1.1 INTRODUCTION

Research is an academic activity with a set of objectives to explain or analyze a problem or finding a solution for the problem. Webster’s new international dictionary defines research as careful or critical inquiry or examination in selecting facts or principles, diligent investigation in order to certain something. According to Clifford Woody (Kothari 1988) research comprises of defining and redefining problems, formulating hypothesis or suggested solutions, collecting, organizing and evaluating data, making deductions and reaching conclusion and further testing conclusion whether fit into formulating hypothesis. Actually research is simply the process of reaching at a stable and dependable solution to a problem through the planned and systematic collection, analysis and interpretation of data. Our culture puts such a premium on science that the term science and scientific are frequently misused. A person no longer looks up a word in the dictionary or a historical fact in the encyclopedia until he researches on it. Many agencies, that claim to do research are engaged in nothing more than fact findings. Research is oriented towards the discovery of relationship that exists among phenomena of the world in which we live.

The term research consists of two words “re” and “search”, “re” means again and again and “search” means to find out something.

![Flow diagram of research](image)

**Fig 1.1: Flow diagram of research**

Therefore, research is a process in which a person observes the phenomenon again and again and collects the data, and on the basis of data analysis, researcher draws some conclusions, so that under a specific set of conditions a certain conclusion can be drawn.
Research is oriented towards the discovery of relationship that exists among phenomenon of the world in which we live. The fundamental assumption is that a relationship exists between certain antecedents and certain consequents so that under a specific set of conditions a certain consequent can be accepted.

According to Rusk “Research is a point of view; an attitude of inquiry or a frame of mind. It asks questions which are not to be asked and it seeks to answer them by following a fairly definite procedure, It is not a mere theorizing rather an attempt to elicit facts and to face them, once they have been assembled. Research is like wise not an attempt to bolster up preconceived option and it implies a readiness to accept the conclusion to why an enquiry leads, no matter how unwelcome they may prove. When successful, research adds to the scientific knowledge of the subject.”

P.V.Young defines “social research as a method of studying analyzing and conceptualizing social life in order to extend, modify, correct, or verify knowledge, whether that knowledge adds in construction of theory or in practice of an art”. According to young “social research involves application of scientific procedures of observation, analysis and synthesis of the social human phenomenon with a review to test, modify and enlarge the systematic knowledge about the said facts and life.

Therefore, such type of research aims at discovering new facts or verifies old ones, to analyze their sequences, inter-relationships, casual explanations and nature laws governing human behavior. Therefore, the basic aim is to understand the clarity of behavior of man and the various reasons or factors which influence him. Once the human behavior is influenced, this affects the social institutions, therefore social research helps to analyze and understand human behavior which forms the basis for all decisions and policies. In fact in social research, the
laboratory is the society and human beings are objects. However, in spite of the complexity of human behaviours and human relations, general pattern is always found which makes it possible to make a reasonable prediction. This is because the group behaviours can be predicted to some extent compared to individual behavior. The social phenomenon has reflected to a large extent by the tradition, custom, values etc, thought they all are subjective.

In Ph.D. program, there has been increasing interest in mixed method approaches, however, only a minority of published research explicitly used this methodology. Now a days, the class of research where the research scholars mix or combine quantitative and qualitative research techniques, methods approaches, concept of languages into a single study. (*Johnson and Onwueguzia, 2004, p-17*) is emerging as a significant research methodology in the research of social science but little is known about the attitude towards research by academicians and students that may facilitate or hinder its continued growth. In the last 15 years, mixed methods research has emerged as the third methodological movement (*Lopez-Fernandez and Molica-Azorin, 2011*). Three significant events had been credited in facilitating this dramatic movement. First, qualitative and quantitative communities began to engage in dialogues (*Teddie & Johnson, 2009*). Second, the publication of several formative works in the 1990. Finally, there had been increased participations in the frequency of mixed method articles, particularly in applied fields (*Alis & Taddie, 2010, Teddie & Johnson, 2009*).

Reflecting the trend in the social sciences, generally, in the field of education various methods of research is gaining popularity. Although these approaches are not routinely taught in Doctoral Degrees, encouraging sign is emerging.

Today’s contemporary education is student centered. The recognition of individuals with one’s every aspect is an important term of selecting professional and educational domain
appropriate for his/her interest, ability and attitude, which one can easily adopt, do well and become happy. The attitude taking place between these features of the individuals has been investigated by the educationalists for years. These researches are carried out in the light of scientific methods. Science can be defined as, “a way of seeking the truth and a group of information composed by facts and information” (Buyunkozturk, Kilic-Cakmak, Akgun, Karadeniz & Demirel, 2008, p-6).

The concept of research is a process of finding authentic scientific ways of solution to the problems by using scientific methods. (Saracaloglu, Vorol & Ercan, 2005).

Attitudes play a critical role in the teaching of research methods (Saracaloglu, 2008). However, “it is required to mention research activities, the individuals and institutions carrying out the research are necessary to have research competency and positive attitudes” (Saracaloglu, Vorol & Ercan, 2005, p-188).

Higher education is the need of the hour. Indian education setup is significantly different from other countries and crisis is prevailing in the higher education segment. Team lease service of Indian labour said that this is caused due to less college enrolments; the employment crisis of unskilled labours and lack of flexibility of education sector. Despite increasing enrolment growing from 2 lakh in 1947 to 1.6 crore in 2012, Indians lag behind its international counterparts. The gross enrollment ratio (GER) is expected to be about 15% to 30% by the year 2020 (All India survey on higher education, 2011). In 2010 -2011 12% of undergraduate students enrolled in post graduation courses and 1% post graduation students were doing their Ph.D. research work (Higher Education in India, 2011). Attitude is an idea charged with emotion predisposed and action in particular social situation (Antonak, 1998). Students’ attitude towards higher education is a matter of debate and discourse. Personal
attitude is the major reason that forces them to discontinue higher education; and determine like place, family background, curiosity in the study, friends, income, occupation, accommodation, illness, parenting support etc. Similarly the students face negative attitude towards employment such as own business, placement, opportunities, find the job immediately, get high salary etc.

Despite steadily rising enrollment rate in India’s higher educational Institutions, weak academic performance and high dropout rates remain as persistent problems among research scholars. For academic institutions high attrition rates (number of individuals that vacate or move out of a larger group over a specified time) complicate enrollment planning and increase burdens on efforts to admit new students. Poor academic performance is often indicative of difficulties in adjusting in college and makes dropping out more likely. Stress is bad for students. It’s associated with the health problems, failures of universities and youth delinquency. High stress levels have been associated with a various health problems including Asthma and depression. A major study in India revealed that up to 50% of the city’s urban youth suffers from various levels of depression and that up to 10% suffer from other emotional illness related to the stressors found in their urban environment.

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**Fig 1.2: A Diagrammatic Representation of Attitude towards Higher education**
Fear and Anxiety affect critical areas of student’s development required for education. Jack Shonkoff & Deborah Phillips noted that stress directly influences “attention, memory, planning and behavioral control” (2000, p-213). There is evidence that some students experienced significant level of stress (Brown et.al., 1999; Bush et.al., 1985) and that they were increasingly suffering from mental health problems (Andrews et al., 2004, Stanly et. al., 2001; Phippen., 1995). In addition the consequences of stress can be devastating for some individuals (Abouserie, 1994). This is particularly true for those students who are undergoing the transition from home to university (Fisher 1994). However, it is important to consider that all the stress that students may experience is negative (Enderson et.al. 2001). Stress can have a positive effect in enabling individual to respond effectively in an emergency (Schafer, 1996). It has also been augued that stress is a necessary part of what it means to be at University (Whiteman et. al., 1995) and that Universities do offer students the potential to experience positive stress (eustress) (Brown et.al. 1999). Students, however, have not been viewed as a priority in research into stress (Michie et. Al., 2001) and it is only comparatively recently that much has been known about stress experienced by students.

