CHAPTER-II

REVIEW OF LITERATURE
In this chapter a review of literature available on the psychological aspects selected for the present investigation is presented. It is essential to review the literature to which it is either directly related to the research problem or which elucidate its relevant aspect. Some studies conducted in India and related to mental health and other psychological variable undertaken in present study are being presented here.

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 each other with a maximum effectiveness and happiness. It is the ability, an alert intelligence, socially considerate behaviour and happy disposition."

Behavioural adjustment is an important component of mental health. 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 ability."

Breslin et al., (2006) reported that family and social events had more influence on the mental health of women than men, while work stress and financial difficulties appeared to have a greater impact on men's mental health.

Hamilton et al., (1997) studied on the relationship between mental health and non-employment and found that being unemployed.
or inactive was significantly and negatively associated with mental health.

Breslin and Mustard (2003) separately examined the effect of causation (form unemployment to mental health problem) and of selection (from mental health problems to unemployment) and found that becoming unemployed was associated with an increased likelihood of mental distress for the 31-55 age group, but not for the 18-30 age group. While Clark and Oswald (1994) found that the impact of unemployment of psychological distress was greatest among 30 to 49 years age group of respondents.

Shoof, Genaidy, Karwowski and Huang (2004) show that the pursuit of high financial goods is not incompatible with the prevention of health problems at work or the promotion of employee health and well-being quite the contrary. They explain how it is advantageous for managers to organize work so as to promote employee heath, because this results in beneficial effect for the company's sustainability and profitability.

Jackson and Warr (1984) reviewed a number of cross sectional and longitudinal studies and failed to find a significant association between psychological ill-health and longer period of unemployment.

Saha (1988) studied the mental health of school going children. He found that better socio economic conditions facilitated
better mental health condition and the boys showed significantly better condition in mental health than the girls.

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

Zeally (1993) emphasized the significance of paternal age on mental development. The increased paternal age also increases the incidence of mental retardation or sub normal mental health.

Samnelsson, and Lounds (1994) studied on the association between the mental health and social networks of children and parent in single parent families and found that the cross wide influence of parent's mental heath and children's behavioural disturbances and between parent's mental health and their social networks. However, there was no association between parents and the social network of their children.

Holden Wayane, Horton, Lisa and Danseco (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.

Raphael, Beverley, Cubiss, Dunne, Michal, Terry Eorl (1990) studied on the impact of parental loss on adolescent's psychosocial
Characteristic. They emphasized that parental loss is associated with poorer adjustment. The adolescents in disrupted families have more emotional problem, lower self-esteem, higher rates of mental health disorder and poorer perception of their school performance than those from intact families.

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

Planate and Judith (1990) reviewed physical fitness and enhanced psychological health. Four areas of psychological functioning were reviewed:

(1). Psychological well-being and mood,
(2). Personality and self concept,
(3). Psychological responsibility, and,
(4). Cognition.

They reported that exercise improve mood and psychological well-being and enhance self concept and self-esteem, but dose little for personality functioning. Mixed empirical supports that exercises influence responsibility and cognitive functioning.

Yardly and Robert (1991) tested the relationship between
mood and subjective well-being. The significant relationship of subjective well-being with previous subjective well-being demonstrated the stability subjective well-being responses. The significant relationship of subjective well-being with current mood demonstrated that subjective well-being measures are subject to transitory influences.

Singh (1993) indicated significant relationship between level of acculturation and mental health such that high acculturation was associated with high level of mental health disturbances.

Quinn, Seashore, and Mangione (1971) reported that poor mental health was related to close supervision and no autonomy at work.

Buck (1972) found that those workers who felt that their boss was low on consideration reported feeling of job pressure resulting to poor mental health.

Positive relationship has been reported between role ambiguity and various symptoms of mental health, i.e. lowered self-esteem and depressed mood. (Margolish et al; 1974).

Beehr (1976) found that role ambiguity was positively associated with depressed mood and low self-esteem.

