CHAPTER : II

REVIEW OF LITERATURE
On the basis of the theoretical models of crowding presented in the previous chapter - 'Introduction' it seems that crowding plays an important rate in determining the mental health and adjustment of the adolescents. A review of available literature related to crowding, mental health and adjustment of the adolescents is presented in this chapter separately.

Studies Related to Crowding

In a study on dormitories, Aiello et al (1975) found that the subjects living in triple rooms reported greater feeling of crowding than did subjects living in double rooms. The effect of density was greater for women than for men. They concluded that males and females used different coping strategies to deal with density. The coping strategy employed by males (withdrawal) was more effective than the coping strategy chosen by females (increased level of interaction). Females spent more time in their rooms than did males. This indicates males and females used
different types of coping strategies with in the crowded situation.

Booth (1976) conducted an exhaustive survey in Toronto (Canada). He found that in both subjective as well as objective crowding conditions male and females reported lower contacts with neighbours and relatives. Females were found more reserved than males. However, both showed lesser contact in high-density conditions.

Boum et al (1979) Study of dormitory residents in either double or triple rooms showed that in most triple rooms coalitions formed with two of the residents. In these cases, the third resident felt left out and reported greater crowding. In contrast, the coalition member and residents of double rooms did not differ very much.

In another study Walden et al (1981) presented gender difference in response to crowding in a college dormitory. Males in double rooms reported feeling more crowded than females in double rooms. They did not differ in their reports of feeling crowded in triple rooms. However, males in triple rooms spent much less time in their rooms than did males in double rooms.
Edwards et al (1982) studied those intact families with young children in the home and compared respondents who were living in single unit dwelling, multiple unit dwelling (duplexes, triplexes and row housing) and apartment unit. They controlled age, education and the occupation-health, martial relationship, and a number of variables dealing with children. They found that multiple dwelling units and apartments were associated with psychiatric impairment among males and a loss of privacy among females. Children of apartment dwellers were somewhat more likely to experience physical illness.

A field survey was conducted by Eoyang (1974) to distinguish between the effects associated with group size and social stimulation. The survey was taken among residents of a trailer park composed of identical housing units. The sample consisted of 58 university students who were asked to rate their living space and their satisfaction with various aspects of trailer living with total area fixed, the number of occupants per unit accounted for greater variance in living space rating than did degree of privacy. Studies on sex difference in crowding experience suggest that women perceives crowding as a less threatening situation than did men (Ehrlich, 1968, Freedman et al, 1972) reported that
males than females. Females reacted more positively to high-density condition than males (Ross, el al Lypton Crickson and Schapler, 1973).

Baum and Valins (1979) Studied the feeling of crowding among the residents of long corridor. Short corridor and long-corridor intervention dormitory floors. Social behaviour and space use patterns were systematically observed over a three months period. Residence of the long corridor floor (40 residents sharing space) reported more crowding and residential social problems whereas short corridor residents (20 residents sharing space) and modified long corridor residents (20 residents sharing space) reported fewer of these problems. They concluded that interior space are associated with space use patterns that facilitate or inhibit informal group development and regulation of the frequency of interaction in turn are related to stress and stress like symptoms.

A study by Prerost (1981) focused on the possible inhibiting effect of crowding on the development of positive mood states 48 college men and 48 women were examined under conditions of high and low spatial density. Subjects were provided with positive mood-producing stimuli or neutral stimuli during crowding
conditions. He found that neither produced by crowding. Influence of crowding around inhibited the effectiveness of positive mood-producing stimuli. Outcomes occurred for both men and women subjects. Jain (1987) explored the effects of high density and scarcity of resources of the feeling of crowding as compared to low density and adequate resources.

Bonnes et al (1991) investigated the relationship between negative evaluation of social density (crowding) and residential satisfaction in 461 inhabitants (aged 18-34 yrs.) of neighbourhood in Rome. The perception of crowding was studied in relation to (1) the patterns of the evaluation involved in the residential satisfaction about the neighbourhood, (ii) the spatio physical features of the place considered, and (iii) the socio demographic and residential characteristics of the inhabitants. Result pointed to the strong saliency of the crowding evaluation within overall residential satisfaction and the concern with the spatial social openness - closedness of the neighbourhood environment. Significant predictors of the satisfaction were found with increasing age, increasing socio-economic level and increasing length of residence.
Crowding refers to the way we feel when there are too many people and not enough space. Desor (1972) defined crowding as receiving excess stimulation from social sources. It is an exponential state of a psychological phenomenon which occurs from the interaction of relatively high density of people with other social, personal and physical environmental variable. (1) Crowding is a feeling of negative psychological expression of individuality is seen as a threat, (2) Harmony and absence of conflict are highly valued, (3) Age hierarchy is chronology a great deal of value is attached to age and deference for older people the most consistent aspect of socialization, (4) Supremacy of male; and (5) in the upbringing of the child there are two cultural constants: (i) Parental confidence in maturation and (ii) lack of praise as a technique. The present work has studied parental socialization of girls in traditional craft communities of Sanganeer and Ansari Muslims in Varanasi. The sample comprised of children between the ages of 5-16 years, along with their parents and other family members who were observed in their interactions and interviewed. It was seen that the span of childhood was directly related to the economic standing of the family; the poorer the family the earlier childhood ended. Pre-pubertal
marriages of girls are ensured. In the parental socialization for achievement, the contrast between boys and girls was apparent. Girls were sent to school only for two or 3 years.

Conceptualization of Crowding -

Proshansky, Ittelson and Rivlin (1970) Proposed that "Crowding is not simply a matter of density of person in a given space. For a crowded person, the experience of "being crowded" depends also to some degree on the people crowding him, the activities going on, and his previous experience involving number of people in similar situations". Stokals (1972) has shown a distinction between the physical conditions of density involving spatial limitation and the experiential state crowding, in which the restrictive aspects of limited space are perceived by the individuals exposed to them. Sometimes "crowding" is viewed in terms of spatial considerations alone. But this meaning of crowding fails to delineate those social and personal aspects which may interact with spatial factors in the experience of "crowding" according to the proposed distinction of Stokals (1972) "Density" is viewed as a necessary antecedents, rather than a sufficient condition for the experience of crowding". According to Desor
"being crowding" is "receiving excessive stimulation from social sources". Desor (1972) on the basis of his findings has suggested that although judgments of crowding varied with space, the experience of crowding is much more than merely a matter of space. Furthermore, Desor considers "crowding" a complicated area and he writes to clarify his position - "Though level of social stimulation appears to control judgments of crowding when other things are held constant, it seems these "other things" are at least as important in determining when a situation is crowded". Crowding may be considered as a psychological concept referring to a subjective experience which may or may not be adequately reflected by population density measures such as amount of reflected by population density measures such as amount of physical space per person or number of people per unit of living space (Boron, Byrne and Griffitt, 1974). Schmidt and Keating (1979) defines that "Crowding is experienced when situational density forces the blocking of goals, the interruption of behaviours, or cognitive overload to occur". According to Karlin, Epstein and Aiello (1978) crowding involves an imbalance between people and available space. There
seems to be three events that occur because of this imbalance -

(a) Congestion resources scarcity.

