

Role of Person-Centered Therapy Intervention in the Psychological Well-Being of Indian Working Women: A Narrative Study

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Abstract

India's Female labour participation rate (FLPR) is slowly declining despite of its being a progressing and developing country. This is a qualitative study to delve into the psychological well-being (PWB) of working women, that affects their overall functionality, resilience, emotional and mental well-being. The purpose of this paper is to study the role of Person-Centered therapy intervention, based on three principles of empathy, congruence and unconditional positive regard, in maintaining an equilibrium of mental as well as holistic well-being of a working women in Delhi- NCR region. The three research questions and data collected through semi-structured interviews, were thematically analysed and meaningful themes were identified in the process. The results showcased that after psychotherapy the females identified the issues in their work-life balancing paradigm and strived towards positive emotions, self-actualization and self-enhancement.

Keywords: Psychological well-being, Person-Centered therapy, Empathy, Congruence, Unconditional Positive regard, Psychotherapy, Working women, Work-life balance.

Introduction

Indian women, strong yet fragile, are striving hard to keep a balance between their professional and personal lives. This multitasking creature has several responsibilities to perform chores of the house, take care of the children, spouse and elderly members of the family and be financially contributing factor in the household too. At times, unappreciated and uncared for, these women still holds their duties commendably well. In the current scenario, discrimination on the basis of gender is hampering their mental well-being and emotionally wearing the females, reporting a prevalence of common mental disorders such as anxiety, insomnia, depression etc (Sharma and Pathak, 2015). A very less stress and importance is given to the

mental health care aspect amidst the burden of responsibilities and unsupportive environment (Sundaresan & Nalini, 2017). Indian working females at times, have serious dilemmas and has to choose between the work and family.

According to Reuters, India's female labour participation rate decreased to 16.1 percent in the July-September 2020 quarter, the lowest among major nations. According to World Bank estimates, India's FLPR fell to 20.3 percent in 2019 from more than 26 percent in 2005, compared to 30.5 percent in Bangladesh and 33.7 percent in Sri Lanka. Only 10.3% of urban women in our country are in a satisfying labour force. Women above 15 years of age are 90% unemployed and surprisingly are not even seeking work actively let alone they are not even willing to work (CMIE, 2020). In 2017-18, India's female Labour Force Participation Rate (LFPR)—the percentage of working-age women who report being employed or looking for work—fell to an all-time low of 23.3 percent, implying that more than three out of every four women in India over the age of 15 are neither employed nor looking for work. (The International Labour Organization uses a 15-year-old cut-off for worldwide comparisons.) This would indicate that they are most likely in charge of the household and the children (Livemint, 2019).

The field of wellbeing research is rapidly expanding, becoming more multi-disciplinary, multi-cultural, and diversified in its methodologies and approaches. Therefore, the psychological well-being based on the factors such as autonomy, personal growth, self-acceptance, purpose of life, environmental mastery and positive relations (Ryff, 2014) need to be given utmost importance in the daily lives of women also. Psychological well-being relates to the interpersonal and intrapersonal areas of positive emotions and progressive functioning that includes personal growth and in the corresponding environment (Burns, 2016). At the same time, general publics, administrators, employers, planners, and professional wellbeing advocates are participating in public dialogues about wellbeing in greater numbers than ever before, blurring the lines between scholarly research and public learning. Simultaneously, the types of clear and confident findings produced by quantitative wellbeing research are increasingly being supplemented by a variety of qualitative research approaches, the majority of which raise questions, spark conversations, and provide impressions and vignettes rather than definitive findings. As a result, synthesizing practical lessons from wellbeing research throughout the world is becoming both more necessary and more complex. Ryff's six-factor model of positive psychological well-being was based on multiple domains of theories included in the figure below.

