

CHAPTER I-INTRODUCTION

*Yada vai sukham labhate'tha karoti, nasukham labdhva karoti, sukham
eva labdhva karoti, sukham tveva vijijnasitavyam, iti, sukham, bhagavah,
vijijnasa iti*

(Chandogya Upanishad, 7.22.1)

When one obtains bliss, only then does one perform one's duties. One who does not obtain bliss does not perform his duties. Only one who obtains bliss performs his duties. One must desire to understand bliss.

"Venerable Sir, I desire to understand bliss". (Krishnanada, 1984, p.236)

Bliss is a pure form of happiness. Happiness can be understood from two perspectives; hedonic (Kahneman, Diener, & Schwarz, 1999) and eudaimonic perspective (Waterman, 1993). One of the significant contributions to eudaimonic happiness is the theory of psychological well-being. This dissertation is a miniscule effort in understanding and enhancing one's psychological well-being and enabling people to experience the bliss. Nonetheless, people are also important. Here, they are not like us who are fully equipped; they are people who can't see, who are highly vulnerable to exploitation, and who are in their highly vulnerable age group.

Human beings are born with insufficient inherent knowledge, skills and capabilities essential for survival as compared to other animal species. They need nursing as well as nurturing and constant social support to acquire the knowledge and skills

required. However, modern life is too complex and fast, therefore the skills need to be constantly upgraded and modified to enable people to face the challenging world. Some of these skills are quite important to get on with the business of day to day living with the intention of finding smoother ways which make us happier and healthier. Life skills training and implementation is, as a result, necessary to handle the everyday problems of life.

This challenge to face the hardship of modern life is utmost difficult and challenging for the persons suffering from visual impairment as well as hailing from lower socio-economic backgrounds. Here, the disadvantage is dual and multifaceted, indicates the stronger need for life skills education and intervention, to emanate their self-esteem and empower them with psychological well-being.

1.1 Psychological Well-Being: Relevance, Definition and Scope

There is a growing emphasis on understanding mental health from different perspectives. The traditional mental health concept was more or less restricted to mental illness or 'absence of mental illness'. However, in recent years, the trend has changed towards focusing on positive mental health (Jahoda, 1958). The researchers (Huppert & Whittington, 2003; Keyes, 2002, 2005; Tudor, 1996) argue that mental illness and positive mental health 'form two psychometrically distinct, but correlated on the same continuum of populations (Friedli, 2009). The research also shows that there is a direct but complex-multidirectional link that exists between positive mental health, mental illness as well as physical illness and physical well-being (Raphael et al., 2005). Some of the dimensions of positive mental health are self-esteem, self-efficacy, optimism,

subjective well-being, life satisfaction, hopefulness and interest in others. Nonetheless, promoting positive mental health can help people to prevent mental breakdown or get support in the early stages of symptom manifestation. Also, working on positive mental health could reduce the stigma associated with mental illness and mental health. Similar concepts emerged during this post modern era are positive human health (Ryff & Singer, 1998) and psychological well-being (Ryff, 1989b). The positive human health reiterates that health as, not mere absence of illness, but wellness of the complex mind-body interaction process. However, psychological well-being concept probably got more attraction and was accepted because of its empirical orientation in integrating with the dimensions of positive mental health (Fernandes, Vasconcelos-Raposo & Teixeira, 2010) and its applicability in measuring the latter (CIHI,2009). The psychological well-being model is quite relevant in understanding the eudaimonic basis of happiness, which expands happiness from mere experiencing positive emotions to striving for self-realization (Waterman, 1993). Eudaimonia has a philosophical background; proposed by Aristotle in the *Nicomachean Ethics* (Ryff & Singer, 2008).

Psychological well-being concept was first used by Bradburn (1969). He developed the affect balance scale to measure psychological well-being and did not give formal meaning to psychological well-being. But the formal definition with an in-depth theoretical background was carried out by Carol Ryff at University of Wisconsin. The recent definition says that psychological well-being is a subjective experience and can be defined as a person's cognitive and affective evaluations of his or her life (Diener, Lucas & Oishi, 2002) or Carr (2004) referred it to the achievement of one's full potential.

