CHAPTER-I
INTRODUCTION
&
THEORETICAL
FRAMEWORK
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INTRODUCTION AND THEORETICAL FRAMEWORK

1.1 Theoretical Underpinning (Framework) of the Study

Psychology is not just the study of weakness and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best within us.

(Seligman, 2000)

In today’s world, society is facing extremely tough challenges in the form of natural disaster, global warming, economic recession, unprecedented homelessness and terrorism, the draining continuation of war, stress and upheavals. Entering a new millennium, we are left alone on the pinnacle of economic and political leadership; the country can continue to increase its material wealth while ignoring the human needs of its people. This is likely to increase selfishness and alienation among people and eventually to chaos and despair (Seligman and Csikszentmihalyi, 2000). In these circumstances, there is a need for science based on testing happiness, contentment, wellbeing or health, growth process and ‘the high-quality life’ fit into contemporary scenario. At this point, the social and behavioral sciences can play an enormously important role. They can articulate a vision of the good life that is empirically sound while being understandable and attractive. They can show what actions lead to well being, to positive individuals, and to thriving communities (Seligman and Csikszentmihalyi, 2000). Though we have scant knowledge of what makes life worth living yet psychology has come to understand quite a bit about how people survive and endure under conditions of adversity (Koch and Leary, 1985 and Smith, 1997).

In the first half of 20th century, researches in psychology laid emphasis on the darker side of human nature- i.e. disorders, impairments, and mental illness. For instance, there are ample studies on negative emotions such as anger, shame, depression, or guilt (Buck, Carr and Robertson, 2008). More than 50 years ago, even Maslow lamented psychology’s preoccupation with disorder and dysfunction:

The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man’s shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his
full psychological height. It is as if psychology has voluntarily restricted itself to only half its rightful jurisdiction, and that, the darker, meaner half. (Maslow, 1954, p. 354).

In the second half of the 20th century also, psychology learned much about depression, racism, violence, self-esteem management, irrationality and growing up under adversity but had much less to say about character strengths, virtues and the conditions that lead to high levels of happiness or civic engagement. In one metaphor, psychology was said to be learning how to bring people up from negative eight to zero but not as good at understanding how people rise from zero to positive eight (Gable and Haidt, 2005). However, there are very few empirical studies on positive emotions such as gratitude, efficacy and positive side of mental health, admiration, initiative or moral elevation (Haidt, 2003). So, with the collective desire to bring balance to the field of psychology by encouraging researches on positive emotions and aspects long neglected by social scientists, a new science of psychology gain a momentum in 2000, known as the positive psychology movement.

Positive psychology has a long history, dating back to William James’s writings on what he termed “healthy mindedness” in 1902, to Allport’s interest in positive human characteristics in 1958, to Maslow’s advocacy for the study of healthy people despite sick people in 1968, and to Cowan’s research on resilience in children and adolescents (Cowan, 2000; Gable and Haidt, 2005). But the credit of initiating Positive Psychology Movement goes to Dr. Martin E.P. Seligman who is considered to be the ‘Father of Positive Psychology’. He asserts that positive psychology is the ‘scientific study of optimal human functioning [that] aims to discover and promote the factors that allow individuals and communities to thrive’. It is scientific study of ordinary human strengths and virtues which revisits ‘the average person’ with an interest in finding out what works, what is right, and what is improving… (Sheldon and King, 2001). Seligman centralized the concept of positive psychology around three areas of study: positive emotions, positive character traits and positive institutions (www.wisegeek.com).
Positive psychology is the scientific study of how humans achieve happiness and mental satisfaction in order to discover how people can lead the most productive lives possible (www.wisegeek.com). It is the study of how human beings prosper in the face of adversity (Seligman and Csikszentmihalyi, 2000). It is the study of conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (Gable and Haidt, 2005). In order to nurture talent and make life more fulfilling, positive psychology focuses on three areas of human experience (Seligman and Csikszentmihalyi, 2000; Compton, 2004)) as given below:

**Subjective level**
- Positive emotions such as joy, satisfaction with life, love, intimacy, contentment
- Constructive thoughts about the self and the future such as optimism and hope

**Individual level**
- Concerned with positive individual traits or more enduring and persistent behavioral patterns
- Individual traits such as courage, persistence, honesty, wisdom, self-esteem, self-efficacy, personal growth, mental health, self-concept

**Organizational level**
- Focuses on the development, creation and maintenance of positive institutions
- Development of civic virtues, the creation of healthy families
- Study of healthy work environment
- Positive communities

Positive psychology is thus an attempt to urge psychologists to adopt a more open and appreciative perspective regarding human potentials, motives and capacities (Sheldon
The development of positive psychology was clearly shaped and energized by the considerable efforts of Seligman and other major players in the field. Positive psychology has great promise for the field of education. Education is meant to bring desirable changes in the behavior of the individual. The most important aim of the education is the harmonious development of the child i.e. physical, mental, social, emotional, moral development. Education is the powerful agency to develop all those qualities that are necessary to face the challenges of life at all the levels of growth and development. It helps in the development of capacities, potentialities, capabilities, virtues and traits in the individuals like self efficacy, initiative, good mental health, self concept, self esteem etc. Researches in positive psychology can improve the initiative, judgment, decision-making, academic engagement and the self-efficacy of our youth and development of these qualities is a necessary requirement for the creation skills as leadership, creativity and civic engagement.

Figure-1.3: Mind Map of Positive Psychology
(Source- By Iliona Boniwell, www.positivepsychology.org.uk)
Thus, positive psychology with its scholarly emphasis upon human virtues and strengths called upon psychologists to augment the previous focus upon pathology and explore human beings' strengths (Shroey, Little, Snyder, Kluck and Robitschek, 2007). It has been predicted that positive psychology will flourish in the new century and that researchers and psychologists will come to focus on the strength of individuals, communities and societies (Seligman and Csikszentmihalyi, 2000). In the similar vein, a new construct, Personal Growth Initiative (PGI) now has begun to attract attention among researchers. It has been noted that in the world of growing complexities and escalating change, one can’t be interested in understanding the factors that contribute to and enhance personal growth and development of the individuals. Recently personal growth initiative has emerged as a very important construct in furthering human development and personal fulfillment (Ogunyemi and Mabekoje, 2007).

1.2 Construct of Personal Growth Initiative (PGI)

"People are always blaming their circumstances for what they are. I don’t believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and, if they can’t find them, make them.”

(George Bernard Shaw)

When faced with new challenges, people often have a choice of either remaining stuck in their conventional way of doing things, which can lead to stagnating or changing them to respond to the challenge in an adaptive way, which can lead to flourishing (Robitschek, 2010). When a person is in the process of looking at life how he is feeling, what is missing, what can be improved, looking at his belief system and make changes in it by actively working on improvement through education, new knowledge and increased awareness of specific changes in simple words is Personal Growth(PG) (www.eqi.org). PG also means goals and accomplishments that encourage or prompt us to improve in one or other area of life. It is a continuous improvement process. Personal Growth or self-guided improvement is an insight that starts from within, help to move forward in life and produces personal change. PG is a person’s sense of ongoing growth and progression as an individual (Whittaker and Robitschek, 2001). Initiative taken by the individual in self change process plays an important role. Initiative is “the ability to be motivated from within to direct attention
and effort toward a challenging goal” (Larson, 2000). Personal Initiative is a positive character trait that describes the degree to which one possesses the willingness and ability to take self-initiated action in the pursuit of his/her goal (Farmer, 2010). Personal initiative (PI) uses an active approach that is characterized by its self-starting and proactive nature and by overcoming difficulties that arise in the pursuit of a goal. Self-starting implies that the goals are not given or assigned by someone else, but that the person himself or herself develops these goals. Initiative, therefore, implies that one will deal with these obstacles actively and persistently (Fay and Frese, 2001).

Prochaska and DiClemente (1986) were among the first to hypothesize that personal growth includes development, environmental, and intentional processes, with intentional process being the most essential. The development process involves unconscious personal growth or changes; the environmental process of personal growth states that the individual is aware of the changes but resists these changes; the intentional process occurs when the individual is consciously aware of, and willingly and actively involved in, the process of change (Robitschek, 1998). Thus, personal growth is a change within a person that is cognitive, behavioural or affective (Prochaska and Diclemente, 1986). Generally, this self change is thought of as positive, with movement in the direction of being “more complete and fully functioning” at least from the perspective of the person who is changing (Patterson, 1994). There are three distinct ways of personal growth:

- Growth that is unintentional and out of awareness
- Growth that is unintentional but in awareness
- Growth that is intentional and fully in awareness

Personal growth can occur as a result of both intentional and unintentional processes. Robitschek (1998) states that the intentional process is the most important part of personal growth because the intentional process allows an individual to be fully aware the changes are occurring. Additionally, the intentional process leads this individual to be actively and willing engaged in the process of growth. Therefore, Intentional Growth has three salient features:

(i) Knowledge of and about the process of personal growth (Knowledge about the procedures to bring about personal growth, Knowledge about specific things to change, General knowledge of self improvement);
(ii) Valuing the process of personal growth (Valuing process, outcomes of personal growth); and

(iii) Intentional Behaviour (Robitschek, 2010)

When a person is concerned only with intentional self change, that individual actively and intentionally engages in the self change process in any life domain, the term is generally known as Personal Growth Initiative (PGI) (Robitschek, 1999).

It is generally found that events happen in our lives that may prompt us to consider something about ourselves. Some of the events originate within us; for example, we may notice ourselves behaving in a way that we dislike or that embarrasses us. Sometimes the source of these events is external to us, such as someone pointing out to us a need to change something. The external events may be overt, such as being expelled from a work because we could not get along with our co-workers, or more covert, such as a child getting “picked” last for the team as a player. The principal message in these overt and covert events is that we don’t measure up in same way, either to our own standards or the standards of others. For some people, these events in life are likely to lead to a consideration of changing the self, but for others, these events will not have the same effect. For example, these events might threaten the self who could lead to holding on tighter to the characteristics or behaviour in question. Still others may not perceive that they are the ones who need to change in these situations; rather they might feel that other people or world around them is what needs to change. Moreover, many people are likely to experience combination of these reactions and will vary in their type of response. The construct of PGI can provide explanation for these varying reactions (Robitschek and Ashton et al., 2009).

