Chapter – 2
Review of Related Literature

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Chapter – 2
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2.1 Introduction:

Human life in its totality includes physical, mental and spiritual dimensions. It has a dynamic and functional nature and so it is related to the socio-cultural set up by means of activities. The wholesome evolutionary programme is a kind of sublimation of activities from gross dilution of physical to mental and to spiritual.

In this chapter historical and recent development, definitions, concept, various perspectives, principles, importance, adolescent’s and genders’ angle of mental health, need and characteristics of mental health were discussed in detail. The review of related literature and research conducted in the specific area of mental health, Emotional Intelligence and Spiritual Intelligence were also discussed. It includes brief review of the understanding attained through reading various books, articles, articles from journals and past investigated studies.

In the present chapter review of related presented into two parts:

(i) Theoretical review
(ii) Review of related literature

In the First Part Theoretical review of [A]. Mental Health [B]. Emotional Intelligence [C]. Spiritual Intelligence are presented.

[A]. Mental Health:

Introduction

The health of children all over the world in developing society is far from satisfactory. Fast life and living as a consequence of scientific methods and technological development and advancement has generated tension oriented life situation, threats generated by stressful condition of life has an unfavorable impact on the mental health and quality of life of the student in general. According to Aurobindo, the concept of health is essentially related to human existence where life is a goal-oriented programme and multi-dimensional evolutionary process. Human life in its totality includes physical, mental and spiritual dimensions. It has a dynamic and functional nature and so it is related to the socio-cultural set up by means of activities. The wholesome evolutionary programme is a kind of sublimation of activities from gross dilution of physical to mental and to spiritual. In this chapter
historical and recent development, definitions, concept, various perspectives, principles, importance, adolescent’s and genders’ angle of mental health, need and characteristics of mental health were discussed in detail. The review of related literature and research conducted in the specific area of mental health were also discussed. It includes brief review of the understanding attained through reading various books, articles, articles from journals and past investigated studies.

Good mental health is not merely an absence of illness or disorder but ‘includes a positive sense of wellbeing; individual resources including self-esteem, optimism, a sense of mastery and coherence; the ability to initiate, develop and sustain mutually satisfying personal relationships and the ability to cope with adversities’. Moreover, it is probably a common misconception to view mental health and mental illness as dichotomous. Rather, they may best be understood as different points on a continuum; a continuum one hastens to add, on which each and every one of us can be found at different points, at different times in our lives, for different reasons. Most people experience some small or large difficulties or problems at one time or another during the course of their life. This may cause an individual to endure stress and/or distress and possibly some physical or mental dysfunction. Mentally healthy people may not always be happy, every day and all of the time.

Everyone’s life will usually, inevitably, contain some discomfort or sorrow; yet also, paradoxically, very happy events, as well as the ‘usual’ sad life events, can trigger the subsequent appearance of minor physical and/or psychological ‘symptoms’ and/or dysfunction. Jahoda (1958) has identified categories within which concepts of mental health could be represented. He described these as follows:

- Mental health is indicated by the attitudes of the individual towards themselves.
- Mental health is expressed in the individual’s style and degree of growth, development or self-actualisation.
- Mental health is based on the individual’s relation to reality in terms of autonomy, perception of reality, environmental mastery
- Mental health is the ability of the individual to integrate developing and differing aspects of themselves over time.
2.2 History of Mental Health and Recent Development

History and recent development of mental health have been described by WHO and in other academic resources. It gives details on the related issues of the term ‘Mental Health’. In the middle of nineteenth century, Sweetzer was the first to clearly define the term “mental hygiene”, which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences, which would inhibit or destroy its energy, quality or development. At the beginning of the 20th century, Beers founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States.

In 1948, the WHO was established and in the same year, the first International Congress on Mental Health took place in London. At the second session of the WHO’s Expert Committee on Mental Health “mental health” and “mental hygiene” were defined as follows:

“Mental hygiene refers to all the activities and techniques which encourage and maintain mental health. Mental health is a condition, subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in his social and physical environment”.

Significantly, the Dorland’s (1980) Medical Dictionary does not carry an entry on mental health, whereas the Campbell’s Dictionary of Psychiatry gives its two meanings: first, as a synonym of mental hygiene and second, as a state of psychological wellbeing.

The Oxford English Dictionary defines mental hygiene as a set of measures to preserve mental health and later refers to mental health as a state. These lexicographic concepts even so, more and more mental health is employed in the sense of a discipline (e.g., sections/divisions in health ministries or secretaries or departments in universities), with an almost perfect replacement of mental hygiene. In addition, given this polymeric nature of mental health, its delimitation in relation to psychiatry (understood as the medical specialty concerned with the study, prevention, diagnosis and treatment of mental disorders or diseases) is not always clear. There is a more or less widespread effort to set mental health at least aside from psychiatry and at most
as an overarching concept with encompasses psychiatry. After half a century of the mental health and almost a century of the mental hygiene movements, some developments can be perceived. On a more general level, the WHO’s very concept of health has been recently questioned; formulated half a century ago, it is no longer felt by some as much appropriate to the current situation. On the whole, mental health continues to be used both to designate a state, a dimension of health – an essential element in the definition of health – and to refer to the movement derived from the mental hygiene movement, corresponding to the application of psychiatry to groups, communities and societies, rather than on an individual basis, as is the case with clinical psychiatry. However, mental health is, quite unfortunately, still viewed by many as a discipline, either as a synonym of psychiatry, or as one of its complementary fields. A recent trend has been the addition of the qualifier public to either mental health or to psychiatry, as it can be seen in a WHO document entitled Public mental health, or in a journal named Psiquiatría Pública, published in Spain since 1989. This is very much in line with the concept of mental health as a movement rather than a discipline. In 2001, the WHO dedicated its annual report (The World Health Report - Mental health: new knowledge, new hope) to mental health. In the message from the WHO Director-General that opens that report, Brundtland summarizes the three main knowledge areas covered by the document: (a) effectiveness of prevention and treatment, (b) service planning and provision and (c) policies to break down stigma and discrimination and adequate funds for prevention and treatment. If one allows for the semantic variations between the beginnings of the 20th and the 21st centuries, the same concerns of the origins of the mental hygiene movement, discussed earlier on, can be found in the mental health content of the World Health Report. Perhaps the biggest difference between these two political platforms is the emphasis on the improvement of hospital care in the former (the only form of treatment available by them) and the contemporary emphasis on distancing mental health from psychiatric hospitals and placing it in the community. However, one must admit that, unfortunately, what was high in Beers’ agenda in 1909. Namely, an improvement in the standards of mental health care and an abolition of the abuses to which people with mental disorders are usually subject, are still a major concern of the most progressive and advanced agenda of people interested in the promotion of mental health around the world.
Mental Health: Meaning and Definition

The word ‘mental’ means ‘of the mind’. It describes your thoughts, feelings and understanding of yourself and the world around you.

The word ‘health’ generally describes the working order of your body and mind. So when we talk about ‘mental health’ we are referring to the working order of your mind. An individual possessing mental health can adjust properly to his environment and can make the best effort for his own, his family’s and his society’s progress and betterment.

The chief characteristic of mental health, it is evident, is ‘adjustment’. The greater the degree of successful adjustment, the greater will be the mental health of the individual. Lesser mental health will lead to lesser adjustment and greater conflict. The healthy individual can interpret any new situation and adapt it to suit him, or adapts himself to suit it. He maintains a healthy and positive attitude towards life. He is aware that difficulties visit everyone in life, so that running away from them is forwardness.

There is no perfect definition of mental health. Various psychologists defined mental health in different ways. Some definitions are as follows:

The Dictionary of Education has termed it as “The wholesomeness of the mind” analogous of the wholesomeness of the body implicit in physical health.

Accordingly, mental health is concerned with the health of one’s mind and its functioning in the same way as the physical health is concerned with the health of one’s physical organs and their functioning.

Definitions of mental health invariably include some value statement about how an individual should live his or her life; thus, there are almost as many definitions as there are psychological theories.

Sigmund Freud’s famous view that health is the capacity “to work and to love” is still widely accepted.

The World Health Organization (2005) defines 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”.

Waltin, (1951, p. 41) describes “Mental health concerns with the development of ‘wholesome’ balanced personality, one who does not comfort himself like a series of compartmentalized self, - honest on Sunday, dishonest on Monday, generous today,
crabbed tomorrow, reasonable and logical at times, at other times confused and inconsistent.”

“Mental health means freedom from disability and disturbing symptoms that interfere with mental efficiencies, emotional stability or peace of mind.”

Lewkan (1949, p. 68) describes, “Mentally healthy person is one who is happy, lives peacefully with his neighbors, makes his children healthy citizens and after fulfilling such basic responsibilities is still empowered with sufficient strength to serve the cause of the society in any way.”

Kulhen (1959), “Mental health is an adjustment which is relatively good enough if it reduce the tension created by the conflict of frustration and makes Constructive changes in the conditions causing the frustration.”

Ladell (1950), “Mental health means ability to make adequate adjustment to the environment on the plane of reality.”

Kuppuswamy (1971) “Mental health means the ability to balance feelings, desires, ambition and ideals in one’s daily life. It means the ability to face and accept the realities of life.”

Menninger (1967, p. 46) define, “Mental health as the adjustment of human beings to the world and each other with a maximum of effectiveness and happiness. It is the ability to maintain even temper, an alert intelligence, socially considerate behaviour and a happy disposition.”

According to WHO Expert Committee (1951), “Mental Health implies the capacity in an individual to form harmonious relations with others and to participate in or contribute constructively to changes in his social and physical environment. It also implies his ability to a harmonious and balanced satisfaction of his own potentially conflicting instinctive drives in that it reaches an integrated synthesis rather than the denial of satisfaction to certain instinctive tendencies as a means of avoiding the thwarting of others.”

Bhargava and Raina noted in their book Prospects of Mental Health, Sort rives (1983, p.61) stated that “mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and those of other people as also of the environment”. Park (1995) defined “Mental health is thus the balanced development of the individual’s personality and emotional attitudes which enable him to live harmoniously with the fellow men”.

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Singh (2000) defined, “Mental health as the ability to establish and care for loving relationships with relevant others, to discern and engage in rewarding work, to continually develop one’s understanding of self and relevant others, to discern and engage in rewarding work, to continually develop one’s understanding of self and relevant others, to meaningfully contribute one’s mite towards promotion of well-being of community to which one belongs without losing one’s identity, independence and autonomy and to think and behave with an adequate blend of objectivity and sensitivity in all kinds of situations which one happens to come across.”

Bhatia (1982) describes, “Mental health is a ability to balance desires, feelings, ambitions and ideals in one’s daily living. It may also be understood as the behavioral characteristics of a person.”

According to Kumar (1992, In Prospects of Mental Health, 2007, p. 2), “Mental health is an index which shows the extent to which the person has been able to meet his environmental demands – social, emotional or physical.”

Schneiders (1964) describes, “Mental health, as such, represents a psychic condition, which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person.”

In short, mental health is a functional process in which one can adjust himself, balance with others, harmony with environment, fulfill basic responsibilities and come out from conflict to make better personality and health.

On the basis of above definitions of mental health, investigator has decided various components for mental health scale. It is as follows,

1. Security-Insecurity
2. Adjustment
3. Emotional stability
4. Self concept
5. Autonomy
6. Managing Relation
7. Altruistic Behaviour
8. Value Orientation
9. Integrity
10. Managing Relation
After discussion of various definitions, concept of mental health is cleared.

 Characteristics of Mentally Healthy Person

Mental Health like physical health is also a condition. And this condition can be recognized by its characteristic features. Roughly speaking a mentally healthy individual would exhibit the following symptoms.

1. **Self – Evaluation:** A mentally healthy individual evaluating himself properly is aware of his limitations. He easily accepts his faults and makes efforts to rid himself of them. He introspects so that he may analyze his problems, prejudices, difficulties etc. and reduce them to a minimum.

2. **Adjustability:** It has been pointed out earlier also that one special characteristic of a mentally healthy individual is that he adjusts to a new situation with least delay and disturbance. He makes the fullest possible use of existing opportunities and adjusts to every new situation. He is aware of the fact that change is the principle of life. He is ever prepared for change and always finds some suitable mode of adjustment.

3. **Maturity:** Intellectual and emotional maturity is another peculiar sign of mental healthy individual. The mature mind is constantly engaged in increasing his fund of knowledge, behaves responsibly, expresses his thoughts and feelings with clarity and is prepared to sympathize with others feeling and view points. The healthy individual behaves like a balanced, cultured and sensible adult in all matters.

4. **Regular Life Habits:** Regular life habits are an important element in maintaining mental health. Forming proper habits in matters of food, clothing and the normal routines of daily life leads to their becoming systematic and regulated which is in the long run. A healthy person performs most of the common function of life with quick assurance and show of neutrality, without any other argument. Their life is a model of regularity, balance and measured calculation.

5. **Absence of Extremism:** Aristotle believed that the lacks excess in any and every directions and the principle that excess of anything is bad is golden ruled as far as mental health is concerned.
6. **Satisfaction from Chief Occupation**: For mental health it is essential that everyone should find satisfaction from his chief occupation, his vocation. Money is the result of work if one works only for it, that much time is obviously a waste. If a work interests an individual, it will yield more money, but at the same time, a proper illustration of time will bring an increase in his pleasure and happiness. In fact, if one works for interest and maintains it even in the events of a loss in trade or at least the pain of loss is considerably lessened.

7. **The ability to enjoy life** - The ability to enjoy life is essential to good mental health. James Taylor wrote, “The secret of life is enjoying the passing of time. Any fool can do it. There isn’t anything to it.” The practice of mindfulness meditation is one way to cultivate the ability to enjoy the present of course, one should need to plan for the future at times and also need to learn from the past. Too often we make ourselves miserable in the present by worrying about the future. Our life metaphors are important factors that allow us to enjoy life.

8. **Resilience** - The ability to bounce back from adversity has been referred to as “resilience”. It has been known that some people handle stress better than others. Why do some adults raised in alcoholic families do well, while others have repeated problems in life? The characteristic of “resilience” is shared by those who handle well with stress.

9. **Balance** - Balance in life seems to result in greater mental health. We all need to balance time spent socially with time spent alone, for example. Those who spend all of their time alone may get labeled as “loners” and they may lose many of their social skills. Extreme social isolation may even result in a split with reality. Those who ignore the need for some solitary times also risk such a split. Balancing these two needs seems to be the key – although we all balance these differently. Other areas where balance seems to be important include the balance between work and play, the balance between sleep and wakefulness, the balance between rest and exercise and even the balance between time spent indoors and time spent outdoors.

