CHAPTER TWO

Review of Literature

Mental health is the foundation for wellbeing and effective functioning for an individual and for the community. Research in this area has sparked interest in the possibilities for promoting mental health among individuals. The following review will assist in developing a greater focus on promotion of mental health as well enhancing quality of life and coping skills.

Modern education and its concept gradually evolved through researches which lay emphasis on an individual’s personality dynamics. It examined the extent to which an individual is well balanced and adjusted to his environment and is able to cope to the challenges faced.

The present research aims at studying mental health in relation to quality of life and coping strategies of adolescents.

2.1 Adolescence

Adolescent development in an age-graded context was assessed by Nurmi (1993). The study indicated recent models of social age systems and cognitive personality research with research on adolescents. It was suggested that adolescents develop during the process of setting personal goals by comparing their individual motives with age-graded developmental tasks and role transitions. In order to realize their goals, they construct plans by considering different institutional opportunities in relevant domains such as school, work, peer relationships and society.
Developmental standards and beliefs concerning age-appropriate behavior provide an eventual basis for the evaluation of success along various developmental trajectories. This process also provides a basis for new self definitions and identity.

Golombek, Marton, Stein & Korenblum (1987) studied personality functioning status during early and middle adolescence. They assessed the personality development of 61 adolescents at ages 13 and 16 years using an interview schedule to elicit information on seven personality functions namely identity crystallization, identity maintenance, relatedness, verbal communication, reality testing regarding self and others, role assumption, and self esteem. Results indicated that 47.5 percent of the subjects remained free of personality difficulties from early to middle adolescence. Subjects with personality difficulties experienced more problems during early rather than middle adolescence.

As adolescents and their environment interact continuously, they have to be understood in relationship to each other. The phase is marked with a number of trends which signify its importance. One such trend is the development and fulfillment of the adolescent’s psychological needs. Varma, Pawan, K. (2010), studied the needs and aspirations of adolescent students in India studying in the state board and CBSE board schools. An interview schedule was used for the purpose of data collection. Findings indicated that psychological, emotional, biological, social and economic needs of the CBSE board school students were fulfilled to a greater extent as compared to the students of state board schools. The interpersonal relationships between the family members and those closely associated with the adolescents (teachers, classmates) were conducive for development in students of the CBSE board. These students were also found to be continuously driven by the
desire, need and aspiration to acquire more money, power, high status and recognition as distinguished persons in society. They have a greater sense of ambition, competence and are perceived to be superior to students studying in the state board.

Kaur and Singh (2013) assessed emotional intelligence of adolescent children in relation to their locus of control. Results indicated that on emotional intelligence, male and female students differ significantly with male students being more emotionally intelligent. The males were more internally oriented than the females. No significant differences were found between the internally and externally oriented students on all components of emotional intelligence whether males or females.

Despite popular stereotypes of storm and stress in the adolescent’s family, scientific studies indicate that there is very little emotional distance between young people and their parents. Although some adolescents and their parents have serious interpersonal problems, majority of adolescents feel close to their parents, respect their parent’ judgement, feel that their parents love and care about them and have a lot of respect for their parents as individuals (Public Agenda, 1999; Steinberg, 2001).

Parents and adolescents usually argue over mundane issues such as household chores, clothing and the adolescents’ choice of friends. According to research by Judith Smetana (1988a, 1988b, 1989; Smetana & Asquith, 1994; Yau & Smetana, 1996), a major contributor to the adolescent parent bickering is the fact that teenagers and their parents define the issues of contention very differently. Smetana studied parent-adolescent relations by having parents and teenagers discuss various issues while they were being videotaped and then analyzing the conversations.
Parents are likely to see these as issues of right and wrong – not in moral sense, but as a matter of custom and convention. Adolescents, in contrast, are likely to define the issues as matters of personal choice.

Studies of family interaction suggest that early adolescence is a time during which young people begin to try to play a more forceful role in the family but parents may not yet acknowledge the adolescents’ input. As a result, young adolescents may interrupt their parents more often but have little impact. By middle adolescence, however, teenagers act and are treated more like adults. They have more influence over family decisions, but they do not need to assert their opinions through interruptions and similarly immature behavior (Grotevant, 1997).

