Chapter 1

INTRODUCTION

1.0 Introduction

In the process of education, learning occupies the central place. Whatever exists in our educational set up, it is meant for the learning of the learners i.e., the students.

Learning situations are most natural and common in life and everyone is learning one thing or the other although he may not necessarily be aware of it. An individual starts learning immediately after the birth. The behaviour of an individual is changed through several direct and indirect experiences. This change in behaviour brought about by experience is known as learning. The whole movement of life is learning, there is never a time when there is no learning. Every action is a movement of learning and every relationship is learning.

Knowledge is measurable more or less, but in learning there is no such measure. Learning is a process, not confined only to formal education or what we learn in schools and colleges, but it is a continuous process by which we acquire various interests, habits, knowledge, skills etc. Thus when a certain stage of learning is reached, a corresponding change in behaviour occurs. This change may take the form of completely new patterns of behaviour or an improvement over the existing pattern of behaviour. When
complete learning has taken place the best way of responding to a situation becomes permanent. Learning may be described as a process by which an individual gains new knowledge or acquires new pattern of behavior. It refers also to the changes brought about in the existing pattern of behavior or knowledge which become relatively enduring through practice. Thus, learning results in an addition, a change, modification or stabilization of behavior. However, sometimes learning also results in a discontinuance of an existing behavior. Though this is referred to as unlearning, it is actually learning to unlearn.

**Characteristics of Learning**

1. **Learning is the Change in Behavior**

   Learning in any form or shape is always associated with some change in a learner's behavior. That is why learning is always directed or aimed at bringing changes in the learner's behavior. However these changes in the learner's behavior should always be the desirable ones. If the undesirable changes are allowed to happen, they would be detrimental to the welfare of the learner as well as the society.

2. **Learning is a Continuous and Life Long Process**

   Although learning is not inherited, yet its beginning can very well be made right from the conception of the childhood. The environment available in the womb of the mother may work as a facilitator for such learning. As an example we have Abhimanyu in the Mahabharatha, who was able to learn the art of entering the Padmavyuha from his father 'Arjuna', while in the
womb of his mother 'Shubhadra'. Regarding the continuity of learning we have enough evidences that one activity leads to another and the individual engages himself to learn more and more. Thus learning is a never ending process that goes from womb to tomb.

3. Learning is Purposive and Goal Directed

All learning is goal directed. It is the definiteness of the aim and clear understanding of the purpose which makes an individual learn immediately, the techniques of performing a particular task. Therefore the purpose or goal is the pivot around which the entire system of learning revolves. In case where there is no purpose, definitely there would be no learning.

4. Learning helps in Bringing Desirable Changes in Behaviour

Learning is the process of bringing changes in behaviour. It can help in introducing desirable changes in the behaviour of the learner in all its three dimensions i.e., cognitive, conative and affective.

5. Learning helps in Proper Growth and Development

Learning helps in reaching the maximum in terms of the growth and development in various dimensions, namely physical, motor, mental (cognitive) spiritual, emotional, social, moral, aesthetic and linguistic.

6. Learning helps in a Balanced Development of Personality

Our educational efforts are directed to bring an all-round development in the personality of student. The process of learning results in bringing such an all-round development of the personality.
7. Learning helps in Proper Adjustment

Adjustment is the key to success in life. Learning helps an individual to seek adjustment with his self and environment.

8. Learning helps in the Attainment of the Teaching - Learning Objectives

The teaching learning objectives and specifications can be effectively reached through learning and consequently the children can be made to acquire essential knowledge, skills, applications, attitudes, interests etc.

9. Learning helps in the Realization of Goals of Life

Every man has his own philosophy and style of life and he strives to achieve the goals of his life. Learning process helps the individual to realise the goals of his life.

10. Learning is a very Comprehensive Process, Possessing Quite a Wide Scope

The world of learning is often thought of as the acquisition of some knowledge and skills, memorization of certain facts and principles, development of reasoning, thinking power etc. There are some learning activities which formally go on inside the classroom or in any arranged learning situation. But learning is not limited to these activities only. It is a very comprehensive process which covers nearly all the aspects of the human personality. Its scope touches aspects like the formation of habits, development of interests, attitudes, a sense of appreciation, and critical
observation, acquisition of beliefs, perfection of values and setting of the goals and purposes.

Various theories or models of learning have been evolved and all these suggest that man and beast exhibit more than one way of learning. Learning can take place through a variety of methods ranging from simple trial and error to insight. Gagne (1970) has synthesized knowledge concerning various types of learning and has formulated a model of cumulative learning. According to Gagne the effects of learning are cumulative. That is, individuals develop more knowledge to the extent that they learn capabilities that build successively on one another.

Learning is greatly affected by the learner's physical and mental health maintained by him particularly at the time of learning. A simple headache can play a havoc with the progress and products of learning. Similarly the mental health status of the learner at the time of learning becomes a potent factor in deciding the outcome of learning. An emotionally and mentally disturbed learner cannot be expected to show satisfactory results in learning.

