



## QUALITATIVE RE-SEARCH ON IMPORTANCE OF EMOTIONAL HEALTH ; WITH REFERENCE TO INCREASING SUICIDAL TENDENCIES IN GLOBALISATION

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### **Introduction**

About 800,000 people commit suicide worldwide every year, of these 135,000 (17%) are residents of India, a nation with 17.5% of world population. So far from 1987 to 2007, the suicide rate increased from 7.9 to 10.3 per 100,000, with higher suicide rates in southern and eastern states of India. In 2012, Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest proportion of suicides. Among large population states, Tamil Nadu and Kerala had the highest suicide rates per 100,000 people in 2012. The male to female suicide ratio has been about 2:1. Estimates for number of suicides in India vary.

A study projected 187,000 suicides in India in 2010, while official data by the Government of India claims 134,600 suicides in 2010. Suicide is a crime in India says, India's Supreme Court In a 2011 ruling and asked Parliament to consider quashing the law, but no action has been taken. Under the law, a suicide survivor can be sentenced with a one year prison term or a fine, or both. In a 2007 report in the Indian Journal of Psychiatry, Lakshmi Vijaykumar, who runs a suicide prevention network called Sneha in the southern Indian city of Chennai, said that making suicide illegal has proved counterproductive. "Emergency care to those who have attempted suicide is denied as many hospitals and practitioners hesitate to provide the needed treatment fearful of legal hassles. "The actual data on attempted suicides becomes difficult to ascertain as many attempts are described to be accidental to avoid entanglement with police and courts, "Last year, the government drafted a bill to decriminalize the act of attempting suicide but it hasn't yet been introduced for discussion in Parliament. "More than legalization of the act, what is needed is spreading knowledge and making people more mindful and sensitive toward mental health as a field, as it would automatically open doors for devising means and methods to combat it," Mr. Chugh said. Worldwide, up to one million people die by suicide every year, according to the World Health Organization. In the last 45 years, suicide rates have increased by 60%, says the WHO (World Health Organisation), and suicide is among the three leading causes of death among people aged 15 to 44.

British writer **W. Somerset Maugham** is said to have joked near the end of his life, "Dying is a very dull, dreary affair. And my advice to you is to have nothing whatever to do with it." Many would be quick to agree and would gladly accept his advice if only it were that easy. More than two thousand years earlier, the Greek philosopher **Epicurus suggested**, "It is possible to provide security against other things, but as far as death is concerned, we all live in a city without walls." The certainty of death is clear. What we don't know is how, when and under what circumstances. We derive considerable comfort if we learn that our loved one died peacefully while sleeping. We still grieve for the loss of those who are special to us, but we find so solace if they didn't suffer or from the manner they died. If the death is by suicide, it will have a devastating and unsettling effect on the family of the deceased, and leave scars of shame and pain on its conscience.

**The malady of Indian Farmers Suicides;** Farmers' suicide deaths in India due to failure of crops and the resultant debt burden have forced many to take the extreme step of committing suicide by consuming pesticide or hanging. According to the National Crime Records Bureau (NCRB), at least **14027 farmers committed suicide in 2011**. However, this figure is not completely correct, as the suicide deaths in Chhattisgarh, which has been amongst the very worst states for farmers' suicide deaths for several years (1126 in 2010), shows the figure of zero in 2011. P. Sainath says, "It could be that Chhattisgarh's figures have simply not made it to the NCRB in time." The total number of farm suicides since 1995 has touched 270940. The state of Maharashtra, which is the native state of the union agriculture minister Sharad Pawar, is the worst affected state with **3337 farmers'** suicide deaths in 2011 against 3141 in 2010 (and 2872 in 2009). This should trigger a **sense of national shame**. The phenomenon of suicides of our food providers raises questions about the combined conscience of the society. Surely, it should hold up a mirror to all of us and lead us to ask what has gone so horribly wrong in our society. **Two of the major reasons** for this situation are **globalization and neo liberalization**. Due to globalization there is also an emergence of a new trend of suicides – suicides of youth in the age group of 15 to 29. This trend is growing as a disease rampant among youth, especially in cosmopolitan cities and towns. Suicide is the second leading cause of death in young people of both genders. Nearly **60 per cent of all suicide** deaths among Indian women occur between the ages of 15 and 29 years, the corresponding figure for men being 40 per cent. Studies show that for every student who commits suicide, there are at least 13 cases who attempt suicide. The psychological, social and financial impact of suicide on a family is immeasurable. For the victim of suicide, it is a life needlessly lost. For the survivors of suicide victims, the family and friends, there is enormous