Health policy and practice call for health and mental health parity and for greater focus of universal interventions to promote, present and intervene as early as possible. Those in the public health field are uniquely able to help and promote the mental health of young people, to reshape how the nation thinks about, and addresses mental health and Universities and Colleges are essential partners for doing the work. The figure usually indicated diagnosable mental disorder suggests that between 12% and 22% of all youngsters under the age of 30 were in need of counseling services for mental, emotional and behavioural problems. The reality for many large urban universities are that well over 50% of students manifest significant learning,
behavioral and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. Almost every current policy discussion stresses the complicated nature of the problem in terms of feature health and economic implications for individuals and society and calls for major systematic reforms.

A growing problem is that more and more youngsters are manifesting emotional upset, misbehavior, and learning problems. These problems are routinely assigned psychiatric levels denoting severe internal disorders (e.g., attention deficit/hyperactivity disorder, depression, learning disability). These trends file in the face of the reality that the problems of most youngsters are not rooted in internal pathology and many troubling symptoms would not develop if environmental circumstances were appropriately different. Moreover, the trend to diagnosing so many learning, behavior, and emotional problems, disorders leads to a large number of misdiagnosis and inappropriate and expensive treatments. All of this contaminates research, policy, practice, and training. Reducing misdiagnosis and miss-prescriptions requires healing mental illness in perspective with respect of psychological problems and broadly defining mental health encompasses the promotion of social and economical development and learning.

1.2 CONCEPTUAL BACKGROUND OF ATTITUDE:

Attitude and interest are considered to promote or inhibit player’s behaviors on the field, home, and peer group and ultimately learning and choice of career.

Attitudes are enduring evaluations of various aspects of the social world evaluation that are stored in memory. Attitudes are judged through experience or from other persons through social learning. This involves their basic forms of learning; classical
conditioning, instrumental conditioning and modeling. Recent evidence indicates that subliminal conditioning of attitudes is also passable and may play a role in their development. Attitude can also be formed through social comparison, a process in which we compare ourselves with others. Recent evidence indicates that genetic factor too, may play a role in the formation of attitude. Contrary to early findings, growing evidence indicates that attitude do indeed influence behaviors. However this relationship is for simple numerous factors influence (moderate) the strength of the attitude to behavior link. These include aspect of the situation, such as the operation of social norms and time pressure, aspects of attitude themselves, such as their strength, importance and accessibility: and aspect of individuals, such as self monitoring.

Attitudes seem to guide behavior through distinct process. If we have enough time to engage in careful thought about our attitude and our behavior, then attitudes guide behavior primarily by affecting our intentions, when we do not have the opportunity by affecting our intentions. When we do not have the opportunity to engage in such reasoned through in contrast. Attitude seems to influence behaviorus in a mere automatic manner, including over perception of the attitude object and our knowledge about what is appropriate or except in a given solution. Social psychologists have long been interested in such reactions, which they term as attitudes. There are many definitions of this term, but most center in the fact that we find to evaluate many aspect of the social world.

“Attitudes are associated between attitude objects (virtually any aspect of the social world) and evaluations of these objects.”
Fazio and Roskos-Ewoldsen, (1994)

“More simply attitudes are lasting evaluations of various aspects of social worlds-evaluations that are stored in memory.”
Judd. et. al.( 1991)
There are two physiological approaches to attitude, which differ in emphasis rather than in essence. Thurstone (1982) defines attitude as “A generalized reaction for or against the specific psychological objects”.

Allport (1985) preferred to treat attitude as, “A mental and natural state of readiness organized through experience, exerting a directive or dynamic influence upon the individual’s response to all objects and situation, which is related”.

Cheim & Evans (1948) told that “it is multidimensional concept as equal favourability and cognition may not cause equal belief and action. Thus, beside cognition-belief and behaviour are the other dimensions of attitude.”

Traverse (1973) said “An attitude is a readiness to respond in such a way that behaviour is given a certain direction.”

Attitudes have also been focused on researches because it has been assumed they often influence behavior. Considerable evidence indicate that attitude formed on the basis of direct experience often exhibits stronger effects on behavior than ones formed in directly through hearsay (Regan & Fazio, 1977). Apparently attitudes formed on the basis of direct experience are easier to bring to mind and this magnifies their impact on behavior.

The stronger attitudes have greater impact on behavior. By the term strength, social psychologists mean several things; the extremity or intensity of an attitude, its importance (the extent to which an individual cares deeply about and its personally affected by the attitude); knowledge and accessibility. Resent findings indicate that all these components play a role in attitudinal strength, but that as you probably guess, they are related (Krosnick Et. al., 1993). Not only to strong attitudes, but they also exert a greater impact on behaviour. They are also more resistant to charge more stable over time and have a greater impact on several aspects of
social cognition. Thus attitudinal strength is fully an important factor in attitude behavior link. So it is important that it’s worth taking a closer look at some of the components that influence it.

(Kraus, 1995).

Many researchers respond that three factors may play a key role in determining the importance of attitude. One is self interest, the greater the impact on any individual’s self interest, the more important is the attitude. Another is social identification. The greater the extent to which an attitude is held by groups with which an individual identifies the greater its importance. Attitudinal importance also stems from value; relevance the more closely an attitude is connected to an individual’s personal values, the greater in importance.

1.2.1 ATTITUDE FORMATION:

People form attitude because they are useful in mastering the social environment and in expressing important connections with others, attitudes are assembled from three types of information; belief about the object and information about the past and current actions towards the object. Once an attitude has been formed, it becomes closely linked to knowledge about the object.

We developed attitude because they are useful to us (Kartz, 1960; Smith and others, 1956), firstly attitude helps people master the environment. Attitudes are useful to us in another way as well. They help people express their real selves, voice and their convictions show what they stand for, and affirm their significant relationships. This social identity function (or value expressive functions) of attitude helps people gain and maintain connections with others. Attitude like belief in the value of hard work or, equal opportunity, or worship helps us define who we are?
Affective information consists of how people feel about the object- the feelings and emotions the attitude object arises.

Behavioral information comprises of knowledge about people’s past, present, or future interaction with the attitude object.

How do attitudes emerge from all the varying information, accumulates about attitude object? The weight of evidence, forming attitudes that are consistent with most of what we know feel, and experience (Feather, 1969; Rosenberg, 1956). Consistency is a powerful force in human thinking, the presence of positive information about an attitude object typically resent in a positive attitude. (Festinger, 1957; Haider, 1944). Similarly, the presence of negative beliefs, feelings or behaviors produces a negative attitude.

