Chapter 1

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1.5. Summary
Introduction

1.1. Introduction

Health is a positive concept, as more than 190 signatory member states of World Health Organisation have endorsed. The WHO definition of health implies that mental health cannot be achieved merely by preventing or treating disorders. It must address the broader issues affecting the mental well-being of all sections of society. Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO’s definition of health: “A state of complete physical, mental and social well-being, and not merely the absence of disease”. It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (WHO, 2013).

Mental health is a vital component of the total health of an individual because our entire thought process takes place in mind, ideas originate in mind and all kinds of directions are issued from mind which guide, shape and regulate communication, conduct and behavior and determine personal and social functioning as well as adjustment (Bhargava and Raina, 2007).

Good health depends on the state of both mind and body. Health generally means sound condition, or well-being, or freedom from disease. Mental health, therefore, may refer to a sound mental condition or a state of psychological well-being or freedom from mental diseases. One’s body and mind function harmoniously; it is
said that sound body presupposes a sound mind and a sound mind exists in a sound body in so much so that any understanding of personality requires proper analysis of body and mind. Mental health, thus, is the full and harmonious functioning of the whole personality (Hadfield, 1952).

The positive dimension of mental health is underlined when it is accepted that mental health is not just the absence of mental disorder. Health is considered as a positive state of well-being, not just a lack of disease. People in a state of emotional, physical and social well-being fulfil life responsibilities, function effectively in daily life and are satisfied with themselves and their interpersonal relationships.

Positive psychology, psychological well-being, qualitative living, excellence in living, feeling wellness are the synonyms which are used interchangeably for mental health (Raina, 2004).

Well-being is undoubtedly a desired aim of human existence and all of us strive to achieve it. Well-being refers to the harmonious functioning of the physical as well as psychological aspect of a person as the subjective feeling of contentment, happiness, satisfaction, etc. The sense of well-being is a composite indicator of physical/biological, psychological/mental, and social well-being. Biological indicators of well-being are health status, health awareness, utilization of health care practices and health maintenance behaviour, etc. While psycho-social indicators of well-being include mental health, cognitive functioning, positive emotions, adjustment, satisfaction with life experiences, feelings of contentment and
happiness, sense of achievement, self-confidence and coping skills, 
liveliness, sociability, etc (Khan, 2006).

Information technology has converted the world into a global village 
(McLuhan, 1969). Attitude, conduct and behaviour of the people look 
like at a great variance from the village of the yore. Values of 
consumerism, individualism, materialism and hedonism; sadism and 
masochism have significantly increased and sensitivity towards 
others’ suffering has considerably decreased (Bhargava and Raina, 
2007). Needless to say, all kinds of insecurities – physical, mental, 
social, etc, play upon the psyche of the people resulting in anxiety, 
frustration, stress, tension, maladjustment, personal and social 
problems. All this takes a toll of the mental health of an individual.

Good mental health thus becomes imperative for one to attain and 
enjoy total health. Sound mental health will ensure germination of 
healthy ideas and action which guide personal and social functioning 
as well as adjustment.

1.2. Definition of mental health

Mental health has been defined as follows:

“Mental health implies the capacity in an individual to form 
harmonious relations with others and to participate in or contribute 
constructively to change in his social and physical environment. It 
also implies his ability to a harmonious and balanced satisfaction of 
his own potentially conflicting instinctive drives in that it reaches an
integrated synthesis rather than the denial of satisfaction to certain instinctive tendencies as a means of avoiding the thwarting of others.” (WHO Expert Committee, 1950).

Allport (1955) deals with healthy personality prescribes the study of normal and mature adults instead of neurotics. He indicates that healthy persons were not controlled by unconscious conflicts while neurotic adults possessed these conflicts.

Mental health represents a psychological condition which is characterised by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (Schneiders, 1964).

According to Maslow (1970) people who have fulfilled their potentialities to the greatest degree will lead us to the formulation of a ‘positive psychology’ and will rid us from the negative approaches. He is always concerned to study the best, the healthiest and the most mature side of human nature.

Sortorives (1983) states that “mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and those of other people as also of the environment.”

Cautioning us against confusing mental health with mental illness, Kumar (1992) says that mental health serves as an index to show the extent to which the person has been able to meet her/his environmental demands- social, emotional and physical. However,
when s/he finds herself trapped in a situation s/he dose not have matching strategies to deal with effectively, s/he gets her/himself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a definite from (or get ‘syndromised’), representing a given illness. Mental health, according to Kumar, is a study of pre-illness mental condition of the person concerned.

According to Park (1995), “Mental health is thus the balanced development of the individual’s personality and emotional attitudes which enable him to live harmoniously with the fellow men.”

Singh (2000) defined mental health as the ability to establish and nurture loving relationships with relevant others, to discern and engage in rewarding work, to continually develop one’s understanding of self and relevant others, to meaningfully contribute one’s mite towards promotion of well-being of community to which one belongs without losing one’s own identity, independence and autonomy and to think and behave with an adequate blend of objectivity and sensitivity in all kinds of situations which one happens to come across.

A person’s mental health can be inferred from her/his behavior. A person’s behaviour may be viewed or interpreted differently by others, depending on their values and beliefs, Therefore, mental health is a state of emotional, psychological and social wellness confirmed by satisfying interpersonal relationships, effective behaviour and coping, a positive self-concept and emotional stability (Videbeck, 2001).
Mental health is a component of holistic health (Bhargava, 2005a, 2005b) which includes physical, mental, emotional, social, cultural health, each associated with the other. Bhargava and Aurora (2006) have pointed out that psychological well-being brought out the total human health with a quality and excellence. Therefore, it is highly recommended that a good health, whether physical or mental, needs the all-round psychological well-being because it is related with reality and capabilities of the person on one hand and work force to fight with problems and challenges on the other.

Bhargava goes on to explain, by mental health we mean the proper and balanced development of intellect, creativity, reasoning, emotionally, mindfulness, initiative and maintenance of mutually rewarding social relationship ability to face day-to-day problems and multifold challenges without losing patience, provide solutions and relaxation with self-confidence, assertiveness and enthusiasm, realizing the troubles and sufferings of others, engaging for constructive and welfare activities and be playful and rejoicing on occasions. There are multiplicities of factors which play a determining role in shaping a mentally healthy man. These are as such-personal resources, social support, integrated personal structure, quality of emotional life, good family atmosphere, proper community understanding, cultural and religious harmony, etc, (Bhargava, 2006).

Tripathi, et al (2006) have pointed to the Indian perceptions which can make a positive contribution to the state of mental health in the modern life. Egolessness, the state of Sthitapragya and Anasakti, the state of Maitri, Karuna, Mudita and Upeksha are the different
perceptions as given by the classical Indian texts, complement and supplement holistic view of our mental health.

Mental health, however, is the positive capacity for living and enjoying the good life. Examination of the internal psychological states and process, ie, chittavritti is one of the central themes in the classical Indian texts. The Indian thoughts seek to understand and analyse natural inclination, desires, passions, etc, so as to consciously control them. The object of this control is to uplift and refine human personality by our coping with and eliminating negative emotions and negative values like trishna, raga, dwesh and by replacing them with positive emotions and values like love and compassion.

Based on the discussion above mental health can be defined 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 to his or her community.