social, economic and emotional costs, disrupting families and communities, broadly ramifying grief, guilt and a lifetime of unanswered questions. They are often reluctant to openly discuss the cause of death because of profound sadness, sense of privacy, embarrassment or cultural taboo. Suicide is an act that is contrary to what is perhaps the strongest of human instincts (the instinct of any living thing) – survival. To end one's own life is incomprehensible for most of us.

### Objectives of the Study

- (i) To qualitatively analyze the reasons for the increasing suicides in India with reference to various professionals including farmers.
- (ii) To identify causes with the data investigated and secondary data from reliable sources to assess the damages caused to Indian society in general.
- (iii) To evaluate the root causes and other indirect influences of suicides particularly in farmers as it's a national crisis now
- (iv) To suggest suitable preventive measures with the help of medical experts views

### Some general causes learnt and reported so far are

**The Invisible Causes and its influence;** Although suicide is a deeply personal and an individual act, suicidal behaviour is determined by a number of individual and social factors. Divorce, dowry, pre-marital love affairs, wedding cancellation or the inability to get married, illegitimate pregnancy, extra-marital affairs, family conflicts and depression play a crucial role in suicide in India. Domestic violence was found to be a major factor for suicide in a study in one of the software hub of India the Bengaluru. Poverty, unemployment, debts and educational problems are also associated with suicide. The rising trend of suicides among young people lies in the socio-cultural changes that are taking place in the increasing globalized and urban India. Rapid urbanization, industrialization and emerging family systems are resulting in social upheaval and distress. According to a study published in June 2012 by a medical journal *Lancet*, suicide death rates are generally greater in the more developed four southern states of India (Andhra Pradesh, Karnataka, Tamil Nadu and Kerala) which have nearly a ten times higher suicide rate than some of the less developed northern states. What contextual factors may be contributing to this dramatic regional variation? One possibility is that the higher rates of suicide in the more developed and educated communities of India may be attributed to “ the greater likelihood of disappointments when aspirations that define success and happiness are distorted or unmet by the reality faced by young people in a rapidly changing society ” where jobs may be higher paying but less secure, and where social networking more accessible but loneliness more common. The effects of modernization have led to sweeping changes in the socio-economic and cultural areas of people's lives, which have greatly added to the stress in life, leading to substantially higher rates of suicide. Greater socio-economic stressors have followed the liberalization of economy and privatization, leading to the loss of job security, huge disparities in incomes, diminishing traditional support systems and the inability to meet role obligations in the new socially changed environment. **Secondly the** family situation, and family atmosphere at home, and most importantly breakdown of the joint family system that had previously provided emotional support and stability is also seen as an important causal factor for suicides in India. Nuclear families in which both parents work are becoming more common. Since both parents work to make ends meet, or in some cases to move up the social ladder or to maintain the social status, they do not have time to think of the psychological condition either of their children or of each other. Life in families is jam-packed and there is no time for anybody to care for the other. Only stomachs are more cared than minds and hearts. A lack of emotional support at home can lead to distress among children and adolescents.

