

A Comparative Study of Mental Health Potentialities of Adolescents and the Middle-aged.

Dr. Hemlata Joshi

Assistant Professor

Department of Psychology

Jai Narain Vyas University, Jodhpur

Received Oct 08, 2014

Accepted Nov. 25, 2014

ABSTRACT

Life is full of challenges and the greatest resource at one's disposal is his mental health. The psychological literature is full of contradictory researches with regard to the role of nature and nurture in the psychological being of an individual. The present study is an attempt to explore the various mental health potentialities of individuals across age, specifically, their difference across adolescents and the middle-aged. For this purpose, the Jodhpur Mental Health Inventory was administered to a sample of 100 adolescents and 100 middle-aged people from the city of Jodhpur. The Students' 't' test was applied to check the significance of difference across the two groups with regard to the twelve dimensions of mental health potentialities as described by Hurlock. The results revealed that the two groups differed along the three dimensions of Philosophy of Life Directedness, Acceptance of Emotional Control and Goal Orientation.

Keywords: Mental health potentialities, Adolescents, Middle-aged.

Introduction

The study of mental health has a long history, dating back to the times of Aristotle and Plato. The so called weird or lunatic behavior of man has always been a matter of intrigue to the society in general and several social and behavioral scientists have attempted to answer this, obviously with differing perspectives. Consequently, the history and emergence of the field of mental health remained dominated by investigation and understanding of disorders, maladjustments, stress and pathology for most part. Moreover, contradictions and disagreements with regard to the normal

and the abnormal have also existed for long in this ever-evolving science of human behavior. Scientists and psychologists have worked for too long to arrive at some common and universally acceptable definition for the healthy individual. Efforts have been made to draw that differentiating line between the normal and the abnormal. While most have worked from a pathological perspective, a group of psychologists chose to focus differently. Rather than exploring the aspects of human weaknesses, human strengths or rather potentialities were explored by them. The primary name among them being Jahoda.

Like others, Jahoda (1958) rejected the view of man as successfully adjusting passively to pressures as far as he was comfortable and without symptoms of disturbance. She emphasized positive striving as the most important quality of health and outlined three basic features of mental health, mastery of environment, a unified or integrated personality in which one element does not dominate at the expense of another, and the accurate perception of oneself and the external world. Foote and Cottrell (1955) emphasized interpersonal competence, that is, the social skills which give the individual effective control over his interpersonal affairs and help him to develop optimally along self-chosen lines.

A WHO Expert Committee on Mental Health (1951) took the view that mental health implies the capacity in an individual to form harmonious relations with others, and to participate in constructive ways in the community and to settle his conflicting drives satisfactorily. It implies in addition, an individual whose personality has developed in a way, which enables his potentialities and conflicting instinctive drives, to find harmonious expression in the full realization of his potentialities. Some psychologists give greater weight to the cognitive values of accurate perception and self-knowledge (Jahoda, 1955); some to

moral values, to meaningful commitment, to social responsibility (Allport, 1960); some to zest, exuberance and creativity. The terms recur, but in different combinations and with connotations that slant in divergent directions.

Psychologically healthy persons do not necessarily escape the stresses and strains of life, and from time to time, they wrestle with conflicting impulses and experience unpleasant emotions such as grief, anger or fear. In general, however, they are able to function effectively and to find satisfaction in life. They view themselves as worthy members of the human race.

Mental state is not some idealized and unattainable state, but a dimension along which people vary and toward the extreme of good mental health, individuals have fewer psychological handicaps.

Freud when asked to define a healthy personality said, 'To Live and To Work' is being healthy. Freud's statement is an epigram, admired by many because in a small sentence, he said too much. The definition of mental health in the expression 'To Love and To Work' reveals that Freud did not consider it necessary to identify special criteria for mental health. He saw neuroticism as involving a distortion of the ability to love and to work, or both. The discussions of Abraham (1949), Reich

