

## **CHAPTER-II**

# **REVIEW OF LITERATURE**

- Old-age
- Adjustment
- Mental health
- Self-Concept
- Mental health, Self-concept and Adjustment; Correlation Studied
- Significance of Group Counselling

The review of literature in research provides one with the means of getting to the frontiers in a particular field. Borge (1964)

For any worthwhile study in a field of knowledge a research needs adequate familiarity with related studies only then an effective research for specialized knowledge is possible. The research for reference material is time consuming but very fruitful phase of research program. Survey of related literature serves to show what is already available, solves the problem adequately without further investigation and also avoids the risk of duplication. It provides comparative data useful for the interpretation of results and contributes to the general scholarship of the investigator.

The importance of the review of the related literature is expressed in the words by Billy Turney and George Robb as follows “Identification of a problem, development of a research design and the determination of the size and scope of the problems all depend to a great extent on the case and

intensity with which a researcher has examined the literature related to the intended research”

Keeping in view the above consideration made a comprehensive survey of the related study of past years was studied, which have been presented as following.

## **2.1 Old Age**

Herzog and Rodgers (1981) found that most elderly individuals were satisfied with their lives, and Foster (1997) reported that older Americans seemed to have lower lifetime risks of mental disorders than their younger neighbors.

Carstensen and Freund (1994) found relatively lower rates of all psychological disorders among the elderly except dementias. Brandtstadter (1999) went so far as to state there is “no evidence” for a decline in well-being and perceived quality of life in this group.

Bauman, Sheri, Adams, J Harrison, Waldo, Michael (2001) quoted that although resilient children have been the focus of much research activity, evidence for toughness has been found well into old age.

Staudinger, Marsiske, & Baltes, (1995). LaFerriere and Hamel-Bissell (1994) extracted four components of resilience from their mini-ethnographic study of six women, aged 87 to 93, in rural Vermont. They concluded that social support, living off the land, an attitude of perseverance and determination, and working hard were the qualities that these resilient women modeled and expressed.

Wagnild & Young (1990) sought elements of resilience in 24 women aged 67 to 92, defining resilience operationally as having recently experienced a major loss (of a person, job, or through relocation) and demonstrating social involvement, a mid- to high level of morale, and self-reported successful adjustment to the loss. The following themes were extracted from the transcripts of the single interview with these resilient women: equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness. Although these results are interesting, the absence of males and non-whites in both studies limits the generalizability of the conclusions.

Neary (1997), who interviewed 18 women aged 72 to 98 years (mean age was 85) whom referral sources judged to be resilient. Two of the women were African American, and the rest were Caucasian. He has found the following commonalities in the strategies the participants utilized to get through difficult times: taking action whenever possible, strategizing to maximize resources, and focusing to deal with the emotional consequences of adversity. These strategies are similar to the processes in the selective optimization with compensation model discussed above (Baltes & Baltes, 1990). Personal qualities common to the resilient women were flexibility, tolerance, independence, determination, and pragmatism (Neary, 1997). These traits are similar to those found in the LaFerriere and Hamel-Bissell (1994) study.

Felten (2000) studied seven women, representing a variety of ethnic groups, who had had serious physical impairments from which they had recovered.

These women displayed the characteristics of determination, previous experience with hardship, knowledge of available assistive services, strong cultural and religious values, family (or family-like) support, self-care activities, and care for others. Again, the absence of males from these studies is a significant limitation.

An interesting model of resilience in the elderly was suggested by Talsma (1995), who derived it from a physics model of resilience. The analogy to resilience of materials in physics is intriguing. The physics model and the derived model. The permanent deformation in physics is equated with chronic or ongoing conditions, and the unit volume refers to the characteristic of the material (hence the attributes of the person). These affect the elastic strain energy, which refers to the energy applied to absorb the stress, or in resilient people, the behavioral strategies they employ to mitigate the impact of the stressor

Kamla-Raj (2007) investigated the nature and decline of status in old age. Nature and existence of decline of status in old age are interpreted under following aspects in her study:-

Sense of Powerlessness in Old Age: Old age is considered to be a period of life when physical and mental capacities fail and person becomes persona-non-grata in the family. The authority and the power gradually wane and nobody gives proper consideration to the elderly. The traditional respect given to old aged person in the contemporary society is on the decline(Russell,2003;Ushasnee,2004).To understand the situation of the

elderly in the family situation, the respondents have been asked to state whether they have become powerless in their family because of old age. A majority of respondents (64 percent) have affirmed that they have become powerless in their family on account of old age. There are only 25.75 percent respondents who do not feel this way. They feel that they are still capable of playing decisive role in their domestic life. There are 10.25 percent respondents who did not express any concrete opinion in this regard. Thus, there exists a feeling of powerlessness in the majority of the cases. Alienation; another problem faced in the old age is that of alienation. When an old aged person feels that he has become marginalized in the family because of old age, declining physical ability, and economic non-productiveness, then he suffers from alienation. Exploration made in this direction reveals that 63.25 percent respondents subscribe to the view that they feel alienated in their family because of their old age. There are 27.75 percent respondents who have not confronted this situation. These respondents are of the opinion that the family members pay due regard and consideration even though they have become old.

Declining Respect to Elderly: The respondents have been asked whether they feel that the elderly are not being accorded that much respect which they have enjoyed in earlier days. There are 63.75 percent respondents who have opined that there is decline in respectability of the old aged persons. There are 19.50 percent respondents who have not subscribed to this view point. There are 16.75 percent respondents who are ambivalent in their attitude

towards declining respect to old aged person. For those respondents who stated that in contemporary society, old aged persons are not being accorded high respect, they were further asked to state the reasons for the same. This study has suggested that increasing importance of caring member in the family coupled with the changing values have resulted into loss of authority and prestige of elderly who have also become physically frail and mentally incapacitated.

**Attitude Toward Withdrawal from Worldly Life:** It is considered as high value that the elderly should devote their time to religious activities rather than engage themselves in mundane affairs of the world. Our inquiry has suggested that a majority of the respondents (76.75 percent) have stated that elderly should not withdraw from worldly life. There are 18.50 percent respondents who are in favor of retreatism from worldly life, whereas 4.75 percent respondents could not state clear-cut opinion on this issue.

