

PSYCHO-IMMUNITY OF ADULTS IN RELATION TO GENDER AND AGE

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Introduction :

Psychologists define attitudes as a learned tendency to evaluate things in a certain way. This can include evaluations of people, issues, objects, or events. Such evaluations are often positive or negative, but they can also be uncertain at times.

For example, you might have mixed feelings about a particular person or issue. Researchers also suggest that there are several different components that make up attitudes. The components of Attitudes can also be explicit and implicit. Explicit attitudes are those that we are consciously aware of and that clearly influence our behaviors and beliefs. Implicit attitudes are unconscious but still have an effect on our beliefs and behaviors. Before discussing the term psycho- immunity, we need to understand the concept of physical immunity first. The meaning of immunity is the ability of an organism to resist a particular infection or toxin by the action of specific antibodies. In other words, immunity means to possess the balanced state of adequate biological defense mechanism to fight against infections, diseases, or other unwanted biological invasion and adequate tolerance to avoid allergy, and autoimmune diseases. The white blood cells, which are the main fighter cells of the immune system are made up of three classes; lymphocytes, monocytes, and granulocytes. Each type of cell has its own functions (Orkin & Zon, 2008).

While mental health troubles are increasing very rapidly everywhere in the world including India (Agrawal, 2015), the new measure to counter them are to be searched very quickly. Psycho-immunity is a relatively new idea in the domain of modern psychology especially in the field of mental health. It simply refers to the immunity against mental health issues. Mind and body are interconnected and closely function together. Internal factors such as stress have been documented in causing a deficient immune system because of the nature of the body's response in dealing with this issue. The psychosocial states of a person can have direct impacts on the immune system. Same way having a positive attitude and perceived mood seems to correlate with an increased ability of the immune system in fighting diseases. Even in relatively less chronic health problems, mood can have an effect.

The Psychological Immunity Model has been developed by Olah (2000, 2002). He had defined "psychological immune system as "an integrated system of cognitive, motivational and behavioral personality dimensions that should provide immunity against stress, promote healthy development and serve as stress resistance resources or psychological antibodies". So psycho- immunity is that capacity/ strength or protection layer of the mind which provides the strength to an individual to fight against stress, fear, insecurity, inferiority and viruses like negative thoughts and establish the mental balance by providing defense using the strength such as self-confidence, adjustment, emotional maturity etc. The first mention of the concept of psycho-immunity is found in the most ancient scriptures i.e. in *Vedas* too. It was told when the mind was at optimum level then disorders/ negative elements couldn't touch it rather its capacity would increase many folds. In the six verses of '*Shiv Samkalp Suktam*' in *Yajurveda*, mind and its power has been clearly described".

Irwin MR (2008) In different studies, depressed patients displayed elevated levels of central corticotropin-releasing hormone (CRH) in the central nervous system, and this neuropeptide is involved in the integration of different types of stress response: behavioral, neural, neuroendocrine and immune. High levels of CRH induce strong declines in innate and cellular immune responses and were related to changes in peripheral immunity. The present review analyzes different studies, in which the results of each treatment modality (drug interventions and psychosocial interventions) were observed and compared in patients with both immune problems (inflammation) and mental health problems. Studies in recent years and especially meta-analyses have led to the development and testing of therapeutic interventions that work effectively in treating mental health issues associated with immune problems. Psychosocial interventions suggest an increased efficiency in decreasing inflammation and improving the function of the immune system.

Buske-Kirschbaum A, Kern S, Ebrecht M, Hellhammer DH(2006) : Affective structures that are perceived to be stressful are accompanied by autonomic and neuroendocrine changes capable of influencing immune function and thus likely susceptibility to a variety of diseases

Steinman L. (2004) : Studies show that there is an important ability of psychosocial interventions to enhance immunity and improve immunity-related health outcomes. These studies show that the processes of the immune system are influenced by social, neurocognitive and behavioral factors.

Objectives:

- 1 To study and compare psycho-immunity among male and female adults
- 2 To study and compare psycho-immunity among Age group 21 to 30 years and 31 to 40 years Male Adults.
- 3 To study and compare psycho-immunity among Age group 21 to 30 years and 31 to 40 years Female Adults.

Hypothesis:

- 1 There is no significance difference between male and female adults with regards to their psycho-immunity.
- 2 There is no significance difference between age group of 21 to 30 years and 31 to 40 years male adults regards to their psycho-immunity.
- 3 There is no significance difference between age group of 21 to 30 years and 31 to 40 years female adults regards to their psycho-immunity.

Sample:

The main purpose of present research is to study psycho-immunity among adults. For this purpose 30 male adults of age group of 21 to 30 years, 30 male adults of 31 to 40 years, 30 female adults of age group of 21 to 30 years, 30 female adults of 31 to 40 years, were randomly selected from different yoga institute of Ahmedabad city.

Variables:

In present research gender and age of adults were taken as independent variable and the scores of psycho-immunity was taken as dependent variable.

Psycho-immune competence Inventory (PICI) with 16 dimensions of PIC by Olah.