Families play a very crucial role in the development of children. The concept of families is changing from traditional joint families to nuclear families and now to even smaller units of ‘single parent families’. The major reason for single parent families is increased number of death and divorce. The absence of one parent in a family may affect the development of adolescents. The objective of a study conducted by Joshi, Lavanya and Jain, Kalpana (2007) was to compare depression among adolescents of single parent families and intact parent families. A sample of 60 adolescents (30 from single parent homes and 30 from intact parent families) between 13 to 16 years was studied using the IPAT depression scale. The results showed a significant difference in depression between the two groups of adolescents. The level of depression was found to be higher in adolescents of single parent families in comparison to their counterparts living in intact families.

higher achievement motivation in comparison to low performance group of students. Parental approval emerged as the most significant predictor of achievement motivation and performance followed by resources made available by parents, parental encouragement and parental pressure. The high performance group girls were more future oriented with high level of aspiration as their expected and achieved scores are less discrepant. They expected more and achieved less than their expectations. These findings imply that in order to improve children’s education, parental approval warrants the future orientation.

Adolescents in modern society spend a remarkable amount of their time with their peers. They spend most of each weekday with their peers while at school, and a vast majority also see or talk to their friends in the afternoon, evening and over the weekend. Research indicates that adolescents moods are most positive when the teens are with their friends and that time spent with friends becomes more rewarding over the course of adolescence (Larson, 1983; Larson & Richards, 1991).

Problematic peer relationships are associated with a range of serious psychological and behavioral problems during adolescence and adulthood. Individuals who are unpopular or who have poor peer relationships during adolescence are more likely than their socially accepted peers to be low achievers in school, dropout of high school, to show higher rates of delinquent behavior and to suffer from an array of emotional and mental health problems as adults (Savin-William & Berndt, 1990).

Experience in the peer group is also vital for the development and expression of autonomy. The process of developing more mature and more independent relationships with parents is accompanied by the establishment of more mature
relationships with peers. In addition, the peer group provides a context for adolescents to test out decision-making skills in an arena where there are no adults present to monitor and control their choices (Hill & Holmbeck, 1986).

Kirchler, Erich; Pombeni, Maria, L. & Palmori, Augusto (1991, December) in their study titled sweet sixteen: adolescent’s problems and the peer group as a source of support surveyed 770 Italian adolescents (14-20years) to collect information on identification with social identities and life values and to assess their coping processes with three relational problems, two personal and two socio-institutional problems. Subjects who strongly identified with their peers also felt close to their families, their best friend and their schoolmates. Thus, identification with social entities was due, in part, to the similarities of values the adolescent and respective entities had. Effective coping with developmental tasks was dependent on the degree of identification with peers.

Like the biological and cognitive transitions of adolescence, the social transitions have important consequences in adolescent development. Becoming an adult member of society, accompanied by shifts in responsibility, independence and freedom has an impact on the development of adolescent’s autonomy, identity and achievement.

Research suggests that identity achievers are psychologically healthier than other individuals on a variety of measures: they score highest on measures of achievement motivation, moral reasoning, intimacy with peers, reflectiveness and career maturity. Adolescents in the moratorium (a timeout during adolescence from the sorts of excessive responsibilities and obligations that might restrict the young person’s pursuit of self discovery) category score highest on measures of anxiety,
show the highest levels of conflict over issues of authority, and are themselves the least rigid and least authoritarian. Adolescents classified as being in the foreclosure group (bypassing - either willingly or unwillingly - the period of exploration and experimentation that precedes the establishment of a healthy sense of identity) are the most authoritarian and most prejudiced, have the highest need for social approval, the lowest level of autonomy and the greatest closeness to their parents. Adolescents in the state of identity diffusion display the highest level of psychological and interpersonal problems; they are the most socially withdrawn and show the lowest level of intimacy with peers (Adams, Gullotta, & Montemayor, 1992; Fulton, 1997; Wallace-Brosious, Serafica, & Osipow, 1994).

During adolescence, there is a movement away from the dependency typical of childhood towards the autonomy typical of adulthood. Because today’s adolescents spend so much time away from the direct supervision of adults, either by themselves or with their peers, learning how to govern their own behavior in a responsible fashion is a crucial task for contemporary youth. With increasing number of single parent homes and two-career households, more young people are expected to supervise themselves for a good part of the day (Carnegie Council on Adolescent Development, 1992). Many young people feel pressured – by parents, friends, and by the media – to grow up quickly and to act as adults at an earlier age (Elkind, 1982).