1.1 Conceptual Background of Mental Health

The concept of mental health is as the old as the human beings. Our ancient scriptures are full of references to mental disorders and their treatment. The Atharva Veda, the Chark Samhita, the Susrut Samhita and the Astangh Sangrah have described several diseases of the mind with specific
methods of treatment. They have also given the concept of mental health and how to maintain and promote it.

In the Bhagavad Gita, Chapter Sixteen describes the nature of the God like and the demonic mind. Those with the God like nature, possess, "fearlessness, purity of mind, wise application of knowledge and concentration, charity, self control, sacrifice, study of scriptures, austerity and uprightness". Further the God-like individuals are devoted to "non-violence, truth, freedom from anger, renunciation, tranquility, aversion to fault finding, compassion to living beings, freedom from covetousness, gentleness, modesty and steadiness". The above qualities indicative of God-like nature are in modern psychological terminology are the traits and characteristics of a well adjusted, well integrated and mentally healthy person. The Gita also emphasizes some more qualities in this context, like vigour, forgiveness, fortitude, purity, freedom from malice and excessive pride.

The teachings of Lord Buddha are contained in the little book "The Dharmapada". In Chapter Fourteen, the traits of the enlightened ones are described. Further, various aspects of human nature and conduct have been narrated in such a manner as one that enables a follower of Buddhism to attain good mental health.

In modern India, especially in the beginning of the Twentieth century, spiritual leaders emphasized a way of life free from greed, anger, fear and pride. In the teachings of Sri Rama Krishna Paramahamsa and Swami Vivekananda emphasis has been laid in service and sacrifice, the essential
ingredients of good mental health - like physical health, mental health is also an aspect of total personality.

Health is defined as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. A sound mind in a sound body has been recognized as a social ideal for many centuries. The Indian sages and seers had paid particular attention to the unconscious, wherein lay the suppressed unfulfilled desires and compulsions of several kinds, which led the individual astray. By mastery over self the minds attained the highest level of emotional equilibrium.

Mental health is the balanced development of the individual personality with his fellowmen. Mental health is not exclusively a matter of relation between persons, it is also a matter of relation of the individual towards the community he lives in, towards the society of which the community is a part and towards the social institutions which for a large part guide his life, determine his way of living, working, leisure, the way he earns and spends his money, and the way he views happiness, stability and security.

1.2 Definition of Mental Health

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. From the perspectives of the discipline of Positive Psychology or Holism, mental health
may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

The World Health Organization defines mental health as a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his or her community. There is no single authentic or certified definition of mental health. Cultural differences, subjective assessments, and competing professional theories, all affect the way "mental health" is defined.

Different psychologists have emphasized different aspects of mental health in their definitions. According to J.A. Hadfield (1950) "Mental health is full and harmonious functioning of the whole personality".

H.W. Bernard (1961) writes (a) mental health involves continuous adjusting rather than a static condition and is therefore a progressive goal. It is an ability to cope with the present and in all likelihood to adjust satisfactorily in the future. (b) Mental health involves a point of view one takes of all phases of living.

The White House Conference in its Preliminary Report (1930) said, “Mental Health may be defined as the adjustment of individuals to themselves and to the world at large with a maximum of effectiveness, satisfaction, cheerfulness and socially considerate behaviour and the ability of facing and accepting the realities of life.”
Carter V. Good (1959) defines Mental Health as wholesomeness of mind, analogous to the wholesomeness of body, implicit in physical health, extended in modern usage to include all aspects of the adequacy of personality integration.

1.3 The History of Mental Health Movement

For a long time mentally ill were considered to be possessed by devils. Patients were locked up in tall jail like buildings, far removed from the centers of population, alienated from the rest of the society.

The history of mental health movements began in 1909 when the National Committee for Mental Hygiene was created. The Committee’s goals were, the preservation of mental health, prevention of psychiatric disorders, and improvement of care among others. The initiative came from Clifford W. Beers, himself a psychiatric patient, who, after his release, crusaded to bring mental health and mental illness to the attention of his fellow citizens. The Committee was, and later remained, an organization that was primarily concerned with the society, not with the mentally ill individual.

In the United States public concern for the plight of the mentally ill was mobilized by Dorothea Dix and her followers in the nineteenth century. As a result large mental hospitals were built by the states in replacement of a system of care in local poor houses.

Cliford W. Beers wrote "A mind that found itself" a description of three years in various mental institutions and his indictment of the cure provided
led to wide public agitation for the adoption of reform measures and to the formation of Mental Hygiene Movement.

The Mental Health Movement had a significant role in the organization of mental health care provisions for the military during both the world wars. The American public was deeply impressed by the fact that during World War II 1,75,000 men were rejected for military service on psychiatric grounds and another 7,50,000 were released from active duty for the same reasons. According to Ridenour this fact had an important educational impact on the nation because people began to better understand the nature and prevalence of psychiatric disorders.

In 1948 the National Mental Health Act, authorized federal assistance to the states and to private institutions. In addition the Act created the National Institute of Mental Health and made it part of the Public Health Service.

The Mental hygiene movement which after 1947 became the Mental Health Movement has always promoted the idea that mental health is a government responsibility. It lobbied for legislation regarding involuntary commitment of the mentally ill and special trial procedures for mentally ill criminals.

