

Unconditional Self Acceptance and its Relationship with Social Health among Working Women

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ABSTRACT

“Having healthy relations involve good communication, empathy, and care for family, friends and colleagues”. Self-acceptance is proportionally related with social health. The absence of self-acceptance can lead to various emotional difficulties like aggression and depression. The main aim of the present study is to assess the relationship between unconditional self acceptance and sub dimensions of social health among corporate sector employees. working women. For this purpose, a sample of 60 working women having age range of 30-40 years working in different sectors have been taken belonging to Delhi NCR region. Data was analyzed by using correlational method. Following questionnaires were used for collecting the data i.e. Iranian Social Health Questionnaire (IrSHQ; Rafiey et al., 2017) and Unconditional Self-Acceptance Questionnaire (USAQ; Chamberlain & Haaga, 2001). There would be a significant relationship between unconditional self acceptance and social health.

Keywords: Health, Self, Working, Acceptance, Empathy

INTRODUCTION

Social health holds more depth than mere anticipation of mental health and associated social issues. An individual is considered to be socially healthy if the behaviour displayed by it includes a sense of belongingness and concern for others. With passing time one's life witnesses building up of social ties. Humans are associated with diverse social associations like school, office environment etc. The congenial environment provided by the society helps in building a good support system for healthy life. Social health is one of the most important pillar of health. It stands as an individual's ability to act according to different social conditions (Baumeister et al., 2011).

Self-acceptance correlates with mental health proportionally. Lack of self-acceptance may lead to emotional vulnerabilities like aggression, depression and mental trauma. A person into self-evaluation in place of self-acceptance may need substantial consideration and private resource use for causing self-exaggeration to get personal deficits. “Self-acceptance” is a phenomenon in which an individual accepts himself/herself with all the weaknesses and deficiencies. Difference was observed in most of the cases between the meaning of self and nature of acceptance (Falkenstein & Haaga, 2013). Working women are more independent and feel worthy of themselves than non working. Also they face less role conflicts and get more support from family and society. Working women have a high self esteem and lead a life full of meaning and prosperity (Hasnain et al., 2011). They get more freedom and liberty in their life. They consider themselves as positive role players in society. Self-satisfaction and self-acceptance was also seen to be high among working women (Paudel, 2010).

Objectives of the Present Study

To study the relationship between unconditional self acceptance and sub dimension of social health among working women

Hypothesis of the Present Study

There would be significant positive correlation between unconditional self acceptance and sub dimension of social health among working women.

METHODOLOGY

Sample

The sample consisted of 60 working women belonging to the age group of 30-40. The sample would be randomly selected from the women living in Delhi NCR region on availability basis. Participants were be contacted individually. Rapport was established with the respondents by informing them about the purpose the study.

After establishing the rapport with the participants, written consent was taken from them to give their responses to the questionnaire related to study. The instructions were provided to every respondent carefully about response pattern to the items of the scale given by the researcher.

Research Design

A correlational design would be used for the present study.

TOOL USED

Iranian Social Health Questionnaire (IrSHQ; Rafiey et al., 2017)

The final version of the IrSHQ consisted of 29 items organized in seven subscales, as following: 1. 'Social interaction' accounted for 27.7% of the total variance. Social interaction included 9 items, 'Social responsibility' accounted for 10.1% of the total variance, and included three items (eigenvalue = 2.93) with very high factor loadings ranging from 0.76 to 0.84.

Conscientiousness included 5 items (eigenvalue = 2.06) that loaded in a positive direction, and accounted for 7.1% of the total variance.

Attitude to Society accounted for 6.2% of the total variance, and included three items (eigenvalue = 1.8) with very high factor loadings ranging from 0.71 to 0.82.

Family relationship accounted for 3.7% of the total variance, and included two positive items (eigen value = 1.09).

Empathy included two positive items (eigen value = 1.09). Social participation comprised 2 positive items, and referred to one's degree of participation in a community or society. High scores on all dimensions of scale showed high social health on all domain and vice-versa.

Unconditional Self-Acceptance Questionnaire (USAQ; Chamberlain & Haaga, 2001)

This 20-item likert self-report instrument measures responses ranging from 1 – "almost always untrue" to 7 – "almost always true." Sample items include: "I believe that I am worthwhile simply because I am a human being" and "I feel I am a valuable person even when other people disapprove of me."