1.2.1. Indicators of mental health

Thus a person’s mental health is a dynamic or ever changing state. It has several components and they interact with each other. Adequate feeling of security, self-evaluation, contact with reality, adequate bodily desires and the ability to gratify them, self-knowledge, extension of the sense of self, warm relationship with others, emotional security, unifying philosophy of life, ability to take responsibility for neighbours and fellow human beings, orientation
towards growth and maximizing one’s potential, ability to deal with and influence the environment in a capable, competent and creative manner, acceptance of oneself and others in totality, spontaneity, creativity and freshness of vision and a healthy sense of humour, healthy reactions, capacity to understand problems, ability to make decisions and have solution-oriented attitude, positive thinking, awareness and maximization of one’s potentials, development of emotion, creativity, intellect and spirituality, ability to face problems and challenges without losing patience and to respond to them with full strength and draw lessons for future, ability to analyse one’s extended self, ability to discriminate against right and wrong, good and bad are some of the indicators of good mental health.

Discussed below are some of the indicators of good mental health by a few authors.

According to Maslow and Mittelmann (1951), the following constitute normal psychological health:

1. Adequate feeling of security,

2. Adequate self-evaluation,

3. Adequate spontaneity and emotionality,

4. Efficient contact with reality,

5. Adequate bodily desires and the ability to gratify them,

6. Adequate self-knowledge,
7. Integration and consistency of personality,
8. Adequate life goals,
9. Ability to learn from experience,
10. Ability to satisfy the requirements of the group
11. Adequate emancipation from the group of culture.

Schultz (1977) considered the following seven criteria for mental health:

1. Extension of the sense of self,
2. Warm relationship of self with others,
3. Emotional security,
4. Realistic perception,
5. Skill and assignments,
6. Self-objectification
7. Unifying philosophy of life.

As against the numerous criteria suggested by Maslow and Mittleman, and Schultz cited above, Park and Park (1977) gave only three main characteristics:

1. One feels comfortable about oneself, one feels reasonably secure and adequate, one accepts one’s plus points and limitations and having the self-respect and confidence.
2. One feels right towards others, therefore s/he develops friendship and loving behaviour, s/he may develop the sense of trust in others. Therefore, s/he can take the responsibility for her/his neighbours and fellow human beings.

3. A mentally healthy person is able to meet the demands of life. S/he does something about the problems as they arise. S/he sets reasonable goals for self, shoulders daily responsibilities, thinks better about self and take own decisions. S/he is not howled by own emotions of ‘fear, anger, love or guilt.’

Mental health has many components and they all are influenced by a wide variety of factors which have the constant interactions also. Johnson (1997) showed how a person’s mental health is a dynamic or ever changing state:

1. The person is autonomous and independent and can work interdependently or cooperatively with others. He /She may consider other’s decisions and behaviour also but not be dictated by others.

2. The person has an orientation towards growth and maximizing one’s potential.

3. The person can face the challenges of day-to-day living and tolerate life’s uncertainties with a hope and positive outlook without knowing the future.

4. The person must have the self-esteem and s/he has the realistic awareness of his/her abilities and limitations.
5. The person can deal with and influence the environment in a capable, competent and creative manner.

6. The person should have reality orientation and he may act accordingly.

7. The person has the ability to manage stress, can tolerate life stresses and feelings of anxiety or grief, he can get the support from family and friends to cope with crises, knowing that stress will not last forever.

Indian perspectives on mental health can be understood through Bhatnagar (2000) and Singh (2002). Some of the important indicators suggested by Bhatnagar are

1. Acceptance of oneself and others in totality.

2. Spontaneity, creativity and freshness of vision and a healthy sense of humour.

3. Healthy reactions, capacity to understand problems, ability to make decisions and solution-oriented attitude.

4. Personal autonomy, authenticity and responsibility for oneself.

5. Healthy interpersonal relationship and adaptability and quality of life.

6. Positive thinking, awareness and maximization of one’s potentials.

7. Emotional maturity, sensitivity, empathy and ability to manage emotions effectively.
8. Realization of peace within one’s own self and creation of harmony with others.

9. Ability to contribute in a creative and constructive manner to bring about the desired changes in the physical environment and socio-cultural context.

Singh (2002) found mentally healthy person having the following characteristics:

1. Development of emotion, creativity, intellect and spirituality.

2. Maintenance of mutually rewarding social relationship.

3. Ability to face problems and challenges without losing patience and to respond to them with full strength and draw lessons for future.

4. Possessions of self confidence, assertiveness, sensitivity and empathy with suffering of others.

5. Prepare constructively for joyful utilization of loneliness and participate in play and fun.

6. To laugh on the occasions which are really amusing, joyful, wonderful and amazing.

Bhargava and Bhargava (2002) have enumerated some indicators of sound mental health as bellow:

1. To accept oneself and others in totality.
2. One should have the ability to analyse one’s extended self. S/he must recognise her/his plus points, accept limitations and should feel comfortable and peaceful within her/himself, to set reasonable goals for her/himself and should have the ability to take own decisions.

3. S/he should have the ability to manage self by analyzing self-concept, self-actualization.

4. As a person s/he is the part of society, so s/he should have the healthy interpersonal relationship creating harmony with other potentialities, to understand her/his social responsibilities and solve the problems of community as a whole.

5. One should prepare one’s life planning keeping in view of her/his skills and capabilities, s/he should be very systematic within realistic perspective of surroundings.

6. One should be able to meet the demands of life and should shoulder one’s daily responsibilities.

7. One should be adaptable to understand the problems relating to any phase of one’s life and try to solve them in that particular situation.

8. One should be able to contribute in a creative and constructive manner to bring about the desired changes in the physical environment, social and cultural context to make environment lively.

9. One should have a clear vision in every sphere of life, think positively and innovatively to take quick decisions.
10. One should be radical, flexible and amenable to change in accordance with the demands and time.

11. One must keep in mind the existence of the Almighty, ie, ‘Ishwar’ and any action or thought should be *samarpit* (dedicated) to the Almighty power of the world and never be consequence-oriented. This will give peace and happiness throughout life.

12. One must develop the sense of humour, delightfulness and enthusiasm with managing emotions effectively so that emotionally balanced person may feel emotionally secure.

13. One must be adjusted if he keeps the requirements of reality prevailing values and norms. He should also keep in mind three things – time, place, and person – at the time of taking any step.

14. One should have the competence to discriminate between right and wrong, good and bad. He should be able to ignore fear of unknown or speculative thinking and have the ability to control fear for better mental health.

15. One should develop his integrated personality with consistency of behaviour.

16. At least one should fix the satisfactory level in accordance with all realities of his life, only then one will feel life satisfaction. Instead of criticizing others, one should evaluate and overcome one’s weaknesses.
1.2.2. Factors influencing mental health

Personality structure, kinship, caste, class, friend, circle, neighbourhood, work organisations, associations, clubs, community, culture, religion, etc, play a determining role in shaping the mental health of a person. Pradhan, et al (2006) have divided these into six factors that influence a person’s mental health.

1. **Individual factors** include a person’s biologic make up having a sense of harmony in one’s life, vitality, finding meaning in life, emotional resilience or hardiness, spirituality, having positive identity.

2. **Interpersonal factors** include effective communication, helping others, intimacy and maintaining a balance of separateness and connection (sense of belongingness), family and social support.

3. **Social-cultural factors** include having a sense of communication, access to adequate resources, intolerance of violence, social organization, time orientation, environmental control.

4. **Self-esteem** plays a significant role in determining mental health, people with high self-esteem experience less stress and strain and shoulder their responsibilities very well.

5. **Internal locus of control** is associated with mental health. They take responsibility for their own actions and view themselves as having control over their destiny. They are managed by themselves rather than by external factors.
6. **Emotional intelligence** is positively higher related with general health, healthy coping style, empathy, happiness, whole constructs like alexithymia, neuroticism, stressful events and mood fluctuations are negatively correlated. (Pradhan et al, 2006).