**Involvement in Social Activities:** The respondents have been asked whether they feel that old aged persons should devote their time and energy in social welfare activities. There are 87.00 percent respondents who have stated that the old aged persons should devote their time and energy in social welfare activities, whereas 11.25 percent respondents do not agree with this view. Thus it is clear that the respondents prefer active involvement of the old aged person in social welfare activities.

**Painful Aspect of Old Age:** The respondents have been asked that in their opinion what the saddest part of the old age is. Majority of the respondents

(58.50 percent) have stated that the disrespect shown by younger generation towards elders is a saddest part of the old age. There are 19.50 percent respondents who have stated frail health and poor appetite as the most agonizing aspect of old age. Non-fulfillment of personal wishes and aspirations has been enumerated as the most painful part by 13.75 percent respondents. There are 8.25 percent respondents who have stated that the saddest part of old age is poor control over things around and feeling of powerlessness among the old persons.

**Blessings of Old Age:** The respondents have been asked to state their opinion about the blessings of the old age. There are 40.75 percent respondents who have stated that old aged persons have greater understanding of life and the people. According to 27.50 percent respondents, the major blessings of old age is having a sense of fulfillment for a life well spent. There are 21.00 percent respondents who have stated that the sense of achievement over the material possessions and satisfaction over the progress of the family members are the major blessings of old age. Whereas 10.75 percent respondents have stated that blessings of old age is greater respect by family members and kin groups. Thus, maturity and insights into the affairs of life have been considered as the greater blessings of old age.

**Old Age as Best Part of Life:** It is said that in the old age after completing all assigned duties and responsibilities the old aged persons enjoy the best years of their life in a burden free environment. The respondents have been

asked whether they agree with this view. There are 55.75 percent respondents who have stated that they do not agree with the view that old age is the best years of life. However, there are 33.00 percent respondents who consider old age as the best part of life. There are 11.25 percent respondents who have not given any clear-cut opinion on the point.

Necessity of Husband and Wife Companionship in Old Age: It is said that companionship of husband and wife is indispensable during old age. The respondents have been asked to state their agreement with this statement. A majority of the respondents (85.00 percent) have shown their agreement with this view. Whereas 5.75 percent respondents stated that they do not agree with this view that the companionship of husband and wife is most required during old age, there are 9.25 percent respondents who did not express their view on this issue.

Overall it is perceived that every facet of Nigerian society is characterized by rapid social transformation and each segment of its population is experiencing change. The old aged population is no exception of it. The increased longevity, the better health and medical care facilities are contributing to a change in the status and role of old aged persons. The old aged persons with educational background and deep anchoring in modern occupational and economic life are likely to be quite enlarged. In such changed social scenario, the traditional role configuration and the image of the old aged person are likely to be different. The findings of the present paper analyze the perceived status of the old aged persons in the family. It

has been found that most of the respondents (64.00 percent) agreed that they had become powerless in their family because of old age. They have also stated that old age had resulted into alienation in the family life (63.25 percent). They felt that in contemporary society; much of respect was not being accorded to old aged persons as it was given to them in the olden days. They felt that increasing importance of earning member in the family and changing values of the society were the main reasons for loss of prestige and power of elderlies. Majority of the respondents agreed (76.75percent) that elderly should not withdraw from worldly life. They also agreed that old aged persons should devote their time and energy in social welfare activities. Most of the respondents felt that flouting of authority of elders by younger generation was the most painful aspect of old age (58.50 percent). They also agreed that old age was not best part of life. The respondents have also stated that husband-wife companionship in old age (85.00 percent) was essential to make life less troublesome. Overall findings in this study indicated a high positive correlation between these variables and old age in Nigeria.

## **2.2 Adjustment**

Dr. Jyoti Gaur (2009) has done research with the Objectives- a) To find out the level of adjustment among ageing adult males. b)To find out the level of reaction to frustration among ageing adult males. c)To study the correlation between the variables adjustment and reaction to frustration. d)To study the impact of adjustment on reaction to frustration of ageing adult males. she has concluded that, in the old people with low level of adjustment, the

dimensions of reaction to frustration i.e. Aggression, regression, fixation, and resignation are high whereas where the adjustment levels are high, the reaction to frustration is low supported by the research indicating that it is reported that nearly 60% of the Aged were not satisfied with personal and financial help extended.

C.P.Khokhar and Brijesh Kumar Upadhayay (2007) have compared the adjustment pattern of adolescents living in physically deprived environment. Results revealed that independence of sex effect in relation to peer adjustment. Boys were found more sensitive to environmental enrichment in relation to peer adjustment than the adolescent girls. It may be attributed due to cultural bias that boys are more exposed to physical environment and surroundings than girls.

J. Ramjeet, M. Koutantji, E. M. Barrett<sup>1</sup> and D. G. I. Scott (2005) examined the role of gender, age and coping in psychological adjustment of patients with early inflammatory polyarthritis (IP). Result revealed that women had significantly higher levels of depression and anxiety than men. Regression analyses showed that pain and (low) illness acceptance predicted levels of depression. Younger age, wishful thinking and covering up predicted anxiety levels. He has concluded that higher levels of depression and anxiety for women than men with early IP. Psychological distress was predicted by younger age, specific coping strategies and high levels of pain.

Mediators in the relationship of education to health were examined to further explicate education as a resource in the study of Stanley A. Murrell and

Suzanne Meeks (2002). Income, life satisfaction, services, and social support were assessed as mediators of the education-health relationship following criteria developed by Baron and Kenny and Holmbeck as applied to four aspects of health. A probability sample of 1,667 participants (age 55 and older) was interviewed in their homes. Results revealed that education was related to all health measures and to all mediators; all mediators were related to all health measures. Education continued to have significant relationships to all health measures after each mediator was entered, but its contribution was lower in each analysis. Life satisfaction was consistently a strong mediator. Low-energy aspects of health may be more likely to be mediated by variables of a more psychological nature. Overall they concluded that educational attainment is a good investment for successful aging. Martin, et al. (1994) revealed that older people are more dominant, suspicious and imaginative. They showed less active behavioural coping than other age groups and use cognitive strategies when coping with health and family events.

