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Sensing the Problem

When the investigator was working as a teacher under training, she came across some boys and girls who could not adjust to their classroom work and so showed all sorts of problem behaviour. Some showed temper tantrums, some ran away from school and some remained daydreaming in the classroom. Although the environment of the school was very encouraging, some pupils could not concentrate in learning. This situation disturbed the present investigator and she thought of studying the adjustment of adolescent pupils.

So when she had to choose a problem for her Ph.D. work in Psychology, she selected the study of the mental health among adolescents.

Importance of Mental Health

Mental health or mental hygiene is not a new concept in social psychology. When psychology as a separate subject had not been accepted, Indian scriptures as most others in the world had talked of content attention or a person whose intellect is balanced; in other words a person with full mental health or mental hygiene.
However, in social psychology of the present day, this concept is viewed from two different angles: (1) mental health is defined as inter-personal behaviour which seems to fulfil social norm and role requirements, (2) conversely mental illness is viewed as an inter-personal deviation of behaviour from socially accepted standards or a defective performance of social roles. Mental health or illness does not exist in an individual in absolute terms, but it exists in his interaction with a social matrix. He continuously goes on making decisions in behaviour and rehearsing plans in the light of social expectations. His inter-personal behaviour is organized by his social environment and contextual circumstances.

Because mental illness is intimately related to value commitments regarding social deviation, it has become subject to strong and persistent reactions in the form of social movements in many advanced countries.

Our concern over mental health and its disorders can be summarized as below:

1. In countries like USA, one out of three individuals is found afflicted with some form of mental disorder which is an alarming proportion. It is spreading in most other cultures where industrialization and consequent stressful conditions are increasing.
2. The cost of mental illness is very high in human terms, i.e., personal anguish, family disruption, and in economic terms too. Productivity decreases as a result and human resources are wasted.

3. Present means in both developed and developing worlds to arrest mental illness are too scarce to cope up with the problems.

4. Mental illness is unevenly distributed through various sections of the society. It is found more in poor homes than in the rich ones.

5. The incidence and nature of mental problems are affected by social forces like increasing automation, population growth, mobility towards urban areas, increasing filthy huts in cities and breakdown of joint family systems.

6. There is inadequate facility to provide treatment for even light neurosis and secondly the cost of treatment is also very high compared to the resources in the society. The first priority is given to physical health and then comes the question of mental health, particularly in developing societies.

**Theoretical Issues**

There is still no consensus regarding a definition of mental health and mental illness. However, most of the social psychologists agree that mental health and mental illness
refer to behaviour which is interpersonal in nature. Many social scientists oppose the application of "medical model" to the area of disturbances in inter-personal behaviour. Use of the medical model has led to overemphasis on pathology and relative absence of work in the area of positive health.

The present status of theory and research in this field has resulted in separate listings of the causes of mental illness and mental health. Most of the literature has concerned with pathological conditions, although recent studies have now focussed on mental health or hygiene.

**Statement of the Problem**

As the title of this thesis shows, this investigation is a study of the mental health of adolescents. The study is limited to late adolescence, because it was not possible to encompass the whole adolescence from early adolescence, to later adolescence. It was therefore advisable to divide the problem into three parts:

i) early adolescence,

ii) middle adolescence, and

iii) later adolescence.

**Limits of the Study**

Thus this study was restricted to later adolescent boys and girls. These students are usually found in higher secondary schools and in arts, science and commerce colleges. Some of
them become primary school teachers by joining primary training classes after SSC or higher secondary stage. Some others join the technical institutes for various technical careers. The study was therefore, done in (i) higher secondary schools, (ii) arts, science and commerce colleges, (iii) primary training colleges, and (iv) polytechnics.

Method of Study

The method adopted for the present study was through an adjustment inventory which was specially prepared by the investigator for this purpose.

The first step before coining the items of the adjustment inventory was to gain a thorough grounding in the theory of mental health and the theories of adolescence.

Accordingly a thorough study was made of different concepts of mental health put forth by various psychologists and also the World Health Organization. Starting with the discussion of the meaning of mental health and mental hygiene movement, the investigator has taken up the contribution of social psychology and WHO. She has then discussed the theoretical framework of William Scott, Thomas Szasz, Henry Adams, Theodore Sarbin, David Ansubel, Erving Goffman, Levinson and Gallagher, Norman Bradburn, M. Brewster Smith, and Marie Jahoda. After studying all different views in mental hygiene field, she has taken her own theoretical stand. As
she liked Mary Jahoda's stand point, she formulated her study to concentrate on -

i) Attitude towards self,

ii) Self-actualization

iii) Integration

iv) Autonomy

v) Perception of reality

vi) Environmental mastery, and

vii) Social and emotional competence.

