



Influence of Social Acceptance on Emotions, Hope and Resilience among Imprisoned Women in India

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Abstract

Imprisonment in law is the specific state of being physically incarcerated or confined in an institutional setting such as a prison, which has an impact on a person's physical, emotional and behavioural well-being. Social acceptance is the desire to form and maintain close, lasting relationships with others. Emotions are defined as a complex state of feeling that results in physical and psychological changes that influence thought and behaviour. Hope is defined as the perception that one can reach desired goals. Resilience refers to a class of phenomena characterised by patterns of positive adaptation in the context of significant adversity or risk. The purpose of this study is to determine the influence of perceived social acceptance of women prisoners on their dominant emotions (i.e., positive or negative). The study also examines the relationship between the dominant emotions and their impact on the hope and resilience of the women prisoners. The data of 55 women prisoners is collected from the Women's Jail Cell, Central Jail Tihar, New Delhi and data is analysed. A Pearson Correlation is calculated to establish a relationship between Perceived Social Acceptance and Positive Affect and Negative Affect, which results as— Perceived Social Acceptance correlates positively with Positive Affect and negatively with Negative Affect, however, the results weren't statistically significant ($p > 0.05$). In addition, an independent t-test between Positive Affect, Negative Affect, Hope and Resilience showed that women inmates with dominant Positive Affect positively impacted their Hope and Resilience ($p < 0.05$). The results are discussed within the framework of the literature.

Keywords: Imprisonment, Social Acceptance, Emotions, Hope, Resilience

1. Introduction

In today's world, women with their ambitions, intelligence and strength have proved that the word "inferior" has nothing in common with their gender. The traditional and stereotyped approach towards women as wives and just reproducers of generation is extinct. It's not a secret, that besides being good mothers, cooks, and housewives, women are also as successful in all areas as men, such as sports, business and entertainment. However, it is also observed

that the involvement of women in crime has also risen. It is unfortunate but a fact that the arena of crime, which more or less, has the monopoly on males, of late is no more a forbidden zone for the female gender.

As per Prison Statistics India 2015, NCRB, from the end of 2015, there were 4,19,623 persons in prison in India. Women constitute 4.3% of this figure, numbering a total of 17,834 women. Of these, 66.8% (11,916) are undertrial prisoners. In India, an analysis of prison statistics at five-year intervals reveals an increasing trend in the number of women prisoners – from 3.3% of all prisoners in 2000 to 4.3% in 2015 were women.

According to the Government of India Prisons Act of 1870, 'Prison' meant any goal or penitentiary and included the airing grounds occupied for the use of the prison. Prison means any prison or place used permanently or temporarily under a Local Government's general or special orders to detain prisoners. Sometimes called "prisonisation" when it occurs in correctional settings, it is the shorthand expression for the negative psychological effects of imprisonment (McCorkle, 1992). The process has been studied extensively by sociologists, psychologists, psychiatrists, and others, and involves a unique set of psychological adaptations that often occur in varying degrees in response to the extraordinary demands of prison life. In general terms, the process of prisonisation involves the incorporation of the norms of prison life into one's habits of thinking, feeling, and acting.

The adaptation to imprisonment is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional in periods of post-prison adjustment. Yet, the psychological effects of incarceration vary from individual to individual and are often reversible. To be sure, not everyone who is incarcerated is physically disabled or psychologically harmed by it. At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others (Haney, 1997).

There have been many studies conducted on the effects of imprisonment. In a landmark study of prison environments, Gresham Sykes (1958) used the language of the 'pains of imprisonment'. In his sociological study of maximum security prison in Trenton, Sykes identified five main pains of imprisonment. They were:

- The loss of liberty (confinement, removal from family and friends, rejection by the community, and loss of citizenship: a civil death, resulting in lost emotional relationships, loneliness and boredom)
- The deprivation of goods and services (choice, amenities and material possessions)
- The frustration of sexual desire (prisoners were figuratively castrated by involuntary celibacy)
- The deprivation of autonomy (regime routine, work, activities, trivial and meaningless restrictions- for example, the delivery of letters, lack of explanations for decisions)
- The deprivation of security (enforced association with other unpredictable prisoners, causing fear and anxiety; prisoners had to fight for the safety of their person and possessions)

According to Sykes, prisoners lose society's trust, the status of citizenship and material possessions, which constitute a large part of their self-perception. Imprisonment can be detrimental both to the mental and physical health of prisoners, and this is a particularly urgent

issue concerning long-term and aged prisoners (Crawley and Sparks, 2005). Certain groups of prisoners have been found to develop symptoms of PTSD in medico-legal assessments. Such symptoms can have debilitating effects and are associated with difficulties in restoring and maintaining relationships. High levels of anxiety, disturbed sleep, chronic depression, withdrawal from others and persistent feelings of being different from others and one's previous self are described by clinicians working with former prisoners (Grounds, 2004).

Emotional over-control and a generalised lack of spontaneity may occur as a result of prisoners struggling to control and suppress their internal emotional reactions in prison (Keve, 1974). Prisoners who labour at both an emotional and behavioural level to develop a "prison mask" that is unrevealing and impenetrable risk alienation from themselves and others, may develop emotional flatness that becomes chronic and debilitating in social interaction and relationships, and find that they have created a permanent and unbridgeable distance between themselves and other people (Jose-Kampfner, 1990). The alienation and social distancing from others is a defence not only against exploitation but also against the realisation that the lack of interpersonal control in the immediate prison environment makes emotional investments in relationships risky and unpredictable.