Personal Growth Initiative (PGI) as conceptualized by Robitschek (1998) is an active and intentional engagement in the process of personal growth and in changing and developing as a person. PGI is a global inclination to improve one’s self through active seeking out of self-growth experiences and is an orientation toward change and growth across life domains. It is a developed skill set, including cognition, behavior, attitude and motivation that a person carries into each life experience (Robitschek and Ashton et al., 2009). When a person intentionally involves himself in the growth process, he is said to be on the path of personal growth initiative. Personal Growth Initiative is a construct that represents a person’s affinity for and attention to growth.
and change in his or her life in general but can be applied to actual behavior within specific life domains. PGI can be thought of as a meta-cognitive construct, an awareness and control of intentional engagement in growth-enhancing cognitions and behaviours in all areas of life (Robitschek, 1998) and describes an orientation towards actively and purposefully engaging in the growth seeking process. PGI contains cognitive components e.g. motivation to change, knowledge of the change process and efficacy related to the change process and behavioral components e.g. general goals relating to personal change and plans to attain those goals (Robitschek, 2003; Martin, 2009). PGI is an acquired skill set for self-improvement across life domains. It is comprised of four components (fig. 1.2):

> **Readiness for Change (Cognitive Component)** - is thinking about what one wants to change, why one wants to change, and if one is really ready to take the first step towards change and personal growth. It is also the ability to assess one’s own psychological preparedness to engage in personal growth processes;

> **Planfulness (Cognitive Component)** - measures one’s planning ability. Knowledge of steps needed to make changes in one and knowing how to lay out the strategy for making an improvement in oneself. It is the ability to be strategic and organized in self-change efforts;

> **Using Resources (Behavioural Component)** - is actively seeking out things or people to help one grow as a person. This could include reading a self-help book, Googling for information, or talking to a family member, a friend, or a college counselor. It is the ability to identify and access resources external to the self, such as other people and materials; and

> **Intentional Behavior (Behavioural Component)** - is having a thought about changing behaviour and then following through on making that behaviour change. Whether the behaviour change is big or small, the following through on ideas about self-improvement is Intentional Behaviour. It is actual follow-through, or doing of self-change plans and behaviors (Theon and Robitschek, 2012).

These four components operate synergistically, rather than sequentially, to optimize personal growth.
Like all skill sets, level of PGI exists on a continuum of low-to-high. The level of PGI that a person has will influence the extent to which that person seeks out opportunities to grow, capitalizes on opportunities that present themselves and is able to intentionally engage in the self change process (Robitschek and Ashton et al., 2009). For example, an individual high in PGI might critically evaluate past, current, and future experiences to both determine potential areas for growth and monitor growth experiences. Behaviorally, these individuals would likely seek out experiences deemed important to personal growth. In contrast, an individual low in PGI would not consider growth as a criterion for examining past, current, and future experiences and therefore would not behaviorally seek out intentional growth experiences (Martin, 2009).

People with high levels of PGI have the cognitive and behavioral skills, and the motivation needed to know when they need to grow and change, recognize and take advantage of growth opportunities as they arise, seek out opportunities for personal growth and follow-through and make changes to improve themselves and their lives. Obviously, no one can recognize every way in which personal growth is needed and no one has the time or energy needed to grow in every possible way. But people with
high levels of PGI will be involved with intentional growth-enhancing activities much more than their low PGI counterparts (Robitschek and Keshubeck, 1999). People with high PGI (a) seek out opportunities for personal growth and (b) recognize and capitalize on opportunities for personal growth when presented with these opportunities. In both situations, a person is faced with the opportunity to change something about the self. If the decision is made to pursue such a change, then intentional efforts are directed toward this self-change, ideally in a planful way, using resources to facilitate the growth. When a person is successful in this intentional effort to grow, learning about the intentional growth process also takes place (Robitschek, 2010).

A validation study of PGI presented evidence to support the assumption that PGI is an active and intentional process (Robitschek, 1999). Furthermore, Robitschek and Cook (1999) reported that those who have score high on measures of PGI are aware of their own change and development over time, and they also are proactive (i.e. they want to make changes happen) and capitalize on opportunities for this personal development. In previous research, it has been demonstrated that higher levels of PGI are associated with higher levels of well-being and lower levels of distress, including depression and anxiety. The authors suggest several explanations for these relationships: that PGI might prevent the formation of distress symptoms, might minimize the level of distress experienced, or might facilitate recovery from distress. For example, when faced with a distressing event, an individual high in PGI might be better able to identify specific ways to respond to the event, feel more confident in his or her ability to resolve the problem, and thus experience less distress from the same event than someone lower in PGI. This explanation suggests that PGI may moderate the relationship between distressing events and distress. Alternatively, individuals high in PGI might be better able to anticipate problems and actively work to prevent the problems from occurring than those low in PGI. This explanation suggests that successful resolution of potential problems may mediate the relationship between PGI and distress (Robitschek and Keshubeck, 1999).

Bartley and Robitschek (2000) also investigated PGI as one of a multitude of factors that predict career exploration and found PGI to be a significant correlation between environmental exploration and PGI for female college students. Additionally, significant positive correlations were found between PGI and goal-directedness and
PGI and career decision-making self-efficacy in both men and women. Research suggested that PGI is a robust predictor of well-being, functioning, and distress. Across samples, PGI accounts for 18 – 20% of the variance in emotional well-being, 20 – 27% of the variance in social well-being, and 32 – 51% of the variance in psychological well-being (Robitschek and Keyes, 2009). Also, college students with high levels of PGI report high levels of vocational functioning and low levels of anxiety, depression, and general emotional distress (Robitschek and Cook, 1999; Robitschek and Kashubeck, 1999). Research by Robitschek and Kashubeck (1999) had suggested that positive family functioning may increase one’s level of personal growth initiative. What these researches indicate is that people with higher levels of PGI can better deal with life’s everyday challenges and are better problem-solvers. Not much study has been conducted on personal growth initiative but constructs such as risk taking behavior (Kenealy and Herrick, 1990) and psychological well-being (Robitschek, 1997) have been undertaken with results indicating that PGI is an important construct capable of enhancing general well-being of individuals. The findings of these studies established that personal growth initiative propels to continue seeking challenge and growth that can lead into the achievement of life goals and personal fulfillment (Robitschek, 1997).

From the above discussion, it can be said that Personal Growth Initiative (PGI; Robitschek, 1998, 1999) is a well established construct that has been measured in a variety of populations. PGI research to date includes looking at PGI and coping, career development, gender implications, physical health, well-being, family functioning and hope (Hardin, Weigold, and Robitschek, 2007; Robitschek, 1998, 1999; Robitschek and Cook, 1999; Shorey, Little, and Snyder, 2007; Whittaker and Robitschek, 2001). However, there are many other constructs that could be positively related with personal growth initiative that are yet to be investigated. For example, it is found that construct like self-efficacy which is defined as people’s beliefs about their capabilities to produce designated level of performance that exercise influence over the events that affect their lives (Bandura, 1997) could enhance human accomplishment and personal growth initiative in many ways. Thus, knowledge of one’s capabilities should be a determinant factor towards initiating process of personal growth and fulfillment. It is found that many different environmental and personal factors have effect on the personal growth and development. One group of
these factors is socio-environmental and the other is personal characteristics and motivational beliefs, including among others, self-efficacy beliefs (Hoffman and Gregory, 2009).

1.3 Construct of Self-Efficacy

It is generally argued that people with problems generally know exactly what actions are needed to do the things they want to do. But, knowing what to do is not enough. People also need to be confident about their ability to produce a desired action is and Bandura termed this confidence as self-efficacy (Bandura, 1997; Muris, 2001). Over the past 20 years, self-efficacy has become one of the most widely studied variables in the educational, psychological, and organizational sciences (Scherbaum, Charash and Kern, 2006). Self-efficacy is a positive construct is that associated with mindfulness, consciousness, awareness, and will concepts in personality psychology, and humanistic and cognitive traditions (Khodarahimi, 2010). The confidence or believe in self is termed as self-efficacy in behavioural sciences. Self-efficacy means self-confidence, self-reliance, self-assurance and trust on oneself. Self-efficacy is regarded as one’s optimistic self-reliance (Ahmed, Qazi and Jabeen, 2011).

The theoretical foundation of self-efficacy is found in Social Cognitive Theory (SCT), developed by former APA president Albert Bandura (1977, 1997). Social cognitive theory is used to explain how people acquire and maintain certain behavioral patterns. SCT is rooted in a view that individuals are agents proactively engaged in their own development and can make things happen by their actions. In the social cognitive view people are neither driven by inner forces nor automatically shaped and controlled by external stimuli. Rather, human functioning is explained in terms of a model of triadic reciprocality (figure 1.3). Reciprocal causation is a multi-directional model suggesting that the human behavior is a function of three interrelated forces: environmental influences, our behavior and internal personal factors such as cognitive, affective, and biological processes. This trinity mutually impacts its members, determines what we come to believe about ourselves and affects the choices we make and actions we take. Thus, we are not products of our environment. We are not products of our biology. Instead, we are products of the dynamic interplay between the external, the internal, and our current and past behavior. The focal point of SCT is that, aside from personal and environmental factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts,
feelings, and actions. The idea that an individual has the potential to influence change, regardless of his/her skills, is central to social cognitive theory (Bandura, 1997).

