Chapter 2

Review of Literature
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REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

Research is very important for progress in any field of life. Its constant addition to the vast store of knowledge makes progress possible in all areas of human endeavour. The study of literature enables the researcher to define the limits of the field. It helps the researcher to define and delimit his problem. The review of the literature brings the researcher up to date on the work which others have done and thus to state the objectives clearly and concisely. By reviewing the related literature, the researcher can avoid unfruitful and useless problem areas. It gives an understanding of the research methodology which refers to the way the study to be conducted and put one’s problem in a proper perspective and which are also essential for providing ideas, theory, explanation, hypothesis, valuable for moulding the problem, suggests method of research to find out the comparative data useful in the investigation of research. Once the explored and unexplored portion of a field of research are clearly determined and differentiated, it becomes possible to take up a bit of unexplored domain and to raise it up as a problem to be investigated. Thus it is necessary that a man must be familiar with what has been done by the previous investigators.

Review of related studies has been presented under following heading:

1) Mental Health
2) Mental Health and Intelligence
3) Mental Health and Values
4) Mental Health and Attitude towards Teaching Profession

2.2 MENTAL HEALTH

Wig and Nagpal (1970) found that the scores of the successful and unsuccessful groups of failing university students were significantly different on physical distresses scale. The two groups were significantly different on mental health score. The differences were marked in areas, namely school adjustment, college adjustment followed by the areas of social adjustment and neurotic traits in childhood.
Pareekh and Rao (1971) found in the study of mental health of students and teacher behaviour that pupils were fairly well adjusted with regard to parents and home. But adjustment level with peers, teachers, school and other general area were positive though not very high particularly in adjustment towards school. When faced with frustrating situations, they had more extra punitive and ego defensive reactions.

Wig and Nagpal (1971) conducted a second study on mental health and academic achievement and concluded that the comparative scores of successful and unsuccessful students were significantly different on mental health scale. Failure group was having a high mean score than the control group.

Bhan and Sinha (1978) found that the engineering boys were significantly superior in mental health to university boys.

Sarkar (1979) studied that mentally healthy group of children had higher family tension. The children from families with syncritic division of functions have better mental health. The family structure (excepting syncritic division of function) was not related to the mental health of the children.

Prasanna (1984) found that all the mental health variables discriminated between high and low achievers. In most of the groups high achievers had high mean scores than low achievers for all the 16 mental health variables studied.

Rao and Parthasarathy (1986) concluded that mental health problems of children, which constitute a major concern, are emotional disorders, conduct disorders and impairment or delay in the development of normal functions. Emotional disorders occur with some frequency in boys and girls while conduct disorders are significantly more frequent in boys, particularly in younger children. Impairment or delays in development are markedly more common in boys than in girls. Development disorders of speech and language occur in some 1-5% of children, regular bed wetting in 3% of children at the age of 10 and reading retardation in children of normal intelligence is found to be present in 3-10% of children.
Singh, Mala (1987) in a study on the knowledge about concept of mental health of primary school teachers found that subjects from urban schools scored significantly higher on Mental Health knowledge questionnaire than the rural subjects, and further found that age of the teachers was not related to the knowledge about concept of mental health and factors contributing to it. Experience of teachers was also not related to the knowledge about concept of mental health and factors contributing to it.

In a study of Mohapatra (1989) teachers felt that mental health depended on physical health. They expressed the view that a good social environment was necessary for good mental health.

Srivastava (1991) confirmed the general observations of high stress and poor mental health, this pattern of stress and mental health relationship has been found reversed in case of employees who adopted approach’s copying strategies to deal with their stresses of job life.

Khaleque, Hossain and Hoque (1992) found that mental health of the subjects who are satisfied with their job is significantly higher than that of those who are not satisfied with it. A significantly high positive correlation was found between the job satisfied and mental health.

Catherine (1992) reported that male teachers are more concerned about their personal well-being. They are more anxiety ridden, have less disabling symptoms, are less capable of establishing constructive relationships but are more capable of coping with ordinary demands and stress of life and have a high level of mental health as compared to their female counter parts.

Chaudhry, Nirmala and Bajaj (1994) compared the mental health and emotional maturity of adolescents staying at home and those staying at orphanage. The results reveal that adolescents staying with parents at home have better mental health, high level of emotional maturity as compared with their counterparts staying at orphanage.

Wu, Chyi-In (1994) revealed that elder people and women had greater sources of life strain and higher level of mental health symptoms.
Sharma, R.D. (1995) studied the influence of recent life experience on mental health of school teachers and found that psycho-physical strain was positively correlated with recent life experience. Recent life experiences influence the mental health of teachers. Male teachers were more inclined towards the mental illness rather than female teachers.

Rao and Parthasarthy (1996) concluded that young people's ability and motivation to stay in school to learn and to utilize what they learn is affected by their mental well-being. School mental health programmes are effective in improving learning, mental well being and treating mental disorders. Issues of well-being and psycho social competence affect the entire school community including students, teachers, school administrations and members of the surroundings communities.

Brauer (1996) conducted a study to determine the relationship between job demands, role ambiguity, work/family conflict, organizational resources, supervisor social support and women's mental and physical health. Role ambiguity, which is when a person's job responsibilities are unclear, and work/family conflict were consistently the largest predictors of poor mental health.

McGann (2000) researched qualitatively using heuristic principles the ethical integrity of mental health professionals working in rural areas. Thirty mental health professionals endorsed questionnaires and were interviewed in an attempt to elicit the essences of the factors, which contribute to a high quality of ethical integrity. The convenience sample consisted of 19 Euro-American females and 11 Euro-American males, between the ages of 38 and 62 years. The participants included one clinical psychologist, 14 licensed clinical social workers, and 15 licensed professional counselors. All mental health professionals (therapists) have maintained good conduct and healthy boundaries based on information received from their current standing in relation to any disciplinary action with the Commonwealth of Virginia, Department of Health Professions, Board of Psychology. Experiences were described by these mental health professionals in relation to their self-understanding of ethical integrity and their own internalized ethical stance.
Kaur (2000) studied that teachers are average in mental health level. They take care of their personal well-being and are somewhat anxiety ridden. Male teachers are less anxious and have less disabling symptoms as compared to female teachers. Female teachers have capacity to cope with ordinary demands and stress of life and can establish constructive relationship easily.