The mechanized mode of education, without value for learning for life, and happiness, with the only aim of commercialization, and education without moral values. Education system in India is more job-oriented than life. Pressure to perform well to reach higher academic qualifications is one of the major reasons for suicide. Moreover, education has become very competitive. The pressure to excel is very high, given the tough admission procedures in top educational institutions as well as the competitive job market. Parents today are more worried about the academic performance to push their children up as per their ambitions rather than the ability and condition of their children. Children are forced to study what their parents want. The ill consequences of this are stress, anxiety, frustration and despair in young people, as they are unable to meet the expectations of their parents, schools and colleges. Failure in examinations and lack of family support in such situations cause depression in youth. 72% of students in India are unaware of how to deal with stress and its ill effects. Therefore, inability to accept failure or loss in self-esteem leads to dejectedness and suicide. Among the major causes of suicide are examination failures. Suicide news filling the newspaper columns after examination results has become common in India.



**Professional competence and the pressure to excel;** the competitive atmosphere or in other words the stress in work due to extreme pressure and deadlines, with opportunities that have come with two decades of economic growth and open markets have also brought more job anxiety, higher expectations and more pressure to achieve. A survey released recently by the US-based Regus group, a corporate consultancy, found that 57% of Indians thought that their stress levels had become higher or much higher since 2007. That means, almost six in every ten corporate employees in India say that they have experienced stress at their workplace. Pankaj Jain, who is employed by a leading IT company, says, “In India ...we reach the office by 9.00 am, but we don't know when we will go home.” SaurabhLapalkar, a software engineer at a US-based technology firm in India, says the stress is exacerbated by the fear of not being able to advance in one's career or of losing one's job. Stress has ill effects. 76% under stress say they have sleeping disorders and 58% suffer headaches. 85% of people under stress tend to have strained relations with family and friends. 70% of people under stress say they have become short tempered. A study of NIMHANS, Bengaluru, says 36% IT professionals in Bengaluru show signs of psychiatric disorder. 27.6% of IT professionals are addicted to narcotic drugs and 1 in every 20 IT professional contemplates suicide, says the study. If the stress is not dealt with, it leads to depression. According to the World Health Organisation depression is the No 1 occupational disease of the 21<sup>st</sup> century.

**Suicides in India: Who and why?;** It is shocking to note that consistently over the last decades, housewives have reported significantly more suicides than any other population category in India. They account for nearly 20 percent of all suicides in India. While the overall numbers remain high, the trend shows some decline over the last five years. In comparison, farmers account for 12percent of all suicides over last two decades, but it is heartening to see the sharpest decline within this category over the last five years. The latest data reports farmer suicides accounting for less than ten percent of all suicides in India. Remaining distribution of suicides in India are across professional categories such as private sector employees, self-employed, public sector employees and students. If we study the trends carefully, while most categories show decline over time, private sector employees and students in India are reporting higher suicides over time.

**Medical Research on Suicide;** The cause of an individual suicide is complicated but the American Association of Sociology reports that over 90 percent of suicide victims have a significant psychiatric illness at the time of their death (Gould, Jamieson and Romer. (2003)). These are often undiagnosed, untreated or both. Mood disorders and substance abuse are common. People, who become suicidal in response to recent events, generally have significant underlying mental problems, though they may be well hidden. The report on farmer Suicide from Maharashtra government claims that depression, illness, family disputes and addiction are common reported ‘other’ causes of suicide amongst farmers, besides debt. Research indicates that during the period immediately after a death by suicide, grieving family members or friends have difficulty understanding what happened. Responses may be extreme and underlying causes may be oversimplified. The main concern is that dramatizing the impact of suicide through descriptions and pictures of grieving relatives or community expressions may encourage potential victims. Suicide becomes an acceptable reaction to a situation. This is what perpetuates suicide contagion. And in the India case, this appears to be the case amongst farming and student community both of which have witnessed highly publicized suicide outbreaks.