Pandit et. al. (2013), studied gender and emotional intelligence as predictors of adolescent problems. Gender was a strong predictor of youth problems than emotional intelligence. Female adolescents were reported to experience lesser problems as compared to the males.
Dhanalakshmi, D (2013) assessed self concept, anxiety and mental health among adolescent boys and girls. The results indicated that gender differences exist on all three variables. Adolescent girls indicated better self concept and mental health compared to boys. Self concept was positively correlated to anxiety while mental health was negatively correlated to anxiety.

2.2 Mental Health

Mental health embraces the concepts of personality, character and behavior of an individual. It touches upon one’s bent of mind expressed in the style of thinking about himself and fellow human beings. Briefly stated, mental health stands to illustrate the way one conducts himself in his day-to-day life.

Mental health is increasingly seen as fundamental to physical health and quality of life and thus needs to be addressed as an important component of improving overall health and wellbeing.

Following are the research studies in the area of mental health and its attributes.

Sharon Leighton used a vignette-based questionnaire to explore adolescents’ understanding of mental health issues. The aim of this study was to examine levels of mental health literacy among a school-based sample of adolescents. Key findings include first, that socio-economic disadvantage and low levels of educational attainment are not necessarily synonymous with lower levels of mental health literacy. Second, female respondents, and those with experience of mental health problems, were more flexible in their choice of sources of help, and the perceived benefits of such help. Implications for practice were considered in terms of clinical
understanding, mental health promotion for adolescents and training for professionals.

Human behavior is a symbol of an individual’s personality. Behavior is influenced by heredity and the environment. Adjustment is inseparably bound with the nature of human personality. It is one of the most important psychological activities of human life. S. K. Srivastava (2004) studied mental health and personality adjustment among optimistic and pessimistic students. The sample was 150 graduates attending college. Results indicated a significant difference between optimistic and pessimistic students with respect to mental health and personality adjustment. In addition, a significant relationship was found between mental health and personality of pessimistic students but no such relationship was found for optimistic students.

The family system plays a crucial role in the mental health of children and adolescents. Studies on family interaction suggests that early adolescence is a time during which young people begin to try to play a more forceful role in the family but parents may not yet acknowledge the adolescents’ input. As a result, young adolescents may interrupt their parents more often but have little impact. By middle adolescence, however, teenagers act and are treated much more like adults. They have more influence over family decisions, but they do not need to assert their opinions through interruptions and similarly immature behavior (Grotevant, 1997).

Besides the family environment, many socio-cultural factors in a child’s physical environment affect his emotional, social, cognitive and personality development. The main objective of a study conducted by Srivastava, Rakesh, K (2005) was to analyze the affect of socio-culturally depriving factors on the mental
health status of Indian adolescents. A mental health status inventory was administered to 100 adolescents of socio-culturally advantaged group and 100 adolescents of socio-culturally disadvantaged group. The four major factors reckoned to determine adolescent’s level of socio-cultural deprivation were economy, caste, parental education and place of residence. Results revealed that adolescents of both groups differed significantly on four out of five scales of mental health status inventory except on the scale of expression. The deprived adolescents were found to be significantly higher than the advantaged adolescents on geocentricism, alienation, emotional instability and social non-conformity, and on the total inventory. The higher score on the scale is indicative of poor mental health. Results confirmed the hypothesis that socio-cultural deprivation has an adverse effect on the mental health of the adolescent.

The mental health status of young females is worth exploring. Girls, during their schooling years, have many conflicts and anxieties due to their physical and emotional growth. Studies have revealed that there is a reversal of sex ratio of stress manifestation between boys and girls due to conforming to traditional roles. Hence the girls manifest neurotic anxiety over the state of ambivalence and confusion during their adolescence phase. They manifest more personality problems such as shyness, jealousy, sensitivity and physical complaints. Girls have manifested five times more anxiety at the age of 13 (Rutter, 1970) and higher anxiety in women after the age of 18 (Maccobey & Jacklin, 1974).

