

A Study of Mental Health and Thinking Style of Adolescents

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Abstract - The present study was undertaken to study the Mental Health and Thinking style of Adolescents. The random sampling method was used to study the mental health and thinking style of the adolescents. The total sample consisted of 300 students of +2 students. The investigator used the Mental Health Check List (1992) by Pramod Kumar and Thinking Style by Robert J. Sternberg and Richard K. Wagner, 1991 to conduct the test. The results of the paper are discussed in detail at the end of the paper.

Keywords: Mental Health, Personality, Adolescents.

In the knowledge society, man is strucked in many social and moral responsibilities. Every now and then he faces many challenging problems. He is in constant struggle with oneself and the society. His cognitive and affective behavior is always in motion to enable him to adjust in society. The adolescents are mainly affected with upheavals of these emotions. They had to tackle with many physical, social, emotional changing that he comes in contact with from time to time. For this there mental health should be strong and sound. Mental health includes our cognition as how do we think and feel about ourselves and others. It shows that how we perceive the world around us. It shows our understanding of things and how we logically arrange things. It is much more than motor activities. Hales (1995) viewed mental health as the capacity to think the relationally, logically, to cope with the transition, stresses, traumas and losses that occur in all lives in ways that allow emotional stability and growth. In ancient time, Atharva Veda gives us every kind of details about the various mental ailments and their treatment. It stated our human personality have three main components- termed as Gunas or characteristics i.e. Sattav, Rajas and Tamas. The imbalances that occur in these three gunas leads to mental ailments.

If an adolescent has a mental health problem he would not be able to build up a proper personality. Mental health problems causes a feeling of shame, guilt, rejection, isolation and tension which makes man perceive the world and life as dangerous. The arousal of such feelings affect the normal development of personality, which results that the individual adopts maladaptive behavior. This can be prevented by developing correct thinking styles among the adolescents. Thinking is one of the important aspects of one's cognitive behaviour. Most often the comments like think before you act or think before you feel indicates that thinking provides the base on which not only our cognitive but also affective and conative behaviour depends. Thinking has a definite end or purpose. Allport (1964) used the term thinking styles to describe patterns of behavior or methods of accomplishing tasks that were consistent. It is how people prefer to think or how well they think. Sternberg et al. (1997) viewed thinking styles are equal or more important than abilities. People may be particularly identical in their abilities and yet have varied styles. Styles can be different in different tasks and situations. Styles are not fixed but fluid. Styles are neither good nor bad they just differ in various places. In mental self-government theory of thinking styles, Sternberg has given the ideology that all the forms of government that people have in the world are not coincidental rather they are external reflections of what goes on in people's minds. Sternberg (1994) defined thinking style as a personality attribute that guides the utilization of abilities.

Thus we can conclude that these two terms namely mental health and thinking styles are interlinked. How an adolescent thinks and behaves effects his mental health which ultimately shapes his personality.