The scale was developed by Oláh (2012) and is operationalized to measure the mental resistance and coping capacity of the individual. It consists of 80 items that stand for 16 different factors. These 16 subscales are comprised into three subsystems based on their main psychological functions. The Monitoring-Approaching Subsystem (1) includes Positive Thinking, Sense of Coherence, Sense of Control, Sense of Self Growth, Change and Challenge Orientation, Social Monitoring, and Goal Orientation. The Creating-Executing Subsystem (2) includes Creative Self-Concept, Problem Solving, Self-Efficacy, Social Mobilizing Capacity and Social Creating Capacity The Self-Regulating Subsystems (3) contains Synchronicity, Impulse Control, Emotion Control and Irritability control. The items are simple statement that the participants required to respond to on a 4-point scale (1- Completely dose not describe me to 4- Completely described me). Sixteen sub scales are included in this inventory.

Validity:

In previous research the Cranach’s Alpha was found from .62 to .80 for all sixteen subscale, and the questionnaire also has a quit high convergent and discriminate validity (Olah,2005).

• **Scoring:**

Scoring system determine as below.

Alternatives	Completely does not describe me	Usually does not describe me	Somewhat describe me	Completely describe me
Score	0	1	2	3

Higher the score indicate better Psychology Immune System

Procedure

After establishing the rapport with participant of attitude towards psycho-immunity scale was administered in small manageable group with proper inspection After completion of the data collection scoring was done as per the scoring key of attitude towards psycho-immunity scale. The collected data was arranged in appropriate tables for data analysis.

Data Analysis :

To analyzed the data t test was used.

Results and dissections:

Table 1

Mean, SD and t Value of Male and Female Adults in relation to their Psycho-immunity

Group	N	Mean	SD	t	Level of Significance
Male	60	216.078	17.39	6.04	0.01
Female	60	197.267	15.33		

Results showing in table 1 that t ratio regarding Psycho Immunity of gender of adults was found 6.04 it is significant at the level of 0.01. So the null hypothesis. “there is no significant different between male and female adults in relation to their Psycho Immunity” is rejected. It indicates that significant difference was found between male and female adults in relation to Psycho Immunity. Above table shows the mean score of male adults in relations to Psycho Immunity is 216.078 and mean score of female adults in relation to Psycho Immunity is 197.267. These mean score indicate that male adults have more Psycho Immunity than female adults.

Table 2

Mean, SD and t Value of Age group 21 to 30 years and 31 to 40 years Male Adults in relation to their Psycho-immunity

Group	N	Mean	SD	t	Level of Significance
21 to 30 years	30	218.67	6.47	2.34	0.05
31 to 40 years	30	158.00	6.08		

Results showing in table 2 that t ratio regarding Psycho Immunity of age of adults was found 2.34 it is significant at the level of 0.05. So the null hypothesis. “there is no significant difference between age group 21 to 30 years and 31 to 40 years of male adults in relations to Psycho Immunity” is rejected. It indicates that significant difference was found between age group 21 to 30 years and 31 to 40 years of male adults in relation to psycho-immunity. Above table shows the mean score of age group of 21 to 30 years male adults in relations to Psycho Immunity is 218.87 and mean score of 31 to 40 years of male adults in relation to Psycho Immunity is 158.00. These mean score indicate that age group of 21 to 30 years male adults have more Psycho Immunity than age group of 31 to 40 years male adults.

Table 3

Mean, SD and t Value of Age group 21 to 30 years and 31 to 40 years Female Adults in relation to their Psycho-immunity

Group	N	Mean	SD	t	Level of Significance
21 to 30 years	30	219.93	6.81	2.55	0.05
31 to 40 years	30	196.67	6.03		

Results showing in table 3 that t ratio regarding Psycho Immunity of age of adults was found 2.55 it is significant at the level of 0.05. So the null hypothesis. “there is no significant difference between age group 21 to 30 years and 31 to 40 years of female adults in relations to Psycho Immunity” is rejected. It indicates that significant difference was found between age group 21 to 30 years and 31 to 40 years of female adults in relation to psycho-immunity. Above table shows the mean score of age group of 21 to 30 years female adults in relations to Psycho Immunity is 219.93 and mean score of 31 to 40 years of female adults in relation to Psycho Immunity is 196.67. These mean score indicate that age group of 21 to 30 years female adults have more Psycho Immunity than age group of 31 to 40 years female adults.

Conclusions:

- 1 Significant difference was found between male and female adults in relation to Psycho Immunity. Male adults have more Psycho-Immunity than female adults.
- 2 Significant difference was found between age group 21 to 30 years and 31 to 40 years of male adults in relation to psycho-immunity. Age group of 21 to 30 years male adults have more Psycho Immunity than age group of 31 to 40 years male adults.

- 3 Significant difference was found between age group 21 to 30 years and 31 to 40 years of female adults in relation to psycho-immunity. Age group of 21 to 30 years female adults have more Psycho Immunity than age group of 31 to 40 years female adults.

References:

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