Of course, the different pieces of information that accumulate do not always imply a consistent evaluation of an attitude object. Most of the people know arguments on both sides of major social issues, such as immigration control, the death penalty and environmental management (Pratkanis, 1992, Judd & Kulik, 1980). Having evaluatively mixed belief and feeling towards particular attitude objects is also a common experience. Persuasion has a pretty bad reputation. We often associate advertising with attempts to made us by products we cannot afford, political campaigns after seen little more than attempts to package and sell candidates who might not prevail, if considered on their merits. Classic literature like George Orvell’s 1984 warns us that by controlling information and playing on feelings, totalitarian governments may even persuade their citizen that the history, they remember,never really happened. No where is concern about persuasion more obvious than in the public’s fear that subliminal stimuli might influence us against our will?
Realizing that persuaders do not always have our best interests at heart is healthy; it plays to remember we can be misled and it helps if we know what we up against. The citizen of ancient Greece and Rome were skilled in the art and artifice of argumentation but most of today’s citizens, unless they take classes in social psychology or communication, are taught little about the different ways in which attitude change can come about.

When we do not care or cannot cope with persuasive message, we may well be influenced by emotional appeals, celebrity endorsements and the use of complicated statistics. Of course, such simple rules work pretty well most of the time but sometimes, circumstances demand careful evaluation of the communication. When we are motivated about mastery and connectedness, we pay attention, try to make sense of the information provided to us, and think it through carefully. This kind of careful thinking, responding and reacting can help a persuasion attempt to flourish or let it wither away. Just as careful thought can flesh out a first impression into a coherent and balanced view of another individual, or take us beyond stereotypes and prejudices, so careful thinking can prove a persuasion cue wrong and show a tear-trekker to be nothing more than a manipulative tug on the heart-strings. Because our knowledge, attention and careful processing determines whether our attitudes will change. It is important to remember that we quite literally persuade ourselves.

Realizing our role in attitudinal change enables us to view persuasion as an empowering process rather than an overpowering one. In ancient Greece, the Sophists believed that persuasion was needed to lay bare the advantage and disadvantages of any object, and Aristotle argued that persuasion was needed to ensure that everyone came to see what was true and good. Persuasion was needed to lay bare the advantages and disadvantage of any object. Persuasion does not have to involve deception, confusion and tricks. Some processes that sometimes sell
us inferior products and disreputable politicians are also at work when charitable organizations raise money for good causes, when public service messages improves the population’s health and when parents pass their values along to a new generation and if we react to important appeal in an open but critical way, persuasion can be used to inform rather than to confuse and to broaden rather than to restrict our appreciation of all attitudinal objects.

![Flow chart showing Attitude changes and formation](image)

**Fig 1.4 Flow chart showing Attitude changes and formation**

### 1.3 ATTITUDE OF RESEARCH SCHOLARS TOWARDS RESEARCH:-

Research plays a significant role in our daily life. All inventions had been possible with the help of research. With the help of research, human being was able to find the cure for flue, polio and many other horrible diseases. Not only in medicine, but it also helped a lot of technologies. Social sciences (Goss, 2001) taking too long distance relatives is the out come of education. Research is the process of collecting and analyzing information to increase our
understanding of the phenomenon under the study (Swin doll, 2012). It provides rewarding learning experience for research scholars, producing Ph.D. students capable of high personal and professional achievements (Fishbein & Ajzen, 1975).

Ph.D. program is a necessary degree for the research scholar to get the post of Asst. professor in any University or degree college. According to University Grants Commission (UGC), research is conducted according to recommendation of guideline of 2009. After the guideline attitude has positive or negative effect towards a particular subject. The attitude towards research basically means a defiled study of thinking, feeling a person’s behaviour towards research so that a positive attitude can be developed among research scholars and hence, their research/learning can be facilitated in turn. Male research scholars assume that the research is useful for their carrier (But & Shams, 2013). Female are usually supposed to look after domestic responsibility so, they consider research of subject as a degree requirement. Similarly, male and female students have divergent approaches to accomplish their academic research. In various researches, it has been found that, one way or the other, gender is a significant factor in the disposition of research attitude among university research scholars. Campus research facilities available to students also contribute significantly to the development of their research attitude; if the laboratories, libraries and other supporting facilities are available to the scholars, they posses positive attitude towards research and vice versa. Especially, cost of academic research can significantly influence the student’s attitude.

In the recent times, considerable rise in the academic fee has been observed in most of the countries. The reason of increase in cost is both cultural as well as structural. The most frequently maintained causes are; an academic culture focused on improving the quality of the educational experience and reinvesting saving to improve quality rather than reduce tuition
This ongoing rise in the fee has raised a number of important questions for higher education sector as a whole and the field of research in particular (Foskett, Roberts & Moringe, 2006).

The enrollment at higher education institutions, the overall share of low socio-economic status students is less than those of high socio-economic status. Financial reason is the most commonly cited reason for drop outs of higher education. Therefore, low social class spend more time working part time during their time as high socio economic students. Consequently their research attitudes are affected because of less concentration and shortage of time available to conduct research.

In recent times, many governments have allowed the private sector to open and operate institutions of higher education (IIEP, 2007). This decision has further increased the cost of higher education as the focus of private institutions is on profit earning rather than providing quality education. Unfortunately, current trends and critical issues, like high fee and poor research attitudes, affecting higher education is expected to continue over the next five to ten years. (DEF, 2012)

Hence, intelligent and brilliant but poor students will be not able to get themselves enrolled in the reputed or standard higher education institutions only because of their inability to pay high cost. Therefore, similar result will appear in the research sector. Poor research attitude of students will be the cause of low quality research.

So, there is dire need to revise the teacher education program for developing positive attitude of the students towards research. Teacher’s education must be equipped with effective strategies and pedagogies for developing positive attitudes towards research among their research scholars because it has importance for academic as well as professional carrier (Waters
et.at, 1988). In addition, by assessing research scholar’s attitude towards research, teacher education may be able to recognize, what modifications to behaviors, attitudes and skills are required to assist the learning of research and faster a deeper appreciation of his subject in research scholars.

1.4 CONCEPTUAL BACKGROUND OF MENTAL HEALTH:-

Mental health is a fuzzy concept. It is intertwined with social and cultural values, which are characteristically and legitimately diverge. (Fulford.2001), both the psychiatric disorder and the psychological distress approach conceive mental health indirectly as the absence of symptoms. Mental health is thus defined negatively by the absence of pathology, irrationalized by cognitive, emotional behavioral and (occasional) physical symptoms, defined in psychiatric classification, such as DSM and ICD (Regers and Pilgrim, 2005). However, there are major differences between these deficit approaches first, proponent of the disorder concept assume a dichotomous illness entity (Kessler, 2002). Whereas those championing the distress concept regard mental health as a continuum (Mirowavey and Ross, 2002), Thus, in the disorder concept, which is not only advocated by psychiatrists, there is either a total absence or a total presence of psychiatric disorder (Harwitz, 2002, 145). Proponents of the distress concept have condemned this rationale as pathologizing. Instead, they focus on the relative absence of psychological burden. (Microwsty and Ross, 203) Many of them, see no qualitative difference between the depressive symptoms of persons with and a person without a diagnosis.

Second, the disciplinary of affiliates and etiological assumptions differ. Rooted in the medial model of illness, the disorder concept traditionally pays special attention to the genetic, neurological and physiological determinates mental health (Pilgrim, 2005). Disorders are seen as objective dysfunctions and assumed by a medically and clinically trained clinician. By
contrast and emerging mainly from the social sciences, the distress approach considers non psychotic problems, for example, symptoms of anxiety and depression, as appearances of unusual stress (Mirowsky and Ross, 2003). Emphasis has been put on the social causes of psychological problems that are negative life events, chronic stress or daily hassles.