The investigator decided to study mental hygiene of adolescents through a fresh adjustment inventory whose item would concentrate on the above seven points given by Marie Jahoda. She first studied a number of well-known adjustment inventories like MMPI, CPI, Bell Adjustment Inventory, Eysenck's Inventories and also those prepared by Indian authors like Asthana, Kundu, Desai and others.

The new inventory was standardized on the standard lines.

**Item Analysis**

First, the inventory was administered to 100 students of Grade XI and XII of higher secondary schools and their results were used for item analysis of the inventory. The item analysis involved determination of item validity and item-facility or difficulty. Only those items which passed through rigorous requirements of item validity and item-difficulty were retained in the instrument which was going
to be standardized. Thus out of 174 items, only 52 stood these rigorous tests and 70 were retained in the final version of the adjustment inventory. For determining the item validity, 27% method was used. It was checked how many items discriminated well between the upper 27% and lower 27% of the pupils who answered the inventory questions. The selected 52 items were arranged in the order of their facility or difficulty values, so that those items which received a score of one, more often came in the beginning and those which received the score of zero more often occurred later on. In fact, the inventory thus measures maladjustment or mental illness, rather than the mental health.

Sample
The final version of the inventory was then administered to 900 boys and 867 girls, i.e. 1767 students totally of 19 institutions which comprised 8 higher secondary schools, 3 PTC colleges, 5 colleges and 3 polytechnics. The institutions were selected at random and the classes in the institutions were also selected at random.

Norms
Norm on the adjustment inventory are fixed for all the four types of institutions in which the inventory was administered.
**Ready Recknor**

A ready-recknor of Percentile Ranks to be obtained from the scores obtained by different individuals is also given at the end of the manual (see Appendix).

**Reliability and Validity**

The reliability of the study was determined by (i) test-retest method, (ii) by split-half method, and (iii) the method of rational equivalence.

The test-retest reliability came to be .51. The split-half method was also applied. The result of the split-half method was augmented by Spearman-Brown Prophesy formula which came to be .75. Rulon formula was also tried out for the split-half reliability and came to be .93. Stanley's formula gives the split-half reliability as .75. Kuder-Richardson formula gave the reliability as .76. The index of reliability was found to be .87 and the standard error of the obtained score was found to be 3.08.

The validity of the inventory was examined in different ways:

The face validity is very obvious. The content validity and the construct validity are thoroughly checked. The concurrent validity of the inventory was found by comparing the scores on this inventory with those obtained by using Desai Adjustment Inventory and was found to be .68. (N2)
The factorial validity of the inventory was also studied. The seven variables of adjustment were correlated with one another and the matrix of correlation thus obtained was subjected to factor analysis. Five factors were thus found out. Their loadings were rotated by varimax rotation technique and the rotated factors were then given interpretations. Thus the adjustment inventory was standardized scientifically.

**Conclusions and Suggestions**

Conclusions were drawn from the data collected with the help of the new inventory. They were thoroughly discussed and suggestions were then made for the use of the inventory and also for the new researches worth undertaking.

**Chapterisation**

As shown in the table of contents, this thesis is divided into the following chapters:

Chapter-I discusses the importance of mental hygiene, the theoretical issues involved in viewing the concept from different angles and an outline of the present investigation.

Chapter-II discusses the various approaches to the concept of mental hygiene and brings out clearly the concepts of well-known psychologists working with mental hygiene or mental health. It also clarifies Mary Jahoda’s views which the present student has accepted.
Chapter-III deals with different theories of adolescence put forward by different psychologists.

Chapter-IV discusses various studies made in foreign countries and in India with regard to adjustment processes and makes out a case for the present investigation.

Chapter-V deals with the preparation of the pre-pilot and pilot versions of the inventory. It also deals with the item analysis — item discrimination and item-facility or difficulty. The final version of the inventory was prepared from these results of item-analysis.

Chapter-VI deals with the preparation of norms of the inventory for different groups of subjects.

Chapter-VII discusses the reliability and validity of the inventory. Various types of reliability were studied and also various types of validity.

Chapter-VIII which is the last chapter draws conclusions from the study of mental hygiene done with the help of the new adjustment inventory. Some suggestions for future use of the inventory and also for future studies are also made in this chapter.

The bibliography shows the books referred to by the writer of this thesis. In the appendix are given the two versions of the adjustment inventory and the manual of directions for the use of the inventory in Gujarati.