Incarceration, especially in terms of women prisoners, can be hugely traumatising and terrifying. The impact of imprisonment on women is more complicated and it leads to continuous deterioration. Women inmates experience the pains of imprisonment (Faith, 1993; Pollock, 1998). Faith (1993) cites a lengthy list of personal agonies encountered by women in prison, a few of which include the stigma of incarceration, the claustrophobia of confinement, anxiety about one's children, physical and emotional problems that accompany withdrawal from alcohol and street drugs, insensitivities and abuses of power both by staff and other inmates, and cognitive dissonance from not knowing how or whether to express their feelings. Women are imprisoned further from home and receive fewer visits. This adversely affects their capacity to maintain relationships and family contact. Research suggests half of all women on remand receive no visits compared to a quarter of men. Women Prisoners who receive no visits are significantly more likely to re-offend than others (May, et al, 2008).

Women are much more likely than men to harm themselves whilst in prison, accounting for 19% of self-harm incidents despite comprising just 5% of the prison population (WHO, 2009). The reasons for this include women's histories of sexual abuse and trauma, their guilt and distress at separation from their children, and mental illness (Hansard, 2010). Many women lose their homes and possessions as a result of imprisonment and 60% of women do not have homes to go to on release (Hedderman & Jolliffe, 2015). Without accommodation, it is much harder to get a job or training placement, arrange benefits or care for children, thus making their afterlife difficult. Women are much less likely than men to have a job to go to on release from prison (8.5% compared to 26.2%). Research evidence confirms that long prison sentences can be more painful and traumatising for women (Vallely, 2012).

Almost 60 per cent of female prison inmates have experienced some form of sexual and physical violence during imprisonment. Moreover, it has been suggested that the experience of sexual violence, in particular, is associated with engaging in sexual behaviour that puts women at risk for HIV/AIDS and sexually transmitted diseases. Finally, many victims of violence are so severely impacted by their experiences of violence that they remain in a constant state of arousal thereby impacting their ability to function in everyday situations (Arriola, 2006).

In addition to requiring basic health care, women offenders often have specific health needs related to their risky sexual and drug-using behaviour prior to imprisonment. Acoca has argued that the enormity of healthcare issues may in fact eclipse other correctional concerns as the female inmate population continues to grow. Women in prison are also at risk for infectious diseases, including HIV, tuberculosis, and sexually transmitted diseases. Pregnancy and reproductive health needs are another neglected area of health care. Therefore, understanding the impact of imprisonment on women becomes important to introduce interventions to help with their mental and physical well-being during imprisonment.

1.1. Social Acceptance

Hardened criminals may seem worlds apart from innocent babies. Yet, as the Fairchild quote suggests “there’s a reason to believe that most people share a similar craving for social acceptance”. Social acceptance is pleasant, rewarding, and, in moderate amounts, associated with various indicators of well-being.

Social acceptance means that other people signal that they wish to include you in their groups and relationships (Leary, 2010). Social acceptance occurs on a continuum that ranges from merely tolerating another person’s presence to actively pursuing someone as a relationship partner. Social acceptance can be defined as the fact that most people, in order to fit in with others, attempt to look and act like them. Or sometimes it is the ability to accept or tolerate differences and diversity in other people or groups of people.

The need to belong is defined as the desire to form and maintain close, lasting relationships with other individuals (Baumeister & Leary, 1995). By its very definition, incarceration threatens relationships between prisoners, family and relatives, friends and other members of their societies. It is not only the incarceration of the by-product but also a central part of the disciplinary dimension of imprisonment and one of sentencing’s unstated aims. Incarcerated individuals’ relationships are the familial and romantic relations of individuals in prisons. Although the population of incarcerated men and women continues to increase (Institute for Crime & Justice Policy Research, 2024), there is little research on the effects of incarceration on inmates’ social worlds. However, it has been demonstrated that an inmate’s relationships play a seminal role in their well-being both during and after incarceration (Travis & Visser, 2003), making such research important in improving their overall health, and lowering rates of recidivism (Bales & Mears, 2008).

Although the importance of social support for prisoners is well recognised, inmates often receive inadequate social support (Asberg and Renk, 2014). For example, inmates’ contact with their closest friends and family is usually rationed and sparse (Biggam and Power et al., 1997). Most prisoners are members of family, kin and friendship networks. While prisoners experience the primary effects of detention and deprivation of liberty, their families live their lives in the shadow of prison.

For several families, relationship bonds, including marriage bonds, intimacy, and parent-child bonds, mean that imprisonment presents a challenge to their relationship. Most families want to care for the inmates as a prisoner's family member is still a family member despite the chains, bars and bolts. Some families sever contact with an inmate, and some inmates sever contact with their families but that does not change the fact that a family member is imprisoned (Codd, 2008).

Prison-specific research indicates that both male and female inmates who maintain strong family ties, including romantic partners, are better able to cope while in prison, have fewer disciplinary problems while incarcerated, and are less likely to recidivate after release from prison (Howser et al., 1983). For example, inmates who reported having a happy marriage experienced more successful transitions back to their community at the end of their sentence than those who described marriages with high levels of conflict (Harman et al., 2007). Lastly, the effects of separation and loss on children due to their parent's incarceration include increased behaviour disturbance and later delinquency, depression and feelings of low esteem (Richards & Jones, 2004). Criminologists have amassed considerable evidence relating to the damaging effects of early loss on child development and later antisocial and destructive behaviour (Hendricks et al., 1993). Incarceration continued to negatively affect parent-child relationships following the parent's release from prison. This was a stressful period of readjustment for both child and parent and sometimes resulted in parents and children withdrawing from one another. Parents sometimes experience a loss of control and a sense of hopelessness in seeking to re-establish the relationship with their child or children. This was most notable for children aged five years and older (Joyce, 2013).