Kaur (2001) concluded that there is nothing known as perfect mental health. At the most one can take of optimum mental health, but that too in the light of individual difference. Mental health was found significantly related to vocational maturity of the prospective secondary school teachers. A significant relationship was found between mental health of male and female teachers.

Kakkar (2002) conducted a study on mental health status of army personnel in relation to educational development of their wards and found significant relationship between mental health status of army personnel and educational development of their wards. A significant difference was also found in mental health of male and female army personnel regarding educational development of wards.

Satoko (2005) in his study reviews social-cultural aspects of mental health with a focus on depression and anti-depressants as well as cross-cultural literature regarding help-seeking behavior in the treatment of depression. The Japanese mental health care system and corresponding social norms in terms of depression related issues are also reviewed. A quantitative survey method was used to collect data. An English version of the questionnaire was first constructed including the secondary scales. Attitudes toward seeking professional psychological help and the Asian values scale was used and it was translated into a Japanese version. Results indicated that there were differences in attitudes toward depression, knowledge of care indicated that there were differences in attitudes toward depression, knowledge of care availability, experience of depression and Asian values across the three groups. No difference was found regarding attitudes toward anti-depressants and professional help seeking for psychological problem.

Matthew (2005) studied potential moderators of mental health outcomes, including enduring contextual variables (e.g., post displacement accommodation and economic opportunity) and refugee characteristics and the refugee-nonrefugee comparisons were
averaged across psychopathology measures within studies and weighted by sample size. The weighted mean effect size was 0.41 (SD, 0.02; range, −1.36 to 2.91 [SE, 0.01]), indicating that refugees had moderately poorer outcomes. Post displacement conditions moderated mental health outcomes. Worse outcomes were observed for refugees living in institutional accommodation, experiencing restricted economic opportunity, displaced internally within their own country, repatriated to a country they had previously fled, or whose initiating conflict was unresolved. Refugees who were older, more educated, and female and who had higher pre displacement socioeconomic status and rural residence also had worse outcomes.

Sood (2006) found negative relationship between mental health and self-confidence of prospective secondary school teachers. Negative relationship was also found between mental health and total adjustment of prospective secondary school teachers and no difference was found between mental health of day scholar and hostlers.

Yardley et. al (2006) studied on mental health promotions. The sample was selected to include people with very different experiences of participation or nonparticipation in falls-related interventions, but all individuals were asked about interventions that included strength and balance training. Results indicated that attitudes were similar in all countries and contexts. People were motivated to participate in strength and balance training by a wide range of perceived benefits (interest and enjoyment, improved health, mood, and independence) and not just reduction of falling risk. Participation also was encouraged by a personal invitation from a health practitioner and social approval from family and friends. Barriers to participation included denial of falling risk, the belief that no additional falls-prevention measures were necessary, practical barriers to attendance at groups (e.g., transport, effort, and cost), and a dislike of group activities.

Carlson (2006) explored rural youths' direct and indirect experience of violence in the neighborhood, school, and home. The author used hierarchical regression analyses to explore youth violence exposure, aggressive behaviors, mental health symptoms, attitudes toward guns and violence, and community poverty level, measured by percentage of free and reduced-price lunch, at four different southeastern Ohio
schools. Results indicated that higher levels of poverty are significantly related to higher levels of direct exposure to violence in school, and to dissociation, damaging property of others, and some measures of violence proneness. Responses to violence exposure at the community, school, and individual practitioner levels are explored.

Innocent (2006) identified and considered the key events and processes of the 20th and 21st Century, which have created the current climate of uncertainty in British Mental Health Care and Policy. Also discussed is the potential effect this may have on the social well-being of mental ill health (MIH) sufferers. Secondary research supported by evidence from interviews with key mental health professionals provided the basis for the studies investigation. The transition from asylum to community care, a small number of violent attacks on the public by the mentally ill and an ensuing moral panic were identified as being the key generative processes which led to the proposed implementation of the 2004 Draft Mental Heath Bill. A geographical, political and sociological investigation of these named generative processes and their consequences provide a comprehensive explanation for the government's proposed draft mental health Bill.

Nasim, et. al (2007) found that African-American adolescents have lower rates of alcohol consumption than White youth. However, African-American youth suffer disproportionately more adverse social, mental, and physical health outcomes related to alcohol use. Affiliating with negative peers is a risk factor for alcohol initiation and consumption. Cultural variables have shown moderating effects against other risk factors for African-American youth and therefore were the focus of this study. Specifically, the study tested whether three culturally-relevant variables, Africentric beliefs, religiosity, and ethnic identity were promotive or protective for alcohol initiation and use within the context of negative peer affiliations. The sample consisted of 114 at-risk African-American adolescents whose ages ranged from 13 to 20. Participants were administered a questionnaire with measures of alcohol initiation and use, peer risk behaviors, ethnic identity, Africentric beliefs, religiosity, and demographic items. Peer risk behaviors accounted for significant percentages of the variance in age of alcohol initiation, lifetime use, and current and heavy alcohol use after adjusting for age and gender. Cultural variables showed both promotive and protective effects.
Kidd (2007) examines the mental health implications of social stigma as it is experienced by homeless youth. Surveys conducted with 208 youths on the streets and in agencies in New York City and Toronto revealed significant associations between perceived stigma due to homeless status and sexual orientation, panhandling and sex trade involvement, and amount of time homeless. Higher perceived stigma was also related to low self-esteem, loneliness, feeling trapped, and suicidal ideation, with guilt/self-blame due to homeless status having the strongest impact on mental health variables.