10. **Flexibility** - We all know people who hold very rigid opinions, no amount of discussion can change their views. Such people often set themselves up for added stress by the rigid expectations that they hold. Working on making our expectations more flexible can improve our mental health. Emotional flexibility may be just as important as cognitive flexibility. Mentally healthy people experience a range of emotions and allow themselves to express these feelings. Some people shut off certain
feelings, finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

11. Self-actualization - What have we made of the gifts that we have been given? We all know people who have surpassed their potential and others who seem to have squandered their gifts. We first need to recognize our gifts, of course and the process of recognition is part of the path toward self-actualization. Mentally healthy persons are persons who are in the process of actualizing their potential. In order to do this we must first feel secure.

A mentally healthy person shows homogenous organisation of desirable attributes, healthy values and righteous self-concept and a scientific perception of the world as a whole. Mental health presents a humanistic approach towards self and others. It is an important factor that influences an individual’s various activities, behaviour, happiness and performance.

Mental health includes how you feel about yourself and how you adjust to life events. However, the National Mental Health Association (2008) cites ten characteristics of people who are mentally healthy.

1. They feel good about themselves.
2. They do not become overwhelmed by emotions, such as fear, anger, love, jealousy, guilt, or anxiety.
3. They have lasting and satisfying personal relationships.
4. They feel comfortable with other people.
5. They can laugh at themselves and with others.
6. They have respect for themselves and for others even if there are differences.
7. They are able to accept life’s disappointments.
8. They can meet life’s demands and handle their problems when they arise.
9. They make their own decisions.
10. They shape their environment whenever possible and adjust to it when necessary.

❖ Mentally healthy people share some common characteristics:

- They are happy with themselves and their lives.
- They do not worry excessively about the future, but they do plan ahead.
- They do not spend time wondering what other people think or say about them.
- They are open and friendly and do not have any difficulty to meet new people.
- They are able to work at a job successfully and support themselves.
• They are able to get enough sleep.
• They are usually able to give a correct reading if asked to tell someone else’s mood or feelings.

❖ **How does the mentally healthy person feel about himself:**
• He/she feels good about himself
• He/she accepts self – although not self satisfied
• He/she can look into self and examine self
• He/she sees “self” in a realistic manner
• He/she is aware of his/her capabilities and limitations
• He/she does not over or underestimate him/herself
• He/she has self respect
• He/she possesses self esteem
• He/she self confident and self reliance
• He/she is able to adapt and adjust
• He/she works towards self realization
• Set goals that are realistic.

❖ **Adolescent and Mental Health**
This segment presents details of the Need of mental health for the Adolescents.
Mental health is an essential component of young peoples’ overall health and wellbeing. It affects how young people think, feel and act; their ability to learn and engage in relationships; their self-esteem and ability to evaluate situations, options and make choices. A person’s mental health influences their ability to handle stress, relate to other people and make decisions.
Many people experience mental health problems at some time during their lives. At least one in five children and adolescents may express a mental health problem in any year. However, in any given year, it is estimated that fewer than one in five of such children receives needed treatment.
When young people’s mental health problems go untreated, it can affect their development, school performance and relationships. The state of their mental health affects how they view themselves and others, how they evaluate and react to situations and what choices they make and actions they take. Because mental health problems can affect a young person’s judgment, in the rare case, emotional disturbances and mental disorders can be a risk factor for violence.
Adolescent mental health: the age concern

The onset of even a relatively mild mental health problem at the time of adolescent age can have profound effects on social, emotional, physical and cognitive development. Adolescence and young adulthood is a critical developmental period in the lifespan, particularly in terms of social and emotional wellbeing. Young people with mental health problems are unlikely to access mental health services and receive professional help, even when the problems are severe. Early intervention at the onset of the mental health problem aims to prevent the progression of the mental illness, hence minimize the impact on social, educational and vocational functioning. Adolescent age with emerging mental health problems can fall between the gaps of child & adolescent and adolescent & adult. The foundation of lifelong mental health is laid in the early years. Up to 50% of mental disorders have their onset during adolescence. Mental health problems can be identified in between 10% and 20% of young people, with higher rates among disadvantaged population groups.

WHO recognizes throughout the world that adolescents’ mental health is a necessary priority for the healthy development of societies. Child and adolescent mental health is central to the future development of low income countries throughout the world. Furthermore, the free and forced migration from Africa and other parts of the world affected by conflict brings to the shores of the United States and elsewhere youth who are unable to integrate into society because of mental health problems. The economic and social consequences are obvious and now well documented.

Need for mental health in adolescent

Major depressive period and health problem occurs among adolescents and young adults. Adolescence is a developmental phase during which several of the mental health disorders of adulthood appear. The diagnostic studies conducted during this phase offer a good opportunity to gain a thorough understanding of the development of various mental disorders. The study of mental health and disorders in adolescents has been a part of the research since long.

By this age mental illness such depression, anxiety, substance abuse, eating disorders and behavioural disorders suicidality, adjustment disorder and, later on, the anxiety disorders are likely to develop. This is highly a risk level age for such mental illnes. The foundation for good mental health is laid in the early years and society as a whole benefits from investing in children and families. Good mental health in childhood is a prerequisite for optimal psychological development, productive social relationships,
effective learning and ability to care for oneself, good physical health and effective economic participation as adults. There is growing evidence on the long-term value of promoting the positive mental health of children and young people, for example through the shaping of early childhood experience, through positive parenting and through effective educational services and school programmes. Schools and the community can play an important role in reaching youth and determining their level of mental health. Effective mental health promotion in educational and community settings in turn strengthens the core objectives of education and the youth sector.

- **Adolescent Health Status**
  - Young people have specific health problems and developmental needs that differ from those of children or adults. The causes of ill-health in adolescents are mostly psycho-social rather biological.
  - Young people often engage in health risk behaviours that reflect the adolescent developmental processes of experimentation and exploration.
  - Young people often lack awareness of the harm associated with risk behaviours and the skills to protect themselves.
  - Young people lack knowledge about how and where to seek help for their health concerns.
  - Young peoples’ health status is also strongly influenced by family, social and cultural factors as well as environmental hazards to which they may be exposed e.g.
    - i. Socio-economic status
    - ii. Cultural background
    - iii. Family breakdown
    - iv. Physical / sexual abuse and neglect
    - v. Homelessness

The leading causes of death and illness in the age group 12 – 24 years are:
Accidents and injuries – both unintentional and self-inflicted Mental health problems depression and suicide Behavioural problems – including substance abuse.

- **Schools, Teachers and Counselors**
A study of mental health of students is very necessary for teacher and for a school. If students are not mentally healthy then the classroom problems arise. When teacher
gives guidance, he should keep in his mind the mental health of students. At some point in time, all school-going adolescents tend to suffer from various anxieties such as examination stress, fear of failure, peer pressures, problems with teachers, adjustment problems in school, etc. Often, they are unable to speak about their problems to their parents, siblings, teachers and even friends. Assessment tool has a definite role to play in the diagnosis of such mental health. Hence, the scale can help schools, teachers and counselors with adequate referral linkages, especially with at the point of assessing the mental status. With the help of such scale, adolescent students can be directed with valid remedy.

- **Socio-economic and environmental factors**
  The importance aspect of securing the socio-economical and environmental factors of society in general and adolescence in particular is considered as a prime need. In this reference, the scale indeed is a vital tool to find and designate remedies to cure and restore the mental illness. Mentally healthy adolescents as a future citizens and stakeholders of the society can be easily perform the multiple and interacting social, psychological, and biological roles. The next in this line of discussion is associated with indicators of poverty, including low levels of education, and the situation of poor housing and poor income. Increasing and persisting socio-economic disadvantages for individuals and for communities are recognized risks to mental health. In such condition, finding of the scale can helps to limit the problems, which are raised due to poverty. The assessment of the findings of the scale can also help to find out the remedy for the vulnerability in experiencing the feeling of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health. A climate that respects and protects basic civil, political, socioeconomic and cultural rights is also fundamental to mentally healthy person, in such a area, the scale is equally helpful to find the remedies and to maintain a high level of mental health.

- **Mental health and behavior**
  This scale is also highly helpful in mental, social, and behavioral health problems. And this scale as a diagnosis tool can result in providing better remedies for behavior and well-being. As a result, such conditions like substance abuse, violence, and abuse of women and children on the one hand, and health problems such as depression, anxiety, conditions of high unemployment, low income, limited education, gender discrimination, social exclusion, unhealthy lifestyle, and human rights violations can be abolished. It is a matter of great relief that our educationists have begun to realized
the importance of mental health. ‘Feeling of insecurity’ and the ‘feeling of inferiority’
are the two great enemies of mental health. Knowledge of mental health and its
application helps us to meet these two enemies. A psychological approach is very
essential. Our attempts should be to provide suitable emotional, physical and
intellectual environments in which a child may have the ‘feeling of security’, ‘the
feeling of equality’ and ‘feeling of acceptance’. The child should feel that he is
wanted and his personality is respected and is given a suitable place.

One can identify the three important aspects or approaches in Mental Health, namely
the preventive, preservative and the curative approach. These different aspects can be
utilized for studying the aims and purposes of Mental Health. On the basis of the
aspects of Mental Health Crow and Crow have emphasized three major purposes of
Mental Health:

a. The prevention of mental disorders through understanding of the relationship that
   exists between wholesome personality development and life experiences.
b. The preservation of the mental health of the individual and of the group; and
c. The discovery and utilization of therapeutic measures to cure mental illness.

With the help of Mental Health Scale, one can classify the students in mentally
healthy-unhealthy groups. It is very important for planning health program. It also
helps to develop curriculum for mental health. It helps to give guidance to students
with multi dimension. It helps to do remedial program for students and achieve
desired goals. Rising evidence continues show an increase in the occurrence of mental
health problems among adolescents. Half of all lifetime cases of mental illness are
now recognized to begin by age 14 and three-quarters by age 24. Justification of
research in development of mental health refers to the actions taken to strengthen
mental health of adolescent. The need of the development of mental health assessment
scale can enhances capacity to take control of life and health. It also helps to take
charge of circumstances that affect mental health of adolescent, and participate in
decisions about their life and health. Such scale helps to bounce back from life’s
difficulties by enhancing defensive factors, reducing inequities and decreasing risk
factors for poor mental health. Looking at the social perspective, the scale takes a
positive perspective and promotes foundation of empowerment, helping society and
communities to recognize their strengths and determine their own destinies. And it
provides resources to enable this empowerment in a supportive environment.
Gender and Mental Health

Many developmental studies have examined the effect of age and gender as well as their interaction on the epidemiology of mental health and have consistently revealed that problems are less common in early adolescence than in late adolescence (Fleming and Offord, 1990, pp.571-80) and females experience higher rates of such problems than males (Sprock and Yoder, 1997).

i. Male’s Mental Health

The social expectations placed on men not to express their emotions and to be dependent on women for many aspects of their domestic life may contribute to high levels of distress among men when faced with situations such as bereavement. The social and religious expectation on men to bear the sole responsibility for providing financially for their families may also add to stress levels for males.

ii. Female’s mental health

Both genders are burdened by the tremendous personal and financial work that mental unhealthiness exacts, females suffer in higher numbers from certain conditions. Women are affected twice as often as men by most forms of depression and anxiety disorders, for instance and nine times as often by eating disorders.

In addition to these epidemiologic disparities, there are disparities between men and women in the ways mental health problems occur. All mental health disorders, including those such as schizophrenia and bipolar disorder that affect males and females equally, occur at different ages for women and men, exhibit different types and patterns of symptoms and require different treatment responses.

The implication of these epidemiologic and clinical differences are important tool for planning research programs and developing policy related to prevention, treatment and mental health services.

The World Health Organization

From its very beginning, the WHO has always had an administrative section specially dedicated to mental health, as an answer to requests from its Member States. The first Report of the WHO’s Director General, in its English version, refers to an administrative section called “Mental Health”. However, the French version of the same report calls it “Hygiène Mentale”. Well until the 1960s we find hygiène as the French translation of health in some WHO publications and in some instances we find also mental hygiene used interchangeably with mental health in the English version of
some documents. The volume no. 9 of the WHO’s series Public Health Papers was published in 1961 in English with the title Teaching of Psychiatry and Mental Health. In the preamble to the WHO Constitutions, it was stated that “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” a now widely quoted definition (WHO, 2001, p.4). This definition is clearly a holistic one, intended to overcome the old dichotomies of body vs. mind and physical vs. psychic. It is also a pragmatic one, as far as it incorporates into medicine a social dimension, gradually developed in Europe during the 19th century. It should be noted that mental, in WHO’s definition of health (as well as physical and social) refers to dimensions of a state and not to a specific domain or discipline. Therefore, according to this concept, it is incongruous to refer to physical health, mental health or social health. Should one wish to specify a particular dimension, the most appropriate noun to designate it should be wellbeing and not health (e.g., mental wellbeing or social wellbeing). This negligent use of the word health seems to have been also in operation when mental hygiene (a social movement, or a domain of activity) was replaced by mental health (originally intended to designate a state and later transformed in a particular domain or field of activity).

WHO’s vision on mental health

WHO’s vision shows strong need of the research and service in the field of mental health. The essential dimension of mental health is clear from the definition of health in the WHO constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health is an integral part of this definition. The goals and traditions of public health and health promotion can be applied just as usefully in the field of mental health. WHO has provided many observations and guidelines on mental health.

Indian Government: Mental Health Act, 1987

From the report of National Mental Health Program by The Government of India clearly shows the importance and need in the area of mental health. The Government of India had initiated the National Mental Health Program in 1982 with the objective of improving mental health services at all levels of health care (primary, secondary, and tertiary) for early recognition, adequate treatment and rehabilitation of the patients. The report indicates that early recognition is a first prime step.
The International Congress of Mental Health

The First International Congress of Mental Health was organized in London by the British National Association for Mental Hygiene from 16 to 21 August, 1948. Starting as an International Conference on Mental Hygiene, it ended with a series of recommendations on mental health. Throughout the proceedings of the conference, hygiene and health, qualifying mental, are used interchangeably, sometimes in the same paragraph, without any clear conceptual distinction. However, in the 17 pages of the recommendations of the conference, hygiene is very sparingly used. At the end of the congress, the International Committee on Mental Hygiene was superseded by the World Federation for Mental Health.

In addition to the wording employed in the proceedings of that congress, gradually replacing hygiene by health, some of its recommendations were also influential at other levels. An example is recommendation 6 to the WHO that “as soon as practicable, an advisory expert committee be established, composed of professional human resources in the field of mental health and human relations”.

