Chapter III

Review of Related literature and hypotheses

Research takes advantage of the knowledge which has accumulated in the past as a result of constant endeavour. It can never be undertaken in isolation of the work that has already been done on the problems, which are directly or indirectly related to a study proposed by the researcher. A careful review of the research journals, dissertations, theses and other sources of information on the problems is one of the important steps in the planning of any research study.

Realizing the importance of review Best (2001) says, “a familiarity with the literature in any problem area helps the students to discover what is already known, what others have attempted to find out, what methods have been promising and disappointing and what problems remain to be solved.”

Further the study of related research literature helps in avoiding duplication, guides in carrying out investigation successfully and makes the researcher familiar with the steps involved in it.

Therefore, in this chapter review of related research studies has been presented with a view to get generalization and frame the hypotheses for the execution of present study.

3.1. LEVEL OF ASPIRATION AND MENTAL HEALTH

Sharma (1979) in his study of mental health as a factor in academic achievement had a sample of 1060 students. The
study revealed that difference in mental health did not influence level of aspiration and the level of aspiration had favoured influence on mental health.

Gupta (1979) conducted a study on 310 students studying in postgraduate classes under the different disciplines of Ravi Shanker University. The study revealed that there existed significant high positive relationship between psychological stress and educational aspirations and occupational aspirations. Both the extreme groups i.e. high educational aspiration and high occupational aspiration groups were under the greatest stress while the low educational aspirations and low occupational groups, the least.

Sylvia (1999) reported that occupational aspirations of intellectual normal adolescents are significantly higher than occupational retarded adolescents with respect to realistic ideal and perceived parent's occupational choices.

Kaur (2003) in her study, “Level of aspiration as related to mental health of adolescents” found that there existed a significant correlation between level of aspiration and mental health of adolescents.

Srivastva (2004) conducted a study on the sample comprised of 150 students in which 75 were male and 75 female with the objective to investigate the significance difference between optimistic and pessimistic students in terms of mental health and personality and found that the optimistic students had significantly better mental health than pessimistic students.
3.2. EMOTIONAL INTELLIGENCE AND MENTAL HEALTH

Kaur (1982) found that intelligence neither correlates positively with mental health totals nor with sub-areas of mental health. But intelligence in combination determined the mental health of adolescent girls.

Sharma (1984) reported significant differences in the I. Q’s of advantaged and disadvantaged adolescents with regard to psychiatric morbidity.

Abraham (1985) found that 23 out of 23 psycho-social variables showed significant correlations with mental health status. 22 psycho-social variables discriminated between high and low mental health status groups (unselected groups) and 18 psycho-social variables discriminated between high and low mental health status group equated for intelligence age and sex. The high mental health status groups and low mental health group differed significantly from one another.

Rao and Partuasarthy (1986) concluded that mental health problems of children which constitute a major concern are emotional disorders, conduct disorders and impaired or delay in the development of normal functions. Emotional disorders occur with some frequency in boys and girls while conduct disorders are significantly more frequent in boys.

Catherine (1992) found emotional exhaustion and depression negatively correlated with mental health measures, while the aspect of personal accomplishment was found to be positively correlated with mental health.

Chaudhary and Bajaj (1993) conducted a study on emotional maturity as a correlate mental health of adolescents and found that adolescents studying at home have higher level
of emotional maturity as compared to their counterparts studying at the orphanage.


Sehgal (1999) conducted a study on adolescents and reported that psychological well-being showed high significant positive correlation with emotional intelligence quotient (E.I.Q).

Mukerjee (2000) reported emotionally mature people are mentally healthy and well adjusted.

Ciarrochi, Chan and Bajgar (2001) have found that emotional intelligence has an impact on psychological health.

Bar-on Reuven (2003) found that there was a moderate yet significant relationship of emotional and social intelligence with psychological health.

Deep (2004) conducted a study on secondary school student to study the effect of the academic stress on mental health, adjustment and academic achievement and concluded that mental health of adolescents was affected by their academic stress.

Kaur (2004) studied social intelligence as related to mental health and found significant relationship between mental health and different dimensions of social intelligence.