Ruth Purisman and Benjamin Maoz (1978) attempted to determine which factors might differentiate between a good adjustment to the loss of a son and a less than optimal adjustment. There were no statistically significant differences between men and women on any important variable. Good adjustment was significantly correlated with higher educational level, close social ties, and better marital adjustment. The study failed to support the authors' hypothesis that religiosity and observance of mourning ritual would

be associated with better adjustment. The authors noted that to ascertain the role of religion in adjustment to loss would require a control for educational level.

Jan L. Wallander<sup>2</sup>, Wendy S. Feldman and James W. Varni (1989) investigated the relationship between the physical status and psychosocial adjustment of chronically physically handicapped children. The status of 61 children with spina bifida regarding six specific disease or disability parameters was determined from medical charts. Their mothers completed the Child Behavior Checklist as a measure of the children's psychosocial adjustment. Children with spina bifida were reported to display on the average significantly more behavior and social competence problems than expected for children in general. However, children with differing degrees of physical problems and disability did not differ significantly in their psychosocial adjustment. The general lack of relationship between physical status and adjustment as it relates to a conceptual model guiding this research is discussed.

The association of various medical, domestic and social characteristics with psychiatric illness in old age was investigated by interviewing a random sample of 294 old people living at home. In the functional disorders, in which neurosis is the most frequent diagnosis, various factors, both constitutional and environmental, appear to interact with each other. A hypothesis is advanced, according to which personality defects and adversities in early and middle life tend to bring about a cumulative and

progressive diminution of the possibilities of effective adjustment to the adversities of old age. Loneliness and increasing social isolation are experienced; but to a considerable extent, these are related to long-standing maladjustment in social and interpersonal relationships. D. W. K. KAY, P. Beamish M.R and Martin Roth (1964).

## **2.3 Mental health**

Mental health is the capacity of an individual to form harmonious adjustments to one's social and physical environments. Menninger (1945) defined mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition.

Martin P. Bakker, Johan Ormel, Frank C. Verhulst and Albertine J. Oldehinkel (2009) also found difference in male and female on their level of mental health.

Vogt Yuan (2008) used the National Longitudinal Study of Adolescent Health to test these effects for Black-White differences in mental health. He found that Black have more coping resources than White as indicated by them having greater social support from family, more social ties to neighbors, greater involvement in religious activities, and higher self-esteem. White adolescents are higher on only one coping resource compared to Black adolescents – they receive more social support from friends. These additional coping resources explain why Black have similar depression and

positive well-being to White adolescents and partially explain why they have lower alcohol abuse compared to White adolescents.

Jahoda (1958) has said that aspects of attitudes toward self, growth and development, self-actualization, integration of personality and mastery of the environment must be considered in judging whether a person is mentally healthy or not.

Tomas Hemmingsson, David Kriebel, Per Tynelius, Finn Rasmussen and Ingvar Lundberg (2007) revealed in their study that men who would subsequently be successful at smoking cessation reported better mental health and a lower prevalence of childhood mental health indicators at age 18 than persistent heavy smokers.

Martin P. Bakker, Johan Ormel, Frank C. Verhulst and Albertine J. Oldehinkel (2009) in which they concluded that different mental health problems are associated with male and female which are gender specific.

Cottle, Jeremy (2005) found that psychological abuse is negatively associated with mental health. Such abuse can damage mental health.

Csoboth, Csilla. T. (2005) Positive mental health, subjective financial deprivation, family background factors, physical and sexual abuses all accounts when prevention of mental health problems is considered for women.

Emslie C, Hunt K, Macintyre S. (2004) compared men and women's perceptions of the extent to which paid work interferes with family life, and examines associations between work-home conflict and mental health in

their research. Data were collected from 2,176 full-time white-collar employees of a British bank. They did not find any significant gender differences in perceptions of work-home conflict. However, predictors of work-home conflict did vary by gender; having children and being in a senior position were more strongly related to work-home conflict for women than for men, while working unsociable hours was more important for men than for women. Work-home conflict was strongly associated with reporting fair or poor self-assessed health, a high number of reported physical symptoms and minor psychological morbidity (GHQ-12). These associations were equally strong for men and women.

Margaret Denton, Steven Prus and Vivienne Walters (2003) examines the extent to which these inequalities reflect the different social experiences and conditions of men's and women's lives. They address four specific questions. Are there gender differences in mental and physical health? What is the relative importance of the structural, behavioural and psychosocial determinants of health? Are the gender differences in health attributable to the differing structural (socio-economic, age, social support, family arrangement) context in which women and men live, and to their differential exposure to lifestyle (smoking, drinking, exercise, diet) and psychosocial (critical life events, stress, psychological resources) factors? Are gender differences in health also attributable to gender differences in vulnerability to these structural, behavioural and psychosocial determinants of health? Multivariate analyses of Canadian National Population Health Survey data

show gender differences in health (measured by self-rated health, functional health, chronic illness and distress). Social structural and psychosocial determinants of health are generally more important for women and behavioural determinants are generally more important for men. Gender differences in exposure to these forces contribute to inequalities in health between men and women; however, statistically significant inequalities remain after controlling for exposure. Gender-based health inequalities are further explained by differential vulnerabilities to social forces between men and women.

Jennifer Warner and Brunilda Nazario, M (2003) also revealed that working under difficult job conditions can take its toll on workers' mental and physical health. Jennifer Warner studied the impact of the fear of job loss on health and the findings suggest that job insecurity can have potent health effects, both alone and in combination with other types of job stress. "The results raise concerns about the adverse health effects in people who might be experiencing both high job strain and high job insecurity," in this regard Rennie M. D'Souza of the National Centre for Epidemiology and Population Health at The Australian National University, and colleagues write. "As the labor market becomes more globalized and competitive, employees are more likely to encounter these two work conditions simultaneously. "When Jennifer Warner and Brunilda Nazario looked at how these types of job stress (job loss and insecurity) related to workers" mental and physical health, they found job strain and insecure employment had a major impact.

They found passive and high-strain jobs were linked to depression, anxiety, and lower self-reported health. Even after adjusting for other factors such as gender, marital status, education, employment status, and major life events, the negative association between job strain and mental health remained significant. Overall they revealed that job insecurity was strongly associated with all four mental and physical health measures, regardless of the other risk factors. The effect was most pronounced on depression and self-reported health. For example, workers with high job insecurity were four times as likely to suffer from depression.

