

Issues of Forced Identity and Gender Manifestation among the Youth in India – Therapy Perceived Constructively or Destructively by the Patient

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Received: 10- June -2023
Revised: 02- July -2023
Accepted: 11- August -2023

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Abstract

Every aspect of human interaction is influenced by gender. In social interactions, individuals' perceptions of themselves—including their identity, rights, and opportunities—are challenged by the views of others and the actions of those around them. The term "gender awareness" calls attention to the reality that binary gender and sexuality categories like "male" and "female" fail to capture the full range of human experience and expression. Gender identity is expressed in many facets of our lives, including our interactions with others, both consciously and subconsciously. The way we connect with others is influenced by our perceptions and judgements about their gender. The gender(s) or sexualities of others are frequently interpreted by us based on unconscious associations, preconceptions, and normative norms. Therefore, gender plays a crucial role in determining who has access to what resources and opportunities in every given community. It hinders efforts to eliminate prejudice and promote equality.

Keywords: Gender, interact, identity, categories, complexity, evaluate, associations, assumptions, normative standards.

Introduction

Everyone has to be more gender conscious, but youth workers or young people who want to talk to their peers about gender and violence need to put in extra effort. Although it is impossible to completely "step outside" of the cultural and social structures that partially shape our identities, values, and perceptions, we can still cultivate ways of reflecting and interrogating ourselves, which is crucial for group work and interaction, hence the importance of gender awareness. Since our perspectives on ourselves as well as other people as sexual, gendered individuals change over time and in various settings, gender awareness should likewise be seen as a process.

After realising that policies needed to change to better reflect the interests of both men and women, the idea of "gender mainstreaming" emerged. To "mainstream" gender equality is to include it into all aspects of planning and implementation. Human rights institutions, including the legal system, are not equally accessible to women and men, and women and men have various difficulties. The men and women's situations also vary by location, age, race/ethnicity/socioeconomic status, and other characteristics. The goal of gender integrating is to ensure that the advantages of policies, initiatives, and projects are shared fairly between men and women, that inequality is not exacerbated, and that gender equality is really improved. The goal of gender mainstreaming is to address any and all gender disparities. It's a useful instrument in the fight for gender parity.

Differentiating Between Sex and Gender

The World Health Organisation (WHO) provides this concise explanation of the distinction between sex and gender:

- a) Sex is "the dissimilar anatomy and physiology of the sexes, including the reproductive systems, chromosomal numbers, hormone levels, and so on."

- b) The term "gender" refers to "the socially created qualities of women and men," including conventions, roles, and connections within and between different female and male communities. It's malleable and differs from culture to culture.

The concept of gender includes five important elements:

- a) Relationship
- b) a hierarchical
- c) Cultural
- d) Relevant

Most individuals learn from an early age how to behave in social settings, whether it be at home, school, or the workplace, regardless of whether they identify as male or female at birth.

Health is negatively impacted by discrimination, stigma, and social exclusion experienced by people and communities that do not "fit" conventional gender standards.

The women's movement of the 20th century was a defining feature of the century because of the prominence it brought women to in many spheres of public life. Western civilization was compelled to reevaluate its long held ideas about women and their responsibilities in society as a result of the advancements made by women, including the ability to vote, reproductive freedom via birth control and legalised abortion, and access to work and schooling.

Much of the research in sociology, anthropology, and psychology in the second half of the 20th century focused on gender and gender roles. Although they are commonly used interchangeably, "gender" and "sex" refer to distinct notions. The following terms will be defined during the course of this research. Whether an individual is male or female is determined by their unique hormonal and chromosomal make-up, which is what is meant by the word "sex" (Lindsey, 1997). Gendered refers to "meanings that communities and people attribute to male and female categories" (Eagly, 1987, p. 4), and gender roles determine what are considered to be the right actions for women and men.

Gender roles are social constructions that "contain self-concepts, psychological qualities, and familial, professional, and political duties allocated dichotomously to members of each sex." This is in contrast to sex roles, which are based on physiological variations in sexual genitalia.

Theoretical Underpinnings of Gender Rhetoric

There are six main schools of thought that have evolved to explain why men and women do different things depending on society. Some of these ideas were:

- a) organic
- b) functional Structural
- c) Learning Socially
- d) development (Cognitive)
- e) Schema related to Gender
- f) Interaction (symbolic)

All of these stem from various perspectives on human progress and cultural norms. Christen (1995), Dobson (1995), and Maccoby (1966) all point to innate biological distinctions between the sexes as the cause of traditional gender roles.