Psychological well-being could be referred to as an extent a person feels healthy, satisfied with, and even happy about one's life (Rainey, 1995; Richardsen, Burke and Leiter, 1992; Van et al., 1994) and Ryff (1989b) considered it as to what extent an individual is dealing with the existential challenges of life, focusing on self-realization and whether the person is fully functioning, leading to satisfaction in all aspects of life. Psychological well-being focuses on optimal psychological functioning and experiences and entails the perception of engagement with the existential challenges of life (Keyes et al., 2002). Ryff (1989) propounded a multi-dimensional model of psychological well-being with strong theoretical background from different theoretical perspective. This multi-dimensional model is based on Maslow's self-actualization (1968), Roger's optimal functioning (1961), Allport's maturity concept (1961) and Jahoda's positive mental health (1958). The model also recognized developmental life span perspective of Neugarten (1968, 1973), Erickson (1959) and others (Buhler, 1935). The Ryff's model has six dimensions. They are (Ryff, 1989a, 1989c, 1995; Ryff & Singer, 1996):

Self-Acceptance. Self-acceptance is a central feature of mental health as well as characteristics of self actualization, optimal functioning and maturity. It is regarded as having a positive attitude towards oneself; acknowledgement and acceptance of multiple, varied aspects of self and feeling positive about one's past life. It is a kind of self-evaluation that is long-term and involves awareness, and acceptance of, both personal strengths and weaknesses.

Environmental Mastery. This dimension includes having a sense of mastery; competence in managing one's complex environment and an ability to choose or create contexts personally suitable living situation based on one's needs and values. It is

suggested that active participation in and mastery of the environment are important ingredients of an integrated framework of positive psychological functioning.

Positive Relations with Others. This dimension involves maintaining warm, satisfying, trusting relationships with others. Individual's capability to show empathy, intimacy and concern about the welfare of others. The ability to love is viewed as a central component of mental health. This also includes believing and understanding that human relationships are reciprocal in nature.

Purpose in Life. Purpose in life refers to having positive goals, and a sense of directedness and intentionality in life. It is about having a feeling that there is meaning to present and past life and maintaining beliefs, which strengthens the purpose and meaning to one's existence.

Personal Growth. This dimension is about having feelings of continued development within one's self. This also indicates self as a dynamic entity; growing and expanding, allowing oneself to novel experiences and having a sense of realizing one's potential. It also includes confronting new challenges or tasks at different periods of life.

Autonomy. Autonomy refers to having a sense of independence and self-determination. This also involves the ability to resist to social pressures and to think and act in certain ways as well as self-regulation. The individual does not look to others for approval and self-evaluates by personal standards.

Ryff's model with its theoretical background (revised from Ryff, 1995) can be summarized in the following picture:

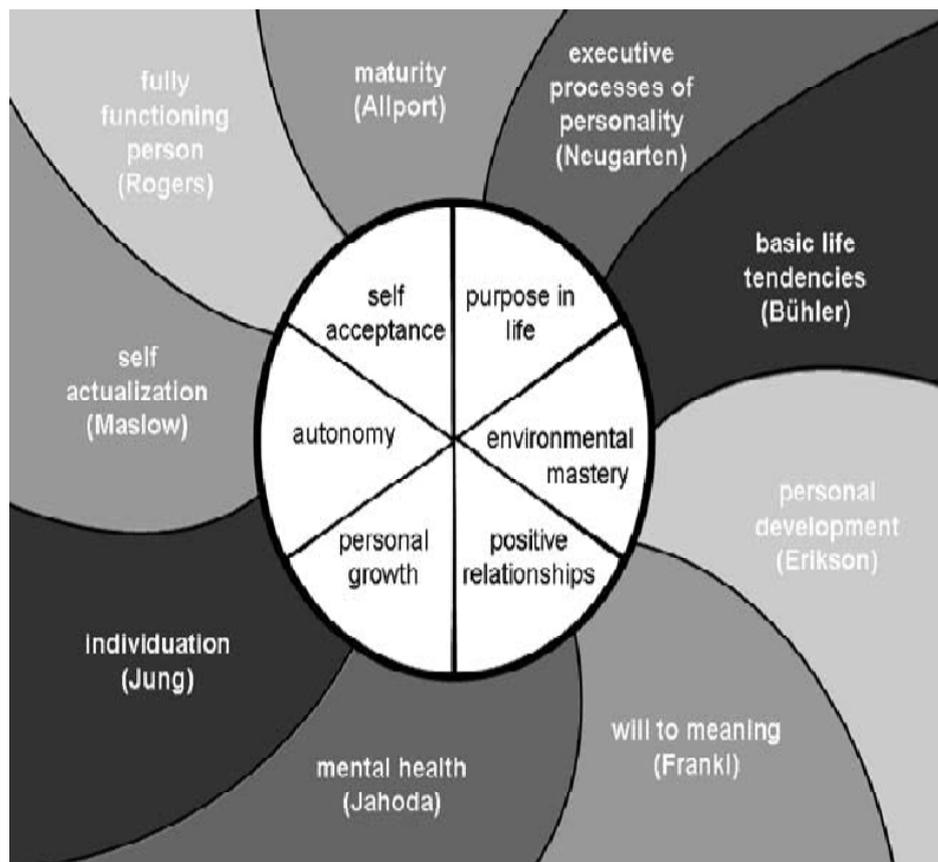


Figure 1. Core dimensions of PWB and their theoretical foundations (Courtesy: Ryff & Singer, 2008).

The Ryff's model is not out of criticism. Springer and Hauser (2006) questioned doubts about the validity of six factor model. They argued with data based on three surveys that personal growth, purpose in life, self-acceptance, and environmental mastery) empirically may be one dimension. However, Van Dierendonck et al. (2007) showed that the original six factor model is intact and confirmed it in cross-cultural studies. Kallay and Rus (2014) study also confirm Ryff's model indicating that well-being can be conceptualized as a second-order factor encompassing six dimensions. The reliability coefficient of the six subscales as well as the whole instrument was above .70 (Kallay & Rus, 2014). The Ryff's model has been confirmed in different language settings (Cheng & Chan, 2005; Kitamura & Kishida, 2004; Lindfors et al., 2006).

The research (Vazquez et al., 2009) also showed that psychological well-being seems to play a role in preventing and recovering from physical conditions and illnesses, even permitting an increase in life expectancy. The recent researches expanded Ryff's original concept to describe positive mental health and validating with subjective well-being aspects of mental health, making the model broader, which incorporates eudaimonic perspectives of well-being (Deci & Ryan, 2008; Keyes, 1998, 2003; Keyes & Lopez, 2002; Keyes & Marger-Moe, 2003). There are also efforts to associate between psychological well-being and emotional intelligence and results are generally positive (Lanciano & Curci, 2014).

Another perspective is implications of psychological well-being. Ryff and Singer (1996) opined that understanding psychological well-being helps in evaluating the treatments and its effectiveness, insight and direction regarding the factors that influence the occurrence of mental disorders as well as understanding the recovery process. The third point in the implications is mind-body connection, which has been missing in the mental illness literature. They emphasize that (1996):

...recognition of positive in human experience suggests another etiological route: that the absence of *goods* in people's lives may also affect why they become despondent about their lives. Viewed in this light, the explanatory task is broadened to encompass how the presence of negative as well as the absence of positive work together to influence the mental health. (Ryff & Singer, 1996, p.21)

Ryff's psychological well-being model is universal and applicable in different cultures. They say:

... taken together, these many lines of philosophic and scientific enquiry converge in their depiction of good and healthy life as one that involves processes of setting and pursuing goals, attempting to realize one's potential, experiencing deep connection with others, managing surrounding demands and opportunities, exercising self-direction and possessing positive self-regard. We posit that such features of human wellness are not culture bound, although their phenotypic forms (how purpose is expressed), and their relative emphasis given to different components, may be quite varied. (Ryff & Singer, 1996, p.16)

1.2 The Challenges Ahead: Enhancing Psychological Well-Being

There were earlier studies said that psychological adaptation and well-being is based on how we perceive the environment, and our capabilities and resources to cope that environment (Lazarus, 1991; Lazarus & Folkman, 1984). It has been well researched that positive psychology interventions enhance well-being and ameliorate depressive symptoms significantly (Ranaweera & Chandra, 2009; Sin & Lyubomirsky, 2009). One of these interventions suggested at the individual/group level is developing and building on personal skills (Lahtinen, et al., 2005) and providing as well as enhancing life skills to promote positive mental health (Jane-Llopies, 2005).

1.3 Life Skills Training: Definition and Scope

The concept of life skills are not new to the mankind. Ancient people evolved and survived through the challenges and difficulties through some kind of life skills model in a primitive way. However, modern psychologists provided a clearer theoretical base (Bandura, 1977) for this and structured it to make it more effective and efficient (World Health Organisation [WHO], 1998). Panchatantra stories and techniques were probably the first organised life skills model available for the civilized culture (Jebastina &Kumar, 2011; Nair & Santanam, 2011). Life skills are the kind of personal skills, which enables him/her to solve problems in a social context. It concentrates on the social behavior of human beings in relation to different social situations (Nair, 2010).