Ulrich (1989) found high mortality rate due to dowry, infanticide and suicide in Indian women. Scheduled caste girls were also more vulnerable to stress and depression (Mishra, et al., 1980). Emotional instability, poor quality of life, rigid sex
role stereotypes, external locus of control and joint family structure were also the factors leading to depression in young women (Barnes, 1992).

2.3 Quality of Life

Advances in the fields of medicine, psychology and related sciences have doubled the life expectancy across the world. Even in India, with the problems of poverty and overcrowding, an average person can expect to live to 70 years or more. The secret to positive health lies within an individual. Positive thinking of love, courage and optimism, self esteem and purpose in life is the key. Positive emotions, feeling and a positive mental attitude can improve the quality of one’s life.

Singh, Shyodan and Pareek, Rekha (2007) studied the positive predictors of health. The key factors of good health were positive emotions, spirituality, social support, self esteem and a positive mental attitude which not only improve the quality of people’s lives but also heal their bodies from psychological and physiological illnesses.

Raphael, Rukholm, Brown, Hill-Bailey, Donato (1996) studied the Quality of Life Profile—Adolescent Version: background, description, and initial validation. The purpose of the study was to understand the emerging concepts of adolescent health considered within a broadened quality of life perspective. Instrumentation examining quality of life—the extent to which a person enjoys the important possibilities of his/her life—in three broad domains of adolescent functioning: being, belonging, and becoming, was developed and validated. The 54-item Quality of Life Profile: Adolescent Version (QOLPAV) asked adolescents to rate items for
importance and satisfaction. Results indicated that the QOLPAV scores were reliable and correlated with measures of adolescent personality, self-reported health status, and tobacco and alcohol use. With further validation, the QOLPAV could be used to assess current states of coping and functioning, identify adolescents’ service needs, develop health enhancing environments, and assess the effects of illness and treatments.

Meuleners, Lee (2005) undertook research on Quality of life profile - adolescent version: assessing the relationship of covariates to scale scores using structural equation modeling. This study investigated the effects of covariates on adolescent quality of life (QOL) using Structural Equation Modeling (SEM). The Quality of Life Profile - Adolescent Version, a generic 54 item self-reported questionnaire, was administered to 363 adolescents aged between 10 and 18 years who were enrolled in 20 secondary schools. Previous results based on a second-order SEM provided preliminary support for measuring adolescent QOL in terms of physical health, psychological, social, environment and opportunities for growth and development. The second-order model was further enhanced in this study by incorporating covariates age, presence of a chronic condition, amount of control and perception of health. The amount of control the adolescent perceived had a significant positive impact on QOL, whereas poorer reports of health had a negative impact. However, the presence of a chronic condition was found to have little effect on QOL, while the modest inverse relationship between age and QOL was not statistically significant.

Perception of social support as adequate or inadequate affects people’s life satisfaction and their behavior especially at a time they are facing a confronting
situation. A study by Verma and Asthana (2004) was undertaken to find out the effect of social support on quality of life of adolescents. The results revealed that gender exhibited its main effect on the quality of life. Social support did not show its main or interactive effect with sex on quality of life. The findings further revealed that girls availing higher social support had better quality of life.

2.4 Coping

Coping is the process of managing taxing circumstances, expending efforts to solve personal and interpersonal problems and seeking to minimize stress and improve tolerance. In coping with stress one tends to use any of the three coping strategies: appraisal-focused, emotion-focused or problem-focused.

Typically people use all three types of coping, and one’s coping skills change over time. It is claimed that those using problem focused coping strategies will adjust better in life.

Mindy, Herman-Stabl, Stemmler and Petersen (2005) studied approach and avoidant coping and its implications for adolescent mental health. The researchers conducted a short-term longitudinal study examining the structure of coping behavior and the relationship between coping style and depression during adolescence. The sample consisted of 603 adolescents. A two-dimensional model of coping was found using confirmatory factor analysis with the factors being approach and avoidant coping. Four cross-sectional and seven longitudinal coping groups were formed to explore group differences in depression. Approach copers reported the fewest symptoms of depression, while avoidant copers reported the most.
Subjects who changed over time from approach to avoidant coping evidenced a significant increase in depressive symptoms, whereas subjects who switched from avoidant to approach coping displayed a significant decrease in depression over a one-year period. These findings imply that adolescents who are able to elicit social support, engage in problem solving, and cognitively restructure events within a positive light are more likely to successfully negotiate the challenges of adolescence.