(1949) and Jones (1942) share with Freud are the strong tendency to think of health as the absence of signs of pathology. Erikson (1950) expressed his idea of mental health in this way "... we must learn to look beyond pathology. Pathology is only the sign that valuable human resources are being neglected, that they have been neglected first of all in childhood". According to Sullivan, the healthy person is one, who has syntactic (non-parataxis) relationships with others, and who reacts to people as they really are, not as symbols of past relationships. Shoben (1957) proposes a model of 'integrative adjustment', which is characterized by "self control, personal responsibility, social responsibility, democratic social interest and ideals". Behavior according to Shoben is normal to the extent that it expresses man's most unique capacities for symbolization and social involvement. Among his criteria of the fully functioning person Rogers (1963) emphasizes the capacity for awareness and openness to experience. Gordon Allport (1961) describes the 'mature personality', for him synonymous with soundness of health, as having six salient qualities: extension of the sense of self, warm relating to others, emotional security (self-acceptance), realistic perception, skills and assignments, self-objectification and a

unifying philosophy of life. The mature person has a sense of direction and purpose and a broad personal philosophy. Hurlock (1986) has advocated some criterion of healthy personality, which are - realistic self-appraisal, realistic appraisal of situations, realistic evaluation of achievements, acceptance of reality, acceptance of responsibility, autonomy, acceptable emotional control, goal-orientation, outer-orientation, social acceptance, philosophy of life-directedness and happiness.

The present study is an attempt to study and compare the mental health potentialities of adolescents and adults as proposed by Hurlock.

Review of Literature

A good mental health is a pre-requisite for meaningful and happy existence. Conversely, mental health problems and mental illness are among the greatest causes of disability, diminished quality of life, and reduced productivity. People affected by mental health problems often have high levels of morbidity and mortality, experiencing poorer general health and higher rates of death from a range of causes, including suicide, and have far-reaching impacts for families, careers and others in the community. (National Mental Health

Plan 2003 – 2008, Australia). Mental health comprises of a group of traits of personal characteristics. the key dimensions are self-esteem, optimism, and resilience as stated by Alloy & Abramson in 1988 and Seligman in 1991. Above mentioned traits along with closely related other personality traits work as sources of personal resilience desirable to face the challenges posed by stressful life events.

Wong (1993) in his resource-congruence model also considers personal meaning as major psychological resource contributing to resistance to stress. In accordance with these concepts, Zika and Chamberlain (1987) found in their research that the level of life meaningfulness negatively correlates with experienced level of daily stress. Similarly, Newcomb and Harlow (1986) found that adolescents with a lower sense of meaning reacted to stressful events on a larger scale by alcohol and drug abuse. These results suggest that meaning of life can be regarded as a strong protective factor in maintaining health and coping ability.

Stressful life events also may reflect past events. Severe trauma in childhood, including sexual and physical abuse, may persist as a stressor into adulthood, or may make the individual more vulnerable to

ongoing stresses (Browne & Finkelhor, 1986).

Methodology

Variables: Independent variable – Age, Dependent variable - Mental health potentialities.

Design: The present study is a correlational study. A sample of 100 adolescents (13-18 years) and 100 middle-aged (40-45 years) was selected using incidental cum purposive sampling method from the city of Jodhpur.

Problem: Is there any significant difference in the levels of mental health potentialities of adolescents and middle-aged?

Hypothesis: There shall be no significant difference in the levels of mental health potentialities of adolescents and middle-aged.

Test employed: Jodhpur Mental Health Inventory by Joshi and Malik was used to measure the twelve dimensions of Mental Health Potentialities as described by Hurlock.

Result

S.No.	Mental Health Potentiality	Groups	Mean	S.D.	Value of 't'
1	Realistic Self -Appraisal	Adolescents	8.22	1.70	1.72
		Middle-aged	8.66	1.91	
2	Social Acceptance	Adolescents	7.90	1.98	0.61
		Middle-aged	7.73	1.97	
3	Philosophy of Life -Directedness	Adolescents	12.13	2.96	2.357*
		Middle-aged	12.99	2.14	
4	Responsibility Acceptance	Adolescents	16.68	3.21	0.306
		Middle-aged	16.81	2.79	
5	Acceptance of Emotional Control	Adolescents	15.46	2.88	2.9*
		Middle-aged	16.6	2.71	
6	Realistic Evaluation of Achievement	Adolescents	15.44	2.40	0.286
		Middle-aged	15.44	2.04	
7	Acceptance of Reality	Adolescents	9.66	2.32	1.6
		Middle-aged	10.15	2.05	
8	Goal Orientation	Adolescents	6.11	1.52	2.2*
		Middle-aged	5.68	1.29	
9	Autonomy	Adolescents	10.33	2.47	1.42
		Middle-aged	9.87	2.10	
10	Outer Orientation	Adolescents	16.92	2.62	0.65
		Middle-aged	16.7	2.19	
11	Realistic Appraisal of Situation	Adolescents	13.52	2.54	1.84
		Middle-aged	14.12	2.06	
12	Happiness	Adolescents	14.01	2.36	0.195
		Middle-aged	13.94	2.70	