Third consequence, the involvement of subjects in the assessment of mental health differs, while the disorder approach does knowledge subjective distress as potential criterion for many disorders, ultimately the clinician's assessment is independent from it. The clinical diagnosis of an ego-synoptic disorder, that is a disorder with an individual feeling no distress. For example, the diagnosis of historic personality disorder, illustrates this reasoning. The distress approach, however, rejects the idea of an objective assessment of mental health and lets the subject assess her down psychological state.

According to recent definition, mental health is “a state of well being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully and is able to make contribution to his or her community”.


According to keys (2002) “Mental Health as syndrome of symptoms of both positive feeling and positive functioning in life.”

1.4.1 SYMPTOMS OF MENTAL HEALTH:-

Different facts of subjective well being are considered as the symptoms of mental health based on keys' model. Subjective well being reflects individuals' perceptions and evaluation of their own lives in term of their effective status, psychological functioning and social
functioning (Keys and Lopez, 2002). Below mentioned is a brief introduction to three facts of subjective well being-

**EMOTIONAL WELL-BEING:**

Emotional well-being is generally operational as both a predominance of positive over negative effect (happiness) and a global satisfaction with life (Diener, 1984): while the former is effective, the later is cognitive in essence. In other words, if a person reports that her life is satisfactory, that means she is experiencing frequent pleasant effect and infrequent unpleasant affect and thus, she is said to have high emotional well being (Diener and Lucas, 1999).

Although, each of the components of emotional well being (life satisfaction, presence of positive effect, and absence of negative, effect) depicts people's evolution of what is happening in their lives, they show some degree of independence. This aspect of subjective well being reflects the hedonic tradition of well being which has been advocated from the ancient times. Despite the criticisms of some of the mental health analysts who think that emotional well-being lack theoretical and philosophical foundation (C.G. Ryff and Singer 1996, 1998), Diener et.al (1998) believed that if we examine the history of philosophy and religion, we will find a strong emphasis on the importance of emotional well-being. Some of the most renowned scholars who have advocated a tradition in defining the good life are epicure, Hobbs Stuart. Mill, Aquinas (Diener et. al.1998, Ng et. al, 2003, Water Man, 1993). Despite the closeness of this tradition of well being to the mind of ordinary people and the appealing nature of it, it should never be forgotten that emotional well being is a necessary, ingredient of a healthy life but not a sufficient one.

(Diener et.al 1998, Diener and Scollon 2003).
PSYCHOLOGICAL WELL-BEING:-

As an answer to the basic question of what constitutes positive psychological functioning, and with the purpose of introducing an alternative perspective to hedonic tradition, Ryff (1989) suggests a model of psychological well-being, her model showed extensive literature aimed at defining positive psychological functioning, (from the mental health, Clinical and lifespan developmental theories). She tries to consolidate these scattered formulations into a multidimensional model of positive psychological functioning which encompasses the points of convergence in the previous formulations providing an operationalization of six theory guided dimensions of psychological well-being and developing the measures to assess them. She challenges the problems of “Loose conceptualization” and “lack of valid measures” which characterized the previous formulations (Ryff 1989).

Included detentions are positive evaluations of one's self and one’s post life (Self-acceptance) a sense of continued growth and developments as a person (personal growth), he believes that one's life is purposeful and meaningful (purpose in life), the possession of quality relations with others (positive relations with others), the capacity to manage effectively one's life & surrounding world (environmental mastery) & the sense of self determination (autonomy) (Ryff and Keyes 1995)

Dimension of psychological well-being indicate the challenges that individuals encounter as they strive to function fully and realize their unique talents (Heyes 2006).

SOCIAL WELL-BEING:-

Keyes (1998) believes that despite the distinctions between public and private life, the leading conceptions of adult functioning (emotional and psychological) portray well-being as a primarily private phenomenon. Nevertheless, individuals remain embedded in social structures
and communities and face countless social tasks and challenges to understand optimal functioning and mental health, social scientists should also investigate adult’s social well-being.

To fill the above mentioned gap, Keys operationalizes a multidimensional model of social well-being at the level of social well being at level of the individual, consisting of five dimensions that indicates whether and to what degree individuals are functioning well in their social world. Social contribution is the evaluation of one's value of society. It includes the belief that one's value to society. It includes the belief that one is a vital member of societies with some things of value to give to the world and it includes a concern for knowing about the world. Social coherence is analogous to meaningfulness in life and involves appraisals that society is discernable, sensible and predicative. Social actualization is the evaluation of the potential and the sense that society has potential that is being realized through the character and qualities of other people as a generalized category. Individuals who illustrate social acceptance trust others, think that others are capable of kindness, and believe that people can be industrious. Socially accepting people hold favourable views of human nature and feel comfortable with other. (Keyes 1998, 2030) Keyes and Chapiro 2004)

1.4.2 EFFECTS OF MENTAL DISORDER:-

Mental health legislation is not about mental health but focuses only on a sub-population of those deemed to be mentally disordered. The existence of such legislation is considered by those like the World Health Organization most governments in developed countries in which suicide is not illegal, then those making suicidal attempts or gestures might still be controlled coercively using mental health law. The same applies to those who are distressed and self harming but not attending to end their life. It also applies at time to those
starving themselves; low weight anaemic patients might be detained and forced fed. Thus mixed culture message are common in those countries, which permit suicide but also contain mental health law. For example, patients discharged from psychiatric facilities are immediately at high risk of completed suicides with those detained compulsorily being particular risk (Hunt et. at, 2009)

As an example of the challenges of sense making about world, in which risks of the self are part of daily life, take a high risk of completed suicide by people regularly intoxicated. If habitual intoxication is deemed to be a mental disorder (Which is under DSM and ICD) than substance misuse as a psychiatric condition predicts suicide (Schneider, 2009)

MADNESS AND VIOLENCE TO OTHER:

The association in the public imagining between madness and violence dates back to antiquity and changed little with modernity (Rosen, 1986). This assumption remains so deeply ingrained that it has inevitably maintained a form of policy formation in which risk to others is a recurring concern not of the criminal justice system alone but also of the mental health system. They are dangerous but given that most violent crimes are committed by people with no psychiatric diagnosis. Early studies of the relationship between 1925 and 1965 suggested that people with mental health problem were actually less violent than the general population (Rabkin, 1979).However, this was the period in which most psychiatric patient were warehoused semi permanently in institutions.

It is found that after 1965 the median ratio was 3:1, with patients being more violent than non-patients. A number of factors could account for this reversal. The first was jested noted about institutional containment. The second is that when patient were discharged, this was very often into risky community setting. In the latter, socially disorganized, neighbourhood
crime rates were high, so patients were at increased risk of becoming both perpetrators and victims.

**ANTI-SOCIAL ACTION:**

One of the most controversial implications of some criminal acts being framed as mental disorder is the reputation it creates for that wide range of people with mental health problems who are no more, or maybe even less, violent then the general population. At the center of complex interaction of mental state, personality features and temporary drug-induced disinhibition, noted in the previous sections, lies a socio-historical trend and source. Some specific symptoms also seem to increase the risk of violence, such as command hallucinations with violent content and delusions involving hostile threat from others (Junginger, 1995 & Taylor, 1985). Substance abuse plus violent ruminations also increase the risk of violence. However, there is not a general demonstrable relationship between the simple presence of psychotic symptoms.