Self-efficacy is an individual’s belief in his or her capacity to congregate the cognitive, motivational and behavioral resources required to perform in a given situation (Bandura, 1997). Bandura, who is called an architect of self-efficacy, in his seminal work in 1977 ‘Self-Efficacy- Toward a Unifying Theory of Behavioural Change’ defined self-efficacy as “beliefs in one’s capability to organize and execute the courses of action required to produce given attainments.” He further noted that how people’s behavior could often be better predicted by the beliefs they hold about their own capabilities than by what they were really capable of accomplishing. He believed that self-efficacy is a mechanism to explain individual behavior and defined it as a person’s perceived capability to perform behaviour (Bandura, 1994).

![Conceptual Model of Triadic Reciprocality in Social Cognitive Theory](Source: Bandura, 1986)

Self efficacy is a construct which describes the confidence of an individual in their own abilities. People's self-efficacy beliefs determine their level of motivation, as reflected in how much effort they will exert in an endeavor and how long they will persevere in the face of obstacles. The stronger the belief in their capabilities, the greater and more persistent are their efforts (Bandura, 1997). When faced with difficulties, people who are beset by self-doubts about their capabilities slacken their efforts or abort their attempts prematurely and quickly settle for mediocre solutions, whereas those who have a strong belief in their capabilities exert greater effort to master the challenge (Bandura and Cervone, 1983). Pajares (1997) states that self-efficacy refers to individuals' judgments on their abilities to achieve their designed performance levels. It can also be defined as a level of an individual’s self-confidence (Jain and Dowson, 2009).
Self-efficacy is also defined as one's belief in his/her ability to start, continue and complete an action in a manner that has an impact on his/her environment (Bandura, 1994). It does not correspond to the level of skill but depends on an individual's resources. A person with sufficient skills for coping with a situation and a low level of self-efficacy would not activate his/her relevant skills. The concept of self-efficacy includes such elements as planning an action, awareness and organization of the required skills, and the level of motivation after reviewing the potential gains and difficulties of a given situation. A high level of self-efficacy facilitates the experience of success and well-being and in particular, personal development and further development of one's skills. Previous successful experiences, examples of the achievements of other people with similar personal characteristics, positive feedback from one's environment, and a positive mood support one's belief in their self-efficacy. When an action results in failure, people with a high level of belief in their self-efficacy do not relate the failure to their own deficiency, but to the methods or strategies they used (Yildirim and Ilhan, 2010).

Thus, self-efficacy makes a difference in how people feel, think and act. In terms of feeling, a low sense of self-efficacy is associated with depression, anxiety, and helplessness. Persons with low self-efficacy have low self-esteem and they are dominated by pessimistic thoughts about their accomplishments and personal development. In terms of thinking, a strong sense competence facilitates cognitive processes and performance in a variety of settings, including quality of decision-making and academic achievement. Self-efficacy has an influence on preparing action because self-related cognitions are a major component the motivation process. Self-efficacy levels can enhance and impede motivation. People with high self-efficacy choose to perform more challenging tasks (Bandura, 1997). They set themselves higher goals and stick to them. Actions are preshaped in thought and people anticipate either optimistic or pessimistic scenarios in line with their level of self-efficacy. Once an action has been taken, highly efficacious people invest more effort and persist longer than those low in self-efficacy. When setbacks occur, they recover more quickly and maintain commitment to their goals (Bandura, 1997; Schwarzer and Schmitz, 2004).

Self-efficacy refers to the beliefs about one's capabilities to learn or perform behaviours at designated levels (Bandura, 1986, 1997) and is said to have a measure...
of control over individual's thoughts, feelings and actions. In other words, the beliefs that individuals hold about their abilities and outcome of their efforts influence in great ways how they will behave. Efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically, what courses of action they choose to pursue, the challenges and goals they set for themselves, their commitment to them, how much effort they put forth in given endeavors, the outcomes they expect their efforts to produce, how long they persevere in the face of obstacles and their resilience to adversity. Efficacy expectations determine how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences, stronger the perceived self-efficacy, more active the efforts (Bandura, 1977; Mahyuddin, Elias and Cheong et.al., 2006). People with high efficacy beliefs set themselves challenging goals, maintain strong commitment to them and they heighten and sustain their efforts in the face of failure. A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. They attribute failure to insufficient effort or deficient knowledge and skills which are acquirable and approach threatening situations with assurance of having control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression. On the other hand, people who doubt their capabilities shy away from difficult tasks, which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter, and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties. They are slow to recover their sense of efficacy following failure or setbacks. Because they view insufficient performance as deficient aptitude it does not require much failure for them to lose faith in their capabilities (Bandura, 1997).

Self-efficacy beliefs are not judgments about one's skills, but rather about one's judgments of what one can accomplish with those skills (Bandura, 1986). In other words, self-efficacy judgments are about what one thinks one can do, not what one has. These judgments are a product of a complex process of self-appraisal and self-persuasion that relies on cognitive processing of diverse sources of efficacy information (Feltz and Lirgg, 2001). Bandura (1977, 1986) categorized these sources as: (a) Personal Accomplishment or Mastery (Past Performance) - as far as success is
attributed internally ad can be repeated (b) Vicarious Experience - when a "model person" who is similar to the individual (in terms of age, status etc.) successfully masters a difficult situation, social comparison process can enhance self-efficacy beliefs (c) Verbal Persuasion - symbolic experience through verbal message by others (d) Emotional Arousal - like anxiety, stress etc (Bandura, 1997). Bandura has argued that performance accomplishments on difficult tasks, tasks attempted without external assistance, and tasks accomplished with only occasional failures carry greater efficacy value than tasks that are easily accomplished, tasks accomplished with external help, or tasks in which repeated failures are experienced with little sign of progress. Efficacy beliefs also trigger emotional reactions. For example, individuals with low self efficacy believe that a task is tough and hence build stress, depression and a narrow vision on how to solve problems. On the other hand, those with high efficacy would be more relax in solving difficult tasks. Therefore, these influences are strong determinants of the individual's level of achievement (Mahyuddin, Elias and Cheong et al. 2006).

Self-efficacy beliefs vary on three dimensions. The first, magnitude, refers to level of task difficulty. The magnitude of one's self-efficacy beliefs will differ upon how difficult a task is perceived to be; a task may be perceived as easy resulting in high self-efficacy, whereas a task thought to be difficult may lower self-efficacy. The second dimension, generality, refers to the breadth or the domain to which one's self-efficacy beliefs are applied. A student may have high self-efficacy for reading, believing that whenever reading is a necessary component of their work, they will be successful at it. A student with low reading self-efficacy may feel that whenever they are confronted by reading, they would not be able to complete the required task successfully. The final influence upon ones' self-efficacy is strength. Strongly held self-efficacy beliefs are less likely to be challenged than are weaker beliefs. A student with low self-efficacy may readily change their self-efficacy beliefs when encountering difficulties, even if they had previously been experiencing some success (Bandura, 1986, 1997; Chen et al., 2001).

Self-efficacy is usually understood as being either task specific or domain specific. Self-efficacy does not limit to an especial situation or certain behaviour (Sherer et al., 1982) and regulates human performances by cognition, motivation, decision making and thoughtful process (Benight and Bandura, 2004). It has been conceptualized and
studied both as a state like concept called specific self-efficacy (SSE) (e.g. Gist and Mitchell, 1992; Wood and Bandura, 1989) and a trait like construct referred to as general self-efficacy (GSE) (e.g. Eden 1988; Judge, Locke and Durham, 1997; Imam, 2007). There is no consensus about whether or not self-efficacy is a state or a trait construct. As such, belief in self-efficacy has been examined as either task specific or general self-efficacy. GSE is the overall belief in one's ability and Specific self-efficacy is task related. In terms of task-specific self-efficacy, that is efficacy concerning a targeted behaviour specific to a particular situation for instance academic self-efficacy, interpersonal self-efficacy, emotional self-efficacy, social self-efficacy, computer self-efficacy, internet self-efficacy etc. (Yildirim and Ilhan, 2010). Eden (1988) has suggested that SSE is a motivational state and GSE is a motivational trait. According to Eden, both GSE and SSE denote beliefs about one's ability to achieve desired outcomes, but the constructs differ in the scope i.e. generality and specificity (Imam, 2007).

Most recently, researchers have become interested in the more trait-like generality dimension of self-efficacy called generalized or global self-efficacy (Scherbaum, Charash and Kern, 2006). Generalized self-efficacy (GSE) refers to a broad and stable sense of personal competence to deal effectively with a variety of stressful situations (Sherer et al., 1982; Schwarzer and Jerusalem, 1995; Adeyemo and Adeleye, 2008). GSE captures differences between individuals in their tendency to view themselves as capable of meeting task demands in broad array of contexts (Chen et al, 2001). GSE is a universal construct, which means that it characterizes a basic belief that is inherent in all individuals. GSE reflects a generalization across various domains of functioning in which people judge how efficacious they are (Luszczynska, Scholz and Schwarzer, 2005). GSE explains a broader range of human behaviours and coping outcomes when the context is less specific. It might be useful when focusing on multiple behaviours simultaneously (Luszczynska and Gibbons et al., 2004). GSE is individuals' perception of their ability to perform across a variety of different situations (Judge, Erez and Bono, 1998) or as "one's belief in one's overall competence to effect requisite performances across a wide variety of different situations" (Eden, 1988). Thus, GSE is a situation-independent competence belief. GSE has been conceptualized as a relatively stable generalized belief that an individual can marshal the resources needed to deal with the challenges that he or she experiences. That is, GSE is a trait-like belief in one's competence. GSE refers to
global confidence in one’s coping ability across a wide range of demanding or novel situations (Sherer and Maddux, 1982). The most powerful antecedent of GSE is the aggregation of previous experiences (Sheldon, 1990 and Sherer et al., 1982). Sheldon (1990) proposed that GSE emerges over one’s life span as one accumulates successes and failures across different task domains. It is maintained that accumulation of successes in life, as well as persistent positive vicarious experiences, verbal persuasion and psychological states, augment GSE. Thus, it can be said that an individual’s past experiences with success and failure would result in a general set of expectations while carrying into new situations (Sukmak, Sirisoonthon and Meena, 2002).

