SUMMARY

The primary aim of the present investigation was to compare the chronically ill adolescents scoring high on mental health with chronically ill adolescents scoring lower on mental health on, Depression, Perceived Social Support, Perceived Parental Bonding Dimensions, Measures of Stress, Ways of Coping, Eysenckian Personality Dimensions, Self Esteem and Family Environment Dimensions viz. Relationship Dimensions, Personal Growth Dimension and System Maintenance Dimension.

2X2 Analysis of Variance was conducted with the mental health and gender as independent variables. 2 levels of mental health viz. high mental health and low mental health were taken and 2 levels of gender viz. male and female were taken. The effect of these two independent variables singly and jointly was analyzed for all 33 variables.

Mental Health was measured using the General Health Questionnaire (GHQ) devised by Goldberg and William, (1972). Depression was assessed using Beck Depression Inventory devised by Beck et al. (1967).

Perceived Social support was assessed using the Social Support Scale developed by Zimet et al. (1988). Perceived Parental Bonding was measured by Parental Bonding Instrument by Parker et al. (1979).

For assessing measures of Stress the following tests were used: the Presumptive Stressful Life Events Scale (PSLE) devised by Singh et al. (1984) was used to measure Life Event Stressors. Stress Symptoms Rating Scale devised by Heilbrun and Pepe (1985) was used to measure Stress Symptoms.

To assess different coping strategies, the Ways of Coping (WOC) Questionnaire devised by Folkman and Lazarus (1985) was used.

Personality was measured using Eysenck’s Personality Questionnaire – Revised (EPQ) devised by Eysenck et al. (1985). Self esteem was measured using Rosenberg Self Esteem Scale (SE) by Rosenberg (1965).
Family Environment Scale (FES) developed by Joshi and Vyas, (1985).

The total sample comprised of 300 subjects. In the first phase of study, 240 chronically ill adolescents from non-life threatening categories viz. Gastrointestinal Disorders, Respiratory Disorders, Skin Disorders were selected. Those selected had already been diagnosed by doctors of Government hospitals and private clinics. Each group of disorder comprised of 80 chronically ill adolescents with 40 males and 40 females. The healthy control group with 30 male adolescents and 30 female adolescents not suffering from any chronic illness was also taken from the city based schools and colleges as a comparison group.

In the second phase respondents were administered the GHQ-30 Scale (Goldberg and William, 1972). Based on the norms of the test score of 6 was taken as the cut off point to divide the group into high and low mental health groups. Those who scored below 6 were categorized as High Mental Health Group (HMH) and those who scored above 6 were categorized as Low Mental Health Group (LMH). Those who scored 6 on GHQ were considered as borderline case and were not included in the final sample.

Respondents were matched on age and socio economic status. All the subjects were explained about the nature and aim of the investigation and their role in the study and informed consent was obtained from all of them before they were enlisted as subjects.

The raw scores were analyzed using appropriate statistical techniques. Means and standard deviations for all the groups were calculated. t-ratios were also calculated to find out the significance of differences between various groups on the measured variables. Gender differences between each group were also studied. Analysis of Variance, Correlation Analysis, Regression Analysis and the Discriminant Functional Analyses were also carried out.

**ANALYSIS OF VARIANCE (ANOVA)**

Results of ANOVA revealed F-ratios emerged significant comparing high mental health group and low mental health group were for Depression; Perceived
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Social Support; dimensions of Perceived Parental Bonding viz. Perceived Parental Care and Perceived Over Protection; Ways of Coping viz. Escape Avoidance; Eysenckian dimensions of Personality viz. Psychoticism and Neuroticism; Self Esteem; Family Environment dimensions viz. Expression; Independence; Active Orientation; Intellectual Cultural Orientation; Personal Growth and Organization.

ANOVA also revealed that F-ratios for gender comparisons emerged significant were Perceived Social Support; Ways of Coping viz. Accepting Responsibility; Self Control; Distancing; Positive Reappraisal; Eysenckian dimension of Personality viz. Neuroticism and Family Environment dimensions viz. Cohesion; Expression; Personal Growth and Organization.

ANOVA also revealed significant interaction effect for Measures of Stress viz. Stress symptoms; Ways of Coping viz. Escape Avoidance; Distancing and Family Environment Dimensions viz. Achievement Orientation and Organization.

DISCRIMINANT FUNCTIONAL ANALYSIS

The number of predictor variables in the present study being very large, it was thought appropriate to conduct Stepwise Discriminant Analysis instead of Standard or Direct Discriminant Analysis.

It was aimed to enter the predictors which meet the criteria of entry into the equation i.e. to enter with $p < 0.05$ and $F$ to remove with $p > 1.0$. In case of such large number of predictor variables, researcher has no reason for assigning some predictors higher priority than others. Therefore it was left to the statistical criteria to determine order of entry of the predictors into the equation.