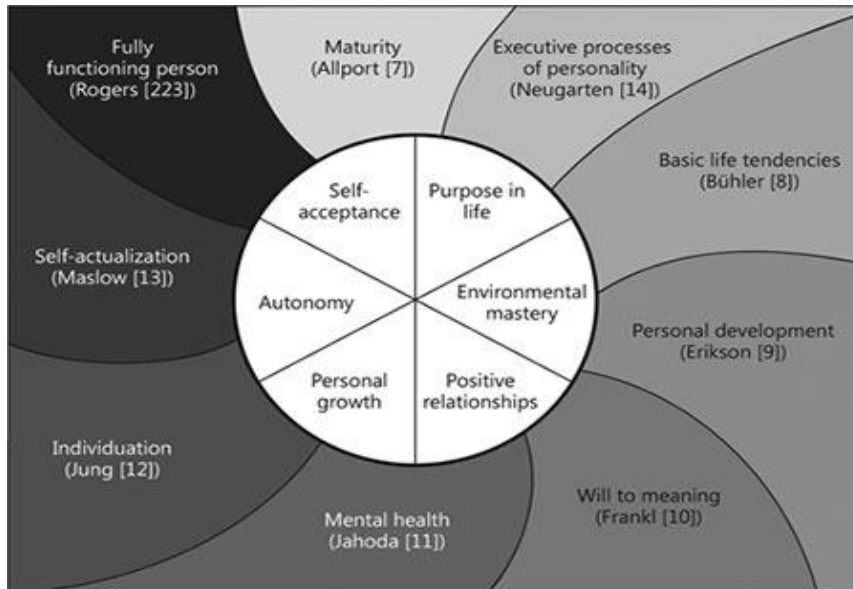


Fig 1: Core dimensions of psychological well-being and their theoretical foundations.

Source: www.karger.com

Focusing on the Rogerian Person-Centered therapy in the study, Rogers viewed ‘Self’ as the principle core of the humanistic approach. The therapy proposed by him is a non-directive intervention with the focus on expressions and changes in feelings and perceptions of the mind. During the course the therapist’s qualities of empathy, genuineness and unconditional positive regard towards the client, motivates the client to move from fixity to openness to change. This approach points out at the innate tendency of an individual to actualize themselves and incur a formative tendency to grow and evolve in the Universe as a whole. According to Rogers theory, a fully functioning person is an individual that has gone through the entire process of change and fluidity and has mentally progressed toward a positive and nurturing goal-oriented life. In life, there is an innate drive to improve and maintain one's sense of self. In the knowledge of the process of being self, the individual is relatively less anxious of his interior feelings and is able to experience them more freely. Their willingness to experiences, increase in experiential life process and a greater positive sense of faith and trust in self, are the characteristics that motivates towards a fully functioning organism.

Methodology

Qualitative research project that employs thematic analysis is the method used for interpretation of data (Smith B. , 2016). The main concept is to examine and understand the client's psychological and social world perspectives in depth (Smith et al, 20011). To begin, narratives were recorded based on semi-structured interviews with informed participants. The researcher selected storey analysis because it is an inductive method (Smith et al, 2007) that is

predicated on openness and the freedom to employ different procedures that enable themes to emerge throughout the data analysis process (Charura, 2020). Themes were deduced from the verbatims and pre and post-intervention narratives were analysed to conclude the study. The interpretation process is split into two stages. The respondent's efforts to make sense of their own world are stage one, whereas the researcher's attempts to comprehend their transcribed reality are stage two. The study identified, analysed, and discussed the themes and subthemes. Narrative analysis investigations are often done on small sample sizes with homogeneity created within the sample. The goal is to fully appreciate and examine specific concerns within certain bounds in order to retain the research question's efficacy.

These are the research questions relating to this study:

1. Are the psychological and emotional issues hampering your professional as well as personal lives?
2. In what ways has the process of Person-Centered Therapy sessions helped out in psychological, social, emotional and physical well-being?
3. Were you able to realize self-worth during the ongoing sessions?

Sampling

The study was organized with purposive sampling, in lieu of similarity within the samples. Working females from Delhi-NCR were chosen to conduct the research. The respondent's identity was duly kept confidential throughout and the narrations were documented with the consent of the clients only. The respondents were explicitly informed and explained precisely about the objectives and methods of the research.