Hence, acceptance received from social relationships plays an important role in managing emotions and transition back into the community after incarceration. Understanding the effects of social acceptance and the role it plays in preventing recidivism can help professionals develop a plan for the smooth release of women prisoners that gives them hope and promotes resilience for the future.

1.2. Emotions

Emotions are feeling (or affect) states that involve a pattern of cognitive, physiological and behavioural reactions to events. In psychology, emotion is often defined as a complex state of feeling that results in physical and psychological changes that influence thought and behaviour. Emotionality is associated with a range of psychological phenomena, including temperament, personality, mood, and motivation. According to author David G. Myers, human emotion involves "physiological arousal, expressive behaviours, and conscious experience." In practical terms, Joseph LeDoux (2012) has defined emotions as the result of a cognitive and conscious process which occurs in response to a body system response to a trigger.

Emotions can be occurrences (e.g., panic) or dispositions (e.g., hostility), short-lived (e.g., anger) or long-lived (e.g., grief) (Scarantino, 2021). Psychotherapist Michael C. Graham (2014) describes all emotions as existing on a continuum of intensity. Thus fear might range from mild concern to terror or shame might range from simple embarrassment to toxic shame.

Emotions can be divided into two broad categories- positive and negative. Positive emotions are emotions that we typically find pleasurable to experience. The Oxford Handbook of Positive Psychology defines them as "pleasant or desirable situational responses; distinct from pleasurable sensation and undifferentiated positive affect" (Cohn & Fredrickson et al., 2009). Some examples of positive emotions are- love, happiness, contentment, joy, and satisfaction. On the other hand, negative emotions are those that we typically do not find pleasurable to experience. Negative emotions can be defined as "an unpleasant or unhappy emotion which is evoked in individuals to express a negative effect towards an event or person" (Pam, 2013). Some examples of negative emotions are- fear, anger, disgust, sadness, rage and loneliness.

As vital as it is for people to learn how to boost their positive emotions and take advantage of the opportunities they bring, it's just as vital to learn how to adapt from negative emotions

and cope with them effectively. When people are able to accept, embrace, and exploit both their positive and negative emotions, they give themselves the best chance to live a balanced, meaningful life.

Over the last two decades, however, an increasing scholarly awareness has emerged that emotions are inherently social—that is, they tend to be elicited by other people, expressed toward other people, and regulated to influence other people or to comply with social norms (Parkinson, 1996; Van Kleef, 2009). Research has demonstrated that social-contextual influences (e.g., norms, group membership) systematically shape the experience, regulation, and expression of emotions (e.g., Doosje et al., 1998; Reis et al., 2004; Fischer and Evers, 2011).

Accounts of prison life consistently describe a culture of mutual mistrust, fear, aggression and barely submerged violence. Violence within prisons is undoubtedly common, in the form of fights, assaults and various forms of aggression and exploitation (Edgar et al., 2003; King and McDermott, 1995; O'Donnell and Edgar, 1999). However, it is also clear that some prisoners are victimised more than others (Edgar et al., 2003), that many prisoners report feeling safe from assaults (Bottoms, 1999) and that avoiding certain kinds of prison activities (e.g. involvement in trade and drug use) decreases the risks of violence (Crewe et al., 2009).

The understanding that emotions are social and can be drawn, expressed and influenced by society is important to contextualise it in terms of imprisonment. The emotions of women prisoners can be influenced by the relationships within the prisons or personal relationships outside it. Therefore, it is important to understand the influence prisonisation can have on women and its explanation towards the development of hope and resilience post-imprisonment.

1.3. Hope

Hope can be defined as “the perception that one can reach desired goals” (Snyder, 1989), thus, the overall process involves two components of goal-directed thought—pathways and agency. Hence, hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways. The various aspects of hope theory are- goal, pathways thinking and agency thinking.

The basic assumption here is that human actions are goal-directed. Accordingly, goals are the targets of mental action sequences, and they provide the cognitive component that anchors hope theory (Snyder, 1994; Snyder, Cheavens, & Simpson, 1997). In order to reach their goals, people must view themselves as being capable of generating workable routes to those goals. This process, which we call pathways thinking, signifies one's perceived capabilities at generating workable routes to desired goals. This pathway thinking is typified by affirming internal messages that are similar to the appellation “I'll find a way to get this done!” (Snyder, Lapointe, Crowson, & Early, 1998). The motivational component in hope theory is agency—the perceived capacity to use one's pathways to reach desired goals. Agentic thinking reflects self-referential thoughts about both starting to move along a pathway and continuing to progress along that pathway. It is found that high-hope people embrace such self-talk agentic phrases as “I can do this” (Snyder et al., 1998).

There are many ways in which hope theory can be used to foster a better understanding of adjustment, as well as the best approaches for facilitating it. One way in which psychological adjustment is influenced by hope is through the belief in one's self (e.g., Snyder, Hoza, et al.,

1997). Moreover, manipulations to increase levels of hope have resulted in increases in positive affects and decreases in negative affects (Snyder et al., 1996).