The conference had been convened under the theme “Mental Health and World Citizenship”. From a conceptual point of view, nevertheless and perhaps reflecting an immediately post-war situation, discussions over world citizenship prevailed over those on mental health. Only one concept of mental health was put forward, by Flugel (1948), Chairman of the Conference’s Programme Committee: Mental health is regarded as a condition which permits the optimal development, physical, intellectual and emotional, of the individual, so far as this is compatible with that of other individuals. Echoing concerns about the absence, or rather limited number of, participants from places such as Far East, South America and the Soviet Union, the hope was expressed that mental health as understood in Western countries [is not] necessarily at variance with the sense in which it is understood in other countries.

In a more detailed way, some delegates elaborated on what was summarized as the four levels of mental health work: custodial, therapeutic, preventive and positive. It is not difficult to see a considerable overlapping between this proposal and the one already implemented by the mental hygiene movement. Reading through the proceedings of this congress gives one a feeling of the tensions between a pragmatic approach, developed by the mental hygiene movement (basically defended by delegates from the USA) and a more politically-oriented approach, proposed by other participants, perhaps translating the experiences of some delegates from European
countries, which had severely suffered from the war. In the end this latter approach prevailed, with the transformation of the mental hygiene movement into the mental health movement. Perhaps as a reflection of this basically political movement, in 1949 the National Institute of Mental Health started its activities in the USA.

❖ Government of Gujarat’s perspective on Mental Health

A prime need to look into the matter of mental health has also focused by Government of Gujarat. The Government of Gujarat (Department of Health and Family Welfare, Government of Gujarat) has published a Mission Report in 2003 regarding mental health which drew a road map to respond to the complex and challenging needs of the mental health. This mission had a vision to provide comprehensive health care for all its citizens by the year 2010. The chief goal of this mission was to address and implement the issues regarding to mental health. The focus of the Governments, both at the centre and in the states, has been increasingly to develop interventions to address the gaps in the service provision of the health sector, and especially Mental Health (MH), is considered to be an important component of the well-being of a person. It is also marked in thereport that MH is often neglected and mental disorders are usually stigmatized. According to the statistics given by the report, at present, the overall psychiatric morbidity in Gujarat indicates that as many as 2.8 million adults at any given time are likely to be suffering from mental disorders.

Various perspectives of Mental Health

This segment presents various perspectives of Mental Health.

❖ Mental wellbeing

Mental health can be seen as a continuum, where an individual’s mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life and the flexibility to deal with life’s inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives,
as well as theoretical perspectives from personality, social, clinical, health and developmental psychology.

An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks—essence or spirituality, work and leisure, friendship, love and self-direction—and twelve sub tasks sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity and cultural identity are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning.

❖ Lack of a mental disorder
Mental health can also be defined as an absence of a major mental health condition (for example, one of the diagnoses in the Diagnostic and Statistical Manual of Mental Disorders) though recent evidence stemming from positive psychology suggests mental health is more than the mere absence of a mental disorder or illness. Therefore the impact of social, cultural, physical and education can all affect someone’s mental health.

❖ Cultural and religious considerations
Mental health can be socially constructed and socially defined; that is, different professions, communities, societies and cultures have very different ways of conceptualizing its nature and causes, determining what is mentally healthy and deciding what interventions are appropriate. Thus, different professionals will have different cultural and religious backgrounds and experiences, which may impact the methodology applied during treatment.

Research has shown that there is stigma attached to mental illness. In the United Kingdom, the Royal College of Psychiatrists organised the campaign Changing Minds (1998-2003) to help reduce stigma. Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American Psychiatric Association.

❖ Mental health across culture
The World Health Organization believes that there is no single definition for mental health due to differences in culture. What could be mentally healthy (or acceptable
behavior) in one culture may present something too eccentric in another. For example, cannibalistic behavior in some tribes living in remote areas is highly regarded as a religious practice however, in the majority of urbanized world this could be seen as barbaric or insane.

**Disruption in mental health**

Abnormalities in mental health could lead to a number of problems with various representations. Some people with mental illnesses have aggressive behaviors while others are withdrawn and lack social interest. Each type of disorder has its own signs and symptoms therefore; diagnosis as well as treatment varies depending on the nature of the mental health problem. There are several factors that disrupt mental health including: environment or upbringing, biological make-up of a person, pre-programmed instructions in the genes, medical disorders, hurtful experiences such as loss and mistreatment. While one factor could be dominant than the other, all of these are contributors to the development of the majority of mental health disorders. In some cases, a single factor may be sufficient to trigger the disorder but the majority of disorders require an accumulation of experience that constantly challenge the well-being of a person.

**Early assess and diagnosis**

Research and delivery of Mental Health system is required to operate through a three-tier structure:

1. Early Diagnosis
2. Evaluation-Findings
3. Suggestion-Remedy

The first step ‘Early Diagnosis’ in this sequence is considered to be the primary and necessary action, as it directs the way to evaluation and findings on the diagnosed mental health status and further leads to ‘suggestion-remedy’. Development of the ‘Scale’ in this research as a tool to diagnosis mental health works as a preventive and promotive device in Mental Heath. Early diagnosis of the status of mental health is most consistently and affectively acquired through the scale that can address the future interventions. Such a scale provides improving early access to the status of mental health.

**Importance of Mental Health**

Importance of Mental Health is described here at two levels:

1. Importance of mental health in general sense and
2. Importance of Mental Health for the Adolescents

* Importance of Mental Health in general sense

Good mental health is a necessity if you want to live a complete and full life. Because so many people ignore their mental health concerns until the last minute, many diagnosis go on undetected until it is too late. This trend should not be continuing. Shootings and suicides run rampant every year because of an undiagnosed person with a mental or psychological disorder is untreated. Hackner (2007) defines the importance of Mental Health in the following aspects:

- **Self-image**

  Good mental health means appreciating your achievements and accepting your shortcomings. A mental illness can cause an inferiority complex, a negative body image and intense feelings of self-hate, anger, disgust and uselessness which could mutate into extreme depression, psycho-social disorders, or eating disorders.

- **Education**

  Students with mental problems socially isolate themselves and develop anxiety disorders and concentration problems. Good mental health ensures an all-round educational experience that enhances social and intellectual skills that lead to self-confidence and better grades.

- **Relationships**

  Mental health largely contributes to the functioning of human relationships. Mental illness can hamper even basic interactions with family, friends and colleagues. Most people suffering from mental illness find it difficult to nurture relationships, have problems with commitment or intimacy and frequently encounter sexual health issues.

- **Sleep**

  An inability to handle stress or anxiety can cause sleeplessness. Even if you manage to fall asleep, you may wake up a dozen times during the night with thoughts of what went wrong the day before or how bad tomorrow is going to be. You may develop severe sleeping disorders which leave you exhausted and less productive.

- **Eating**

  People with mental disorders are more horizontal to indulging in comfort eating or emotional binge. Finding comfort in food is something we all do from time to time. But with a mental illness, it becomes difficult to control yourself. Overeating can lead to obesity, which puts you at a risk for heart disease and diabetes, in addition to creating an unhealthy body-image.
- **Physical health**
Your mental state directly affects your body. For example, stress can lead to hypertension or stomach ulcers. People who are mentally healthy are at a lower risk for many health complications.

- **Mental Health Improves the Quality of Life**
When we are free of depression, anxiety, excessive stress and worry, addictions and other psychological problems, we are more able to live our lives to the fullest. Peace of mind is a natural condition and is available to everyone.

- **Mental health strengthens and supports our ability to:**
  - have healthy relationships
  - make good life choices
  - maintain physical health and well-being
  - handle the natural ups and downs of life
  - discover and grow toward our potential

- **Mental Health Reduces Medical Costs**
Many research studies have shown that when people receive appropriate mental health care, their use of medical services declines. For example, one study of people with anxiety disorders showed that after psychological treatment, the number of medical visits decreased by 90%, laboratory costs decreased by 50% and overall treatment costs dropped by 35%. Other studies have shown that people with untreated mental health problems visit a medical doctor twice as often as people who receive mental health care.

- **Importance of Mental Health for the Adolescents**
Mental health is not simply the absence of mental illness but it is also the ability to cope with the challenges in life. Mental health is as important as physical health to everybody. Youths usually experiment with attitudes, appearances and behaviors. Most of their experiments are harmless, but some experiments may have terrible results. Children and youths experience creates mental health problem such as stress, anxiety, harassment, family problems, depression, learning disability, etc. Serious mental health problems, such as self-injurious behaviors and suicide are increasing among youth. A good mental health is essential for leading a good life. Youth cannot succeed in academic and personal life effectively if they are struggling with a mental health problem such as depression or unsteady feeling due to academic, social or
family pressures. Failure to detect youth’s mental health problem may result in negative consequences such as increased risk for academic failure, social isolation, unsafe sexual behavior, drug and alcohol abuse, suicide attempt, unemployment and poor health. A recent report says that the rising rates of mental and emotional problems among U.S. children and youngsters signal a crisis for the country. Mental health services are very necessary because depression, anxiety, attention deficit, conduct disorders, suicidal thinking and other serious psychological problems are striking more and more in children and youths. Even if detected mental health problem earlier, unfortunately many children and youth do not receive the help they need. Some reports say that most children and youth who need a mental health evaluation do not receive services and that the rates of use of mental health services are also low.

Mental health services are important for student’s and youth’s success. Prevention programs help in early identification of mental health problems in youth. These programs provide education on mental health issues, violence prevention, social skills training, harassment prevention, suicide prevention, conflict resolution and screening for emotional and behavioral problems. The Family Guide Web sites are designed for parents and other adults to emphasize the importance of family, promote mental health and help to prevent underage use of alcohol, tobacco and illegal drugs. Good mental health is very important for youth’s success. In order to emphasize the importance of mental health in youth, the following steps can be taken: Create awareness programme for child and youth mental health issues; provide a comprehensive guide for effective and meaningful youth meetings for organizations and professionals and conduct programs to generate awareness about youth’s mental health in each communities. Awareness about the importance of mental health issues among youth is equally important to other physical issues, such as heart disease, AIDS, cancer, etc. Local and state health officials must draw more attention to the importance of mental health treatment of affected children and youths. The youth’s mental health will more effectively improve their life standard. This also positively impacts their academic and personal life achievements. The families, society and youths benefit only when mental health problems in youths are identified and prevented earlier.
Mental Health: General Overview

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. Mental health is the state of psychological well-being that includes both subjective comfort and the capacity to function effectively with others. The concept of mental health, given its polygenic nature and its imprecise borders, benefits from a historical perspective to be better understood. What today is broadly understood by “mental health” can have its origins tracked back to developments in public health, in clinical psychiatry and in other branches of knowledge. Although references to mental health as a state can be found in the English language well before the 20th century, technical references to mental health as a field or discipline are not found before 1946. During that year, the International Health Conference, held in New York, decided to establish the World Health Organization (WHO) and a Mental Health Association was founded in London. Before that date, mental health was referred as mental hygiene, which first appeared in the English literature in 1843, in a book entitled mental hygiene or an examination of the intellect and passions designed to illustrate their influence on health and duration of life. Moreover, in 1849, “healthy mental and physical development of the citizen” had already been included as the first objective of public health in a draft law submitted to the Berlin Society of Physicians and Surgeons.
[B]. Emotional intelligence

Emotional intelligence (EI) is the ability to identify, assess, and control the emotions of oneself, of others, and of groups. It can be divided into ability EI and trait EI.

2.3 History of Emotional intelligence

The earliest roots of emotional intelligence can be traced to Charles Darwin's work on the importance of emotional expression for survival and adaptation.[2] In the 1900s, even though traditional definitions of intelligence emphasized cognitive aspects such as memory and problem-solving, several influential researchers in the intelligence field of study had begun to recognize the importance of the non-cognitive aspects. For instance, as early as 1920, E.L. Thorndike used the term social intelligence to describe the skill of understanding and managing other people.

Similarly, in 1940 David Wechsler described the influence of non-intellective factors on intelligent behavior, and further argued that our models of intelligence would not be complete until we could adequately describe these factors. In 1983, Howard Gardner's Frames of Mind: The Theory of Multiple Intelligences introduced the idea of multiple intelligences which included both interpersonal intelligence (the capacity to understand the intentions, motivations and desires of other people) and intrapersonal intelligence (the capacity to understand oneself, to appreciate one's feelings, fears and motivations). In Gardner's view, traditional types of intelligence, such as IQ, fail to fully explain cognitive ability. Thus, even though the names given to the concept varied, there was a common belief that traditional definitions of intelligence were lacking in ability to fully explain performance outcomes.

The first use of the term "emotional intelligence" is usually attributed to Wayne Payne's doctoral thesis, A Study of Emotion: Developing Emotional Intelligence from 1985. However, prior to this, the term "emotional intelligence" had appeared in Leuner (1966). Stanley Greenspan (1989) also put forward an EI model, followed by Salovey and Mayer (1990), and Daniel Goleman (1995). The distinction between trait emotional intelligence and ability emotional intelligence was introduced in 2000.

 Definitions

Substantial disagreement exists regarding the definition of EI, with respect to both terminology and operationalizations. Currently, there are three main models of EI:

1. Ability model
2. Mixed model (usually subsumed under trait EI)[10][11]
3. Trait model
Different models of EI have led to the development of various instruments for the assessment of the construct. While some of these measures may overlap, most researchers agree that they tap different constructs.

- **Ability model**

Salovey and Mayer’s conception of EI strives to define EI within the confines of the standard criteria for a new intelligence. Following their continuing research, their initial definition of EI was revised to "The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth."

The ability-based model views emotions as useful sources of information that help one to make sense of and navigate the social environment. The model proposes that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. This ability is seen to manifest itself in certain adaptive behaviors. The model claims that EI includes four types of abilities:

1. **Perceiving emotions** – the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts—including the ability to identify one's own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.

2. **Using emotions** – the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.

3. **Understanding emotions** – the ability to comprehend emotion language and to appreciate complicated relationships among emotions. For example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and the ability to recognize and describe how emotions evolve over time.

4. **Managing emotions** – the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

The ability EI model has been criticized in the research for lacking face and predictive validity in the workplace.\cite{15}
Measurement

The current measure of Mayer and Salovey's model of EI, the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) is based on a series of emotion-based problem-solving items. Consistent with the model's claim of EI as a type of intelligence, the test is modeled on ability-based IQ tests. By testing a person's abilities on each of the four branches of emotional intelligence, it generates scores for each of the branches as well as a total score.

Central to the four-branch model is the idea that EI requires attunement to social norms. Therefore, the MSCEIT is scored in a consensus fashion, with higher scores indicating higher overlap between an individual's answers and those provided by a worldwide sample of respondents. The MSCEIT can also be expert-scored, so that the amount of overlap is calculated between an individual's answers and those provided by a group of 21 emotion researchers.

