Essential Evil Called Mental Health: Why Is It Important

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ABSTRACT

Positive psychology and its contributions must be immensely celebrated as the young branch of psychology attempts to celebrate positive emotions. Unconditional regard, healthy joyous emotions were never accepted as an important factor in adolescent growth and development. Academicians, counsellors, psychologists and sociologists for long have been talking about healthy child rearing and upbringing but the ways to enhance the same were not looked into. With passing year, variables like gratitude, emotional affect, satisfaction with life, mental health, positive and negative regard and well being are now being put in light of adolescents upbringing and development. Counselling sessions are held and workshops delivered to teach ways of enhancing mental health and positive emotions- this is a very positive change and must truly be celebrated. Present paper delves into more reasons to talk about mental health and its essential role in today's scenario across gender, situations and emotions.

Keywords: Mental Health, Gender Differences, Healthy Upbringing, Satisfaction with Life, Positive Psychology

The World Health Organisation (WHO) defines health as, "*A state of complete physical, mental and social well-being and not merely*

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the absence of disease or infirmity " (WHO, 2004). However, creating health-oriented as existing illness-oriented services has proved rather more difficult than the clarity of this declaration would suggest. Efforts to generate a science of pathology and illness have been very successful, with shared taxonomies to identify types of illness, established and validated interventions to treat and manage these identified illnesses, and clinical guidelines, quality standards available to increase efficiency and equity and provide intervention plans to handle the deficiencies. These successes later have not been mirrored by equivalent advances in applying the science of well-being and mental health within health services, until so far. A typical health worker will know a lot about treating illness and handling the pathology, and far less about promoting well-being, mental health and positive emotions, as it has never been the focus of psychology until Positive Psychology came into existence. It was then that the picture started changing for better.

It is now being considered that, mental health services can very effectively promote well-being and positive mental health and development. Well-being is becoming a central focus of international policy, *health mission, development programmes, thus concluding that it* is now possible for people experience recovery from mental illness and gain emotional balance towards more positive affect and thus, positive mental health and development.

A focus on improving social inclusion, becoming social activists who challenge stigma and discrimination, and promote societal well-being may need to become the norm rather than the exception for mental health professionals in the 21st Century.

Again WHO in 2004, declared that mental health is "*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* ". A relative lack of workforce skills in promoting well-being is particularly important in mental health services, since mental disorders directly impact our personal identity and ability to maintain social roles.

This distinction between mental illness and mental health is empirically validated, with only modest correlations between measures of depression and measures of psychological well-being, ranging from -0.40 to -0.55 (Ryff, 1995), stating that only one quarter of the variance between measures of mental illness and mental health is shared (Frisch et al., 1992).

The need for mental health professionals to support both the reduction of mental illness and the improvement of mental health is highlighted. This includes the development of further skills in the workforce. These skills will be based on new areas of knowledge, each of which have emerged as distinct scientific areas of enquiry only in the past two decades. Mental health and the efforts for its development have been posed to be a new concept whereas it has been underlying to our civilizations for centuries together. It has been uncovered and recognised as a saviour now. Development of mental health is uniformly recognised as an important factor across different ages and sexes.

Well-being may be defined according to the global question about overall life satisfaction and domain specific questions about work, income, social relationship and neighborhood (Baumrind, 1991; Diener, 1984). Well-being is a complex construct that concerns optimal experience and functioning (Ryan & Deci, 2001). Research on well-being consistently reveals that the characteristic resources valued by society correlated with happiness. Well-being refers to what people think and how they feel about their lives to the cognitive and affective conclusions they reach when they evaluate their existence (Diener, 2000). It is the focus not only of everyday interpersonal inquiries (e.g. "How are you?") but also of intense scientific scrutiny. Simple questions like, "How are you?" may seem simple enough, theorists have found the issue of well-being to be complex and controversial. Indeed, from the beginnings of intellectual history, there has been considerable debate about what defines optimal experience and what constitutes "the good life".

Research suggests that well-being and healthy development during adolescence move hand in hand (Larson et al., 2002; Robinson

et al., 2003). Family values are challenged as they strive for independence. Other recent findings suggest that at any one time, 10% of the child population is likely to be facing behavioral difficulties severe enough to impact their own functioning and that of their families.

Well being research seems especially prominent in current empirical psychology. This reflects the increasing awareness that, just as positive affect is not the opposite of negative affect (Lu, 1999), well-being is not the absence of mental illness.