According to structural-functional theory, both sexes must contribute to society in ways that ensure its continued existence and smooth operation.

Social learning theory and cognitive development theory both argue that children learn gender roles in phases and are based on incentives for right gender behaviour, but their understandings of rewards and learning are different. Bem (1988) proposed the gender schema theory, which combines stage and socialisation theories to explain how people form mental models of gender and social roles.

According to the Symbolic Interaction Theory (Blumer, 1969), the social construction of masculine and feminine roles is the driving force behind the transmission and reinforcement of these roles throughout communities.

Basic Concepts: Sex and Gender, Masculinity and Femininity, Patriarchy

Academics, researchers, and feminist authors use the terms "sex" and "gender" to distinguish between the physiologically separate "male" and "female" and the socially differentiated "man" and "woman."

The biological or physiological distinctions between the sexes are what are meant by the term "sex" in its broadest definition. The word sex refers to an anatomical difference between the sexes in humans. Babies are traditionally given the gender-specific names "boy" or "girl" at birth. Such categorization is based on the anatomical distinctions between the sexes in the genitalia.

Gender is the societal explanation for the distinctions between men or women as men, and as what men can do, and as women, and what women can't do. Because of this biological difference, gender is an analytic concept that is socially produced. Gender is additionally employed to characterise the stereotypically masculine and feminine behaviours associated with men and women, respectively.

The biological distinctions between men or women are said by some thinkers to account for the corresponding mental and physical disparities between the sexes. They claim that women are inferior to males in every way imaginable because of evolution. Some thinkers contend that the supposed differences between men & women in terms of biology are overstated. The patriarchal structure of society, in which males are seen as superior to women, is a major social factor contributing to these disparities. As a result, society places women behind males.

The social effects of being male or female are conceptualised as masculinity and femininity, respectively, and the features and attributes that characterise men and women provide males an advantage over women.

By contrast, "the total dominance of the father or the oldest male participant over his family" is a definition of patriarchy. A father's dominance over his female offspring and his sons' submissive status in society and the economy is a definition of patriarchy. Rule by the male leader of a social unit (such as a family or tribe) is the literal meaning of the term "patriarchy." The patriarch is a respected senior member of the family who exercises authority over his offspring.

As a result of patriarchy, women have far less access than males have to the economic, sexual, and cultural capital of the society. That is, in a patriarchal culture, women face obstacles whether pursuing an education, acquiring property, or making decisions about marriage and other life spheres. Men have an inherent entitlement to these tools, which empowers them to make important decisions about their life.

Patriarchal Hold over Women's Lives

The patriarchal hold is visible in the following areas:

- a) Productive and labour power of women: Men dominate women's labour both at home and in the workplace. Women do a wide variety of tasks for their spouses, children, and other family members throughout their lifetimes. Housewives are reliant on their spouses since their employment is not valued in society. The outside work of women is likewise mostly controlled by males. Either they force their women to market their labour or they forbid them to work. They may steal the money that women make, since women are often prevented from holding higher-paying positions. They are often employed in low-paying service industries.
- b) Reproduction in women is also under the influence of males. Many cultures give women no say over whether or not they have children. They have no control over reproductive choices including child spacing, contraception usage, or termination of pregnancy.

- c) Women's sexuality is strictly regulated, since wives must fulfil their husbands' sexual demands and aspirations. Male promiscuity is typically encouraged, whereas moral and legal laws limit how women may express their sexuality outside of marriage. Forcing spouses, daughters, or other women under a man's authority into prostitution is another method in which males exert control over women's sexuality. Another way that shame and honour, namely family honour, are used to regulate women's sexuality is via rape and the fear of rape. Finally, women's sexuality is regulated by the family and by social, cultural, and religious norms that govern how they should dress, act, and travel.
- d) Women's Freedom of Movement: Men not only manage women's sexuality, productivity, and reproduction, but also their freedom to travel. Some of the ways in which a patriarchal culture restricts women's freedom and mobility of movement include via the enforcement of purdah, which prohibits them from leaving the home, and by the limitation of contact between the sexes. In contrast to males, who have no such limitations, women are susceptible to these kinds of constraints.
- e) Most economic resources, including land, buildings, and machinery, are held by males and are often handed down from father to son. Customary practises, social consequences, and emotional constraints prohibit women from gaining ownership of property even in nations where they have the legal right to do so.

According to UN statistics, "Women do more than 60% of the hours of work done in the world, but they get 10% of the world's income and own 1% of the world's property".