Winefield and Tiggemann (1985) found that depressed mood and poor self-esteem were antecedents as well as effect of unemployment. Hence, poor mental health might cause failure in the
Murphy and Athanasou (1999) reviewed 16 longitudinal studies published between 1986 to 1996 that looked at the effects on mental health, measured by standardized psychological tests, of moving from employment to unemployment or vice-versa. In all, 14 of the 16 studies showed a significant, negative association between unemployment and mental health: Job loss reduced mental health; reemployment improved it.

Bartly (1994) concluded that unemployment can also be associated with poor mental health as a result of the absence of non-financial benefits. Provided by one's job, such as social status, self-esteem, physical and mental activity and use of one's skills.

Clagg & Wall (1990) reported that poor mental health was associated with simplified job for employees who felt they did not use their skills, and who reported high levels of cognitive failure.

Noorbala, Bagheri, Yazdi, Yasamy & Mohammad (2004) conducted a mental health survey of the adult population in Iran (N=35014) using a shorter version of Goldberg's General Health Questionnaire and a semi-structured clinical interview. Results indicated that women had a relatively higher risk of mental disorders as compared with men. The risk of mental disorders increase with age. The highest risk of mental disorders was related to being a house wife.
Self-esteem is a factor that has been considered either and integral or even the most important dimension of subjective well-being (Goldsmith et al; 1997) or an explanatory-factor moderator of the impact of the unemployment on subjective well being (Halvorsen, 1999).

Tkach and Lyubomirsky (2006) found in a sample of university students that mood-increasing strategies, in particular mental control (inversely related), direct attempts, social affiliation, religion parting and active leisure were related to higher self reported happiness. Besides, these strategies accounted for 52% variance in self reported happiness and 16% over and above the variance accounted for by personality traits. Other studies found that adults who practiced more exercise showed higher levels of self-esteem and optimism and suffer from less distress, depression, and anxiety (Kavussanu & McAuley, 1995).

Some studies have identified clear difference between employed and unemployed youth on the dimension of self-esteem (Donovan & Oddy, 1982; Winefield, Tiggemann, Winefield & Goldney, 1991). In their study Winefield & Tiggemann (1985) found decrease in self esteem in relation to length of unemployment.

Prause and Dooley (1997) demonstrated that both unemployment and underemployment (Including intermittent and involuntary part time employment) had tended to retard the
development of self-esteem in young people compared to their satisfactorily employed counterparts.

Accumulated research suggests that unemployment is associated with increased depression (Feather & O'Brien, 1986; Fryer & Payne, 1986; Warr, 1984) and poorer self-esteem (Feather, 1982; Sheeran & McCarthy, 1990, 1992; Wine Field & Tiggemann, 1985).

Lavanya and Karunanidhi (1997) attempted to investigate the influence of self esteem and locus of control on marital adjustment among couples. They found that there were significant differences on the body appearance dimension of the self-esteem for husband. Further the locus of control and self-esteem are not predictors of marital adjustment in this study.

A person's overall of life satisfaction result from the satisfaction that is experienced in various domain of his or her life (Compbell, et al. 1976; London et al; 1977). There is empirical support for the link between personality and life satisfaction (Diener, 1984; Judge et al; 1998), the personal variable of job values and job expectation are anticipated to be negatively related to life satisfaction (George, 1992).

Iris and Barrett, 1972; London, Crandall and Seals (1977) have intensely explored the relationship between job and life satisfaction. Rice, Near and Hunt (1979) concluded that overall measure of life satisfaction is most strongly related to other measure
of extra work attitude; Satisfaction over time, report's of one's health and evaluation of one's neighbour have combined to account for 16% of the variance in life satisfaction. The subjective (job satisfaction) and objective (tenure and prestige) job relevant responses combined to account for 11-13% of the variance in life satisfaction. The relationship between life satisfaction and job satisfaction had been found to be moderately low and consistently positive (Quin et al. 1971; Quin, Stains, & McCullough, 1974).

Iris and Barrett (1972) studied two groups of first line supervisor. The two groups were found to positive significant correlation between facets of job satisfaction and life satisfaction.