Although promoted as an ability test, the MSCEIT is unlike standard IQ tests in that its items do not have objectively correct responses. Among other challenges, the consensus scoring criterion means that it is impossible to create items (questions) that only a minority of respondents can solve, because, by definition, responses are deemed emotionally "intelligent" only if the majority of the sample has endorsed them. This and other similar problems have led some cognitive ability experts to question the definition of EI as a genuine intelligence.

In a study by Føllesdal, the MSCEIT test results of 111 business leaders were compared with how their employees described their leader. It was found that there were no correlations between a leader's test results and how he or she was rated by the employees, with regard to empathy, ability to motivate, and leader effectiveness. Føllesdal also criticized the Canadian company Multi-Health Systems, which administers the MSCEIT test. The test contains 141 questions but it was found after publishing the test that 19 of these did not give the expected answers. This has led Multi-Health Systems to remove answers to these 19 questions before scoring, but without stating this officially.

Mixed model

The model introduced by Daniel Goleman focuses on EI as a wide array of competencies and skills that drive leadership performance. Goleman's model outlines five main EI constructs (for more details see "What Makes A Leader" by Daniel Goleman, best of Harvard Business Review 1998):
1. Self-awareness – the ability to know one's emotions, strengths, weaknesses, drives, values and goals and recognize their impact on others while using gut feelings to guide decisions.
2. Self-regulation – involves controlling or redirecting one's disruptive emotions and impulses and adapting to changing circumstances.
3. Social skill – managing relationships to move people in the desired direction.
4. Empathy - considering other people's feelings especially when making decisions and
5. Motivation - being driven to achieve for the sake of achievement.

Goleman includes a set of emotional competencies within each construct of EI. Emotional competencies are not innate talents, but rather learned capabilities that must be worked on and can be developed to achieve outstanding performance. Goleman posits that individuals are born with a general emotional intelligence that determines their potential for learning emotional competencies. Goleman's model of EI has been criticized in the research literature as mere "pop psychology" (Mayer, Roberts, & Barsade, 2008).

**Measurement**

Two measurement tools are based on the Goleman model:

1. The Emotional Competency Inventory (ECI), which was created in 1999, and the Emotional and Social Competency Inventory (ESCI), which was created in 2007.
2. The Emotional Intelligence Appraisal, which was created in 2001 and which can be taken as a self-report or 360-degree assessment.

**Trait model**

Soviet-born British psychologist Konstantin Vasily Petrides ("K. V. Petrides") proposed a conceptual distinction between the ability based model and a trait based model of EI and has been developing the latter over many years in numerous scientific publications. Trait EI is "a constellation of emotional self-perceptions located at the lower levels of personality."

In lay terms, trait EI refers to an individual's self-perceptions of their emotional abilities. This definition of EI encompasses behavioral dispositions and self perceived abilities and is measured by self report, as opposed to the ability based model which refers to actual abilities, which have proven highly resistant to scientific measurement. Trait EI should be
investigated within a personality framework. An alternative label for the same construct is trait emotional self-efficacy.

The trait EI model is general and subsumes the Goleman and Bar-On models discussed above. The conceptualization of EI as a personality trait leads to a construct that lies outside the taxonomy of human cognitive ability. This is an important distinction in as much as it bears directly on the operationalization of the construct and the theories and hypotheses that are formulated about it.

**Measurement**

There are many self-report measures of EI, including the EQ-i, the Swinburne University Emotional Intelligence Test (SUEIT), and the Schutte EI model. None of these assess intelligence, abilities, or skills (as their authors often claim), but rather, they are limited measures of trait emotional intelligence. One of the more comprehensive and widely researched measures of this construct is the Trait Emotional Intelligence Questionnaire (TEIQue), which was specifically designed to measure the construct comprehensively and is available in many languages.

The TEIQue provides an operationalization for the model of Petrides and colleagues that conceptualizes EI in terms of personality. The test encompasses 15 subscales organized under four factors: Well-Being, Self-Control, Emotionality, and Sociability. The psychometric properties of the TEIQue were investigated in a study on a French-speaking population, where it was reported that TEIQue scores were globally normally distributed and reliable.

The researchers also found TEIQue scores were unrelated to nonverbal reasoning (Raven's matrices), which they interpreted as support for the personality trait view of EI (as opposed to a form of intelligence). As expected, TEIQue scores were positively related to some of the Big Five personality traits (extraversion, agreeableness, openness, conscientiousness) as well as inversely related to others (alexithymia, neuroticism). A number of quantitative genetic studies have been carried out within the trait EI model, which have revealed significant genetic effects and heritabilities for all trait EI scores. Two recent studies (one a meta-analysis) involving direct comparisons of multiple EI tests yielded very favorable results for the TEI Que.

**Bar-On model of emotional-social intelligence (ESI)**

See also: Social intelligence

Bar-On defines emotional intelligence as being concerned with effectively understanding oneself and others, relating well to people, and adapting to and coping
with the immediate surroundings to be more successful in dealing with environmental demands. Bar-On posits that EI develops over time and that it can be improved through training, programming, and therapy. Bar-On hypothesizes that those individuals with higher than average EQs are in general more successful in meeting environmental demands and pressures. He also notes that a deficiency in EI can mean a lack of success and the existence of emotional problems. Problems in coping with one's environment are thought, by Bar-On, to be especially common among those individuals lacking in the subscales of reality testing, problem solving, stress tolerance, and impulse control. In general, Bar-On considers emotional intelligence and cognitive intelligence to contribute equally to a person's general intelligence, which then offers an indication of one's potential to succeed in life. However, doubts have been expressed about this model in the research literature (in particular about the validity of self-report as an index of emotional intelligence) and in scientific settings it is being replaced by the trait emotional intelligence (trait EI) model discussed below.

- **Measurement**

  The Bar-On Emotional Quotient Inventory (EQ-i) is a self-report measure of EI developed as a measure of emotionally and socially competent behavior that provides an estimate of one's emotional and social intelligence. The EQ-i is not meant to measure personality traits or cognitive capacity, but rather the mental ability to be successful in dealing with environmental demands and pressures. One hundred and thirty three items (questions or factors) are used to obtain a Total EQ (Total Emotional Quotient) and to produce five composite scale scores, corresponding to the five main components of the Bar-On model.

  A limitation of this model is that it claims to measure some kind of ability through self-report items (for a discussion, see Matthews, Zeidner, & Roberts, 2001). The EQ-i has been found to be highly susceptible to faking (Day & Carroll, 2008; Grubb & McDaniel, 2007).

- **Alexithymia**

  Alexithymia from the Greek words "λεξίς" (lexis) and "θυμός" (thumos) (literally "lack of words for emotions") is a term coined by Peter Sifneos in 1973 to describe people who appeared to have deficiencies in understanding, processing, or describing their emotions. Viewed as a spectrum between high and low EI, the alexithymia construct is strongly inversely related to EI, representing its lower range.
The individual's level of alexithymia can be measured with self-scored questionnaires such as the Toronto Alexithymia Scale (TAS-20) or the Bermond-Vorst Alexithymia Questionnaire (BVAQ) or by observer rated measures such as the Observer Alexithymia Scale (OAS).

**Criticisms of theoretical foundation**

**Cannot be recognized as form of intelligence**

Goleman's early work has been criticized for assuming from the beginning that EI is a type of intelligence. Eysenck (2000) writes that Goleman's description of EI contains unsubstantiated assumptions about intelligence in general, and that it even runs contrary to what researchers have come to expect when studying types of intelligence: "[Goleman] exemplifies more clearly than most the fundamental absurdity of the tendency to class almost any type of behaviour as an 'intelligence'... If these five 'abilities' define 'emotional intelligence', we would expect some evidence that they are highly correlated; Goleman admits that they might be quite uncorrelated, and in any case if we cannot measure them, how do we know they are related? So the whole theory is built on quicksand: there is no sound scientific basis."

Similarly, Locke (2005) claims that the concept of EI is in itself a misinterpretation of the intelligence construct, and he offers an alternative interpretation: it is not another form or type of intelligence, but intelligence—the ability to grasp abstractions—applied to a particular life domain: emotions. He suggests the concept should be re-labeled and referred to as a skill.

The essence of this criticism is that scientific inquiry depends on valid and consistent construct utilization, and that before the introduction of the term EI, psychologists had established theoretical distinctions between factors such as abilities and achievements, skills and habits, attitudes and values, and personality traits and emotional states. Thus, some scholars believe that the term EI merges and conflates such accepted concepts and definitions.

**Has little predictive value**

Landy (2005) claimed that the few incremental validity studies conducted on EI have shown that it adds little or nothing to the explanation or prediction of some common outcomes (most notably academic and work success). Landy suggested that the reason why some studies have found a small increase in predictive validity is a methodological fallacy, namely, that alternative explanations have not been completely considered:
"EI is compared and contrasted with a measure of abstract intelligence but not with a personality measure, or with a personality measure but not with a measure of academic intelligence." Landy (2005)

Similarly, other researchers have raised concerns about the extent to which self-report EI measures correlate with established personality dimensions. Generally, self-report EI measures and personality measures have been said to converge because they both purport to measure personality traits. Specifically, there appear to be two dimensions of the Big Five that stand out as most related to self-report EI – neuroticism and extroversion. In particular, neuroticism has been said to relate to negative emotionality and anxiety. Intuitively, individuals scoring high on neuroticism are likely to score low on self-report EI measures.

The interpretations of the correlations between EI questionnaires and personality have been varied. The prominent view in the scientific literature is the Trait EI view, which re-interprets EI as a collection of personality traits.

**Criticisms of measurement issues**

**Ability model measures measure conformity, not ability**

One criticism of the works of Mayer and Salovey comes from a study by Roberts et al. (2001), which suggests that the EI, as measured by the MSCEIT, may only be measuring conformity. This argument is rooted in the MSCEIT's use of consensus-based assessment, and in the fact that scores on the MSCEIT are negatively distributed (meaning that its scores differentiate between people with low EI better than people with high EI).

**Ability model measures measure knowledge (not actual ability)**

Further criticism has been leveled by Brody (2004), who claimed that unlike tests of cognitive ability, the MSCEIT "tests knowledge of emotions but not necessarily the ability to perform tasks that are related to the knowledge that is assessed". The main argument is that even though someone knows how he should behave in an emotionally laden situation, it doesn't necessarily follow that the person could actually carry out the reported behavior.

**Ability model measures measure personality and general intelligence**

New research is surfacing that suggests that ability EI measures might be measuring personality in addition to general intelligence. These studies examined the multivariate effects of personality and intelligence on EI and also corrected estimates for measurement error (which is often not done in some validation studies). For
example, a study by Schulte, Ree, Carretta (2004), showed that general intelligence (measured with the Wonderlic Personnel Test), agreeableness (measured by the NEO-PI), as well as gender had a multiple R of .81 with the MSCEIT. This result has been replicated by Fiori and Antonakis (2011), they found a multiple R of .76 using Cattell’s “Culture Fair” intelligence test and the Big Five Inventory (BFI); significant covariates were intelligence (standardized beta = .39), agreeableness (standardized beta = .54), and openness (standardized beta = .46). Antonakis and Dietz (2011a), who investigated the Ability Emotional Intelligence Measure found similar results (Multiple R = .69), with significant predictors being intelligence, standardized beta = .69 (using the Swaps Test and a Wechsler scales subtest, the 40-item General Knowledge Task) and empathy, standardized beta = .26 (using the Questionnaire Measure of Empathic Tendency)--see also Antonakis and Dietz (2011b), who show how including or excluding important controls variables can fundamentally change results—thus, it is important to always include important controls like personality and intelligence when examining the predictive validity of ability and trait EI models.

Self-report measures are susceptible to faking

More formally termed socially desirable responding (SDR), faking good is defined as a response pattern in which test-takers systematically represent themselves with an excessive positive bias (Paulhus, 2002). This bias has long been known to contaminate responses on personality inventories (Holtgraves, 2004; McFarland & Ryan, 2000; Peebles & Moore, 1998; Nichols & Greene, 1997; Zerbe & Paulhus, 1987), acting as a mediator of the relationships between self-report measures (Nichols & Greene, 1997; Ganster et al., 1983).

It has been suggested that responding in a desirable way is a response set, which is a situational and temporary response pattern (Pauls & Crost, 2004; Paulhus, 1991). This is contrasted with a response style, which is a more long-term trait-like quality. Considering the contexts some self-report EI inventories are used in (e.g., employment settings), the problems of response sets in high-stakes scenarios become clear (Paulhus & Reid, 2001).

There are a few methods to prevent socially desirable responding on behavior inventories. Some researchers believe it is necessary to warn test-takers not to fake good before taking a personality test (e.g., McFarland, 2003). Some inventories use validity scales in order to determine the likelihood or consistency of the responses across all items.
Claims for predictive power are too extreme

Landy distinguishes between the "commercial wing" and "the academic wing" of the EI movement, basing this distinction on the alleged predictive power of EI as seen by the two currents. According to Landy, the former makes expansive claims on the applied value of EI, while the latter is trying to warn users against these claims. As an example, Goleman (1998) asserts that "the most effective leaders are alike in one crucial way: they all have a high degree of what has come to be known as emotional intelligence. ...emotional intelligence is the sine qua non of leadership". In contrast, Mayer (1999) cautions "the popular literature's implication—that highly emotionally intelligent people possess an unqualified advantage in life—appears overly enthusiastic at present and unsubstantiated by reasonable scientific standards." Landy further reinforces this argument by noting that the data upon which these claims are based are held in "proprietary databases", which means they are unavailable to independent researchers for reanalysis, replication, or verification. Thus, the credibility of the findings cannot be substantiated in a scientific way, unless those datasets are made public and available for independent analysis.

In an academic exchange, Antonakis and Ashkanasy/Dasborough mostly agreed that researchers testing whether EI matters for leadership have not done so using robust research designs; therefore, currently there is no strong evidence showing that EI predicts leadership outcomes when accounting for personality and IQ. Antonakis argued that EI might not be needed for leadership effectiveness (he referred to this as the "curse of emotion" phenomenon, because leaders who are too sensitive to their and others' emotional states might have difficulty making decisions that would result in emotional labor for the leader or followers). A recently-published meta-analysis seems to support the Antonakis position: In fact, Harms and Credé found that overall (and using data free from problems of common source and common methods), EI measures correlated only $\rho = 0.11$ with measures of transformational leadership.\footnote{Interestingly, ability-measures of EI fared worst (i.e., $\rho = 0.04$); the WLEIS (Wong-Law measure) did a bit better ($\rho = 0.08$), and the Bar-On measure better still ($\rho = 0.18$). However, the validity of these estimates does not include the effects of IQ or the big five personality, which correlate both with EI measures and leadership. In a subsequent paper analyzing the impact of EI on both job performance and leadership, Harms and Credé found that the meta-analytic validity estimates for EI dropped to zero when Big Five traits and IQ were controlled for. Joseph and Newman meta-}
analytically showed the same result for Ability EI, but further demonstrated that self-reported and Trait EI measures retain a small amount of predictive validity for job performance after controlling Big Five traits and IQ. Newman, Joseph, and MacCann contend that the greater predictive validity of Trait EI measures is due to their inclusion of content related to achievement motivation, self efficacy, and self-rated performance.