Case Narratives

Case 1: “ I am unable work with my in-laws around me in the apartment”

I am a 37 year old banker working in Gurugram. I was around twenty years old when my grandfather expired. Shattered, my mom and dad took a bus instead of waiting for train or flight and rushed to Delhi from UP. I was sleeping at night, alone in the house as my brother was studying in Pune. I got a call from anonymous person saying that there has been an accident of a bus and he had found my mom and landline number in her handbag. Scared, I thought “ *main ghar mein akeli hoon, so prank hoga*” but soon it dawned to me that it was all true. Shocked, I took help of my *bua* and rushed to Delhi. There I found that my dad, with lack of ID, was dead before he could get any medical attention. Irony, within three months was my wedding. Those three months were spent in the hospitals outside the ICU's, just scared and praying for mom. “ *Jagah nahi hoti thi toh zameen mein so jaate the...* ” and two months were hell. We had to arrange brother's wedding too in two months. After my wedding all was good

but to my horror, after four years I came to know that my husband already has a seven year old daughter from his relationship before our wedding. Devastated, I applied for divorce and worked myself hard at the office. Within six years of span, I had lost my father, got married and was a divorcee now. My mom insisted on finding someone on matrimonial site to settle me down. I found my current husband, who was going through a filthy divorce then. We waited for three years and got married seven years ago. My mother-in-law is a typical *Star Plus* mother-in-law. In our courtship my unmarried sister-in-law used to tag with us everywhere. We started planning a baby four years ago and my retired in-laws came to stay with us. My then married sis-in-law took an apartment opposite us. I so wanted to bond with my in-laws but his mom always took advantage and superimposed her decisions on us. She defames me and speak ill of me in my house. Further to add, whenever I am working, I tell her to keep quiet. She choses that very moment to pray loudly or put *bhajans* on the stereo. My work performance is hampering. During COVID, I was not fed properly and had to work too. My professional performance is declining and I am always having headaches, migraines, blood pressure issues. I so wanted a child, through IVF, but now I cannot bring another human in this toxic environment.

Case 2: “ I am completely destroyed personally and professionally”

I was living overseas with my husband for the past eight years. Ours was a love marriage, inter-religion and I converted my religion also. Initially all was a fairy tale. I changed two jobs there and an year and a half ago, became very close to my boss. At the age of 33, I liked that he showered me with compliments and paid me attention. I went with the flow knowing that my boss was also married and I was cheating on my husband. As a result, it became so overwhelming that I attempted suicide last year but could not end up my life or leave my boss. He even hit me twice in the office but I had no self-respect left. I had stooped so low that I still could not get out of the toxic extra-marital relationship. I was becoming angry and bitter at work place and my performance was deteriorating. My husband and I was planning family too and I conceived this year got a miscarriage in three months. As a result, I felt more pushed into the trench of guilt, jealousy, anger and dominance. I made a video this year where I confessed everything to my husband and took overdose for diabetes. I wanted revenge from my boss also for treating me badly as he had a new interest in the office in his secretary. Things went sour and situation became uncontrollable as my husband found the video and decided to separate. My boss filled his superiors against me at work and they asked me to leave the job. Since, few months I am parcelled to my parents and my job is on jeopardy. My whole life is shattered now.

Case 3: “ I am fed up of my relationship now”

I am a 27-year-old doctor doing my specialization (DNB) from a reputed hospital in Delhi-NCR. I am in a long distance relationship for seven years with my school friend. There was a

phase in my life when I felt very lonely. After my MBBS, I was preparing for PG and had a lot of emotional mood swings and needed my friend the most at that time. He was busy in his internships and establishing his practice, and I completely understood. There was a senior of mine who was also preparing for PG entrance and he used to help me out in studies. Sometimes, we studied together also and it was a very healthy relationship. Suddenly, my boyfriend got insecure and started abusing my senior. He blamed me for having an affair with the senior and things got out of hands. I decided to leave that place and went to my hometown to prepare for the exams. The exams and entrances were very important to me as I belong to a village and am the first one to pursue MBBS. I got selected and shifted to Faridabad. I loved my job and wanted to enjoy with my colleagues at work place. I made good friends but again my boyfriend's trust issues started disrupting my life. He created a big scene when he saw a photo of my senior with my group and my senior's hand was on my shoulder. He abused me a lot. As a result, everyone started maintaining a distance with me. I hated lonely lunches, minimal conversations and a lot of criticism from my fellows. Somehow, a flirty senior started talking casually to me and I felt so good that I ignored all his flirtatious comments and enjoyed the company. To my horror, my lawyer boyfriend started stalking us, got the details and read messages from my phone. He conveniently chose to ignore the fact that I have not even once replied to those flirty comment, accused me of having a relation with my senior. He called the boss, threatened him too and started abusing me verbally. Now my work is suffering and his stalking me is not letting me live.