A new model of mental hospital care appeared in Britain when locks and restraints were removed and involuntary hospitalization was discontinued. This Open Door Policy of the 1950’s paved the way for
extended community patient stay in hospital if and when a crisis appeared, a principle known as "Community care" in Britain. It facilitated the appearance of "de institutionalization" as a public policy in the United States. The policy of moving patients out of (state) mental hospitals (beginning in the late 1950's) led to a remarkable transformation in the character and distribution of mental illness services.

In 1955, Congress authorized the establishment of a Joint Commission on Mental Illness and Mental Health to analyze the nation’s needs and resources as a basis for recommending a National Mental Health Programme. During the 20th century, psychiatry began to make a scientific advance. The publications of Sigmund Freud led to new concepts in the treatment of mentally ill.

1.4 Aim of Mental Health

The aim of mental health is both personal and social. The personal aim is, a mentally healthy individual who according to Stevenson, can pursue reasonable and professional objectives and can make fruitful use of his talents and abilities. A mentally healthy individual has a sense of self respect, self-reliance and of achievement, and knows that he is liked, or loved or wanted. He has a sense of belonging and of being respected and has learned to accept, respect and love others. He has a sense of security and is reasonably at peace with himself and his environment. To these characteristics Blos (p. 564) added ability to distinguish between feeling and fact, to think and act realistically and rationally, and to tolerate some tension, to postpone
gratification when necessary and substitute more socially acceptable gratification for those less socially acceptable, to achieve "self realization in an accepted role".

Sutherland stated, "The joint goal of all education and mental health, as the development of the intellectual and emotional potentialities of every individual in an intricate and complex culture". Lindeman mentioned ability to face reality and accept as inevitable a certain amount of conflict, frustration and difficulty as a characteristic of the healthy personality; he also mentioned ability to work in groups but not to be dominated by them, and ability to maintain integrity in work and play.

Viewed from the social angle the aim of mental health is to prepare the individual to be happy, productive and useful to his fellow human beings, and enable him to contribute "to the changing, and challenging society". Actually the personal and social aims fuse, since society can't rise above the level of individuals of which it is composed. The personal security achieved by its members contributes to its stability. Active adjustment to, rather than passive acceptance of or inability to cope with, a changing environment, is considered an important goal by Jahoda.

Viewed in the broadest way, the Mental Health Program has three goals as described by Stevenson (a) restoration of mental health, a goal focused on getting rid of mental illness - for those who have suffered some loss of mental health; (b) protection against hazards to mental health thus safe guarding people from mental illness; (c) elevation of mental health,
through developing the unrealized potential of people. These three aims are interdependent, achievement of any one would further the others, despite the differences in their orientation.

1.5 Characteristics of a Mentally Healthy Person

It has always been easier to define mental illness than to define mental health. Recently many have recognized that mental health is more than the absence of mental illness. Even though many of us don't suffer from a diagnosable mental disorder, it is clear that some of us are mentally healthier than the others. The study of the characteristics that make up mental health has been called "positive psychology".

Burnham who emphasized the importance of integration of wholeness of personality said, "A mentally healthy person is one who has a wholesome balanced personality free from schemes and inconsistencies, emotional and nervous tensions, disorders and conflicts. He does not comfort himself like a series of compartmentalized selves, a series of Dr. Jekyll and Mr. Hydes, honest on Sunday, dishonest on Monday, generous today, crabbed tomorrow, reasonable and logical at times, confused and inconsistent.

The balanced personality, according to Professor Hamely is like the balanced physical system; it stands firm in the midst of strain and stress. There can be no balance of personality where there is no possibility of conflict. We don't seek the balanced personality in the cloister of one on a retreat, although it is often found there, but in the tempests and storms of life.
If we minutely examine the above two concepts of a mentally healthy personality we can say that a mentally healthy person is firm in his intentions and is not disturbed by the strain and stress of life.

Mental health is a condition of psychological maturity, a relatively constant and enduring function of personality. It is a condition of personal and social functioning with a maximum of effectiveness and satisfaction. Mental health involves positive feelings and attitude towards the self and towards others.

In order to understand the full implications of mental health, it would be advantageous to know the characteristics of a person who enjoys mental health. Actually mental health, like physical health is also a condition. And this condition can be recognized by its characteristic features. Roughly speaking a mentally healthy individual would exhibit the following characteristics.

1. **Self Evaluation**

   A mentally healthy individual evaluating himself properly, is aware of his limitations. He easily accepts his faults and makes efforts to get rid of them. He keeps an eye upon himself, so that he may be aware of his own tendencies and be in a position to divert them in the desired directions. He introspects, so that he may analyze his problems, prejudices, difficulties etc., and reduce them to the minimum.
2. Adjustability

One special characteristic of a mentally healthy individual is that he adjusts to a new situation with the least delay and disturbance.

He makes the fullest possible use of the existing opportunities and adjusts to every new situation that presents itself. This doesn't mean that he is a rolling stone that gathers no moss, but has his own ideas, notions, opinions. He is a cool individual who deals coolly and patiently with every novel circumstance, without fear, disturbance, anxiety, complaint or a desire to avoid them. He is aware of the fact that change is law of life, and is ever prepared for change, finding suitable modes of adjustment.