**NICHD pushes for consensus**

The National Institute of Child Health and Human Development has recognized the divide on the topic of emotional intelligence explains the need for the mental health community to agree on some guidelines to describe good mental health and positive mental living conditions. In their section, "Positive Psychology and the Concept of Health," they explain. "Currently there are six competing models of positive health, which are based on concepts such as being above normal, character strengths and core virtues, developmental maturity, social-emotional intelligence, subjective well-being, and resilience. But these concepts define health in philosophical rather than empirical terms. Dr. [Lawrence] Becker suggested the need for a consensus on the concept of positive psychological health..."

**EI and job performance**

Research of EI and job performance shows mixed results: a positive relation has been found in some of the studies, in others there was no relation or an inconsistent one. This led researchers Cote and Miners (2006) to offer a compensatory model between EI and IQ, that posits that the association between EI and job performance becomes more positive as cognitive intelligence decreases, an idea first proposed in the context of academic performance (Petrides, Frederickson, & Furnham, 2004). The results of the former study supported the compensatory model: employees with low IQ get higher task performance and organizational citizenship behavior directed at the organization, the higher their EI.

A meta-analytic review by Joseph and Newman also revealed that both Ability EI and Trait EI tend to predict job performance much better in jobs that require a high degree of emotional labor (where 'emotional labor' was defined as jobs that require the effective display of positive emotion). In contrast, EI shows little relationship to job performance in jobs that do not require emotional labor. In other words, emotional intelligence tends to predict job performance for emotional jobs only.
A more recent study suggests that EI is not necessarily a universally positive trait. They found a negative correlation between EI and managerial work demands; while under low levels of managerial work demands, they found a negative relationship between EI and teamwork effectiveness. An explanation for this may suggest gender differences in EI, as women tend to score higher levels than men. This furthers the idea that job context plays a role in the relationships between EI, teamwork effectiveness, and job performance.

Another interesting find was discussed in a study that assessed a possible link between EI and entrepreneurial behaviors and success. In accordance with much of the other findings regarding EI and job performance, they found that levels of EI only predicted a small amount of entrepreneurial behavior.

- **Self-esteem and drug use**

  A 2012 study cross examined emotional intelligence, self-esteem, and marijuana dependence. Out of a sample of 200, 100 of which were dependent on cannabis and the other 100 emotionally healthy, the dependent group scored exceptionally low on EI when compared to the control group. They also found that the dependent group also scored low on self-esteem when compared to the control.

  Another study in 2010 examined whether or not low levels of EI had a relationship with the degree of drug and alcohol addiction. In the assessment of 103 residents in a drug rehabilitation center, they examined their EI along with other psychosocial factors in a 1 month interval of treatment. They found that participants' EI scores improved as their levels of addiction lessened as part of their treatment.

  The ability to express and control our own emotions is important, but so is our ability to understand, interpret, and respond to the emotions of others. Imagine a world where you couldn't understand when a friend was feeling sad or when a co-worker was angry. Psychologists refer to this ability as emotional intelligence, and some experts even suggest that it can be more important than IQ. Learn more about exactly what emotional intelligence is, how it works, and how it is measured.

- **What is Emotional Intelligence?**

  Emotional intelligence (EI) refers to the ability to perceive, control and evaluate emotions. Some researchers suggest that emotional intelligence can be learned and strengthened, while others claim it is an inborn characteristic.

  Since 1990, Peter Salovey and John D. Mayer have been the leading researchers on emotional intelligence. In their influential article "Emotional Intelligence," they
defined emotional intelligence as, "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (1990).

**The Four Branches of Emotional Intelligence**

Salovey and Mayer proposed a model that identified four different factors of emotional intelligence: the perception of emotion, the ability reason using emotions, the ability to understand emotion and the ability to manage emotions.

1. **Perceiving Emotions:** The first step in understanding emotions is to accurately perceive them. In many cases, this might involve understanding nonverbal signals such as body language and facial expressions.

2. **Reasoning With Emotions:** The next step involves using emotions to promote thinking and cognitive activity. Emotions help prioritize what we pay attention and react to; we respond emotionally to things that garner our attention.

3. **Understanding Emotions:** The emotions that we perceive can carry a wide variety of meanings. If someone is expressing angry emotions, the observer must interpret the cause of their anger and what it might mean. For example, if your boss is acting angry, it might mean that he is dissatisfied with your work; or it could be because he got a speeding ticket on his way to work that morning or that he's been fighting with his wife.

4. **Managing Emotions:** The ability to manage emotions effectively is a key part of emotional intelligence. Regulating emotions, responding appropriately and responding to the emotions of others are all important aspect of emotional management.

According to Salovey and Mayer, the four branches of their model are, "arranged from more basic psychological processes to higher, more psychologically integrated processes. For example, the lowest level branch concerns the (relatively) simple abilities of perceiving and expressing emotion. In contrast, the highest level branch concerns the conscious, reflective regulation of emotion" (1997).

**A Brief History of Emotional Intelligence**

- **1930s** – Edward Thorndike describes the concept of "social intelligence" as the ability to get along with other people.

- **1940s** – David Wechsler suggests that affective components of intelligence may be essential to success in life.

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• 1950s – Humanistic psychologists such as Abraham Maslow describe how people can build emotional strength.
• 1975 - Howard Gardner publishes The Shattered Mind, which introduces the concept of multiple intelligences.
• 1985 - Wayne Payne introduces the term emotional intelligence in his doctoral dissertation entitled "A study of emotion: developing emotional intelligence; self-integration; relating to fear, pain and desire (theory, structure of reality, problem-solving, contraction/expansion, tuning in/coming out/letting go)."
• 1987 – In an article published in Mensa Magazine, Keith Beasley uses the term "emotional quotient." It has been suggested that this is the first published use of the term, although Reuven Bar-On claims to have used the term in an unpublished version of his graduate thesis.
• 1990 – Psychologists Peter Salovey and John Mayer publish their landmark article, "Emotional Intelligence," in the journal Imagination, Cognition, and Personality.

❖ Measuring Emotional Intelligence

"In regard to measuring emotional intelligence – I am a great believer that criterion-report (that is, ability testing) is the only adequate method to employ. Intelligence is an ability, and is directly measured only by having people answer questions and evaluating the correctness of those answers." --John D. Mayer

• Reuven Bar-On's EQ-i
A self-report test designed to measure competencies including awareness, stress tolerance, problem solving, and happiness. According to Bar-On, “Emotional intelligence is an array of noncognitive capabilities, competencies, and skills that influence one’s ability to succeed in coping with environmental demands and pressures.”

• Multifactor Emotional Intelligence Scale (MEIS)
An ability-based test in which test-takers perform tasks designed to assess their ability to perceive, identify, understand, and utilize emotions.
• **Seligman Attributional Style Questionnaire (SASQ)**
  Originally designed as a screening test for the life insurance company Metropolitan Life, the SASQ measures optimism and pessimism.

• **Emotional Competence Inventory (ECI)**
  Based on an older instrument known as the Self-Assessment Questionnaire, the ECI involves having people who know the individual offer ratings of that person’s abilities on a number of different emotional competencies.

• **Emotional Intelligence (EQ)**
  **Five Key Skills for Raising Emotional Intelligence**
  When it comes to happiness and success in life, emotional intelligence (EQ) matters just as much as intellectual ability (IQ). Emotional intelligence helps you build stronger relationships, succeed at work, and achieve your career and personal goals. Learn more about why emotional intelligence is so important and how you can boost your own EQ by mastering five core skills.

**What is emotional intelligence?**
Emotional intelligence (EQ) is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict. Emotional intelligence impacts many different aspects of your daily life, such as the way you behave and the way you interact with others.

If you have high emotional intelligence you are able to recognize your own emotional state and the emotional states of others, and engage with people in a way that draws them to you. You can use this understanding of emotions to relate better to other people, form healthier relationships, achieve greater success at work, and lead a more fulfilling life.

**Emotional intelligence consists of four attributes:**

- **Self-awareness** – You recognize your own emotions and how they affect your thoughts and behavior, know your strengths and weaknesses, and have self-confidence.
- **Self-management** – You’re able to control impulsive feelings and behaviors, manage your emotions in healthy ways, take initiative, follow through on commitments, and adapt to changing circumstances.
- **Social awareness** – You can understand the emotions, needs, and concerns of other people, pick up on emotional cues, feel comfortable socially, and recognize the power dynamics in a group or organization.

- **Relationship management** – You know how to develop and maintain good relationships, communicate clearly, inspire and influence others, work well in a team, and manage conflict.

- **Why is emotional intelligence (EQ) so important?**

  As we know, it’s not the smartest people that are the most successful or the most fulfilled in life. You probably know people who are academically brilliant and yet are socially inept and unsuccessful at work or in their personal relationships. Intellectual intelligence (IQ) isn’t enough on its own to be successful in life. Yes, your IQ can help you get into college, but it’s your EQ that will help you manage the stress and emotions when facing your final exams.

  Emotional intelligence affects:

  - **Your performance at work.** Emotional intelligence can help you navigate the social complexities of the workplace, lead and motivate others, and excel in your career. In fact, when it comes to gauging job candidates, many companies now view emotional intelligence as being as important as technical ability and require EQ testing before hiring.

  - **Your physical health.** If you’re unable to manage your stress levels, it can lead to serious health problems. Uncontrolled stress can raise blood pressure, suppress the immune system, increase the risk of heart attack and stroke, contribute to infertility, and speed up the aging process. The first step to improving emotional intelligence is to learn how to relieve stress.

  - **Your mental health.** Uncontrolled stress can also impact your mental health, making you vulnerable to anxiety and depression. If you are unable to understand and manage your emotions, you’ll also be open to mood swings, while an inability to form strong relationships can leave you feeling lonely and isolated.

  - **Your relationships.** By understanding your emotions and how to control them, you’re better able to express how you feel and understand how others are feeling. This allows you to communicate more effectively and forge stronger relationships, both at work and in your personal life.
- How to raise your emotional intelligence

All information to the brain comes through our senses, and when this information is overwhelmingly stressful or emotional, instinct will take over and our ability to act will be limited to the flight, fight, or freeze response. Therefore, to have access to the wide range of choices and the ability to make good decisions, we need to be able to bring our emotions into balance at will.

Memory is also strongly linked to emotion. By learning to use the emotional part of your brain as well as the rational, you’ll not only expand your range of choices when it comes to responding to a new event, but you’ll also factor emotional memory into your decision-making process. This will help prevent you from continually repeating earlier mistakes.

To improve your emotional intelligence—and your decision-making abilities—you need to understand and control the emotional side of your brain. This is done by developing five key skills. By mastering the first two skills, you’ll find skills three, four, and five much easier to learn.

- Developing emotional intelligence through five key skills:

Emotional intelligence (EQ) consists of five key skills, each building on the last:

- The ability to quickly reduce stress
- The ability to recognize and manage your emotions
- The ability to connect with others using nonverbal communication
- The ability to use humor and play to deal with challenges
- The ability to resolve conflicts positively and with confidence

- How to learn the five key skills of emotional intelligence

The five skills of emotional intelligence can be learned by anyone, at any time. There is a difference, however, between learning about emotional intelligence and applying that knowledge to your life. Just because you know you should do something doesn’t mean you will—especially when you become overwhelmed by stress, which can hijack your best intentions.

In order to permanently change behavior in ways that stand up under pressure, you need to learn how to take advantage of the powerful emotional parts of the brain that remain active and accessible even in times of stress. This means that you can’t simply read about emotional intelligence in order to master it. You have to experience and practice the skills in your everyday life.
- Emotional intelligence (EQ) skill 1: Rapidly reduce stress
High levels of stress can overwhelm the mind and body, getting in the way of your ability to accurately “read” a situation, hear what someone else is saying, be aware of your own feelings and needs, and communicate clearly.
Being able to quickly calm yourself down and relieve stress helps you stay balanced, focused, and in control—no matter what challenges you face or how stressful a situation becomes.

- Stress busting: functioning well in the heat of the moment
Develop your stress-busting skills by working through the following three steps:

- **Realize when you’re stressed** – The first step to reducing stress is recognizing what stress feels like. How does your body feel when you’re stressed? Are your muscles or stomach tight or sore? Are your hands clenched? Is your breath shallow? Being aware of your physical response to stress will help regulate tension when it occurs.

- **Identify your stress response** – Everyone reacts differently to stress. If you tend to become angry or agitated under stress, you will respond best to stress-relieving activities that quiet you down. If you tend to become depressed or withdrawn, you will respond best to stress-relieving activities that are stimulating. If you tend to freeze—speeding up in some ways while slowing down in others—you need stress-relieving activities that provide both comfort and stimulation.

- **Discover the stress-busting techniques that work for you** – The best way to reduce stress quickly is by engaging one or more of your senses: sight, sound, smell, taste, and touch. Each person responds differently to sensory input, so you need to find things that are soothing and/or energizing to you. For example, if you’re a visual person you can relieve stress by surrounding yourself with uplifting images. If you respond more to sound, you may find a wind chime, a favorite piece of music, or the sound of a water fountain helps to quickly reduce your stress levels.

- Emotional intelligence (EQ) skill 2: Emotional awareness
Being able to connect to your emotions—having a moment-to-moment awareness of your emotions and how they influence your thoughts and actions—is the key to understanding yourself and others.
Many people are disconnected from their emotions—especially strong core emotions such as anger, sadness, fear, and joy. This may be the result of negative childhood experiences that taught you to try to shut off your feelings. But although we can distort, deny, or numb our feelings, we can’t eliminate them. They’re still there, whether we’re aware of them or not. Unfortunately, without emotional awareness, we are unable to fully understand our own motivations and needs, or to communicate effectively with others.

- **Developing emotional awareness**

Emotional awareness can be learned at any time of life. If you haven’t learned how to manage stress, it’s important to do so first. When you can manage stress, you’ll feel more comfortable reconnecting to strong or unpleasant emotions and changing the way you experience and respond to your feelings.