Manhas (2004) in her study found positive and significant correlation between mental health and emotional intelligence of adolescents.

Lekhi (2005) conducted her study on a sample of 939 male and female adolescents from various senior secondary schools situated in urban and rural areas of Punjab. It was found that
mental health and emotional maturity were significantly correlated at 0.01 level of significance.

Aggarwal (2007) found significant correlation between emotional stability, over-all adjustment, and intelligence measures of mental health and social maturity of adolescents. Findings also indicated no significant correlation between autonomy, security-insecurity, self-concept measure of mental health and social maturity. Results revealed significant correlation between mental health and social security of adolescents.

3.3. SELF-CONCEPT AND MENTAL HEALTH

Jogawar (1975) found that development of self-concept is closely related to environment and psychological factors. The children coming from homes where these factors were at low level developed negative and low self-concept.

Hawkins (1979) conducted a study to develop and evaluate mental health course and studied its relationship to changes in self-concept, autonomy and self-actualization. He found that the specific variables and classroom environment that made up the mental health course may have contributed to the positive changes in mental health. Those included increased ability to communicate effectively, take decision and solve problems and a realistic and accurate view of self.

Sharma (1979) reported that mental health did not affect scholastic achievement but influenced certain measures of self-concept. Mental health was positively and significantly related to self-concept.

Gupta (1981) conducted a study on self-concept, dependency and adjustment factors of adolescents. The result
showed that self-concept and adjustment were positively correlated and they had negative correlation with anxiety.

Saxena (1988) found that family relationship played a determining role in promoting the adjustment of the students. Significantly difference was found among the students having different family relationship regarding total, emotional, social and educational adjustment. Boys had better educational adjustment than girls. No significant differences was observed between dimensions of self-concept and family relationships.

Burwani (1991) found that students who perceived themselves to be highly competent were relatively free from mental ill-health symptoms, A trend could be noticed to suggest that high ideal self concept was conducive to mental health. Discrepancies between real and ideal self-concept was found to be associated with mental ill-health and students who revealed mental ill-health symptoms were poor in academic achievement.

Biswa, P.C (1992) investigated that a person with poor self-concept and inferior mental health cannot perceive the frustrating situation objectively. He feels himself inadequate, lacks confidence and distorts reality. Thereby, he may perceive frustrating situation as an ego interact and produce excessive extra aggressive responses for his defense.

Sulekha (2002) in her research project studied the self-concept and feeling of security among the students belonging to Bheel tribe of Rajasthan. Study was conducted on 800 boys and girls studying in IX, X, XI and XII classes in the schools of Banswada and udaipur districts of Rajasthan. It was found that students of Bheel tribes scored higher on physical, social and intellectual self-concept as compared to the non-Bheel caste students.
Singh (2004) conducted a study on 708 hostlers and non-hostler adolescents and found significant differences in the self-concept of hostlers and non-hostlers. Results were in favour of hostlers.

Batra (2005) found significant relationship between mental health and self-concept of secondary school teachers. The teachers with good mental health had positive and realistic self-concept than the teachers with poor mental health.

3.4. HOME ENVIRONMENT AND MENTAL HEALTH

The studies of Bakwin (1948), Bowlby (1957), Shoben (1949) and Water Born (1957) have shown that when children did not experience warm parental love they faced considerable problems of adjustment, which may be manifested in terms of dependence, lack of initiative and responsibility. These children were found to be under-achievers, aggressive and sometimes suffered serious mental disorders.

Ahuja (1966) in his study revealed that poor mental health was associated with parental deprivation. Children who were completely deprived of parental care obtained lower mental health status followed by those who were partially deprived, when compared to the non-deprived children. The mental health status of the paternally and maternally deprived children was the same with respect to the deprivation of the same sex parents. It was found that boys and girls were equally affected. In the case of maternal deprivation, girls were found to be more affected than the boys.