### 1.2.3. Causes and prevalence of ill mental health

The growth and development of a child is not as smooth and continuous as one would like it to be because of the various unfavourable forces acting on him at home, and in school and society. A child may be born with certain disabilities or may develop social, psychological or physiological problems. This might adversely affect the development of his abilities to the full and prevent him from performing as well as he should or may cause reactions from him which are detrimental to other people or society. This may also lead to them becoming a disturbed child or a child having developmental of learning disability.

Studies by (Lapouse and Monk, 1958, 1964) revealed that the prevalence of behavior deviation declined for school age children as they grew older. The younger children of 6 to 8 years, by far surpassed the older children (9 to 12 years) in the behaviour deviation. Boys had a higher evidence of behavior then girls. The frequency of behavior deviations was higher among Black children to white children. There seemed to be very little difference in the incidence of behavior deviations between only children with siblings. Banik (1972) recorded incidence of proper behavior in primary school children
under two categories – conduct problems and personality problems. In the first category, 10.3 per cent children (more boys than girls) were aggressive, 10.5 disliked their school, 6.7 per cent were attention demanding and 8.4 per cent were restless. In the second category, 11.5 per cent lacked self-confidence and 10.6 per cent had poor concentration. Seclusiveness, hypersensitivity and stuttering were seen in almost 7 per cent of children.

Muralidharan (1969) reported that smaller family system is more conducive to the development of problem behaviour in children. Almost all studies report a higher prevalence rate of problem behaviour in boys, particularly that of conduct disorder. Disordered behaviour does not occur in vacuum. Behaviour disorder is not a ‘thing’ that exists outside a social context but label assigned according to cultural rules (Burbach, 1981). It has been observed by (Kasinath, 2003) that mental health pays very important role in exhibiting personality traits of students. It was also reported by him that the students with good mental health performed better in all school subjects. External locus of control has been observed to be significantly associated with psychological adjustment problems (Hung Yu-Yi, 1975; Lester, 1982; Maqsud, 1983). Researches revealed the positive contribution of social support to psychological well being (Moran and Kenrod, 1991; Meahan, Durlak and Buyani 1993).
1.2.4. Why does children’s mental health matter?

A mentally healthy child feels good about himself or herself, enjoys relationships, learns confidently and overcomes his or her difficulties. Some children find themselves overwhelmed by misery, anger or fear. As many as 10% of children between 5-15 have a mental disorder of some kind, according to the ONS (1999). These are associated in most cases with considerable distress and substantial interference with personal functions. Children with mental health problems usually cannot even begin to learn effectively. The data show that

- 5% have conduct disorders – For example someone who often starts physical violence, has deliberately destroyed other’s property, often lies, and has run away from home overnight more than once.

- 4% have emotional disorders – Depression, or anxiety such as phobias.

- 1% have hyperkinetic disorders – Attention Deficit Hyperactivity Disorder.

Aside from the immense intrinsic value of good mental health, mental health disorders and particularly conduct disorder among children are associated with enormous social costs:

- Truancy, exclusions, and disruptive behavior in class

- Homelessness (including rough sleeping)

- Youth offending
- Substance abuse

- Early pregnancy

Improvement in children’s mental health is likely to help the treasury to save voters’ money. Mentally healthy personality traits at the age of 10 years are as good predictors of employment and earnings at the age of 26 years as academic ability. However, crime and all the other social problems listed above cost the state money. Children with mental health disorders are also disproportionately high users of mainstream health services, for example because of accidents and self-harming.

1.2.5. Why do schools matter to mental health?

Schools are where children spend much of their daily lives. If there are problems with bullying or excessive stress for instance, that can do huge damage to a child’s mental health. On the other hand, if there are problems at home with parental conflict, bereavement or poverty, for example, then a nurturing and supportive school can help children to cope. School is also a good opportunity to identify early most of the children with problems and get help to them. Finally, a child who is enthusiastic, curious, and eager to learn, is a mentally healthy child. It is time for every school to priorities children’s mental health.
1.2.6. How can psychologists help?

Psychologists can assess the extent to which every school promotes mental health and provides help to those experiencing difficulties, including teachers and other staff as well as pupils. Every school should have an overall plan for addressing mental health, including:

1. A whole school approach to promote all children’s mental health,

2. Effective support for teachers in helping children who are disruptive or withdrawn

3. Non-stigmatising and accessible support for pupils and staff who are experiencing problems, which is not just available but is also taken up.

4. Effective link with parents, child and adolescent mental health services, and other relevant services.

5. Management of all transitions into and out of school to minimise associated mental health problems, including unusual transitions such as exclusions.

6. This should reduce teacher stress rather than increase it, as many aspects of inspection do.
1.2.7. Role of parents and professionals in promoting mental health

Just as we are all responsible for our physical health, we are equally as responsible for our emotional health. It is up to us when we access support and what type of support we access, to enable us to manage our feelings and behavior.

Parents and professionals can play a major role in promoting positive mental health among children. Such promotion starts with the basics of maintaining boundaries and follows by knowing how to communicate effectively.

I. Holding Boundaries – Parents and professionals can help to promote positive mental health in young people simply by communicating the limits of appropriate rules and boundaries and the risks of breaking them.

II. The Power of Communication – Without speaking or telling someone how we feel, we can all communicate how we are feeling through our behaviour and body language. In fact 54% of all communication is non-verbal, only 7% is verbal. How we say something can also communicate what we may be feeling-the tone of voice we use when we speak can relay how we may feel. Even though we may not actually by telling someone ‘I feel angry’, ‘I feel excited’ – the anger and excitement can often be heard from the way we speak. Body language, behavior, tone of voice and what someone actually says and doesn’t say are primarily what mental health professionals, such as therapists and counselors, listen and look out for- they use
total communication. Children and young people may find it difficult to let others know how they may be feeling— they may not have the words or feel able to express themselves verbally. This is why some therapists use art, play, drama and music when working with young people. However, parents and professionals can look at what a young person is communicating through their body language and behaviour, and listen to their tone of voice, to establish how they may be feeling at any given time.

III. **Emotional Literacy** – understanding why we feel the way we do can help us to learn how to manage our everyday life. Often, young people know how they may be feeling, but they may not always fully understand what has made them feel this way. This is often what causes young people to struggle with managing certain situations, and cope with difficulties when they arise.

IV. **Asking Questions** – Once we have gained an accurate impression of what a young person may be feeling, we can go one step further and try to establish what has left them feeling this way by asking questions. However, there is also an art to doing this. Asking ‘closed’ questions, which can be answered with either a ‘yes’ or ‘no’, are far less useful than asking ‘open’ questions, which can encourage a person to give a more detailed response.

V. **Exploring Options vs Giving Advice** – There may be times when young people ask others for advice on a certain matter, because they are stuck with what to do in a given situation. Young people often assume that adults are ‘experts’ of life issues that they have all the
‘right’ answer. How else are young people able to gain information about or find ways to manage difficulties they experience? Exploring options can be a useful strategy, as young people may not be aware of the range of choices available to them to resolve or manage a particular situation.

**VI. Giving Constructive Criticism**- Young people who are criticized and rarely praised can often have low self-esteem and little self-confidence. Giving constructive criticism is therefore important to help young people maintain an awareness of what they do well and what they don’t do so well. Constructive criticism involves letting a person know what they do or say that is ‘good’, followed by that which they do or say that is ‘bad’.