(b) An ability to control and limit interaction with others.

(c) Extremely close proximity to others.

In addition, to the above mentioned conceptualization about crowding, some frequently used definition are operationalized in terms of amount of space available (Freedman, 1975, Stakals, 1972). Close physical proximity (Aiello, Epstein and Karlin, 1975; Worchel and Jeddlie, 1976), behavioural constraint and interference (Schopler and Stockdale, 1977), unwanted interaction and overload (Boum and Valins, 1977, Desor, 1972, Soegert, 1978) and inability to adequately control interaction with others (Zlutnick and Oltman, 1972).

**Personal Space and Territorial Behaviour** -

Since the term crowding, personal space and territorial behaviours are overlapping concepts, so it is essential to throw some light in order to discriminate these concepts now.
Research on human rise of space burgeoned from the popular work of Colhoun (1962), Aroley (1966) and Lorenj (1967) and an equally popular work of Hall (1966) and Sommer (1959). Hall (1966) has used the term "proximices" which is synonymous to personal space. He defined "personal space as an area individual humans actively maintains around themselves into which others cannot intrude without arousing discomfort.

Sommer (1959) has made a distinction between personal space and territorial behaviours along following lines -

(a) Personal space is portable whereas territory is relatively stationary.

(b) The boundaries of territory are usually marked whereas these of personal space is invisible.

(c) Personal space has the person's body at is center whereas territory does not.

(d) Intrusion into personal space usually leads to withdrawal whereas territorial intrusion usually leads to threats or fights.
The available literature can be broadly into three broad categories.

(1) Animal studies

(2) Co relational studies

(3) Experimental Studies.

(1) Animal Studies -

Early research regarding the effects of crowding, produced by high population density was done almost exclusively on non-human subjects (Calhoun, 1962; Christian, 1963; Mardson, 1972; Lawrence, 1971). Calhoun (1962) becomes concerned about the effect of population growth and of population density on social behaviours of rats. He confined the rats in a quarter acre enclosure. Group of rats in laboratory confinement were allowed to breed freely and were supplied with adequate food and water resources, one very important finding was that by the end of 27 months the population has became stabilized at a particular level following an initially rapid rate of growth; perhaps due to the fact that the stress from social interaction led to such description of maternal behaviour that only few young survived. Calhoun (1962) on the basis of this observation did another study on rats under more controlled (indoors)
circumstances. A close surveillance of the colonies was kept for 16 months in order to record the effect of population density on behaviour. The behaviour pathology among females was apparent than males. It become difficult to carry pregnancy for the full terms and many females fell short in their maternal functions. Among the males the behaviour pathology ranged from sexual deviation to cannibalism. The social organizations of the animals also become disorganized. Indiscriminate aggression, catatonic withdrawal, cannibalism, sexual aberrations, and disruptive reproductive functions were among the 'symptoms' associated with high density each of which served ultimately, to reduce the density of the colony. The best-known field study concerning density and animal behaviour was conducted on a small heard of Silka deer on the Island of Chesapeake Bay by Christian, et al (1960). They left the deer free to breed with adequate resources. The heard increased in number until density increased the ratio of one deer per acro. At this point mortality rate increased accountably. Food and water were abundant and there was no evidence of exogenous disease, subsequent examination of carcasses revealed a variety of endo-crinological disorders apparently resulting from extreme stress brought on as a reaction
to crowding symptoms including greater enlarged adrenal glands (50%) and reproductive dysfunctions. Deevey (1960) related similar evidence of cyclocel mortality increased in lemmings and show shoe have corroborative evidence can be found an aggression and other a social behaviour in cats (Leyhausen, 1965) and monkeys (Southwick, 1967). Christian (1963) found pathological effects of over population on mice. He postulated that high level of population density might have created intra-species compaction for available space and resources. The psychological pressure (stress) that resulted may have culminated in the observed maladies.

Merrison and Thatcher (1969) reported that rats reared under high density showed the reduction of behavioural indices of emotionality. Consistent with the results of others (Chitty, 1955; Christian, 1963). Kealey (1962) conducted an experiment on albino rats. He placed groups of 15 or 5 pregnant rats in 6x12x5 1/2 inches cage. With birth imminent, the mothers were segregated to deliver their pups. All pups were then raised by either their un-crowded cages with food and water freely supplied. The pups were then measured at 30 or 100 days of activity and amount of detection. When placed in novel environment. The pups from
crowded mothers were generally less active and defecated less than the control mice. Keleka (1961) studying voles of the wild, found that during periods of high density the young did not reach maturity. Similarly, Christian and Davis (1964) found that crowding might affect adrenals of the immature organism more than mature organism.

There are also some studies conducted on animals in which the relationship between crowding and index of performance was seen. Goeckher, Greenhough and Meed (1973) in his experiment found that rats reared under crowded conditions were impaired in learning brightness discrimination task to avoid shock as compared to previously uncrowded animals. The adults rats who were previously isolated (35 to 90 days) when tested again after spending four weeks under high density conditions were superior to those previously isolated rats of low density conditions. Similarly in Leshl eigmaze, a tendency towards facilitation of performance task was poor in crowded adult group in contrast to young crowded reared rats. On the other hand a study conducted by Wood and Greehough (1974) found that crowding of previously isolated rats, tends to facilitate acolition on complex task.
In conclusion, it can be said that crowding is an aversive situation for animals, which disturbed the normal social behavior, affect the physiology and leads to various pathological behaviors.

(2) **Co-relational studies** -

Guided by the early research on animals social scientists tried to examine the effects of crowding on humans. According to Pandey (1978) "Despite the many pitfalls of generalizing directly from animals to human population, there has been a rather natural tendency to perceive parallels between the specter of see thing masses of bodies in cal owes of rats and the conditions that exists in major urban centers. The extents to which a variety of individual and social pathologies are related to indices of individual and social pathologies are related to indices of population density have been investigated in a number of studies. The strategy general has been to correlate various density measures such as population per acre of square mile number of dwelling units per unit of space, number of person per room or similar measures with various indices of pathologies such as crime rates, mortality rates, mental and physical health data, divorce rates, suicide rates and others."
High population density and crowding results in various psychological and social disturbances and disorders. Zlutnick and Altman (1972) have mentioned broadly three categories of evils in this connection-

(1) Physical effects: Starvation, pollution, slums, disease, physical malfunctions,

(2) Social effects: Poor education, poor physical and mental health facilities, crime, riots and war; and

(3) Interpersonal and Psychological effects: Drug addiction, alcoholisms, family disorganization, and withdrawal aggression, decreased, quality of life.

Correlation studies on crowding can be broadly divided into three broad categories-

(a) Studies on cities

(b) Residential crowding

(c) Experimental studies on crowding.

Studies on Cities:

By the frequent influx from rural to urban areas cities are now crowded beyond capacity. Life in the city today is considered by many as unpleasant, dehumanizing and dangerous. Furthermore, by the
insufferable living conditions cities are rapidly changing from bad to worse.