Ellis et al. (2008) examined relations between trauma exposure, post-resettlement stressors, perceived discrimination, and mental health symptoms in Somali adolescent refugees resettled in the U.S. Participants were English-speaking Somali adolescent refugees between the ages of 11 and 20 (N = 135) who had resettled in the U.S. Participants were administered an interview battery comprising self-report instruments that included the UCLA Posttraumatic Stress Disorder (PTSD) Index, the War Trauma Screening Scale, the Every Day Discrimination scale, the Adolescent Post-War Adversities Scale, and the Acculturative Hassles Inventory. Results indicated that cumulative trauma was related to PTSD and depression symptoms. Further, post-resettlement stressors, acculturative stressors, and perceived discrimination were also associated with greater PTSD symptoms after accounting for trauma, demographic, and immigration variables. Number of years since resettlement in the US and perceived discrimination were significantly related to depressive symptoms, after accounting for trauma, demographic, and immigration variables.

Marsh (2008) studied spiritual development and physical and mental health. Interviews were conducted in the region of Teton Pass, Wyoming. Sixty-three backcountry skiers, telemarkers, and snowboarders participated, 42 (67%) were men and 21 (33%) were women. Participants ranged in age from 18 to 65, with 35 (53%) of subjects falling in the 26- to 35-year-old range. Means-end laddering interviews were employed. The study identified values reflecting spiritual development as a transcendent experience (63%), increased awareness (46%), and a sense of fulfillment (29%). The major consequences (i.e., benefits) were focus (38%), reflection (30%), tranquility (32%), and an appreciation of beauty (32%). The primary attributes were nature and the backcountry setting (95%), and the adventure (35%). The attribute of a
social interaction (29%) was identified as important for the benefit of sharing an experience (27%) and the resulting value of an enhanced sense of connection (43%). Mental and physical exercise (35%), resulting in the benefits of enhanced sense of well-being (22%), were also recognized as contributing to the spiritual meaning. The attributes of use of technical skill (25%) and experiencing solitude (28%) were also important to spiritual experiences.

Fogarty et. al (2008) explored the relationship between the presence of a mental health condition and health care utilization among family medicine patients and found that after controlling for potential confounders, generalized anxiety disorder, panic disorder, and posttraumatic stress disorder were statistically significantly associated with more PCP visits, ED visits, and nonpsychiatric hospitalizations. Neither major nor minor depression were associated with more PCP visits, ED visits, or nonpsychiatric hospitalizations, except that minor depression was associated with 103% increase in PCP visits ($P < .001$). Alcohol use disorder was associated with 16% fewer PCP visits ($P = .01$) but 238% more nonpsychiatric hospitalizations ($P < .001$).

Frojd (2008) studied, whether family factors are specific or general risk factors of adolescent maladjustment, whether the associations between family factors and maladjustment are similar in boys and girls, and whether the parents are significantly involved in help-seeking for depression in middle adolescence. Community data from two studies was utilized in the present study: two data waves from the Adolescent Mental Health Cohort -Study (Aged 1516 years, N= 3809 and aged 1718 years, N=2070) and one cross-sectional sample from the School Health Promotion Study (aged 1416 years, N=17643). In all datasets available, girls reported internalising types of maladjustment (depression, anxiety and excessive psychosomatic symptoms) systematically more often than did boys. On the other hand, boys of all ages reported harmful drinking patterns more often than did girls. Family factors were associated with diverse maladjustment outcomes in middle adolescence. Some factors (parental monitoring, family structure) acted as general risks, whereas others (life events, indicators of socioeconomic status) were more specific risk factors. Some gender differences in the associations between family factors and maladjustment were found.
Boys and girls seemed to have similar associations between family factors and maladjustment in univariate analyses.

Chow (2008) examined the dimensions that support a culturally competent mental health program across 65 older and adult programs located throughout New York City. The primary purpose of this study was to examine if mental health programs serving older ethnic minority populations had lower activity levels for promoting cultural competence than adult programs. Additionally, the study compared older to adult programs on demographic characteristics and its relationships towards supporting cultural competence.

Based on this self-reporting survey, older programs' individual and overall activities contributing to promoting cultural competence did not differ from adult programs. Although the predicted difference between programs serving older adults and those serving adults was not found, overall the performance described by these results were mid-level, suggesting ample opportunity for more in-depth evaluation and, most likely, for improving culturally competent services.

Macmillan et al. (2009) studied the epidemiology of intimate partner violence (IPV) experienced by both males and females. Data were drawn from the U.S. National Comorbidity Survey Replication. The relationships between physical IPV and child abuse, mental disorders, and suicidal ideation and attempts among males and females were examined. The results indicate that child sexual abuse was associated with IPV among males, whereas child physical and sexual abuse was associated with IPV among females. IPV was associated with poor mental health outcomes for males and females, although sex differences are noted. The sex differences indicate that females experience a wider range of poor mental health outcomes compared to males.

Pagura et al. (2009) examined and compared help seeking, perceived need, satisfaction with health professionals, and barriers to care in three groups: individuals with a mental disorder without suicidal behaviors, those with suicidal ideation with or without a mental disorder, and those with a suicide attempt with or without a mental disorder in the past year. Data came from the Canadian Community Health Survey Cycle 1.2. The sample consisted of 36,984 persons aged 15 years and older (response rate=77%). A total of 4,872 had a mental disorder without suicidal behaviors, 1,234
had suicidal ideation, and 230 had attempted suicide. Multiple logistic regressions were used to examine differences between the three groups after adjusting for sociodemographic factors and the number of mental disorders. Results were that individuals with suicidal ideation and those with suicide attempts were significantly more likely than those with a mental disorder but no suicidal behaviors to seek help and to perceive a need for care in the past year. However, 48% of individuals reporting suicidal ideation and 24% of individuals reporting a suicide attempt did not seek help and did not perceive a need for help in the past year. Significant differences existed between individuals in the three groups in terms of satisfaction with the care they received and barriers to receiving care in the past year.

