CHAPTER 2
CONCEPTUAL FRAMEWORK

2.1 Mental Health

‘Mental health’ is an umbrella term encompassing physical, psychological, social, and spiritual well-being. It also involves one’s resourcefulness and coping capabilities, and the ability to be a productive and contributing member of the society. Any deviance or disturbance in any of these spheres of life is often considered as issues with mental illness. This is simply because the concepts of health and illness are considered to go hand-in-hand, and therefore, mental health and mental illness are considered to be two ends of the same continuum (Downie, Fyfe & Tannahill, 1990; Trent, 1992).

Over the years, various multidimensional models have emerged that attempt to explain the concept of ‘being healthy’. Helman (1978) gave a social anthropological perspective of health suggesting that health can be conceptualized as hot/cold and hot/wet. Further, it suggests that problems can be categorized as hot and dry (e.g. fever, dry skin), cold and wet (e.g. common cold, cough), and the like. Similarly, Herzlich (1973) purported a medical sociological model stating that health can be classified into three dimension; (1) health in a vacuum i.e. absence of illness, (2) the reserve of health focusing on physical strength and resistance to illness, and (3) equilibrium implying full realization of the reserve of health. Among psychologists, the focus is on health and illness cognitions. Lau (1995) suggested that beliefs about health can be categorized into five dimensions viz., physiological (e.g. energy good condition), psychological (e.g. happy, energetic), behaviourial (e.g. eat, sleep properly), future consequences (e.g. live longer), and the absence of… (e.g. illness, symptoms). He argued that being healthy is an individual’s normal state and is often a response to their beliefs about illness. Various psychologists support the multi-disciplinary approach suggesting that health is a result of the interplay between mind and body.

Various scholars have defined mental health in their own way. Devi (2017) stated that “Mental health stands for a balance that is dynamic. A mentally healthy person is one who is in harmony with his own self and consequently with those around him. The conscious and unconscious aspects of his mind are in tune with each other. In spite of his problems and difficulties, he is in consonance with the rhythm of life. He has a
wholesome balanced personality by and large free from schisms and inconsistencies, emotional and nervous tensions, discards and conflicts.”

According to Bute, Bachhotiya, Arora and Kori (2016), “Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living, and enjoy life.

Galderisi, Heinz, Kastrap, Beezhold and Sartorius (2015) defined mental health as “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium”.

The author elaborated the components of mental health definition as follows:
1. Universal values refers to the feeling of respect and care towards own self, other people and all living beings; considering the connectedness among individuals; respecting environment; respecting one’s own and other’s autonomy.
2. Dynamics refers to the state of intrinsic balance.
3. Cognitive skills include “the ability to pay attention, remember and organize information, solve problems, and make decisions; social skills involve the ability to use one’s own repertoire of verbal/non-verbal abilities to communicate and interact with others”.
4. Empathy defined as “the ability to experience and understand what others feel without confusion between oneself and others, enables individuals to communicate and interact in effective ways and to predict actions, intentions, and feelings of others”.

Pathak (2014) stated that, “Mental health is the foundation for well-being and effective functioning for an individual and for a community, and that of women is important both for their own health and for the well-being of their children and families.”

Arumugam, Rajendran and Nagalingam (2013) believed that, “Mental health is the balanced development of the individual’s personality and emotional attitudes which enable him to live harmoniously with his society”.

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Khan and Shirazi (2012) defined mental health as, “a crucial dimension of overall health and an essential source for living. It influences how we feel, perceive, think, communicate and understand. Without good mental health people will not be able to show their full potential or play an active part in every life”.

According to Haddadi and Besharat (2010), “Mental health has an important role in dynamism and efficiency of the community”.

Hashemiv, Mirmahalleh, Ghafelehbashy and Sarichloo (2008) states that, “Mental health is a determinant of public health, and is defined as emotional well-being, self-efficacy, self sufficiency, competition capacity, intergenerational attachment, self – actualization of intellectual and emotional potentials”.

However, the most widely accepted definition of mental health has been given by World Health Organization (WHO, 2001). WHO defined mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution”. WHO (2004) further stated that “Neither mental nor physical health can exist alone. Mental, physical, and social functioning is interdependent. Recognizing health as a state of balance including the self, others, and the environment helps communities and individuals understand how to seek its improvement.”

From the above definitions of mental health, it can be concluded that mental health is a state of healthy mind and body relationship in which individual is aware of his physical and psychological competencies and can work in favour of self and the society.