You can develop your emotional awareness by learning the mindfulness meditation in Helpguide’s free Bring Your Life into Balance toolkit that helps you to get in touch with difficult emotions and manage uncomfortable feelings.

- **Emotional intelligence skill (EQ) 3: Nonverbal communication**

Being a good communicator requires more than just verbal skills. Often, what you say is less important than how you say it, or the other nonverbal signals you send out—the gestures you make, the way you sit, how fast or how loud you talk, how close you stand, or how much eye contact you make. In order to hold the attention of others and build connection and trust, you need to be aware of, and in control of, this body language. You also need to be able to accurately read and respond to the nonverbal cues that other people send you.

These messages don’t stop when someone stops speaking. Even when you’re silent, you’re still communicating nonverbally. Think about what you are transmitting as well, and if what you say matches what you feel. If you insist, “I’m fine,” while clenching your teeth and looking away, your body is clearly signaling the opposite. Your nonverbal messages can produce a sense of interest, trust, excitement, and desire for connection—or they can generate fear, confusion, distrust, and disinterest.

- **Tips for improving nonverbal communication**

Successful nonverbal communication depends on your ability to manage stress, recognize your own emotions, and understand the signals you’re sending and receiving. When communicating:
• **Focus on the other person.** If you are planning what you’re going to say next, daydreaming, or thinking about something else, you are almost certain to miss nonverbal cues and other subtleties in the conversation.

• **Make eye contact.** Eye contact can communicate interest, maintain the flow of a conversation, and help gauge the other person’s response.

• **Pay attention to nonverbal cues** you’re sending and receiving, such as facial expression, tone of voice, posture and gestures, touch, and the timing and pace of the conversation.

- **Emotional intelligence (EQ) skill 4: Use humor and play to deal with challenges**

Humor, laughter, and play are natural antidotes to life’s difficulties; they lighten your burdens and help you keep things in perspective. A good hearty laugh reduces stress, elevates mood, and brings your nervous system back into balance.

Playful communication broadens your emotional intelligence and helps you:

• **Take hardships in stride.** By allowing you to view your frustrations and disappointments from new perspectives, laughter and play enable you to survive annoyances, hard times, and setbacks.

• **Smooth over differences.** Using gentle humor often helps you say things that might be otherwise difficult to express without creating a flap.

• **Simultaneously relax and energize yourself.** Playful communication relieves fatigue and relaxes your body, which allows you to recharge and accomplish more.

• **Become more creative.** When you loosen up, you free yourself of rigid ways of thinking and being, allowing you to get creative and see things in new ways.

- **How to develop playful communication:**

It’s never too late to develop and embrace your playful, humorous side.

• Try setting aside regular, quality playtime. The more you joke, play, and laugh—the easier it becomes.

• Find enjoyable activities that loosen you up and help you embrace your playful nature.

• Practice by playing with animals, babies, young children, and outgoing people who appreciate playful banter.
- Emotional intelligence (EQ) skill 5: Resolve conflict positively
Conflict and disagreements are inevitable in relationships. Two people can’t possibly have the same needs, opinions, and expectations at all times. However, that needn’t be a bad thing. Resolving conflict in healthy, constructive ways can strengthen trust between people. When conflict isn’t perceived as threatening or punishing, it fosters freedom, creativity, and safety in relationships.
The ability to manage conflicts in a positive, trust-building way is supported by the previous four skills of emotional intelligence. Once you know how to manage stress, stay emotionally present and aware, communicate nonverbally, and use humor and play, you’ll be better equipped to handle emotionally charged situations and catch and defuse many issues before they escalate.

Tips for resolving conflict in a trust-building way:

- **Stay focused in the present.** When you are not holding on to old hurts and resentments, you can recognize the reality of a current situation and view it as a new opportunity for resolving old feelings about conflicts.
- **Choose your arguments.** Arguments take time and energy, especially if you want to resolve them in a positive way. Consider what is worth arguing about and what is not.
- **Forgive.** Other people’s hurtful behavior is in the past. To resolve conflict, you need to give up the urge to punish or seek revenge.
- **End conflicts that can’t be resolved.** It takes two people to keep an argument going. You can choose to disengage from a conflict, even if you still disagree.
2.4 History of spiritual intelligence

This inquiry into spiritual intelligence suggests that it is one of several types of intelligence and that it can be developed relatively independently. Spiritual intelligence calls for multiple ways of knowing and for the integration of the inner life of mind and spirit with the outer life of work in the world. It can be cultivated through questing, inquiry, and practice. Spiritual experiences may also contribute to its development, depending on the context and means of integration. Spiritual maturity is expressed through wisdom and compassionate action in the world. Spiritual intelligence is necessary for discernment in making spiritual choices that contribute to psychological well-being and overall healthy spiritual development.

Spirituality exists in the hearts and minds of men and women everywhere, within religious traditions and independently of tradition. If, following theologian Paul Tillich, we define spirituality as the domain of ultimate concern, then everyone is spiritual because everyone has ultimate concerns. However, the term ultimate concern can be interpreted in many different ways. Some people do not consider themselves or their concerns to be spiritual. Spirituality, like emotion, has varying degrees of depth and expression. It may be conscious or unconscious, developed or undeveloped, healthy or pathological, naive or sophisticated, beneficial or dangerously distorted.

Some current definitions of spirituality can be summarized as follows: (a) Spirituality involves the highest levels of any of the developmental lines, for example, cognitive, moral, emotional and interpersonal; (b) Spirituality is itself a separate developmental line. (c) Spirituality is an attitude (such as openness to love) at any stage; and (d) Spirituality involves peak experiences, not stages. An integral perspective would presumably include all these different views and others as well.

Spirituality may also be described in terms of ultimate belonging or connection to the transcendental ground of being. Some people define spirituality in terms of relationship to God, to fellow humans, or to the earth. Others define it in terms of devotion and commitment to a particular faith or form of practice. To understand how spirituality can contribute to the good life, defined in humanistic terms as living authentically the full possibilities of being human, it seems necessary to differentiate healthy spirituality from beliefs and practices that may be detrimental to well-being. This leads to the challenge of defining and cultivating spiritual intelligence.

Because there is little agreement about definitions of spirituality, discussions of
spiritual intelligence need to be exploratory rather than definitive. By asking the question of what is meant by spiritual intelligence I hope to stimulate further discussion of a topic which I think merits further investigation.

 Definitions
Definitions of spiritual intelligence rely on the concept of spirituality as being distinct from religiosity.

Spiritual intelligence is a term used by some philosophers, psychologists, and developmental theorists to indicate spiritual parallels with IQ (Intelligence Quotient) and EQ (Emotional Quotient).

Vineeth V. Kumar and Manju Mehta defined spiritual intelligence as "the capacity of an individual to possess a socially relevant purpose in life by understanding 'self' and having a high degree of conscience, compassion and commitment to human values."

Cindy Wigglesworth defines spiritual intelligence as "the ability to act with wisdom and compassion, while maintaining inner and outer peace, regardless of the circumstances." She breaks down the competencies that comprise SQ into 21 skills, arranged into a four quadrant model similar to Daniel Goleman's widely used model of emotional intelligence or EQ. The four quadrants of spiritual intelligence are defined as:

1. Higher Self / Ego self Awareness
2. Universal Awareness
3. Higher Self / Ego self Mastery
4. Spiritual Presence / Social Mastery

David B. King defines spiritual intelligence as a set of adaptive mental capacities based on non-material and transcendent aspects of reality, specifically those that: "...contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states."

Danah Zohar coined the term "spiritual intelligence" and introduced the idea in 1997 in her book ReWiring the Corporate Brain. Danah Zohar defined 12 principles underlying spiritual intelligence:

- Self-awareness: Knowing what I believe in and value, and what deeply motivates me.
- Spontaneity: Living in and being responsive to the moment.
• Being vision- and value-led: Acting from principles and deep beliefs, and living accordingly.
• Holism: Seeing larger patterns, relationships, and connections; having a sense of belonging.
• Compassion: Having the quality of "feeling-with" and deep empathy.
• Celebration of diversity: Valuing other people for their differences, not despite them.
• Field independence: Standing against the crowd and having one's own convictions.
• Humility: Having the sense of being a player in a larger drama, of one's true place in the world.
• Tendency to ask fundamental "Why?" questions: Needing to understand things and get to the bottom of them.
• Ability to reframe: Standing back from a situation or problem and seeing the bigger picture or wider context.
• Positive use of adversity: Learning and growing from mistakes, setbacks, and suffering.
• Sense of vocation: Feeling called upon to serve, to give something back.

Robert Emmons defines spiritual intelligence as "the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment." He originally proposed 5 components of spiritual intelligence:

1. The capacity to transcend the physical and material.
2. The ability to experience heightened states of consciousness.
3. The ability to sanctify everyday experience.
4. The ability to utilize spiritual resources to solve problems.
5. The capacity to be virtuous.

Howard Gardner, the originator of the theory of multiple intelligences, chose not to include spiritual intelligence amongst his "intelligences" due to the challenge of codifying quantifiable scientific criteria. Instead, Gardner suggested an "existential intelligence" as viable. However, contemporary researchers continue explore the viability of Spiritual Intelligence (often abbreviated as "SQ") and to create tools for measuring and developing it. So far, measurement of spiritual intelligence has tended to rely on self-assessment instruments, which some claim can be susceptible to false reporting.
Variations of spiritual intelligence are sometimes used in corporate settings, as a means of motivating employees, and providing a non-religious, diversity-sensitive framework for addressing issues of values in the workplace. According to Stephen Covey, "Spiritual intelligence is the central and most fundamental of all the intelligences, because it becomes the source of guidance for the others."

The fifth capacity was later removed due to its focus on human behavior rather than ability, thereby not meeting previously established scientific criteria for intelligence. Frances Vaughan offers the following description: "Spiritual intelligence is concerned with the inner life of mind and spirit and its relationship to being in the world."

King further proposes four core abilities or capacities of spiritual intelligence:

1. **Critical Existential Thinking**: The capacity to critically contemplate the nature of existence, reality, the universe, space, time, and other existential/metaphysical issues; also the capacity to contemplate non-existential issues in relation to one's existence (i.e., from an existential perspective).

2. **Personal Meaning Production**: The ability to derive personal meaning and purpose from all physical and mental experiences, including the capacity to create and master a life purpose.

3. **Transcendental Awareness**: The capacity to identify transcendent dimensions/patterns of the self (i.e., a transpersonal or transcendent self), of others, and of the physical world (e.g., nonmaterialism) during normal states of consciousness, accompanied by the capacity to identify their relationship to one's self and to the physical.

4. **Conscious State Expansion**: The ability to enter and exit higher states of consciousness (e.g., pure consciousness, cosmic consciousness, unity, oneness) and other states of trance at one's own discretion (as in deep contemplation, meditation, prayer, etc.).

**Criticisms of Spiritual Intelligence**

It has been argued that Spiritual Intelligence cannot be recognized as a form of intelligence. Howard Gardner, originator of multiple intelligence theory, chose not to include spiritual intelligence amongst his intelligences due to the challenge of codifying quantifiable scientific criteria. Later, Gardner suggested an “existential intelligence” as viable, but argued that it was better to “put aside the term spiritual, with its manifest and problematic connotations, and to speak instead of an intelligence
that explores the nature of existence in its multifarious guises. Thus, an explicit concern with spiritual or religious matters would be one variety—often the most important variety—of an existential intelligence.”

Measuring Spiritual Intelligence
Measurement of spiritual intelligence relies on self-reporting. David King and Teresa L. DeCicco have developed a self-report measure, the Spiritual Intelligence Self-Report Inventory (SISRI-24) with psychometric and statistical support across two large university samples. Cindy Wigglesworth has developed the SQ21, a self-assessment inventory that has tested positively for criterion validity and construct validity in statistically significant samples. Wigglesworth's SQ model and assessment instrument have been successfully used in corporate settings.

The Scale for Spiritual Intelligence (SSI; Kumar & Mehta, 2011) is a 20-item, self-report measure of spiritual intelligence in adolescents. The idea behind the development of this scale was to generate and assess the concept of spiritual intelligence in the collectivist culture bounded with eastern philosophy. The SSI is rated on a Likert scale and can be completed in 10 minutes.

2.5 Need of review of related literature
Review of the work done in the field of mental health is necessary and it helps the investigator to get insight into the scale and prepare a design to attack the problem on hand. It gives ideas how to select or prepare appropriate scale and sample designs. It also helps the investigator to get a closer view of the present work and understand the real nature of the scale. The review of related researches is necessary to know how the researches are undertaken in the same field and which techniques are adopted by the investigators to carry out the research.

Review of the work done is necessary to show the available evidence to develop the scale effectively and thus the risk of duplication can also be avoided. Again it is necessary to provide ideas, theories, explanations in formulating the scale. It also suggests appropriate research methods for the scale, to locate comparative data useful in the interpretation of results and contribute to the general scholarship of the investigator. The review of the work done is useful from the point of view of handling the present study properly.
2.6 Review of related researches

Investigator reviewed different past researches related to this study. Related researches are classified in two types which are given below.

1. Researches done in India at Ph.D. level
2. Researches done in foreign countries

2.6.1 Researches done in India at Ph.D. level:

The review of past researches done in India are as follows:

Study – 1

Title: Personality and mental health concomitant of religiousness in the Tibetan students in the adolescent age group.


Objectives: The major objectives of the study were:

(1) To study the religiosity of the Tibetan adolescents studying in higher secondary schools.

(2) To study the relationship between personality, religiosity and mental health of the Tibetan adolescents of the age group 16+ to 18 years.

(3) To establish relationship between religious attitude and mental health of the Tibetan adolescents.

Sample:

The sample consisted of 313 adolescents (251 boys and 62 girls) studying in higher secondary Tibetan schools in different parts of the Himalayas, namely Dharamsala, Dalhousie, Kulu, Mandi, Mussoorie and Darjeeling.

Tool:

The tools for the collection of data were sixteen personality factor questionnaire by Cattell, the Cornell Medical Index and Religiosity questionnaire, locally constructed by the investigator.

Methodology:

The study was a descriptive exploratory survey research. Statistical techniques of differential analysis, simple and multiple correlations and factor analysis were used for the analysis of the data.

Findings: The major findings of the study were:

(1) In general, Tibetan adolescents were found to be religious, mentally healthy and possessing positive personality characteristics in being warm-hearted, average in intelligence, emotionally stable, assertive, conscientious,
imaginative, experimenting, self-sufficient, controlled and tense.

(2) The high religious groups in respect of R₁ (faith in God) differed from the low religious groups in being more shrewd and in showing a tendency towards PF (conservatism).

(3) The high religious groups tended to be more conservative.