From the review of the literature, it is revealed that a number of research studies have explored the relationship of mental health with different variables viz emotional maturity, stress, anxiety, family factors, social well-being, economic opportunity, vocational maturity, social environment, self-concept, attitude, adjustment, risk taking behaviour, self-confidence, emotional intelligence, academic achievement, educational development, intelligence, values, job demands, role ambiguity, physical health, family tensions etc. A comparison of mental health has also been exposed in some research studies like comparison between male and female, family environment, schoolteachers, engineering and university students, between successful and unsuccessful students, between day scholar and hostlers, between with suicidal ideation and without suicidal ideation etc.

### 2.3 MENTAL HEALTH AND INTELLIGENCE

Mirchandani (1970) found an inverse relationship between intelligence and intensity of behavior problems.

Dutta (1981) conducted a study on mental health in families. He revealed that the period of transition from adolescence to an adult is more difficult, many may be victims of mental ill health. Development of mind, body and mental health depends on certain interdependent factors like intelligence, sex gonads, nutrition, fresh and sunlight, injuries, race, culture, position in family etc.
Kaur (1982) found that intelligence neither correlates positively with mental health totals nor with sub areas of mental health. But intelligence in combination with some of the personality factors best determined the mental health of adolescent girls.

Mangotra (1982) conducted a study on the topic, “Mental health as a correlate of intelligence, academic achievement and socio-economic status.” He reported that (1) girls scored higher in intelligence test and in the socio-economic questionnaire than boys; (2) girls appeared to posses better mental health, were capable of facing the realities around them and in a position to tide over the mental disequilibrium; (3) the mental health of boys and girls appeared to be considerably influenced by the two factors, namely, intelligence and physical health and (4) the mental life of boys was dominated by the feelings of depression and neurotic behaviour. On the other hand, girls were found to be suffering from a sense of insecurity and anxiety.

Raveendranath (1983) found that the mental health status of science students with English medium was higher than those of Malayalam medium. The sub sample equated on the basis of intelligence, interest and mental health status of English medium was higher than those of Malayalam medium. The sub sample equated on the basis of high socio-economic status and high mental health status did not show significant difference between English and Malayalam medium classes.

Sharma (1984) conducted a study on the topic, “the effects of social disadvantages on mental health and mental health of adolescents” and reported significant differences in the IQ’s of advantaged and disadvantaged adolescents with regard to psychiatric morbidity.

Abraham (1985) found that 23 out of 25 psychosocial variables showed significant correlation with mental health status. 22 psychosocial variables discriminated between high and low mental health status groups (unselected groups) and 18 psychosocial variables discriminated between high and low mental health status group equated for intelligence age and sex. The high mental health status group and low mental health group differed significantly from one another.

Walton and Nuttall (1997) studied 54 Salvadoran children (age 12), born in the Salvadoran Civil War, found the personal/social impact of the war was more
important than family togetherness or war intensity in determining the mental health of the children. Children's intelligence was highly related to surviving with greater mental health.

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

Kaur (2002) conducted a study on relationship of mental health and intelligence and found significant relationship between high levels of mental health and intelligence of school adolescents. But no significant relation was found between intelligence and average level and between intelligence and low level of mental health. The result also indicated significant difference between high, average and low level of mental health and intelligence and difference was also found between different levels of mental health of male and female in respect of intelligence.

Fullam (2002) assessed the relation between self-reported attachment quality (Secure, Fearful, Preoccupied and Dismissing) and adaptive behavior to life events in college students. Study 1 (N = 239) assessed intimacy, problem-solving, coping skills, and physical well-being. Secure attachment was correlated with emotionally closer and more trusting relationships, better coping skills, and fewer reported psychophysiological symptoms than those with insecure attachment. Study 2 (N = 294) was related attachment patterns to a variety of indices of psychological health (including anxiety, depression, and anorexia). Secure attachment was related to significantly lower risks of developing psychopathology. The relation between attachment quality, emotional health, emotional intelligence (EI), social support, and prospective monitoring of psychophysiological symptoms was investigated in study 3 (N = 176). Secure attachment was found to be related with higher EI, emotional health, high levels of social support, and physical health.

Manoux, Ferrie, Lynch and Marmot (2005) tested the hypothesis by examining three questions: Is cognitive ability related to health? To what extent does it explain social inequalities in health? Do measures of socioeconomic position and cognitive ability have independent associations with health? Cognitive ability was significantly related to coronary heart disease, physical functioning, and self-rated health in both sexes and
additionally to mental functioning in men. It explained some of the relation between socioeconomic position and health: 17% for coronary heart disease, 33% for physical functioning, 12% for mental functioning, and 39% for self-rated health. In analysis simultaneously adjusted for all measures of socioeconomic position, cognitive ability retained an independent association only with physical functioning in women. These results suggest that, although cognitive ability is related to health, it does not explain social inequalities in health.

Doubrava (2005) studied the emotional intelligence and behaviour of children. This study used a pretest-posttest control group design to examine the effects of 10 sessions of child-centered group play therapy on measures of emotional intelligence, behavior, and parenting stress. The relationship between play therapy and emotional intelligence has not yet been specifically addressed in the literature. This study also adds to the body of play therapy literature that uses psychometrically sound measures and a control group. Participants were a convenience sample of 19 children ages 7 to 10 who were receiving wraparound services (i.e., child-centered, family-focused, and integrated services) through a private, community-based agency in the Northeast and who had been diagnosed with at least one Axis I mental disorder. The children presented with a wide range of mental health disorders, supporting the theoretical assumption that child-centered play therapy is appropriate for most children regardless of their particular symptoms or diagnosis. The BarOn Emotional Quotient Inventory: Youth Version: Short Form, the Child Behavior Checklist, and the Parenting Stress Index were used to measure differences respectively in emotional intelligence (EQ), problem behavior, and parenting stress. Statistically significant differences were not found following treatment via the 3 instruments used.