Evidence suggested that GSE and task-specific self-efficacy are positively correlated (e.g., Sherer et al., 1982). Some authors have argued that GSE moderates the impact of the environment (e.g., negative feedback) on individual’s task-specific self-efficacy. GSE is a theoretically and practically useful construct for the educational (Robbins et al., 2004) and organizational domains (Chen et al., 2001; Scherbaum, Charash and Kern, 2006). Continued empirical self-efficacy research in organizational and educational settings is of immense practical value because self-efficacy has several positive as well as negative outcomes. Past findings have shown that a strong sense of personal efficacy is related to better health, higher achievement, and more social integration (Bandura, 1997). Self-efficacy has powerful effects on learning because people try to learn only those behaviors that they think they will be able to perform successfully (Gist and Mitchell, 1992). Chen et al. (2000) have found that GSE is positively related to learning goal orientation. Furthermore, research has shown that GSE is positively related to other motivational traits, including need for achievement and conscientiousness (Chen, Gully and Eden, 2001 and Chen, et al., 2000). Recent research results show that GSE negatively correlates with negative affect, anxiety, depression, anger, and physical symptoms (e.g., Leganger, Kraft and Roysamb, 2000; Luszczynska, Dona and Schwarzer, 2005).

Much of contemporary self-efficacy research stems from Bandura’s work, including the widely-used Self-Efficacy Scale (SES) (Sherer and Maddux et al., 1982). Sherer and his colleagues intended to develop a measure of self-efficacy that was not situation, nor behavior-specific. Instead, it was designed to measure an individual’s general expectancies of self-efficacy (Sherer and Adams, 1983). The scale breaks down into two sub-scales: general and social self-efficacy. In studies of validity, the
genera sub-scale has been shown to be more useful than the social sub-scale (Sherer, et al., 1982, 1983). General self-efficacy has been associated with personality factors such as internal control, social desirability, ego strength, interpersonal competency, self-esteem, being employed, quitting fewer jobs, being fired less, educational level, military rank (Sherer, et al, 1982), adjustment, assertiveness, and masculinity (Sherer and Adam, 1983).

Thus, it can be said that self-efficacy plays a key role in human functioning because it affects behaviour not only directly but by its impact on other determinants such as goals and aspirations, outcome expectations and perception of impediments and opportunities in the social environment (Bandura 1994, 1997). In sum, self-efficacy affects one’s thought and behaviour, motivation, affective development, decision-making and choices. Therefore, it can also be said that competence beliefs as well as decision making are of great importance in intentional growth process.

1.4 Construct of Risk-Taking Behaviour

Life presents a never ending succession of events and problems that require immediate solutions and decisions that helps in total adjustment process. There is no human being who does not make any problem in life or does not make any adjustment with the situation. The process of adjustment in man’s life necessarily involves decision making in different life domains. While making decision in any situation one is not cognizant of consequences that may occur as a result of actions taken. It is found that while taking initiative for personal growth, decision taken by individual plays an important role. Decision analysis involves the use of a rational process for selecting the best of several alternatives. Such analysis can be made under conditions of certainty, risk or uncertainty. When the consequence of a decision is not a single sure outcome, but the probability of each outcome is known, this is termed decision making under uncertainty or risk (Bernard, Iyare and Moore, 2007).

Generally the term ‘risk’ means a dangerous element or factor in a situation, where an individual is put in willingly or unwillingly in that situation (Gupta and Singh, 2006). Risk is really the uncertainty that exists as to what the eventual outcome will be. Risk arises in any decision where there is some doubt about at least one of the possible outcomes. The risk inherent in any given situation will depend on the range of possible outcomes and the likelihood and value of each particular outcome.
Risk is a component of everyday life in any given situation. We are presented with choices where we must weigh costs and benefits and perhaps take a risk in order to see a positive gain. We can also take risks in our behavior, where the choices we make can affect our health, other people's health, and our general well being. A risk can be physical, health-related, social, financial, and a plethora of other things (Davis, 2008). Thus, risk and uncertainty play a significant role in almost every important decision. Since people differ in the way they take decisions involving risk and uncertainty and since these differences are often described as differences in risk attitude and understanding individual risk preferences is a prerequisite to understand the behavior (Mishra and Lalumiere, 2011).

Bauer (1960) introduced the risk construct (referred to uncertainty) to marketing more than 40 years ago which led to many years of research that operationalized risk as uncertainty (Cho and Lee, 2006). But there is still confusion about its role and measurement and often risk and uncertainty were being used interchangeably (Ghosh and Ray, 1997). Risk is sometimes differentiated from 'uncertainty' or 'ambiguity' and the difference is that under 'risk' the probabilities are known, whereas in the case of 'uncertainty/ambiguity', the probabilities associated with the various outcomes are unknown (Roszkowski, Davey and Grable, 2005).

The concept of risk taking was described in different ways by different authors. The willingness to take risk is linked to the predisposition of the subject itself (Baird and Thomas, 1985). Fuller (1988) emphasized that risk-taking is not only under the control of conscious decision making, but more often, arises out of the individual’s conditioning history, and this is often accompanied by the illusion of conscious involvement. Alexander, Kim, Ensminger, Johnson and Smith (1990) defined risk-taking as behaviors which threaten health and life. Bell and Bells (1992) explained that risk-taking includes only volitional behaviors in which outcomes remain uncertain with the possibility of an identifiable negative health outcome. Trimpop (1994) stated that risk-taking is any consciously, or non-consciously, controlled behavior with a perceived uncertainty regarding its outcomes, and/or about possible benefits or costs for the physical or psycho-social well-being of oneself or others. According to Zuckerman (1994), risk is the appraised likelihood of a negative outcome for behavior. Lightfoot (1997) defined risk-taking behaviors as volitional,
purposive, goal-oriented and carry potential for harm. He further emphasized that taking risks is a natural and necessary part of growing up and risks are declarations of the self, worn like badges of autonomy, defiance, or group membership. Leigh's (1999) identified risk-taking as those behaviours that involve some potential for danger while also providing an opportunity to obtain some form of reward seems more appropriate. These two dimensions imply that an individual’s evaluations of risk/risk-taking may not occur along a single bipolar dimension (e.g. gain or loss), but may rather be subject to multiple modes of evaluation (e.g. gain and loss). Byrnes et al. (1999) defined risk-taking as, ‘the implementation of [goal directed] options that could lead to negative consequences’. Risk-taking has been considered a personality characteristic, a learned behavior and a developmental area (Greene et al, 2000). Risk-taking has currently been described by different aspects (risky and protective factors) and by various researchers in the literature. Risk-taking has various dimensions such as health, academic life, sports, etc. (Karaman and Cok, 2007).

Risk taking is a part of broader aspect of decision making, where one has to take risk for solution of his problems. Risk taking is part of life, but people differ in their risk taking propensity. There are individuals who take very risky decision in a particular situation, while others tend to avoid risks. Some people enjoy risky pursuits while others detest such activities (Szrek, Chao, Ramlagan and Peltzer, 2012). The latter very cautiously thinks and weighs the situation before taking decisions. The former on the other hand do not care much about what may follow in the event of future failure. They are more concerned with the benefits that would occur if they are successful in their enterprise. People of this kind have, what may be called, risk taking behaviour (RTB). Risk taking behaviour is the voluntary participation in behaviors that contain, or are at least seen to contain, a significant degree of risk. Risk-taking behaviour (RTB) is viewed as behaviour that possesses the chance or possibility of bad consequences or loss. Various scholars view risk-taking behaviours as tendencies that depend on social and environmental factors such as family, peers, school, community, and cultural belief systems (Dietrich, 2003). Risk taking has often been thought to be a heritable trait most prevalent in males due to way they perceive the risk (Cook and Bellis, 2001).

There have been arguments among researchers in personality psychology, decision research, economics, and other fields regarding the concept of defining and measuring
risk taking behaviour. Behavioral decision researchers in psychology and economics have studied risk-taking behavior experimentally. These studies typically provide respondents with choices between monetary gambles or between gambles and “sure” choice options. An individual is said to avoid risk, if he/she is showing preference for a sure choice option over a gamble, when the sure option pays less than the expected value of the lottery (Johnson, Wilke and Weber 2004). But the limitation of these studies was that risk-attitudes observed in gambling studies may generalize only to gambling behaviour outside the lab and risk taking in gambling tasks does not generalize across domains (Slovic, 1964).

Risk taking has traditionally been viewed as an enduring, stable and domain-invariant construct in behavioural decision making and personality psychology research (Eysenck and Eysenck, 1977; Kahneman and Tversky, 1979; Paunonen and Jackson, 1996). At that time, researches did not highlight risk taking across domains but rather examined the relationship between risk taking and other personality traits in one specific domain. Risk-taking was usually viewed as a single personality trait similar to impulsiveness (Eysenck and Eysenck, 1977). Later on, the single-trait view of risk taking has been replaced by recognition of distinct risk-taking components. These studies have tried to explain the apparently multidimensional nature of risk taking by looking for risk-taking sub traits and have explored the relationship between risk-taking and constructs such as sensation seeking (Himelstein and Thorne, 1985; Franken, Gibson and Rowland, 1992; Hansen and Breivik, 2001). Initially researches on risk taking behaviour focused mainly on the issues like drug and alcohol abuse, promiscuous sexual activity, smoking, reckless driving, gambling, participating in dangerous sports, active or passive risk-taking (McCormick, 1993; Andrew and Cronin, 1997; Leigh, 1999; Zuckerman and Kuhlman, 2000; Carlin and Robinson, 2009, Keinan and Meyer, 2012) or taking part in crime (Horvath and Zuckerman, 1993). Although many risky behaviours are the products of immediate environmental influences (Mishra and Lalumiere, 2010), yet personality traits like impulsivity, sensation-seeking and low self-control may lead people to more often encounter situations that facilitate risk-taking (Zuckerman, 2007). Thus decision researchers, cognitive psychologists and economists, have continued to assume that risk attitude is a unidimensional trait that can be assessed by observing preferences for monetary gambles, with only some work acknowledging the possible domain specificity of risk-taking behavior. Personality researchers have continued to search for personality
correlates of risk taking. Neither group has been particularly interested in studying the risk taking in different situations and different domains (Weber et al., 2002; Johnson, Wilke and Weber, 2004).