Carol Emslie, Rebecca Fuhrer, Kate Hunt, Sally Macintyre, Martin Shipley and Stephen Stansfeld (2002) examined the distribution of minor psychiatric morbidity (measured by the 12 item General Health Questionnaire) amongst men and women working in similar jobs within three white-collar organisations in Britain, after controlling for domestic and socioeconomic circumstances. Data from self-completion questionnaires were collected in a Bank (n=2176), a University (n=1641) and the Civil Service (n=6171). In all three organisations women had higher levels of minor psychiatric morbidity than men, but the differences were not great; in only the Civil Service sample did this reach statistical significance.

Nicolas, Mario George (2002) micro worries and self-report measures of positive and negative affect general mental health status and life satisfaction. Peter. H. Van, Ness and David B. Larson (2002) found that religious persons reported generally higher levels of well-being. The review also found fairly

consistent inverse associations of religiousness with rates of depression and suicide. Religion's effects on mental health are generally protective in direction but modest in strength.

Karen Ammann Talerico, Lois K. Evans and Neville E. Strumpf (2001) studied that impaired communication is associated with all forms of aggression, depression with physical aggression and disorientation with verbal aggression.

Ruta K. Valaitis (2000) found that most youth perceived that using computers and the internet reduced their anxiety concerning communication with adults, increased their control when dealing with adults, raised their perception of their social status, increased participation with in the community, supported reflective thought, increased efficiency and improved their access to resources.

Hilton Davis, Crispin Day and others (2000) have done study on Child and Adolescent Mental health in which a random sample of 253 parents and young people were interviewed to elicit: (i) the number, type and severity of psychosocial problems in children/young people; and (ii) the number and type of risk factors for mental health in a very deprived inner city locality. The results suggested that high levels of need for mental health services, with, for example, 37% of children having three or more problems, and over 51% having three or more risk factors. From subjective case-by-case analysis, preliminary criteria were derived for judging the level of required service response and the numbers likely to present appropriate to the various

tiers of service. Of the 25% of the sample expressing a need for help, 6% were judged to be manageable by community staff (e.g. health visitors) with support from child mental health specialists, 4% by specially trained community staff (e.g. parent advisers), 8% by solo child and adolescent mental health specialists and 7% by generic or specialist child mental health teams.

Pamela K. Schraedley, Ian H. Gotlib and Chris Hayward (1999) also study to determine: (a) what demographic and psychosocial factors are associated with elevated levels of depressive symptoms in adolescence; (b) whether male and female show different profiles of correlates and probable risk factors for depressive symptoms. Results revealed that depressive symptoms were differing by gender, age, socioeconomic status, and ethnicity. In addition, life stress, social support, and coping were associated with depressive symptoms. Importantly, stress and social support appear to be particularly salient aspects of depression among females. Finally, high levels of depressive symptoms were associated with increased use of both mental and physical health care resources among male and females. They further concluded that the correlates of depression in this sample closely resemble those seen in other samples, including demographic and psychosocial variables. Some psychosocial variables, such as stress and social support, may have a greater impact on depressive symptoms for female than for males.

Anoopsingh et al. (1991) indicated that healthy climate in the workplace is strongly associated with greater feeling of well-being or less stressed whereas any undermining from their part put the employee under stressed, irritability, anxiety, depression, and somatic disorders.” Inadequate climate contribute considerable stress for employees in non-nationalized bank.

In National Longitudinal Study of Adolescent Health (1999) gender disparity in mental health explain by examining how experiences within four domains—physical development, school, psychological resources, and interpersonal relationships—impact adolescents’ perceived self worth and depressive symptoms. Findings suggest that experiences in all of these realms have consequences for adolescents’ psychological well being, and differences in these experiences help to explain some of the gender difference in mental health.

Martin P. Bakker, Johan Ormel, Frank C. Verhulst and Albertine J. Oldehinkel (2009) found difference in male and female on their level of mental health.

Tarvis (1992) and Gilligan (1982) argue that it is not certain whether this is because women really are more depressed or because of a gender bias in the way depression is measured. It may well be that depression measures are only sensitive to the way in which women express depression.

Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideals in one’s daily living. It means the ability to face and accept the realities of life.

Australian Institute of Family Studies (2002) explain three important things about gender and the risk of mental disorders. First, there seem to be “female disorders” and “male disorders”. Women are more prone than men to mood and anxiety disorders while men are more prone to alcohol and drug disorders. Second, for each disorder the gender difference is statistically significant. Women are almost twice as likely as men to suffer mood and anxiety disorders while men are roughly twice as likely as women to suffer substance use disorders. Third, men and women are equally at risk of having a disorder. Although men and women have different types of disorders they are just as likely as each other to have at least one disorder – 16.6 per cent of men and 16 per cent of women had all the symptoms of at least one classified disorder.

Margaret Denton, Steven Prus and Vivienne Walters (2003) examines the extent to which these inequalities reflect the different social experiences and conditions of men's and women's lives. They address four specific questions. Are there gender differences in mental and physical health? What is the relative importance of the structural, behavioural and psychosocial determinants of health? Are the gender differences in health attributable to the differing structural (socio-economic, age, social support, family arrangement) context in which women and men live, and to their differential exposure to lifestyle (smoking, drinking, exercise, diet) and psychosocial (critical life events, stress, psychological resources) factors? Are gender differences in health also attributable to gender differences in vulnerability to

these structural, behavioural and psychosocial determinants of health? Multivariate analyses of Canadian National Population Health Survey data show gender differences in health (measured by self-rated health, functional health, chronic illness and distress). Social structural and psychosocial determinants of health are generally more important for women and behavioural determinants are generally more important for men. Gender differences in exposure to these forces contribute to inequalities in health between men and women; however, statistically significant inequalities remain after controlling for exposure. Gender-based health inequalities are further explained by differential vulnerabilities to social forces between men and women. Our findings suggest the value of models that include a wide range of health and health-determinant variables, and affirm the importance of looking more closely at gender differences in health. In reference of gender difference on mental health Weisman and Klerman (1977) revealed that, women are more likely than men to be depressed.