STATEMENT OF THE PROBLEM

A STUDY OF MENTAL HEALTH AND THINKING STYLES OF ADOLESCENTS

OPERATIONAL DEFINITIONS

1. **Mental Health:** Mental Health is an index which shows the extent to which person has been able to meet his environmental elements- social, emotional or physical. It helps in identifying person with poor mental health in need of psycho diagnostic help us measured by Mental Health Checklist (Pramod Kumar, 1992).
2. **Thinking Style:** Thinking style are our preferred way of governing and managing our activities. The theory of mental self-government view people as self-organizing systems that actively shape their environment as well as themselves. It proposes 13 thinking styles. It has 5 dimensions namely function, form, level, scope and leanings. Function includes legislative, executives and judicial. Forms are Monarchic, hierarchic, oligarchic and anarchic. Next comes Levels which includes global and local, scope have internal and external thinking style. Lastly leaning includes liberal and conservative thinking style (Robert J. Sternberg and Richard K. Wagner, 1991).
 - i) **Executive Thinking Style:** They prefer to follow rules and existing methods.
 - ii) **Legislative Thinking Style:** The people who enjoy creating and formulating their own rules.
 - iii) **Judicial Thinking Style:** They like to judge and evaluate rules, ways, ideas and procedures.
 - iv) **Global Thinking Style:** Individuals preferring general, abstract reasoning, pondering in the world of ideas.
 - v) **Local Thinking Style:** Are the one who are more down to earth and oriented towards the pragmatics of the situation.
 - vi) **Monarchic Thinking Style:** The people who prefer to focus on one goal at the time and address the next goal when the first goal is completed.
 - vii) **Oligarchic Thinking Style:** Are the people who deal with multiple goals but have difficulty in assigning priorities to the various goals, thus creating conflict and tension.
 - viii) **Hierarchic Thinking Style:** They also deal with multiple goals but have a good sense of priority. They prefer to work systematically.
 - ix) **Anarchic Thinking Style:** The Individuals who are motivated by a wide range of needs and goals and are flexible in their approach. However, they have difficulty setting priorities since they have no firm set of rules.
 - x) **Internal Thinking Style:** Are more introverted and less socially sensitive.
 - xi) **External Thinking Style:** More Extrovert and socially sensitive persons.
 - xii) **Liberal Thinking Style:** They give preference to tasks and projects and allow them to cover unexplored ground. They seek rather than avoid ambiguous and uncertain stimuli.
 - xiii) **Conservative Thinking Style:** These people prefer familiar, non-threatening situations.

OBJECTIVES OF THE STUDY

The present study has been undertaken keeping in view the following objectives:

1. To study the mental health of adolescents in relation to their gender.
2. To study the mental health of adolescents in relation to their locale.
3. To study the relationship between mental health and different thinking styles of adolescents.

HYPOTHESES OF THE STUDY

1. There is no significant difference in mental health of male and female adolescents.
2. There is no significant difference in mental health of urban and rural adolescents.
3. There is no significant relationship between mental health and different thinking styles of adolescents.

DELIMITATION OF THE STUDY

300 Adolescents (Male and Female) of +2 class from government senior secondary schools of Punjab were taken for the study.

TOOLS USED

The following tools were used for collecting the data:

1. Mental Health Check List (1992) by Pramod Kumar.
2. MSG Thinking Styles Inventory (1991) by Robert J. Sternberg and Richard K. Wagner.

STATISTICAL TREATMENT OF DATA

In order to achieve the objectives of the study, descriptive statistics was used keeping in view the hypotheses of the present study, frequency distribution, mean, median, mode, standard deviation, t-value was computed.

ANALYSIS AND INTERPRETATION

Hypothesis 1 There is no significant difference in Mental Health of male and female adolescents

Table 1

Group	N	Mean	SD	t-value
Male	150	20.68	5.69	2.57*
Female	150	22.46	6.44	

* $p < 0.05$

The table 1 reveals that out of 300 students, there are 150 male and 150 females adolescents. The mean scores of adolescent females (N=150) is 22.46, SD is 6.44 which is higher as compared to the mean scores of adolescent males (N=150) which is 20.68, SD is 5.69. The t-value comes out to be 2.57 which is significant at 0.05 level. Hence, there is significant difference in mental health of the male and female adolescents. Thus first hypothesis that there is no significant difference in mental health of male and female stands rejected.

Hypothesis 2 There is no significant difference in Mental Health of urban and rural adolescents

Table 2

Group	N	Mean	SD	t-value
Urban	150	20.4	5.39	3.44**
Rural	150	22.74	6.60	

** $p < 0.01$

The perusal of table 2 reveals that out of 300 students, there are 150 urban and rural Adolescents each. The mean score of rural adolescents (N=150) is 22.74, SD is 6.60 which is higher as compared to the mean score of urban adolescents (N=150) is 20.4, SD is 5.39. The t-value comes out to be 3.44 which is significant at 0.01 level. Hence, there is significant difference in mean scores of urban and rural adolescents. Thus second hypothesis that there is no significant difference in mental health of urban and rural adolescents stands rejected.