Investigations of demographic data has been conducted on city population in Hong Kong (Schmitt, 1963), Hanqhulu (Chmitt, 1966) and Chicago (Galle, Gove and Mcpherson, 1972; Winsborough, 1965). No consistent significant correlation between density and sociopathology was reported in these studies. Although, there was some indication of a relationship between higher crime rates with increased density. Marsella, Eccudero and Gordon (1970) studied the relationship between dwelling density and mental disorders in males of Manila. They found that with the increase of population density the indices of mental disorders symptoms such as psychosomatic complaints alienation, anxiety, withdrawal, irruptive violence and "free floating anxiety" were found to increase.

In order to see the relationship between density and various pathologies a study was conducted by Schmitt (1966) in Honolulu which was based on census tract data. He found strong positive correlators between population per residential acre and nine measures of health and social well-being. Income and education were controlled in this study. Partial correlation was
found highest with average rates of venereal disease, first admission to mental hospital, and lowest with infantile mortality and suicide. Winsborough (1965) conducted an experiment in Chicago to observe the correlations between population density and measures of health and well-being. He controlled the socio-economic status, quality of housing and ethnicity. It was found that mortality, tuberculosis and general public assistance were negatively correlated with a real density. While correlations with infantile mortality and public assistance to minor were positive in nature. Similar results were reported by Loo (1978) in a demographic survey of mental health trends in Hong Kong. He found that the incidence of mental illness has increased, particularly for males, over a 25 years period of expanding population and urbanization. In addition, no adaptation to high-density living conditions was found.

Galle, et al (1972) conducted a study in 75 community areas of Chicago. He used separate measures of the four component of a real density.

Person per room, room per dwelling, dwelling per structure, and structure per acre. A combination of these four densities independent of social class and ethnicity,
accounted for substantial portion of variance in rates of mortality (23%), juvenile delinquency (25%), fertility (14%), public assistance to minor (34%) and admission to mental hospital (26%), Fischer et al. (1975) working with the economic and geographical regions of Netherland found that a real density was positively related to measures of health and social pathology.

A number of studies were conducted to see the relationship between crowding and suicide. Corstairs (1969) reported that while suicide is related to social isolation, attempted suicide is associated with high-density condition. In Santiago, Chile positive correlation was found between crowding and suicide (Chuaqui, et al., 1966), but Salnsbury (1955) in London and Lester (1970) in Buffalo, New York failed to find any relationship between density and suicide. Cassell (1971) reported that the incidence of suicide is inconsistently related to population density.

Thus, co-relational studies in cities on this basis of demographic data, field to show any consistent results. Schmitt (1966) and Levy and Herjog (1974) found that a real density had a strong association with pathology, whereas several other studies (Booth and Johnson, 1975; Freedman, Heshka and Levy, 1975)
suggests that high real and indwelling densities are not necessarily associated with morbidity, mortality, crime, and mental illness. Schwab, Nadeau, and Warheit (1979) conducted an epidemiological survey of the mental needs and services of 1,645 19 to 92 years old residents of a Southeastern us country indicated that 7.8% of the subjects lived in the crowded conditions. Result indicated that crowded subjects scored significantly higher than un-crowded subjects on a depression scale. Associations between crowding and high scores on both scales were strongest among (a) subjects in the child revering and middle years of life, (b) black at all income levels, (c) whites in the intermediate family income range, and (d) females rather than males. The crowded black population and crowded white women had consistently high scores than un-crowded women. It is revealed that three variables being females, having a low income and crowding accounted for 16.5% of the variance. In crowded situation depression may be a costly, semi adaptive reaction to excessive interpersonal stimulation. Women living in crowded situations appear to be at high risk for depressive illness, their plight is reminiscent of animal experiment (Calhoun, 1962) indicating that material behaviour of females deteriorated in crowded situations.
Residential Crowding

The literature on crowding in residential and laboratory settings is reviewed extensively by Epstein (1981). Highlighting the importance of perceived control and group orientation he developed a model of crowding. Control and group orientation are shown to mediate reactions to high density environments across field and control settings. The studies in Residential setting can be broadly reviewed in three parts-

(a) Crowding in Dormitories,

(b) Indwelling crowding

(c) Crowding in prisons.

Crowding in Dormitories

The dormitory setting is mainly individualistic in character and it ranges from cooperative to competitive according to the variations of the social situation. MacDonald and Oden (1973) in his study demonstrated that youths living in crowded dormitory style accommodations but having a high degree of perceived control and a strong sense of cooperation, showed positive affects. In this study, five married couples, who had previously volunteered to share an I
partitioned 30 by 30 foot room for 12 weeks of training were compared with volunteer couple who lived in hostel accommodation. The crowded couples not only failed to show adverse effects but also showed enhanced marital relationships. Thus, probably these couples developed a high degree of cooperation with each other, they experienced a high degree of control and hence crowding resulted in no adverse effects in them.

The effect of residential crowding was examined by comparing the experience of tenants living in 14-story apartment building and those in 3 story walking within the low income housing project. The result found by Macarthy and Saegert (1978) states that since tenants in high rise buildings would come into contact with large number of others in the public spaces of their buildings and as these unwanted contacts exceeds residents interaction capacity, tenants would be manifested by tenants perceptions of crowding in the building, feelings of less control, safety and privacy in their immediate residential environment, problematic social relationships among tenants, and alienation and dissatisfaction with the residential environment generally. These experience did not occur in low rise walkups. In addition, to this high rise apartment residents were less socially active beyond their building
and felt a greater sense of powerlessness in affecting management decisions.

In a series of studies of college dormitories Baum and his associates investigated the effects of two different architectural designs on social behaviour and experience to crowding (Boum and Volins, 1977; Boum, Aiello, and Calesniak, 1978; Boum and Gatchel, 1990). In some of their studies, they compared groups of students living in traditional double loaded long corridor dormitories with students living in suit style accommodation. In other studies long corridor dormitory. All residents engaged equivalent square footage of living space available to them. It was found that because long corridor residents were more likely to encounter unwanted social interaction they reported more lack of control over the environment and less feeling of cooperation than their counterparts. Furthermore, it was acted more competitively than students living in accommodation of different architectural variety. In addition, such students perceived a high degree of crowding and experienced overall stress than did their counterparts (Baum and Valins, 1977; Stakals and Reshick, 1975).
Recently, the effects of architectural intervention on residential crowding stress and post stressor effects were studied by Borm and Davis (1980). In this study, he surveyed 80 residents of long corridor, short corridor and long corridor intervention dormitory. It was found that residents of the long corridor floor reported more crowding and residential social problem over time. Whereas short corridor residents and modified long corridor residents reported fewer of these problems. The finding of this study is in consonance with the results of Reichher (1974). In their study participants of both corridor and suit, style dormitories were asked to engage in-group discussion task. The confederates posing as discussants systematically ignored them. The result indicated that corridor residents felt more uncomfortable in the presence of strangers and thus minimizing the possibility of interaction.

