

A Study Of Mental Health and Coping Strategies in relation to Parental Encouragement

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ABSTRACT

The present study was an attempt to understand the mental health and coping strategies in relation to parental encouragement among adolescents. Keeping in view the objective of the study, two levels of parental encouragement (high and low) were compared on mental health and coping strategies among adolescents and gender differences was assessed. The total sample of the study consisted of 300 subjects equally divided into boys and girls and on the two levels of parental encouragement (High and Low). All the subjects were matched on their educational level and SES (Social Economic status). The subjects were selected using stratified random sampling technique from the schools of Dehradun, Uttarakhand. The age range of the subject was ranging from 14 years to 17 years. Two by two (2x2) factorial design was used where two levels of parental encouragement (High and Low) were matched with two levels of sex (Boys and Girls) to yield four conditions. Parental encouragement Scale developed by R.R. Sharma (2010) was used to assess the degree of Parental Encouragement. Mental Health Battery developed by Jagdish and A,K, Srivastava (1989) was used to measure the mental health of the subjects. WAYSS of Coping Scale developed by Folkman and Lazaras (1988) was used to measure the techniques of coping stress. The Means, SDs, and ANOVAs were utilised to examine the outcome of the study. The results revealed that both the groups of parental encouragement differ significantly from each other on mental health and some dimensions of coping strategies. Gender differences were also observed on some dimensions of mental health and coping strategies.

Introduction

Parental Encouragement refers to the treatment originating from parents towards the child with a view to enhance the possibilities of the future occurrences of good behavior by care, concern, approval and guidance.

Parental encouragement is one of the aspects of parent treatment patterns. In encouragement the parents help the child, guide him and coax him so that he may not feel disheartened at a particular point of difficulty. The entire treatment may have many individual traits. But their contents and direction are the same – to give encouragement to the child. It may be in the form of approval or it may be in the form of asking the child to modify his behavior. By effect, parental encouragement should create approach behavior. In case it creates avoidance behavior in the child then that accounts to discouragement. Parental encouragement is of great significance in developing psychological as well as academic behavior of a child.

Parents are in a unique position to influence the health of their children. Parents set the stage for health behaviors, provide reinforcement for such behavior, and serve as emotional supports in the behavior change process. In an intervention, parents can serve three roles: providing support, serving as role models, and setting limits.

The children who are encouraged by their parents towards studies and other activities are found to be show better performance in test scores, academic achievement, attitude and behavior than those who are rejected by their parents. Family support is important for sustaining a child's interest in activity. Attending games, watching pickup play in the backyard, asking questions, and generally demonstrating interest add support to the youth's participation in physical activity (Gustafson & Rhodes, 2006).

The mental health of young people is a growing public health issue (Patel et al., 2007). Social and emotional difficulties in childhood increase the risk of developing psychiatric disorders, depression, anxiety and substance use in later life (Costello, Egger, & Angold, 2005; Stansfeld, Clark, Rodgers, Caldwell, & Power, 2008), and it is therefore essential to promote positive social and emotional learning (OECD, 2015) and prevent mental health problems among children and adolescents (Viner et al., 2012).

With respect to children and adolescents' mental health the World Health Organization states that "...an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire education, ultimately enabling their full active participation in society

Coping Strategies are conscious efforts to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. The effectiveness of the coping efforts depend on the type of stress and /or conflict, the particular individual and the circumstances.

Gender differences in coping strategies are the ways in which men and women differ in managing the psychological stress. In coping with stress, people tend to use one of the three main coping strategies: either appraisal focused, problem focused, or emotion focused coping.

There is evidence that males often develop stress due to their careers, whereas females often encounter stress due to issues in interpersonal relationships.

Objectives of the study:

The present study was an attempt to understand the effect of parental encouragement on mental health and coping strategies among adolescents.

To achieve this aim following objectives are framed:

- 1.To assess the two levels of parental encouragement (High and Low).
- 2.To compare these two levels of parental encouragement on mental health and coping strategies among adolescents.
- 3.To assess the gender differences on all the variables of the study.

Hypotheses Keeping in view the main objective of the study and literature available following tentative hypothesis are framed:

1. Subjects of high and low parental encouragement will differ significantly from each other on mental health and its dimensions.
2. Subjects of high and low parental encouragement will differ significantly from each other on coping strategies and its dimensions.
3. Boys and Girls will differ significantly from each other on mental health and its dimensions.
4. Boys and Girls will differ significantly from each other on coping strategies and its dimensions.

Sample

The total sample of the study was consisted of 300 subjects equally divided into boys and girls and on the two levels of parental encouragement (High and Low). All the subjects were matched on their educational level and SES (Social Economic status). The subjects were selected using stratified random sampling technique from the schools of Dehradun, Uttarakhand. The age range of the subject will vary from 14 years to 17 years. Subjects were chosen from the schools of Dehradun namely; Scholar's Home, Sri Guru Ram Rai Public School, Govt Inter College and Govt Girls Inter College. Dehradun.