**1.2.8. Mental health: Importance of home and school**

From the discussions in the previous pages, it is clear that mental health means ability to balance in one’s daily living and, as Bhatia (1982) wrote, the ability to face and balance the reality of life. The discussion also makes it clear that mental health is a complex phenomenon and depends on a set of familiarly personal, psychological and social variables.

Hadfield (1952) holds that mental is the harmonious functioning of the whole personality. Khan (2003) pointed out that among the two principal agencies influencing the child’s adjustment and mental health, home is the most important agency, responsible for the
adjustment, maladjustment and promotion of mental health of the children. The other is the school. Thus to tackle the problem of mental health in society it is necessary to focus on the conditions at home and school.

The high incidence of mental and behavioural problems among Indian children is increasing presumably for reasons of maladjustment to the changing social milieu and family environment. The process of modernization, accelerated by scientific and technological developments, has gradually eroded the traditional, social and cultural mooring, bringing in its wake the flux of extra-family relations and social and cultural norms which make conflicting demands on the child’s psyche. The high expectations of parents, created by the new image of success in an increasingly commercialized society, takes a heavy toll of the child (Sinha, 2006).

1.2.9. Mental health factors in the classroom

Nearly all of a child’s experiences during the initial years are mostly connected with either home or school. It is natural that these two agencies will be more responsible for the child’s mental health than any other agency. Kaplan and O’Dea’s study, as cited in Johri (2006), substantiates this. The results of their study of the mental hazards of school children are listed in the following table.
## The mental health hazards of school children

<table>
<thead>
<tr>
<th>Mental Health Hazards</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory home conditions</td>
<td>91</td>
</tr>
<tr>
<td>Failure of traditional curriculum to meet the need of many children</td>
<td>62</td>
</tr>
<tr>
<td>Overcrowded classrooms</td>
<td>51</td>
</tr>
<tr>
<td>Fear to participate orally in class due to insecurity</td>
<td>51</td>
</tr>
<tr>
<td>Failure of schools to realize and satisfy individual differences and achievement</td>
<td>50</td>
</tr>
<tr>
<td>Inadequate playground facilities</td>
<td>48</td>
</tr>
<tr>
<td>Failure to be accepted in desired clique</td>
<td>48</td>
</tr>
<tr>
<td>Parents unhappily married</td>
<td>44</td>
</tr>
<tr>
<td>Inability to participate in all desired school activities due to financial difficulties</td>
<td>44</td>
</tr>
<tr>
<td>Failure of report card to give adequate description of child’s potential</td>
<td>44</td>
</tr>
<tr>
<td>Inadequate clothing and spending money</td>
<td>43</td>
</tr>
<tr>
<td>Lack of parental cooperation with the school</td>
<td>42</td>
</tr>
<tr>
<td>Labeling students as delinquents</td>
<td>39</td>
</tr>
<tr>
<td>Teacher using degrading remarks before other students</td>
<td>39</td>
</tr>
<tr>
<td>Conflicting personalities of pupils</td>
<td>39</td>
</tr>
<tr>
<td>Shyness</td>
<td>37</td>
</tr>
</tbody>
</table>
1.2.10. Hazards in the school

By its very nature, the class-room incorporates many factors which may constitute definite hazards to the mental health of children. Some factors in the school may cause frustration, perhaps even continuous and severe frustration for some children. The following is a partial list prepared by Dash (1998) of the more obvious factors having a direct bearing on the mental health of the school child:

(a) Unsuitable curriculum and methods of teaching.

(b) Undue emphasis on examination and competition.

(c) Improper disciplinary measures taken by the teacher.

(d) Discrepancy in disciplinary methods adopted in home and school.

(e) Lack of interaction and communication between teachers and students.

(f) Lack of opportunity for success and recognition.

(g) Excessive punishment by the teacher.

(h) Inability of the teacher to pay individual attention to children.

(i) Failure of the teacher to understand the child and his problems.

(j) Lack of pupil-pupil interaction.
1.3. Adolescents’ mental health

Human beings experience the most difficult changes during their adolescence. There are dramatic changes in physique and cognitive abilities. Puberty signals the onset of sexuality while cognitive abilities lead to sophistication needed for application of mathematical formulae and use of complex words and sentences.

Between the age of 12 and 18, changes in the shape of the body, the development of secondary sexual characteristics, hormonal and biochemical variations, lay the foundation for mature sexual functioning. Based on the changes they experience, adolescents begin to revise their opinion of themselves. Social relationships outside the family start taking more importance. Rebellion against parental authority during adolescence is not uncommon. Strange but true, adolescence is widely regarded as the most turbulent period of life and yet one in which adolescents restlessly seek their own identity.

Havighurst (1973) points to some of the developmental tasks of adolescence:

1. Achieving new and more mature relations with age-mates of both sexes.

2. Achieving a masculine or feminine social role.

3. Accepting one’s physique and using the body effectively

4. Achieving emotional independence from parents and other adults
5. Preparing for marriage and family life.

6. Preparing for economic career

7. Acquiring a set of values and an ethical system as guide to behavior -- developing an ideology

8. Desiring and achieving socially responsible behaviour.

All this makes the period of adolescence a time of emotional turmoil, gloomy introspection, great drama and heightened sensitivity. It is a time of rebellion and behavioural experimentation. Little wonder, adolescent mental health receives greater attention due to increasing awareness of unfortunate consequences of poor mental health among youth.

It is a normal part of adolescent development to take on new responsibilities and roles which can incur risks, to renegotiate relations with adults in the family and community and with peers, to experiment with things symbolic of adult life, and to raise questions about family and societal rules of customs.

Mental health is an integral part of normal adolescent development in terms of

- Core identity, values, and beliefs
- Ability to cope with intense emotions
- Personality style and way of relating with others
- Successful functioning of school, work or home
- Enjoyment of and sense of purpose in life
- Respect for self and others
- Healthy expression of one’s feeling and thoughts
- Acceptance of responsibility for one’s actions and roles (Havighurst, 1973).

It is a demanding phase of life, and any pre-existing mental health issue may worsen; habits may intensify, sleep may get disrupted, and also eating styles may become excessively generous or restrictive. Among girls, hormonal fluctuations often lead to intense and erratic emotions. Many adolescents engage in other behaviour that is not characteristic of their normal self.

Under the circumstances, any impairment of mental health, if left untreated, will impede an adolescent from realising his or her physical, psychological and social potential.

Anxiety can progressively stifle an adolescent’s psychosocial development, persistent self-doubt that could become an obstacle to self-confidence and may hinder the development of decision-making skills, inability to cope with intense emotions in healthy ways may lead adolescents to express their pain and frustration through violence or self-injury, or to numb themselves of emotions through isolation, reckless behaviour, and alcohol or illicit drug use (Sandhu, 2006).
1.3.1. Need for school-based intervention plan

A number of studies have shown that the school environment and its associated factors, such as attitude towards teacher method of teaching, co-students, facilities available in the classroom and school as a whole adversely affects on mental health status of children (Cornor, 1960; Karmel, 1965; Kumar, 1975; Moos and Moos, 1978; Sunanda, 1980).

Expectations of parents, guardians, and teachers play a big role in adding pressure on adolescent children. Apart from expecting their children to do well in the school and college and get good grades, most of the parents want them to be smart, intelligent and be successful in all competitions. Worse still, in some cases the parents want their children to realise the dreams they (parents) could not fulfil. Teachers, too, expect their students to excel in academic and extra-curricular activities. If a child does not live up their expectation, they not only get disappointed but also tend to leave them to fend for themselves.