Findings:

Above three cases were considered for the study. The verbatim recorded in pre-intervention and post-intervention sessions was analysed to draw themes based on the narrations. The major themes affecting psychological well-being that stand out from the above are as follows:

S.No.	Case	Pre-intervention Theme	Post-intervention Theme
1	Case 1	<ul style="list-style-type: none"> • Hurt • Betrayal • Trauma • Loneliness • Helplessness • Anger • Frustration • Anxiety • Work stress • Invasion of privacy • Ill-treated 	<ul style="list-style-type: none"> • Hurt (less intense) • Betrayal (Acceptance) • Trauma • Loneliness (Self-awareness) • Helplessness (Self-acceptance) • Anger (From 10/10 to 5/10)* • Frustration (Self-care) • Anxiety (Relaxation)

		<ul style="list-style-type: none"> • BP, Diabetes(uncontrolled), Thyroid • Dominated • Infertility • Feeling incomplete 	<ul style="list-style-type: none"> • Work Stress (Planning, stress-management, psychotherapy) • Invasion of Privacy (Communicated feelings to husband) • Ill treated (assertiveness) • BP, Diabetes(uncontrolled), Thyroid (Regular check-ups, Diabetes controlled) • Dominated (assertive) • Infertility (Planning IVF) • Feeling incomplete (feeling better than before)
2	Case 2	<ul style="list-style-type: none"> • Self-harm • Betrayed • Hurt • Confused • Guilty • Diabetes (uncontrolled) • Anger • Jealousy • Disbalancing the work environment • Bossy at work • Suffering • Lack of intimacy with husband • Revenge from lover • Mood Swings • Feel unloved • Bitter 	<ul style="list-style-type: none"> • Self harm (optimistic, self-care) • Betrayed • Hurt (self-realisation, self-acceptance) • Confused (little sorted) • Guilty • Diabetes controlled, self-care • Anger (from 10/10 to 7/10)* • Jealousy (forgiveness) • Disbalancing the work environment (planning, therapy, meditation) • Bossy at work (anger management)

		<ul style="list-style-type: none"> • Financially unstable • Feel dirty • Emotionally broken 	<ul style="list-style-type: none"> • Suffering (gaining confidence) • Lack of intimacy with husband • Revenge from lover (realisation, acceptance and taking self-responsibility) • Mood Swings (Self-care, therapies) • Feel unloved (self-love, gratitude) • Bitter (little less) • Financially unstable (communicating at work) • Feel dirty (self-acceptance) • Emotionally broken (emotionally stronger)
3	Case 3	<ul style="list-style-type: none"> • Anger • Frustration • Unhappy • Loneliness • Insecure • Dominated • Lack of freedom • Lack of trust • Abused • Overthinking • Anxious • Scared • Feels mentally tortured • Ignored • Stress • Humiliation 	<ul style="list-style-type: none"> • Anger (anger management, from 10/10 to 7/10)* • Frustration (assertive) • Unhappy (self-care) • Loneliness (Self-care) • Insecure (self-reliant) • Dominated (assertive) • Lack of freedom (assertive, self-care) • Lack of trust (gaining confidence on self) • Abused (assertive) • Overthinking (meditation, self-care, hobbies, therapy)

			<ul style="list-style-type: none"> • Anxious (anxiety management, psychotherapy) • Scared (self-confident, seek support) • Stress (stress-management) • Humiliation (forgiveness) • Feels mentally tortured (calmer and confident) • Ignored (self-resilient)
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*Self-rated

Analysis and Discussion

The above themes were categorised into main areas of concern and consolidated as main and sub themes as presented below for the purpose of this study only:

SNo	Main Theme	Sub-themes
1	Psychological & Emotional Issues	<ul style="list-style-type: none"> • Unhappy • Anxiety • Burdened • Hurt • Insecure • Bullied • Feelings of abandonment • Loneliness • Betrayal • Humiliation • Emotionally broken • Lack of confidence • Trauma • Helplessness • Anger • Frustration • Feeling incomplete

		<ul style="list-style-type: none"> • Self-harm • Confused • Guilty • Jealousy • Suffering • Revenge • Mood swings • Feel unloved • Bitter • Feel dirty • Overthinking • Scared • Emotionally broken
2	Work Related Issues	<ul style="list-style-type: none"> • Work stress • Disbalancing work environment • Bossy at work • Financially unstable • Unmotivated
3	Relationship Issues	<ul style="list-style-type: none"> • Invasion of privacy • Ill treated • Dominated • Lack of intimacy • Lack of freedom • Lack of trust • Abused • Ignored
4	Health & Physical Issues	<ul style="list-style-type: none"> • BP • Thyroid • Diabetes • Infertility • Self-harm

Research Question1: Are the psychological and emotional issues hampering your professional as well as personal lives?