Some contention has just been noted about weaknesses of policies justified tautologically. The criteria offered by the World Health Organization (1992) for what is called dissocial personality disorders are as follows:-

- Callous unconcern for the feeling of others;
- Gross and persistent attitude of irresponsibility and disregard for social norms, rules and obligations;
- Incapacity to maintained enduring relationship, through having no difficulty in establishing them;
- In capacity to experience guilt and to profit from experience, particularly punishment;
• Very low tolerance to frustration and a low threshold for discharge of aggression, including violence;
• Marked proneness to blame others, or to offer plausible rationalizations, for the behavior that has brought the patient into conflict with society.

The list signals that what start as an attempt to define defective individuals must appeal ultimately to a tautological judgment about incorrigible rule transgression in relation to norms of emotions and conduct. A further complication is the criteria offered by the WHO (with similar once appearing as “anti social personality disorder’ under DSM IV (American Psychiatric Association, 1994) are elaborated in the Clinical discourse about ‘Psychopathy’. Which refers to the work of Clockley (1941), for example, the Canadian psychologist, Rebert Hare (Hare and Neumann, 2008) offers more elaborate description which includes histrionic and narcissistic features, not just those proposed by the APA and WHO;

• Glibness/superficial Charm
• Grandiose sense of self-worth
• Need for stimulation/proneness to boredom
• pathological lying
• cunning/manipulative
• lack of remorse or guilt
• shallow affect
• callous/lock of empathy
• parasitic lifestyle
• Poor behavioral controls
• promiscuous sexual behavior
• Early behavioral problems
• lack of realistic, long term goals
• Impulsivity
- Irresponsibility
- Failure to accept responsibility for own actions
- Many short-term marital relationships
- Juvenile delinquency
- Revocations of conditional release
- Criminal versatility.

Now, it is clear that the relationship between danger and mental disorder is a complex issue. That very complexity alerts us to prejudicial view, which at a time has guided social policy, that the latter is singularly one of threat from those with mental health problems. A few psychotic symptoms predict violence but many do not and certainly globe diagnosis such as “Schizophrenia' have no predictive value. When psychotic parents are prone to violence this still is largely accounted for by other variables especially intoxication and personality problems identified by past anti-social act as well as the risky living setting of many psychiatric patents. Moreover, the latter factors are strong predictors of violence in the general population. The medicalization of substance misuses and personality problems, which occurred in the early part of the twentieth century, has left us now with a legacy in which mental disorder is very broad in its scope. As a result, the framing the anti-social action as mental disorder now legitimize unfair public prejudice about all psychiatric patients being assumed source of danger.

1.4.3 PROMOTING MENTAL HEALTH IN EDUCATION SECTOR:-

The engagement with leaders and policymakers in education of focus on improving mental health emphasized three premises; good education, good health and good mental health are closely related in individuals and communities. Poor education and low population literacy are linked with social and economic problems, violence and ill-health and poor mental health,
Educational performances for school is typically linked to the students, mental health, physical health and behaviour.

Two areas of activity have been identified. First there is improved access to education to ensure that whole population is literate and numerate (World Bank, 2000). This includes support of involvement of girls and minority groups where needed, program reducing truancy and school dropout and equitable access irrespective of gender, race and ability. The second activity considers the opportunities to promote mental health in schools and other education sector (Considering students, teachers and the surrounding community) and through better collaboration between education, health and the community.

There are benefits of mental health of existing policies and actions, for example, universal primary education, that has already recommended for other important reason. Other Programs such as life skills training are introduced primarily for the mental health and associate benefits.

A range of strategies and interventions have been shown to be effective and feasible, even in countries with limited resources, as well as program supporting universal primary education, these include improved access to education across the lifespan. Low levels of literacy and education are a major social problem in many countries, especially among women. Lack of education limits access to work and economic entitlements, and poor education in mothers is associated with the poor health of children and their families. Adult literacy programs can improve mental health of children and families. Adult literacy programs can improve mental health by a number of means, for example, numeracy skills reduce the risk of being cheated; developing greater confidence allows people to assert their rights; and people who are literate and numerate gain access to social and economic opportunities. Promoting the
healthy development of children prevents school failure and dropouts. Specific programs can also aim to engage children and reduce truancy and suspensions. Programs can also improve access to education for undeserved population such as girls, immigrants and ethnic and religious minority groups. Using subsidies, improved physical access to school and culturally appropriate design can also fill the gender gaps in education (World Bank, 2000). Better education for concern improves job prospects and Child Health, contributes to social equity, and encourages girls and women to be more independent and lower risk of depression (WHO, 2000).

In September, 2000, 189 member states ratified the united nation millennium declaration that every woman, man and child has the right to development and freedom want their progress has to be measurable and demonstrable. That declaration benefits goals, targets and indicators for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women and as central to developments. UN millennium development goal (MDG) 2 and Target 3 is; "Ensure that all boys and girls complete a full course of primary schooling." MDG 3 promote gender qualify and empower women and its target is; eliminate gender disparity in primary and secondary education (UNDP).

Just as public and the population Health approaches are established in other areas such as heart health and tobacco control, so it is becoming clearer that ‘mental health is every body's concern particularly important for the future of mental health and economic and social development in low income as well as high income countries will be the scaling up and evolution of effective participatory community based programs to support early child development. Required alongside these in the longer term will be effective programs and policies for poverty alleviation and violence prevention among others. These programs need to
be expanded and their effects on mental health and in mediating variables evaluated. In this way the evidence based for mental health promotion will be expanded appropriately world wide.

1.5 MENTAL HEALTH AMONG RESEARCH SCHOLARS:

The number of students in higher education is experiencing mental health difficulties. A report from the head of university counseling services (1999) reports increases in number of students with severe psychological problems presenting themselves to university counseling services.

Functioning of the research process itself may become source of stress and strain and ill health for its participants. This partly may be due to lack of the necessary aptitude and attitude in the scholar and the instructor or in the feature of the education process (e.g. course work, research method, interaction pattern, climate, and time period). The problem related to those features often- times vary with the developmental stage of research. For instance load of Ph.D. work has been recently an issue of deep concern for educationists. It has been realized that research scholar carry greater burden, both mental and physical, than what they can manage. Guiding strategies and behavioral styles of supervisors are also potential source of stress and strain, if they do not respond adequately and effectively to the needs of the Ph.D. students. In addition, the mode of departmental interaction, the social milieu and the physical environment of the institutions plays an important role in healthy conduction of the research process.

Research scholars face many developmental challenges that might complicate or precipitate mental distress, including living alone, long distance relationship with significance others, research time management and independent living skills, balancing demands of jobs and universities, living up to parental expectations, peer pressure, sleep deprivation and fluctuation
in sleep pattern, and concern about gaining employment after Ph.D. Mental Health, disorders (depression, anxiety disorder, schizophrenia, substance use, eating disorders and many others) typically first present themselves between ages 25 to 35.

1.6 CONCEPTUAL BACKGROUND OF STRESS:

The term stress is used by professionals and the public to describe a wide range of situation and responses. There is no universally accepted definition of stress. The various ways of defining stress suggested different means of measuring it and treating it. The phenomenon of “Stress” has been studied extensively in the field of psychology since 1950 and there now exist an extensive literature on the antecedents, medicators and outcomes of stress. In the more specified field of Health psychology, the relationship between stress and illness/disease has not achieved “facts” status (Pollock, 1988). The field of organizational psychology has fended to concentrate on the management and reduction of stress in the workplace.