The American Psychology Association (APA) along with other professional organisations declared that sexual orientation per se is not a mental disorder in the mid-1970s, rejecting the stigma of mental disorders that had previously been placed on sexual minorities by the medical as well as mental health professions.

This helped to combat the societal prejudice that the concept of mental illness had helped to create and upkeep, as did the earlier action of the American Psychiatric Association to remove homosexuality in the "Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1973)."

Throughout the years 1970 to 1980, the American Psychological Association (APA) and its contemporaries passed a number of resolutions and position statements in favour of sexual orientation equality. The American Psychological Association (APA) and the National Organisation of Social Workers (NASW) not only took stands on important issues but also took concrete steps to influence law and policy.

Throughout this time period, licenced mental health professionals (LMHP) from a variety of fields came to believe that homosexuality is a natural variation on the sexuality of humans and that lesbian, gay, as well as bisexual (LGB) people should be treated with acceptance and equity in all aspects of their lives, including their sexuality, relationships, and access to mainstream society (Gonsiorek, 1991). Affirmative, gay affirmative, and lesbian, gay, or bisexual (LGB) affirmative are all terms used to describe this kind of psychotherapy.

Sexual Orientation for Therapeutic Responses

Concerns were first raised by some APA members in the early 1990s concerning the emergence of groups and people who saw homosexuality as a fault in character formation or moral deficiency. Many of these people and groups looked to have deep roots in conservative political or religious movements that promote homophobia.

The APA adopted "the Resolution on Appropriate Therapeutic Responses to Sexual Orientation in 1997" in response to these concerns (APA, 1998). In the resolution, the APA denounced any kind of discrimination based on a person's sexual orientation and reiterated the consensus reached by the major mental health and health care professions that homosexual is not a mental disease.

In addition, the APA brought attention to the prejudice, deceit, competency, and informed consent concerns that arise when clients seek psychologists out with the goal of altering their sexual orientation.

Appropriate interventions are those that "counteract bias that is based on ignorance or erroneous assumptions about one's sexuality" (APA, 1998). The APA also reaffirmed throughout the resolution that it was opposed to

"portrayals of lesbian, gay, as well as bisexual young people and adults as psychologically ill due to their sexual orientation" (APA, 1998).

The American Psychological Association (APA) formed the Task Force on Effective Therapeutic Reactions to Sexual Orientation in 2007. The members of this task force share the view that the following areas of scientific knowledge underpin a multi-culturally competent and positive approach to working with sexual minorities:

- a) Stigmatisation of the homosexual and bisexual community has far-reaching, harmful effects throughout the lifespan.
- b) Sexual attraction to, conduct towards, or inclination towards another person of the same sex is not indicative of a mental or developmental illness in and of itself.
- c) It's not only bisexuals and straight people who can experience same-sex sexual desire and activity.
- d) People who identify as lesbian, gay, or bisexual may have fulfilling lives and build stable, committed families and romantic partnerships that are on par with those of their heterosexual peers.

Evidence -Based Practice and Empirically Supported Treatments

Over the last decade, there has been a surge of curiosity about the results and reliability of psychotherapy. Levant and Hasan (2009) made a distinction between therapies that are supported by empirical research and those that are not: treatments with empirical backing (EST) and evidence-based psychotherapeutic approaches (EBPP). Effectiveness of EST treatments in treating certain illnesses has been shown via carefully controlled studies (Levant & Hasan, 2009).

The American Psychological Association (APA) defines EBPP as "the integration of the best current research with therapeutic knowledge in the context of a patient's characteristics, culture, and preferences"

Working with different groups for whom EST have not been produced or when minority populations have not been included in trials is a frequent challenge due to a lack of EST .

The mental health discipline of sexual orientation change education (SOCE) has its roots in the science of sexuality, which emerged in the middle of the 19th century (Katz, 1995).

In the first part of the 20th century, psychoanalytic thinking informed early psychotherapy treatments to homosexuality. Freud had complicated feelings about his own sexuality and homosexuality. According to Freud (1905/1960), heterosexuality is the mature sexual orientation, whereas homosexuality is a developmental halt.

Conclusion

Homosexuality, according to Freud (1935/1960), is "nothing to be embarrassed of, no vice, no deterioration, it cannot be defined as a sickness, but a variant of sexual function" and should not be treated as such. He continued by saying that psychoanalysts couldn't guarantee they'd "abolish homosexuality and make regular heterosexuality take its place."

Homosexuality was seen unfavourably, regarded to be abnormal, or believed to be produced by family dynamics in the psychoanalytic that dominated psychological areas following Freud, notably in the United States.

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