He has every desire to benefit the society, is even prepared to incur the wrath of society, with a show of intrepidity, if its benefit lies that way. Usually he is calm, and indomitable even in the face of extreme adversity. Having forces of character and will, he often changes circumstances to suit him rather than change himself to suit the situations.

Impatience with circumstances is not to be condemned but what is to be condemned and criticized is the tendency to run away from them and to cry over them. The weak individual becomes satisfied with circumstances, only to fall a prey to mental disturbances and diseases. A proper mental attitude gains a kind of immunity from the external situation affecting their peace, calm and balance.
3. Maturity

Intellectual and emotional maturity is another peculiar sign of mentally healthy individuals. The mature mind is constantly engaged in increasing his fund of knowledge, behaves responsively, expresses his thoughts and feelings with clarity and is prepared to sympathize with another’s feelings and viewpoints. And in maturity, sexual maturity is very important. The healthy individual behaves like a balanced, cultured and sensible adult in matters relating to sex.

4. Regular Life

Habits are important elements in maintaining mental health. Forming proper habits in matters of food, clothing, the normal routine of daily life leads to their becoming systematic and regulated, which, in the long run, economizes upon one’s energy and time.

Many people are seen worrying over the most trifling things in their routine. Some experience acute difficulty in determining the dress that they should wear. Healthy persons perform most of the common functions of life with quick assurance and a show of naturality without any bother and fuss. Their life is a model of regularity, balance and measured calculation.

5. Absence of Extremism

Aristotle believed that the ideal man lacks excess in any and every direction, and the principle that excess of anything is bad is a golden rule as far as mental health is concerned.
Whatever the instinct if it is allowed to dominate an individual it will bring him harm and endanger his mental health.

An unnecessarily courageous individual is often a prey to accident. Excessive ambition is another trait that never lets its possessor rest. Hence, in order to maintain mental health, one’s life should be integrated, interest should be wide and the personality balanced, extremism is no well wisher of mental health.

6. Satisfactory Social Adjustment

From the point of view of mental health, a healthy, individual maintains good adjustment with social situations, and is engaged in some project or the other, intended to benefit the society. Social relationships are a part of everyone’s life.

The greater the balance of these social relationships and greater their simplicity, the better will be the individual’s mental health. Hence proper behaviour and proper feelings are essential for everyone.

7. Satisfaction from the Main Occupation

For mental health it is essential that everyone should find satisfaction from his chief occupation, his vocation. The individual who studies only to pass the examination and finds no pleasure in his work is neither a good student nor a healthy individual.
1.6 Promoting Factors of Mental Health

1. Good Physical Health

The mind and the body are linked. Without good physical health it is not possible for the person to have a good mental health.

2. Self Acceptance

Shaffer and Shoben emphasise that the individual should accept himself in order to have positive mental health.

3. Accepting Other People

The extension of self-acceptance is seen in accepting other people, which is a necessary condition for positive mental health i.e., accepting other people implies social adjustment and submission or surrender to others.

4. Close Personal Relationships

One of the conditions of positive mental health is the development of closer personal relationships with some persons so that the individual is able to express his feelings, anxieties, fears etc., without any hesitation. It has been found that individuals enjoying confidential relationships have better mental health.

5. Social Participation

In order to have positive mental health a person should be engaged in such social service and activity of his liking. He makes efforts to serve the group interests according to his abilities.
6. Satisfying Work and Recreation

If a person is engaged in a job which he likes he has good mental health. According to Shaffer and Shoben the sense of satisfaction and completeness that come from work well done can be one of the strongest integrating experiences of life.

7. Creative Experience

Along with social participation and satisfying work, creative experience is also extremely important for the maintenance of good mental health. It is through creation that recreation is possible. Everyone has some talent and that, if properly developed will create something worthwhile, leading to full expression of self. Self expression and creative experience are two sides of the same coin. Thus creativity is essentially a mode of self-expression which is extremely important for positive mental health.

8. Adequate Outlook and Goals

Possession of generally positive and constructive attitude in developing long range plans and goals i.e., upholding the moral values of the society such as respect for the rights of others, sense of justice, adherence to the golden rule, and belief in equality of opportunity will promote mental health.

9. Scientific Approach

Individual should adopt the scientific approach to the problems of his life. The scientific approach requires objectivity and cool mindedness. The
individual should be able to analyze his problems in a scientific manner i.e., he should collect facts, weigh them and then draw conclusions for necessary action.

10. An Active Attitude

Shaffer and Shoben are of the view that in order to have integrative adjustment and positive mental health, the individual should not merely talk about it, but must also do something. He should be actively engaged in such activities that are emotionally and socially satisfying. "The active attitude must be correlated with other conditions of mental hygiene, especially with self understanding and realistic perception of external situations". In other words all the conditions for positive mental health are complementary and contribute jointly towards the growth of good mental health.

11. Interpersonal Skills

The persons having skills in dealing effectively with others will have good mental health. The persons who have sensitivity to the feelings of others, good sportsmanship, fairness, diplomacy, helpfulness, loyalty and genuine interest in others, will have a good and positive mental health.