DeRuyck (2006) investigated the joint contributions of emotional, academic, and cognitive variables on test anxiety levels utilizing a multimethod approach. Test anxiety is associated with diminished cognitive, academic, social, and emotional functioning and has pervasive effects among students. Empirical research has not yet evaluated factors that collectively predict debilitating and facilitating test anxiety levels, though an abundance of empirical literature supports the associations between test anxiety and an array of variables.
Koskentausta, Iivanainen and Almqvist (2007) found that Children with intellectual disability (ID) have a higher risk for psychiatric disturbance than their peers with normal intelligence, but research data on risk factors are insufficient and partially conflicting. The subjects comprised 75 children with ID aged 6-13 years. Data were obtained from case files and the following four questionnaires completed by their parents or other carers: Developmental Behaviour Checklist, American Association of Mental Deficiency (AAMD) Adaptive Behavior Scale, a questionnaire on additional disabilities, and a questionnaire on family characteristics and child development. Results suggested that the risk of psychopathology was most significantly increased by moderate ID, limitations in adaptive behaviour, impaired language development, poor socialization, living with one biological parent, and low socio-economic status of the family. Conclusions were that the risk of psychopathology in children with ID is increased by factors related to family characteristics and child development.

Nath (2009) examines some common assumptions made by clinicians about the relationship between intelligence and mental health difficulties. Using clinical illustrations, it attempts to help therapists who work with college students move beyond the focus on academic success to provide a clinical and theoretical perspective on selfhood and difficulties with authenticity in such students.

It can be concluded from the review of these research studies that there exists relationship between mental health and intelligence. A very few studies have shown negative relationship between mental health and intelligence. The findings of these research studies revealed that some studies like Dutta (1981), Mangotra (1982) and Sehgal (1991) have explored positive relationship and some studies like Mirchandani (1970), Kaur (1982) have shown negative relationship between mental health and intelligence.

2.4 MENTAL HEALTH AND VALUES

Marry (1970) in her exploratory descriptive survey examined the role of recent professional graduates employed as school social workers in relation to the needs and requests of their educational systems for mental health services. Data in respect to the first study area, which sought to assess the mental health needs of educational system, revealed that quantitatively the needs were vast and qualitatively the educational
system was viewed as an inhibitor of personality development. Data in regard to ascertaining what kind of mental health services were requested by the educational system revealed that clinical remedial functions were the prime concern of education.

Pareek and Rao (1971) studied teacher behaviour and student mental health. Teacher’s behaviour was surveyed by Flander’s Interaction Analysis category system. Data for association between teacher behaviour and student mental health revealed that teacher using high indirect/direct influence had significantly higher number of well adjusted students, high in intelligence high in initiative, more impulsive and ego defensive, but less need persistent reactions to frustrations, classroom with low teacher student relation had more well adjustment students.

Kennedy (1975) examined the historical background of mental hygiene movement in American education with particular emphasis on the period from 1900 to 1975. The thesis gives insight into the overall development of the movement through the decades of the 20th century with emphasis on a need for better principles and practices of mental hygiene in our school. This study suggested a greater concern and application of the principles of mental health in schools since world war II, certainty with better informed and better trained school personnel than ever before, and with the further development of the employment of specialist to give assistance.

Sinha and Bhan (1978) conducted a study with the objective to assess the mental health of University students and to find out its psycho-social dynamics. Some of the findings of the study are:

i) The boys and girls of the University did not differ on emotional security.

ii) Emotional insecure group suffered from neurotic symptoms and syndromes in a greater degree than the emotionally secure group.

iii) The democratic, permissive and rational home atmosphere assessed by the recognition and acceptance of opinion of children was a potent factor behind emotional security.

iv) Stressful situations and emotional insecurity were concomitant variables.

v) Jealous and quarrelsome neighborhood developed emotional insecurity among individuals.
Gupta (1980) found that in general, Tibetan adolescents were found to be religious, mentally healthy and possessing positive personality characteristics. The subdimensions of religiosity and measures of mental health were significantly correlated.

Basumalik and Bhattacharya (1980) found that popular information in mental health area was not crystallized. No significant cross-cultural differences were found between Indian and American subjects except that both experts and layman laid more emphasis on the seriousness of mental health problems.

Mohebali (1982) studied the socio-psychological correlates of mental health. The purpose was to determine the impact of cultural differences, generation gap, sex and mental health. Further comparisons were made between Indian and Iranian children with respect to mental health, value orientation and frustration modes. It was found that the maximum resignation frustration was seen in Indians, where as the maximum regression in Iranians. Females tended to be aggressive, where as males were regressive and resignative. The expression of frustrations in aggression lead to balanced mental status. Where as that in the regression resulted in the neuroticism. Adolescents of India and Iran both have more aggression frustration in comparison with their adult counterparts.

Bhatia (1984) found that values of life have a significant role in the mental health and adjustment. It was found that family atmosphere was more tense and unhappy for girls in the Indian environment. In many families, parents were more favourable inclined towards boys. A large majority of the adolescent prefers co-educational institutions and mixed parties with members of both sexes.

Sharique (1984) conducted a study, the objectives of which were to investigate educational viewpoint of secondary school teachers and their relation to teacher’s values, attitude and preferences, for political ideologies. The sample of the study consisted of 251 male and 79 female secondary school teachers. In the study it was found that teacher’s educational viewpoints were found to be unrelated to their political aesthetic and economical values. Progressive teachers were found to be more theoretical and social value oriented than traditional teachers.
Sethi and Chaturvedi (1986) concluded that the weakening and reduction in social bonds may affect the mental health of the individual. Psychiatric disorders can be reduced by effective use of the supportive resources within a community.

Anand (1986) conducted a study on mental health of school teachers using a mental health scale and observed that 59% of teachers were mentally healthy. The state of working bears no relation to mental health while social values were positively related to mental health of teachers.

Grover (1989) found that there existed a positive relationship between religiosity and mental health of college-going Urban Youth. A significant difference had been found in male and female teachers on the dimensions of sensitivity, anger, tension and mental health.