Adolescents spend a lot of time at school and hence it provides an important social context to them. School becomes a social laboratory for them, for it is here that they make friends; it is here that they get into constructive or disruptive behaviour; it is here that they understand the match/mismatch between their inner desires/inclinations and provisions (Sharma and Srivastava, 2006).

To their consternation, adolescents learn that the school mostly dismisses all those things that they (the adolescents) consider
desirables. Adolescents look for freedom, the school emphasises on discipline and conformity; adolescents seek identity, autonomy and connectivity, school experiences negate their very natural cravings and characteristic of this stage of development. The inflexible curriculum and schedule forces adolescents into the same cultural and intellectual mould, overlooking the diversity of talent and potentialities. They emphasize the development of abstract knowledge, to the detriment of quality of imagination, ability of communication, leadership, aesthetic sense, or manual skills to show dignity of labour. School tries to make them virtually robots all being processed through the similar courses of study, materials, and instructions and evaluation techniques (Sharma and Srivastava, 2006).

Under the circumstances it becomes important for the parents and teachers to establish warm and trusting relations with adolescents. This will make them feel more connected to them and to the classroom and consult them in case of difficulty. The importance of making the school setting flexible cannot be underlined more, though it goes without saying that doing so will be a big challenge.

“The mental health of children foreshadows the mental health of future generation of adults. Child and adolescent mental health services are a small part of the responsibilities of health and local authorities but the implication of poor attention to children’s and young people’s mental health are not only their and their families continual suffering, but also a continuing spiral of child abuse, juvenile crime, family breakdown and adult mental illness, a loof of
which can lead to more child and adolescent mental health problem (Sharma and Srivastava, 2006: 132).”

Regular screening of children in schools and colleges, just like routine physical health check-up, for emotional, behavioural and scholastic problems could help teachers and parents identify problems like childhood anxiety disorder, habit disorder, attention deficit hyperactivity disorder, early on and take remedial measures. Early identification and proper management of these problems would not only make the lives of children better but also help parents cope with the limitation of the child.

In recent years issues relating to positive mental health have begun to receive greater attention. Good mental well-being does not mean the mere absence of mental health problems instead it means much more, especially in terms of development of emotional creativity, intellect and spirituality, initiative, development and maintenance of social relationship to face problems and draw lessons for future self-expression and empathy (Surender, 2002).

1.4. Adjustment

Human beings, indeed all living beings, make adjustment all their life. Most of the adjustments we make do not even register on our mind as they are not significant enough and we make them like a reflex action. Little thought goes into such adjustments. Travelling in a bus to school is an adjustment, so is going out in the playground and coming
back to the classroom. Taking up a study programme, taking up a job, working in a project away from home, getting married, or seeking a separation or divorce, all involve adjustment of varying degrees. We speak of people as being well-adjusted or poorly adjusted. Related to these terms may be notions of being psychologically normal or abnormal. Well-adjusted people are regarded as successful in the art of living.

Amrania (2010) has compiled certain definitions of adjustment:

**JC Coleman:** Adjustment is the outcome of the individual’s efforts to deal with stress and meet his needs.

**Boring Langfield:** Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence the satisfaction of those needs.

**Lehner & Kube:** Personal adjustment is a process of interaction between ourselves and our environments. In this process we can either adapt to the environment or alter it, satisfactory personal adjustment depends on successful interaction.

**James Draver:** A state in which the needs of the individual on one hand and the claims of the environment on the other, are fully satisfied. Harmony between the individual and the objective or the social environment. Adjustment means modification to compensate for or meet special condition.
**BB Woleman:** A harmonious relationship with the environment involving the ability to satisfy most of one’s needs and meet the demands, both physical and social, that are put upon one.

### 1.4.1. Areas of adjustment

For an individual, adjustment consists of personal as well as environment components. These two aspects of adjustment can be further subdivided into smaller aspects of personal and environmental factors. Adjustment, although seeming to be a universal characteristic or quality may have different aspects and dimensions. Through the numerous efforts at measuring adjustment through inventories and other techniques, these aspects have been identified and various tests have been constructed to assess their dimensions. For example, Bell (1958) has taken five areas of dimensions in his adjustment inventory, namely, home, health, social, emotional and occupational.

Arkoff (1968) has enumerated the family, school or college, vocation and marriage as the important areas of adjustment.

Joshi and Pandey (1964) in their research study covering school and college students; have given 11 areas of dimensions of an individual’s adjustment;

1. Health and physical development.
2. Finance, living conditions and employment.
3. Social and recreational activities.
4. Courtship, sex and marriage.
5. Social psychological relations.
6. Personal psychological relations.
7. Moral and religious
8. Home and family.
10. Adjustment to school and college work.
11. Curriculum and teaching.

In this way, adjustment of a person is based on the harmony between his personal characteristics and the demands of the environment of which he is a part. Personal and environment factors work side by side in bringing about this harmony.

1.4.2. Characteristics of a well adjusted person

A well-adjusted person is supposed to possess the following characteristic:

1. **Awareness of his own strengths and limitations:** A well adjusted person knows his strengths and weaknesses. He tries to make capital out of his assets in some areas by accepting his limitations in others.

2. **Respecting himself and others:** The dislike for oneself is a typical symptom of maladjustment. An adjusted individual has respect for himself as well as for others.

3. **An adequate level of aspiration:** His level of aspiration is neither too low nor too high in terms of his own strengths and abilities. He
does not try to reach for the stars and also does not repent over selection of an easier course for his advancement.

4. **Satisfaction of basic needs:** His basic organic, emotional and social needs are fully satisfied or are in the process of being satisfied. He does not suffer from emotional cravings and social isolation. He feels reasonably secure and maintains his self-esteem.

5. **Absence of critical or fault-finding attitude:** He appreciates the goodness in objects, persons or activities. He does not try to look for weaknesses and faults. His observation is specific rather than critical or punitive. He likes people, admires their good qualities, and wins their affection.

6. **Flexibility in behaviour:** He is not rigid in his attitude or way of life. He can easily accommodate or adapt himself to changed circumstances by making necessary changes in his behaviour.

7. **The capacity to deal with adverse circumstances:** He is not easily overwhelmed by adverse circumstances and has the will and the courage to resist and fight odds. He has an inherent drive to master his environment rather than to passively accept it.

8. **A realistic perception to world:** He holds a realistic vision and is not given to flight of fancy. He always plans, thinks and acts pragmatically.

9. **A feeling of ease with his surroundings:** A well-adjusted individual feels satisfied with his surroundings. He fits in well in his home, family, neighborhood and other social surroundings. If he is a student, then he likes his school, schoolmates, and teachers and feels satisfied with his daily routine. When he enters a profession, he has a love for it and maintains his zeal and enthusiasm despite all odds.
10. **A balanced philosophy of life:** A well-adjusted person has a philosophy, which gives direction to his life while keeping in view the demands of changed situations and circumstances. This philosophy is centred on the demands of his society, culture and his own self so that he does not clash with his environment or with himself (Abe, 1968).

**1.4.3. Theories and models of adjustment**

Why do some people adjust to their environment and others do not? What are the factors that make an individual adjusted or maladjusted? There are several theories and models describing the pattern of adjustment for answering such questions. Amraniya (2010) has compiled some of the important models.