In fact, ‘stress’ or “psychological pressure” is not new to man. Every person suffers throughout the life suffers from various diseases-major or minor or from some others problems as such occupational, economic or social. In the past people were ignorant about diseases and thought that they were curses or the order in nature. Some times he looks them as a matter of fact. Consequentially he was under psychological pressure. In order to lessen this stress or psychological pressure, he humbly submitted himself to the will of God and nature. His submission to God was due to stress. Even today, people suffer from several social political and family problems. The life of woman is more stressful than her counterpart. Earlier woman used to encounter various factors related to stress such as: pregnancy, children, marriage family problems and social reactions. Now days the causes of stress have increased. They are largely educational and occupational.
In the modern era, stress tends to be intricate and complicated. However, some vital stress factors such as Social academic, personal, family, interpersonal, environmental, time factor, emotional, cognitive etc can be elaborated by some definitions by different scholars.

In the words of Selye (1936), “Stress is defined as “non specific response of the body to any demand made upon it.”

According to Pestonjee (1987): The term stress has been used variously to refer to:-
1- Stimulus (external force acting on the organism)
2- Response (change in physiological function)
3- Interaction (interaction between an external force and the resistance opposed to it) and ,
4- More comprehensive combinations of the above factors.

Intensity of stress depends upon personal cognitive appraisal, hence the same events may be perceived more or less stressfully in different people. Many factors contribute to these differences in cognitive appraisal of stress. Personality is one such factor. Various studies had been out related to personality factors with stress. Stress is the general term applied to the pressure that people feed in life. The presence of stress at work is almost inevitable in many jobs.

Stress is that condition which pressurizes man to extent that he has to adjust. Generally, a person’s mental health does bit develop in an abeyance of stress, Good mental health of a person is retained when he successfully and satisfactorily reacts to the stressful situation.

• According to J.C Coleman (1976) “Stress is any condition impinging on the organism in which requires adjective reactions”.

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• According to C.N. Cofer and N.H. Appley (1964)- “Stress is the state of the organism when he perceives that his well being is endangered and that he must elevate all his energies to his protection”.

• Warheit (1979) defines stresses “The altered state of an organism produced by agents in the psychological, social, cultural or/ and physical environments.”

If we think of stress from psychological point of view, it appears to be full of cognitive and psychological reactions. In this form, many times stress appears to be as; anxiety, conflict, emotion, frustration and arousal. In fact stress in quite different condition and is a type of mixed form of pleasure, anxiety, conflict and frustration. When an organism fails to cope with the environment or when the person fails to face the adverse situation successfully, it results in to some uneasiness. This dreadful situation can be physical or mental. A person feels rest less and uneasy in such a situation. This combination of tension and restlessness is called stress. In this situation of the restlessness and uneasiness, the person can be under pressure, in tension anxiety, conflict or phobia etc. The amount of stress in a person depends upon the evolution he does of himself for the ability to cope and struggle with adverse situation.

As stated by W. Porter, (1958) another important factor of stress is the feeling of responsibility.

Another study by J.M. Wesis (1971) shows that stress is found to a greater degree among people lacking in the feeling of responsibility.

As stated by A.N.Epotein (1962), Nonikos (1965) “Reactions regarding stress are found more in the person who is in a position to anticipate the problem situation.”
Thus stress refers to the wide spread, generalized responses of the body of various environmental, physical or social situations. It is a force that affects our emotions and motives.

1.6.1 NATURE OF STRESS:

According to Rita Agarwal (2001), nature of stress are as follows:-

On the basis of facts, it is clear that though everyone faces stress, it is difficult to define it. It is apparent that it is phenomenon with the potential for manifestation anywhere in the world. For instance, a child, an adolescent, a girl, a boy, an adult, a housewife, an employee and a retired person may face the debilitating effects of stress some time in their life. However, the same event that is stressful for one person may not at all be that stressful for another. In order to reflect stress, the event must be perceived as being stressful. Similarly, the effects of each event also depend upon the individual; while one person may prosper under similar circumstances another may wither. The optimal level of stress varies from one individual to another. Events which are perceived as being stressful are not restricted to those causing major upheavals in life. The cumulative effect of minor irritants in one’s daily routine can be equally stressful.

To sum up, stress is caused whenever any event small or big, pleasant or unpleasant, internal or external, is received as making demands over and above the coping resources possessed by the individual.

SOURCES OF STRESS AND CHRONIC SOCIETAL

SOURCES OF STRESS: -

Jacob Anthiked has identified sources of stress and chronic societal sources of stress as follows:-
1.6.2 SOURCES OF STRESS:

Stress is a common factor in human life. Every person experiences stress. In college life students face various types of stress related to their academic achievements, career development, personality development and success in future life.

Sources of stress can be categorized into four categories, which are as follows:-

1-Family
2-Occupational/ Educational
3-Personal
4-Environmental

Stress and change is closely related to each other. Any important event in life requires a person to make major adjustments. Any major adjustment causes stress leading physical or mental disease.

CHRONIC SOCIETAL SOURCES OF STRESS:-

PRESSURES: Pressure occurs when one feels forced to speed up, intensity or shift direction or one’s behaviors or to meet a higher standard of performance. It happens because we are taught to consider failure as a shame.

FRUSTRATION: - Frustration occurs when a person is prevented for achieving a goal by someone or something being in the way. Five sources of frustration are:-

1-Delays
2- Lack of resources
3- Loses such as end of an affair, Friendship etc.
4-Failure, Guilt
5- Discrimination on account of sex, age, relation, caste etc in spite of qualifications.

Individual differences are responses to stress are the reactivity of the automatic nervous system. A person who characteristically responds to stress with increased secretions of acid in the stomach may eventually develop ulcers, one who reacts with a rise in blood pressure may develop heart decease and this prove may lead to further stress.

1.6.3 SYMPTOMS OF STRESS:

According to Ben Sherman (2005) some symptoms of stress are as follows:-

1- Irritability, depression.
2- Impulsive behavior, emotional instability.
3- Anxiety.
4- Tension and alertness
5- Fatigue
6- Forgetfulness
7- Sleeplessness
8- Dryness of mouth and throat
9- High Blood Pressure.
10- Headaches
11- Thyroid problems
12- Skin irritations and skin disorders
13- Loss of excessive appetite
14- Abnormal thrust
15- Panic attacks
16- Thought of suicide
17- Poor concentration
18- Trembling nervous tricks
19- Excessive guilt
20- Insecurity
21- Fearfulness
22- Inability to concentrate
24- Teeth grinding
25- Picking
26- Phobias
27- Sleep disrobers
28- Mood Disorders
29- Eating disorders

Stress comes from unpleasant events such as the passing away of nearest one, losing of a Job, divorce or an accident. There can be events of joy such as a child birth, marriage, passing an examination with top merit or getting selected for a covetous job. Such events lead to eustress which is an extensanye emotional reaction, but distress and eustress depends upon the same central physiological mechanism. Initially stress may lead to eustress. For example pain in pregnancy results in joy of birth of a child. Similarly labour study may result in passing an examination in top merit.
Fig 1.8: The four variant of stress