When the Discriminant Functional Analysis was run, comparing high mental health and low mental health groups in Total Disease Group, the significant discriminants that emerged were Depression, Neuroticism, Perceived Social Support, Moral Religious Emphasis, Self Esteem, Cohesion, Achievement Orientation and Lie (Social Desirability).
When the Discriminant Functional Analysis was run, comparing high mental health and low mental health groups in **Gastrointestinal Disorder Group**, the significant discriminants that emerged were Depression, Positive Reappraisal, Neuroticism, Escape Avoidance, Planful Problem Solving and Self Esteem.

When the Discriminant Functional Analysis was run, comparing high mental health and low mental health groups in **Respiratory Disorder Group**, the significant discriminants that emerged were Depression, Perceived Social Support, Stress Symptoms, Extraversion, Neuroticism and Intellectual Cultural Orientation.

When the Discriminant Functional Analysis was run, comparing High Mental Health and Low Mental Health Groups in **Skin Disorder Group**, the significant discriminants that emerged were Depression, Organization, Cohesion, Neuroticism and Moral Religious Emphasis.

When the Discriminant Functional Analysis was run, comparing **Gastrointestinal Disorder Group, Respiratory Disorder Group and Skin Disorder Group**, the significant discriminants that emerged for this equation were Stressful Life Events in Past 1 Year, Planful Problem Solving, Psychoticism, Depression, Independence and Control.

When the Discriminant Functional Analysis was run, comparing male and female adolescents in **Total Disease Group**, the significant discriminants that emerged were Stressful Life Events in Past 1 Year, Neuroticism, Perceived Social Support, Control, Accepting Responsibility and Cohesion.

When the Discriminant Functional Analysis was run, comparing male and female adolescents in **Gastrointestinal Disorder Group**, the significant discriminants that emerged were Active Recreation Orientation and Cohesion.

When the Discriminant Functional Analysis was run comparing male and female adolescents in **Respiratory Disorder Group**, the significant discriminants that emerged were Active Recreation Orientation and Cohesion.
discriminants that emerged were Stressful Life Events in Past One Year, Neuroticism, Cohesion, Self Esteem and Perceived Social Support.

When the Discriminant Functional Analysis was run, comparing male and female adolescents in Skin Disorder Group, the significant discriminants that emerged were Stressful Life Events in Past One Year, Perceived Social Support, Neuroticism, Self Esteem, Lie (Social Desirability) and Control.

CORRELATION ANALYSIS

Correlation analysis was done to study the relationship among psychosocial aspects of mental health (measured by GHQ) in chronically ill adolescents of the disease groups (namely Gastrointestinal disorder group, Respiratory Disorder Group, Skin Disorder Group), in Healthy Group, in high mental health and low mental health groups of Total Disease Group and in male and female adolescents of Total Disease Group.

MULTIPLE REGRESSION ANALYSIS

One of the objectives of the present study was to derive regression equations to delineate the significant predictors for mental health (measured by GHQ) of chronically ill adolescents. Stepwise Multiple Regression Analysis was done for Total Disease Group, Gastrointestinal Disorder Group, Respiratory Disorder Group, Skin Disorder Group and Healthy Group respectively for the criterion variable GHQ. Stepwise Regression Analysis was also done for male and female adolescents of Total Disease Group.

With GHQ as the criterion variable the following predictors emerged significant:

In Total Disease Group (n=240) the predictors that emerged significant, in descending order of contribution were Self Esteem, Achievement Orientation, Neuroticism, Moral Religious Emphasis, Escape Avoidance, Active Recreation Orientation and Lie (Social Desirability).
In **Gastrointestinal Disorder Group** (n=80) the predictors that emerged significant, in descending order of contribution were Self Esteem, Psychoticism, and Achievement Orientation.

In **Respiratory Disorder Group** (n=80) the predictors that emerged significant, in descending order of contribution were Neuroticism, Independence, Escape Avoidance and Perceived Social Support.

In **Skin Disorder Group** (n=80) the predictors that emerged significant, in descending order of contribution were Active Recreation Orientation, Confrontive Coping, Organization and Cohesion.

In **Healthy Group** (n=60) the predictors that emerged significant, in descending order of contribution were Organization, Perceived Social Support and Conflict.

In male adolescents of **Total Disease Group** (n=120) the predictors that emerged significant in descending order of contribution were Self Esteem, Neuroticism and Self Control. In female adolescents of **Total Disease Group** (n=120) the predictors that emerged significant in descending order of contribution were Achievement Orientation, Escape Avoidance and Expression.

The study tried to identify which factors play role in maintaining health and well being of chronically ill adolescents and family and Social Support have clearly emerged as an important factors.