Aspinwall & Taylor (1992) examined modeling cognitive adaptation; a longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. Drawing on cognitive adaptation theory, optimism, psychological control and self esteem were explored as longitudinal predictors of adjustment to college in a sample of 672 students. Although a direct effect of optimism on adjustment was found most of the predicted effects were mediated by coping methods. Controlling for initial positive and negative mode, the beneficial effects of optimism, control and self esteem of adjustment were mediated by the non use of avoidance coping, greater use of active coping and greater seeking of social support. The results of a 2 year follow up indicated that self esteem and control predicted greater motivation and higher grades, controlling for college entrance exam scores.

Spirito, Stark, Grace and Stamoulis (1991) studied common problems and coping strategies reported in childhood and early adolescence. 676 children (9 to 14 years) were asked to identify a problem they recently experienced and to describe strategies they used to cope with it. They were also asked to complete a scale describing how they coped with the common problems (being grounded by parents). The subjects reported 4 common stressors: parents, siblings, schools & friends.
These stressors were the same across age and sex; however the coping strategies employed differed by age and type of problem. Both age and sex effects were found in reported use in coping strategies to deal with being grounded by parents.

It is practically impossible to avoid daily advice on how to cope with stress. But our responses to stress and ones approaches for mastering, tolerating, reducing or minimizing stressful events are under the influences of our global meaning such as our purposes and goals. Events cause distress by violating people’s basic goals and their assumptions about the world. Inorder to decrease their distress, people must adjust their views of the event or revise their goals and assumptions about the world to accommodate the new information.

Shahram, Vaziri (2005) in his study considered the influences of global meaning in coping strategies in a sample of 200 university students. Results indicated that meaningfulness in life, belief in self control and self efficacy, and belief in luck were related to coping activities.

Nakano, Keiko (1991) examined the role of coping strategies on psychological and physical wellbeing. Factor analysis yielded one problem focused coping strategies, emotion focuses coping strategies (positive cognitive coping, wishful thinking, self blame and avoidance) and a mixed strategy (seeking social support). Multiple regression analysis revealed that the use of negative self talk was a significant predictor of overall psychological and psychosomatic symptoms, regardless of Hassels levels. Seeking social support and positive cognitive coping significantly contributed to negative predictions of depression and anxiety, respectively. The hypothesis that some factor of emotional focused coping serve as
stress moderators whereas other factors operate as stress enhancers were generally supported.

Life skills play a critical role in dealing with day-to-day problems and difficult situations. Life skills training is attracting a lot of attention with children, adolescents and adults inorder to equip them to cope with crisis in life. Madnawat, Bhardwas and Kachhawa (2007) studied the effect of life skills on wellbeing and life management in adolescents. The effects of life skills and gender on psychophysical wellbeing and coping response was studied on a sample of 200 adolescents. The results were subjected to a 2 x 2 ANOVA and it was found that life skills and gender creates a main and interactive effect on physical wellbeing, value and creativity, emotions, relations, life management and coping. No significant effects of life skills and gender were found on psychological wellbeing and total physical wellbeing.

The frequency of young people cutting themselves appears to be increasing, with one review estimating the current prevalence across the UK to be between 1 in 12 and 1 in 15. Hall and Place (2010) studied cutting to cope - a modern adolescent phenomenon inorder to identify factors that are associated with self-harm by cutting, and more especially coping strategies that if encouraged might reduce such behavior. Multivariate and exploratory factor analysis were used to analyze the results from a survey of the pupils attending four large comprehensive schools in the North of England where the frequency of cutting behavior was causing concern. Results showed three factors identified from the analysis - Social & Active Coping, Seeking External Solutions and Non-Productive Coping. The Social & Active Coping was the only factor that significantly correlated with non-cutting behavior. Conclusions stated that the fostering of the elements that make up Social & Active
Coping - namely working successfully and feeling a sense of achievement, together with positive friendship networks and positive diversions, including physical recreation, will help to minimize young people's sense of needing to cope by cutting themselves.