The apparent suicide of 25-year-old Bollywood actor Jiah Khan last week was greeted with shock in India, a country where suicide is the second-most common cause of death among people aged 15 to 29, according to a study in *The Lancet*. Of the 114,800 males who took their own lives in India in 2010, 40% were aged 15 to 29, while 56% of the 72,100 women were in that age bracket, the study said. The report's lead author, Vikram Patel, a psychiatrist and joint director of the Centre for Global Mental Health, says female suicides in India are often linked to relationships, including domestic violence and forced marriage. For men, the major reasons were related to work and financial difficulties, he told *India Real Time*. “It reflects the general role of men and women in India,” Mr. Patel said. In India, people carry out suicide mainly by self-poisoning with pesticide and hanging, which are more lethal than methods typically used in the West like overdosing on non-prescribed drugs, Mr. Patel said.

“People continue to have a closed mindset related to mental illness,” said Sanjay Chugh, a New Delhi-based psychiatrist who runs his own private clinic. “Mental illness is still understood as a form of disease which will be ‘fixed’ by faith healers, a divine intervention or through rituals or prayers,” he added. Also, suicide is a crime in India. In a 2011 ruling, India's Supreme Court asked Parliament to consider quashing the law, but no action has been taken. Under the law, a suicide survivor can be sentenced with a one year prison term or a fine, or both. In a 2007 report in the *Indian Journal of Psychiatry*, Lakshmi Vijaykumar, who runs a suicide prevention network called Sneh in the southern Indian city of Chennai, said that making suicide illegal has proved counterproductive.



### **Farmers Suicide in India – What data reveals**

The data on Suicide Mortality Rate (SMR) reveals some insightful patterns suicides reported per 100,000 population of a specific category such as farmers, housewives and students. Farmer suicides for over a decade from early 1990s reveals that 76 percent of all suicides in the state of Maharashtra (India) are concentrated within six districts. **Srijit Mishra (EPW April 2006a)**. Nearly 60 percent of the farmers who committed suicide own more than four acres of land and are predominantly cotton producers. A report from the Maharashtra state government concluded that 93 percent of all these suicides are due to debt. The role of indebtedness in suicides is not as straightforward as the policy makers believe. **Indebtedness in Rural India** has been highlighted as the prime cause of farmer suicide in most relevant policy reports that have seriously studied this issue. A report from the Maharashtra state government concluded that 93 percent of all these suicides are due to debt. According to Dr. M. S. Swaminathan in his article on farmers' suicide calls for "Ending the 'debt deaths'".

### **The Possible solution and Conclusion**

**The paradox of ever changing values in Social Life;** The internet and mobile culture is promoting a virtual community, where time spent playing with local friends is replaced by internet gaming with virtual playmates from across the world, and face-to-face communication and meaningful personal relationships are replaced by virtual friendships through social networks such as Facebook, Twitter and Orkut. Youth and children are living in the virtual world...ISOLATED with only gadgets giving them company. Too much addiction to internet and self-centered approach often aggravates their isolated life. Teens become cocooned "insects" without any interaction with anyone. In this age of social networking and websites youth are isolated in their societies and live a reclusive life. Social isolation is one of the reasons for the rise in suicide among young people. They tend to carry their own burdens without anyone around to share, and get moral and emotional support. As a result, life seems to be nothing more than a hellish nightmare to the disappointed youth of the modern emotional world. When a friendship or love affair fails, today's emotional mind thinks of suicide as the only relief. They easily lose confidence in life as their unrealistic sense of hopelessness is one of the most crucial factors in the development of their serious suicidal wish. They do not want to analyze things. Rather they jump to the conclusion that their problems are insoluble. Traits such as impulsivity that increase the risk of suicidal behavior impair parents' ability to provide an optimal environment. When young people start to despair, they often don't seek help. They shun the idea because they think psychiatry and counselling are only for crazy people. Even the manner in which families and society deal with all forms of mental illness is the cause for a very large proportion of suicides in India. Depression is rarely recognised and when recognised it is even more rarely treated because there is a stigma attached to ailments of the mind. What can be easily treated with some medication and counselling more often goes untreated till it develops into a more serious form. Therefore, one should promote help-seeking behaviour, and foster self-esteem and resilience in youth. Family, schools and colleges serve as building blocks of an individual's life and can play a vital role in building value systems, setting acceptable individual aspirations and appropriate goal-setting mechanisms. More importantly, faith in God acts as a protective factor. Lastly, but most importantly, the bigger questions are about the role of social change, as a driver of hopelessness. If, indeed, social change is a driver of youth suicide, then we need to reflect on our model of development.