(4) The high religious groups in respect of R₃ (faith in religion) differed from the low religious groups in personality characteristics such as intelligence, suspiciousness and relaxation.

(5) The high religious groups were associated with the measures of mental health, which were inadequacy, depression, anxiety, sensitiveness, anger and tension.

(6) Males were more religious than females.

(7) Females were more self-opinionated and imaginative than men.

(8) Only some factors of personality such as intelligence and ego-strength were found to be positively correlated with religiosity.

(9) The subdimensions of religiosity and the measures of mental health were significantly correlated.

(10) Varimax group factors III, VIII and IX with the specific constellation of some factors of personality and dimensions of religiosity were identified as factors of personality and religiosity.

(11) Varimax group factor I identified as factor of mental health and religiosity confirmed that certain measures of mental health were concomitants of religiosity.

Study – 2
Title : Deterioration in interest as a function of insecure mental health during and after the period of certain academic specialization.
Researcher : Bhan
Objectives : The major objectives of the study were:

(1) To verify if deterioration in interest is a function of insecure mental health among students studying in M.A./M.Sc. or students who had passed M.A./M.Sc.

(2) To find out the factors related to insecurity among students studying for M.A./M.Sc. or who have passed M.A./M.Sc.
(3) To find out how far rejection, isolation and anxiety were the basic factors related to insecurity

(4) To compare the case histories of secure person with those of insecure persons.

Sample:
The sample was drawn from students studying for M.A. or M.Sc. and from the persons who settled down in life after passing M.A./M.Sc. in all 1,300 persons formed the sample of the study. This included 800 in-course and 500 after-course persons. These persons were divided into two groups – secure persons and insecure persons.

Tools and methodology:
Investigator used Maslow’s security-insecurity inventory. The Ray-Chawdhury interest survey, the Rorschach psycho-diagnostic test and the Non-directive interview schedule. Along with these data, university or college records of the sample were also studied. The data so collected were analyzed with the help of t-test.

Findings:
(1) Interest in outdoor and physical activities deteriorated in the case of in-course group due to insecurity of mental health.

(2) Interest in such fields as literary activities, welfare and humanitarian activities, outdoor and physical activities, gregarious and social activities deteriorated in the case of after-course group due to insecurity of mental health.

(3) Interest fields which were not found to deteriorate in the case of in-course group due to insecurity of mental health were scientific interest, literary interest, gregarious interest and domestic interest.

(4) Interest fields which were not found to deteriorate in the case of after-course group due to insecurity of mental health were scientific interest and domestic interest.

(5) Security-insecurity was a stable characteristic of personality and was caused by long-standing factors which affected from early childhood.

Study – 3
Title: Mental health as a correlate of intelligence, education, academic achievement and socio-economic status.

Researcher: Magotra University: Jammu Uni. Year: 1982
Objectives: The major objectives of the study were:

1. To isolate the factors associated with mental health and to prepare a questionnaire on them.
2. To make a comparative study of scores of boys and girls on the factors selected and the inventory on mental health.
3. To determine the degree of relationship between the factors selected (independent variables) and mental health (dependent variable) of the students selected for the study.
4. To study the effect of gender, levels of education and socio-economic status on mental health.
5. To find out the constituents which dominated the mental health of boys and girls.

Tools:
For the collection of data the tools used were General Intelligence test (Joshi), cultural level questionnaire, socio-economic status questionnaire, health condition questionnaire and mental health inventory.

Findings:
1. Girls scored higher in the intelligence test and in the socio-economic questionnaire than boys.
2. Girls appeared to possess better mental health, were capable of facing the realities around them and were in a position to tide over the mental disequilibrium.
3. The mental health of boys and girls appeared to be considerably influenced by the two factors, namely intelligence and physical health.
4. The mental life of boys was dominated by the feelings of depression and neurotic behaviour. On the other hand, girls were found to be suffering from a sense of insecurity and anxiety.

Study – 4
Title: Relationship between mental health and some family characteristics of middle class school-going adolescents.

Objectives: The major objectives of the study were:
1. To study the structure of the family today.
(2) To find out the relationship between children’s mental health and their family characteristics, namely family structure and family tension.

Sample:
The sample consisted of randomly selected 400 school-going children (212 boys and 188 girls) of age group 13 to 17 years. Mental health inventory was administered on the 400 children.

Methodology:
After administration of mental health inventory, healthy and unhealthy groups were formed. These groups were interviewed through the Children’s interview schedule and a biodata sheet. Estimates of family structure and family tension were found from the Children’s interview schedule, while the biodata sheet was used for having an idea about the nature of the sample studied. The data were analysed statistically and the groups were compared for the variable study through the t-test.

Findings: The major findings were:
(1) The mentally unhealthy group of children had higher family tension than the healthy group.
(2) The children from families with syncretic division of functions had better mental health.
(3) The family structure was not related to the mental health of the children.

Study – 5
Title: A psycho-social study of the mental health of players and non-players.
Researcher: Agashe
University: Ravishankar Uni. Year: 1991
Objectives:
(1) To study the relationship between mental health, neuroticism, extraversion and intelligence.
(2) To study the extent of the main effects of personality dimensions, gender, SES and participation in games and sports on the mental health of players and non-players.

Sample:
The sample of the study comprised 600 young adults drawn equally from the two gender groups (male/female) and players from colleges located at Raipur and Bilaspur in Madhya Pradesh.
Tool and methodology:
The tools used included Mehrotra’s group test of intelligence, Eysenck’s Personality inventory, Strupp and Hadley’s Mental Health inventory and Agashe and Helode’s SES scale. The data were analysed through mean, SD, t-test, product moment correlation and ANOVA.

Findings:
(1) Correlational analysis revealed that IQ was not significantly related to any variable.
(2) Psychoticism and neuroticism were significantly negatively related to mental health.
(3) Extraversion was positively related to mental health. (4) SES was very weakly related to mental health.
(5) Players were healthier than non-players. Participation in physical exercise contributed to positive mental health. However, the degree of this contribution was moderated by the personality of the individual.

Study – 6
Title: Influence of home and school environment on the mental health status of children.
Researcher: Manjuvani
University: Sri Venkateswara Uni.
Year: 1990
Objective:
To establish home and school environmental influences on mental health status.
Sample:
A sample of 514 students from class – 8 to 10 (271 boys and 243 girls) from Tirupati high school, Andhra Pradesh, India participated in the study. A multistage random sampling was used in selecting the 514 subjects for the present study.
Tools and methodology:
The tools used included three inventories dealing with home environment, school environment and mental health. Two series of step-wise multiple regression analysis was used to analyse the data.
Findings:
The following are some of the major findings drawn within the score investigated and the analysis of data.
The home environment as measured by HEI was found to be a major significant contributing variable in predicting all the three mental health components, namely, assets (MHC-A), liabilities (MHC-Lo) and mental health index. It was found that better the quality of home environment better the mental health status.

The school environment as measured by SEI was found to be a significant contributor to the variance in both liabilities (MHC-Lo) and mental health index.

The availability of resources, opportunity given to explore them and how they are actually utilized by the child are found to be significant determining factors in explaining the mental health status.

Study – 7
Title : A study of health awareness of women.
Researcher : Dash
Year : 2006
Objectives :
(1) To quantify and assess the health awareness of women of Orissa and compare it among women categories with relation to their place of resident, education, age and socio-economic background.
(2) To find their awareness with relation to different dimensions of health.

Sample :
The present study has been carried out with a sample population of 444 women randomly selected from five districts (Cuttack, Puri, Dhenakal, Jaipur and Sundergarh) of Orissa.

Tools :
In the absence of suitable tool, the health awareness questionnaire was developed for collection of required data in the present study. After referring current literature and consulting expert in the field, five dimensions, viz., nutrition and nutritional disorders, communicable diseases, maternal health care and family planning, child health care and access to health services, were included in the instrument. In each dimension both factual and conceptual knowledge items developed in a multiple-choice format were kept. The reliability coefficient for the instrument was 0.68 which reflected near high reliability of the instrument. The developed instrument had 35 items under five dimensions.
Procedure for data collection:
The instrument first developed in English was translated into regional language (Oriya) for the convenience of the target group (women of Orissa). The questionnaires were given to the sample population and were asked to read the questions and give their responses freely. The sample women were encouraged to write their opinion/suggestions if any at the end of each questionnaire. While collecting the marked questionnaires, informal discussions were made to ascertain their views, if any.

Findings:
(1) Analysis of various data on health awareness showed that there was significant difference in the score among different women categories in each locality (rural/urban).
(2) Average mean percent score on each of the five dimensions showed that urban as well as rural women were more aware about access to health services (score being more than 60.06 percent) followed by communicable diseases (score 51.10 percent) than other dimensions.
(3) Mean percent score on different dimensions of health showed that rural women had moderate awareness on access to health services but they were poor in other dimensions.
(4) Place of residence: Both urban and rural women had less than 50 percent in mean awareness score. This showed that they had low awareness score on health issues. There was significant difference between these two groups in their scores and urban women were more aware than rural women.
(5) Age: Looking into age, similarly both low and high age group women had scores less than 50 percent and there was significant difference in their scores.
(6) Education: Illiterate and literate women had an average awareness score of 28.2 and 58.0 percent respectively and the difference in their scores was statistically significant at 1 percent level. This reflected that illiterate woman were poor in health awareness whereas literate women were moderately aware of the issues.
(7) Socio-economic background: Looking into the socio-economic background and health care awareness, it was noted that high socio-economic background women had moderate level awareness whereas other two (low and middle socio-economic background) categories had poor awareness.
Study – 8

Title: An investigation into the mental health and physical health differences between retirees and working persons.

Researcher: Kothari

Year: 2006

Objectives: The main aim of the study was to investigate the mental health and physical health differences between retirees and working persons.

Sample:
The sample comprised of 25 Retirees (after opting for VRS) and 25 Workers who were working in manufacturing companies. The educational qualification of the participants ranged from Graduation to post graduation and the average age of the sample was 45 years.

Test Materials Used:
The Occupational stress indicator (OSI, 1988) developed by Carl Cooper, Stephen Sloan and Stephen Williams were used. OSI adopts a dynamic approach to measuring the symptoms of occupational stress and helps to meet the needs of the business users. The indicator was developed with the primary purpose of identifying the level of stress that by its very nature helped management to take the corrective action and utilize their employees full potential. OSI is a comprehensive scale, which measured various aspects related to the employees stress. For the purpose of this study only the subscale measuring mental and physical health was selected.

(a) Mental Health Questionnaire (Adopted from OSI, 1988) – Part A of this questionnaire focuses on feelings and behaviour and how these are affected by the pressure you perceive in your job.

(b) Physical Health Questionnaire (Adopted from OSI, 1988) – part B is concerned more specifically with the frequency of occurrence of manifestly physical problems.

Method of data collection:
Each respondent of the sample was contacted individually. The respondents were informed about the purpose of the study and after their consent, the questionnaire was given to them. To minimize response bias and help in interpretation of the questions, the respondents were requested to fill the response in the presence of the researcher.
Findings:
The working persons had significantly better mental health than retirees. The cause behind it is that the retirement, which ends this important work role, means that the retiree is likely to suffer psychologically from no longer being able to view himself as a productive, contributing member of society.

Study – 9
Title: To study the difference of mental health between handicapped male and female and between urban and rural handicapped in six areas of mental health.
Objectives:
(1) To study the difference of mental health between male handicapped and female handicapped in six areas.
(2) To study the difference of mental health between rural handicapped and urban handicapped in six areas.
(3) To study the difference of mental health between female urban handicapped and male rural handicapped in six areas.
(4) To study the difference of mental health between male urban handicapped and male rural handicapped in six areas.
(5) To study the difference of mental health between male rural handicapped and female rural handicapped in six areas.
(6) To study the difference of mental health between male urban handicapped and female urban handicapped in six areas.
(7) To study the difference of mental health between male rural handicapped and female urban handicapped in six areas.
(8) To study the difference of mental health between male urban handicapped and female rural handicapped in six areas.
(9) To study the over all difference of mental health in six areas between above written groups.

Sample:
A sample of 120 students was taken from Bhavnagar city with the help of incidental sampling. The data was collected from PNR society and other coaching classes of Bhavnagar.
Tools:
Mental health inventory (MHI) by Jagdish & Srivastava was used to collect
data.

**Research Design:**

2x2 factorial design was used for the analysis of scores.

**Findings and Conclusion:**

(1) There was a significant difference between male and female handicapped.
(2) No significant difference between urban and rural handicapped.
(3) A significant difference was found between male urban and male rural handicapped.
(4) There was no significant difference between female urban and female rural handicapped.
(5) There was no significant difference between male rural and female rural handicapped.
(6) There has not been significant difference between male urban and female urban handicapped.
(7) A significant difference between male rural and female urban handicapped was found.
(8) A significant difference was found between male urban and female rural handicapped.

**Study – 10**

**Title:** Influence of meditation techniques and Jacobson’s Progressive Muscular Relaxation on Measures of Mental Health.

**Researcher:** Nathawat and Kumar

**Objectives:**

(1) To study the difference of mental health between male and female.
(2) To study the difference of mental health between rural area and urban area.
(3) To study the difference of mental health between male and female in eleven days.

**Year:** 1999

**Tools:** Standardized questionnaires and projective measures were administered to the participants of all the five groups, firstly on the starting day and secondly on the eleventh day (i.e. after the course), brief description of the tests is as follow:

1. Overall Evaluation of Life Situation (OEOLS) – it was developed by Dupuy (1978). (range of score is 3-21).
2. Satisfaction with Life Scale (LS) – It was developed by Diener (1983). (Score ranges from 5-35).

3. Positive Affect and Negative Affect Scale (PA & NA) – the test was developed by Bradburn (1969).

Findings:
No significant difference was found in pre-test and post-test scores of the control group. The results indicated that Vipassana, TM, Yoga and JPMR were effective in reducing psychological dysfunction as well as enhancing positive mental health.