Coping is the ability to effectively respond to a stressor to reduce psychological and physical pain (Houston et al., 1988). Within hope theory, the stressor represents that which is interfering with one's normal ongoing goal of being happy. When confronting a stressor one must find alternative paths to attain the "normalcy" goal, as well as become mobilised to use those paths. When confronted with a stressor, higher as compared with lower hope people produce more strategies for dealing with the stressor (pathways) and express a greater likelihood of using those strategies (agency; Snyder, 1994, 2000; Snyder, Harris, et al., 1991); moreover, higher hope persons are more likely to find benefits in their ongoing dealings with stressors (Affleck & Tennen, 1996; Tennen & Affleck, 1999).

Hopeful thought entails assets such as the ability to establish clear goals, imagine workable pathways, and motivate oneself to work toward goals (Snyder, 2000). Furthermore, this successful pursuit of goals is associated with elevated self-esteem and well-being (Snyder, Feldman, et al., 2000).

Social acceptance has an impact on the hope of a person. One measure of the motivation to be connected to others is the degree to which an individual is concerned with the perceptions that others form of him. In this vein, the increasing consensus is that a tendency to present oneself in a slightly positive light is an adaptive coping style (Taylor, 1989). Hope Scale scores have correlated slightly and positively with measures of social desirability and positive self-presentation (Snyder, Harris, et al., 1991), suggesting an adaptive concern by high-hope people about impressions they make. Researchers also have found that higher levels of hope are related to more perceived social support (Barnum et al., 1998), more social competence (Snyder, Hoza, et al., 1997), and less loneliness (Sympson, 1999). Psychological strengths such as positive self-evaluation, hope, and self-regulatory ability are associated with social need fulfilment. For example, social support was found to positively impact core self-evaluations (Liu et al. 2016), as did being liked and accepted (Leary and Baumeister 2000), and the experience of status achievement (Anderson et al. 2015). Close relationship satisfaction has been shown to increase positive self-evaluations, hope, and self-regulatory abilities (e.g., Hofmann et al. 2015). In contrast, deficits in social acceptance were found to lead to serious decreases in self-regulatory capacity (Baumeister et al. 2005).

Social disadvantage and/or a specific set of circumstances may predispose prisoners to depression, and be exacerbated by the stresses of imprisonment (Howard, 1999). Depressed people may see themselves as flawed and believe that they do not possess the resources necessary to improve themselves. This contributes to their view of the future as hopeless (Reinecke, 2000). When, in addition, an individual loses his/her control or influence over his/her environment, he/she may develop feelings of hopelessness (Abramson et al., 1978). This is especially likely to occur in prison where much of the control over one's life is lost. Suicidal ideation is likely to represent an early expression of vulnerability for self-harming behaviours and suicide (Morgan and Stanton, 1997; Shah and Ganesvaran, 1997), particularly given its association with depression and hopelessness (Beck et al., 1985; Beck, 1993).

Consequently, to promote feelings of hopefulness about the future post-imprisonment, it is important to look at factors influencing their emotions. Corrective interventions that can promote hopefulness such as better opportunities for education, skills development, contact and visits with family and friends can be helpful.

1.4. Resilience

The idea of individual resilience in the face of adversity has been around for a very long time, as evident in myths, fairy tales, art, and literature over the centuries that portray heroes and heroines (Campbell et al., 2006). Freud (1928) noted the remarkable human capacity to triumph over adversity even on the way to execution, describing gallows humour as “the ego’s victorious assertion of its invulnerability”. In addition to the ego, early concepts of mastery motivation, competence, and self-efficacy in 20th-century psychology focused on positive aspects of adaptation in development (Masten & Coatsworth, 1995).

Resilience refers to a class of phenomena characterised by patterns of positive adaptation in the context of significant adversity or risk. Resilience must be inferred because two major judgments are required to identify individuals as belonging to this class of phenomena. First, there is a judgment that individuals are “doing OK” or “better than OK” with respect to a set of expectations for behaviour. Second, there is a judgment that there have been extenuating circumstances that posed a threat to good outcomes.

One of the variables that is related to resilience is psychological well-being. Psychological well-being can be divided into three basic components: (a) satisfaction with life; (b) positive affect; and (c) negative affect. Thus, for a person to achieve high levels of subjective well-being, they need to feel satisfied with life and have a predominantly positive affectivity and a low level of negative affect. Thus, psychological well-being is purely evaluative and subjective, the most important element is how individuals assess his or her own life (Diener, 2000).

Satisfaction with life has been identified as a cognitive component of subjective well-being and is expressed in the form of an individual’s global judgment of their life (Pavot, Diener, & Colvin, 1991). An individual will have a high level of psychological well-being to the extent to which positive affect predominates over negative affect. A positive relationship has been observed between resilience and satisfaction with life, with those evincing a resilient pattern tending to believe in their ability to overcome adverse situations, which translates into a greater sense of well-being (Sinclair & Wallston, 2004). Resilience has also been found to correlate positively with life satisfaction and negatively with depression, through the mediator mechanism known as the cognitive triad - positive cognitions about oneself, the world and the future (Mak, Ng & Wong, 2011).

A large number of studies report a strong link between psychological resilience and positive emotional states, finding that individuals with a resilient profile experience more positive emotions in stressful situations than less resilient subjects, even though they experience similar levels of negative emotions. This is because they have a greater capacity to overcome adversity and grow (Ong & Bergeman et al., 2006). Folkman and Moskowitz (2007) argue that attaching a positive meaning to everyday life events and having a problem-centred coping style may help generate positive emotions in adverse situations. In other words, resilience has been found to facilitate positive affect and alleviate negative affect.