1.7 The Causes and Conditions of Mental ill Health

Factors influencing mental ill health could be predisposing and precipitating causes.

The predisposing causes provide a fertile ground for the germination of the seeds of abnormality. They provide the base and set the stage for
triggering the action of the precipitating causes by lowering an individual's adjusting ability.

On the other hand, the precipitating causes occur immediately or shortly before their affects. They represent specific situations or conditions which prove too much for the individual to remain intact and organized. They are the immediate agents for igniting the fire dormant in the individual.

Abnormal behaviour is the product of both heredity and environment and environmental factors include both psychological and social. Therefore causes of abnormal behaviour may be classified into the following categories.

A. Hereditary Factors
B. Biological Factors
C. Psychological Factors

A. Hereditary Factors

Hereditary consists of all that is transferred to the offspring from the immediate parents in the form of genes and chromosomes at the time of conception. Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more likely to develop a mental illness. Heredity is an important factor in some cases. For example a child of two schizophrenic parents is 40 times likely to develop schizophrenia than a child of healthy parents.

B. Biological Factors

While hereditary factors are more or less predisposing factors, the biological factors constitute both predisposing and precipitating.
1. **Predisposing Factors**

Under this category all the factors covered by the term "constitution" are included. There are two classes of constitutional factors.

a) **Structural Factors**

b) **Physiological Factors**

**a) Structural Factors**

Structural factors are concerned with the structure of the body. To get adjusted with himself and his environment an individual must be reasonably satisfied with his somatic structure or physique.

Any serious deviation from the normal, whether in terms of height, weight, body proportions or appearance, may create a serious adjustment problem for the individual and this in turn may develop malfunctioning or disorders of the behaviour.

Dissatisfaction with one's somatic structure coupled with the unusual remarks of the other people lead to many complexes, quiet feelings and frustrating encounters. Therefore, it is true that physique or body structure plays an important role in the proper or improper functioning of the behaviour.

**b) Physiological Factors**

Physiological factors within an individual also, to a great extent, influence his personality, reaction tendencies and accommodative behaviour.
2. Precipitating Factors

The mentionable biological precipitating factors are noxious agents, and deprivations of biological nature.

a. Noxious Agents

The notable noxious agents are microorganisms, toxic chemicals, and physical injury. These are the external objects or situations which are injurious to the well-being of an individual. The abnormalities resulting from noxious agents are called toxic psychoses.

b. Biological Deprivation

Deprivation of essential biological necessities such as oxygen, food, water, vitamins, sleep and rest may precipitate a functional disorder or may cause structural changes in the brain. Some of the important deprivations are malnutrition, oxygen and sleep.

1) Malnutrition

It has been established by several research findings that severe malnutrition in infancy not only impairs the physical development and lowers resistance to diseases but also stunts brain growth and results in markedly low intelligence.

2) Sleep Deprivation

A prolonged sleep deprivation brings typical abnormal symptoms in the behaviour of the individual such as irritability, inability to concentrate,
illusions and hallucinations. Sleep deprivation over a long period of time affects mental health.

According to Adelson, two out of three hospitalized mental patients have suffered several sleep disturbances before being hospitalized.

C. Psychological Factors

Besides hereditary and biological factors psychological factors often prove to be the cause for the development of abnormal behaviour and mental illness. All types of frustrations, conflicts, stresses and pressures brought about by faulty psychological development, upbringing and socialization result in disorganized personality and abnormal behaviour.

1. Behavioural Immaturity

Conflict of authority at home, over protection or over direction by key persons in one's life will lead to one’s behavioural immaturity.

2. Disruptive Emotional Processes

Emotional processes like fear and anger represent the mobilization of the body resources to meet emergency situations. Prolonged emotional mobilizations produce physiological changes that are not only useless but actually harmful to the organism.

3. Emotional Instability

Pressure by parents to conform to unattainable standards, traumatic experiences such as sudden death of a loved one, a serious accident,
affectional deprivation of parents or peers, all these lead to emotional
instability.

4. Feelings of Inadequacy

Feelings of personal insecurity failure to cope adequately with every
day problems, tendencies to underrate oneself because of imagined
weaknesses or fears, feelings that insufficient recognition has been won, lack
of courage etc., will lead to poor mental health.

5. Nervous Manifestations

Neuro muscular, alimentary and sensory disturbances, not organically
determined, such as insomnia, and other sleep irregularities, finger, or nail
biting, muscular tenseness, lack of appetite, dizziness, stomach upsets,
trembling twitching and other allied conditions are symptomatic of poor
mental health.

6. Pathogenic Family Pattern

Family plays a very crucial role in the development during infancy.
There are certain family relationships that affect the mental health.

(a) Parental Deprivation

Loss of parental affection has been found to play a very significant
role in the development of maladjustment and abnormality.

Rubble (1945), reported that rejecting, indifferent or punishing
mothers may cause tense, unsatisfied and negativistic behaviour in their
infants even at a very early state.
(b) **Institutionalization (Foster Homes)**

In an institution infants do not get warmth, physical contact, intellectual, social, and emotional stimulation necessary for healthy development. There is a lack of encouragement and help in positive learning for children who are institutionalized in early childhood.