Total scores range from 20 to 140, with higher totals indicating greater levels of unconditional self-acceptance. The original version of this measurement had a moderate internal consistency ($\alpha=.72$),

Procedure

After deciding about the kind of tools for using into this study, a researcher communicated with participants face to face to collect a data in a more detailed way. The employees were made comfortable and a rapport was established with them.

Working women were given particular questionnaire for the collection of data.

Later, responses were recorded and participants were thanked for giving their valuable time and feedback.

Statistical Analysis

A data was analyzed with the help of statistical methods i.e. Descriptive statistics and Pearson product moment method .

RESULTS & DISCUSSION

Table 1: Descriptive Statistics of sub dimensions of social health and unconditional self acceptance working women. (N=60)

VARIABLES	MEAN	SD
Social Health- Social Interaction	16.20	4.52
Social Health- Social Responsibility	4.24	1.08
Social Health- Conscientiousness	7.64	2.12
Social Health- Attitude to Society	3.90	1.03
Social Health- Empathy	4.44	1.87
Social Health- Family Relationship	3.68	1.07
Social Health- Social Participation	2.68	0.72
Unconditional Self Acceptance	48.94	8.92

Table 1 shows the descriptive statistics of sub dimensions of social health i.e. social interaction, social responsibility, social conscientiousness, attitude to society, empathy, family relationship and unconditional self acceptance. In this table, we can see mean values of social interaction (Mean = 16.20; SD = 4.52), social responsibility (Mean = 4.224; SD = 1.08), social conscientiousness (Mean = 7.64; SD = 2.12), attitude to society (Mean = 3.90; SD = 1.03), empathy (Mean = 4.44; SD = 1.87), family relationship (Mean = 3.68; SD = 1.07), social participation (Mean = 2.68; SD = 0.72) and unconditional self acceptance (Mean = 48.94; SD = 9.92) Rest of the results are shown in table 2.

Table 2: Showing the relationship between sub dimensions of social health and unconditional self acceptance among female sex workers.

Variables	Unconditional Self Acceptance	N
Social Health- Social Interaction	.51*	60
Social Health- Social Responsibility	.71*	60
Social Health- Conscientiousness	.12	60
Social Health- Attitude to Society	.26	60
Social Health- Empathy	.11	60
Social Health- Family Relationship	.19	60
Social Health- Social Participation	.78*	60

*sig. at 0.05 level

It can be observed from the above table that there is a positive relationship between social health- social interaction and unconditional self acceptance ($r = .510$, $p < 0.05$). There is a positive association between social health- social responsibility and unconditional self acceptance ($r = .710$, $p < 0.05$). A significant positive correlation was found between between social health- social participation and unconditional self acceptance ($r = .780$, $p < 0.05$). A positive relationship was also found on the rest of the sub dimensions of social health- conscientiousness, attitude to society, empathy, family relationship and unconditional self acceptance but it was non-significant.

Only three sub dimensions were significantly positively associated with unconditional self acceptance. Working women are able to interact properly with the people living in a society as well as their work place as they feel that they are the integral part of their society and contributing positively to the nation's economy. They get an opportunity to have communication with new people as part of their work culture. This is the reason they are self sufficient and feel themselves as successful women in their own eyes.

Working women are the integral part of a society that is why they take complete responsibility of social relations. They consider themselves as good human being. They want to actively participate in social activities as they want to gain self respect. They want to contribute positively for the societal development. Working women are very high on self esteem as they are earning something through which they can help needy people at the time of their crisis. All the social domains of social health are significantly associated with unconditional self acceptance. Working women accept their destiny and they show unconditional love towards the society members including their own family members.

CONCLUSION & IMPLICATIONS

- These studies although was done on a very small sample but has got applied aspects that social health and self acceptance are related to each other in a positive way. Working women feel more independent and worthy of something.
- It shows that society is also accepting them as a good human being and showing love towards working women who are maintaining a balance between family life and social life.

Limitations:

- It was a very small study; the sample taken was very small.
- Some other variables would have been taken as home maker or rural women of the sample for study to make the comparison.
- The data collection was entirely based on self-report which may have inflated or deflated the results due to various biases.
- Factor analyses would also have been conducted in order to focus upon some hidden factors which are contributing to the study.

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