Tugade et al. (2004) argue that positive emotions are not simply a product of resilient traits but also play a very important role in resilient people’s capacity to recover from stressful events. Positive emotions broaden cognitive and behavioural repertoires, playing a reparatory role in situations which generate negative emotions. As reported by Fredrickson (2001), the main assumption is that resilience is effective in improving individuals’ psychological well-being. Resiliency that causes effective adaptation to risk factors can have an important role in reducing crime (Chalmeh, 2011). In other words, the concept of resiliency is beyond

withstanding against the pressure of life and therefore is not synonymous with a lack of vulnerability (Bonanno, 2004).

There is extensive evidence to support the relationship between social support and connections, resilience and its impact on mental health. A study by the Beyond Blue national survey of mental health and well-being among first responders in Australia found the strongest relationship between social support and resilience (Lawrence & Kyron et al., 2018). They concluded that the negative affects of trauma can be mitigated by positive social factors. Hence, social connections act as a container for stress during difficult times, such as serving time in prison. With good social support, challenging events can appear less threatening (Hilbrink, 2023). It improves our ability to cope with problems on our own by increasing self-esteem and a sense of control.

Among the associated factors with resilience, we can refer to the protection of cognitive factors such as high levels of self-esteem and self-efficacy, avoiding high internal locus of control and active coping styles. Studies have shown that these factors are at lower levels in offenders and prisoners (Chambers & Eccleston et al., 2008). Due to the low levels of resilience in prisoners and the high prevalence of mental disorders, it seems that low resilience can be considered as one of the effective factors in the low quality of life. Because resiliency provides effective adaption to risks, this adaptation is a factor for increased life satisfaction in people's lives (Jowkar, 2007).

2. Theoretical Framework & Research Questions

Imprisonment is an extreme form of punishment that can lead to various psychological and behavioural issues. Therefore, there is a need to study positive psychology in the context of prisoners, with the intention of improving their overall well-being. Researchers should focus on exploring the various aspects of challenges faced, physical and psychological, by women inmates and suggest ways to improve their conditions. Such an empowering approach with the inmates will improve rehabilitative outcomes by creating behaviour change. To explore the various factors affecting a woman prisoner's psychological health, the study tries to establish a relationship between social acceptance of prisoners on their emotions, hope and resilience. Since social acceptance plays a defining role in the psychological well-being of individuals (Potochnick et al., 2012), it is therefore important to understand its impact in the context of a more disadvantaged population of society, i.e., prisoners. Henceforth, this study explores the positive aspects of women inmate psychology and offers suggestive measures to improve their well-being.

Based on this rationale, the study had the following research questions:

1. Will there be a relationship between perceived social acceptance and the positive & negative affect on women inmates of Tihar Jail?
2. Will positive & negative affect have an impact on the hope of women inmates of Tihar Jail?
3. Will positive & negative affect have an impact on the resilience of women inmates of Tihar Jail?

3. Method

3.1. Participants

A total of 55 women inmates of Central Jail Tihar, Delhi were tested for the study. Each participant was interviewed separately and tested on four scales. The age group of the women inmates ranged from 20 to 65 years old. Around 46% of the participants were uneducated and 54% were educated till 10th/12th and above. 65% of the inmates tested belonged to the lower socioeconomic status. Moreover, approximately 65% of the women were in prison for less than a year and around 89% of the total were undertrial.

3.2. Measures

2.1 Perceived Acceptance Scale: The Perceived Acceptance Scale (PAS), developed by Douglas & Brock et al., in 1998, is an instrument designed to assess perceptions of acceptance within specific categories of relationships. The PAS provides separate scores that reflect acceptance from one's mother, father, family in general and friends. The PAS was constructed to directly tap individual perceptions of acceptance— rather than overt expressions— across separate classes of relationships.

2.2 Positive and Negative Affect Schedule (PANAS): The PANAS (Watson et al., 1988) consists of two 10-item mood scales and was developed to provide brief measures of Positive Affect (PA) and Negative Affect (NA). Respondents are asked to rate the extent to which they have experienced each particular emotion within a specified time, with reference to a 5-point scale. The scale points are: 1 'very slightly or not at all', 2 'a little', 3 'moderately', 4 'quite a bit' and 5 'very much'. Total scores on each scale (PA and NA) are obtained by adding the scores for each item. Estimations of the internal consistency have varied from $\alpha = .86$ to $\alpha = .90$ for the PA scale and from $\alpha = .84$ to $\alpha = .87$ for the NA scale (Watson et al., 1988).

2.3 Adult Hope Scale: A 12-item measure of a respondent's level of hope (Snyder et al., 1991). In particular, the scale is divided into two sub-scales that comprise Snyder's cognitive model of hope: (1) Agency (i.e., goal-directed energy) and (2) Pathways (i.e., planning to accomplish goals). Of the 12 items, 4 make up the Agency sub-scale and 4 make up the Pathways sub-scale. The remaining 4 items are fillers. Each item is answered using an 8-point Likert-type scale ranging from Definitely False to Definitely True. It should be noted that the authors recommend that when administering the scale, it is called "The Future Scale". The internal consistency of the instrument (Cronbach's alpha) was .71 thru .84.

2.4 Connor and Davison Resilience Scale: Resilience questionnaires by Connor and Davison in 2003 are provided in order to measure the strength against pressure and threats. This scale consists of 25 items to be marked on a 5-point Likert scale (completely false, rarely true, sometimes true, often true and always true). The minimum score for this test is zero and the maximum is 100. The validity (through factor analysis and convergent and divergent validity) and reliability (retest method and Cronbach's alpha) of the scale have been established testing by manufacturers of tests in various categories (normal and at risk). Connor and Davidson have reported a Resilience Scale of Cronbach's alpha coefficient of 0.89. Also reliability coefficient from the retest method at a 4-week distance was 0.87. In this chaos, Jokar and Sahragard Cronbach's alpha coefficient was 0.87 for the reliability of this test.