2.1.1 Characteristics of Mentally Healthy Individuals

From the above discussion, it is evident that a mentally healthy individual possesses certain basic characteristics viz., subjective well-being, perceived self efficacy, autonomy, competence, and self actualization (The World Health Report, 2001). Keyes (2014) has given the following characteristics of mental health:

1. **Emotional well-being**: includes happiness, interest in life, and satisfaction.

2. **Psychological well-being**: includes liking most parts of one’s own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one’s own life.

3. **Social well-being**: includes positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social
integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence).

Teague, Mueser & Rapp, (2012) identified following characteristics of mentally healthy individuals:

1. They have high self-esteem and feel good about themselves.
2. They are realistic and accept imperfections in themselves and others.
3. They are altruistic; they help others.
4. They have a sense of control over their lives and feel capable of meeting challenges and solving problems.
5. They demonstrate social competence in their relationships with others, and they are comfortable with other people and believe they can rely on them.
6. They are not overwhelmed by fear, love, or anger; they try to control irrational thoughts and levels of stress.
7. They are optimistic; they maintain a positive outlook.
8. They have a capacity for intimacy; they do not fear commitment.
9. They are creative and appreciate creativity in others.
10. They take reasonable risks in order to grow.
11. They bounce back from adversity.

2.1.2 Factors Affecting Overall Mental Health

1. **Financial status:** Researchers believed that mental health is closely linked to the financial conditions of an individual. It is believed that poor financial conditions may adversely affect mental health of the individual (Hyun, Quinn, Madon, & Lustig, 2006; Richardson, Elliott & Roberts, 2017; Parthi & Rohilla, 2017).

2. **Gender:** Various researches proved that mental health can be affected by the gender of people. In numerous researches it was found that females suffer poor mental health as compared to males (Alimohammadzadeh, Akhlaghdoust, Bahrainian, & Mirzaei, 2017; Kaur, 2017; Kiran et al., 2017; Parthi & Rohilla, 2017).

3. **Psychological difficulties:** Numerous researches show that psychological difficulties like depression, anxiety, stress, are closely related to poor mental

4. **Physical health difficulties:** Studies also indicated that physical health and psychological health is closely related. Physical well-being positively affect mental health of an individual (WHO, 2004; Ohrnberger, Fichera, & Sutton, 2017).

5. **Culture:** Culture is also one of the important determinant of mental health. Culture affects the perception towards mental health difficulties and also determines the success of potential intervention (WHO, 2004).

### 2.1.3 Intrinsic Value of Mental Health

In WHO report on Promoting Mental Health (2004), ‘Intrinsic Value of Mental Health’ was discussed. According to the report mental health influences every aspect of human being’s life. It has “material”, “immaterial”, and “intrinsic values” which effects individual, society and culture. The value of mental health can be defined as follows:

1. Mental health is essential for the well-being and functioning of individuals.
2. Good mental health is an important resource for individuals, families, and communities.
3. Mental health, as an indivisible part of general health, contributes to the functioning of society, and has an effect on overall productivity.
4. Mental health concerns everyone as it is generated in our everyday lives in homes, schools, workplaces, and in leisure activities.
5. Positive mental health contributes to the social, human, and economic capital of every society.
6. Spirituality can make a significant contribution to mental health promotion and in turn mental health influences spiritual life.

From the above discussion it can be stated that mental health plays a key role in overall development of life of people. It cannot be limited to absence of diseases and difficulties. Rather it significantly influences productivity, happiness, and well-being of an individual. It helps an individual to realize his competence, actualize the goal of life and work productively for the favour of self and the society.
2.2 Depression

According to American Psychological Association (APA, 2018), “Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide”.

Depression is one of the common mental health issues prevailing among people of different age groups worldwide and it can adversely affecting the feeling about self, the way we think, act and our whole perspective about life. It also causes various emotional and physiological disturbances and can seriously impairs the ability of individual to perform different tasks. Any traumatic experience, physical or psychological loss may cause depression. It may be loss of a job, death of loved one, loss of possession or any serious injury. Depression leads to feeling of loneliness, sadness, loss of interest in activities of day today life. It is a serious illness caused by changes in the brain chemistry. The problems caused by depression are made worse by the fact that most people suffering from the disease are never diagnosed. Other factors like genetic characteristics, changes in hormone levels, certain medical illnesses, stress, grief, or substance abuse may also contribute to the onset of depression.

According to the Global Burden Disease (GBD, 2013) Report, depression is one of the leading causes for poor mental health. As per the National Mental Health Survey (NMHS, 2016), depression and anxiety are common mental health disorders which are effecting nearly two fifth (37.1 percent) of the surveyed population and thereby significantly contributing in a rise in the health burden. It is mentioned that one in twenty individuals in India suffer from depression. Pattanayak and Sagar (2014) suggested that depression adversely effects mental health, emotional well-being, increases the vulnerability to other mental illness and decreases overall quality of life.