1. **The moral model:** This represents the oldest viewpoint about adjustment or maladjustment. According to this view, adjustment or maladjustment should be judged in terms of morality, i.e., absolute norms of expected behaviour. Those who follow the norms are adjusted (virtuous or good people) and those who violate or do not follow these norms are maladjusted (sinners). Evil supernatural forces like demons, devils, etc., were blamed for making one indulge in behaviour against the norms (committing sins) while the religious gods, goddess and other saintly great souls were responsible for making one a happy, healthy, prosperous and pious person (adjusted in the modern sense). However, as the medical and biological science advanced and scientific reasoning gained a firm footing in the
nineteenth century, the moral model was replaced by the medico-biological model.

2. **The medico-biological model:** This model holds genetic, physiological and biochemical factors responsible for a person being adjusted or maladjusted to his self and his environment. Maladjusted, according to this model, is the result of disease in the tissues of the body, especially the brain. Such disease can be the result of heredity or damage acquired during the course of a person’s life -- by injury, infection or disorders required correction of the defected tissue through physical therapies such as drugs, surgery and the like.

This model is still extant and enjoys credibility for rooting out the causes of failure in terms of genetic influences, biochemical defect hypotheses, and disease in the tissues of the body. However, it is not correct to assign physiological or organic causes to all maladjusted and malfunctioning behaviour, especially when there is no evidence of physiological malfunction. Such a situation certainly calls for other explanation, viewpoints or models.

3. **The psychoanalytical model:** This model owes its origin to the theory of psychoanalysis propagated by Sigmund Freud and supported by psychologists like Adler, Jung and other neo-Freudians.

   **A. Sigmund Freud’s view:**

   a) The human psyche or mind consists of three layers, the conscious, the sub-conscious and unconscious. The unconscious holds the key to our behaviour. It decides the individual’s adjustment and maladjustment to his self and to his environment. It contains all the repressed wishes, desires, feelings, drives and motives many of which
are related to sex and aggression. One is adjusted or maladjusted to the degree, extent or the ways in which these are kept dormant or under control.

b) According to Freud, man is a pleasure-seeking animal by nature. He wants to seek pleasure and avoids pain or anything which is not in keeping with his pleasure loving nature. The social restrictions imposed by the moral of society and his own moral standards dictated by his superego come in conflict with the unrestricted and unbridled desires of his basic pleasure seeking nature. These pleasures are mostly sexual in nature. One remains adjusted to the extent that these are satisfied. An individual drifts towards malfunctioning of behaviour and maladjustment in case such satisfaction is threatened or denied. Freud postulated the imaginary concepts of “id”, “ego” and “super ego” for the adjustive and non-adjustive behaviour patterns and formulated the following conclusion:

A person’s behaviour remains normal and in harmony with his self and his environment to the extent that his ego is able to maintain the balance between the evil designs of his id and the oral ethical standard dictated by his superego. In case the ego is not strong enough to exercise proper control over one’s id and superego, malfunction of behaviour would result. Two different situations could then arise;

I. If the superego dominates then there is no acceptable outlet for experience of the repressed wishes, impulses and appetites of the id. Such a situation may give birth to neurotic tendencies in the individual.
I. If the id dominates, then the individual pursues his unbridled pleasure seeking impulses, without care of the engaged in unlawful or immoral activities resulting in maladaptive, problem or delinquent behaviour.

c) Freud also uses the concept of libido, ie, a flow of energy related to sex gratification. He equates it with a flowing river and maintains that I. If its flow is outward causing sex gratification and pleasurable sensation from outside objects, the individual remains quite normal and adjusted to his self and the environment.

II. If it flows inward then it leads to self-indulgence and narcissism.

III. If its path is blocked, this results in its arrest leading to regressive behaviour, a kind of abnormality.

IV. If the flow of the libido is dammed, condemned or repressed through the authority exercised by the ego in association with the superego, it may cause severe maladjustment. When the ego is weak and the superego is rigid, this may lead to psychotic personality disorders. However, when the ego is weak and the superego also is not too rigid it may result in relatively simple disorders like neurosis or still simpler maladaptive behaviour characterized by restlessness, sleeplessness, headache; stomachache, backache, vomiting, lack of appetite, etc.

d) According to Freud, adjustment or maladjustment should not be viewed only in terms of what the individual may be undergoing at present. What happened to him in his earlier childhood is even more important. What he may have experienced as a child, what types of gratification to his sex urge he has achieved, what has been repressed in his unconscious, how he has passed through the distinct stages of
sexual development, etc, are, thus, quite important for making him adjusted or maladjusted to his self and the environment.

B. Adler’s views:

Adler disagreed with his teacher, and substituted the sex motive with the power motive or desire to attain superiority and perfection to explain human behaviour. He maintained that

a) There is an inherent strong urge in all human beings to seek power and attain superiority. Besides this, as a child, one is helpless and dependent which makes one feel inferior and in order to make up for the feelings of inferiority, one takes recourse to compensatory behaviour, ie, indulges in a struggle for power. Environmental situations, constitutional deficiency and many other factors may also make one feel inferior and to get away from these feelings one learns to struggle for achieving power. Individual’s efforts for seeking power or attaining perfection may also be the result of his need for creative expression, the urge to do something new, to enhance his status in the eyes of his colleagues and others.

b) Stimulated thus by the urge to seek power or attain superiority and perfection, one adopts a distinctive lifestyle suited to one’s environment situations. One continues to strive for superiority by emulating and exploiting the ways and means provided by one’s lifestyle. Adjustment or the lack of it would depend on whether one’s efforts end in success or failure to achieve one’s goal. Thus, the following three situations may arise:
I. Success in seeking gratification of one’s power motive or attaining superiority may lead to good adjustment to one’s self and the environment.

II. In the case of partial failure, if one is successful in bringing about a slight modification in one’s life’s goals or style of life one may be able to reconcile with one’s self and the environment and may feel adjusted and remain normal.

III. In case of failure to obtain gratification of the power motive and to changing one’s goal or style of life, one may drift towards non-adjustive or maladjustive behaviour leading to mild or severe mental illness.

C. Jung’s views:
Jung’s system of analytical psychology advocated the idea of the self-actualization motive instead of Freud’s sex gratification motive and Adler’s power seeking motive for explaining the why and how or human behaviour. According to him, one has a strong inner urge or motive to exhibit one’s talents or abilities or seek self-actualization. Accordingly, one utilizes one’s life energy, ie, flow of libido as a channel for self-expression to satisfy the urge for self-actualization. The degree of adjustment of one’s personality depends on the extent to which one is successful in actualizing oneself. Libido, the life energy as Jung maintains may flow both ways inward or outward, turning an individual into an introvert or extrovert personality. In the introvert, thinking is predominant while sensations and feelings are suppressed. In the extrovert, on the other hand, the feelings or sensations are more predominant and the thinking is suppressed.
Generally speaking, however, an individual is neither purely introvert nor a purely extrovert. He is ambient, ie, while showing the symptoms of an introvert; he possesses some characteristics of the extrovert and vice versa. As long as a person can maintain a proper balance between his thinking and feeling, he remains adjusted to his self and the environment. But lopsided behaviour, ie, laying too much emphasis on thinking at the cost of feelings or giving too much consideration to feelings at the cost of thinking may disturb the balance of one’s psyche. It may lead to maladaptive behaviour causing mild or severe mental illness.