(c) **Faulty Parent - Child Relationship**

(i) **Rejection** :

Rejection may be physical neglect, denial of love and affection, lack of interest in child activities and achievement, harsh, inconsistent punishment, failure to spend time with child, etc. do great harm to proper development of mental health.

(ii) **Over Protection and Restrictiveness**

Mental over protection of the child from the slightest risk may hamper his growth and over restriction also does not provide necessary freedom.

(iii) **Unrealistic Demands**

Parents who place excessive pressure on their children to live up to unrealistically high standards also cause anxiety in the minds of the children.

(iv) **Faulty Discipline**

Faulty discipline may cause fear, and hatred towards the punishing person and less friendly feelings towards others.

(v) **Undesirable Parental Model**

Emotionally disturbed parents, addicted to alcohol or drugs or otherwise maladjusted may provide an undesirable model.
(vi) Over Permissiveness and Indulgence

Over indulged, and over permissive individuals are characterized as spoiled, selfish, inconsiderate and demanding.

(vii) Communication Failure

Parents discourage a child from asking questions and in others ways fail to foster the information exchange, essential for health development.

(viii) Maladaptive Family Structure

Maladaptive behaviour may be fostered in children by the general family environment as well as by the child’s relationship with one or both parents.

1. The Inadequate Family

This type of family is unable to cope with problems of family living. It lacks the resources, the physical and psychological.

2. The Disturbed Family

Parents with grossly eccentric and abnormal abilities may have inconstant emotional turmoil, which reflected in their relationship with the child.

3. The Antisocial Family

Such family inculcates values not accepted by the wider community. Children in such families are encouraged in dishonesty, deceit and other undesirable behavioural traits.
4. The Disrupted Family

The disrupted families are incomplete, whether as a result of death, divorce, separation or some other condition. Such a family fails to inculcate feelings of security and adequacy in the children.

5. Early Psychic Trauma

Traumatic experiences shatter feelings of security, adequacy and worth that are important in influencing later behaviour.

1.8 Mental Health and Adolescence

The term adolescence comes from the Latin verb "Adelescere" meaning to grow into maturity. In this sense, adolescence is a process rather than a period, a process of achieving the attitudes and beliefs needed for effective participation in the society. A controversial matter concerning this period is that of its length and duration. It must be noted that neither the psychological nor biological maturity is reached all at once. The ending of adolescence is especially, very gradual. Moreover, there is a considerable variation in the developmental pattern among individuals. However, in general, most youngsters exhibit definite signs of adolescence by the time they attain the age of 12 or 13 years. On the average adolescence is complete by any time between 18 to 20 years.

Adolescence is a period during which significant changes take place. Adolescents persistently strive to develop and acquire appropriate social roles, complex interpersonal skills, and necessary acumen to solve problems more effectively and try to imbibe a value system to finally attain a respectable
place in the community and society to which they belong. Certain
developmental tasks and problems are especially characteristic of
adolescence.

Evidences of the adolescent's marginal status are well-known, for
example, they are too old to be treated as children yet too immature to be
given the full status of adults. They also experience difficulty in learning
emotional control and in facing reality.

Another problem of this stage relates to schools and colleges.
Generally, students feel anxious about their admissions to scientific and
technical courses and professional colleges. Those in lower income groups
are especially concerned about their parents who are making real sacrifices to
keep them in schools and colleges. Some groups of students however, seem
to be less troubled by academic failures and more dissatisfied and uncertain
about vocational choice and future opportunities of employment.

Certain emotions, for example, feelings of inferiority - may prove to
be especially disturbing during adolescence. Feelings of boredom and lack of
motivation are also common among adolescents. Adolescents may also suffer
considerably from guilt. Academic failures, religious doubts, inability to
control sexual impulses and feelings about having failed to achieve the
aspiration levels set by their parents, may all contribute to their feelings of
guilt. Adolescents undoubtedly experience aggressive feelings. But they
express less directly than children do. Another common negative emotion is
anxiety which may be accompanied by feelings of tension, malaise and
threat. Anxiety and fear exist even in a normal person. In fact some amount of anxiety is good as it makes us more alert, careful and the good part is that it doesn't last for long.

Anxiety can cause overwhelming feelings of panic and fear, "butterflies" in the stomach, persistent painful memories, nightmares, muscle tensions, etc.

People with anxiety disorders may also suffer from depression, and are likely to abuse alcohol and other drugs.

Depression is the most common mental health condition today. It is a serious mental illness which affects both the mind and body.

A measure of depression is also normal during adolescence as a response to the inevitable disappointments of daily life. Over the years adolescence has been portrayed as a period of storm and stress. But Shore (1976) believes that adolescents are growing even more difficult than in the past as shown by the marked increase in mental health problems among the young. These include abuse of alcohol and drugs, running away from home, suicidal thoughts or behaviour, increased violent behaviour, chronic aimlessness and premature sexual activity. This could be partly because of the inability on the part of the adolescents to cope with the "future shock" produced by accelerating technological and social change. Constantly trying to keep up with new adjustment demanded by these rapid changes is another source of considerable stress.
There are situations in the lives of most adolescents when they are frustrated in their ambitions. This may cause severe emotional disturbance.