Depression is one of the serious problems in academic settings. It may be due to rising pressure to perform well, expectation of family as well as self, time shortage and uncertainty of future and constantly increasing responsibilities. Depression in college students may be more prevalent than in the general population (Daughtry & Kunkel, 1993). Dixon and Reid (2000) reported that college students are twice as likely to have clinical depression as compared to people of similar ages and backgrounds in the workforce. According to Fine and Carlson (1994) the common symptoms of depression
in university students are difficulty in concentrating, lack of interest, motivation and poor attendance. These symptoms attempt to justify why a depressed student does not achieve academic excellence.

2.3 Anxiety

Anxiety is experienced by every individual at some point or the other in his/her life. The term anxiety is used to describe an uncomfortable and unpleasant feeling that an individual experiences when in stress or in some fearful situation. Anxiety can be defined as a general feeling of apprehension about possible danger. It involves negative mood, worry about possible future threat or danger. Physiologically, it results in chronic over arousal and a state of tension. At the behavioral level, anxiety prepares a person for fight or flight reaction.

According to Bouras and Holt (2007), “anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components.” Chronic levels of high anxiety are associated with the development of depressive symptoms in college students (Reed, McLeod, Randall, & Walker, 1996).

Harris and Coy (2003) defined anxiety, “as a basic human emotion consisting of apprehension and uncertainty that typically appears when an individual perceives an occurrence as being a threat to the ego or self-esteem”.

Numerous researches reveal that anxiety is one of the most common problems faced by students in higher studies. The pressure of being in a new environment and strong desire to perform well may cause anxiety among students. Typically, anxiety disorders involve disturbances in mood, thinking, behavior and physiological activity. Anxiety disorders predispose adolescents to development of depression (Ferninand, Nijs, Lier & Verhulst, 2005).

Students with anxiety disorder show a passive attitude in their academics such as lack of interest in work, poor performance in examinations and a disturbed routine. Students feel anxious about academic work load, lack of time management, trying to adjust in the competitive atmosphere, uncooperative peer group and feeling of uncertainty about the future. This leads them towards the surface approach as a coping strategy. Stress and anxiety may also be due to personal or family related problems (Mayyaet, Rao & Ramnarayan, 2004). Students with high level of anxiety have a reduced memory span; lack concentration; lack confidence and poor reasoning power. Generally, high level of
anxiety was closely associated with lower performance among low ability students (Sena, Lowe & Lee, 2007).

2.4 Perceived Stress

The term stress has been defined in many ways (Lazarus & Folkman, 1984). It is a state when an individual’s well-being is threatened and one undergoes certain psychological and physiological changes which prepare one to handle the threat through sustained activity. Ciccareli and White (2015) stated that “stress is a term used to describe the physical, emotional, cognitive and behavioral responses to events that are appraised as threatening and challenging”. According to research, physical symptoms of stress includes: extreme fatigue; disturbed sleep cycle; frequent colds; nausea and choking. Emotional symptoms includes: feeling of anxiety; depression; irrational fear; anger; frustration and irritability. Cognitive symptoms includes: lack of concentration; poor memory; poor decision making ability and loss of sense of humor. Behavioral symptoms includes: binge eating; pacing; and physically striking behavior at others.

Stress is the body’s natural response to challenges. Selye (1976) defined “stress as a nonspecific response of the body to any demand made on it”. Stress is a term used to describe physical, emotional, cognitive and behavioral responses to events that are appraised as threatening or challenging. Stress can show itself in many ways. Some of the problems are fatigue, sleeping problems, frequent colds and even chest pains. People under stress may also experience anxiety, depression, fear and irritability (Ciccarelli & White 2015). Stress also exists in the various aspects of academic performance (Shamsuddin, et al., 2013), workload (Tangade, Mathur, Gupta, & Chaudhary, 2011), environment and financial resources among students (Andrews & Wilding, 2004). Researchers found that the unpredictability of a situation enhances the tendency of an individual to perceive stress. (Zucchi et al., 2009; Henderson, Snyder, Gupta, & Banich, 2012).

Lazarus and Folkman (1984) defined stress as, “a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing”.