A sound mind is the key to positive productivity. If there is turmoil in thought processes of

an individual, the efficiency will be harmed. When asked Case 1, she responded that *“of course, how can I even breathe calmly when I am breaking inside. Shakal dekhte hi gussa aata hai.....why can't my saas leave me alone for God's sake and mind her own business..... the other day, I was in a meeting and I had warned her before that its important, please don't make noise. She won't listen, had hai she started singing bhajans at that time it was so distracting and irritating that I was furious and could not concentrate.....and my husband says ki tujhe toh har samay gussa aata hai, tere se baat karni bekar hai”*

Case 2 shared that *“I am so anxious about my work and husband that I cannot sleep and eat..... when my husband responds rudely, my whole day is wrecked. How can I work when I am dying inside?”*

On the other hand, case 3 is so disturbed by her boyfriend that everyone has started avoiding her in the hospital. *“koi mere saath baithkar lunch tak nahi karta..... they feel that my boyfriend will kill him. No one discusses cases with me for more than a brief period of time..... most of the times I am clueless about the proceedings to be done at work.”*

Research Question 2: In what ways has the process of Person-Centered Therapy sessions helped out in psychological, social, emotional and physical well-being?

After attending the psychotherapy sessions, the narratives were recorded and analysed on the basis of themes. The person-centered therapy sessions seem to be very effective in dealing with the issues in all the three cases.

Case	Themes before the session	Themes after the sessions
1	15	12
2	19	16
3	16	11

With the fundamental principles of PCT, rapport and trust formation were established commendably well. The aim was to generate a positive psychological environment where the client can grow on their own. The empathy and unconditional acceptance made them realise their trust and faith in self and developing a sense of high self-esteem. Almost 75% of the issues resolved with the psychotherapy consistent and regular sessions. The childhood traumas, anger, betrayals and health issues like diabetes needs time to heal and it's a continuous process.

Research Question 3: Were you able to realize self-worth during the ongoing sessions?

There was a sense of uncertainty and worry in the clients before the session processes, but with

the process they felt comfortable and optimistic to handle their problems effectively.

Case 1 decided to talk to her husband about their relationship, its future and present, and whether they want to plan a family soon or not. She also realised that in the pursuit of changing her in-laws, she was losing on every relation. Though its her second marriage, but the way things were around her, was solely not her responsibility. She assertively communicated on role-distinguish in the family and equal share of the chores of the family. She admitted that she is scared to lose her husband and shared this to him, seeking effective solutions together. She started going to the society's park for morning walks, got her health check-up done and started writing blogs too. She made acquaintances in the society and shared her common interests with a few. Also, she started going out on dates with her husband every week for sure.

On the other hand, Case 2 was submerged in grief and guilt, not realising that what was not in their marriage that pushed her to seek pleasure outside? She recognised some questions to which an answer was needed by having an open conversation with her husband. She realised that all the trauma and expectations are destroying her and her self-esteem. She also vowed to love herself again and take care of herself too. She started emailing her bosses with an apology note and sorting out her work affairs. She started moving out with her friends and practicing deep breathing.

Case 3 was struck in a situation which was created by another individual. She wanted a little space and freedom from the relationship to clear her head and decide her future. She realised that somehow, she wants to spread her wings and fly without the weight and tag of any sort of relation. She comprehended that her boyfriend has a choice to change or not and she is not his possession. She started exercising and making friends and taking care of herself. She joined music classes too to relieve her stress and heal herself.

Summary

A constructive result was ascertained from the consecutive psychotherapy sessions. The females felt emotionally, psychologically and physically stronger to deal with the challenges in their lives. The essence of the therapy was the non-judgemental and unbiased environment with unconditional empathetic understanding and acceptance of the clients. The focal point of thoughts shifted to self-love and self-worth as a process and among other things, well-being was also prioritised as a whole. It was summarised that without emotional and physical wellness, life isn't a smooth journey. So, well-being is an essential component of our lives.

Disclosure Statement

No probable clash of interest was reported by the researcher.

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