Some researchers have taken a different approach, exploring the extent to which risk taking behavior must be treated in a domain-specific manner to understand apparently inconsistent risk propensities (tendencies) across domains. Some researchers found that decision domains in which respondents have shown different degrees of risk taking and different perceptions of risks and benefits include gambling, financial investing, business decisions and personal decisions (MacCrimmon and Wehrung, 1990). Horvath and Zuckerman (1993) examined people’s propensities to take physical, ethical, financial, substance abuse, and status loss (social) risks, as well as their appraisals of risk in those domains. They found significant correlations between risk appraisals and risk taking in all domains, but they found significant correlations between sensation seeking and risk taking in only some domains (sports) and not others (financial risk taking). In the similar vein, work done by Weber (2002) and collaborators in the area of risk taking was found to be path breaking which represents an important development in this field and introduced a new stream which emphasized the combination of situational and individual approaches to risk propensity through consideration of individual responses to different risk domains. They maintain that both general (e.g. sensation-seeking) and domain-specific (e.g. perceived risk) risk propensities are possible. They have argued that risk taking can be better understood in a risk-return framework, in which risk taking is a function of the perceived risk of the action or choice option (perceived riskiness as a variable that can differ between individuals and as a function of content and context), its expected benefits, and the decision maker’s attitude toward perceived risk (Weber, 2001; Weber and Millman, 1997). They decompose observed behavior (i.e., apparent risk taking) into an evaluation of benefits and risks as well as a trade-off between perceived benefits and perceived risks, with a person-specific willingness to trade off units of returns for units of risk (i.e., attitude towards perceived risk). This provides for multiple ways in which characteristics of the decision maker and/of the situation can affect choices under risk. Risk-return models assume risk-taking to reflect a trade-off between perceived risk (fear) and expected return (hope):

$$\text{Risk-Taking Preference}(X) = a \times (\text{Expected Benefit}(X)) + b \times (\text{Perceived Risk}(X)) + e$$
Where $a$ represents the marginal effects of expected benefits of $X$ on the risk-taking preference, $b$ represents the marginal effects of perceived risk of $X$ on the risk-taking preference and $e$ is the error term (Weber, 2001).

It was also asserted that apparent risk taking by the same person in two situations might differ, for example, because the decision maker perceives the risks and benefits to differ in magnitude in the two domains (e.g., in a recreational vs. a financial decision), while his or her attitude towards perceived risk is basically the same for both domains (Weber and Milliman, 1997). Empirical investigations have shown systematic individual, group, and cultural differences in perceptions of the riskiness of risky choice options (Bontempo, Bottom and Weber, 1997; Weber, 1988). A smaller number of studies have also documented group differences in the perception of perceived benefits (e.g., Johnson, Wilke and Weber, 2004). Thus, the domain-specificity of risk taking thus seems to arise primarily from differences in the perception of the risks (and possibly benefits) of choice alternatives in different content domains, while the trait (or true attitude towards risk) that shows consistency across situations lies in the evaluation of risk (as it is perceived) as something that is either desirable (i.e., worth giving up units of return for) or undesirable (i.e., something that needs to be compensated by units of return) (Weber, 2001). Current studies showed that personal decisions can be broken down into smaller categories that differ in associated goals and concerns (Weber, Ames and Blais, 2005) such as health/safety (e.g., seatbelt usage, smoking), social (e.g., confronting one’s coworkers or family members), and ethical decisions (e.g., cheating on an exam, terminating a comatose family member’s life support). Therefore, RTB is seen as likelihood of the participants to engage in risky behaviours in different life domains i.e. recreational, health, social, ethical and financial domains (Weber, 2002).

The theoretical risk-return trade-off framework and the diverse set of determinants of decision under risk, Weber, Blais, and Betz’s (2002) developed a risk-taking scale, the Domain-Specific Risk-Taking (DOSPERT) Scale. This scale allows for an assessment of the relative contributions of individual, group, and domain differences in risk perception, perception of benefits or returns, and attitude toward perceived risk, and the resulting differences in risk taking. The DOSPERT assess both conventional risk-attitudes (apparent risk-taking i.e. risk-taking preference) and perceived risk-attitudes in five domains namely, Health/Safety, Recreational, Financial, Ethical and Social.
decisions. The conventional risk-attitude is defined as people’s stated level of risk-taking and perceived risk-attitude is defined as the willingness to engage in risky behaviour as a function of its perceived risks (Weber, 2002). Therefore, the scale measures both individuals’ propensity to engage in risky activities and their perceive risk and expected return of these activities, making it possible to study the relationship between apparent risk-taking and risk-perception (Weber, 2002). Their work has shifted the standard psychological assessment of risk taking, in which people were seen as generally risk seeking or risk averse, towards a notion that risk taking is actually domain-specific (Horvath and Zuckerman, 1993; Zuckerman and Kuhlman, 2000; Blais and Weber, 2001). This new perspective better accounts for inter- and intra-individual differences in risk propensity and allows the systematic exploration of differences between content domains (Hanoch, Johnson, and Wilke, 2006; Kruger, Wang and Wilke, 2007).

![Figure 1.6- Components of Risk-Taking Behaviour (Weber, 2002)]
In nutshell, risk-taking behaviour has been defined as a construct that helps us to predict behavior and determine why people make the choices they do. Risk is a necessary part of any individual's life. One must make decisions on a daily basis about what activities may be risky and whether or not to engage in them. In the last several decades, the study of risk assessment has become a relevant and salient topic in many different aspects. Studies showed that it is possible to be risk seeking in some areas of one's life and risk averse in others while having a relatively consistent view of risk. People who are inconsistent in their approaches to risk in different risk domains can be regarded as lacking a strong propensity either to take or avoid risks. These individuals can be seen as likely to take risks in some situations, but not others. The domains in which they take or avoid risks could vary depending on the demands of situations, or could be consistent – a finance trader might take risks routinely at work, but avoid risk when making family, leisure and personal finance choices.

Moreover, there could be gender differences in risk taking. A study comparing risk perceptions of men and women found that men, especially white males, perceive risks to be lower than women and non-white men (Finucane et al., 2000). Studies (Weber et al. 2002; Johnson et al. 2004 and Hanoch et al. 2006) showed that subjects take different levels of risk depending on the domain they have to make the decision; i.e. subjects who engage in high recreational risk (sports & leisure domain) do not need to be derivatives traders (financial domain). The results of all studies suggest that risk taking is highly domain specific (Nosic, 2009).

Thus, risk-taking behaviours are common to everyone; however the level to which risk is taken varies drastically from person to person. Risk-taking is a broad term that can be defined in many different ways. It can be described as the propensity to risks in different categories such as taking risks in finances, ethics, social situations, health and recreation (Lang, 2011). Dohmen and Falk et al. (2009) also found similar domain specificity with highly significant correlations across domains. Most previous risk studies have investigated the impact of socio-economic characteristics such as gender, age, education, or income on risk preferences (Donkers et al., 2001; Weber et al., 2002; Eckel and Grossman, 2008) who compared risk preferences with respect to financial, health/safety, recreational, ethical, and social risks and found that degree of risk-taking depends strongly on the type of risk. Previous research has found that females are more risk averse than men (Weber et al., 2002; Eckel and Grossman,
They also found that women are significantly more risk averse than men with respect to the economic issues, high-cholesterol foods and bungee jumping. Risk taking has often been thought to be a heritable trait most prevalent in males due to way they perceive the risk (Cook and Bellis 2001). Ogunyemi and Mabekoje (2007) examined risk-taking behaviour as important predictor of personal growth initiative. Foster, Shenesey and Goff (2009) examined the roles of perceived risks and benefits of risky behaviours. Wang, Kruger and Wilke (2009) adopted an evolutionary perspective to study the general effects of socio-demographic factors on risk taking and found that the effects of life-history variables on risk-taking propensity were domain specific, except for the expected sex difference, where men predicted greater risk-taking than women in all domains. Males also perceived less inherent risk in actions than females across the five domains. Older respondents showed lower risk propensity in both between- and within-group competition. Parenthood was found to reduce risk-taking propensity in within- and between-group competitions. Morsunbul (2009) investigated that attachment style affects person’s coping styles and risk taking behaviors in various situations and found gender difference in risk-taking i.e. women are less risk taking than men and revealed that parenthood seemed to reduce risk taking. Some studies have found that there is a direct correlation between age, seniority and willingness to take risk. The older and more senior a person is, the less likely they are to take risk. Assessing the risk of an individual can be a tricky subject as there are many factors that can influence an individual’s decision (Franco and Angela, 2010). Mishra and Lalumiere (2011) studied the individual differences in risk-propensity through association between personality and behavioural measures of risk. Thus, it can be said that in order to grow and become a better person, a person has to take decisions involving risks in different life domains. Besides risk or decision-making, physical as well as mental health of the individual play a significant role in taking initiative for personal growth and intentionally engage in growth process.

1.5 Construct of Mental Health

The term ‘Health’ is a broad concept. In the past, health was considered to be merely the absence of disease. A person was considered to be healthy and looking good if he had no physical signs of disease or disability. Throughout human history, there have been three conceptions of health (Keyes, 2007) i.e. (i) Pathogenic Approach (health
was considered as absence of disease/disability); (ii) Salutogenic Approach (health as presence of positive state of human capacities); and (iii) Complete State Model Approach (health as both positive state of human capacities and absence of infirmity).