In order to speculate as to why the social interaction in corridor designed dormitories is associated with the desire to avoided neighbors one has to investigate the manner in which both corridor and suit design meets their needs and wants. Davis (1965) believes that primary factor responsible for the quality of social network and local application is the semiprivate interaction spaces connecting individual
dwelling units. Thus, the people residing in corridor suit perceives high levels of social encounters. The inadequacy of semiprivate interaction zones provided in corridor setting is primarily responsible for the experience of crowding and the relatively negative interpersonal affect that inhibits maintenance of positive and intimate socialites with neighbors.

Karlin, Epstein and Aiello (1978) conducted a study at Rutgers University and compared the students who lived in triple and double loaded corridors. It was found that tripled students were more triple and double corridors. It was found that tripled students were more disturbed, disappointed and stressed than doubled students. These results were more severe in tripled women. The reason behind seems that women spent more time in their rooms in an attempt to make a home life environment whereas men spent more time outside. Boum, Shapiro, Murray and Wileman (1979) conducted two studies in order to investigate the role of interpersonal relationships in mediating the experience of crowding and loss of personal control in dormitory environments housing two or three students in bedroom units. In most of the tripled room studied, two persons coalition was formed and most of the crowding and negative affect reported were expressed by the third
In order to examine the experience in the dormitories and adjustment to college life a survey study was conducted recently on both males and females by Aiello, Boum and Gormley (1981). It was found that triples in comparison to double showed greater social tension, negative affect and control problems. Furthermore, they found that these symptoms of interpersonal stress are mediated by group formation within tripled rooms. Isolates, left out by a condition of other roommates were more vulnerable to crowding and experienced more control related problems. In addition, women reported greater degree of crowding in all residential conditions. It is suggested that since women spent more time in their residential environment and show more involvement with their roommates, they are more susceptible to interpersonal stress related to crowding. Baron, Mandel, Adams and Griffen (1976) found more negative affect in triples because they perceive less control over the environment. Consistent with the previous results Reddy, Baum, Eleming and Aiello (1981) found that isolates in both three and four person groups reported more crowding. More complaints related to dissatisfaction with room and
roommates, difficulty in maintaining control, and less confidence in their ability to regulate social interaction than non-isolates. Tripled isolates, however, consistently reported more significant feeling of not being understood by roommates and loneliness, as well as greater exclusion from group decisions, more extreme difficulty in maintaining control and regulating social interaction, and more intense crowding stress. In addition, it was also reported that when the group size increased from three to four, crowding stress did not increase.

A recent attempt has been made to examine the links between crowding, loss of control and helplessness in university dormitory setting by Baum and Gatchel (1981). Assessment was made of an array of behaviours at regular intervals throughout their 1st and 10th weeks of residence. Result of this study indicated that attribution to personal factors were closely associated with an initial reactance phase of loss of control in long corridor subjects, subsequently, attribution of less of control to environmental conditions were associated with helplessness. Seligman (1975) also reported that prolonged exposure to crowding leads to loss of control and this in turn results in the state of helplessness. This results is supported by
many other psychologists (Bourn, et al, 1978) conducted a study in long and short corridor dormitory. Experimental session lasted for one, three or seven weeks of residence. It was found that residents of long corridor dormitory, compared with short corridor residents, were more competitive, reactive and involved with establishing control after one and three weeks of residence. But by the end of seven weeks, they more withdrawal, less involved and exhibited symptoms of helplessness.

Kavlin, Rosen and Epstein (1979) in their study found that because of the possible effect of crowding reduction in the average grade points were visible in both tripled men and women. Nevertheless, this effect disappeared when they no longer lived in high-density environment. The reason behind this decrease in grades are that tripled students experience goal blockage as a result on resource scarcity. In other words rooms were unavailable for adequate studying. Baron, et al (1976) Reported no differences in grades of doubled or tripled roommates although grades were negatively correlated with satisfaction. On the other hand, Valins and Baum (1973) compared residents of dormitory suits and corridors on puzzle solution task. It was found that the suit residents performed better than did corridor
residents in cooperative situation or in isolation. However, corridor residents did better in competitive or coactive situation.

In order to investigate the relationship between livings in crowded dormitory conditions and valves and expectancy of privacy among males and females college students a study was conducted by Walden, Nelson and Smith (1981). Aggression, withdrawal and attitude towards the environment and towards roommates were assessed. Result; indicate that crowding living condition affected subject's valves of privacy but not expectation of obtaining privacy. Females were less disturbed then males in crowded conditions. It is probable because females tended to increase values of privacy and spent more time in the more dense rooms while males decreased their values of privacy and showed a withdrawal tendency. Spending considerably less time in the higher density rooms.

**Indwelling Crowding:**

The family dwelling is conceptualized as groups of people who are normatively expected to be cooperatively interdependent (Epstein, 1981). In order to investigate the effects of crowding in family dwelling, two types of strategies have been used. Before
1970, the investigators relied on the ecological correlations but this methodology was severely criticized (Epstein and Boum, 1978) for it failed to provide any clear reliable evidence that crowding and pathology are related or not. Freedman et al. (1975) found no relationship between high density and pathology, but Johnson and Matrass (1977) found a clear relationship between density and psychiatric hospitalization. Thus, it can be speculated that persons who are mentally ill, are being constrained by their individual needs and are less likely to cooperate with other family members.

The second type of study utilized interviews with residents. Mitchell (1971) conducted a study in Hong Kong. The average occupants shared a 400 square foot dwelling with 10 or more persons. This averages out to 40 or less, which is less than half of the 85 square feet per person considered a minimum in households in which all the occupants or normally healthy (Committee on the Hygiene of Housing, American Public Health Association, 1950). No evidence of deficits in emotional health was found when density was high. An interaction effect between the presence of unrelated family within the household and the floor level on which the house was located was found significant on
the dimension of emotional illness. That is to say, that persons living on the sixth floor or above in households containing two or more unrelated families showed the greater degree of emotional illness and the highest level of hostility. Thus, because of the result found by Mitchell (1971) it can be said that crowding is culture specific and so it is misleading to generalize the crowding research results across cultures.

A study was conducted in Toronto by Booth (1976) taking both objective and subjective measure of crowding. No important difference was reported due to variation in density. It has been found that men who grew up in crowded household were less likely to experience stress related disease under conditions of high density than men who grew up in less crowded households. Gove, Hughes and Galle (1979) conducted their study in Chicago. They found that both objective crowding (P/R) and subjective crowding (as indicated by excessive social demands and lack of privacy) are strongly related to poor mental health, poor social physical health and poor social relationship outside the home. The present study reports that overcrowding in the home is related to poor social relationship in the home. This result has been supported by many psychologists (Loring, 1955; Remier, 1945; Galle et.al,
1972; Mitchell, 1971; Baldassare, 1978; Booth and Edwards, 1976). Gove, et al (1979) while summarizing her finding reports that in crowded households children are experienced as an irritant and it is a relief when they are out of their home. In such households children lack privacy and a place to study. Furthermore, parents in crowded household are less informed about their children's activities outside the household.