A survey of job satisfaction, life satisfaction work related attitude was conducted by Keon & McDonald (1982). The survey has provided evidence that life satisfaction and job satisfaction are jointly determined.

Research Findings consistently indicated that the people to be more satisfied with their lives are more satisfied with jobs (Burke & McKaeen, 1988; Rice, et al., 1980). These results are consistent with recent finding that show that job satisfaction accounted for 3% variance in overall life satisfaction among full times workers who were also studying part-time (Adam, King & King 1996). The structured equation models showed that job satisfaction accounted for between 3% and 13% variance in policies officers overall levels of life
A meta analysis done by Rain, Lane and Steiner (1991) stated that before 1980, the strength of the life satisfaction-job satisfaction relationship '0.25' to low '0.30' (Near, Rice & Hunt, 1980). Later Rice, McFarlin and Hunt (1985), appeared to kindle new interest in the area. They found correlation of 0.48 and 0.49 between job satisfaction and life satisfaction.

The Meta analysis conducted by Tait et al. (1989) found a correlation of 0.44 between job satisfaction and life satisfaction when correlated for sampling error and attenuation in both variables.

Some researchers have argued that the influence of life satisfaction on job satisfaction represent a disposition effect (Judge & Hulin, 1993). This dispositional effect suggests that individual in positive affective states recall positive natural more often (Bower, 1981).

Using data from a large representative sample of male executives Judge, Boudreau & Bertz (1994) obtained LISREL result indicating that the effect of job satisfaction on life satisfaction was stronger in magnitude. A well developed social support network might help to alleviate many stressors, thereby making the role for individual more satisfying and providing the individual with more opportunity for personal growth. They should lead higher level of life satisfaction (Wan, Jaccard, & Romey, 1996).
In a study Higgins, Duxbury and Irving (1992) clearly contradict that quality of work life was a more powerful predictor of life satisfaction (0.47) than was quality of family life (0.35).

Judge, Bourdeau & Bertz (1994) found a slightly stronger negative relation to life satisfaction of -0.18 for work-to-family conflict and -0.12 for family-to-work conflict. In terms of life satisfaction, kinship support (r=0.30) was found to have a significant relationship (Iverson & Maguire, 2000).

Winkelman and Winkelman (1998) found that unemployed men in Germany were 38% less likely to have high life satisfaction than employed men. While Clark (2003) found that Unemployed men in the united Kingdom were 69% less likely to have a high quality of life score.

Pinquart and Sorensen (2000) found additional support for the association that men and women derive satisfaction from different sources. In their study, life satisfaction was more highly related to income for men than for women.

Di Tella, Rapael, Robert MacCulloch and Andrew (2001) approach replicates their finding that unemployment affects life satisfaction more strongly than dose inflation. The long term interest rate is also found to be a strong and statistically significant covariate of life satisfaction, in addition to unemployment and growth.

Winkelman and Winkelman (1998) looked at the effects of
unemployment on self reported life satisfaction of men aged 20-64. They found that the size of the effect was unrelated to the duration of unemployment.

Verma and Asthana (2004) studied quality of life as a function of social support in a gender perspective. The result revealed that social support did not affect quality of life. Sex differences in quality of life was obtained. Female students perceived better quality of life in them selves in comparison to their male counterparts.

Grant and Elliot (2001) found that social support was the best predictor of caregiver life satisfaction. Perceived control over emotions when solving problem was the best predictor of caregiver depressive behaviour and health, social problem solving abilities were associated with caregiver depressive behaviour and health; social support did not mediate these relationship.

Shashi Bala (2005) in exploring psychosocial correlates of life satisfaction among elderly reported that social support and self-esteem were positively and significantly correlated with life satisfaction.

Howell, Portes and Brown (1997) examined gender and age differences in adjustment of children aged 8-12 yrs., whose parents have separated and were filling for divorce. Results indicate that:
(1) Parents of girls reported higher resolution of separation;
(2) Higher self-esteem for girls was mediated by residential parents' high socio-economic status;

(3) Older children exhibited higher adjustment than younger children; and

(4) Father-headed families indicated higher adjustment before and after separation.