Robertson (1989) conducted a study to investigate religiosity and mental health measures in Bible College students. The purpose of the study was to clarify what types of relationship exists between religiosity and mental health characteristics. Religiosity was measured by the religion orientation scale (Allport and Ross, 1987), in which four religious orientations are described. Mental health characteristics included manifest anxiety, self-esteem and negative and positive daily stresses. The result of the study indicated that intrinsically religious subjects had low manifest anxiety, high self-esteem and experience few daily hassles and uplifts.

Serfonteins (1990) studied the mental health of the youth and concluded that the youth who was on the adulthood, found it difficult to enter the world of the adult and to meet the demands made on him. Personal, social, and educational factors made the youth liable to mental instability during this transition period before adulthood.

Sidhu (1999) conducted a study on awareness and practice of mental health principles in relation to values, job satisfaction and divergent disciplinary orientation and found positive relationship between mental health and social values and between mental health and theoretical values. The result also indicated negative relationship between aesthetic values and principles of mental health. Significant difference was found between values and practice of mental health.
Rao (2003) explored the effects of acculturation on self-construal and family obligation. Within this study, 61 Indian-American women completed a series of measures about these variables. While the results did not support a relationship between acculturation and family obligation, it did support a relationship between acculturation and self-construal. Specifically, participants who reported that they behaviorally relate well with both Western and Asian groups also reported lower levels of interdependent self-construal than those who reported that they related more comfortably to one particular group. In addition, participants who reported that they relate well to other Asian individuals reported lower levels of independent self-construal than those who identified themselves as relating well to either both groups or to neither group. It was also found that a positive relationship exists between independent self-construal and family obligation. Noteworthy findings were also found in relation to the demographic data. Indian-born participants reported a significantly lower level of acculturation than did U.S.-born participants. Later entry into the United States was associated with lower levels of acculturation, but higher levels of independent self-construal. Additionally, acculturation levels were higher in those participants whose parents had lived in the United States for longer periods of time.

Eniwaye (2005) examined to determine whether factors of cultural mistrust, racial identity development, and ethnic identity impact the counseling retention rate of Black clients seeking rehabilitative services from White practitioners in an Atlanta, Georgia community. Participants in the study came from an Atlanta, Georgia community (female n = 91, male n = 87). A descriptive quantitative approach using a non-experimental survey research design was employed to analyze and then evaluate the above said factors. Findings revealed that hypotheses one, three, and four were supported, suggesting that socio demographic background, ethnic identity, and cultural mistrust did not have the hypothesized impact across subgroups analyzed in the study. Hypotheses two were not supported, suggesting that all factors of racial identity do influence the social interaction process between some participants in the study. Hence, while one's values and norms may help shape the social interaction process between individuals, the behavior of both the counselor and client may impact such a relationship due to respective racial, cultural, and/or ethnic norms and attitudes especially.
Gonzales, Deardorff, Formoso, Barr, Barrera (2006) examined a mediational model linking the linguistic acculturation of mothers and adolescents with a wide array of family mediators and adolescent mental health outcomes. Family linguistic acculturation, a latent construct based on maternal and adolescent acculturation, was positively related to increased family and interparental conflict but was not related to maternal parenting practices. Family conflict mediated the link between acculturation and two adolescent outcomes, conduct problems and depressive symptoms. Family acculturation showed a complex pattern of positive, indirect (mediated) and negative, direct effects on adolescent depressive symptoms. Findings were discussed in relation to traditional cultural values of Mexican heritage families and prevailing theories about why more acculturated Mexican-origin youth are at increased risk for problem behaviors.

Dalton (2008) studied the encouragement of empathy skills in teachers which display the foundation of an exemplary professor. Consideration on adjusted course work was studied concerning students with sudden physical illnesses and emotional health related issues. A sample of 46 undergraduate and graduate students participated and not only took part in a piloted survey, but also added comments on this focus area.

Buris, Brechting, Salsman and Carlson (2009) conducted multiple regression analyses to examine associations among study variables using a cross-sectional design. Results: More favorable health states (i.e., greater psychological well-being and less distress) were positively associated with optimism, health values, and religiousness and were negatively associated with spirituality and number of sexual partners. Conclusions: Results demonstrated that multiple protective and risk factors contribute to the psychological well-being and distress of university students.

It can be concluded from these research studies that there exists positive relationship between mental health and values. But researcher has found one or two studies that have explored the relationship between mental health and classification of values. Moreover study of Sidhu (1999) has shown negative relationship between mental health and aesthetic values and positive relationship with other classification of values.
2.5 MENTAL HEALTH AND ATTITUDE TOWARDS TEACHING PROFESSION

Dhawan (1996) examined the relationship of mental health of prospective secondary school teachers with attitude towards teaching profession and found that there exists significant relationship between mental health and attitude towards teaching profession. Significant difference was also found in mental health of prospective secondary school teachers with high and low attitude towards teaching profession. Student teachers with high attitude towards teaching profession had good mental health than student teachers with low attitude towards teaching profession.

Trehan (1998) examined the mental health of pre-service and in-service primary teachers in relation to attitude towards teaching profession and found no relationship between mental health of pre-service and in-service primary teachers and their attitude towards teaching profession.

Maninderpal (2001) found that teachers level and their mental health did not have significant interaction with respect to attitude towards teaching profession. Gender and mental health also did not show significant interaction with each other pertaining to their attitude towards teaching. Mental health did not have any significant contribution in the prediction of attitude of school teachers.

Rita (2002) studied the relationship of mental health and attitude of teachers towards teaching profession and found that mental health was not related to attitude towards teaching profession of married female teachers. It means that positive or negative attitude towards teaching profession did not affect their mental health. But attitude of male student teachers towards teaching profession was found significantly related to their mental health.