Another criterion for normal or properly adaptive behaviour according to Jung’s theory is the reconciliation between one’s conscious and unconscious behaviour. Failure on one’s part to maintain or achieve such reconciliation may lead to maladaptive behaviour and mental illness. When one’s conscious is not in tune with the unconscious or when the unconscious turns hostile on account of being not properly understood by the conscious it is bound to create imbalances in one’s mind and make one’s behaviour quite hostile to oneself and to one’s environment. If this hostility or aggression is directed inward, one becomes neurotic but when it overflows outwards, one turns a psychotic or delinquent character. In some severe forms of insanity, as claimed by Jung, we find a complete autonomy of the unconscious, a type of complete control or bombardment of the conscious mind by the unconscious contents in the shape of disturbing and unusual ideas. Harmony or discord between one’s conscious and unconscious may
thus prove to be a deciding factor for one’s personality to be termed as adjusted or maladjusted to one’s self and the environment.

D. The view of other neo-Freudians and later psychoanalysts:

Other followers of the psychoanalysis school also tried to put forward their own viewpoints explaining the why and how of human behaviour. Notable among them were Karen Horney, Wilhelm Reich and Erik H Erickson. Let us briefly discuss their views.

E. Karen Horney’s views:

While Adler thought the need for power (to counter the feelings of inferiority) was the root cause of human behavior, Horney (1937) placed emphasis on the need for security (to offset the feelings of anxiety). She postulated that an individual as a child feels helpless and isolated in a potentially hostile world. This creates some basic feelings of anxiety and the craving for security in him. A reasonable concern with security is normal. But if an individual is obsessed with security to the exclusion of self-development, he is likely to drift towards maladaptive or abnormal behaviour.

The anxious child, she further theorizes, may ultimately move towards people and become dependent upon them, move against people and become hostile and rebellious, or move away from people and withdraw into himself. If a person can integrate these three attitudes or responses, sometimes giving, sometimes fighting and sometimes
keeping to himself, he may remain adjusted to his self and his environment. But in case he turns too much to one of these directions, regardless of the appropriateness in specific circumstance, he is bound to become maladjusted, ending up with mild or severe mental illness or delinquent behaviour.

The other reason for maladjustment, according to Horney’s theory, may be the denial or obstruction in the way or realizing one’s need for self-esteem or self-realization. Anxiety is the result of situations where one starts by not valuing oneself highly enough. A conflict then arises between one’s ideal self and the real self. An individual can remain adjusted and normal to the extent that the balance between these two selves is satisfactorily maintained and may drift towards abnormal or maladaptive behaviour if this is disturbed.

F. Erich Fromm’s view
Like Horney, Fromm also emphasizes the need of security and feels that as a child one may feel the necessity for belonging to offset the fear of isolation and aloneness. Consequently, the individual in his childhood may desire to live in the family, belonging to the members of the family and provided with love, affection and security by them. In due course, however, when he attains maturity he is impelled by an inner craving for freedom and as a result he tries to escape from the very bonds which provided him the security he needed. In this kind of situation he may be confronted with the inner conflict of being dependent for the satisfaction of his need for security and his urge for freedom. This conflict is further heightened when parents and other
members are also caught in the situation in the form of allowing independence to their progeny to play their roles as mature person or trying to hold them back as a guarantee of their own future security. The extent to which this crisis of dependence versus independence or security versus freedom is resolved by the children with the help of their parents and elders, governs the degree to which their behaviour and functioning remain adjusted and normal. In case this crisis is not resolved satisfactorily, maladjustment and maladaption followed by mental illness and delinquent character formation may result.

G. Wilhelm Reich’s views:
In agreement with Freud’s views on the importance of sexuality, Reich firmly believed that an individual’s health both physical and psychological depends on the liberation of the sex drive, all the way to orgasm. However, from the day of birth, the release of libido or sexual energy is blocked by parents, teachers and society in general. Reich considered the term ‘sexual energy’ in a wider connotation calling it “orgone energy”, a life force energizing the total behaviour of an individual and responsible for all types of self-expression. If this energy is properly channelized and flows along normal and natural ways, the individual remains adjusted and enjoys good physical and mental health; but in case the flow of this energy is blocked it may lead first to somatic or physical discomfort and then to the physiological and psychological disorders leading to mild to severe maladjustment and mental illness.
H. Erickson’s view

Erickson views adjustment as a function of the conflict between inborn instincts and societal demands. He has divided the entire human life span into eight distinct stages. At each stage, the society characterized by a particular culture puts up a specific demand which may or may not suit the urges or instincts manifested at that specific stage by the individual. In this way, at each stage of life one is faced with a crisis the resolution of which can have either a good or bad effect on one’s adjustment. For example, during the stage of infancy, the individual is confronted with the problem of resolving the crisis peculiar to this stage, i.e., trust (enabling him to form intimate relationships) versus mistrust (enabling him to protect himself in the hostile world) for his proper growth and development. The outcome of his behaviour depends upon the success or failure of the satisfactory resolution of this crisis and consequently he may grow into a wholesome healthy personality or a defective and deviant personality.

4. The sociogenic or cultural model:

According to this model, the society in general and culture in particular affects on one’s ways of behaving to such an extent that behaviour takes the shape of adaptive or non-adaptive behaviour turning one into an adjusted or maladjusted personality. The society and culture to which one belongs not only influences or shapes one’s behaviour but also sets a standard for its adherents to behave in the way it desires. Individuals behaving in the manner that society desires
are labeled as normal and adjusted individuals while deviation from social norms and violation of role expectancy is regarded as the sign of maladjustment and abnormality. Although, society or culture plays a significant role in shaping and influencing human behaviour, yet it should not be regarded as the only factor in the maladjustment process. Moreover, the societies or cultures may themselves, rather than the individual be maladaptive and sometimes even destructive to the individual’s adjustment like Nazi Germany. It is not proper, therefore, to depend solely on the sociogenic or cultural model for the labeling of one’s behaviour as adjusted or maladaptive.

5. The socio-psychological or behaviouristic model:
The socio-psychological or behaviouristic model in general emphasizes that

I. Behaviour is not inherited. Competencies required for successful living are largely acquired or learned through social experience by the individual himself.

II. The environmental influences provided by the culture and social institutions are important but it is the interaction or one’s psychological self with one’s physical as well as social environment which plays the decisive role in determining adjustive success or failure.

III. Behaviour, whether normal or abnormal is learned by obeying the same set of learning principles or laws. Generally, every type or behaviour is learned or acquired as an after-effect of its consequences. The behaviour once occurred, if reinforced, may be learned by the
individual as normal. As a result, one may learn to consider responses, which are labeled normal, as abnormal.

IV. Not only is normal and abnormal behaviour learned, the labeling of behaviour as normal as abnormal is also learned. Whether or not an individual is considered abnormal or maladjusted for a particular type of behaviour depends upon the observer of the behaviour and also upon the social context of the behaviour.

V. Maladaptive behaviour may be treated by applying the principle or behaviour modification, unlearning, deconditioning and correcting environment situations responsible for its occurrence.

All the models described above are true to certain extent (except the primitive moral model) for providing explanation for one’s adjustive success or failure. But none of them is complete or adequate in itself for providing satisfactory explanation. Although medical or biological model provides a sufficient basis for understanding mental illness or maladaptive behaviour resulting through organic causes, physical damage to the brain and genetic factors, yet it cannot be applied to the disorders due to psychological causes and societal factors. Adjustment must always be considered as a continuing product of one’s interaction with the biological and social determinants lying in one’s biological and genetic make-up and environmental set up. It is, therefore, innate as well as learned. For its analysis the analyst has to probe into not only how an individual is interacting with his environment at present but also in the past and how he has resolved his conflicts and crisis in the past. It is, therefore, feasible to take a synthetic view of the above models for explaining and understanding
one’s success or failure in adjustment. All the factors, biological as well as social, the past as well as the present experiences, innate as well as learned patterns of behaviour, social influence on the individual and vice versa should be taken into consideration for understanding adjustment or maladjustment of the individual with his “self” or environment.