Cowley (1975) in his study revealed that the relationship between family integration and psychiatric symptoms was significant.
Parikh (1975) studied the relationship of moral judgement and family environment and reported that one parents families are full of high mental disorders, hostility, insecurity and social isolation and thus provide different type of home environment to their children which is not conducive for growing the social ability.

Boyce and Jenson (1978) reported that affection and warm behaviour of parents with child, facilitate his moral development.

Sarkar (1979) conducted a study to find the relationship between mental health and some family characteristics of middle class school going students. He revealed that mental health of those children who took part in family affairs was better as compared to those children who were not taking part in family affairs.

Boldwin (1979) conducted a study on school children to study their home atmosphere and its impact on child behaviour and concluded that children from democratic homes were more outgoing, active, competitive and resourceful.

Dutta (1981) revealed that the period of transition from adolescence to an adult is more difficult. Development of body, mind and mental health depends upon certain interdependent factors like intelligence, nutritious fresh diet and sunlight, injuries, race, culture, position in family etc.

Garg (1983) conducted a study on a topic, the effects of practical behavior of parents upon the mental health and adjustment of adolescents. His study indicates that girls face more partiality from their parents as compared to boys.
Delongie (1985) studied the relationship of everyday stress with mental health and well being. Results indicated that those who received low emotional support from family, friends and co-workers were about twice as likely to develop mental health problems as compared to those who received high emotional support.

Anand (1989) found that the mental health of children was dependent upon the educational and occupational status of parents. Sound mental health was positively related to academic achievement and both of these were positively related to parental status. The degree of mental health was also related to the type of school, being the highest in convent schools, followed by sanik and D.A.V. Schools.

Canavan (1989) studied family environment and individual mental health and examined the aspects of shared and non-shared family environment and their relationships to a well-defined psychiatric disorder. Results indicated within family differences affecting mental health of innate.

Wani (1990) conducted a study with the objective to find the influence of home and school environment on mental health of children and found that home environment and influenced the mental health of the children to a significant level.

Shah (1991) found that boys from favourable home climate were better adjusted in school than those from a poor and unfavourable home climate. In the case of girls, in urban areas family climate has been found to be positively related to school adjustment. In rural areas the opposite results were found.

Kaur (1991) reported that accepting parental behaviour is significantly more conducive to the mental health of adolescent girls.
Singh (1992) studied the importance of adolescents mental health perceived and practiced by parents and teachers. The findings of the study revealed that the teachers awareness of each principle of mental health is highly significant and teachers practising of these principles is significant. Moreover, the awareness of teachers pertaining to all mental health principles to which this study was extended is significantly greater than the practice of these principles by them.

Kaur (2001) in her study found positive but not significant relationship between parental acceptance and mental health of school students, positive and significant relationship between parental avoidance attitude and mental health of school students and negative and significant relationship between parental concentration and mental health of school students.

Khosla (2002) revealed positive and significant relationship between well-being and family environment of adolescents. Findings also indicated no significant difference in relationship of well-being and family environment among boys and girls.

Kaur (2002) conducted a study on moral adjustment, intelligence and parental behavior as correlates of mental health and found positive relationship between mental health and parental behavior of school adolescents.

Chopra and Kalita (2006) found that type of family is a proxy for exposure to psychological risks. They concluded that there exists significant difference emotional and social adjustment of children belonging to single parent and intact parents families.
3.5. GENDER DIFFERENCES AND MENTAL HEALTH

Ahuja (1975) studied mental health of 50 student teachers (27 male and 23 female) and found that 90% of the sample has average mental health. Only 2% belonging to the category of border line mental inefficiency, which was to the pressure of circumstances. Female student teachers score higher than male teachers. The mean difference in the mental health was significant at .05 level.

Sinha and Bhan (1978) conducted a study on "Mental Health of University Students." The sample consisted of male and female students of Kurukshetra University. It was found that engineering boys were significantly superior to university boys in the determination of mental health and the boys and girls of university did not differ on emotional security.

Mangotra (1982) found that mental health of boys was dominated by the feelings of depressing and neurotic behaviour, on the other hand girls were found to be suffering from a sense of insecurity and anxiety. The girls appeared to possess better mental health were capable of facing the realities around them and were in a position to tide over the mental disequilibrium.