**Crowding in Prisons:**

Some studies are also conducted in prison dormitories. Mccain, Cox and Paulus (1976) found that prisoners sharing a dormitory cell with other had higher number of illness complaints than those housed in single cell. D'Ati (1975) result was found consistent with Mccain's result. He compared blood pressure of inmates living in dormitory type cell with those housed in single cell. He reported, that both systolic and diastolic blood pressure of inmates living in dormitory type cell with those housed in single cell. He reported, that both systolic and diastolic blood pressure was higher for inmates sharing a cell. In another study Paulus, Mccain and Cox (1978) by way of archival data tried to examine the relationship between crowding in prisons and various measures of pathology. They found
that more crowded the prisoners were, the higher were the death rates, the number of psychiatric complaints and inmates blood pressure. Cox, Paulus, Maccain and Schpade (1979) found a positive correlation between level of density and palmer sweat of prisoners in Texas Jail.

In a study D'Arti and David (1981) investigated the effects of crowded housing on blood pressure in 568 male prisoners as an analog to animal studies, they have shown that crowding elevates blood pressure. The transfer from single occupancy cells to multiple occupancy dormitories was associated with a statistically significant mean increase in systolic blood pressure. Subjects who lived in single cells had little mean change in systolic blood pressure over time. On the other hand subjects who were retransferred to cells after a short stay in the dormitory experienced decline in systolic blood pressure after continued stay in the dormitories, indicating that continued stay in the dormitories adaptation accrued Cox, Paulus and Mccain (1984) and others summarized their field research in prison and Jails and found crowding in prison's appears to be related to increased pathology (Paulus, Mccain and Cox, 1985). Cox et al (1984) concluded that the primary causes of negative effects related to crowding
might be due to cognitive strain, anxiety or fear and frustration intrinsic to most social interactions in crowded settings.

Thus, by reviewing the co-relational studies contradictory results are consistently found and so it is very difficult to arrive at a uniformly accepted, and generalized conclusion. However, one can say with confidence that crowding is a stressor and is correlated in some way or the other with psychopathological symptoms.

Crowding and Interpersonal Relationship among children's studied both in the naturalistic seating and in the control seating. In an early study (Murphy, 1937; Marpey, 1935, and Jerseld and Marpey, 1935) observing the free play of children, the frequency of conflicts tends to increase where play space is more restricted. In the other, study Wliting (1970) found that aggression among Kenyan children increased when the number of children in a group was beyond six. Thus, crowding increases the propensity of maladjusted behaviour in children.

The effect of group size on play activities was observed in normal, brain damaged and autistic children. In this study, Hutt and Vaizey (1966)
controlled the room size which was approximately 570 square feet and varied the group size of children's (6 or 7 to 11 and 12 and above). It was found that the brain-damaged subjects become more aggressive with increasing group density, whereas the normal children only became more aggressive in the large group. The autistic children's showed negligible aggression. The normal, brain damaged and autistic children were different in their social interactions. The normal showed progressively and significantly on social interaction with increasing group size. The brain damaged subjects showed significantly more interaction in the medium group, and the autistic significantly less. Again, it was found that with the increase in the group size, autistic children spent significantly more time at the boundary of the room. In the other study of the similar, find Hutt and Mcgraw (1967, cited by Zlutnick and Altman, 1972) varied the room size and kept the group size constant, with increase in density social interaction and aggressive behaviour of nursery school children increased.

In a study conducted in nursery school, the playing activity was observed by independent judges.
Mecrew (1972) reported that in the reduced spatial condition with social density held constant, there was significantly greater hitting, fearful behaviour and generally greater contact. Destructive behaviour varied significantly in apposite direction. In the social density manipulations, only hitting and laughing varied significantly. On the other hand, auto-manipulation and immobility differed in apposite direction and immobility differed in apposite direction with greater frequency occurring under low density. Preiser (1972) reported that when space is decreased social interaction also showed decrement in four years old children in nursery school. In high-density conditions children significantly less used a common table. In addition, drop in social contacts was also visible in high-density conditions.

In order to see the effects of crowding on children, a number of studies were conducted by Loo. In one of his studies, he found that in high-density condition, aggression among boys decreased but apposite behaviour was found in girls. In addition, activities were interrupted more often, less time was spent in-group involvement increase in solitary play condition was seen in high-density condition (Loo, 1972). In addition, in his next study he reported that crowding
might retard social development and interfere with a sense of task completion (Loo, 1973). In a recent study, Loo (1978) integrated observational and self-report methods to investigate the effects of low and high spatial density on 10 years old boys in an experimental setting. The differential effects of density on acquaintance versus strangers and on close versus far personal space boys were analysed from a factor analysis of variables that were either rated during a free play session or were scored responses from a post-experimental interview. Following this procedure 5 factors emerged these are: discomfort and dislike of room, active play, avoidance, positive group interactions and anger and aggression.

Rohe and Patterson (1974) varied both spatial density and number of toys available to group of children. Aggression was found greatest in the high density, low toy condition, perhaps because shortage of valued commodity is not amenable to the coping responses that children could use to circumvent social influence under most conditions. Desportes and Lemaine (1978) observed both male and female elementary school students weekly for eight consecutive weeks during recreation on a crowded and an uncrowded day on the school playground. Observed
aggressive behaviour was coded into five categories. Moderate verbal attack, menacing verbal attack, physical teasing, menacing gestures and physical attack. Indwelling crowding was reported from a questionnaire filled by parent. It was found that subjects who displayed most aggressive behaviours tended to live in crowded home conditions but no interactional effects were obtained between aggressive behaviours and density or crowding on the playground.

Looking briefly to some of the studies on children, one can infer that as the group size increases and space decrease, discomfort and non-normative behaviour such as aggression tends to increase. It is probably that it the child is exposed for a prolonged period in crowded conditions maladjusted behaviour and pathological sings will become a part of his personality.

**Experimental Studies:**

The primary objective of experimentation is to increase control over 'extraneous' variables and the possibility of establishing causality relationship between dependent and independent variables. A large number of studies have been conducted in laboratory setting in which crowding is usually engendered by placing varied number of individuals in a small space.
for short period. A brief review of laboratory crowding is presented below.

**Interpersonal Disturbances and Crowding:**

A large number of studies were conducted to see the effect of restricted space in a density-populated room on subjects interpersonal attraction and affect. Doaley (1974) in a simulated experiment observed more intra and interpersonal negativity under high than under low density. In another study by Karlin and Epstein (1979) an 500 subjects indicated that when compared to their non-crowded counterparts, crowded subjects showed high arousal on skin conductance and caridoc measures, showed more negative mood and lowered tolerance for frustration after crowding and finally, reported greater discomfort and more stress related symptoms. Aiello, Nicosia and Thompson (1979) examined the effect of short term crowding on 4th, 8th and 11th graders. The results of this study demonstrate that crowding has physiological behavioural and social consequences. Across all grade levels, males were more affected by short term crowding, displaying the highest elevations in stress related arousal. Furthermore, subjects reported having felt more crowded, tensed, annoyed and uncomfortable as a function of physical
proximity. A similar finding has been reported in a recent simulated experiment of Epstein, Woodfalk and Lehrer (1981). He reported that crowded subjects were more physiologically aroused, rated by confederates to be tense, uncomfortable and annoyed and showed more negative affect than un-crowded subjects.