Julien and Markman (1991) found that marital distress was associated with higher mobilization of outsiders for support but outsiders mediated rather than counteracted the negative effects of marital distress on spouse's health. Contrary to expectation husbands' mobilization of their wives' support was positively associated with their levels of symptoms and compared to wives, husbands' mobilization of their partners' help was more weakly associated with their marital adjustment.

Quamma and Greenberg (1994) found significant moderator effects for family social support (FSS) on total stress for the teacher reported internalizing problems of Ss in regular education and for FSS on school/peer stress on the teacher-reported externalizing problems and self-reported anxiety problems of Ss in special education.

Bowen and Chapman (1996) examined the relative contribution of measures of objective and subjective neighborhood danger and measures of social support from neighbours, teachers,
parents and friends. Findings suggest that adaptation of these youth is influenced more by the availability of social support, especially from parents, than from reports and perception of neighborhood danger.

Srivastava (2001) results related to social support indicate that the interaction effect of age and employment status has found to be significant for scores on perception of support actually received in three areas emotional, informational, and companionship. On all these areas, the pre-retired women have lower scores than the retired women where as the difference between scores of housewives at the two age lives is not significant. This indicates that women while in job feel that they were actually getting lower level of support and this feeling is reduced after retirement.

Jarvis (2003) concluded that in addition to the benefits of specialist teaching and sensitive support in class, more attention should be paid to the development of peer support.

Keung (2003) investigated the relation of academic achievement, family and classroom social environment, and peer interaction to pro-social and anti-social behaviour of children in elementary schools. Five hypothesis were empirically tested: (1) academic achievement is associated positively with pro-social behavior, and negatively with delinquent behaviour, (2) family social environment is associated positively with pro-social behavior, and
negatively with delinquent behaviour, (3) classroom social environment, and negatively with delinquent behavior, (4) pro-social behaviour of children is associated positively with negative peer influence; and (5) pro-social behaviour of children is associated positively with peer's pro-social behaviour, and delinquent behaviours with associated positively with peer's delinquent behaviour. All the hypotheses expect hypotheses 3, were clearly supported by the data. Hypothesis '3' was only partially supported by the data.

Schraf and others (2003) reported better quality of peer relationships among Arab students (from a relatively collectivistic culture) and among boys, where as Jewish student (form a relatively individualistic culture) and girls showed better quality of best friend relationships than their counterparts. The results also highlighted a similarity on children's relationships for both culture and both genders, reflected in the highest intimacy of best friend relationships.

Vashishtha and Mishra (2005) explored the relative contribution of social support and occupational stress to affective commitment of supervisors (N-200). The result revealed that social support and occupational stress significantly predict the degree of affective commitment of supervisors.

Moller and others (2003) worked on relationship of attachment and social support to college students' adjustment
following a relationship break-up. The researchers found that indices of social support accounted for additional variance only when broadly conceptualized as perceived connection to the social environment, rather than perceived support from family and friend.

Researchers investigating the effect of social support demonstrated that it is indeed related to increased health and well-being (Beehr & McGrath, 1992; Cohen & Wills, 1985). In this area most research has shown that perceived support enhance physical and mental health or adjustment (Berkman, 1995; Cowen, Pedro-Caroll & Grills 1990).

Some investigator have mentioned that availability of social support reduce strain (House, 1981; LaRacco, House & French, 1980). Some studies indicate that social support does not have a direct effect on strain but rather buffers the relationship between stress and strain. In other word social support interacts with stress so that strain-stress connection is weaker for individuals with high levels of support than for those whose support levels are low (Erera, 1992; Williams & House, 1985).

Consequently, increasing attention has been given to uncovering the specific dimension of social support. One attempts of this sort has been done to examine the differential effect or three types of support (House, 1981). Emotional support which consist of Warmth and Friendliness, tangible or instrumental and informational support.
Empirical evidence in the social support literature suggest that different sources of support have differential effect with regard to different measures of stressors (i.e. cause of stress) and strain (i.e. outcomes of stress) (e.g. Cohen & Wills, 1985; House 1981; LoRocco et al., 1980). In general work based support (support from supervisor and colleagues at work) has been found to be more important than non- work- based support (support from family and friends) in moderating the stress and strain relationship.