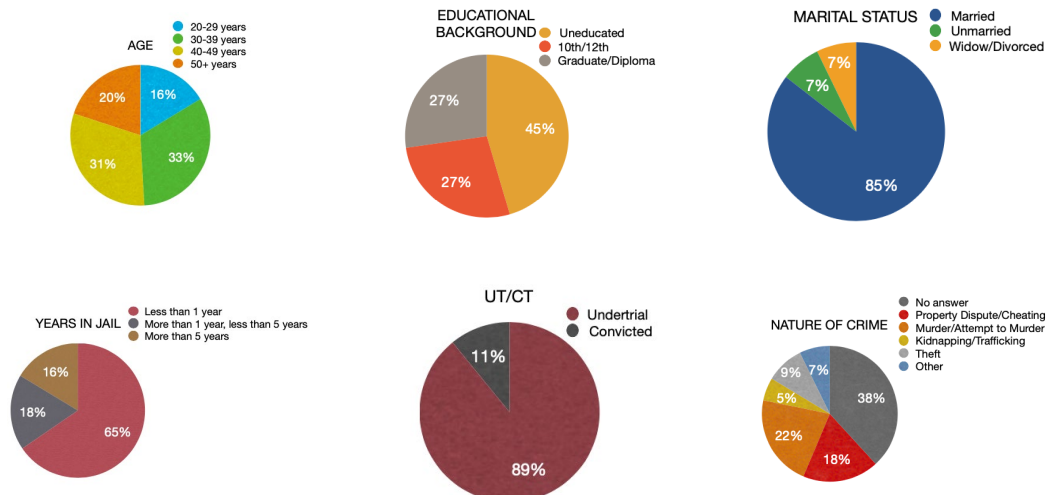
3.3. Procedure

In order to explore the above-mentioned research questions, the study was conducted in Central Jail Tihar, New Delhi. For the study, a purposive sampling method was used. Women prisoners of Central Jail Tihar were interviewed on basic demographics such as age, number of years in prison, nature of crime and level of education, along with the four scales: Perceived Acceptance Scale, Positive & Negative Affect Scale, Adult Hope Scale and Connor & Davidson Resilience Scale. There were no restrictions on inclusion criteria except that the prisoners had to be “female” as assigned at birth. Their data was excluded only due to non-completion of the questionnaires. Each inmate was called on a one-to-one basis and each item was asked (English or Hindi language) one at a time since the majority were uneducated, or educated only in Hindi. Once the data was collected and their responses to the scales recorded, the relationship between the variables was established using correlation and an Independent t-test. The main bias observed in the study was the differences in language. Some women prisoners answered the questionnaire in the Hindi language, some answered the questions in the English language, whereas some uneducated women prisoners had to be read out and explained each item on the scale. This potentially might have created biases in the interpretation of the questionnaires making different women answer the items differently.

3.4. Research Design-

The study was exploratory research, which aimed at exploring the relationship between social acceptance, emotions, hope and resilience in imprisoned women. For establishing a relationship between social acceptance and positive and negative affect, a Pearson correlation was used, whereas in order to analyse the effect of positive and negative emotions on the hope and resilience of women inmates, an Independent t-test was used.

The data collected can be divided into the following categories following the demographics of the participants as shown in the figures.



4. Results

Using a purposive sampling method, data for 55 women inmates was collected from Central Jail Tihar, New Delhi, to explore the relationship between perceived social acceptance, emotions, hope and resilience. A correlation was calculated to establish a relationship between the perceived social acceptance of women inmates to their positive and negative emotions. Perceived acceptance scale scores were correlated with positive and negative affect scores separately and a relationship was established. The results are indicated in Tables 1 & 2.

As illustrated in Table 1, social acceptance relates positively with Positive Affect, $r(53) = 0.14$. The major Positive Affect Attributes considered during data collection were Interested, Excited, Enthusiastic, Inspired and Proud. Furthermore, Perceived Social Acceptance negatively correlated with Negative Affect, $r(53) = -0.074$, however, the value of correlation is 'near zero'. The main negative affect attributes considered in PANAS were Distressed, Scared, Ashamed, Irritable and Afraid. In both the correlations, the difference was not significant.

Table 1

Descriptive statistics for Social Acceptance, Positive Affect and Negative Affect

	Mean	Standard Deviation	N
Perceived Acceptance	159.29	28.56	55
Positive Affect	31.98	9.56	55
Negative Affect	35.28	8.45	55

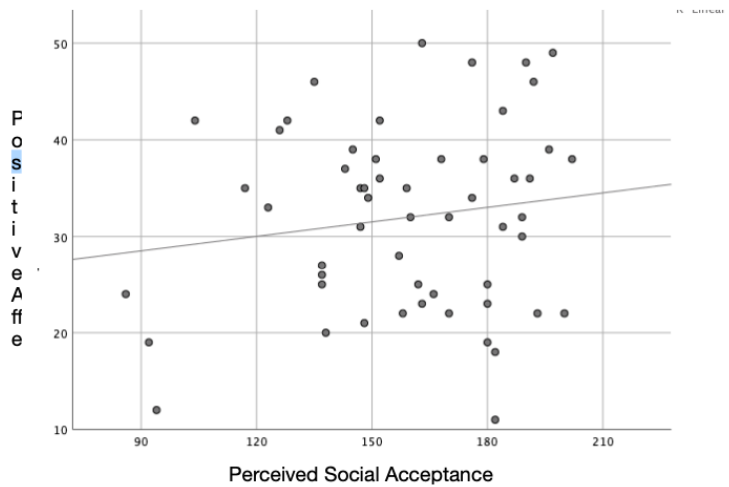
Table 2

Correlations for Social Acceptance with Positive and Negative Affect (N=55)