Batra (2005) found significant relationship between mental health of secondary school teachers with their attitude towards teaching profession. The secondary school teachers with good mental health had positive and favourable attitude towards teaching profession. Significant difference was found in the attitude towards teaching profession of teachers with good and poor mental health. Good mental health teachers had favourable attitude towards teaching profession than the teachers with poor mental health.
Thus investigator found that a number of studies have been done on the attitude of teachers towards teaching profession, but a very few studies have explored the relationship between mental health and attitude towards teaching profession. Some studies like Dhawan (1996), Batra (2005) have shown significant relationship between mental health and attitude towards teaching profession, but some studies like Trehan (1998) Maninderpal (2001) and Rita (2002) have shown negative relationship between mental health and attitude towards teaching profession.

However through review of related studies, the investigator came to know that many research studies have been done on relationship of mental health with different variables and with different samples; some showing positive relationship and some showing negative relationship. All research studies have indicated different results regarding relationship of mental health and intelligence, mental health and values and mental health and attitude towards teaching profession. A number of studies have shown relationship between mental health and values, but a few studies have worked on relationship between different levels of mental health and classification of values (theoretical, economical, social, aesthetic, political and religious). Even no such study has been found that has explored the relationship of different levels of mental health and attitude towards teaching profession. Moreover no such study was found which was directly or indirectly related to the topic taken by the investigator. Hence the need of the problem arises.

2.6 EMERGENCE OF THE PROBLEM

In modern age, we are living in what has been called an age of turbulence, an age of anxiety and stress, when man’s ability to cope with his environment is being taxed in new and unprecedented ways. Current emotional pressures are subtler, more intangible, and more pervasive. Man is now faced with the world of increased complexity in which his adjustive capacities are strained, there is no way to escape. This human condition has led to the popularity of mental health concept in education. The mental health is deemed to be the great goal of education. The term mental health does not refer to any one aspect of the human personality rather it encompasses all the aspect of individual personality.
Intelligence and values are also important factors affecting mental health of an individual. It is revealed that the more intelligent individuals have good mental health and values as compared to less intelligent person by virtue of his rational thinking in solving the problem, which put him in a good position to maintain good mental health.

From the review of related studies, it is revealed that Dutta (1981), Mangotra (1982), Sehgal (1991) indicate significant relationship between intelligence and mental health. But Kaur (1982) found that intelligence neither correlates with mental health totals nor with sub areas of mental health.

Mirchandani (1970) also revealed no significant relationship between intelligence and mental health. Hence results are contradictory regarding the relationship of mental health with intelligence.

Teaching is the most influential profession in our education system to imbibe the desired values in the tender minds of children entrusted to them. In this context, most important is the value-oriented personality of the teachers. If he himself is committed to values, he will always take it as his religious and spiritual responsibility to get his pupils committed to values. But the teachers can perform their duty of value inculcation if they are themselves mentally healthy. In fact good mental health in life implies commitment to great values of life as well as to the principles of wholesome living and hence form attitudes in the life.

However, it is a matter of common experience that there remain almost invariably, a domain of divide between knowledge and practice, it would not be wrong in any sense that value commitment on the part of teachers must necessarily imply commitment to foster the mental health of pupils which in turn, depends upon right cognition of mental health and their utilization in a judicial manner.

However going through vast area of related studies given, the investigator come to know that a number of research studies have been done on the relationship of mental health and values, but the investigator did not encounter much work intended and executed for exploring the relationship between different classes of values and mental health and even the research study (Sidhu 1999) has shown negative relationship between mental health and aesthetic values.
Thus the investigator felt that it could be a matter of great curiosity to find out how the mental health is related to given classes of values (i.e. theoretical, political, economical, social, aesthetic and religious).

The main aim of national policy on education (1986) is to provide the quality of education. But to ensure good quality of education, there is a dire need to have good quality of teachers who can use their intelligence in making teaching learning more effective with the help of value charged personality and the positive attitude towards teaching. The investigator observed in the classroom that most of the student teachers have no interest in the teaching. They have either come by force of circumstances or pushed by parents to do B.Ed degree. A majority of them are seeking admission because they have failed to get admission in other professions. They have no genuine love and sincerity towards the teaching profession. Their inattentive behaviour in the classroom and uninterested attitude created the situation to study the above problem.

From the review of studies, it is revealed that the studies are not clear and definite regarding the results of mental health with attitude towards teaching profession. On one hand, some studies like Dhawan (1996), Batra (2005) have shown significant relationship between mental health and attitude towards teaching profession, But some studies like Trehar (1998), Maninderpal (2001) and Rita (2002) have shown no relationship between mental health and attitude towards teaching profession. Moreover a very few studies have explored the relationship between mental health and attitude towards teaching profession.

In view of these inconclusive and contradictory results, there emerge a need of further provoking into the problem. So investigator got motivated to do study in this field i.e. mental health in relation to intelligence, values and attitude towards teaching profession. In addition, investigator felt the need to know the mean differences between Social Science, Science, English, Hindi, Punjabi student teachers regarding their mental health, intelligence, values, and attitude towards teaching Profession.

2.7 STATEMENT OF THE PROBLEM

A STUDY OF MENTAL HEALTH OF STUDENT TEACHERS IN ELATION TO INTELLIGENCE, VALUES AND ATTITUDE TOWARDS TEACHING PROFESSION.
2.8 OBJECTIVES OF THE STUDY

The study was conducted to achieve the following objectives:

1) To find out relationship of mental health of student teachers with intelligence.

2) a. To find out relationship of mental health of student teachers with theoretical values.
   b. To find out relationship of mental health of student teachers with economical values.
   c. To find out relationship of mental health of student teachers with aesthetic values.
   d. To find out relationship of mental health of student teachers with social values.
   e. To find out relationship of mental health of student teachers with political values.
   f. To find out relationship of mental health of student teachers with religious values.

3) To find out relationship of mental health of student teachers with the attitude towards teaching profession.

4) To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of intelligence.

5) a. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of theoretical values.
   b. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of economical values.
   c. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of aesthetic values.
d. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of social values.

e. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of political values.

f. To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of religious values.

6) To find out differences among student teachers at different levels of mental health (MHh, MHa, MHl) in respect of attitude towards teaching profession.