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Bangonrat Suktrakul (2009) made a comparative study of the mental health status of the elderly male and female. Research results showed that elderly female possessed good mental health than their counter parts.

## **2.4 Self-concept**

Self-concept may be defined as conscious, cognitive perception of evaluation by individuals of themselves. It is their thoughts and opinions of themselves. Ritter, C. and Marcussen, K., (2008) have examined the effects of received services and perceived stigma on quality of life. They extend previous research by using longitudinal data to assess changes in self-concept (mastery, self-worth, and self-deprecation) and social support (satisfaction with familial and social relationships) among individuals with serious mental illnesses. Consistent with previous research (Rosenfield 1997), they found that counselling and crisis services are positively related to quality of life and self-concept, and that stigma is negatively related to well-being and psychosocial resources. They also found that psychiatric hospitalization

decreases quality of life, which is partially explained by the negative impact this service has on social relationships.

Falci, C. D. , (2008) used in his research the growth curve modeling to study within person change in depressed mood, parent support and the self-concept during adolescence. He investigated whether changes in parental support and the self-concept in adolescence can account for the increasing rates of depressed mood and/or gender variation in adolescent depressed during adolescence. Results indicated that depressed mood increases for both boys and girls. Although the rate of increase for adolescent boys is significantly steeper than adolescent girls, girls consistently reported higher rates of depressed mood than boys between early and middle adolescence. Decreasing levels of parental support appear to indirectly influence higher levels of depressed mood via the self-concept. Changes in self-esteem and self-efficacy explain a significant and substantial amount of the increase in depressed mood during adolescence. Adolescent girls consistently reported lower levels of self-esteem and self-efficacy in adolescence; however, gender variation in the self-concept failed to explain gender variation in depressed mood.

Metcalf, Shannan D. (2004) reported that girls who belong to low socio-economic-status, their self-concept is continuously influenced by relationship with their peer group. They also reported that development of healthy self-concept in adolescence is partially depended on relationship with both parents and peers.

Charles, Deserie M. (2004) examined in their study that socio-economic-status are significant factor in adolescences' self-concept.

Singh S.K. and Ahmad Naseem (2004) revealed in their study that parents' child relation affects significantly to the social self-concept where as other dimensions like physical, temperamental, educational as well as moral are not affected by the relationship between child and his parents.

Huckleberry, Trista Michelle (2002) examined the multidimensional self-concept of African-American college students to determine weather black racial identity, defined by vigrescence theory, provides a valid means for predicting both global self worth and domain specific aspect of self-concept. The finding reinforced the need for multidimensional conceptualizations of both racial identity and self-concept.

A research by Cheng (2002) focusing on the configuration of self-concept in young people supported the notion of multiple self-concepts, consisting of six domain-specific self-concepts (social, intellectual, Appearance, Moral, Family and Physical) and the general self-esteem. It was found that Moral self-concept increased with age but Intellectual self-concept changed with age in a quadratic fashion. No significant age effects were found on other self-concepts and general self-esteem, but girls tended to be higher than boys in moral and family self-concept. No significant age effects was found on Intellectual and social self-concept.

Cross cultural study, by Stetsenko (2002) found close corresponding between children's achievement and competence related beliefs

(Competence self-concept) with the exception that young girls appear to specifically discount their talent.

Inoue (2001), conducted study on title “Self-concept in Japanese students: Its relation to teacher rating.” The result shows that the significant positive correlation between teacher’s rating regarding student’s academic level & social skills & student responses matching these traits, The internal consistency of the SEI (Self Esteem Inventory, Coppersmith,1967) is adequate but somewhat lower than that of the SDQ (Self Description Questionnaire, Marsh, Parker & Smith- 1983)

Martin Pinguart and Silvia Sörensen (2000) used Meta-analysis synthesize findings from 300 empirical studies on gender differences in life satisfaction, happiness, self-esteem, loneliness, subjective health, and subjective age in late adulthood. Older women reported significantly lower SWB and less positive self-concept than men on all measures, except subjective age, although gender accounted for less than 1% of the variance in well-being and self-concept.

Cognitive discrepancy models positive self-concepts to be a function of differences between actual accomplishments and ideal standards; unrealistic ideals lead to poor self-concepts even when accomplishments are otherwise good. Marsh (1999) studied on a sample of high school students indicated their Actual, Ideal, Future, and Potential body-image by selecting from 12 silhouettes and completed 7 self-concept factors on 2 occasions. Structural equation models demonstrated that actual effects on self-concept factors

were positive and ideal effects were negative thus supporting the discrepancy models' predictions.

Wexler's (1996) study indicated that the Father-daughter relationship is pivotal in the formation of girl's self-esteem and attachment style. The results suggest that a girl's progress through the various developmental stages is influenced by her ongoing contact- with her father. The findings implied that fathers might be more ambivalent around areas of autonomy and achievement for their daughters and more comfortable in the areas of promoting self-esteem and attachment.

Gearhart (1994) studied self-concept in adult women with a multi-dimensional approach and focused on relationships between age, social role, and self-concept. The results showed that age was the primary predictor for dimensions of self-concept. Specifically, self-concepts for physical appearance, physical ability, and opposite sex relationships were negatively co-related with age, while self-concepts for spirituality, honesty and emotional stability were positively co-related. Self-concepts for cognitive ability and same sex-relationships were also related to age, but in a non-linear fashion. These findings interpreted that self-concept is not a fixed, stable construct over time, but rather shifts with development throughout the life cycle.

Wang (1993) concluded that students, specially males with emotional disturbance had a negative self-concept in the component area of physical self, moral-ethical self, personal self, family-self, social self, identity, self-

satisfaction, behaviour self, and total positive self and they functioned far below their no disabled peers in academic performance.

A study on class 9th Australian students by Harper & Marshall (1991) found that girls' self esteem declined dramatically at puberty. At this age, girls became more concerned about societal and personal relations, sex, marriage, and physical development. Boys, however, were more concerned about finance, education and career issues.

Baumrind (1982) viewed that firm control is particularly responsible for encouraging such aspect of adolescent social competence as social responsibility, self-control, independence and self-esteem.