Keeping in mind the the main objective of the study the investigator decided to select high and low Parental encouragement subjects by calculating percentile scores – high parental encouragement above 75th percentile and low parental encouragement below 25th percentile were chosen with the view that the extreme quadrance may provide definite difference in level of Mental Health and Coping Strategies

Tools and Techniques of Research: The following tools are proposed to be used in the study:

1. **Parental encouragement Scale** developed by R.R. Sharma (2010) was used to assess the degree of Parental Encouragement.
2. **Mental Health Battery** developed by Jagdish and A,K, Srivastava (1989) (1989) was used to measure the mental health of the subjects. It measures Mental Health in dimensions namely, Positive Self Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitude and Environmental Mastery.
3. **WAYSS of Coping Scale** developed by Folkman and Lazarus (1988) was used to measure the techniques of coping stress. . Different Coping Strategies measured by the scale are Confrontive Coping, Distancing, Self-Control, Seeking Social Support, Accepting Responsibility, Escape Avoidance, Planful Problem Solving, and Positive Reappraisal.

Research Design Two by two (2x2) factorial design was used where two levels of parental encouragement (High and Low) were matched with two levels of sex (Boys and Girls) to yield four conditions following research design was used in the study.

Procedure

The proposed topic for research deals with adolescents. The researchers fully tried to establish the rapport with the subjects. Thus, the healthy and conducive atmosphere was created in all the settings of data collection, and then only tests and scales were given to the subjects. The subjects were contacted individually and requested to cooperate for the testing schedule. The subjects were convinced that the result and the information they will give would be kept strictly confidential and will be used for research purpose only. The subjects were asked to fill in the preliminary information on the first page regarding his/her age, sex, caste, name of school etc. Later, the standardized instructions for responding to the test items were read out to the subject for all the scale, schedule and test. The testing schedule was started by administering the Parental Encouragement Scale, then **Mental Health Scale** was used to check the mental health level of subjects and lastly **Coping Strategies Scale** was used to know the coping strategies of the subjects. There was enough time gaps between the administration of all the tests. The test/questionnaires were scrutinized in respect of their completion in terms of responses provided by the subjects. After this the scoring of the tests over the required sample were carried out according to the specification given in the respective manuals. The raw data was computed to find out Means, SDs and ANOVAs to derive at the results.

Result and Discussion

The first hypothesis was **“Subjects of high and low parental encouragement will differ significantly from each other on mental health and its dimensions”**.

To test the above hypothesis Means, SDs and F ratios were computed for total mental health and its dimensions. The obtained F- ratio shown in table number 3 for groups (high and low parental encouragement) was appeared to be significant. Denoting that real difference existed between both the subjects of parental encouragement. Furthermore the observation of mean values of high and low parental encouragement subjects (Table 2) showed that subjects with higher parental encouragement obtained higher mean values than subjects with low parental encouragement. It can be inferred that high parental encouragement group possess better mental health as compared to low parental encouragement group.

The proposed hypothesis was also tested for various dimensions of mental health which are discussed as below:

On the various dimensions of mental health: positive self-evaluation, perception of reality, integration of personality the calculated F- ratio (Table 3) was found to be highly significant at .01 level. It revealed that group difference existed on this dimension of mental health. The mean values (Table 2) on these

dimensions showed that both the groups of parental encouragement differ from each other. Subjects with high level of parental encouragement were found to be higher on these dimensions of mental health. It means that high level of parental encouragement leads to develop high level of positive self-evaluation, perception of reality, integration of personality. The other dimensions of mental health: autonomy, group oriented attitude and environmental mastery F- ratios (Table 3) were found to be quite insignificant. It showed that both the groups are not different on these dimensions.

The obtained findings clearly denoted that both the groups of parental encouragement were significantly higher on all the mental health dimensions except autonomy, group oriented attitude and environmental mastery whereas on other dimensions actual difference was observed. Therefore we partially accept the proposed hypothesis claiming that high parental encouragement subjects possess better mental health than low parental encouragement particularly on positive self-evaluation, perception of reality and integration of personality. The findings support the earlier finding of Nicholls L, Lewis AJ, Petersen S, Swinburn B, Moodie M, Millar L. (2014) who suggested that parental encouragement of healthy behaviour is an important factor in adolescents wellbeing.

The second hypothesis was **“Subjects of high and low parental encouragement will differ significantly from each other on coping strategies and its dimensions”**.