1.6.4 TYPES OS STRESS:-

1- ACADEMIC STRESS: (Study Related to Stresses)
   1- Frustrations
   2- Pressure
   3- Changes in anything
   4- Self imposed motivation of top class in academic achievement
   5- Interpersonal issues in schools
   6- Increased class work load
   7- Lower grade than anticipated
   8- Missed too many classes
   9- Anticipation of graduation
   10- Saver arguments with instructor/teacher
   11- Search for graduation/Job
   12- Subject of dislike in school
   13- Very strict discipline
   14- Competition
   15- Fear of examination
   16- Nervousness

   (Insel and Roth, 1985; Taylor, 1953)

2-PERSONAL STRESS:
   1- Future Career plans
   2- Financial problem
   3- Interpersonal relationship
4- Personal appearance
5- Personal achievement and goal setting
6- Family issues and parental conflicts
7- Approaching/meeting other students
8- Not enough free time
9- Health
10- Pressure by peer and senior students
12- Mandatory serving in military
13- Fatigue and lack of sleep
14- Books, food and entertainment.
15- Room-mate conflicts different values beliefs, schedules and habits
16- Poor Memory
17- Worries about physical appearances

(Archer, J & Lamnim, A. (1983))

3-TIME STRESSES:

1- Work overload, job status and Human contact

(Murphy and Hurrell (1900))

4-ENounter STRESSES:

1- Role, complicated issue and interaction conflicts

(Archer and Lamnin, 1985; Murphy and Archer, 1996)

5-ENVIROMENTAL STRESSES:

1- Vacations/Break
2- Waiting in long line
2- Computer problems
4- Placed in unfamiliar situation and messy living conditions
5- Quitting Jobs
6- Divorce between parents
7- Put on hold for extended period of time
8- Change in living environment
9- Pollution
10- Crowed
11- Environment of schools

(Insel and Roth, 1985, Taylor, 1953)

6 COMMON STRESSES
1- Family problems
2- Mental illness
3- Elder care issues
4- Child care issues
5- Legal issues
6- Grief and loss
7- Communication difficulties
8- Work
9- Addictions
10- Time Management
11- Change Management
12- Anger Management

(Taylor, Ronald (1996)

7 INTERPERSONAL STRESSES:
1- Fight with boyfriend/Girl friend
2- Trouble with parents

8- INTROPERSONAL STRESSES:
1- Change in sleeping habits
2- Change in eating habits
3- Elders Responsibilities
4- Financial difficulties.
5- Speech in public
6- Minor Law violation
7- Change in religious beliefs
8- Severe injuries
9- Engagement/Marriage

(insel, and Routh, 1985, Tylor, 1953)
9 EMOTIONAL STRESSES:
1. Fear
2. Anxiety
3. Anger
4. Sadness
5. Grief or depression
6. Sickness

((Dr. Shrinivas Kashaliikar)

10-COGNITIVE REACTION STRESSES:
1. Critical situations and strategies
2. Demands

(Miched and Ronald, 2007)

11-PHYSIOLOGICAL STRESSES:
1. Weight loss or gain or body aches

(Micharel and Ronold, 2007)

12- ACUTE STRESSES:
1. Noise
2. Isolation
3. Hungriness
4. Infection
5. Imagining a threat or bearing a dangerous events

13- FAMILY STRESSES:
1. Sentimentalisation and Depression
2. Loss of self esteem
3. Increased behavioral problems

(MC Cubbin and Mc cubbin, 1989)

There are various problems in experiences for each person related to work and home. In these problems stress is induced. Every person also attempts to cope with these stressors according to personal and social dictates. With the world moving, the way it does such problems are bound to increase. Rapid urbanization and the consequent erosion of old age;
social system, globalization, hi-tech gizmo, consumerism and materialism simply aggravate the daily hassles that are so inevitable. The present global economy and uncertainties can be stressful both at home and at work. Despite the large body of research, the innumerable compendiums written on this very real phenomenon, several issues last.

Due to interesting work and contact with young generation even through long period of service the age stress may not be felt but the post retirement stress may increase, with the VRS and other forms of downsizing on the rise, the proportion of “gray” population is increasing. Taking advantage of the golden handshake offered by companies seems extremely attractive, until the day one is actually free and the result is stress, unless proper retirement plans are advised in advance.

1.7 STRESS AMONG RESEARCH SCHOLARS:-

Stress in Research scholars has attracted lot of attention from researches over the past two decades. Sources of stress can be traced to academic pressures, Heavy work load and long hours of professional training relationship with faculty, decreased confidence in once clinical competence and concerns about developing a professional image. Additional stressors include lack of social support from college, less amount of time for rest and relaxation, restricted opportunities for social and recreational activities and financial concerns. Many universities can be challenging and posses varied number of stressors to the students. Stress can affect well-being and hamper academic performances.

Occupying a unique social position within institutions of higher education, research scholars are faced with multiple institutional sources of stress and role stain. The institutional structures and academic cultures of Ph.D. programs shape students stress by the mentorship available and the resources allocated. Social position of research scholars has implications for
student’s mental health. These stressors do not cause anxiety or tension by themselves. Instead, stress result from the interaction between stressors and the individual perception and reaction to those stressors (Romano, 1992). The amount of stress experienced may be influenced by the individual’s ability to effectively cope with stressful event and situations (D’ Zurilla & Sheedy, 1991). If stress is not dealt effectively, feelings of loneliness and nervousness as well as sleeplessness and excessive worry may result? (Wright, 1967). It is important that stress intervention programs must be designed to address stress of Ph.D. program. However in order to design an effective intervention, the stressors specific to research scholars must be determined (Wright, 1956).

1.8 NEED OF THE STUDY:-

The problems of mental disorders and stress have been increasing tremendously for the last two decades all over the world. The incident of mental disorder and stress are acquiring unusual dimensions every year causing a great concern to educationist, psychologists, sociologists, social worker who are closely connected to the welfare of the individual and society as a whole. In universities, many research scholars of various faculties are suffering from mental disorder and stress due to their own work Doctoral research supervision is one of the major avenues for sustaining student’s satisfaction with the program preparing student to be independent researchers and effectively initiating students’ into the academic community.

Attitude towards research consists one of the most important spheres of research scholars. A research scholar plays a central role in the research process of the Ph.D. program in university. In universities attitude of research towards his/her Ph.D. work is essential for the purpose of qualitative researches in India. Thus qualitative research to some extent is result of
qualitative Ph.D. program. Attitude of research scholars depends on a great extent on stress and mental health.

These indications cover a wide variety of phenomena. They included research scholars at work place who are excessively jealous of the status or imagined status of their siblings. Ph.D. student who hate research and are truants on every possible occasion can be added to the category of mentally ill. Expectations of scholars are even unrealistic and usually lead to frustration. In these favourable and non-favourable conditions research scholars feels highly stressful condition. With these conditions attitude of research scholars about the Ph.D. program is very negative, many students are leaving their research work or they are unable to complete their work according to U.G.C. guidelines. In India concerns have been expressed at various quarters on the poor quality of doctoral dissertation. Poor quality of dissertation points to the attitude and mental illness in students.

A perusal of related literature further reveals that only countable number of studies has been conducted in India and abroad on research scholars related to the dimensions undertaken in the present study VIZ, attitude, stress, mental health. However, no researcher has focused on comparative study of above mentioned variable on the research scholars of various universities. Also no one has attempted to use these variables as possible predicative indicators of research scholars at various universities.