Life skills are not easy to define and any definition per se will not cover all aspect of life skills. Goody (2001) points out that ‘it is not enough to ask how life skills are defined in general; rather it is essential to ask how they are defined in particular life situations and throughout life’. Nair (2010) made it clearer. He emphasizes that:

Life skill will help the individuals to translate knowledge, attitude and values into healthy behavior. To make it simple, life skill is the ability that can be imbibed and improved through practice, to translate the knowledge, attitude, and values into positive behavior, to deal efficiently with the needs and challenges of everyday life. (Nair, 2010, p.32)

The life skills concept originated in social learning theory of Bandura (1977). The life skills model is to create an opportunity for adolescent and youth to acquire skills that

will help them to avoid manipulation or exploitation by outside people. The primary objective of life skills approach is to assist adolescent to have enough control over their behaviours while taking informed decisions and choices, which can lead to positive behavior. However, Bandura did not give a specific definition of life skills. The recognition to start the program goes to behavioural psychologist Botvin for preventing drug abuse by youngsters.

Hamburg (1990) defined life skills training as the teaching of requisite skills for surviving, living with others, and succeeding in a complex society. Nelson-Jones (1993) state that life skills are personally responsible sequences of self-helping choices in specific psychological skills areas conducive to mental wellness. However, the authors feel that the definition by the World Health Organisation is quite clear and comprehensive. It defines (1999, 2004) life skills as those “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. The WHO emphasized further as “life skills education has to be designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way. It contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights” (WHO, 1999). Other organizations like UNICEF, UNFPA and UNESCO are also provided definitions on life skills and each one will focus on their principles and objectives. UNICEF approach is towards balancing knowledge, attitude and skills involving informed decisions. UNICEF focuses more on evidence based programs on following areas: learner, content, process, environment and outcome. UNFPA’s focus is more about sexual and reproductive health, whereas UNESCO is

emphasizing on education. According to UNESCO, there needs to be a balance between academic education, technical skills and vocational skills development.

Life skills education is aimed at facilitating the development of psychosocial skills that are required to deal with the demands and challenges of everyday life. It includes the application of life skills in the context of specific risk situations and in situations where children and adolescents need to be empowered to promote and protect their rights. These skills are generally classified into three categories, viz. learning to know, learning to be and learning to live together. However, the WHO Department of Mental Health initially identified five basic areas of life skills that are relevant across cultures:

- Decision-making and problem-solving;
- Creative thinking and critical thinking;
- Communication and interpersonal skills;
- Self-awareness and empathy;
- Coping with emotions and coping with stress.

The final generic categories of ten life skills , which has been mentioned in the *Inter-Agency Meeting on Life Skills Education* organized by Department of Mental Health, WHO:

1. Decision making
2. Problem solving
3. Empathy
4. Self awareness
5. Communication
6. Interpersonal relationships
7. Coping with emotions,
8. Coping with stress
9. Critical thinking
10. Creative thinking.

The question that arises at this juncture is whether life skills are needed in the Indian context for adolescents either normal-privileged or with some disadvantaged population. The research conducted by Gnanajane and Umesh (2012) provides some answer to this question. They have surveyed 300 adolescents through stratified disproportionate random sampling in Tamilnadu. They observed:

.... The modern education system is much criticized and forces the adolescent students to adapt themselves to the school environment, its curriculum, pressure from school to complete the task in a short time, parental expectations to secure good marks, teacher-student relationships and peer relationship. These schools do not equip the adolescents with life skills as they do not have any trained teacher to teach life skills or have not appointed school counselors or social workers. In such a situation, the adolescents fail to modify or regulate themselves to the modern school environment and develop psychosocial problems. (Gnanajane & Umesh, 2012, p. 56)

The above research also points that more than 50% of students have high level of insecurity feelings, anxiety, depression and high level of stress. All students (100%) responded that the schools do not give them life skills education. The researchers suggest that there is an urgent need to intervene for redressing the mental health problems through WHO ten life skills. Similarly, Thote and Mathew (2012)'s study also observes the high preference for life skills education among adolescents to become competent enough to deal with the various challenges of life.