**The standard of Living for farmers in India;** The growing ecology of India as well as the economy and with the demonetization has hit the farmers really hard. The technology intervening in the way transactions are done in the markets and the vicious cost cycle involved in the marketing of agricultural products and agro-based products directly or indirectly is difficult to comprehend for the undereducated farmers. So we need to evolve policy on educating the farmers on the use of technology to reduce cost and support system in finance must be made transparent and focus should be on growth and sustenance rather than market competition. This is regard to policy. But still the NSS data indicates that in 2002 about 27 percent of rural Indian households were indebted and 18 percent of urban households. In 2013 the rural indebtedness in Indian households had gone up to 31 percent. There is enormous variation in IOI at the state level. Telangana has the highest IOI with 59 percent of rural households in debt while Maharashtra's IOI is 31 percent which is close to the country average. The IOI in Bihar and UP are also very close to the national average at 29.1 and 29.6 percent respectively. So the farmers need to get educated on the changing economy. This is impersonal and is to be done by the policy makers on the infrastructure of the agro economy of the country.

**What Medical Science can do; On the Farmers INNER PERSONALITY and OUTLOOK** on Life needs psychological interventions and the medical support system to motivate the farmers on the realities of life; it can be done by deploying psychiatric counsellors and motivational interventions at various health centres' needs to be stepped up.

**Evolutionary-psychology literature argues that a sense of burdensomeness towards kin/family may encourage suicide by eroding the motive of self preservation.** It suggests that perceived liability towards one's family is a precursor of





suicide. Renowned psychologist, **Cialdini** points out that people, by committing suicide, believe that they are helping others to counteract their own negative affective state. In the Indian farmer's context, policy makers are arguing that this negative state is that of indebtedness. But then loan waivers and cash supports are aggravating this problem because they provide the farmers with the incentive to make this 'rational' decision. Perhaps these short sighted measures are having the exact opposite effect. They are probably sending out the wrong signal to millions of distressed farmers who are struggling to make ends meet. The latest report of the National Crime Records Bureau states that 135,445 people committed suicide in the country last year. Tamil Nadu tops the list with 16,927 suicides, followed by Maharashtra (16,112), West Bengal and Andhra Pradesh. The latest report of the National Crime Records Bureau states that 135,445 people committed suicide in the country last year. Tamil Nadu tops the list with 16,927 suicides, followed by Maharashtra (16,112), West Bengal and Andhra Pradesh. Kerala used to have 28-29 suicides per 100,000 and used to top the list, but in the last four to five years, the rate has been coming down gradually.

What Psychologists tell as a cure to this malady: **Dr Lakshmi Vijayakumar, consultant psychiatrist** and founder of Sneha points out; This is due to more awareness about taking treatment for depression. The government also has come out with a mental health plan. Also, rapid changes are not happening in the state these days. **By rapid changes in mental health of individuals;** It is not only social, it can be economical too. If you look at Tamil Nadu, the rapidity of change that is happening is much more now. There is so much migration from the rural areas to the cities and migration has a big role to play in suicides. In the case of Bengaluru, when the city was booming suicide rates went up, but it has stabilised now. People from rural areas leave their traditional jobs and move to cities thinking it will help them improve their lifestyle. But sometimes they don't get the kind of jobs they look for in the cities. They feel distressed and when they do not have the support of the family, they feel lonely. And loneliness can lead to suicide. We see this among those who move from rural areas to work in the BPO sector and also study in the engineering colleges. It has always been either Bengaluru or Chennai when you look at the metros. Kolkata has the lowest with four or five in 100,000, whereas in Chennai it is 24.9. Last year, it was almost 29. For six years, Bengaluru had the highest number and in 2008 or 2009, Chennai became number one. So, what we had witnessed in Bengaluru, we are now seeing in Chennai. Like Bengaluru, Chennai is settling down now. In the case of suicides due to exam failures, it has come down in Chennai compared to the rest of the state. That is because of the intervention and awareness of schools, parents and NGOs.