1 Approaches to Mental Health

Pathogenic Approach
Pathos means suffering or emotion evoking sympathy. Health was considered as absence of disease, disability and premature death.

Salutogenic Approach
Popularized by Antonovsky, Carl Rogers & Abraham Maslow. Derived from the Greek word Salus means health. Health as presence of positive state of human capacities and functioning in thinking, feeling and behaviour.

Complete State Model Approach
Derived from hale meaning whole or strong. Health is both positive state of human capacities and functioning as well as absence of disease or infirmity.

Figure 1.7- Different Approaches to Mental Health (Source: Keyes, 2007)

But nowadays health has been recognized as much more than just looking good. Health is basically comprised of five different dimensions viz. physical health, social health, mental health, emotional health and spiritual health. Each dimension of health interacts with and affects the other dimensions. In 2003, the World Health Organization (WHO) defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. This definition provides a comprehensive and holistic understanding of the concept of health including and supported by three interconnected areas i.e. physical, mental and social health based on two basic assumptions

a) There is no health without mental health
b) Health cannot and should not be viewed as merely the absence of illness or disease; but rather as ‘a state of positive physical, mental and social well-being’

Thus health is a broader concept including physical, social and mental health. Mental health has been reported as an important factor influencing individual’s various behaviour, activities, happiness and performance. Mental health is a state of mind in which the individual can experience sustained joy of life while working productively, interacting with others meaningfully, and facing up adversities without losing the capacity to function physically, psychologically and socially. Mental health is a
fundamental element of the resilience, health assets, capacities and positive adaptation that enable people both to cope with adversity and to reach their full potential and humanity (Kumar, 2005).

For decades, mental health has been defined as merely the absence of mental illness. It has been hypothesized that both, mental health and mental illness, were opposite poles of a single dimension and indicating that the presence or absence of mental illness implies the presence or absence of mental health, and vice versa. Most studies related to mental health to date have mainly focused on the negative aspects of human life by trying to find out what is going wrong with the people and whether and how mental illness can be prevented and treated (Stahl, 2012). Thus, mental health has long been described as the absence of psychopathology (Lamers and Westerhof et al., 2011) and it was not studied through a combined assessment of mental health and mental illness, was just absence of mental disease (Satrofer, 2010). It has been lamented by many researchers including Maslow and Jahoda about how and why psychology had gone wrong by studying only negative behaviours and avoiding the positive aspects of human behaviour and little attention has been directed towards questions such as what is going right with the people and what makes them feel mentally healthy.

In recent years, the concept of mental health has changed. Researches brought to light that both the presence of positive mind and the absence of mental illness together constitute mental health. In order to be “completely” healthy one must have a positive mind and be free from mental illness (Satrofer, 2010). Researchers suggested that mental health consists of two dimensions: mental health problems (mental illness, psychiatric morbidity eg. depression, anxiety, insomnia, schizophrenia etc.) and positive mental health (mental well-being which includes life satisfaction, positive relations with others and purpose in life). Good mental health is therefore more than the absence of mental illness (Parkinson, 2007). There is nevertheless a long history of research into positive aspects in the field of mental health including several models.

In 1958, Marie Jahoda wrote Current Concepts of Positive Mental Health, a book usually considered to be the first on positive mental health. Jahoda writes, “Knowledge about deviations, illness, and malfunctioning far exceeds knowledge of healthy functioning”. In her work, she identified six concepts associated with positive mental health.
a) Attitude toward the self;
b) Development of self-actualization;
c) Integration of psychological functioning;
d) Autonomy;
e) Accurate perception of reality; and
f) Environmental mastery

The Surgeon General, David Satcher (U.S. Department of Health and Human Services) conceived of mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and to cope with adversity”. In the same vein, Valliant (2003) described six different conceptualization of positive mental health as

i. Mental health as above normal, as an ideal state of complete functioning;
ii. Mental health as positive psychology and positive personal qualities such as love and wisdom;
iii. Mental health as healthy adult development;
iv. Mental health as social-emotional intelligence;
v. Mental health as subjective well-being; and
vi. Mental health as resilience and coping.

The models of Jahoda (1958) and Vaillant (2003) share the same assumption that mental health is best conceived as a multidimensional phenomenon. Mental health encompasses the abilities to develop emotionally, psychologically, intellectually, socially and spiritually (Barry and Jenkins, 2007). Although the definitions of mental health vary, mental health is generally seen as including emotion (affect/feeling), cognition (perception, thinking, reasoning), social functioning (relations with others and society) and coherence i.e. sense of meaning and purpose in life (WHO, 2004). It includes concepts such as resilience, a sense of mastery and control, optimism and hope as well as our ability to initiate and sustain relationships and to play a part in our social world.

Many researchers believe that mental health should be defined not solely in terms of the absence of illness but as a complete state. Prior conceptualizations of mental health are characterized by a lack of comprehensiveness; health and its impacts have been studied separately and piecemeal (Keyes and Grzywacz, 2005). No one has
studied aggregated notion of mental health, because researchers investigated variation in the quantity of specific facets of well-being that are symptoms of mental health. The researchers and scholars studied different dimensions of well-being i.e. emotional, social and psychological well-being independently (Keyes and Lopez, 2002). But Keyes emerged as one of the most active contributors in the field of mental health who suggested an aggregated notion of mental health and its assessment.

Keyes has conducted numerous studies to determine whether and how mental health and mental illness are related. He has found that these two concepts are related, but belong to two distinct continua, and that mental health therefore should be seen as a complete state which can be best explained by a two continua model (Keyes, 2002 and 2005). The two continua model of mental health states that positive mental health is related to, but different from mental illness (Keyes, 2005). An individual experiencing many symptoms of psychopathology has a higher chance on experiencing low well-being, such as few positive emotions, low life satisfaction, or decreased functioning in individual or social life. However, this relation is not perfect. An individual may be suffering from mental illness and have a relatively high positive mental health at the same time. On the other hand, the absence of psychopathology is neither necessary nor sufficient to ensure an individual lives a productive, fruitful and actualized life (Lamers and Westerhof et al. 2011).

Figure 1.8- The Two Continua Model of Mental Health and Mental Illness
(Source: Keyes, 2002)
Mental health cannot be defined as merely the absence of something negative but also the presence of something positive. Mental health is considered as a syndrome of symptoms of both positive feelings and positive functioning in life (Keyes, 2002; Joshanloo and Nosratabadi, 2009; Stahl, 2012). Mental health like mental illness is defined as an emergent condition based on the concept of syndrome. A state of health, like illness is indicated when a set of symptoms at a specific level are present for a specified duration and this constellation of symptoms coincides with distinctive cognitive and social functioning (Keyes, 2001). During the last decennia, researchers have conceptualized, measured and studied measurement structure of mental health through the investigation of subjective well-being (Headey, Kelley and Wearing, 1993). Subjective well-being is individuals’ perceptions and evaluation of their own lives in terms of their affective states and their psychological and social functioning (Keyes and Lopez, 2002).

Several studies have been conducted in order to find out what composes mental health and results highlighted that it requires a combination of different forms of well-being in order to be mentally healthy. These various forms of well-being are emotional, psychological and social well-being which together makes up mental health. These three dimensions of well-being nicely fit the three core elements of the WHO (2004) definition of mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Keyes, 2007; Westerhof and Keyes, 2010). In other words, these three components i.e. well-being, effective functioning in individual life, and effective functioning in community life constitute mental health (Lamers and Westerhof et al, 2011). Thus, mental health may be operationalized as a syndrome of symptoms of an individual’s subjective well-being (Keyes, Shmotkin and Ryff, 2002) and three different aspects of subjective well-being are considered as the symptoms of mental health based on Keyes’ Model. To understand the concept of subjective well-being, a brief description of three facets is given below:

1.5.1 Emotional Well-Being

Emotional well-being has been operationalized as having positive feelings e.g. pleasure, interest and happiness and being satisfied with one’s life. It is generally seen as both a predominance of positive over negative affect (happiness) and a global
satisfaction with life (Diener, 1984); whereas the former is affective, the latter is cognitive in nature. In other words, if a person reports that his/her life is satisfying, that he/she is experiencing frequent pleasant affect (that she is infrequently experiencing unpleasant affect), he/she is said to have high emotional well-being (Diener and Lucas, 1999). Although each of the components of emotional well-being (life satisfaction, presence of positive affect, and absence of negative affect) reflects people’s evaluation of what is happening in their lives, they show some degree of independence. i.e., the empirical evidence suggests that the three components of emotional well-being are empirically distinct constructs (Diener et al. 2003, 2004). This aspect of subjective well-being is also reflected in WHO definition of mental health “as a state of well being in which individual (...) copes with normal stresses of life”.

1.5.2 Psychological Well-being

Psychological well-being describes the ambitions to realize one’s potential and corresponds to the concept of positive functioning in life given by Jahoda (1958). Keyes has taken psychological well-being as a domain of mental health on the basis of Ryff (1989) model of psychological well-being. Ryff developed a model of psychological well-being that comprises six dimensions based on the work of humanistic and lifespan psychologists, such as Jung, Maslow, Allport, Rogers and Erikson (Lamers and Westerhof et al. 2011). The dimensions included in this model are positive evaluations of one’s self and one’s past life (self acceptance), a sense of continued growth and development as a person (personal growth), the belief that one’s life is purposeful and meaningful (purpose in life), the possession of quality relations with others (positive relations with others), the capacity to manage effectively one’s life and surrounding world (environmental mastery) and the sense of self-determination (autonomy) (Ryff and Keyes 1995). These dimensions reflect the challenges that individuals encounter as they strive to function fully and realize their unique potentials and talents (Keyes 2006; Lamers and Westerhof et al. 2011). Thus, individuals are functioning well when they like most parts of themselves, have warm and trusting relationships, see themselves developing into better people, have a direction in life, are able to shape their environments to satisfy their needs and have a degree of self-determination (Keyes 2002). This aspect is also reflected in WHO definition where mental health is defined as “a state of well-being in which the individual realizes his or her own abilities...”.