Alexander and George (1981) reported that physical characteristics of the adolescence age (e.g. awkwardness, increase appetite and skin problems) can have a serious effect on the self-concept of the already sensitive adolescent.

Kipnis (1961) stressed the importance of friends in self-concepts. He tested student living in a dormitory and found that those who perceived their best friends to be relatively unlike themselves tended to change their self-evaluations during the six-weeks of the study so that the differences between themselves and their friends were smaller.

## **2.5 Mental health, Self-concept and Adjustment; Correlation Studied**

June P. Tangney, Roy F. Baumeister, Angie Luzio Boone (2008) on What good is self-control? They incorporated a new measure of individual

differences in self-control into two large investigations of a broad spectrum of behaviors. The new scale showed good internal consistency and retest reliability. Higher scores on self-control correlated with a higher grade point average, better adjustment (fewer reports of psychopathology, higher self-esteem), less binge eating and alcohol abuse, better relationships and interpersonal skills, secure attachment, and more optimal emotional responses. Tests for curvilinearity failed to indicate any drawbacks of so-called over control, and the positive effects remained after controlling for social desirability. Low self-control is thus a significant risk factor for a broad range of personal and interpersonal problems.

Abraham (1985) studied on the relationship of psycho-social with mental health status. The sample comprised of 880 PUC students (454 males and 426 females) selected by proportionate stratified sampling. Psychological needs inventory, mental health status scale, students adjustment inventory developed by the author was used for assessment. Correlation was used for data analysis. The results revealed that adjustment and other psycho-social factors (need for love, need for belongingness, need for acceptance etc.) were related to the mental health status of the students.

Hiremani et al. (1994) studied on emotional maturity with the help of scale developed by Singh and Bhargava (1984) and adjustment with adolescent adjustment inventory by Reddy (1964). They observed no significant difference among the destitute girls (n=130) and normal girls (n=165) in the area of adjustment, where majority of them fell under the moderate category.

It was also found that normal girls to be emotionally stable in comparison with the destitute girls.

Yeh (2003) investigated the association between age, acculturation, cultural adjustment difficulties, and general mental health concerns. The sample consisted of 319 junior high and high school students of Chinese, Japanese, and Korean immigrants. Hierarchical regression analysis was done. The results determined that age, acculturation, and cultural adjustment difficulties had significant predictive effects on mental health symptoms. A study on school adjustment as a function of neuroticism and gender of the adolescents was conducted by Bharadwaj and Helode (2006). The sample constituted of 160 adolescents of IX & X grades with equal gender distribution from English and Hindi medium schools of Durg, Bhilai and Raipur cities of Chhattisgarh state. Junior Eynsenck Personality Inventory (1965) and adjustment inventory by Metal (1974) were used for data collection. They reported no significant gender influence on school adjustment. The studies showed that mental health and adjustment are related to one other. Andreas Maerckera, Simon Forstmeiera, Anuschka Enzlera, Gabriela Krüsia, Edith Hörlera, Christine Maiera, Ulrike Ehlert (2008) proposed that Adjustemnt disorders (AJD) are particular forms of stress response syndromes, in which intrusions, avoidance of reminders, and failure to adapt are core symptoms. We aim to demonstrate that these AJD symptom groups constitute a disorder that is distinct from posttraumatic stress disorder (PTSD), complicated grief disorder, major depressive disorder, and

subsyndromal depression, by estimating their prevalence and comorbidities. A representative sample of elderly persons from Zurich, aged 65 to 96 years, was assessed by standardized interviews or self-report questionnaires. Index events for AJD were indicated by 52% of the sample set, with a 2.3% current prevalence of AJD. Prevalence rates for other disorders were 0.7% PTSD, 4.2% subsyndromal PTSD, 4.2% complicated grief disorder, 2.3% major depressive disorder, and 9.3% subsyndromal depression. The comorbidity rate for AJD and other Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition disorders is 46%, and that between AJD and subsyndromal disorders is 38%. Use of mental health care for AJD is low. This article concludes that the new concept of AJD constitutes a meaningful psychopathological model and thus warrants a place in standardized psychiatric taxonomies. Although this study was restricted to a sample of the elderly, it provides evidence regarding AJD prevalence, comorbidity, and associated health care use, all of which indicate its utility.

Bharadwaj and Helode (2006) who reported that emotionally stable person were better in adjustment.

Yeh (2003) who revealed that cultural adjustment had significant predictive effect on mental health symptoms.

Lisbeth Jarama, (2002) tested the usefulness of a model developed for conceptualizing adjustment to disability with a sample of African Americans. According to the model, both risk and resistance factors contribute to adjustment to disability. The risk factors examined in this study

were perceptions of severity of disability, functional limitations, and stress. The resistance factors examined were self-esteem, social support, and active coping. Depression and anxiety were used as indicators of mental health adjustment. Data were collected on 113 African Americans with disabilities. Multivariate regression analyses indicated that risk and resistance factors were significant predictors of mental health adjustment to disability. Risk factors were associated with poor adjustment, whereas resistance factors were associated with favorable adjustment. Further, resistance factors contributed to the prediction of depression and anxiety after the influence of demographics and risk factors was accounted for. Functional limitations, stress, social support, and active coping emerged as major variables in adjustment. The findings support an integrative approach that considers the influence of both risk and resistance factors when investigating adjustment to disability.

Self-evaluation is crucial to mental and social well-being. It influences aspirations, personal goals and interaction with others. The paper of Michal (Michelle) Mann, Clemens M. H. Hosman, Herman P. Schaalma and Nanne K. de Vries (2003) stresses the importance of self-esteem as a protective factor and a non-specific risk factor in physical and mental health. Evidence is presented illustrating that self-esteem can lead to better health and social behavior, and that poor self-esteem is associated with a broad range of mental disorders and social problems, both internalizing problems (e.g. depression, suicidal tendencies, eating disorders and anxiety) and

externalizing problems (e.g. violence and substance abuse). They also discussed the dynamics of self-esteem in these relations. It is argued that an understanding of the development of self-esteem, its outcomes, and its active protection and promotion are critical to the improvement of both mental and physical health. The consequences for theory development, program development and health education research are addressed. Focusing on self-esteem is considered a core element of mental health promotion and a fruitful basis for a broad-spectrum approach.