Sometimes perception of stress is more harmful than actual stress. Stress refers to the perceived or actual threat on physical and/or psychological homeostasis of the human body. Disrupted homeostasis elicits the so called ‘stress response’, i.e. the activation of
central and peripheral neuroendocrine mechanisms responsible for various adaptive responses and behaviors (Selye, 1997). Perceived stress is a subjective feeling or thought of an individual about how much stress they are experiencing at a given point of time. The perception of stress is affected by the changes occurring in an individual’s life, ability of an individual to deal with problems and daily hassles and unpredictability of upcoming life threats. It is not about measuring the types or frequency of stressful life events but the perception about the severity of these events. It is affected by the ability to handle such stressors. Different individuals may suffer from similar life events but perception about these events determines experience of stress.

Hence, perceived stress is the degree to which situations in one’s lives are appraised as stressful. It also highlights how respondents find them unpredictable, uncontrollable, and overloaded (Cohen, Kamarck, & Mermelstein, 1983).

2.5 Quality of Life

The concept of quality of life has various meanings (Al-Naggar, Osman, & Musa, 2013). Quality of life (QOL) indicates the amount of satisfaction one is deriving from one’s own overall life. It is an ongoing perception that the present time of one’s life, or even one’s life as a whole, is fulfilling, meaningful and pleasant. The word ‘quality’ suggests an assessment of value relative to some standard. The assessment is most commonly expressed in terms of levels of satisfaction or dissatisfaction. The word quality of life suggests a reference to the total human experience and is not restricted to any specific domain of life.

However, various scholars defined Quality of life in their own way. In the words of Bastaminia, Rezaei, Rezaei and Tazesh (2016), “QOL is the perceived health status of an individual based on one’s cultural requirements, system of values, expectations and interests”.

According to Sharma (2010), “quality of life is a subjective aspect of life which depends upon the perception of a person”. Quality of life is defined by Myers (2008) as one’s perceptions of his/her environment and health. According to Verdugo, Schalock, Keith & Stancliffe (2005), “the social aspect of quality of human life consists of health, social welfare, friendship, standard of living, education and safety”.

Quality of life has been synonymously used as life satisfaction. Corrigan (2001) “quality of life and life satisfaction are considered to be related to attaining a healthy and
productive lifestyle”. Ross and Willigen (1997) elaborated it as “quality of life is a degree of prosperity which is felt or enjoyed by an individual or a group of people”.

World Health Organization Quality of Life Group (WHOQOL 1997), defines quality of life as, “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations and standards. It is a broad concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”.

According to Kuyken et al. (1995) (WHO, Quality of Life assessment group) quality of life is, “individual’s perception of his position in life in the context of culture and a system values in which he lives and in relation to his goals, expectations, and concerns”.

Bowling (1995) suggested that, “quality of life is associated with a positive value as happiness, success, wealth, health and satisfactions”. Pavot and Diener (1993) theorized that life satisfaction depends on a comparison of life circumstances to one’s standards. Various standards or indicators could measure these circumstances. Borthwick (1992) stated that “quality of life could relate to objective indicators and subjective indicators”. He defined objective indicators as life conditions and subjective indicators as life satisfaction.

### 2.5.1 Indicators of quality of life

Various researchers proposed different indicators of quality of life.

According to Muntaner and Lynch (2002), quality of life includes:

- Standard of living
- Health and longevity
- Housing and neighborhood characteristics

According to Inglehart and Rabier (1986), quality of life is the sum total of following factors:

- Individual’s life experiences
- Level of adjustment
- Satisfaction in life
Veenhoven (1999) suggested following indicators of quality of life:

- Livability of the environment (environmental chances/social capital)
- Life-ability of the individual (personal capacities/psychological capital)
- External utility of life (a good life must have an aim other than the life itself, or higher values)
- Inner appreciation of life (inner outcomes of life/the perceived quality of the life)

According to WHOQOL Group (1998), there are six domains of quality of life which are as follows:

- Physical
- Psychological
- Level of independence
- Social relationships
- Environment and spirituality
- Religion and personal belief

According to Flanagan (1982), the domains of quality of life are as follows:

- Physical and Material Well-being
- Relations with other People
- Social, Community, and Civic Activities
- Personal Development and Fulfillment
- Recreations

2.6 Self-Esteem

A general definition of self-esteem states it as a personal judgment of one’s own worth. Studies have indicated that students who are unsure of themselves or who expect to fail were inclined to stop trying and just give up. It means feeling good about yourself is being good.

Self-esteem is a person’s evaluation of his own self-worth. It is an element of the internal system that we all bring to any interpersonal communication situation (Bodaken & Sereno, 1975). Self-esteem refers to individual’s perception of his own self-worth, his feeling of self-respect, and self-confidence and the extent to which the individual holds positive or negative views about himself (Brockner, 1988).
According to Joubert (1990), self-esteem can be defined as a “person’s judgment of general self-worth that is a product of an implicit evaluation of self-approval or self disapproval made by the individual”.