Epstein, Lehrer and Woodfalk (1978) reported that crowded subjects showed less control over the environment than do non-crowded subjects. This is consistent with the observations of increased defensive posturing (Epstein & Karlin, 1975; Evans, 1979) during crowding. A similar type of experiment was conducted by Baum and Greenbery (1975) in which the subjects were given the prior information of crowding. It was
found that subjects anticipating crowding chose more socially isolated seat positions, avoided eye contacts with others, experienced crowding and discomfort and exhibited negative affect towards others present in the room. Similarly, Epstein and Karlin (1975) reported that when density is held constant persons in the center of the room felt more crowded than individuals at the fringes of the group.

Thus, crowding is a negative state and that once individual determines that he is feeling crowded he becomes motivated to reduce or eliminate this state. In his desire to reduce the experience of crowding, the individual might attempt to withdraw both physically or psychologically from others in the environment. If the individual cannot withdraw and increase his spacing to appropriate level, he is likely to engage in "Compensatory reactions". Such as decreasing eye contact (Evans and Howard, 1973) and shifting the body position (Sommer, 1969). It is also seen in this type of studies that crowding leads to invasion of personal space which in turn results in several strong negative reactions such which in turn results in several strong negative reactions such as bewilderment and embarrassment (Dabbs, Fuller and Carr, 1973; Felipe and Sommer, 1966; Garfinfelm, 1967). Smith and
Krowles (1978) in his experiment found that the person who is responsible for invading the personal space was perceived as rude, hostile, unpleasant and aggressive. Latane and Dabbs (1975) found that invasion or personal space by members of the opposite group would induce less negative and so enhance subsequent helping to a smaller degree than similar invasions by persons of the same sex.

Not only crowding but also several physical stressors like temperature and noise also affect the individual's behaviour adversely. Griffitt (1970) conducted an experiment in which the subjects were exposed to one of the two conditions of ambient temperature and asked to respond with respect to attraction to strangers who either expressed agreement or disagreement on various attitudinal issues with the subjects own view. Attraction responses were found to be significantly more negative under the hot condition (90.6 degree Fahrenheit) than under normal condition (60 °F). Further, respondents reports of affective feelings were positively related to attraction responses but negatively related to effective temperature. In addition, social affective behaviour (attraction, aggression and evaluation activities) was negatively
influenced by environmental conditions to the extent that such conditions elicited negative feelings.

Griffitt and Veitch (1971) conducted an simulated experiment to examine the combined effects of temperature and population density on social affective behaviour. The effective temperature was maintained at an average of 73.4°F or 93.5°F in the normal and hot condition, respectively. In the low-density condition, group size ranged from 3 to 5 individuals while in the high-density conditions, group size varied from 12 to 16 individuals. In this experiment the subjects performed a series of paper pencil task during the first 45 minutes of each condition and then they were asked to read the responses of strangers who agreed with them 25% of the issues, and the other half received a scale which agreed with them 75% of the issues.

The subject were then asked to rate the stranger on the Interpersonal Judgment Scale (IJS), and measure of interpersonal attraction (Byrne, 1971), Griffitt and Veitch (1971) on the basis of their result report "under condition of high temperature and high population density, personal affective, social affective and non social affective responses were found to be significantly more negative than under conditions of comfortable
temperature and low population density (pp. 96-97). Furthermore, the respondents in the high-density condition rated their mood and the characteristics of the experimental room more negatively than the respondents of the low population density conditions.

**Mental Health:**

The evaluation of mental health status and particular behaviour may differ of different stages good mental health is associated with normality like psychological and intellectual.

There are many meaning of normal mental health status drawn from psychiatry, psychology, sociology and anthropology. The individual who is functioning at an adequate and intellectual level is normal and psychologically healthy.

The individual's behaviour at a particular phase of his life process should be evaluated in accordance with the phase. Developmentally healthy person has a sense of competence and actual memory and problem salving; several definitions have been given to define mental health status. Recently world health organisation defined "the positive well being" as the criteria of mental health. This is an ideal state. Thus, mental
health is viewed in terms of an ideal rather than in terms of lack of disease. Statistical average or conformity pattern.

According to Shadoen (1957), a model of "investigative adjustment" is characterized by self-control personal personality, social responsibility, democratic social interest and ideals. Psychological behaviour is normal to the extent that it experiences man's most unique capacities for symbolisation and social involvement. Among his criteria of the fully functioning person. Rogers (1963) emphasizes the capacity for awareness and openness to experience, Offer and Sabshin (1966), Johedo (1958) and Allport (1961) described following characteristics for the healthy personality, ability to love, work and play, adequacy in interpersonal relationship, meeting situational requirements, adoptive and adjustment and efficiency in problem solving.

Maslow (1954) noted that "Self actualizing people" also are invariably creative, in the sense of giving whatever they do a personal and distinctive quality.

Allport (1961) describes six silent qualities for psychological extension of the sense of self. This
involves authentic participation important spheres of human endeavour, beyond immediate self-interest, warm relation to others because of self-extension. The person is more capable of intimacy but also of respect and comparison, emotional security (self acceptance). This is reflected both in frustration, tolerance and in trust, realistic perception, skills and assignments. This includes not only accurate judgment but also the capacity to be problem centered and to lose oneself in one’s work, self-objectification, insight and humour, to know oneself and to laugh at oneself requires mature detachment and a unifying philosophy of life. The person has a sense of direction and purpose and a proud personal philosophy.

According to Stange (1965), mental health or normal psychological behaviour should be viewed within the total context of competence and personal and social adjustment. Mental health is no more than description of learned behaviour that is socially adoptive and allows the persons to cope adequately with life.

The basic criteria of mental health is learnt behaviour. It is balanced state of mind in this context. Karl Menninger (1945) says, "Mental health is the
adjustment of human being to the world and to each other with a maximum effectiveness and happiness. It is the ability to maintain an even temper an alert intelligence, socially considerate behaviour and a happy disposition."

Behavioural adjustment is an important component of mental health it is acquired. According to Chaplin (1975), "Mental health is a state of good adjustment with a subjective state of well being. Zest for living and the feeling that one is exercising his talents and abilities."

Reber (1987) describes, "the term mental health is generally used to designate one who is functioning at a high level of behavioural and emotional adjustment and adoptive ness not for one who is simply not mentally ill.

The definition of mental health requires that an individual will manifest efficiencies both intellectual functioning and adoptive behaviour. The adoptive behaviour is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural groups."
In practice, we may find differences in the social and cultural environment and so we say that our concept of mentally healthy may be different for different environment in which the individual lives.

Korchin (1986) after describing the various characteristics of mentally healthy person in term of ideal criterion says, "Developmentally, the healthy person is highly differentiated and well-integrated. He is more motivated by abundancy that deficiency needs. There is estrange sense of personal identity, realistic self-esteem detachment and sensitivity to the self and others, within ecological possibilities, he is an autonomous agent, mastering problems rather than being the passive object of the forces of the environment, the social order or inner desires."