Hypothesis 3 There is no significant relationship between Mental Health and different Thinking Styles of adolescents

Table 3

Mental Health/ Different Thinking Styles	Coefficient of Correlation (r)
Judicial	-0.106 (N.S.)
Local	0.08 (N.S.)
Progressive	-0.164 **
Legislative	-0.138 *
Executive	-0.09 (N.S.)
Monarchic	-0.12 *
External	-0.04 (N.S.)
Oligarchic	-0.05 (N.S.)
Hierarchy	-0.02 (N.S.)
Internal	0.09 (N.S.)
Conservative	-0.004 (N.S.)
Anarchic	0.09 (N.S.)
Global	0.06 (N.S.)

**p < 0.01 level; *p < 0.05 level; NS: Not significant at 0.05 level.

The coefficient of correlation (r) of judicial thinking style and mental health is -0.106. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the judicial thinking style within the individual. Secondly, the coefficient of correlation (r) of local thinking style and mental health is 0.08. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the local thinking style within the individual. Thirdly, the coefficient of correlation (r) of executive thinking style and mental health is -0.09. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the executive thinking style within the individual. Fourthly, the coefficient of correlation (r) of external thinking style and mental health is -0.04. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the external thinking style within the individual. Fifthly, the coefficient of correlation (r) of hierarchy thinking style and mental health is -0.02. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the hierarchy thinking style within the individual. Sixthly, the coefficient of correlation (r) of internal thinking style and mental health is 0.09. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental Health do not affect the internal thinking style within the individual. Seventhly, the coefficient of correlation (r) of anarchic thinking style and mental health is 0.09. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the anarchic thinking style within the individual. Eighthly, the coefficient of correlation (r) of oligarchic thinking style and mental health is -0.05. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the oligarchic thinking style within the individual. Ninthly, the coefficient of correlation (r) of global thinking style and mental health is 0.06. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the global thinking style within the individual. And lastly, the coefficient of correlation (r) of conservative thinking style and mental health is -0.004. It is not significant at 0.05 level which shows that increase or decrease in problems related to mental health do not affect the conservative thinking style within the individual. Whereas, the coefficient of correlation (r) of progressive thinking style and mental health is -0.164. It is significant at 0.01 level which shows that when problems related to mental health increases or decreases it will effect progressive thinking style relatively in an individual. By initiating the improvement in mental health of an individual we can improve the progressive thinking style of a person. Relationship between progressive style and mental health is negative. It means that if mental health problem decreases, then there will be increase in the progressive thinking style of an individual. Secondly, the coefficient of correlation (r) of legislative thinking style and mental health is -0.138.

It is significant at 0.05 level which shows that increase or decrease in mental health problems will relatively effect the legislative thinking style in an individual. By initiating the improvement in mental health of an individual we can improve the legislative thinking style of a person. Relationship between legislative thinking style and mental health is negative. It means that if mental health problem decreases, then there will be increase in the legislative thinking style of an individual. And lastly the coefficient of correlation (r) of monarchic thinking style and mental health is -0.12. It is significant at 0.05 level which shows that when increase or decrease in problems related to mental health will automatically affect the monarchic thinking style in an individual. By initiating the improvement in mental health of an individual we can improve the Monarchic Thinking Style of a person. Relationship between monarchic thinking style and mental health is negative. It means that if mental health problem decreases, then there will be increase in the monarchic thinking style of an individual. Thus the hypothesis that there is no significant relationship between mental health and different thinking styles of adolescents stands accepted.

CONCLUSIONS

On the basis of analysis and interpretation of data following conclusions were drawn:

1. Male and female adolescents had significant difference in their mental health. Male adolescents had better mental health as compared to their counterparts.
2. Urban and rural adolescents had significant difference in their mental health. Urban adolescents had better mental health as compared to their counterparts.
3. There was no significant relationship in mental health of adolescents on different of thinking styles namely, judicial thinking style, and local thinking style, external thinking style, and executive thinking style, hierarchy thinking style, internal thinking style, conservative thinking style, anarchic thinking style and global thinking style.
4. There was negatively significant relationship of mental health of adolescents with following different thinking styles which are progressive thinking style, monarchic thinking style and legislative thinking style.

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