Discussion

Middle-aged people scored higher on Philosophy of Life Directedness (PLD) and Acceptance of Emotional Control (AEC) than the adolescents whereas adolescents scored significantly higher on Goal Orientation (GO) than the middle-aged people. The person who has philosophy of life directedness makes his plans in such a way that they meet the goals in a socially approved manner. This philosophy of life may be based mainly on what they believe is right because it is best for all concerned. The life philosophy is influenced by religious faith. They regard religion as personal experience and accept the parts of their faith which meet their needs best. The present finding is in expected direction because Philosophy of Life Directedness (PLD) comes with maturity and experience. The middle-aged groups will naturally be higher on these dimensions than the adults. The middle-aged group also scored significantly higher control on Acceptance of Emotional Control (AEC) than the adolescents. A person who has acceptable emotional control will meet the frustration without violence or destruction. He is emotionally more mature because he has developed over a period, a degree of stress-tolerance, anxiety-tolerance, depression-tolerance and pain-tolerance. The results

here again are in expected direction because the middle-aged groups due to their wide life experience will have these characteristics than the adolescents. Another interesting finding of the present study is that the adolescents scored significantly higher score on Goal Orientation than the middle-aged group. The main characteristic of Goal-Oriented person is that he is ready to lower his goal if he finds that it is difficult to achieve them. He is always ready to acquire the knowledge and skill required to reach his goals. In other words, it can be said that there will be more flexibility in the Goal-Oriented persons. Adolescents definitely are more flexible than the middle-aged persons. The adolescents in general will not make it a prestige point if the goal is not achieved. Whereas the elder people made it a prestige point and are not ready to lower down the goals.

Summary

The objective of the present study was to compare the adolescents and middle-aged with regard to their mental health potentialities. The twelve dimensions of the mental health potentialities were measured with the help of Jodhpur Mental Health Inventory. The results showed that the adolescents and adults differed along three

of the dimensions of the mental health potentialities, namely, Philosophy of Life Directedness, Acceptance of Emotional Control and Goal Orientation.

References

- Adler, A. (1926), *The Neurotic Constitution*, Greenberg, New York.
- Amato, P.R. (1989), *Family Process and Competence of Adolescents and Primary School Children*, *Journal of Youth Adolescence*, 18, 39–53.
- Binswanger, W. (1963), In *W.s. Sanskian : Psychopathology today experimental theory and Research*, F.E. Peacock Inc., Illinois.
- Antonovsky, A. (1987), *Unraveling the mystery of health*, San Francisco : Jossey–Boss.
- Ausubel, D.P. (1985), *Theory and Problems of Adolescents Development*, Grune and Stratton Inc., New York, Chap. 1 and 2, 585.
- Binswanger, W. (1963), In *W.s. Sanskian : Psychopathology today experimental theory and Research*, F.E. Peacock Inc., Illinois.
- Coleman, J.C. (1976), *Abnormal Psychology and Modern Life*, D.M. Taraporevale, Bombay.
- Frankal, A. (1969), In *W.S. Sanskian Psychopathology today experimental theory and Research*, F.E. Peacock Inc., Illinois.
- Jahoda, M. (1958), *Current Conception of Positive Mental Health*, Basic Book, New York.
- Joshi, M.C. and Malik, A. K. (1987), *Jodhpur Mental Health Inventory*, Department of Psychology, Jain Narain Vyas University, Jodhpur.
- Krochin, S.L.C. (1976), *Modern Clinical Psychology*, Basic Books Publishers (Harper International edition) Inc., New York.
- Maher, B.A. (1966), *Principles of Psychopathology: An Experimental Approach*, McGraw Hill, New York.