Kralik, Catheleen & Danforth (1992) researched identification of coping ideation and strategies preventing suicidality in a college age sample. 286 undergraduates self identified as having no past suicidal ideation, mild ideation, severe ideation or having attempted suicide, completed a Reasons for Living Inventory (RLI), a similarly derived instrument for age specific coping cognitions and a scale of coping strategies for diminishing suicidality. The factor structure of the RLI was confirmed on this college age population, it appears to be relevant in suggesting pertinent preventive cognitions among the subjects. Patterns of similarity and differences in mechanisms were identified. Having social attachments, engaging in problem solving and coping ideation and reliance on religious convictions distinguished mild from serious ideators. Serious ideators differed from attempters in the relative effectiveness that having social attachments has on preventing suicide behaviors.

Sigel (1992) studied how men and women cope with changing gender role orientations. The 2 genders adopted rather different strategies; men show strategies such as denying the existence of inequality or justifying it on many grounds, but basically accepting it. Women recognized the existence of inequality, refused to justify it, but did not engage in collective battle to redress it. Instead women chose to compete as individuals, thereby playing the game by the rules established by and for men. Each gender thus seeks to serve its own self interest.
Kurdek (1987) studied gender differences in the psychological symptomology and coping strategies of young adolescents. The researchers examined gender differences in 141 male and 171 female 7th and 9th graders’ self reported psychological symptoms, coping strategies and the relation between these symptoms and coping strategies. Subjects completed the SCL-90 (Revised) and the adolescent coping orientation for problem experiences scale. For boys, the most frequently reported symptom was ‘feeling uneasy when people are watching or talking about you’; for girls, it was ‘worrying too much about things’. For both, boys and girls, the most frequently endorsed coping strategy was listening to music and watch television. For both the genders frequent use of ‘ventilation’ (complaining to friend, saying mean things) as a coping strategy was positively but weakly related to psychological symptomology.

Rosario, Shinn, Morch, & Huckabee, (1988) conducted 3 studies, where the role occupied by women and men were the same, to test socialization and role constraint theories in gender differences in coping. The results for coping did not support the socialization theory and partially supported the role constraint theory. Men and Women did not differ in the ways they coped with similar role stressers, except that male child care workers reported more emotional focused coping. Results for social support indicate that women use more support than men in similar role situations. Findings suggest that higher levels of psychological disturbance among women are not due to coping styles independent of social roles.

Shulman, Seiffge – Krenke, Inge & Samet (1987) studied adolescent coping style as a function of perceived family climate. The researchers compare adolescent coping style across different perceived family climates in a sample of 187 students. Analysis indicated that the perception of family cohesion and organization combine
with respect for individual development were related to a higher level of functional coping in the adolescent. A sense of lack of family support or an over controlling family environment was related to a higher level of dysfunctional coping. Adolescent perception of family climate was found to be related to the nature of the task or situation the adolescent encounters.

Overholser, James, C (1992) studied sense of humor when coping with life stress. The Coping humor scale was developed specifically to access the degree to which subjects report using humor to cope with stressful life situations. This study examined the utility of the scale as well as measures of humor appreciation and humor creativity in 46 males and 52 female college students. Using correlation and multiple regression analysis, results show that humor was associated with lower loneliness, lower depression and higher self esteem. However, these relationships differed according to the sex of the subject and the frequency with which subjects used humor to cope. Results supported the notion that sense of humor plays an important role in the psychological adjustments in some subjects.

In a study by Nair et. al. (2013), it was hypothesized that resilience would mediate the relationship with life skills. A group of 15 adolescents were exposed to a well designed, tested and delivered life skills module over a period of 30 days. The results indicated a positive effect of life-skills training on fostering resilience. Statistical analysis also indicated an improvement in the level of resilience on the experimental group.

Sharma et. al. (2013) studied self esteem and well-being as major indicators of resilience to stress. Results showed high self-esteem and high well-being subjects show significantly more resilience to stress as compared to their counterparts by
scoring significantly low on deficiency focusing and necessitating and high on skill recognition. With regard to gender, differences were found on necessitating with females showing more resilience to stress to that of males. The three factor interaction effect of self esteem*gender*well-being was significant on deficiency focusing and necessitating.