7) To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of intelligence.

8) a. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of theoretical values.

b. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of economical values.

c. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of aesthetic values.

d. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of social values.

e. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of political values.

f. To find out differences between social science and science student teachers at different levels of mental health (MHh, MHa, MHl) in respect of religious values.
9) To find out differences between social science and science student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of attitude towards teaching profession.

10) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of intelligence.

11a) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of theoretical values.

b) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of economical values.

c) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of aesthetic values.

d) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of social values.

e) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of political values.

f) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of religious values.

12) To find out differences between Punjabi and Hindi student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of attitude towards teaching profession.

13) To find out differences between Hindi and English student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of intelligence.

14a) To find out differences between Hindi and English student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of theoretical values.

b) To find out differences between Hindi and English student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of economical values.

c) To find out differences between Hindi and English student teachers at different levels of mental health (MH₁₀, MH₉, MH₈) in respect of aesthetic values.
d. To find out differences between Hindi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of social values.

e. To find out differences between Hindi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of political values.

f. To find out differences between Hindi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of religious values.

15) To find out differences between Hindi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of attitude towards teaching profession.

16) To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of intelligence.

17) a. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of theoretical values.

b. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of economical values.

c. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of aesthetic values.

d. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of social values.

e. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of political values.

f. To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of religious values.

18) To find out differences between Punjabi and English student teachers at different levels of mental health (MH\text{h}, MH\text{a}, MH\text{i}) in respect of attitude towards teaching profession.
2.9 HYPOTHESES OF THE STUDY

1) There will be no relationship between mental health and intelligence of student teachers.

2) a. There will be no relationship between mental health and theoretical values of student teachers.
   
   b. There will be no relationship between mental health and economical values of student teachers.
   
   c. There will be no relationship between mental health and aesthetic values of student teachers.
   
   d. There will be no relationship between mental health and social values of student teachers.
   
   e. There will be no relationship between mental health and political values of student teachers.
   
   f. There will be no relationship between mental health and religious values of student teachers.

3) There will be no relationship between mental health and attitude of student teachers towards teaching profession.

4) There will be no significant mean difference among student teachers at different levels of mental health (MHh, MHm, MHl) in respect of intelligence.

5) a. There will be no significant mean difference among student teachers at different levels of mental health (MHh, MHm, MHl) in respect of theoretical values.

   b. There will be no significant mean difference among student teachers at different levels of mental health (MHh, MHm, MHl) in respect of economical values.
c. There will be no significant mean difference among student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of aesthetic values.

d. There will be no significant mean difference among student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of social values.

e. There will be no significant mean difference among student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of political values.

f. There will be no significant mean difference among student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of religious values.

6) There will be no significant mean difference among student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of attitude towards teaching profession.

7) There will be no significant mean difference between social science and science student teachers at the three different levels of mental health (MH_h, MH_a, MH_l) in respect of intelligence.

8) a. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of theoretical values.

b. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of economical values.

c. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of aesthetic values.

d. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MH_h, MH_a, MH_l) in respect of social values.
e. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MHh, MHs, MHl) in respect of political values.

f. There will be no significant mean difference between social science and science student teachers at different levels of mental health (MHh, MHs, MHl) in respect of religious values.

9) There will be no significant mean difference between social science and science student teachers at three different levels of mental health (MHh, MHs, MHl) in respect of attitude towards teaching profession.

10) There will be no significant mean difference between Punjabi and Hindi student teachers at three different levels of mental health (MHh, MHs, MHl) in respect of intelligence.

11) a. There will be no significant mean difference between Punjabi and Hindi student teachers at different levels of mental health (MHh, MHs, MHl) in respect of theoretical values.

b. There will be no significant mean difference between Punjabi and Hindi student teachers at different levels of mental health (MHh, MHs, MHl) in respect of economical values.

c. There will be no significant mean difference between Punjabi and Hindi student teachers at different levels of mental health (MHh, MHs, MHl) in respect of aesthetic values.

d. There will be no significant mean difference Punjabi and Hindi student teachers at different levels of mental health (MHh, MHs, MHl) in respect of social values.

e. There will be no significant mean difference between Punjabi and Hindi student teachers at different levels of mental health (MHh, MHs, MHl) in respect of political values.
f. There will be no significant mean difference between Punjabi and Hindi student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of religious values.

12) There will be no significant mean difference between Punjabi and Hindi student teachers at three different levels of mental health (MH_h, MH_a, MH_i) in respect of attitude towards teaching profession.

13) There will be no significant mean difference between Hindi and English student teachers at the three different levels of mental health (MH_h, MH_a, MH_i) in respect of intelligence.

14) a. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of theoretical values.

b. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of economical values.

c. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of aesthetic values.

d. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of social values.

e. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of political values.

f. There will be no significant mean difference between Hindi and English student teachers at different levels of mental health (MH_h, MH_a, MH_i) in respect of religious values.
15) There will be no significant mean difference between Hindi and English student teachers at three different levels of mental health (MHh, MHa, MHl) in respect of attitude towards teaching profession.

16) There will be no significant mean difference between Punjabi and English student teachers at the three different levels of mental health (MHh, MHa, MHl) in respect of intelligence.

17) a. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of theoretical values.

b. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of economical values.

c. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of aesthetic values.

d. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of social values.

e. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of political values.

f. There will be no significant mean difference between Punjabi and English student teachers at different levels of mental health (MHh, MHa, MHl) in respect of religious values.

18) There will be no significant mean difference between Punjabi and English student teachers at the three different levels of mental health (MHh, MHa, MHl) in respect of attitude towards teaching profession.
2.10 DELIMITATIONS OF THE STUDY

The following were delimitations of study:

1) The present study was confined to student teachers of B. Ed. colleges affiliated to Panjab University, Chandigarh.

2) The study was limited to a sample of 500 student teachers.

3) The study was tried out only mentioned variables such as intelligence, values (viz theoretical, economical, aesthetic, social, political and religious values) and attitude towards teaching profession.