34
1.5.3. Social Well-being

Keyes (1998) believes that in order to understand optimal functioning and mental health, there is need to investigate optimal functioning in community life in addition to assessment of optimal functioning in private and personal life because individuals
remain embedded in social structures and communities, and faces countless social tasks and challenges. This is also reflected in WHO definition of mental health as “a state of well-being in which the individual (...) can work productively and fruitfully, and is able to make contribution to his or her community”. Therefore, Keyes (1998, 2002) developed a model of social well-being based on the work of sociologists such as Durkheim and Marx.

Keyes (1998) measure of social well-being operationalizes how much individuals see themselves thriving in their social life. Social well-being focuses on the individuals’ evaluations of their public and social life. It indicates whether and to what degree individuals are functioning well in their social world (Joshanloo and Nostarabadi 2009). It comprises to have a vision of one’s community, participate in it and have a feeling of membership. This reflects the subjective view of working effectively in the community (Westerhof and Keyes 2008; Strofer 2010). The multidimensional model of social well-being suggested by Keyes (2002) included Social integration which is the evaluation of the quality of one’s relationship to society and community. Integration is therefore the extent to which people feel they have something in common with others who constitute their social reality (e.g., their neighborhood), as well as the degree to which they feel that they belong to their communities and society. Social contribution is the evaluation of one’s value to society. It includes the belief that one is a vital member of society, with something of value to give to the world. Social coherence is the perception of the quality, organization, and operation of the social world and it includes a concern for knowing about the world. Social coherence is analogous to meaningfulness in life, and involves appraisals that society is discernible, sensible, and predictable. Social actualization is the evaluation of the potential and the trajectory of society. This is the belief in the evolution of society and the sense that society has potential that is being realized through its institutions and citizens.

Social acceptance is the construal of society through the character and qualities of other people as a generalized category. Individuals who illustrate social acceptance trust others, think that others are capable of kindness and believe that people can be industrious. Socially accepting people hold favorable views of human nature and feel comfortable with others (Keyes 1998, 2005a).
From the above discussion, it can be said that although each dimension of subjective well-being represents an important domain of study in itself, but Keyes (2002, 2006) has proposed that these scales collectively measure the presence or absence of mental health. Thus, mental health is defined as the presence of emotional, psychological and social well-being (Keyes 2002) and is in agreement with the definition of mental health as given by WHO (2004). The presence of mental health—a condition described as Flourishing in life—is defined as a state in which an individual feels positive emotion towards life and is functioning well psychologically and socially. Flourishing individuals have an enthusiasm for life and are actively and productively engaged with others and in society (Keyes, 2003). Thus, someone who scores high on positive emotion, positive psychological functioning and positive social functioning is labeled as flourishing (Westerhof and Keyes, 2008). On contrary, the absence of mental health—a condition described as Languishing in life—is defined as a state in which an individual is devoid of positive emotion toward life and is not functioning well psychologically and socially (Keyes, 2003). Thus, someone who scores low on positive emotion, positive psychological functioning and positive social functioning is labeled as languishing. Such individuals experience “emptiness, quite despair and stagnation” describe themselves and life as ‘hollow’, ‘empty’, ‘a shell’ and ‘void’ (Keyes, 2003; Keyes et al., 2008, Westerhof and Keyes 2008). Finally, individuals who score between the two extremes i.e. neither flourishing nor languishing in life are describes as moderately mentally healthy. Thus, mental health exists on a continuum and it goes from flourishing (complete mental health) to languishing (incomplete mental health).

Hence, it can be said that mental health is not only the absence of disease but presence of something positive in life. Good mental health is more than the absence of mental illness (Parkinson, 2007). It is taken as a syndrome of symptoms of subjective well-being i.e. presence of emotional well-being, social well-being and psychological well-being. Numerous studies have been conducted related to mental health. In the present work, relationship of personal growth initiative with mental health was investigated because very few studies were investigating this type of relationship (Robitschek and Kashubeck 1999; Ogunyemi and Mabekoje 2007; Robitschek and Keyes 2009).
1.6 RATIONALE OF THE STUDY

Education is the chief and the most important means of progress of the civilization. It plays a decisive role in building a world where people and society reach their fullest potential. University is a place to acquire new knowledge and also a place for mental, social, spiritual and personal development. Students in these tertiary institutions are manpower of any society and they are the hope and maker of their own country and society and viewed as leaders of tomorrow. Students in higher educational institutions are saddled with a lot of responsibilities and challenges (Imonikebe, 2009), so it becomes imperative to study the “conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions” (Gable and Haidt, 2005) and to focus on developing positive trait among students. For this, such type of researches should be promoted which lay emphasis on virtues, positive aspects, beliefs and strength based characters as these plays a vital role in healthy educational institutions as well as healthy communities.

In personal as well as in academic life of students at university level, their beliefs, decision-making, growth orientation and mental health play a significant role. So there is a need to explore such constructs that help students to a lead quality life, adopt novel behaviours, modify attitude, change viewpoint and manage with their surroundings in a more adaptive manner. The economic situation of countries and the global competition in almost all facets of human endeavor call attention of psychologists, social workers, educators and researchers generally, to the need to continuously search for dynamic variables in the personality that can enhance human resource development. These variables may include intelligence, motivation, self concept, knowledge, self efficacy, mental health, decision-making, self-esteem, emotional intelligence, initiative, spiritual intelligence, personal development etc.

The study is very significant in present scenario because too many students face classrooms that do not provide learning experiences focusing on their strengths, their needs for appropriate challenge and the importance of developing initiative in our youth (Buck, Carr and Robertson, 2008). As Larson (2000) stated succinctly, “a generation of bored and challenge-avoidant young adults is not going to be prepared to deal with the mounting complexity of life and take on the emerging challenges of the 21st century”. One of the major goals of education should be development of initiative, self-beliefs, decision-making, self-discipline, well-being etc. in students as
these are among the most important qualities that employers are looking for in college and university students. In fact, these personal qualities are also necessary for students to achieve academic success in the current standards-based environment of education (Larson, 2000). This study would prove significant for motivating and exciting youth so that they will build up skills like motivation, critical thinking, problem solving, self-beliefs, life-long learning, self-learning etc. to deal with challenges for taking charge of their own lives and actions for becoming successful in the 21st century. This study would provide direction to students and youth to become motivated, socially competent, compassionate, decision-maker and psychologically vigorous adults (Buck, Carr and Robertson, 2008).

Keeping in mind above vital aspects related to personality, the current problem i.e. relationship of personal growth initiative with self efficacy, risk-taking behaviour and mental health among university post graduates has been taken up by the investigator. No doubt, studies related to self-efficacy, risk-taking behaviour and mental health have been conducted in India but studies related to PGI are very scant. It is found to be a promising avenue in present scenario because PGI propels individuals to continue seeking challenge and growth that can lead into the achievement of life goal and personal fulfillment (Robitschek, 1997). Prior researches related to PGI has demonstrated the relation of PGI and coping, career development, gender implications, physical health, well-being, hope, emotional intelligence, psychological distress etc. (Hardin, Weigold and Robitschek, 2007; Robitschek, 1998, 1999; Robitschek and Cook, 1999; Shorey, Little and Snyder, 2007; Whittaker and Robitschek, 2001). PGI was found to be positively associated with self-efficacy and risk-taking behaviour (Ogunyemi & Mabekoje, 2007). Moreover, Whittaker and Robitschek (2001) emphasized that PGI is a new construct and studies examining the influence of other variables on the development of personal growth initiative are needed. PGI also showed relationship with multiple domains of mental health and predicted mental health (Robitschek and Keyes, 2009) and recommended that further research can be conducted to study the impact of domains of mental health on PGI (Ogunyemi and Mabekoje, 2007 and Robitschek and Keyes, 2009). However, studies examining the relationship of PGI with self-efficacy, risk-taking behaviour and mental health have remained an un-explored area in India. It was also found that beliefs, knowledge and positive risk-taking (Kenealy and Herrick, 1990) and
psychological well-being (Ayub and Iqbal, 2012) are the constructs that make students to continue seeking challenges and give direction to achieve the goals in life. Moreover, Nicholas (2002) asserts that PGI is an important construct which play a dynamic role in economic growth of any nation and personal development of individuals. It was also suggested that studies related relationship of PGI with self-efficacy, risk-taking behaviour and mental health would help in boosting the beliefs, attitudes and values among students for social transformation of developing countries like ours. But the fact is that there is paucity of research on PGI and its relationship with other variables which made it difficult for the researchers to compare results with other related findings for generalization (Ogunyemi and Mabekoje, 2007). In addition, this study would be helpful in filling the gap in existing literature.

Researches all over the world indicated the importance of PGI, self-efficacy, risk-taking behaviour and mental health in contemporary time. Besides this, the current study is an attempt to validate the four research instruments i.e. Personal Growth Initiative Scale, Self-Efficacy Scale, Risk-Taking Behaviour Scale and Mental Health scale which are already standardized and very much in use at international level. The standardization of these scales would unlock novel path for the coming investigators and researchers to make use of these scales in their researches besides existing ones in Indian context. It is clear that there is lack of evidences to examine the relationship of personal growth initiative with self-efficacy, risk-taking behaviour and mental health among university postgraduates in India especially in Haryana. Thus, it is considered worthwhile to carry out the present problem.

1.7 STATEMENT OF THE PROBLEM

RELATIONSHIP OF PERSONAL GROWTH INITIATIVE WITH SELF EFFICACY, RISK-TAKING BEHAVIOUR AND MENTAL HEALTH AMONG UNIVERSITY POST GRADUATES

1.8 OPERATIONAL DEFINITIONS OF THE TERMS USED

Personal growth initiative- Personal growth initiative is an active and intentional engagement for bringing change in self and active seeking out of self-growth experiences. This change may be cognitive, behavioural, or emotional self change. PGI is a skill-set including both cognitive components i.e. Readiness for Change
and Planfulness and behavioural components i.e. Using Resources and Intentional Behaviour.