**More suicides take place in the rural areas;** The number of suicides is high in the rural areas because of the easy availability of pesticides. If you look at the data of Tamil Nadu, you will see that 75 per cent of the suicides in Tamil Nadu take place in rural areas. Recently, we did a study in four villages in Tamil Nadu where floriculture is the livelihood of the villagers. You need to use pesticides a lot for growing flowers. We found that these villages had a high number of suicides. What we did was, we took a place for rent in the middle of a village and put up lockers for pesticides, and one of the keys was kept with a manager and one with the family. It is alarming. I would say the government should take active steps in spreading awareness like the Kerala government did. Also, the health sector, the social sector, and the education sector should be involved in the plan. I have given a policy recommendation to the Government of India and also done a report for the World Health Organisation on public health action to prevent suicides. We need to have an advocacy council which will coordinate with all the sectors.

**Suicide is a mental problem as well as a social one;** It is a health problem as well as a social problem and never happens due to a single reason. A person becomes vulnerable due to distal factors and proximal factors and that results in suicides. For example, we say depressed people commit suicide. Studies show that 15 per cent of the people who have depression end their lives. It also means that 85 per cent of the people who are depressed do not commit suicide. If you consider it as a social problem, there are issues like exam failure, failed relationship that result in suicides. But not all people who fail commit suicide. So, it is never either-or; it is a combination of factors like biological vulnerability, genetic component, brain chemistry that makes response to stress different, early childhood difficulties, etc. For example, a child who was sexually abused at the age of six has a higher chance of committing suicide. So there are biological, genetic and psychological factors that make a person commit suicide. Not only in India but it is a global pattern. Globally we find that more men commit suicide than women, but more women attempt suicide. This is because men use more violent means to commit suicide. In the western world, it is 3:1, which means for every three men, one woman commits suicide. In India, it is 1.8:1. More women in India try to commit suicide because the most common method is the use of pesticides, which is more lethal than medicines like sleeping pills. Another reason is, women seek help for their emotional problems than men. Men keep their problems to themselves. Alcohol is a major reason and there are more alcoholics among men than women. Some 30 to 35 per cent of suicides happen under the influence of alcohol. These are the reasons why more men commit suicide than women.



**No particular age at which people are more prone to suicide; sneha counsellor says the** the maximum number of suicides happen between the ages of 15 and 29. Till 29, the number is almost the same for both men and women. After 30, three times more men commit suicide than women. That could be due to a lot of sociological reasons. Till 30, Indian women are not empowered fully and children act as a huge protective factor. Globally, divorced and widowed women have a higher rate because of loneliness. Chances are less for a divorced woman with a child. Yes, the number of calls has increased. We have 30-35 people calling us everyday saying they are depressed and suicidal. People also email and even Skype from all over the world -- like from Malaysia, Saudi Arabia, the US. I can say we are able to help 80 to 90 per cent of the time. **The confidential helpline**, which has been operating for 15 years, gets 35 calls a day, Mr. Thomas said. That adds up to about 12,775 a year. The majority of calls are from men, who struggle more than women to express their feelings, Mr. Thomas added. "Indian society doesn't allow men to be emotional... they don't really have anyone to confide in," he said.

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