Another important aspect of life skills is about its overlapping with other concepts in psychology and education. Social skills (Hager & Vaughn, 1995) and emotional intelligence (Goleman, 1995; Salovey & Mayer, 1990) concepts are related to life skills categories and researched a lot. However, life skills categories cover all aspects of effective human functioning and can be applied across the life span for a successful and happy living. One of the pioneering works on life skills in its effectiveness in reducing the drug abuse in the high school children was done by Botvin (Botvin & Griffin, 2004). The recent research provides evidence to say that life skills training can enhance as well as the predictive ability of the academic achievement of adolescent students (Abdi & Davoudi, 2015) as well as preventing at risk adolescents in getting into depression (Trudeau et al., 2015).

Within the high school academic set up in India, the researches show that life skills education has significantly improved students adjustment behavior, coping strategies, pro-social behavior and self-esteem (Srikala & Kumar, 2010) and academic performance (Shubhasree, 2011). Yadav and Iqbal (2009) also found that life skills training have significant improvement in self-esteem, emotional and educational adjustment as well as empathy. Implementation of life skills education and training programs with regular academic schedules has improved the self-esteem of students from socio-economically backward population of the Government high school children (Kumar, Managoli & Rajagopal, 2011). Senthil (2011) worked through experimental study that how effective life skills training in Government schools and private school adolescents. Khuman (2011) argued that how life skills are an effective tool in the prevention of risk taking behavior among adolescents. Some researchers focused on a

single dimension like self-awareness within the life skills training and found that significant improvement in their samples (Ahmed & Ahmed, 2012; Bhaskaran, 2012; Sumayya, 2012).

Life skills training and psychological well-being. Health and well-being (physical, mental, emotional and social wellbeing) are based on one's psychosocial adjustment, which in turn is influenced by one's coping strategies and problem solving ability (Nair and Ranjan, 2012). Life skills education and training could provide these basic knowledge and skills to be healthy and maintain well-being in adolescents and young adults. Another recent perspective is from Hodge, Danish and Martin (2013). They conceptualized through integrating basic needs theory, sub theory of self determination theory with life span development intervention for the life skills model. Hodge et al. (2013) propose that the goal of life skills programs is to enhance basic needs: autonomy, competence and relatedness and the individual would reach his/her optimal psychological well-being. The present work is not much influenced from this perspective.

The research shows that life skills education and training programs have enhanced personality, psychological well-being and related constructs of human psychological processes and behavior in Indian context. Some of these studies are quite rigorous and significant. Others are not up to the mark, spurious, mentioned psychological well-being for general well-being and applied questionable methodology. Ishitha and Nalini (2011) have studied the life skills education and psychological well-being of adolescent girls in an alternate care home. Shreehari's (2011) work highlights the life skills as predictor of psychological well-being in adolescent samples. Joseph and Vasanth (2012) experimentally studied the impact of life skills training on emotional intelligence and

psychological well-being and the results are significant compared to control group. Similar work has been done by Bhandara et al. (2014) emotional intelligence and life skills influence on the psychological well-being and resilience. Saha, Salma and Ohja (2012) did a study on impact of life skills in promoting positive well-being (Psychological) and found significant results in the areas of gender differences, socio-economic status in the early adolescent samples.

Irshad (2012) studied the mental well-being (through Warwick-Edinburgh Mental Well-being Scale, 2006) and self-esteem (as measured through Cooper smith's Self Esteem Inventory, 1987) of the vulnerable adolescent population through life skills training. He concluded that life skills training has a significant effect on the positive mental health of vulnerable adolescents. In self-esteem dimensions also life skills training has significant effect, except in the dimension of home-parent self.

1.4 Visual Impairment and Visually Challenged Students: Definition and Significance

Childhood blindness and visual impairment are a significant public health issue in the developing countries (Maida et al., 2008). Visual impairment is vision loss of a person to such a degree as to qualify as an additional support need through a significant limitation of visual capability resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction, medication, or surgery(Arditi & Rosenthal,1998). In the Indian context, the definition of visual impairment has been adopted in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

as well as under the National Program for Control of Blindness (NPCB). That is, Blindness refers to a condition where a person suffers from any of the following conditions, namely: Total absence of sight or Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye even with correction lenses or limitation of the field of vision subtending an angle of 20 degree or worse. For deciding the blindness, the visual acuity as well as field of vision has been considered.