The first of these can be broadly labeled hedonism (Kahneman et al, 1999) and reflects the view that well being consists of pleasure or happiness. The second view, both as ancient and as current as the hedonic view, is that well-being consists of more than just happiness. It lies instead in the actualization of human potentials. This view has been called eudemonism (Waterman, 1993), conveying the belief that well-being consists of fulfilling or realizing one's daimon or true nature. The two traditions hedonism and eudemonism are founded on distinct views of human nature and of what constitutes a good society.

Hedonism, as a view of well-being, has thus been expressed in many forms and has varied from a relatively narrow focus on bodily pleasures to a broad focus on appetites and self-interests. Psychologists who have adopted the hedonic view have tended to focus on a broad conception of hedonism that includes the preferences and pleasures of the mind as well as the body (Kubovy, 1999). Indeed, the predominant view among hedonic psychologists is that well-being consists of subjective happiness and concerns the experience of pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life. Happiness is thus not reducible to physical hedonism, for it can be derived from attainment of goals or valued outcomes in varied realms (Diener et al., 1998).

Kahneman et al. (1999) defined hedonic psychology as the study of what makes experiences and life pleasant and unpleasant.

Although there are many ways to evaluate the pleasure/pain continuum in human experience, most research within the new hedonic psychology has used assessment of subjective well-being (SWB)

(Diener & Lucas, 1999). SWB is a fundamental human concern. Since at least the sixth century BC, the classic Greeks explored the issue under the rubric of eudaimonia, that is human flourishing or living well. This followed with the Hellenistic Greeks and the Romans exploring ataraxia, a form of happiness within one's own control (Larsen, 2000). DeNeve and Cooper (1998) have shown that personality is one of the foremost predictors of SWB, which underscores the importance of using personality to understand happiness. SWB consists of three components: life satisfaction, the presence of positive mood, and the absence of negative mood, together often summarized as happiness.

Although there are various theoretical perspectives associated with hedonic psychology, some of its most prominent proponents have eschewed theory, arguing for a bottom-up empirical approach. Specifically, some have argued that we need to know more "elementary facts before a large theory is created" (Diener et al, 1998). Nevertheless, one can characterize the dominant work in hedonic psychology in theoretical terms, even if they remain implicit. Overall, the theories, whether implicit or explicit, tend to fit within what Watson and Clark (1992) refer to as the standard social science model, which is built on the assumption of an enormous amount of malleability to human nature. The focus of hedonic psychology on pleasure versus pain also readily links it with behavioral theories of reward and punishment (e.g. Peterson & Hann, 1999) and theories focused on cognitive expectations about such outcome (e.g. Peterson, 2000). The claim of hedonic psychologists can be highly idiosyncratic and culturally specific would also seem to fit well within a relativistic, postmodern view. Thus, although explicit theory is often not endorsed by hedonic researchers, implicit theoretical themes are identifiable.

Aristotle said that true happiness is found in the expression of virtue that is, in doing what is worth doing.

Eudaimonia is valuable because it refers to well-being as distinct from happiness. Eudaimonic theories maintain that not all desires not all outcomes that a person might value would yield well-being when achieved.

Thus, from the eudaimonic perspective, subjective happiness cannot be equated with well-being.

Waterman (1993) stated that, whereas happiness is hedonically defined, the eudaimonic conception of well-being calls upon people to live in accordance with their daimon, or true self. He suggested that eudaimonia occurs when people's life activities are most congruent or meshing with deeply held values and are holistically or fully engaged. Under such circumstances people would feel intensely alive and authentic, existing as who they really are a state Waterman labeled personal expressiveness (PE). Empirically, Waterman showed that measures of hedonic enjoyment and PE were strongly correlated, but were nonetheless indicative of distinct types of experience. For example, whereas both PE and hedonic measures were associated with drive fulfillments, PE was more strongly related to activities that afforded personal growth and development. Furthermore, PE was more associated with being challenged and exerting effort, whereas hedonic enjoyment was more related to being relaxed, away from problems, and happy.

Self-determination theory (SDT) (Ryan & Deci, 2000) is another perspective that has both embraced the concept of eudaimonia, or self-realization, as a central definitional aspect of well-being and attempted to specify both what it means to actualize the self and how that can be accomplished. Specifically, SDT posits three basic psychological needs autonomy, competence, and relatedness and theorizes that fulfillment of these needs is essential for psychological growth (e.g. intrinsic motivation), integrity (e.g. internalization and assimilation of cultural practices), and well-being (e.g. life satisfaction and psychological health), as well as the experiences of vitality (Russelle & Saebel, 1997) and self-congruence (Sheldon & Elliot 1999). Need fulfillment is thus viewed as a natural aim of human life that delineates many of the meanings and purposes underlying human actions (Deci & Ryan 2000).