To test the above hypothesis Means, SDs and F ratios were computed for Coping Strategies and its dimensions. The obtained F- ratio for Coping Strategy as a whole shown in table no. 3 for groups (high and low parental encouragement) was emerged to be insignificant. It means that no actual difference existed between high and low parental encouragement subjects on Coping Strategies or both the groups have same coping strategies. Nijhof, Karin S.; and Engels, Rutger C.M.E. (2007) revealed the importance of a loving and accepting home environment for the development as well as the importance of the way in which students learn to cope with their problems.

To test the difference on various dimensions of Coping Strategies the calculated F ratios on Confrontive Coping, Distancing and Seeking Social Support (Table 3) were found to be significant at .01 level. It revealed that group difference existed on these dimensions of Coping Strategy or subjects of high and low parental encouragement differ significantly from each other on the tendency of Confrontive Coping, Distancing and Seeking Social Support. Furthermore, the observation of mean values (table no 2) on this dimension showed that high parental encouragement subjects obtained higher mean values than low parental encouragement subjects on these dimensions. It means that high parental encouragement subjects possess significantly higher tendency on these dimensions of Coping Strategy. On all other dimensions no significant difference was observed so it can be inferred that both the groups

possess similar level on Self-Control, Accepting Responsibility, Escape Avoidance and Planful Problem Solving dimensions of coping strategies.

On the basis of above obtained findings the proposed hypothesis was partially accepted claiming that both the groups differ from each other on confrontive coping, distancing, seeking social support and positive reappraisal technique of Coping Strategies whereas no significant difference was observed on self control, accepting responsibility, escape avoidance and planful problem solving. The obtained findings were in contrast to the earlier findings of Nijhof, Karin S.; and Engels, Rutger C.M.E. (2007) revealed the importance of a loving and accepting home environment for the development as well as the importance of the way in which students learn to cope with their problems. The findings of present study stand in contrast to the findings of Folkman and Lazarus (1980) who reported differences in different age groups on coping strategies and found that younger group use Emotion focused approach more i.e. they used more of accepting responsibility and distancing than older group. The younger group was found to use more Confrontive Coping and Seeking social Support than the older group. The findings of present study stand in line to the findings of Folkman and Lazarus (1980) who reported the older group use more passive, interpersonal emotional focused forms of coping i.e. Distancing, Accepting Responsibility and Positive Reappraisal. Holahan, Charles J.; Valentiner, David P.; and Moos, Rudolf H. (1995) showed that parental support was associated with psychological adjustment both directly and indirectly through a higher percent of approach coping strategies. Studies by Kelly, Tryka, Price and Carpenter (2008); Forns, Kirchner, Abad and Amador(2012).

It was hypothesized that **“Boys and Girls will differ significantly from each other on mental health and its dimensions”**

To test the gender differences on mental health means SDs and F values were computed. The obtained value of F for overall mental health (Table 3) for sex was found to be significant at .01 levels. It indicated that boys and girls differ from each other on overall mental health pattern. Furthermore the observation of mean values of boys and girls on total mental health (Table 2) shows that girls obtained higher mean values than boys denoting that girls have overall better mental health than boys or it can be said that boys possessed significantly lower level of mental health.

The calculated F values for dimensions of mental health table 3 revealed that boys and girls were differ significantly at .01 level denoting that gender difference exist on the level of positive self-evaluation, and integration of personality Observation of mean values (Table2) shows that girls obtained higher

mean values than boys. It means that girls were found to have significantly higher level of positive self-evaluation and integration of personality.

On all other dimensions of mental health did not show significant differences. It can be said that gender has no effect on the level of perception of reality, autonomy, group oriented reactions and environmental mastery. The observation of mean values (Table 2) showed that although boys obtained slightly higher mean values than girls on these dimensions of mental health but the mean difference was not found to be statistically significant. It can be said that both the sexes possess almost similar level on these dimensions of mental health.

The obtained findings clearly denoted that girls have significantly higher level of positive self-evaluation, integration of personality and overall mental health as compared to boys. No gender difference was found on all other dimensions of mental health. Therefore we partially accept the proposed hypothesis claiming that boys and girls differed from each other only on positive self-evaluation, integration of personality and overall mental health. The present findings stands in line with the earlier findings of Vaingankar et al.(2013) indicated that gender differences in emotional support, personal growth and autonomy dimensions of positive mental health among Asian sample.

Last hypothesis was that **“Boys and Girls will differ significantly from each other on coping strategies and its dimensions”**.

To test this hypothesis F ratios were computed for Coping Strategies and its dimensions separately. Insignificant F ratio for total Coping Strategies (Table 3) indicated that boys and girls do not differ from each other on total Coping Strategy. It indicated that the degree of adopting Coping Strategies in stressful situations is similar among boys and girls.