- **Self Efficacy**- General Self-Efficacy is “a general set of expectations that the individual carries into new situations”. It is a construct which describes personal competence to deal effectively with a variety of situations and an individual’s ability to effectively manage new situations, initiate effort and persist in the face of adversities across numerous domains. It represents willingness to initiate behaviour (initiative), willingness to expend effort in completing the behaviour (effort) and perseverance, persistence or determination in the face of adversity (Persistence).

- **Risk Taking Behavior**- It is defined as the behavioral intentions or the likelihood with which respondents might engage in risky activities/behaviors originating from five domains of life i.e. health/safety risk-taking, recreational risk-taking, ethical risk-taking, financial risk-taking and social risk-taking.

- **Mental Health**- Mental Health has been operationalized as a syndrome of symptoms of an individual’s subjective well-being. It is defined as a state of emotional, social and psychological well-being.

- **University Postgraduates**- University postgraduates are the students who are pursuing their postgraduate degree in any of university department in the age range of 20-24 years or above.

### 1.9 RESEARCH QUESTIONS

Framing research questions is of great significance in research as it provides direction to the researcher. For the present study, the investigator has formulated following research questions:

1. How personal growth initiative is associated with self-efficacy, risk taking behavior and mental health among university postgraduates?
2. To what extent each independent variable (i.e. dimensions of self-efficacy, risk-taking behavior and mental health) is having impact on total personal growth initiative and its four domains?
3. What is the combined impact of self efficacy, risk taking behavior and mental health on personal growth initiative among university postgraduates?
1.10 OBJECTIVES OF THE STUDY

On the basis of the review of related literature, following objectives were framed for the study-

1. To identify the different levels of Personal Growth Initiative, Self-Efficacy, Risk-Taking Behaviour and Mental Health among university postgraduates.
2. To compare differences in various aspects of PGI, self-efficacy, risk-taking behaviour and mental health among university postgraduates in demographic profiles.
3. To study the relationship of personal growth initiative with self-efficacy and to find out the impact of self-efficacy on personal growth initiative on total PGI and its four dimensions among university postgraduates.
4. To study the relationship of personal growth initiative with risk-taking behaviour and to find out the impact of risk-taking behaviour on personal growth initiative on total PGI and its four dimensions among university postgraduates.
5. To study the relationship of personal growth initiative with mental health and to find out the impact of mental health on personal growth initiative on total PGI and its four dimensions among university postgraduates.
6. To examine the combined impact of self-efficacy, risk-taking behaviour and mental health on personal growth initiative among university postgraduates.
7. To develop a model for personal growth initiative, self-efficacy, risk taking behavior and mental health on the basis of causal relationship among university postgraduates.

1.11 HYPOTHESES OF THE STUDY

Keeping in mind the objectives of the study, following hypotheses were formulated:

Hypotheses Related to Comparison in Different Aspects of Personal Growth Initiative among University Postgraduates in Demographic Profiles

Ha1: There exists a significant difference among university postgraduates in different aspects of Personal Growth Initiative with respect to age groups.

Ha2: There exists a significant difference among university postgraduates in different aspects of Personal Growth Initiative by gender.
There exists a significant difference among university postgraduates belonging to urban and rural area in different aspects of Personal Growth Initiative.

There exists a significant difference among university postgraduates of four faculties in various aspects of Personal Growth Initiative.

Hypotheses Related to Comparison in Different Aspects of Self-Efficacy among University Postgraduates in Demographic Profiles

There exists a significant difference among university postgraduates in different aspects of Self-Efficacy with reference to age groups.

There exists a significant difference between male and female university postgraduates in different aspects of Self-Efficacy.

There exists a significant difference among university postgraduates belonging to urban and rural area in different aspects of Self-Efficacy.

There exists a significant difference among university postgraduates of four faculties in various aspects of Self-Efficacy.

Hypotheses Related to Comparison in Different Aspects of Risk-Taking Behaviour among University Postgraduates in Demographic Profiles

There exists a significant difference among university postgraduates of two age groups in different aspects of Risk-Taking Behaviour.

There is a significant difference between male and female university postgraduates in different aspects of Risk-Taking Behaviour.

There exists a significant difference among university postgraduates belonging to urban and rural area in different aspects of Risk-Taking Behaviour.

There exists a significant difference among university postgraduates of four faculties in different aspects of Risk-Taking Behaviour.

Hypotheses Related to Comparison in Different Aspects of Mental Health among University Postgraduates in Demographic Profiles

There exists a significant difference among university postgraduates belonging to two age-groups in different aspects of Mental Health.
Ha14: There exists a significant difference among university postgraduates in different aspects of Mental Health by gender.

Ha15: There exists a significant difference among university postgraduates in different aspects of Mental Health with respect to locality.

Ha16: There exists a significant difference among university postgraduates belonging to four faculties in various aspects of Mental Health.

Hypotheses related to Relationship of PGI with Self-Efficacy and impact of self-efficacy on total PGI and its four dimensions

Ha17: There exists a significant relationship between total (overall) PGI and three dimensions of Self-Efficacy i.e. Initiative, Effort and Persistence among university postgraduates.

Ha18: All the four domains of Personal Growth Initiative viz. Readiness for Change, Planfulness, Using resources and Intentional Behaviour have significant relationships with three dimensions of Self-Efficacy among university postgraduates.

Ha19: All the three dimensions of Self-Efficacy have significant impact on overall PGI among university postgraduates.

Ha20: All the three domains of Self-Efficacy have a significant impact on ‘Readiness for Change’ dimension of PGI among university postgraduates.

Ha21: All the three domains of Self-Efficacy have a significant effect on ‘Planfulness’ dimension of PGI among university postgraduates.

Ha22: All the three dimensions of Self-Efficacy have a significant influence on ‘Using Resources’ domain of PGI among university postgraduates.

Ha23: All the three dimensions of Self-Efficacy have a significant influence on ‘Intentional Behaviour’ domain of PGI among university postgraduates.

Hypotheses related to Relationship of PGI with Risk-Taking Behaviour and Impact of RTB on total PGI and its four dimensions

Ha24: There exists a significant relationship between total (overall) Personal Growth Initiative and all the dimensions of Risk-Taking Behaviour among university postgraduates.
**Ha\textsubscript{25}:** The four dimensions of Personal Growth Initiative have significant relationships with all the five domains of Risk-Taking Behaviour among university postgraduates.

**Ha\textsubscript{26}:** All the dimensions of Risk-Taking Behaviour i.e. Health/Safety, Recreational, Financial, Ethical and Social have a significant impact on overall PGI among university postgraduates.

**Ha\textsubscript{27}:** All the domains of Risk-Taking Behaviour i.e. Health/Safety, Recreational, Financial, Ethical and Social have a significant impact on 'Readiness for Change' dimension of PGI among university postgraduates.

**Ha\textsubscript{28}:** All the facets of Risk-Taking Behaviour i.e. Health/Safety, Recreational, Financial, Ethical and Social have a significant impact on ‘Planfulness’ domain of PGI among university postgraduates.

**Ha\textsubscript{29}:** All the dimensions of Risk-Taking Behaviour i.e. Health/Safety, Recreational, Financial, Ethical and Social have a significant impact on ‘Using Resources’ domain of PGI among university postgraduates.

**Ha\textsubscript{30}:** All the dimensions of Risk-Taking Behaviour have a significant impact on ‘Intentional Behaviour’ domain of PGI among university postgraduates

**Hypotheses related to Relationship of PGI with Mental Health and impact of mental health on total PGI and its dimensions**

**Ha\textsubscript{31}:** There exists a significant relationship between overall PGI and all the dimensions of Mental Health i.e. Emotional Well-Being, Social Well-Being and Psychological Well-Being among university postgraduates.

**Ha\textsubscript{32}:** All the domains of Personal Growth Initiative i.e. Readiness for Change, Planfulness, Using Resources and Intentional Behaviour have significant relationships with all the three dimensions of Mental Health among university postgraduates.

**Ha\textsubscript{33}:** All the dimensions of Mental Health have significant impact on overall PGI among university postgraduates.
All the dimensions of Mental Health have significant impact on ‘Readiness for Change’ domain of PGI among university postgraduates.

Ha35: All the dimensions of Mental Health have significant impact on ‘Planfulness’ domain of PGI among university postgraduate students.

Ha36: All the dimensions of Mental Health have a significant impact on ‘Using Resources’ domain of PGI among university postgraduates.

Ha37: All the domains of Mental Health have significant influence on ‘Intentional Behaviour’ dimension of PGI among university postgraduates.

Hypothesis related to Combined Impact of Self-Efficacy, Risk-Taking Behaviour and Mental Health on Personal Growth Initiative

Ha38: All the dimensions of Self-Efficacy, Risk-Taking Behaviour and Mental Health have significant combined impact on Personal Growth Initiative among university postgraduates.

1.12 Delimitations of the Study

(1) The study was delimited to three State universities of Haryana i.e. Kurukshetra University, Kurukshetra; Maharshi Dayanand University, Rohtak and Chaudhary Devi Lal University, Sirsa.

(2) Only four faculties and eight departments underlying these faculties were taken which were common in all the three universities.

(3) A sample of 960 postgraduates from three universities (320 each) was taken for the study.

(4) The present study is delimited to the impact of self-efficacy, risk-taking behaviour and mental health on personal growth initiative among university postgraduates.

1.13 An Overview of Chapter-I

The chapter begins with the theoretical framework of the study. Then, the detailed descriptions of the constructs i.e. PGI, self-efficacy, risk-taking behaviour and mental health have been given. Afterward, rationale of the study, statement of the problem, operational definitions of the terms used, research questions, objectives, hypotheses and delimitations of the study have been illustrated by the investigator.


55


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