Study – 11
Kaur and Singh (2013) conducted a study to examine the spiritual intelligence of the prospective engineers and teachers in relation to their gender, locality and family status. The findings of the study revealed that the participants possess high spiritual intelligence i.e. most of the participants are solution- focused, creative, inspiring, wise, compassionate, can make a 64 difference, and who have the skills of flexibility, self-awareness, facing and using sufferings, getting inspired by vision and values, seeing connections between diverse things (thinking holistically), having a desire and capacity to cause as little harm as possible, having a tendency to prove and ask fundamental questions and working against convention in a rapidly evolving world

2.6.2 Researches done in foreign countries
The review of past researches done in foreign countries are as follows:

Study – 1
Topic : The development and evaluation of a mental health promotion programme for post-primary schools in Ireland.
Researcher : Byrne, Barry, Sheridan (2004)
Introduction :
Historically, health and personal development has been delivered on an ad hoc basis in Irish schools. However, from September 2005 Social, Personal and Health Education (SPHE) will be a mandatory curriculum subject for 15 to 18 year olds. There is a shortage of high-quality resources on positive mental health available for teachers to implement SPHE with this age group and the Mind Out project sought to meet this need.
Aim of the project :
The aims of the programme materials that have been developed are to:
(1) Identify a range of coping strategies available to young people in stressful situations;
(2) Identify rational thinking skills for use in controlling negative emotions;
(3) Raise awareness of feelings and how to deal with them positively;
(4) Raise awareness of sources of support, both informal and formal, for young people in distress;
(5) Explore attitudes towards mental health issues and towards seeking help.

The aims of the associated evaluation study were to:
(1) Establish the feasibility of adapting international models of best practice in curriculum materials for mental health promotion to the Irish school setting;
(2) Assess the impact of the programme on pupils’ knowledge, attitudes and skills in relation to mental health;
(3) Investigate whether the programme’s effects are greater than those of a standard health education programme;
(4) Explore the effects of different levels of teacher fidelity to the process of programme delivery;
(5) Assess the attitudes of teachers towards the content and structure of the programme and its effect on their pupils, the pupil-teacher relationship and the wider school environment;
(6) Ascertaining the attitudes of pupils towards the programme;
(7) Explore the usefulness of an activity-based workshop as an evaluation tool with young people.

Method and design:
The evaluation research study employed a randomized controlled experimental design. Programme evaluation assessments took place before and after implementation and at a 12 month follow-up, using the written questionnaire described below. Comparisons were made between: a. intervention groups receiving the Mind Out programme and control groups receiving no health education programme; b. intervention groups receiving the Mind Out programme and control groups receiving a standard health education programme.

A total of 59 schools from within the study region agreed to participate in the study as either intervention or control schools. Data were analysed at the cluster
(classroom) level, using multilevel modeling techniques (Byrne et al, in press).

**Findings:**
Approximately 650 pupils were taught the module by 33 teachers in 22 schools during the academic year 2001–2002. The mean age of participating students at baseline was 16.17 years. 56% were female and 57% came from non-manual social class backgrounds. Over 1 200 control students from a further 37 schools also participated in the evaluation study.

**Study – 2**

**Topic:** Open to a mentally healthy life: Working with adolescents in Zaragoza, Spain.

**Researcher:** Francisco, Campillo, Ballester, Olivan, Palacios, Laguna.

**Year:** 2004

**Introduction:**
This programme was created from formative sessions with young volunteers at the Rey Ardid Foundation. During these sessions, an information gap about subjects related to mental health in young people was noticed.

**Aim of the programme:**
The main aims of the programme are as follows.

1. To make young people responsible for their mental health and motivate them to adopt the most appropriate attitudes to improve their mental health.
2. To involve young people, their families and teachers and professionals belonging to medical and social organizations in order to promote mental health within schools.
3. To support the young people’s educational process from both medical and social perspectives.
4. To promote values such as solidarity and acceptance of difference.

All these aims work in an interrelated manner, with each goal supporting the rest. In this sense, the development of one single aim directly promotes the attainment of all the others. In consequence every goal in the programme is intended to be promoted in a joint and combined way.

**Method and design:**
This programme for promoting awareness of mental health issues was produced by a group of volunteers belonging to the Rey Ardid Foundation, a nongovernmental
organization. The volunteers were from the fields of social work, medicine, nursery provision, teaching and psychology. The variety of people involved gave a range of experiences and perspectives to the group, while still working to attain the common goal of creating an active attitude towards the difficult situation of accepting a mental illness.

When the project is initiated within a school, students of 14 and 15 years old form four groups of 25 students each. The students are from the same class, so a previous relationship exists among them. All students taking part in the project are evaluated twice, at the beginning and end of the project. This evaluation is made through a questionnaire which asks for students’ opinions of mental illness in the three areas of cause, description and treatment. Altogether 600 questionnaires have been completed so far.

**Findings:**
This project has been carried out every year between 1998 and 2004, in four secondary schools in Zaragoza. In total, 28 groups comprising 640 teenagers have taken part. In addition, 126 educational activities have been organized and arranged by 50 volunteers and three professionals from the Rey Ardid Foundation, together with 10 teachers.

The results obtained from the questionnaires reveal a certain ignorance of the students on mental health issues. Despite the familiarity of the students with the topics of the project and the good command they have of technical vocabulary, students often use pejorative idioms such as: “No way”, “Don’t even dream about it”, “You are paranoid” or “You are delirious”. The results obtained also show a relationship between those affected by a mental illness and the characteristic problems of adolescence as potential causes of the mental illness.

**Study – 3**
**Topic:** A study investigating mental health literacy in Pakistan. **Researcher:** Suhail **Year:** 2005

**Aims:**
This study was conducted to assess public mental health beliefs in Pakistan.

**Method:**
In a large-scale survey, conducted in three cities of Punjab along with their neighbouring suburbs, a total number of 1750 people from all walks of life were read a vignette describing symptoms of either psychosis or major depression. Survey
participants were requested to provide diagnosis, causes, prognosis and possible treatments for the disorders.

**Findings:**
The findings showed that mental unhealthiness was four times more likely to be diagnosed than psychosis (18.75% vs. 4.94%). A logistic regression analysis with forward selection for the predictors showed that the type of disorder, education status and area of residence contributed significantly to one’s ability to diagnose. More people believed that GPs (23.76%), psychologists (23.92%) and psychiatrists (20.73%) were the right people to consult for these problems. There were also some who considered hakims and homeopaths (4.22%), magical (13.11%) and religious healers (13.54%) as the appropriate people to contact. Those recognizing mental disorders were more likely to identify the underlying causes, prognosis and appropriate treatment of the problems.

**Conclusions:** The current findings suggest a need to initiate large mental health movements in Pakistan to increase the mental health awareness of people, especially targeting uneducated and rural populations.

**Animasahun (2008)** predicted estimates of emotional intelligence, spiritual intelligence, self efficacy and creativity skills on conflict resolution behaviour among the NURTW in the South-Western Nigeria and indicated positive correlations among different variables; and the four independent variables, when taken together, were significantly effective in predicting conflict resolution behaviour. While other variables contributed significantly to the prediction of conflict resolution behaviour, the emotional intelligence making the highest contribution followed by spiritual intelligence. Suggestions were made to arrange religious leaders to have consistent interactive sessions with the union and these efforts could lead to reduction in the rate of conflicts among members of the union and consequent peaceful co-existence.

**Hughes (2009)** proposed a model of spiritual well-being based on five relationships, with the self, with others, wider society, natural environment and view of the world as whole. The model proposed four levels of relationships: negative, positive, ethical and spiritual. This model has been applied to Australian young people between the age of thirteen and twenty four. The results viewed the spiritual well-being is important for battlement of the world.

**Madlock and Kennedy (2010)** examined the relationship between teachers spiritual intelligence and job satisfaction and revealed significant relationship between
teachers' spiritual intelligence and their ways to conceptualize the concept of job satisfaction.

Jeloudar and Goodarzi (2012) studied teachers with bachelor and master degree and found significant difference in their spiritual intelligence. It was revealed that to determine the level of teachers' spiritual intelligence based on teachers' with six major factors associated with job satisfaction: the nature of the work itself, attitudes towards supervisors, relations with co-workers, opportunities for promotion, salary and benefit, work condition in the present environment. Finally, with the exception of salary and benefit of teachers' job satisfaction factors were related to the teachers' spiritual intelligence.

Landa. Lopez, Martinez & Pulido (2006) examined the relationship between perceived emotional intelligence (PEI) and life satisfaction among university teachers and found that most significant predictors of life were positive and negative effect and emotional clarity. The results of study supported the incremental validity of self-report measures and capacity of constructs are related to emotional intelligence to explain the differences on life satisfaction independently from personality traits and mood states constructs.

Patneaude (2006) explored the spiritual wellness of undergraduate college students, findings showed that spiritual wellness played an important part in the lives of college students and the decisions they made on a daily basis regarding the other dimensions of wellness. Students were active in nurturing spirituality in a variety of ways such as volunteer activities for personal and social helping, personal reflection, and prayer. The results further indicated differences across gender, age, ethnicity, and year in school with regards to views on spirituality and the influence spiritual wellness had on the other wellness dimensions.

Yang and Mao (2007), who conducted studies on Taiwanese and Chinese nurses, respectively, to investigate the association between spiritual intelligence with demographic characteristics. Spiritual intelligence is the ultimate intelligence reflecting values and meanings, covering mental adaptation capacities and leading to non-materialistic and nonobligatory aspects. It contains spiritual sources, values, and specifications which enhance individuals' daily function and health. Individuals with high score of spiritual intelligence go beyond the body and material, experience the optimum level of consciousness, utilize spiritual sources to solve problems, and are ultimately characterized by modesty, forgiveness, justice, and compassion.
Khanifar, Jandaghi and Shojaie (2010) explored a significant relationship between opportunities for inner life satisfaction and affective professional commitment. They reached a major conclusion that paying attention to people’s personal milieu and respecting their spiritual values and also allowing them to overtly and openly express their ideas in the work environment results in increasing inner life satisfaction and subsequently it causes increasing in affective professional commitment.

Jeloudar, Yunus, Roslan and Nor (2011) studied differences between teachers gender and their spiritual intelligence and found that there were no significant differences in spiritual intelligence between male and female teachers. The findings also revealed that there was a significant difference between teachers’ age and their spiritual intelligence.

Deshmukh & Raphael (2010) studied on “Spiritual belief, depression and general well-being of adults.” Result showed that there was negative but non-significant correlation between spiritual belief and general wellbeing. There was significant difference among groups of spiritual belief general wellbeing of adults’. Adults have significantly better general wellbeing with high spiritual belief than low spiritual belief. Shabani,

Moosa & Ali (2011) showed that parenting styles can predict spiritual intelligence. Authoritative parenting style had a positive and significant relationship with spiritual intelligence but authoritarian and neglecting parenting styles had negative and significant relationship. Permissive parenting style had no significant relationship.

Javadi, mehrabi & others (2012) that emotional intelligence and spiritual intelligence are effective on organizational entrepreneurship. Also research findings demonstrated that the research model has a suitable goodness.

Sood, Bakhshi & Gupta (2012) found that research was carried out to explore the relationship between personality traits, spiritual intelligence and well being among university students. Data was subjected to correlation and regression analysis. Differences in personality traits and spiritual intelligence emerged in this study. Positive relationship was found between personal meaning production and two factors namely agreeableness and neuroticism. Significant relationship appeared between transcendental awareness and openness. Regression analysis revealed that transcendental awareness predicted well being. To further enhance the well being steps should be taken to develop and strengthen transcendental awareness in students.
Babanazari, Askari & others (2012) indicated that the relationship between spiritual intelligence and happiness in for Adolescents in High School. The research sample consisted of 221 high school students who took spiritual sensitivity scale and General Health Questionnaire the results of the study showed that there is a significant relationship between spiritual intelligence and happiness. The results of regression analysis showed that awareness sensing, mystery sensing, value sensing and community sensing significantly anticipated happiness.

Elyasi, Zadeh & Salehian (2012) studied on the overall goal of the research is to investigate the relationship between athletes and non-athletes on the mental health and spiritual intelligence. The results indicated that there is no relationship between spiritual intelligence expert and novice athletes and non-athletes of different sports and athletes. There was no significant difference between mental health of athletes and non-athletes. The mental health team sports and individual athletes with no significant difference between expert and novice. The results showed that the mental health of athletes and non-athletes with intellectual intelligence and significant inverse relationship was found.

Zahed-Babelan & Moeinikia (2012) found there was a negative and significant correlation between spiritual intelligence and religious identity foreclosure of female students. There was no significant relationship between spiritual intelligence and religious identity diffusion of both genders.

Jacob (2015) found that there is significant relationship between dimensions of the spiritual intelligence. Since it is a positive correlation, the relationship shows considerable dependence of variables on one another. The increases in one dimension of spiritual intelligence result in the corresponding increase in another dimension of the spiritual intelligence. From the table it is clear that the dimensions familial, interpersonal, psychological personality and social have above 65% positive relationship with each other. So it can be inferred that family function/dysfunction highly depends on function/dysfunction of these dimensions.

Anjum (2015) conducted that professional and non-professional courses students were compared on measures of spiritual intelligence, academic stress, life satisfaction and mental health. It was found out that the professional courses students showed relatively low level of spiritual intelligence, academic stress and better mental health. In contrast to it the non-professional courses students showed higher level of spiritual intelligence, academic stress and poor mental health. So far as their life satisfaction
was concerned they did not differ significantly but on other measures both the groups were found to differ significantly.

**2.7 Salient features of the present study**
The investigator has closely reviewed and studied previous research in the related area and found that the researches included various themes and perspectives like personality and mental health; effect of insecure mental health on interest during and post academic life. Some other research was focused on variables like intelligence, education, academic achievement and socio-economic. Other research was focused on effect of the characteristic of family and school environment on adolescent mental health. One research focused on difference between the mental health of players and non-players, while one research was focused on health awareness of women and mental health of handicapped male and female. The other research focused to study difference of mental and physical health between retired and working people. A research focused on how meditation effects on mental health. While some researches was on developing programme of mental health and literacy.

**2.8 Uniqueness of the present study**
The present study is different in many ways. The present investigation is based on the variables like gender, area, standard, achievement, stream and cast (category). Moreover, the investigation includes correlated study of the effect of SES, Emotional Intelligence, Security-Insecurity and anxiety on the mental health. The age group of the investigation is adolescent of students of higher secondary school. The investigator has developed a new standardized scale to assess of mental health. The scale developed during the investigation has been standardized by establishing the norms, reliability and validity. This investigation was administrated in various higher secondary school of Gujarat state. The investigation is significant to assess mental health of adolescent. Hence, the scale contributes many opportunities to provide remedies to sustain and improve mental health status of adolescent who are the future citizens.
2.9 Conclusion

After study of related literature there are many observation noted. Mental health is an important study as it deals with human being and society. It is observed that studies on mental health is seen with various perspective like social, psychological, cultural, educational etc. and thus the subject of mental health proves its potential correlation with different aspects of life. It is observed that the need of developing more reliable and valid tool is required. Hence looking at the need of mental health scale for higher secondary school students, the present investigation was carried out. The present mental health scale would be constructed to measure mental health status of secondary school students of Gujarat state. The plane and procedure of present study is discussed in chapter – III.