In a study Brownell (1982) found that emotional and tangible support from family, friend and co-workers buffered the association between occupational stress and psychological symptoms.

Numerous studies indicate that people with spouse, friend and family members who provide psychological and material sources are in better health than those with fewer contacts (Broadhead, et al. 1983; Cohen & Wills, 1985; Leavy 1983; Thomas & Ganster, 1985).

Social support from non- work sources appears to be important for the more general strains (LoRocco, House & French, 1980).

Kaufimann and Beehr (1989) reported emotional support from family and friends was significantly related to a composite of variables (job satisfaction, boredom and depression) that they labelled strain reactions, but that instrumental support from family and friends did not.
In another study (Adams, King and King 1996) reported that social support from family has a strong positive relationship with life satisfaction. There has been evidence that as work interferes with family, family members, instead of providing more social and emotional support to the distressed worker, withdraw such support (Adams, King and King, 1996; Jackson, Zedeck & Summers, 1985).

Studies have suggested that support from friends is qualitatively different from supports from family members in both positive and negative ways (e.g. Pagel, Erdly & Becker, 1987). A descriptive report by Dakof and Taylor (1990) is encouraging in this regard. These authors interviewed 55 cancer patients concerning the specific action they found (helpful or unhelpful from multiple support providers.

In a study done by Singh, Srivastava and Mandal (1997) indicated organizational sources of social support (i.e. co-workers and supervisors/immediate officers) compared to extra-organizational sources of social support (friends and spouse), were important variable of job stress and systolic blood pressure and played significant role in moderating the relationship between job stress and health outcomes in top and front level managers.

Buckwalter, Russell and Hall (1994) indicated that most rural areas lack a diversified health and mental health system, and few have services for persons with dementia. Older rural-dwelling
persons may also experience a loss of informal social network support due to the out migration of family members from their rural Communities.

On the basis of reviewing twenty studies conducted in Pakistan Mirza and Jenkins (2004) concluded that the prevalence of anxiety and depressive disorders, risk factors, effects of treatment reported that prevalence of anxiety and depressive disorders in the community population was higher for women than for men. Factor positively associated with anxiety and depressive disorders were female sex, middle age, low level of education, financial difficulty, being a housewife, and relationship problems. Those who had close confiding relationships were less likely to have anxiety and depressive disorders.

Armstrong and Goldstein (1990) in a study of women aged 65-93 years found that the subject rely more an informational support network and exchange variety of emotional, instrumental and informational support and draw satisfaction and contentment from these exchanges.

Calsyn and roades (1991) reported that social support has more of a positive effect on the life satisfaction of those under age 75 years than for those age 75 years and buffering effect of social support is stronger in those under age 75 group than the over age 75 group.
Studies support the point of view that "Lower social support" is an important reason for decreased life satisfaction and increases in depressive symptoms among elderly (Newsom & Schulz, 1996).

Malone, Eileen and Zarit (1995) in study of 57 women found that instrumental support and social conflict were significantly related to depression. Both emotional conflict and informational conflicts were significant predictors of depression.

Lara, Leader, and Klein (1997) found that the social support significantly predicted both severity of depression and recovery form depression. Antonucci, Further and Dartigues (1997), in study of 3,111 older person reported that satisfaction with social support was more important than the size of social network for reduction of depressive symptoms.

Asakawa Koyano, Ando and Shipata (2000) found that Social networks, life satisfaction, and depression were all significantly affected when functional health status changed. Those Ss who experience functional decline showed a large decrease in the number of relatives, friends and neighbours having frequent contacts, a larger decline in life satisfaction, and larger increase in depression than those without functional decline.
Chen (2001) in a follow up study of 4,049 elderly persons found that life satisfaction among elderly decreased as age increased beyond 65 years. It was also found that socio-demographic variables like income decrease, living arrangement, and level of active participation in social life have a profound impact on life satisfaction of elderly.