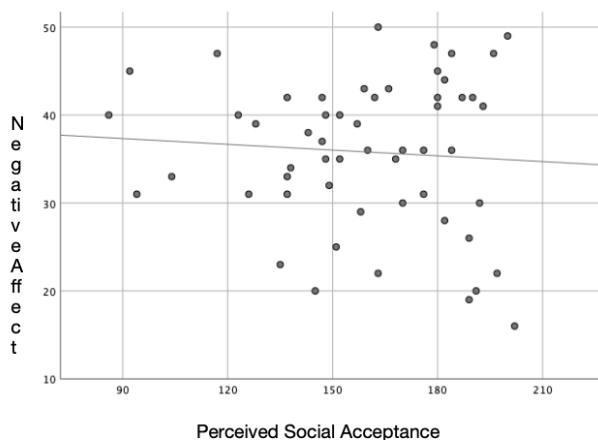
	Positive Affect	Negative Affect
Social Acceptance	0.14	-0.074

Graphs 1 and 2 highlight the correlation between positive affect with perceived social acceptability & negative affect with perceived social acceptability, respectively. As we can see in Graph 1, the data is spread across the graph indicating a moderate positive relationship between Positive Affect and Perceived Social Acceptance, with visible outliers. However, Graph 2 shows a moderate negative relationship between Negative Affect and Perceived Social Acceptance, with outliers being highlighted on the graph. It is also interesting to note that the data is closer to the line in Graph 2 than in Graph 1, where the data is more spread across.

Graph 1- Scatter Diagram showing relationship between Perceived Social Acceptance and Positive Affect



Graph 2 - Scatter Diagram showing relationship between Perceived Social Acceptance and Negative Affect



The impact of dominant positive affect and negative affect was seen on the hope and resilience of women inmates, and an independent t-test was calculated. The details are shown in Tables 3, 4 & 5. For Hope, Positive Affect was statistically significant than Negative Affect, at $t = 3.18$ ($p < 0.05$). Hence, indicating that Positive Affect has an impact on improving a woman prisoner's level of Hope. Similarly, the independent t-test value for Resilience $t = 3.17$ ($p < 0.05$), which indicates Positive Affect is statistically significant compared to Negative Affect, hence indicating that Positive Affect plays an important role in improving the resilience of women inmates.

Table 3

Descriptive statistics for Positive and Negative Affect

Variables	Positive Affect			Negative Affect		
	M	SD	N	M	SD	N
Hope	55.44	10.72	25	45.37	12.43	30
Resilience	84.32	14.72	25	70.90	16.30	30

Table 4

Independent t-test for Hope

	<i>t</i>
Hope	3.18*

*Note: *p<0.05*

Table 5

Independent t-test for Resilience

	<i>t</i>
Resilience	3.17*

*Note: *p<0.05*

5. Discussion

The topic of women convicts' psycho-social issues and its relation to positive psychology in central prisons has drawn the attention of academics from various fields such as sociology, psychology, social work, criminology, law etc. However, adequate work in this field has not been thoroughly investigated by either scholars from India or those abroad. There is ample literature on violence, prisons and their management, the nature of crime, reasons for committing crime, etc. However, the research on women prisoners, their psycho-social challenges and their coping mechanisms is not significant. Therefore, this exploratory research aimed at understanding the relationship between perceived social acceptance and positive & negative affect, and how this relationship effects the level of hope and resilience of women inmates. It should be noted that Positive and Negative Affect are variables testing women inmates' present psychological well-being, whereas, Hope and Resilience indicate their future psychological well-being.

The research was conducted in Central Jail Tihar, New Delhi, where 55 women inmates were examined on four scales- Perceived Acceptance Scale, Positive and Negative Affect Schedule (PANAS), Adult Hope Scale, and Connor-Davidson Resilience Scale. The data was collected and results were calculated through SPSS.

A Pearson product-moment correlation was conducted to examine the relationship between perceived social acceptance and positive & negative affect on women inmates. As seen in the results above, social acceptance relates positively with Positive Affect ($r = 0.14$). It's worth mentioning that 89% of the sample data belongs to under-trial inmates who are not sure of their future unless judgment comes. Due to this, they are more positive and hopeful to be free soon as well as confident about their social acceptability concerning their family, parents and friends. Furthermore, social acceptance negatively correlated with Negative Affect ($r = -0.074$). In both the correlations, the difference was not significant. A closer look at the values of both correlations, mentioned above, reveals that the positive & negative affects of inmates are their current emotional status at the time of the interaction, however, the perceived social acceptability is their medium to long-term experience and aspirations.

The factors that control the emotions of the inmates are their tenure in prison, fellow inmates' behaviour towards them, prison routine and staff behaviour and interactions with their visitors. On the other hand, the factors playing a crucial role in perceived social acceptability are their experience and memories of their family & friends before they arrived at the prison and regular meetings with their visitors in the prison.