The obtained findings stands in contrast with the earlier findings of Kelly Ashford Julia Lawrence and Pauldent (2006) who investigated differences in coping strategies adopted by male and female first year student in higher education environment. It was observed that females attend coping strategies at a significantly higher level than males. Sahu, K. (2007) also explored significant gender differences was found for life stress only, a significant negative relationship between life stress and coping was observed. Tyagi, P and Sen, A.K (2000) found no gender difference on problem focused coping. However, males scored higher than females on this strategy.

Rao, K;Mouded S and Subhakarshna, D.K (2000) found gender difference in the use of emotion focused coping. Females preferred distress- reducing strategies and social support utilization, while males reported active behavioral methods including high risk coping behavior.

The dimension of Coping Strategies, Distancing and Planful Problem Solving the calculated F- ratio

(Table 3) was found to be significant. It showed that boys and girls differ significantly from each other on these two dimensions. The observation of mean values (Table 2) for these dimension of Coping Strategies showed that girls obtained significantly higher mean value than boys. It depicted that boys and girls have a different tendency of using these techniques of Coping Strategy in stressful situations. Boys and girls were found to use cognitive efforts in different manner to detach one and to minimize the significance of the situation.

Self-Control, Seeking Social Support, Accepting Responsibility, Escape Avoidance and Positive Reappraisal dimensions of Coping Strategy the obtained F ratios (Table 3) was emerged to be insignificant. This revealed that boys and girls do not differ from each other on these dimensions. So it can be inferred that boys and girls use almost similar efforts to regulate one's feelings and actions.

On the basis of above findings the proposed hypothesis was partially accepted claiming that boys and girls use differently Distancing and Planful Problem Solving technique of Coping Strategy whereas on all other dimension of Coping Strategy both the genders have similar tendency.

Finally it can be concluded that high parental encouragement subjects possess better mental health than low parental encouragement particularly on positive self-evaluation, perception of reality and integration of personality. High parental encouragement subjects possess better confrontive coping and distancing, while subjects with low parental encouragement were higher in seeking social support. Girls were found to have significantly higher level of positive self-evaluation and integration of personality. Girls also were higher on distancing and planful problem solving technique of coping strategy

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Table 1: Mean of Total High Parental Encouragement and Total Low Parental Encouragement

VARIABLES	Mean of Total HIGH PE	Mean of Total LOW PE
Parental Encouragement (PE)	75.39	49.01
Distancing (DIS)	10.57	11.45
Self Controlling (SEL)	11.93	11.79
Seeking Social support (SEE)	11.39	13.55
Accepting Responsibility (ACC)	7.11	7.29
Escape Avoidance (ESC)	12.67	13.97
Planful Problem Solving (PLA)	11.65	10.69
Positive Reappraisal (POS)	14.72	13.45

Table 2: Mean of Total Boys and Total Girls on all the Variables

VARIABLES	Mean (Boys)	Mean (Girls)
Parental Encouragement (PE)	61.99	64.41
Positive Self Evaluation (PSE)	30.59	32.17
Perception of Reality (POR)	24.88	24.49
Integration of Personality (IOP)	31.71	33.43
Autonomy (AUT)	16.35	17.04
Group Oriented Attitude (GOA)	29.47	31.70
Environmental Mastery (ENM)	26.51	28.01
Total Mental Health	159.51	166.84
Total Ways of Coping (WOC)	85.88	92.81
Confrontive Coping (CON)	9.00	8.57
Distancing (DIS)	9.91	12.11
Self Controlling (SEL)	11.71	12.02
Seeking Social support (SEE)	11.27	11.68
Accepting Responsibility (ACC)	6.99	7.40
Escape Avoidance (ESC)	12.88	13.75
Planful Problem Solving (PLA)	10.24	12.10
Positive Reappraisal (POS)	12.98	15.19

Table 3: Analysis of Variance (ANOVA) of Parental Encouragement (PE) and Emotional Intelligence

Variables	H/L PE	Sex	H/L X Sex
Parental Encouragement	281.4**	61.1**	13.5**
Mental Health	9.14**	4.32*	10.80**
PSE	11.66**	12.18**	2.67
POR	10.16**	0.02	0.53
IOP	12.92**	18.24**	0.03
AUT	1.72	0.45	28.73**
GOA	0.04	0.46	22.18**
EM	1.49	0.16	27.42**
Ways Of Coping	10.7	7.2	8.3
CON	22.91**	0.77	5.77*
DIS	11.13**	5.95*	1.19
SEL	0.1	2.9	0.8
SEE	4.86*	2.08	0.02
ACC	1.99	0.23	2.27
ESE	0.66	0.36	0.56
PLA	0.08	16.77**	11.77**
POS	1-26	2-00	2-52

* Significant at 0.05 level

**Significant at 0.01 level