For persons with severe mental illness, controlling symptoms, regaining a positive sense of self, dealing with stigma and discrimination, and trying to lead a productive and satisfying life is increasingly referred to as the ongoing process of recovery. Drawing on psychiatric-medical and stress-social support models, and theories of self-concept and stigma, the study of Fred E. Marowitz (2001) examined social-psychological processes in recovery from mental illness. Using longitudinal questionnaire data from 610 persons in self-help groups and outpatient treatment. He has estimated a series of models of the relationships between key elements identified as part of the recovery process: symptoms, self-concept, and life satisfaction. The results show that these elements affect each other in a reciprocal manner. Moreover, findings indicate a key role for self-esteem, which mediates the effect of life satisfaction on symptoms. The study suggests a general framework for examining processes involved in recovery from mental illness.

Marsh, Herbert W.; Parada, Roberto H.; Ayotte, Violaine (2004) studied Relations between self-concept and mental health which are best understood from a multidimensional perspective. For responses by 903 adolescents (mean age = 12.6) to a new French translation of the Self Description Questionnaire II (SDQII), confirmatory factor analysis demonstrated a well-defined multidimensional factor structure of reliable, highly differentiated self-concept factors. Correlations between 11 SDQII factors and 7 mental health problems (Youth Self-Report; YSR) varied substantially (.11 to -.83; mean  $r = -.35$ ). Single higher-order factors could not explain relations among SDQII factors, among YSR factors, or between the SDQII and YSR factors. This highly differentiated multivariate pattern of relations supports a multidimensional perspective of self-concept, not the unidimensional perspective still prevalent in mental health research and assessment. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

In study of Jennifer D. Campbell, Sunaina Assanand Adam Di Paula (2003) Four studies examined the relations among measures of self-concept structure and their relations with adjustment. The measures of self-concept structure included two that we viewed as reflecting self-concept pluralism (self-complexity and self-concept compartmentalization) and four that we viewed as reflecting self-concept unity (self-concept differentiation, self-concept clarity, self-discrepancies, and the average correlation among participants' self-aspects). The measures of self-concept pluralism were unrelated to one another, were unrelated to the measures of self-concept

unity, and were unrelated to the measures of adjustment. The measures of self-concept unity were moderately related to one another and were moderately related to the measures of adjustment.

Monica Bigler 1 | Greg J. Neimeyer 2 | Elliott Brown (2001) presented two studies that tested the ability of self-concept differentiation (SCD) and self-concept clarity (SCC) to predict levels of psychological adjustment. In Study 1, 133 college students rated themselves on measures of Self-Esteem, Purpose in Life, Sense of Coherence, Affect Balance, General Contentment, Depression, Anxiety, and Self-Disclosure Flexibility. After controlling for SCD, the addition of SCC resulted in a 9% to 33% increase in the explained variance using hierarchical multiple regression. Study 2 extended these findings to an inpatient psychiatric population (N = 31), again finding that measures of psychological adjustment were more strongly related to self-concept clarity than to self-concept differentiation. Results are interpreted as extending and qualifying Donahue et al.'s (1993) position regarding the negative impact of a "divided self" on psychological adjustment.

Robert J.; Potts, Stephanie A (1996) tested relationships between physical self-concepts and contemporary measures of life adjustment. University students (119 females, 126 males) completed the Physical Self-Perception Profile assessing self-concepts of sport competence, physical condition, attractive body, strength, and general physical self-worth. Multiple regression found significant associations ( $P < 0.05$  to  $P < 0.001$ ) in

hypothesized directions between physical self-concepts and positive affect, negative affect, depression, and health complaints in 17 of 20 analyses. Thirteen of these relationships remained significant when controlling for the Bonferroni effect. Hierarchical multiple regression examined the unique contribution of physical self-perceptions in predicting each adjustment variable after accounting for the effects of global self-esteem and two measures of social desirability. Physical self-concepts significantly improved associations with life adjustment ( $P < 0.05$  to  $P < 0.05$ ) in three of the eight analyses across gender and approached significance in three others. These data demonstrate that self-perceptions of physical competence in college students are essentially related to life adjustment, independent of the effects of social desirability and global self-esteem. These links are mainly with perceptions of sport competence in males and with perceptions of physical condition, attractive body, and general physical self-worth in both males and females.

Study on self-concept and its relation to Adjustment and Achievement , M.J. Arul (1972) revealed that the overall self-concept was found to correlate positively with personal, social and overall adjustment at  $p < 0.01$  level of significance. The overall self-concept as well as self concepts on sociability, temperament and morality were found to correlate negatively with achievement. These correlations were, however, statistically not significant. All the six areal self concepts correlated positively with personal, social and overall adjustments. Many of these correlations were significant and a few of

them were not: self concepts of physical appearance, intelligence and temperament did not correlate significantly with personal adjustment. Self-concept on status in the family did not show a statistically significant relationship with social adjustment.

## **2.6 Significance of Group Counselling**

Elaine Ward, Michael King and others (2000) compared the clinical effectiveness of general practitioner care and two general practice based psychological therapies (non-directive counselling or cognitive-behaviour therapy) for depressed patients. 464 of 627 patients presenting with depression or mixed anxiety and depression were taken as an sample. Interventions used was general practitioner care or up to 12 sessions of non-directive counselling or cognitive-behaviour therapy provided by therapists. Main outcome measures was Beck depression inventory scores, other psychiatric symptoms, social functioning, and satisfaction with treatment measured at baseline and at 4 and 12 months. Results revealed that 197 patients were randomly assigned to treatment, 137 chose their treatment, and 130 were randomised only between the two psychological therapies. All groups improved significantly over time. At four months, patients randomised to non-directive counselling or cognitive-behaviour therapy improved more in terms of the Beck depression inventory (mean (SD) scores 12.9 (9.3) and 14.3 (10.8) respectively) than those randomised to usual general practitioner care (18.3 (12.4)). Overall they have concluded that Psychological therapy was a more effective treatment for depression than

usual general practitioner care in the short term, but after one year there was no difference in outcome.