Here we find one common factor between emotions and social acceptability is the meetings between the inmates and their family/friends as per the prison roster. The content of this meeting has a definite role in impacting the inmates' emotions, potentially lasting for a few hours to a few days (depending on the individual) as well as impacting their perception of social acceptability.

This is established with our findings through the Pearson correlation factor for both positive ($r=0.14$) and negative ($r= -0.074$) relations; as both are very close to Zero means there is only a small or transient factor which is impacting inmates' emotions and their perceived social acceptability. This factor is "meetings of inmates with their friends and family inside the prison" as per the defined prison roster. A positive meeting about their case, family, kids etc. may boost their emotions and hence the perception of normal "after prison" life and on the contrary a pessimistic meeting brings their spirit low.

These findings also indicate that Positive Affect explains much more of a variability in Social Acceptance than does Negative Affect. The effect size for Positive Affect ($r^2 = .019$) indicated that the level of Positive Affect that women inmates experienced accounted for a larger portion (1.9%) of the variability in social acceptance. Some researchers have proposed that social support and acceptance can reduce depression, and good social support can be effective in alleviating psychological pressure, promoting mental health, enhancing social adaptability, and improving the quality of life and emotional well-being (Vyavaharkar et al. 2011). Individuals who have good social support have higher levels of positive emotions and lower levels of negative emotions (Lyubomirsky & Layous 2013). In a collectivistic society, such as India, people in this culture believe that seeking social support (e.g. emotional, instrumental, informational, and tangible support) from family, friends and significant others on some personal, social and other vital issues is significant to happiness (Salami, 2010). Despite not observing a significant relationship between social acceptability and positive & negative affect, the study was able to at least identify that a relationship does exist, and hence, achieving our first research question for the study.

In order to explore the second and third research questions of the study, an Independent samples t-test was administered to study the effect of positive and negative emotions on the

overall futuristic hope and resilience. For Hope, Positive Affect was statistically significant than Negative Affect indicating that Positive Affect plays a role in improving a woman prisoner's level of Hope for the future. Similarly, the independent t-test value for Resilience indicates that Positive Affect is statistically significant compared to Negative Affect.

According to hope theory (Snyder, 1994), high-hope persons experience a positive emotional set and positive self-talk (for example, "I am ready for this challenge"), which keeps them attentive and focused on the task. It even motivates them toward the completion of a task. Although evidence on positive emotions is relatively scant, Isen's (1987) program of research is certainly consistent with the idea that happiness activates approach motivation. Isen and her colleagues (Isen & Geva, 1987; Isen, Nygren, & Ashby, 1998; Isen & Patrick, 1983) found that happy people are more likely to help others, perform well in creative problem-solving tasks, and to think in creative, expansive ways (Isen, 1987). Therefore, positive emotions help women inmates to think positive thoughts and maintain a basic level of hope that motivates them to think about their future post their incarceration. The basic motivators to hope could be their family, friends, or children. Through observation, it was also seen that a majority of women inmates kept themselves busy by taking part in activities available inside the prison (they were also known as "sevadaars"), such as stitching, cooking, handling administrative work, managing cultural activities, studying, etc., which motivated and made them hopeful about their future. Learning such skills makes them confident and ready for work and jobs in the real world after their tenure is over.

Research has shown that positive emotions may fuel individual differences in resilience. According to the 'Broaden-and-build theory' (Fredrickson, 1998), it predicts that experiences of positive emotions build psychological resilience over time, not just reflect it. That is, to the extent that positive emotions broaden the scope of attention and cognition, enabling flexible and creative thinking, they augment people's enduring coping resources (Aspinwall, 1998, 2001; Isen, 1990). A study conducted by Fredrickson and Joiner (2000) showed that individuals who experience more positive emotions than others become more resilient to adversity over time. Hence, women inmates who experience positive emotions tend to be more resilient after they leave prison. Folkman and Moskowitz (2007) argue that attaching a positive meaning to everyday life events and having a problem-centred coping style may help generate positive emotions in adverse situations. In other words, resilience has been found to facilitate positive affect and alleviate negative affect.

Therefore, the current study throws an important light on the condition of women in prisons and how the perception of acceptability from society can help maintain or improve their emotions, hope and resilience. This study can help future scholars design appropriate interventions in prisons to improve the psychological and physical conditions of incarcerated women, which will help enhance their quality of life post-imprisonment and reduce the chances of recidivism.

6. Limitations

The current study tried to explore the different aspects of positive psychology in the context of prison. Specifically, women's images were chosen due to the lack of studies in this particular area. However, one of the major limitations of this study was the restricted sample size due to a shortage of time and the unwillingness of women inmates to communicate with mental health professionals. The sample frame was limited to New Delhi, and hence cannot be applied to inmates of other prisons.

7. Future Research

Future research could focus on studying these aspects of positive psychology in detail to improve the conditions of women inmates in prisons, with a larger sample size and a broader sample frame. Authorities need to establish a positive environment inside the prison that would ensure that when inmates complete their tenure, they can better cope with the real world, both physically and mentally.

8. Conclusion and Implications

The study aimed at exploring the relationship between the perceived social acceptance of women inmates with their emotions, and the impact emotions had on their future psychological well-being namely- hope and resilience. This exploratory research implies that perceived social acceptance relates positively to positive emotions and negatively to negative emotions. A further analysis reveals that women inmates with dominant positive affect increase their hope and resilience, whereas women with dominant negative affect, experience low levels of hope and resilience. These findings can prove important whilst developing policies and intervention strategies for women prisoners. Therefore, incarceration, if treated as a rehabilitation, can help provide a hopeful future for prisoners and reduce recidivism.

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