The present study is therefore, justified on the ground that it is the first plan of its kind, designed to explore the comparison of three independent factors viz attitudes towards research, stress and mental health which might significantly contribute to the prediction of the research scholars of the Ph.D. Program.
That present study will be useful for the educators in general and various agencies which govern the universities in India particularly because the knowledge of comparison result of these factors under study will enable the educators and governing agencies to plan their Ph.D. guidelines keeping in this view. The present study provides an insight to the supervisors to deal effectively with their research scholars so that they are able to develop and understand the importance of attitude, stress and mental health and university climate. This understanding will also assist the supervisors to create a more affectionate, harmonious, warm, democratic and emotional atmosphere including good research & theses at university and also proper training and guidance may be given to the Ph.D. students accordingly. Moreover on the basis of the finding of the study many agencies which govern PhD program in various universities and every state in India my help scholars to modify their behavior with regard to attitude, mental health and stress related problems.

Education administrators, curriculum planners, counsellors and guidance workers may also be benefited by the result of this study. The information yielded by this work may be of great practice for the purpose of supervisors and guidance personnel’s. Researchers may also discover in it new challenges or new domains for exploring future. The present study is thus envisaged to serve a multidimensional cause in the vast field of education.

In this context, it is highly required to investigate attitude towards research, stress and mental health of research scholars of various universities of Uttar Pradesh State.

1.9 STATEMENT OF THE PROBLEM:-

The title of the study is written as follows:-

“A comparative study of Attitude towards research, mental health and stress among J.R.F, NET and non-NET research scholars in universities situated in Uttar Pradesh.”
1.10 OBJECTIVES OF THE STUDY:-

1- To study the level of attitude towards research of J.R.F, NET and NON-NET research scholars of Universities situated in Uttar Pradesh.

2- To compare the attitude towards research of J.R.F, NET and NON-NET research scholars of Universities situated in Uttar Pradesh.

3- To compare the attitude towards research among research scholars in various universities situated in Uttar Pradesh.

4- To compare the attitude towards research between male and female research scholars in various universities situated in Uttar Pradesh.

5- To study the level of mental health of JRF, NET and NON-NET research scholars in Universities situated in Uttar Pradesh.

6- To compare the mental health of JRF, NET and NON-NET research scholars of Universities of Uttar Pradesh.

7- To compare the mental health among research scholars in various universities situated in Uttar Pradesh.

8- To compare the mental health between male and female research scholars in various universities situated in Uttar Pradesh.

9- To study the level of stress of JRF, NET and NON-NET research scholars in Universities situated in Uttar Pradesh.

10- To compare the stress of JRF, NET and NON-NET research scholars of Universities situated in Uttar Pradesh.

11- To compare the stress among research scholars in various universities situated in Uttar Pradesh.
12- To compare the stress between male and female research scholars in various universities situated in Uttar Pradesh.

1.11 HYPOTHESES OF THE STUDY:

1- There is no difference in level of attitude towards research of J.R.F, NET and NON-NET research scholars of Universities situated in Uttar Pradesh.

2- There is no significant difference in attitude towards research among J.R.F, NET and NON-NET research scholars in Universities situated in Uttar Pradesh.

3- There is no significant difference in attitude towards research among research scholars in various universities situated in Uttar Pradesh

4- There is no significant difference in attitude towards research between male and female research scholars in various universities situated in Uttar Pradesh.

5- There is no significant difference in level of mental health among J.R.F, NET and NON-NET research scholars in Universities situated in Uttar Pradesh.

6- There is no significant difference in mental health among J.R.F, NET and NON-NET research scholars in University of Uttar Pradesh.

7- There is no significant difference in mental health among research scholars in various universities situated in Uttar Pradesh.

8- There is no significant difference in mental health between male and female research scholars in various universities situated in Uttar Pradesh.

9- There is no significant difference in level of stress among J.R.F, Net and NON-NET research scholars in Universities situated in Uttar Pradesh.

10- There is no significant difference in stress among J.R.F, NET and NON-NET research scholars in Universities situated in Uttar Pradesh.
11- There is no significant difference in stress among research scholars in various universities situated in Uttar Pradesh.

12- There is no significant difference in stress between male and female research scholars in various universities situated in Uttar Pradesh.

1.12 DEFINITION OF THE TERMS USED:

The following definitions of the term were used:-

1.12.1 ATTITUDE:

Attitudes are positive or negative feeling and values regarding an object, an event, a person or an individual.

Kind defined attitude as follows:-

“When we have an attitude, we judge something along emotional dimensions, such as good or bad, harmful or beneficial, pleasant or unpleasant, important or unimportant.

Simpson defined attitude as follows:-

“Attitude is commonly defined as a predisposition to respond positively or negatively to things, people, place, events or ideas.”

1.12.2 MENTAL HEALTH:-

“Mental health is the ability to adjust satisfactory to the various strains of the environment; we meet in life and mental hygiene as the means we take to assure this adjustment.

(Lewkan, 1949)

Mental health is described by WHO (2005) as:-

“A state of well being in which the individual realizes his or her own abilities can cope with the normal stress of life, can work productively and fruitfully and is able to make a contribution to his or her Community.”
On the basis of various definitions, many sub dimensions of mental health have evolved. Therefore, mental health can be defined in term of sub dimensions like: Emotional stability, overall adjustment, Autonomy, Security insecurity, Self-concept and intelligence.

1.12.3 STRESS:-

The stress response is the body’s way of protecting oneself. When working properly stress helps to say focused, energetic and alert.

“Stress is a reaction to an event the reaction being the generalized response of the body to the individual’s perception of the event, whether it is pleasant or unpleasant.”

(Hans Selye, 1977)

Thus stress is a normal part of life and such producers of stress as physical exercise, various emotional states and creative activity are usually considered as healthy prolonged and unwanted stress. We don’t have undesirable affects on mental and physical health, although reactions to such pressure can vary greatly influence individuals.

1.12.4 RESEARCH SCHOLARS:

Research scholars mean those students who are enrolled in Ph.D. program in various universities according to guidelines of University Grants Commission.

1.13 DELIMITATIONS:-

Due to paucity of time resources and to make the study more meaningful, the study has been delimited in the following areas:-

1- As India is a vast Country, it is difficult to cover the entire geographical area in a single study like the proposed one. Therefore, the sample has been selected from various universities of Uttar Pradesh.
2- This study is conducted on those research scholars who are enrolled in Ph.D. program in the Faculty of Education only.

1.14 VARIABLES INVOLVED IN THIS STUDY:

1- Independent variables:
   1- Attitude
   2- Mental Health
   3- Stress

2- Dependent variables:
   1- NET,
   2- Non-NET,
   3- JRF

1.15 CONCLUDING REMARKS:-

The present chapter of the thesis includes introduction, concept regarding attitude, attitude formation and attitude of research scholars towards research. This chapter further includes conceptual background and symptoms of mental health; emotional, psychological and social well being; effects of mental disorder, madness and violence, antisocial action, promoting mental health in education sector and mental health among research scholars. Then there is description of concept, nature, sources, symptoms and types of stress and also its prevalence among research scholars.

After this conceptual description, this chapter presents the need of the study statement of the problem, objectives of the study, hypothesis of the study. Moreover, there is short description of the delimitations, keyterms used in the research, delimitations of the research and description of variables involved in the study with concluding remarks, at the end.