SDT posits that satisfaction of the basic psychological needs typically fosters SWB as well as eudaimonic well-being. This results from our belief that being satisfied with one's life and feeling both

relatively more positive affect and less negative affect (the typical measures of SWB) do frequently point to psychological wellness, for as Rogers (1963) suggested, emotional states as per indicative of organismic valuation processes. That is, the assessment of positive and negative affect is useful insofar as emotions are, in part, appraisals of the relevance and valence of events and conditions of life with respect to the self. Thus, in SDT research, we have typically used SWB as one of several indicators of well-being.

Applying the two viewpoints

Suggested that the hedonic and eudaimonic foci are both overlapping and distinct and that an understanding of well-being may be enhanced by measuring it in differentiated ways. Rojas (2006) analyzed a diverse set of mental health indicators and also found two factors, one reflecting happiness and the other, and meaningfulness. These researchers showed that, when pursuing personal goals, doing well and feeling happy may be disconnected from finding meaning and acting with integrity. Thus, in spite of the significant overlap, the most interesting results may be those that highlight the factors leading to divergence rather than just convergence in the hedonic and eudaimonic indicators of well-being.

Ryff (1989) has argued that the preceding perspectives despite their loose conceptualizations can be integrated into a more parsimonious summary. That is, when one reviews the characteristics of well-being described in these various formulations, it becomes apparent that many theorists have written about similar features of positive psychological functioning. These points of convergence in the prior theories constitute the core dimensions of the alternative formulation of psychological well being pursued in this research. They are briefly summarized here (detailed descriptions of the characteristics and how they were derived are available in Ryff, 1989a).

Self-acceptance: This is defined as a central feature of mental health as well as a characteristic of self-actualization, optimal functioning, and maturity. Life span theories also emphasize acceptance of self and of one's past life.

Positive relations with others: The ability to love is viewed as a central component of mental health. Self-actualizers are described as having strong feelings of empathy and affection for all human beings and as being capable of greater love, deeper friendship, and more complete identification with others. Warm relating to others is posed as a criterion of maturity. Adult developmental stage theories also emphasize the achievement of close unions' with others (intimacy) and the guidance and direction of others (generativity).

Autonomy: Qualities as self-determination, independence, and the regulation of behavior from within. Self-actualizers, for example, are described as showing autonomous functioning and resistance to enculturation. Functioning person is also described as having an internal locus of evaluation, whereby one does not look to there for approval. Individuation is seen to involve a deliverance from convention, in which the person no longer clings to the collective fears, beliefs, and laws of the masses.

Environmental mastery: The individual's ability to choose or create environment suitable to his or her psychic conditions is defined as a characteristic of mental health. Maturity is seen to require participation in a significant sphere of activity outside of self. Life span development is also described as requiring the ability to manipulate and control complex environments.

Purpose in life: To include beliefs the give one the feeling there is purpose in and meaning to life. The definition of maturity also emphasizes a clear comprehension of life's purpose, a sense of directedness, and intentionality. The life span developmental theories refer to a variety of changing purposes or goals in life, such as being productive and creative or achieving emotional integration in later life.

Personal growth: psychological functioning requires not only that one achieve the prior characteristics, but also that one continues to develop one's potential, to grow and expand as a person. The need to actualize oneself and realize one's potentialities is central to the clinical perspectives on personal growth. Openness to experience, for example, is a key characteristic of the fully functioning person. Such an

individual is continually developing and becoming rather than achieving a fixed state wherein all problems are solved. Life span theories also give explicit emphasis to continued growth and the confronting of new challenges or tasks at different periods of life. Thus, continued personal growth and self-realization is a prominent theme in the aforementioned theories.

In sum, the integration of mental health, clinical, and life span developmental theories points to multiple converging aspects of positive psychological functioning.