An ICMR (1984) study conducted at Banglore, Delhi Lukhnow and Waltair during 1981-83 sampled 1835 children and found that boys have more mental health problems than girls.

Himmelfarb (1984) conducted a research on age and sex differences in mental health of older persons. The findings indicated that mental health was curvilinearly related to age with high symptom scores obtained in both 55-59 and 85-89 age groups and lowest in 60-69 age groups.
R Weaver (1986) studied the impact of race, sex and religious environment on the perception of mental health and found no significant relationship between the perception of mental health and race, sex and degree of religious involvement.

Srivastava, Rai and Rai (1987) studied the mental health of postgraduate students and found that there was no significant difference between male and female students on mental health.

Reijo (1988) conducted a longitudinal study on 272 children (9-13 years age) and revealed that development of mental health disorders and occurrence of symptoms increased with age and that men and women differ in many ways in terms of the nature of the mental health.

Anand (1989) conducted a study on 262 class X students (169 boys and 93 girls) and found that girls have significantly better mental health than boys.

Grover (1989) conducted a study on religiosity and mental health of going urban youth and significant differences were found in the male and female on the dimensions of sensitivity, anger, tension and mental health.

Preet (1991) conducted a study on mental of adolescents' pupils in relation to divergent configuration of parental behavior and found that parental behavior is significantly more conducive to the mental health of adolescent boys than o the mental health of adolescent girls.

Manju Wani (1995) conducted a study entitled “Sex, type of school, standard and mental health status of high school students” and found that girls had better mental health status as compared to boys.
Goins (1997) investigated that men are significantly more likely than women to rate their mental health as poor.

Taak (1999) conducted a study on a sample of 300 students from Ludhiana district and found that there is no significant difference between mental health of boys and girls of same age group.

Garg (2000) conducted a study on B.Ed. trainees and reported no significant difference between B.Ed. trainee boys and girls on variables of mental health and neuroticism.

Kaur (2000) in her study found that both male and female teachers differ significantly on the measure of mental health.

Kaur (2001) in her study concluded a significant difference in the mental health of male and female prospective secondary school teachers.

Gupta (2002) in her study concluded a significant difference between mental health of male and female adolescents.

Batra (2005) in her study found that female teachers had good mental health as compared to male teachers.

Sharma (2006) in her study compared all the six dimensions of mental health of male and female adolescents and found no significant difference in the emotional stability, overall adjustment, autonomy, security-insecurity, self-concept and intelligence measures of mental health of male and female adolescents.

3.6. LOCALE DIFFERENCES AND MENTAL HEALTH

Veereshwar (1979) conducted a study on college going students and found that personal emotional problems were
shown less by urban girls and differences were significant. The differences in adjustment of urban and rural girls was not significant in the area of mental health. Both groups showed quite satisfactory mental health adjustment.

Garg (1983) conducted a study on the effects of practical behavior on the mental health and adjustment of adolescents and found that urban boys were having high scores both as adjustment and mental fitness.

Gupta, Jain and Kumar (1985) conducted a study to ascertain variation among mental health of urban and rural women and found that urban women scored significantly higher on mental health scale than the rural women which indicates poor mental health of rural women.

Mala (1987) in a study on the knowledge about concept of mental health of primary school teachers found that subject from urban school scored significantly higher on mental health knowledge questionnaire than the rural subjects.

Kaur (2000) in her study found no significant difference between teachers teaching in rural and urban areas in respect of mental health.

Kaur (2001) in her study found no significant difference in the mental health of rural and urban prospective secondary school teachers.

Sharma (2006) in her study found no significant difference in the emotional stability, overall adjustment, autonomy, security-insecurity and self concept measures of mental health of adolescents belonging to rural and urban areas but significant difference was found in intelligence measure of mental health of adolescents belonging to urban and rural areas.
3.7. TYPE OF SCHOOL – (GOVERNMENT AND PRIVATE SCHOOLS) AND MENTAL HEALTH.