The estimates (WHO, 2011; Pascolini & Mariotti, 2012) estimates that the number of people with visual impairment (presenting vision) is 285 million (7% of whom are aged 0-14 years). The top three causes of blindness in the 2010 estimate are cataract, glaucoma and age-related macular degeneration. WHO (2015) says that around 19 million children below the age of 15 are visually impaired and in that 1.4 million are irreversibly blind for the rest of their lives and need visual rehabilitation interventions for a full psychological and personal development. An analysis of the global distribution of visual impairment shows a disproportionately large prevalence in low-income, developing countries. In these countries cataract and trachoma are the greatest causes of avoidable blindness. The lack of economic development is a factor that aggravates the prevalence of visual impairment. WHO (2011) uses Disability-Adjusted Life Years (DALY) to calculate the losses and gains due to disability. The significance of visual impairment for DALY as mentioned by WHO is:

The visually impaired person and his/her family face serious social challenges. Directly and indirectly visual impairment interferes with many daily activities. In the case of adults, the possibilities for gainful employment are

severely limited as is their participation in many activities. To this is often added a loss of social status and self esteem. The physical limitations and psychosocial implications of visual impairment cannot be measured in exact monetary terms. Nevertheless, it is clear that they diminish the quality of life, not only for blind persons, but for their families as well.

The above information shows that the person with visual impairment needs psycho-social intervention, like emotional support and counseling at the individual level (Hodge et al., 2013) and psychosocial skills training at group level, apart from socio-economic empowerment. It has been further emphasized in the following section.

1.5 Need for the Study

Keeping all the above issues, limitations and challenges in mind, which were discussed in the chapter one and two, the research scholar of the present study felt that visually challenged students, needed more psycho-social support in terms of psychological well-being than others. Visually challenged students like any other disabled children ‘possess the potential to live and work in the community’, if they are provided with life skills training (Rusch & Phelps, 1987). Thomas (2011) emphasizes that ‘the implementation of the life skills program for disabled children is of paramount importance as some of them may not learn with a string of academic qualifications. Life skills training can be a better tool than other psycho-social interventions because of its predictor quality of psychological well-being (Sreehari, 2011) as well as non-labeling nature and receptivity within the academic circles. Academic administrators are gradually emphasizing the importance of life skills education for adolescent population in India

(CBSE, 2012; Indian Express, 2012). Also life skills training program has been accommodated in some of the current high school curriculum in Indian states as well as in central schools (Indian Express, 2008). All these will support the concept of social inclusion in education for emotional development, which has been emphasized by educational psychologists for visually impaired children (Roe, 2008). Nonetheless, there were no previous studies on the enhancing psychological well-being of students with visual impairment through life skills training methodology in the Indian context. As already noted, well-being enhancement is the need of the hour (Kumar & Krishnamurthy, 2012). There are some arguments that well-being construct needs to be part of state policy in evaluating the citizen's happiness than merely focusing on the gross domestic product (Oishi, & Diener, 2014).

1.6 Scope of the Study

The present work is unique in many ways. The study applied life skills training model to enhance the psychological well-being of visually challenged adolescents, who are also from socio-economically underprivileged population. Nonetheless, it borrowed Panchatantra stories for explaining and describing the life skills dimension. Every story was analyzed, described and explained through many perspectives; from multiple-interwoven dimensions of life skills, to make it richer and more meaningful. The study is methodologically sound and robust, which will be explained in the later chapter. Finally, it provides a model to maintain the well-being of adolescents through simple and easy to follow contents of life skills training.

CHAPTER II-REVIEW OF RELATED LITERATURE

Overview. This chapter is divided into three sections: The first section deals with psychological well-being and adolescents that is part of the dependent variable in the present research. The second section focuses on life skills education and training, which is the independent variable in the present study. The third section attempts to gather some literature on visual impairment of adolescents and dealing with their psychological issues.

2.1 The Psychological Well-Being: Nuances and Functions

This section will be understood at different levels. Firstly, psychological well-being was related or associated to other constructs psychometrically within psychology. Secondly, there were attempts to understand the validity of psychological well-being construct from different population and sample studies. In the last attempt, the principal interventional aspect of psychological well-being has been reviewed.

Psychological well-being: It's relation to other psychological constructs.

Bond, Lusher, Williams, and Butler (2014) studied adolescents' psychological well-being from relational dissonance perspective, which has high potential in enhancing the positive relations with others. They observed that the interaction of positive and negative relationships (i.e. I like you, but you dislike me - referred to as relational dissonance) is an underexplored phenomenon. Further, it is often only poor (or negative) mental health that is examined in relation to social networks, with little regard for positive psychological well-being. Their study explored a new concept of relational dissonance alongside mutual antipathies and friendships and their association with mental