A healthy personality is considered flexible in behaviour and can cape with his tension. He has a strong sense of ego. He is secure in himself and loves towards others. The values are well integrated in his conscience and he is not troubled by anything like guilt feeling or to an over possession of idealistic life. Korchin adds finally, "The healthy personality is condor table with himself and valued by others."

There are many factors affecting mental health some are personal and some are general factors. Personal factors like body constitution indirectly affects mental health. Physical health, satisfaction of needs, level of aspiration and level of achievement, ego strength, cognitive style and intelligence also affect mental health. Mental health has always been recognised a multidisciplinary situation.

Many criteria have been accepted to assess mental health. In order to arrive at the proper diagnosis of mental health status it can say that the presence of proper intellectual functioning and adoptive behaviour both diagnostic criteria must be established.

Mercer (1973) conducted a prevalence study. In her study an adoptive scale developed by Mercer and her co-workers was administered to all residents of 2661 households in Riverside, California. These households were selected to have the some proportion
of whites, Mexican-Americans, and blacks as in the overall population of the community, as well as representing all geographic and socio-economic level of the city in proper proportion. The scale was administered to a total of 6907 people: 1026 preschoolers, 1875 school age children, and 4006 adults. In addition, the Stanford Binet intelligence test was administered to 660 individuals randomly selected from nearly 7000 who had been given to adaptive behaviour scale. The study actually measured both the adaptive behaviour and intelligence independently. Mercer says that psychological factors are also very important. Parents treat boys and girls quite differently and these differences in treatment might well contribute to differences in mental functioning.

Irgalls (1978) emphasized that in deprived group, poverty is associated with poor health, poor parental child rearing practices, lack of adequate exposure to appropriate stimulation, and a general feeling of helplessness.

Earlier Birch et al (1970) had also analyzed that some conditions e.g. birth defects like pre-maturity, inadequate nutrition, leads poisoning etc. responsible for
sub-normal mental health are found more frequently among the poverty groups.

Bemstein (1961) has indicated that in poor family there is improper language habits. Restricted code word affects the behaviour.

A number of researches have been done and justified socio-economic status differences and general child rearing style. Hess and Shipman (1965) found that the middle class mothers tended to use more rational an person oriented means of control, while the lower class mothers appealed to authority.

White and watts (1979) in their study found that competent children experienced much more interaction with their mothers than did incompetent children and the mothers of incompetent children were found more restrictive.

Family structure plays significant role in mental development. Ingalls (1978) reported that father absence has the effect of lowering mental performance in children.

Zealley (1993) emphasized the significance of paternal age in mental development. The increased
paternal age also increases the incidence of mental retardation or subnormal mental health.

Battle and Rotter (1963) noted that poverty surrounded children develop a sense of resignation helplessness which in turn affect their motivation, personality and general outlook. Stephens and Delys (1973) also emphasized the significant role of poverty in mental in capability.

Bareither and Engelmann (1966), Deutsch (1967) and Klaus and Gray (1968) have emphasized the significance of proper environment lack of proper environment is responsible for the one's cognitive and verbal deficiencies.

Sarkar (1988) has done an empirical stand to the dimensions of mental health in adolescents (N=500). Out of five hundred, one hundred and fifteen students possessed poor mental health and rest three hundred and eighty five students exhibited good mental health scoring wide range of scorers from 153 to 215 of all the six dimensions of mental health.

Srivastava (1988) has done a study to compare the level of the mental health of the post graduate students, studying in the institutes of technology and medical
science, faculties of education academic groups are the most mentally healthy and the arts group is the least. The students of institutes of medical science and technology have significantly better mental health in comparison to their counterparts in the education, science and arts but there is no significant difference in the level of mental health of the subjects belonging of arts, science and education faculties.

Saha (1988) studied the mental health of school going children and its relationship with their socio-economic status and he found that better mental health condition and the boys showed significantly better condition in mental health that the girls.

Thapur and Nathawt (1985) studied the effect of caste and gender or cognitive variables. The present study investigated the differences in intelligences, creativity and cognitive style in scheduled caste and non-schedule caste male and female children of 6 to 11 years of age. Result of the study revealed no significant differences in I.Q. and cognitive style. No gender effect was observed in the light of nature - nature controversy of intelligence in socially disadvantaged children particularly scheduled caste.
Mishra (1991) conducted a research to study intellectual attainment behaviour of pupil belonging to scheduled caste and scheduled tribe of Udaipur region, because it has been said that after 40 years of independence the literacy percentage of S/T pupils in the region has not gone beyond 1.2% he pointed out that only 10% pupil salved the problem intellectually and only 10% pupil, set up experiments. No sex difference appeared in problem solving behaviour, pupil are affected by contents.

Das (1986) emphasized that family is primary unit of community and it is associated with mental health depends on the community which depends on a group of people following common language, religion attitudes and beliefs, well adjusted family produces mentally healthy persons, but a maladjusted family causes deterioration of mental health of the members of the family.

Singh (1992) observed that Backward and Scheduled caste students differ significantly in their intelligence Scheduled caste are generally lower on intelligence in comparison to students belonging to backward category. Students belonging to backward
category and scheduled caste differed significantly in ability.

Srivastava et al (1992) studied to investigate and compare the general mental and creative abilities of institutionalized and non institutionalized children 14 to 17 years old. Results reveal that selected subjects belonging to non-institutionalized group have secured higher marks on test of general ability as compared to institutionalized. The home reared children were found to be more intelligent and creative.

Thakur (1990) studied effect of environment and the I.Q. of schedule caste children. He emphasized that there is no significant difference in I.Q. of schedule caste children. Result show significant difference among male and female children and interaction effect of caste and sex is also significant.

Iregs, et al (1994) Examined psychological symptotology in 286 young adults with chronic health condition. Analysis indicated that they were at high risk for psychological symptoms. Selected risk factors (i.e. progorsic restricted activity days, presence of hearing and speech symptoms) had significant effects of mental health status.
Sammelsson and Lunds (1994) studied on the association between the mental health and social networks of children and parents in single parent families and found that the cross-wide influence of parents' mental health. Children's behavioural disturbances and social networks showed associations between parents and the social network of their children.

Caster (1994) emphasized recently uncovered issues of racism that negatively affect the escalation of hate crimes, housing discrimination and school resegregation. Epidemiological studies of mental illness identity racism as a major contributor to psychopathology.

Kinnier et al. (1994) studied adolescent is substance abuse and psychological health aged (12 to 18 years) and found that the relationship between substance abuse and psychological health was linear. Increasing drug was associated with an increase in self-esteem and a deterioration of purpose in life.

Arones (1991) investigated the influence of the family structures, the parent's health and the family's social factors and mental health of 104 children aged 10-11 years, number of children in the family parent's
mental status, size of the home, number of moves and day care place changes had a statistically significant effect on 55 total score on a measure of childhood mental development.

Halden, et al (1995) studied and critically reviewed the mental health of homeless children. High rates of behavioural, emotional and cognitive problem have been reported for this population, they emphasized that homeless children are associated with poor mental health.