Adolescence is generally considered to be a time of transition from childhood to adulthood that involves significant changes in social and emotional development, behavior and cognitions. Yet adolescence is also a period of great joy, excitement and optimism during which the delights of autonomy, intimacy and the future are fresh and possibilities are created for happiness, success and psychological growth, throughout the remainder of life. Within their creativity, energy and enthusiasm young people can change the world in astonishing ways making it a better place not only for themselves but for everyone (Goodburn & Ross, 1995. It is probably the most turbulent, challenging, stressful and uncertain of all phases in life. When adolescents are supported and encouraged by caring adults, they thrive in extinguished ways becoming resourceful and contributing members of the families and communities. This is the state when they are busting with energy curiosity and spirit that are not easily extinguished.

As interpersonal relationships influence an individual's wellbeing, stable and secure relationships with family and peers can assist adolescents in making a smooth transition (Carver, 2003).

Happiness and personality

People who are gregarious, active and outgoing tend to experience more pleasant emotions than those who are quiet, inactive and introverted (Costa & McCrae, 1995).

Researchers have seemed to locate the core of extraversion in the area of pleasant affect (Cross and Madson, 1997).

DeNeve and Cooper (1998) examined the distinct personality constructs as correlates of SWB and happiness. The traits most closely associated with SWB were repressive defensiveness, trust, emotional stability, locus of control - chance, desire for control, hardiness, etc. Neuroticism was the strongest predictor of life satisfaction, happiness and negative affect. Positive affect was predicted equally well by Extraversion and Agreeableness.

DeNeve (1999) suggested that Subjective Well Being and Happiness are determined to a substantial degree by genetic factors and argued that SWB and Happiness are relatively stable across the life span.

DeNeve (1999) reported that extraversion and agreeableness were consistently and positively associated with happiness, whereas neuroticism was consistently negatively associated with it.

Lu (1999) examined the personal and environmental causes of happiness. Lu analyzed an integrative model of happiness, which incorporated personal factors (demographics, extraversion) neuroticism and locus of control) and environmental factors (life events and social support). Results found that extraversion is not directly related to happiness but both neuroticism and internal control had direct effects on happiness.

Diener et al. (2006) reported that one of the most consistent findings in the study of personality and emotions are that extraversion is moderately correlated with pleasant affect.

Aim of the study

The aim of the present study was to study gender differences in mental health and for this purpose one dimension of mental health (well being was taken into consideration. So gender differences in Subjective Well-Being and Psychological Well-Being was to be studied.

METHOD

Participants

The sample consisted of 200 adolescents (100 males and 100 females). The age-range of the adolescents was 14-17 years and they were selected randomly from Private schools of Delhi NCR.

Instruments

Satisfaction with Life was measured by using Satisfaction with Life Scale developed by Diener et al. (1985), and Positive and Negative Affect Schedule (PANAS), developed by Watson et al., (1988) were used to measure the Subjective Well Being.

Psychological Well Being scale devised by Ryff and Keyes (1995) was used to measure Psychological Well Being, which has six dimensions of Wellness viz. Autonomy, Environmental Mastery, Personal Growth, Positive Relations With Others, Purpose In Life and Self Acceptance.

Brief description of tests

Satisfaction with Life Scale (Diener et al., 1985): It is a five-item scale that is designed around the idea that one must ask subjects for an overall judgment of their life in order to measure the concept of life satisfaction. Individuals indicate their degree of agreement or disagreement on a 7 - point Likert scale with 7= strongly agree to 1=strongly disagree scores range from 5 to 35. Diener et al. (1985) reported a 2-months test-retest correlation coefficient of .82 and an alpha coefficient of 0.82 and an alpha coefficient of 0.87 for undergraduates. Diener et al. (1985) also reported it to be a valid test.

Positive and Negative Affect Schedule (PANAS) (Watson et al., 1988): Positive and Negative Affect Schedule (PANAS) was developed by Watson et al. (1988). While developing the scale the greatest concern of the authors was to select terms that were relatively pure markers of either Positive Affect (PA) or Negative Affect (NA). Finally 20 items scale, which were internally consistent and had excellent convergent and discriminant validity with lengthier measures of the underlying mood factors were developed. They also demonstrate

appropriate stability over a two-month time period. The alpha reliabilities range from 0.86 to 0.90 for Positive Affect and from 0.84 to 0.87 for Negative Affect. The scale consists of a number of words that describe different feelings and emotions. Each word is rated on a 5-point rating scale, according to the extent to which the subject felt that way during the past few weeks. The scale ranges from 1 - 'very slightly or not at all' to 5 - 'extremely'.