1.4.4. Methods of adjustment

In order to lead a healthy, happy and satisfying life one has to learn the various ways of adjustment. To understand these ways one has to look into possible modes, ways and methods used by the individual in his adjustment process. These can be grouped into two categories: Direct methods and Indirect methods.

1.4.4.a. Direct methods: Direct methods are those methods which are employed by the individual intentionally at the conscious level. They are rational and logical and help in getting permanent solution of the problem faced by the individual in a particular situation. The methods include the following:

(a) Increasing trials or improving efforts: When one finds it difficult to solve a problem or faces obstacles in the path, to cope with his environment he can attempt with a new zeal by increasing his efforts and improving his behavioural process.
(b) **Adopting compromising means:** For maintaining harmony between his self and the environment one may adopt the following compromising postures:

1) He may altogether change his direction of efforts by changing the original goals, ie, an aspirant of the country’s civil services may direct his energies to become a probationary officer in a nationalized bank.

2) He may seek partial substitution of goal like selection for the provincial civil service in place of Indian Administrative Service.

3) He may satisfy himself by an apparent substitute for the real thing, eg, in the case of a child, by a toy car in place of a real car and in the case of a young boy desirous of getting married by a doll in his arms.

(c) **Withdrawal and submissiveness:** One may learn to cope with one’s environment by just accepting defeat and surrendering oneself to the powerful forces of environment and circumstances.

(d) **Making proper choices and decisions:** A person adapts himself to, and seeks harmony with, his environment by making use of his intelligence for the proper choices and wise decisions particularly when faced with conflicting situations and stressful moments.

1.4.4.b. **Indirect methods:** Indirect methods are those methods by which a person tries to seek temporary adjustment to protect himself for the time being against a psychological danger. These are purely psychic or mental devices -- ways of perceiving situations as he wants to see them and imaging that things would happen according to his wishes. That is why these are called defence or mental mechanism
employed in the process of one’s adjustment to one’s self and the environment. A few important mental mechanisms are:

a) **Repression:** Repression is a mechanism in which painful experience, conflicts and unfulfilled desires are pushed down into our unconscious. In this way one unconsciously tries to forget the things that might make him anxious or uncomfortable. One tries to get temporary relief from the tension or anxiety by believing that the tension producing situation does not exist.

b) **Regression:** Regression means going backward or returning to the past. In this process, an individual tends to regress to his early childhood or infantile responses in order to save himself from mental conflicts and tension. A man failing in his love affair resorts to regression when he exhibits his love for dolls. Similarly an elder child may regress and start behaving like an infant when a new sibling is born and he feels neglected.

c) **Compensation:** This is a mechanism by which an individual tries to balance or cover up his deficiency in one field by exhibiting his strength in another field. For example, an unattractive girl who becomes a bookworm to secure a position in the class is making use of such mechanism in order to attract attention which she is unable to do with her looks.

d) **Rationalisation:** This is a defense mechanism in which a person justifies his otherwise unjustified behaviour by giving socially acceptable reasons for it and thus attempts to defend himself by inventing plausible excuses to explain his conduct. A child makes use of rationalization when he tries to extend lame excuses for his failure.
He may blame the teacher or parents or his poor health and thus try to disguise his own weakness and deficiency.

e) **Projection:** Through projection one tries to see or attribute one’s own inferior impulses and traits in other persons or objects. An awkward person sees and criticizes awkwardness in others. Similarly, a student who has been caught in the examination for cheating may satisfy himself by saying that others had also cheated. A person with strong unsatisfied sexual impulses may denounce others for their sexual aims or may try to think in the world around him. In this way one tries to overlook or defend one’s shortcomings and inadequacies by emphasizing that others are worse than he is.

f) **Identification:** in using this mechanism as individual is found to achieve satisfaction from the success of other people, groups or institutions by identifying himself with them. An artist who has not yet achieved success in his field may identify himself with a well-established artist. One may identify oneself with one’s school and feel proud of its fame and reputation. Similarly, hero worship is also a sort of identification where an individual identifies himself with a popular leader or cine actor. He imitates his characteristics, dress and mannerisms and tries to revel in his accomplishments and success.

g) **Seclusiveness or withdrawal:** In using this mechanism an individual tends to withdraw himself from the situation that causes frustration or failure. He makes himself feel safe and secure by running away from the problem. For example, a child may refuse to participate in games for fear of failure and deceive himself by believing that he could have done well if he had participated. Daydreaming of fantasy also is a sort of fantasy or make believe. This,
instead of feeling threatened by the realities one may become satisfied with unreal, imaginary success in the world of make-believe and imagination.

h) **Sympathism**: Sympathism is a defence mechanism in which an individual tries to get satisfaction by seeking sympathy and pity for his own failures and inadequacies. Such people always magnify the difficulties or obstacles in the path of their success and thus convince others to feel sorry for them. For example, a housewife who is not bringing up her children well may try to evoke others’ sympathy by telling them how overworked she is because the members of her family do not cooperate with her or how her family is passing through hard times.

All the foregoing defence mechanisms are used unconsciously by a person to protect himself (although only for the time being), against psychological dangers. They are not permanent cures of the trouble. As Morgan observes,

“They merely conceal or disguise the real problem. It is still there; ready to produce anxiety again and again” (Amraniya, 2010).

A defence mechanism may thus be regarded as a temporary defence against anxiety and inadequacies. Moreover, the use of such a mechanism may create new difficulties for the individual who uses it. It is a situation similar to the one in which a person tells a lie to save himself from difficult situation and obtain a temporary respite, but subsequently finds himself in an awkward situation because of his false statement. Therefore, we must keep a close watch on our
children to see that they do not make frequent use of such defence mechanisms.

1.5. Summary

Mental health is not just the absence of mental disorder; it is the full and harmonious functioning of the whole personality. People in a state of emotional, physical and social well-being fulfil life responsibilities, function effectively in daily life and are satisfied with their interpersonal relationships and themselves.

A mentally healthy child feels good about herself/himself, enjoys relationships, learns confidently and overcomes her/his difficulties. Some children find themselves overwhelmed by misery, anger or fear. Research has shown that as many as 10 per cent children in the age group 5 to 15 have a mental disorder of some kind. These are associated in most cases with considerable distress and substantial interference with personal functions. Children with mental health problems usually cannot even begin to learn effectively.

Between the age of 12 and 18, changes in the shape of the body, the development of secondary sexual characteristics, hormonal and biochemical variations, lay the foundation for mature sexual functioning. Based on the changes they experience, adolescents begin to revise their opinion of themselves. Social relationships outside the family start taking more importance. Rebellion against parental authority during adolescence is not uncommon. Strange but true,
adolescence is widely regarded as the most turbulent period of life and yet one in which adolescents restlessly seek their own identity.

All this entails continuous change and adjustment with one’s environment. Adjustment consists of personal as well as environment components. These two aspects of adjustment can be further subdivided into smaller aspects of personal and environmental factors. Adjustment, although seeming to be a universal characteristic or quality, may have different aspects and dimensions. These aspects have been identified and various tests have been constructed to assess their dimensions.

Nearly all of a child’s experiences during the initial years are mostly connected with either home or school or both. It is natural that these two agencies will be more responsible for the child’s mental health and educational adjustment than any other agency. It, then, becomes important to study the mental health and educational adjustment of children in this age group.

Many studies have been conducted on mental health, adjustment and related concepts at international, national and state levels. They have been discussed in the next chapter: Review of Literature.