Moretti and Higgins (1990) argued that self-esteem is a cognitive judgment based on standards of worth and accessible information about how well an individual is meeting those standards.

Fuller and Schaller (1990) reported self-esteem as a positive feeling of a person in association with his physical, mental, and social identity. According to Kazdin (2000), self-esteem refers to the evaluation of a person which makes and maintains oneself with regard to him or herself. It is the global evaluation reflecting our views of our accomplishments and capacities, our values, our bodies, others responses to us and our possessions.

According to Tesser (2000), “self-esteem is a global evaluation reflecting our view of our accomplishments and capabilities, our values, our bodies, other’s responses to us, and events, or occasions and our possessions”.

Shavelson, Hubner & Stanton (1976) offered an explanation of the self-esteem construct based on an analysis of the pertinent literature. According to their definition self-concept is: (a) organized (b) multifaceted (c) hierarchical, (d) stable (when considered as a general construct) and unstable (situational with age), (f) evaluative, and (g) differentiable from related constructs.


- Self-esteem as a basic human need. It makes an essential contribution to life process and is indispensable to normal and healthy self-development and has a value for survival.
- Self-esteem as an automatic and inevitable consequence of sum of individual’s choice in using their consciousness.
- Something experienced as a part of, or background to, all of the individuals thoughts, feeling and actions.
Researches believed that self-esteem is one of the influential predictors of various relevant outcomes like academic achievement (Marsh, 1990). Previous studies have shown that it is highly correlated with overall psychological wellbeing (Rosenberg, Schooler, Schoenback, & Rosenberg, 1995). However, people with high self-esteem are much more likely to believe in the positive feedback because it contradicts what they believe to be true about themselves (Swann, 1996). Building self-esteem is considered by many psychologists and educators to be so vital to good mental health, education, and physical health that research interest in this area should stay high.

2.7 Social Support

Humans are social beings who depend upon other individuals to fulfill their psychological, social, emotional and survival needs. In basic terms, social support means having friends, family and significant others who can provide tangible or intangible support at times of crises. Ciccareli and White (2015) defined social support as, “a network of family, friends, neighbors, colleagues and other people who can provide help when a person is in need”. Dumont and Provost (1999) defined social support as “the support received (e.g. informative, emotional, or instrumental) or the sources of support (e.g. family or friends) that enhance recipient’s self-esteem or provide stress-related interpersonal aid”.

Gotllieb (2000) stated that, “social support is a process of interaction in relationship which improves coping, esteem, belonging and competence through actual or perceived exchanges of physical or psychological resources”. Kulik and Mahler (1989, 1993) stated that, “people with strong social support are less likely to die with injury or illness than those who don’t have strong social support network”.

Zimet, Dahlem, Zimet and Farley (1988) described perceived social support as an individual’s perception of how resources can work as a buffer in between the demanding incidents and symptoms. According to the General Benefits (GB) model of social support given by Rueger, Malecki, Pyun, Aycock, and Coyle, (2016), social support enhances positive psychological state like positive emotions (Cohen & Wills, 1985) and sense of positive well-being (Diener, Suh, Lucas, & Smith, 1999). The Stress Buffering model (SB) by Rueger et al. (2016), also supported that social support works as a buffer against
stress among people (Cohen & Wills, 1985; Zimet et al., 1988). Social support can be considered as a barrier against stress, distress and depression which enhances the coping ability among them. (Zimet, et al., 1988; Chou, 2000).

Boren (2013) stated that, “social support provides individuals with positive social contacts with others, which contributes to emotional balance and reduced burnout”. Jacobs and Dodd (2003) suggested that social support helps in improving resilience against stress which helps in coping with emotional exhaustion.

2.7.1 Types of Social Support

Over a period of time, various researchers suggested different forms of social support which are as follows:

1. **Emotional Support**: it includes showing concern encouragement, warmth, love, care, trust, intimacy, care, empathy and trust. (Slevin et al., 1996). It helps in improving one’s self-esteem therefore also known as “appraisal support or esteem support (Wills, 1991).

2. **Tangible Support**: it is also called materialistic support (House, 1981). It includes money, goods and services, or other instrumental support (Langford, Bowsher, Maloney & Lillis, 1997).

3. **Information Support**: it comprises of giving and receiving useful information, suggestion and guidance (House, 1981).

4. **Companion Support**: it is a kind of support which is obtained by involving with others and sharing common interest which results in sense of ‘social inclusion’ (Uchino, 2004).