The scales correlate at predicted levels with measures of related constructs and shows the same pattern of relations with external variables that have been seen in other studies. E.g. the PA scale (but not the NA scale) is related to social activity and show significant diurnal variation, whereas the NA scale (but not the PA scale) is significantly related to perceived stress and shows no circadian pattern (Watson et al., 1988). Thus the Positive and Negative Affect Schedule is a reliable and efficient mean for measuring these two important dimensions of mood. This scale was used in India by Maini (2001), Mohan (2002) and Salariya (2006).

Psychological Well Being Scale (Ryff and Keyes, 1995): It was measured by using Ryff and Keyes (1995) scale of Psychological Well Being with six dimensions: Autonomy, Environmental Mastery, Purpose in Life, Self Acceptance, Personal Relations with Others and Personal Growth. Each subscale of this scale has three items measuring each of these six dimensions. Some items are worded positively and some are worded negatively. Individuals rate themselves on a 6 point Likert-type scale with response pattern ranging from strongly disagree to strongly agree". Negative items are reversed so that a high score indicates that the person has a positive perception of their own Psychological well being. Thus the scores on each subscale can range from 3-18. Scale inter-correlations are modest ranging from 0.13 to 0.46. Estimates of internal consistency coefficients are low to modest, ranging from 0.33 to 0.56.

It has been successfully used in West by Cooper et al. (1998), Schmutte and Ryff (1997), Rye et al. (2004), Frazier et al. (2005), Lawler and Peferi (2006).

RESULTS

Mean, SD and t-ratio was computed to find significant differences on various components of Well-being among males and females.

The primary aim of the present investigation was to study the gender differences on differential measures of well-being viz. Happiness, Subjective Well-Being and Psychological Well-Being. Means, Standard Deviations and t-test were calculated for Male and Female Adolescents. Significant t-values were Positive Affect (t=3.02, p<0.05), Self acceptance (t=3.05, p<0.05) and Perceived Happiness Status (t=3.04, p<0.05). It was also found that females scored higher on all these variables of well being and happiness, thus overall on mental health.

DISCUSSION

Gender differences: Research evidence shows that men are not born less emotionally expressive than women but in fact the teaching and internationalization of socially proscribed gender norms influence the experience, expression, and regulation of specific emotions (Brody, 1999, 1999; Levant & Kopecky, 1995).

Women tend to receive greater social support from peers compared with men (Eagley & Crowley, 1986). Women also possess a greater tendency to recognize acts of goodwill by others, express their appreciation, and reinforce the likelihood these acts will be repeated. Upon encoding these shared positive experiences, a durable social resource is created with both parties more likely to respond with variants of support and responsiveness when later faced with adversity.

Women are generally more expressive than men, and with the exception of anger, experience emotions more intensely and frequently compared with men (Diener et al., 1991; Grossman & Wood, 1991; Kring & Gordon, 1998; Gonzalez et al., 2005; Caprara & Steca, 2004).

For example positive emotions can aid human beings in their quest to satisfy the fundamental need to be accepted by other people (Baumeister & Leary, 1995).

On average, women also report a greater willingness to express them openly and show stronger tendencies to regulate their emotions to adapt to changing social circumstances compared with men (Greenglass et al., 1998). Small to moderately sized differences between men and women in the experience and expression of emotions are contingent in multiple social, emotional, interpersonal and contextual factors.

Although there was no support for emotion expressiveness as a mechanism of action in men. Earlier women in general are more willing than men to expressing emotions (Kring & Gordon, 1998).

Men's preference for concealing emotions in general seems culturally proscribed with the expression of gratitude being associated with additional negative evaluated feeling of vulnerability, dependence: or indebtedness. An unwillingness to be in with negatively evaluated emotions may lead to efforts to avoid, conceal, or alter the emotional experience at the expense of other values or psychological benefits (Hayes et al., 1999). Men's preference to avoid feelings of perceived vulnerability or indebtedness costs them opportunities to develop and strengthen relationships with others. Women are more aware of their emotions and report more complex emotional experiences compared with men (Barrett et al., 2000).

Differences in the experience and expression of positive emotions may amplify the benefits for women compared with men. Positive emotions feel good, serve the function of broadening people's mindsets, and allow for finite attentional resources to be re-directed from unrewarding goals to other desired and more meaningful opportunities (Carver, 2003; Fredrickson et al., 2005).

According to a study conducted in India, Singhal and Rao (2004) found that there are only nominal difference in the overall psychological concerns of males and females (Males-38.56%, Females-38.77%), indicating that psychological problems pervade all adolescents, irrespective of gender, but there are differences between male and females on components of it.

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