Brown, et al (1990) Examined the association between geographical reallocations and personal well being among 72 early adolescents 12-14 years old in five communities in the U.S. relaxation recently. RR and moving MR in a lifetime were measured. Self esteem alienation, depression and life so faction was significantly associated with well being among males. Among females, life R.R. negatively affected satisfaction and a higher MR resoled in significantly higher levels of depression among females. These differences may be due to females taking more time to develop an intrinsic basis for relationship.

of major life stressors and symptomatology using an epidemiological survey of 755, 4th, 5th and 6th grade students, 55 responded to questions regarding major family stressors mental health outcomes. Potential mediators of the stress process, multivarietic analysis revealed a significant effect for risk status. In general, 55 concerned about personal drinking and 55 experiencing multiple stressors demonstrated more problems than did 55 who experienced no stressors and 55 whose parents divorced. There were no significant differences between any risk and divorce groups on any measures. Parental drinking and multiple risk groups did not differ significantly from one another.

Hickson and Susan (1991) Studied and emphasized that apartheid is associated with poor mental health. The consequences of poverty racism and violence have resulted in psychological disorders. A generation of maladaptive on maladjusted children may be the result. The trauma associated with growing up in a divided society in described and the child shock caused by political unrest and a society in the throes of major social transaction is explored present mental system is described as grossly inadequate.
Madhawan et al (1990) studied the role of consanguity in the causation of mental retardation. Results of studies on the effect of inbreeding the offspring in terms of fetal wastage, consanguity is suspected as a cause of subnormal mental health.

Winick Bruce (1995) studied the side effect of in competency labeling and the implications for mental health, they found that in competency labeling is shown to produce potentially serious adverse effects. It often alters the way others view and react to the labeled individual and affects his or her self-esteem and self-concept in ways that may inhibit performance diminish motivation and depressed mood.

Plante and Judith (1990) reviewed physical fitness and enhanced psychological health. Four areas of psychological functioning are reviewed.

1. Psychological well-being and mood.
2. Personality and self-concept.
3. Psychological stress responsibility.
Mixed empirical support suggests that exercises influence responsibility and cognitive functioning.

Yardley and Robert (1991) tested the relationship between mood and subjective well-being with previous subjective well-being with current mood demonstrated that subjective well-being measures are subject to transitory influences.

Zigler and Hall (1989) discussed the demographics of day care for children in the U.S. The types of care available age specific issues, etc. On the effects of day care on child development and social policy consideration of latchany arrangements (in which children are at home and unsupervised) are stressed, while early studies on the effects of day care found no effects or positive effects, more recent researches has begun to discover negative consequences from same day care. The magnitude at day care effects depends on child's whale ecosystem, the nature of the care, the home environment, personal characteristics, family and community (L. Siegmmund).

Somerooff and Ronald(1955) write poverty as a major factor influencing the development and mental health of children. Focus on all of these question begin with the academic question, by discussing the factors
that effect children's development. They home discussed the social question with implications for interventions and consulted with the political question by discussing who is to blame.

Lourie et al (1996) tasted parent alcoholism effects on growth cunes of adolescent substance use and examined whether parent and peer influences temperamental emotionality and sociability and stress and negative effects could explain parent alcoholism effects. Longitudinal latent growth curve modeling snowed that adolescents with alcoholic fathers growth in substance use over time than did adolescents without alcoholic fathers, girls and adolescents without drug using peers.

Data were consistent with fathers monitoring and stress as possible mediators of parental alcoholism effects. However, the direct effects of parental alcoholism on substance use growth remained significant even after including the hypothesized mediators in the model. They suggest that it is necessary to fully explain parental alcoholism risk for adolescents escalating substance use overtime.

Rothenberg (1990) described two specific creative functions. (1) The homo spatial process coactively
conceiving two or more discrete entities occupying the same space a conception leading to the articulation of new identities, and (2) The Januban process (actively conceiving multiple opposite or antitheses simultaneously). Both processes are healthy and adaptive, although they generate mental conflict and tension.

It is suggested that the anxiety from these processes because of the unearthing of conscious material may lead to the use of alcohol as a coping device.

Hellgren et al (1953) studied 101 children 6-7 years of age, 56 with and 45 without deficits in attention, motor control and perception (DAMP) and original diagnosed and belonging to a representative chart of children from the general Swedish population, were followed up at 16-17 years of age. There were significantly more incidences of substance abuse fractures and other accidents in the DAMP group than in controls. The DAMP group also had more motor coordination problems. Clumsiness and height and weight problems. Mean complex visual RJ was significantly larger in the DAMP group which could be attributed to the number of boys in the group. It
appears that 10 years outcome for children who had attention problems and clumsiness during pre-school are considerably poorer than for those who did not have such problem.

Dembo et al (1993) examined differential health services needs of 399 male and female youth (10 to 18 years age) entering a juvenile detention center, comparisons were made an socio demographic characteristics, family problems, records of contact with the juvenile court, physical abuse of sexual victimization history alcohol/other drug use, friends involvement in substance use and crime and emotional/psychological functioning problems. A stepulise discriminant analysis indicates that female detainees were significantly more likely to have been sexually victimized and to have more contact with a juvenile court for status offence reasons and for being sexually abused/exploited. Where as male offences and self reported greater participation in theft crimes. They suggested that mental health oriented programes are specially needed female youths involved in the juvenile justice system.

Newman et al (1994) described that the mental health services research aim ultimately to improve the
quality impact and cost effectiveness of services. Experiences during the past decade suggest that the goals and study conditions of mental health services research require special methods. A special section is described, that presents seven articles that give a flavour of the issues addressed and some of the methods that characterize this emerging research area.

Elliot et al (1994) describe the ongoing works of a group that is reappraising the role of educational psychology in treating children's and adolescent's mental health problems. The results of a questionnaire that was completed by 48 principle educational psychologists (EPs) and Swish local authorities are reported. The questionnaire was designed to provide background information on staff members and work settings and to address the issues relate to direct work with children's psychological and mental health needs.

Riche and Thilen (1990) studied (10+13) years old children and estimated their parents like hood of experiencing six health conditions (eg. Lung cancer, flu heart attack) in comparison to both an average smoker and an average non-smoker. Similar results were suggested in the finding their parents to others. Children were not always optimistically biased about
their parents health risks. They perceived a higher relative parental risk when comparing parents to a non-smoker vs. a smoker. In addition, parents own smoking status influenced the children's perceptions, with non-smoking parents receiving lower risks estimates relative to the other.

Shelder et al (1993) argue that researchers reliance on objective mental health scales and discard for clinical adjustment has led to many mistaken conclusions. Specifically, standard mental health scales appear unable to distinguish between genuine mental health and the facade or illusion of mental health created by psychological defects. Evidence is presented indicating that, many people who look healthy on standard and mental health scales are not psychologically healthy and illusory mental health (based on defensive denial of distress) has psychological casts and may be a risk factor for mental illness. Clinical judges could distinguish genuine from illusory mental health where as "objective" mental health scales could not. The findings call to question the conclusion of many previous studies that rest on standard mental health scales. They suggest new ways of understanding how psychological factors may influence health. Finally, they suggest the clinical
methods (which researches often malign) may have an important role to play in meaningful mental health research.