.J., Mulye, T.P., Adams, S.H., Brindis, C.D., Irwin, C.E. (2006). The Health Status of Young Adults in the United States. Journal of Adolescent Health, 39, 305317. doi:10.1016/j.jadohealth.2006.04.017
12. Patel, V., Hettige, C. R., Vijayakumar, L., Thakur, J.S., Gajalakshmi, V., Gujuraj, G.,...Jha, P. (2012). Suicide mortality in India: a nationally representative survey. Lancet, 379(9834), 2343-2351.
13. Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. Academic Psychiatry? The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 39(5), 503511. http://doi.org/10.1007/s40596-014-0205-9
14. Shaheen, F., Jahan, M., Shaheen, S. (2014). Role of Personality Factors in Experiencing Psychological Distress among Adolescents. International Journal of Education and Psychological Research (IJEPR), 3(1).
15. Snobohm, C., Heiwe, S. (2013). Stressors, Coping And Coping Strategies among Young Adults with Cancer. World Journal of Psycho-Social Oncology, 4.
16. Sunitha, S., & Gururaj, G. (2014). Health behaviours & problems among young people in India: Cause for concern & call for action. The Indian Journal of Medical Research, 140(2), 185208.

17. Trivedi, J.K., & Gupta, P.K. (2010). An overview of Indian research in anxiety disorders. Indian J Psychiatry; 52:S210-8.
18. Velayutham, B., Kangusamy, B., Mehendale, S. (2017). Prevalence of disability in Tamil Nadu, India. National Medical Journal of India, 30, 25-30.
19. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
20. Vajpayee, J., & Makkar, K. (2016). Mental Health of Women in India. 10.13140/RG.2.1.3485.6722.
21. Werner, K. H., Jazaieri, H., Goldin, P. R., Ziv, M., Heimberg, R. G., & Gross, J. J. (2011). Self-compassion and social anxiety disorder. Anxiety, stress, and coping, 25(5), 543-58.
22. Women more prone to depression than men, Indians worst hit: WHO. (Oct 10, 2012). Times of India. Retrieved from http://www.timesofindia.indiatimes.com/india/