It is thus clear that almost all adolescents experience unusual stress from time to time and that some youth encounter more serious difficulties than they can deal with constructively by themselves. The conflict when properly handled promotes growth, but it may have unhealthy effects otherwise. This is why adolescents require special attention and understanding.

1.9 Need for the Study

The problems of mental disorders have been increasing tremendously for the last two decades all over the world. We have witnessed a rapid growth in mental disorders of all types during this period. The incidences of mental disorders are acquiring unusual dimensions every year, causing a great concern to educationists, psychologists, sociologists, social workers who are closely connected with the welfare of the individual and the society as a whole. The world statistics reveal that about 500 million people are believed to suffer from neurosis, stress related and somato form (psychological problems which present themselves as physical complaints). A further 200 million from mood disorders such as chronic or manic depression, mental retardation affects about 83 million people, epilepsy 30 million, dementia 22 million and schizophrenia 16 million. India’s surveys of mental morbidity carried out in various parts of the country suggested a morbidity rate of not
less than 18-20 per 1000 and the type of illness and their prevalence are very much the same as in other parts of the world.

To the statistical indications of the need for mental health viewpoint, if we add everyday symptoms of mental illness, the situation becomes even more striking.

These indications cover a wide variety of phenomena. They include children at home who are excessively jealous of the status or imagined status, of their siblings. The pupils who hate school, and are truants on every possible occasion can be added to the category of mentally ill. Pupils who have good mental ability but who fail not only to work up to their capacity but even to achieve minimum standards are revealing symptoms of mental ill health.

Excessive competition, rapidly changing culture and social values, cross-cultural influences, and constant exposure to speed have made the young generation to live in urgency and emergency, because of this rush they are failing to perceive their real goal and one becoming directionless and goalless. A constant feeling of comparison denies the development and maintenance of healthy social relations and acts as a threat to individual under stress. Expectations of the youth are even unrealistic and unusual which inevitably lead to frustration. Frustration, among college youth becomes one of the main causes of student unrest, followed by teasing, misbehaviour, suicides, addiction to drugs, intolerance etc., which are evidences of poor mental health. Suicide is the third leading cause of death
besides accidents and homicides) for teenagers. Teenage girls and boys hang themselves, lie down on the railway tracks, take pesticides etc. over perceived academic failure. The warning signs and risk factors associated with teen suicide include – depression, frequent thought about death, etc.


Unable to stand the humiliation, by her class teacher before the entire class over her poor performance, a girl student Shireen of St. Mary’s High School doused herself with kerosene and torched while she was getting ready to school. (Andhra news.net, January 7th 2006)

Worried over their performance in the I year Inter exams two students ended their lives even before their results were announced. On Wednesday Snigdha 19 died by hanging in her flat at Tarnaka. The S.I. said that the girl had earlier failed in her 10th class exam and after passing the supplementary exam, she joined Bi.P.C. course. While Bhanu Prakash 18, committed suicide as he slipped into depression as the day of results came close. (Arpil 20th 2006, The Hindu)

An intermediate girl B. Syamala studying her intermediate at Botchupalli village committed suicide. Her failure in the examinations was believed to be the reason for her suicide pact. Unable to digest her failure,
she poured kerosene on herself and set ablaze. (Andhra News.net, May 1st 2006)

Nineteen year old G. Rakesh Ramana a M.E.C. student killed himself after his parents allegedly asked him to pursue ITI course instead of M.E.C. (September 29th, 2007 The Hindu)

Youngsters who have not learned techniques for getting along harmoniously with their peers are failing to acquire happiness which gives evidence of unsound mental health. Numerous persons who seek medical attention for ailments for which doctors can find no organic cause are in large proportion victims of mental illness. The most universal traits of jealousy, suspicion, surliness, temper displays, blaming others’, moodiness, and transient unhappiness must be added to evidences of the need for applied mental hygiene. Amidst the increased status of mental ill health both in the World and in India and goals to preserve mental health and prevent mental disorders, the present study to analyze the mental health of Intermediate students has relevance and significance.

Intermediate at present is the decisive stage of student’s career. Moreover this Higher Secondary Education strives to lay solid foundations in their chosen subjects. Most of the junior college students will be in the age group 16-18 which is known as the adolescent stage. Adolescence is one of the periods where both immediate and long term effects are important. There are many who would consider this period of life as the most crucial and a dramatic stage that justifies, all the phrases and titles that have been built
around it. We hear the expressions, "the age of accountability" “flaming youth” and the like. Unless the youth manage themselves they can't put forth all their energies, to bring out fruitful outcomes. If they yield quickly to the stressful events and indulge in their tensions and anxieties their bubbling enthusiasm and rich intellectual and emotional energies may go a waste.