Churchill R.; Dewey M.; Gretton V.; Duggan C.; Chilvers C.; Lee A.( 1999) examined indirect evidence from studies evaluating the overall effectiveness of counselling in primary care, and studies evaluating the effectiveness of psychological treatments, other than counselling, for depression. They have concluded that, while specific psychological treatments have been shown to have equivalent effectiveness as antidepressants, there is currently insufficient evidence to recommend that counselling should be used alone in the treatment of patients with major depression.

Teresa D. La Fromboise , Joseph E. Trimble and Gerald V. Mohatt (1990) studied Indian American social and psychological perspectives concerning the process and theory of counselling are contrasted with the individualistic focus, style, and outcomes of therapy as practiced today. Empirical studies are reviewed concerning the role of social influences in the counselling process as perceived by American Indians and the types of problems Indians present in counselling. The under use of mental health services is associated with the tension surrounding power differentials in counselling relationships and perceived conflicting goals for acculturation between counselors and Indian clients. In addition, three types of psychological intervention-social learning, behavioral, and network -are reviewed and summarized for their contributions and implications for training counselors in effective mental health service delivery with American Indians.

Aaihie, Ose Ngozi and Ekiadolor (2009) investigated the efficacy of group counselling in enhancing the self-concept of participants. The influence of sex on the self-concept of these group was also investigated. A pre-test, post test, control group design was employed in the study. The results of the study revealed that group counselling had a significant positive effect on the self-concept of the subjects. There was no significant effect of sex on the self-concept of the person.

Lane (1997), and Tobias & Myrick (1999), reported positive effects of group counselling on the participants in order to enhance their self-concept in positive direction. In the present study, the group counselling enhanced the self-concept of the participants significantly.

The new era of globalization leads the counselling approach to develop according to the problems and situation created by peoples. Stone & Rutan (1983) found that only 8 % of the client in the group counselling session finish up their session in a year time. The result shows that the traditional approach can only help a very minimum people with a long period of time. Garfield & Bergin (1994) suggested that brief group interventions was as effective as traditional approach so this intervention will be an alternative way to help client in short period of time. There were several ways to help maladjusted students in campus. Brief counselling approach was one of an alternative way to help them. According to Steenbarger (1992) brief counselling with several approaches (e.g.: Psychodynamic, behavioral and cognitive behavioral) can be used in groups or individual counselling.

Littrell (1998) found that Solution Focused Brief Therapy were focused to the problems and limitation of the client. This approach will give an optimistic and challenging counselling process to the client.

Noor Aziza Ishak and Dr. Hairul Nizam (2005) studied the maladjustment problems the 400 respondents using 48 ICET questionnaires (McMahon, 1971). The result show that 192 respondents need counselling services because of the maladjusted problems, 114 respondents are under control, 49 respondents are normal and 45 respondents need to be referred to the psychiatrist. Distribution of the elements stated that anxiety- tension-stress 25.45%, Compulsive-Obsessive-Rigid Behavior 29.86%, Depressive-Defeatist Thoughts and Feelings 22.75%, Friendship- Socialization 13.38%, Goals: Religious- Philosophical 45.67% and Inadequacy: Feeling and Behavior 26.91%. Generally this survey manages to identify the maladjustment problems among the respondents in one of the local University in Malaysia. These results lead the researcher to perform a treatment to overcome the problems. This paper will discuss about the comparison between two brief group work interventions that focused on REBT and behavior approaches to help the maladjusted respondents to develop their life in campus. A sample of 288 male and female maladjusted respondents was assigned to one of three groups: REBT brief group work intervention, behavioral brief group work intervention and control group. According to the findings, both of the treatment, reduced maladjustment compared to control group. There are no significant different between REBT

focused brief group intervention and behavioral focused brief group intervention but there are significant differences between the two interventions and the control group. This paper will also discuss about the gender effect and the interaction of the independent variables. Lastly this paper will discuss how we can help the students to develop themselves using this intervention as an alternative way to reduce maladjustment.

Charles A. Maher and Christopher R. Barbrack (2006). The effectiveness of behavioral group counselling in preventing and remediating maladjustment was studied by Charles A. Maher and Christopher R. Barbrack (2006). Behavioral group counselling was provided to the participants. Results suggested that behavioral group counselling may be a cost-effective approach but effective intervention in order to reduce maladjustment level. Result also revealed that the behavioral group counselling intervention was a socially worthwhile and practical approach.

Wanna Saeseaw (2000) studied the effect of Rogers encounter group on the interpersonal communication quality of dormitory students. The hypotheses were that (1) the posttest scores on interpersonal communication of the experimental group would be higher than its pretest scores (2) the posttest scores on interpersonal communication of the experimental group would be higher than the posttest scores of the control group. The research design was the pretest-posttest control group design. The sample was comprised of 16 dormitory students of the Huachiewchalearmprakit University. They were randomly selected from the dormitory students who scored below thirtieth

percentile on the Interpersonal Communication Inventory. They were randomly assigned to the experimental group and the control group, each group comprised of 8dormitory students. The experimental group participated in Rogers encounter group conducted by the researcher for approximately 22 hours. The instrument used in this study was the Interpersonal Communication Inventory based on Carl R. Rogers's interpersonal relation theory. The t-test was utilized for data analysis. The results indicated that: (1)The posttest scores on interpersonal communication of the experimental group were higher than its pretest scores at 0.05 level of significance. (2)The posttest scores on interpersonal communication of the experimental group were higher than the posttest scores of the control group at 0.05 level of significance.

Ratchanee Veerasuksavat (2001) studied the effects of Rogerian group counselling on the reduction of anxiety in hospitalized heart disease patients. The tested hypothesis was that anxiety in hospitalized heart disease patients participating introversion group counselling would decrease significantly. The sample included 8 hospitalized heart disease patients in Central Chest Hospital who volunteered to participate in Rogerian group counselling session for 8consecutive days 2 hours 30 minute, each day for a total of 20 hours. There were 3 men and 5 women, aged between 55-65 years. The group leader was the researcher. The research design was pretest posttest design. The instrument used to measure anxiety was the Spielberger. State-Trait Anxiety Inventory. This test was administered to the patients

twice i.e., before and after the group counselling sessions. Differences between the set of scores were tested for significance with the t-test. Results showed that anxiety in hospitalized heart disease patients who participated in the Rogerian group counselling treatment decreased by 11.5 points, t-value was significant at the 0.05 level.

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