Mathur (1972) found that the main cause of frustration, mental conflicts which affect the mental health of a private aided school teachers are inadequate salaries; no interest in work; no security of tenure; autocratic management; autocratic’ supervision; and too many restrictions on their activities.

Page (1980) conducted a study with the title “Preventing mental health problems in schools’ and described mental health problems in public schools as unplanned unprogrammatic and unresponsive. The purpose of the study was to determine efforts to prevent student mental health problems in public schools and to describe perceived needs in their schools at the junior high school level.

Kamau, (1992) found that Govt. high School teachers are less emotionally over extended and exhausted, less callous towards students and more competent and satisfied with their jobs than the private high school teachers. Govt School teachers have a high level of mental health than their counterparts in private schools.

Mishra (1996) found no significant difference between the mental health of teacher trainees studying in private and Govt. Colleges.

Gupta (2002) in her study found a significant difference in the mental health between Govt. and private school adolescents.

From the above review of related literature it is seen although some work has been done in this area but the results of above studies are inconclusive, therefore, further research is needed to arrive at meaningful generalization about the relationship of different variables.
HYPOTHESES

In the present study following hypotheses were formulated:

1. There will be significant correlation between measures of mental health and level of aspiration of adolescents.

2. There will be significant correlation between measures of mental health and emotional intelligence of adolescents.

   2(a) There will be significant correlation between mental health and self-awareness measure of emotional intelligence.

   2(b) There will be significant correlation between mental health and empathy measure of emotional intelligence.

   2(c) There will be significant correlation between mental health and self-motivation measure of emotional intelligence.

   2(d) There will be significant correlation between mental health and emotional stability measures of emotional intelligence.

   2(e) There will be significant correlation between mental health and managing relations measures of emotional intelligence.

   2(f) There will be significant correlation between mental health and integrity measures of emotional intelligence.

   2(g) There will be significant correlation between mental health and self-development measure of emotional intelligence.

   2(h) There will be significant correlation between mental health and value-orientation measure of emotional intelligence.

   2(i) There will be significant correlation between mental
health and commitment measure of emotional intelligence.

2(j) There will be significant correlation between mental health and altruistic measure of emotional intelligence.

2(k) There will be significant correlation between mental health and emotional intelligence of adolescents.

3. There will be significant correlation between measures of mental health and self-concept of adolescents.

3(a) There will be significant correlation between mental health and physical appearance measure of self concept.

3(b) There will be significant correlation between mental health and social interaction measure of self concept.

3(c) There will be significant correlation between mental health and temperament measure of self concept.

3(d) There will be significant correlation between mental health and educational measure of self concept.

3(e) There will be significant correlation between mental health and moral worth measure of self concept.

3(f) There will be significant correlation between mental health and intellectual measure of self concept.

3(g) There will be significant correlation between mental health and self-concept of adolescents.

4(a) There will be significant correlation between mental health and control measure of home environment.

4(b) There will be significant correlation between mental health and protectiveness measure of home environment.

4(c) There will be significant correlation between mental health and punishment measure of home environment.

4(d) There will be significant correlation between mental
health and conformity measure of home environment.

4(e) There will be significant correlation between mental health and social isolation measure of home environment.

4(f) There will be significant correlation between mental health and reward measure of home environment.

4(g) There will be significant correlation between mental health and deprivation of privileges measure of home environment.

4(h) There will be significant correlation between mental health and nurturance measure of home environment.

4(i) There will be significant correlation between mental health and rejection measure of home environment.

4(j) There will be significant correlation between mental health and permissiveness measure of home environment.

5. There will be significant difference in the mental health of male and female adolescents.

6. There will be significant difference in the mental health of adolescents belonging to urban and rural areas.

7. There will be significant difference in the mental health of adolescents studying in government and private schools.

8. There will be significant difference in the mental health of adolescents at high and low levels of aspiration.

9. There will be significant difference in the mental health of adolescents at high and low levels of emotional intelligence.

10. There will be significant difference in the mental health of adolescents at high and low levels of self-concept.

11. There will be significant difference in the mental health of adolescents at good and poor levels of home environment.