A boy or a girl who enters the Junior college at the age of 15, during his two years of college education is prone for academic and social pressures. Ups and downs are common due to physical growth. This may cause much embarrassment regarding physical appearance. Today’s competitive world is giving much importance to marks alone and is emphasizing on the ranks and preparing for different Common Entrance Tests to pursue professional courses. Today’s parents are investing a great level of money and hope in the child which is making their wards emotionally and morally responsible to fulfill their hopes.

Almost, all parents, the educated and uneducated, rural and urban, poor and rich, are running after marks just as the different educational institutions, they are more concerned about the 'end' but not the means. What is it that making them to even choose the wrong means to achieve ranks? Running after ranks and marks is the most prime factor at the intermediate stage. To withstand such pressures, sound mental health is a must.

Adolescence is that period in life in which there is an undue physiological, social and emotional stress for which the individual is not
prepared. It is a period at which mental abnormalities may and do appear or those already in existence become more socially significant. So, the period of adolescence appears to be crucial for the development of desired personality and socialization patterns. This is the last stage before adulthood and it offers both the teachers and parents an opportunity to educate and mould the adolescents.

In this context it is highly necessary to investigate the mental health status of the Intermediate students in relation to hardiness and academic achievement.

### 1.10 Nature and Scope of the Study

Mental Health is how we think, feel and act as we cope with life. It also depends on how we handle stress, relate to others and make choices like physical health. Mental Health is also important at every stage of life, childhood, adolescence, and adulthood.

Everyone feels worried, anxious, sad or stressed sometimes. But with a mental illness these feelings do not go away and are severe enough to interfere with daily life. It can make it hard to meet and keep friends, hold a job or enjoy life. People who are mentally healthy are in control of their thoughts, feelings and behaviours. They feel good about themselves and have good relationships.

The present study intends to find out and analyze mental health status of Intermediate students.
The mental health analysis is organized in three categories: Personal Aspect, Social Aspect and Academic Aspect.

**Personal Aspect**

The personal aspect is an individual's appraisal or evaluation of himself. In other words, it is the way in which one perceives oneself. Human behaviour, in any particular context, is largely determined by the individual perception of himself. Hence personal aspect is up to the mental health status of the adolescents to a greater extent. The period of adolescence itself is imposed in the development of one's self-concept. During this period self-image is being crystallized at the same time it is being revised. Maslow (1956) found that the mentally healthy people tend to accept themselves. According to German Psychologist Antoch (1985) an open, flexible, non-defensive attitude towards the oneself and towards the social environment is a prerequisite for mental health.

The adolescent who is in good terms with himself makes a better adjustment than one who is inclined to look down upon himself.

**Social Aspect**

Today social scientists argue that social support has direct, indirect and interactive effects on physical and mental health. Research by Pilisuk and Parks showed that sustained stress with inadequate support results in the break down of physical and psychological health.
Dean and Ensel (1983) examined the role of a few theoretically significant variables in predicting depression among 1091, 17 - 70 year olds. Social support was found to be the most important factor for depression in young males and females.

Further there is growing evidence to indicate that poor peer relationships in adolescence are predictive of social incompetence and maladjustment in adulthood.

Duckett and Broll (1982) examined university students and the analysis of the data showed that both social support and life event stress were directly related to psychological distress.

Thus, social support is a direct determinant of health outcomes, a buffer of life stress or a consequence of life events.

**Academic Aspect**

The Academic aspect analyses the feelings and expectations of the Intermediate students about their education and future goals.

The intermediate students are subjected to massive input of stresses which requires successful and ever changing coping strategies. The intermediate students are undergoing stress both inside and outside, concerns about uncertain future; excessive competition for marks and ranks, constant sense of turmoil that comes from comparisons, which result in anxiety, depression and a host of other mental health problems. A constant feeling of comparison denies the development and maintenance of healthy social
relations and acts as a threat to individual’s mental health. If the expectations
of youth are unrealistic and unusual they may lead to frustration.

Frustration among college youth has become one of the main causes
of student unrest, eve teasing, misbehaviour, suicide, addiction to drugs etc.
These aggressive trends and escape mechanisms are the evidences for the
many suicides.

Unless the adolescents manage themselves in their emotional outbursts
and peer pressures they can’t put forth all their energies to bring out fruitful
outcomes. If they yield quickly to the stressful events and indulge in their
tensions and anxities their bubbling enthusiasm and rich intellectual and
emotional energies may go a waste.

**Mental Health and Hardiness**

One of the specific personality traits for a sound mental health
identified by Kobasa and associates is Hardiness. There are three
components of the hardy personality i) commitment, ii) control and
iii) challenge. People of this trait are committed to what they do; they are in
control of their lives, they see change as a challenge rather than a threat.
According to Kobasa, psychologically hardy individuals are less likely than
non-hardy individuals to fall ill as a consequence of stressful events.

Hence, hardiness it taken as another correlate associated with good
mental health.
As two long years of devoted study is meant for a fruitful and satisfactory outcome, academic performance is taken as another correlate.

In this context there is a necessity to identify and isolate factors which contribute and also disturb their mental health.

The review of related studies reveals that no recent study on mental health of Intermediate students was done. Hence the investigator felt the research gap and the necessity to analyze the mental health of Intermediate students, to understand the status of their mental health.