

Study of Relationship between Mental Health and Assertiveness among Adolescents

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ABSTRACT

It is estimated that around 20 per cent of the world's adolescents have a mental health or behavioral problem. The prevalence of mental disorders among adolescents has increased in the past 20–30 years; the increase is attributed to disrupted family structures, and families' unrealistic educational and vocational aspirations for their children. Assertive communication is the skill to speak and communicate in a manner that respects and look upon the rights and opinions of others while also standing up for your own rights, needs and personal boundaries. The purpose of the researchers was to find the relationship between mental health and level of assertiveness among adolescents. 80 college going students were randomly selected as the sample for research from Amity University Lucknow. **Rathus** assertiveness scale and **Mental Health Inventory by Srivastava A.** were used for assessing assertiveness and mental health among adolescents. Analysis was done using t-test to find gender differences among adolescents and Pearson r was used for assessing relation between both the variables. The result showed no significant gender difference among adolescents on assertiveness and mental health, but both the genders were found to be low assertive. Insignificant correlation was found on both the variables among adolescents.

Keywords: *Mental health, assertiveness, Indian adolescent*

WHO (2001) has recently proposed 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. Three ideas central to the improvement of health follow from this definition: mental health is an integral part of health, mental health is more than the absence of illness, and mental health is intimately connected with physical health and behavior. Mental health concerns everyone. It affects our ability to cope with and manage change, life events and transitions all human beings have mental health needs, no matter what the state of their psyche.

Jahoda (1958) identified certain characteristics of mental health:

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- Mental health is indicated by the attitudes of the individual towards themselves
- Mental health is expressed in the individual's style and degree of growth, development or self-actualization
- Mental health is based on the individual's relation to reality in terms of autonomy, perception of reality, environmental mastery
- Mental health is the ability of the individual to integrate developing and differing aspects of them over time.

Shamasundar (2008) in an in-depth study of Epics and Hindu scriptures contends that *“State of Mental Health should not be dependent on the presence or absence of illnesses or difficulties, and should transcend both. Thus, it should be possible for an individual to be mentally healthy in spite of difficulties and/or illnesses.”* Human suffering is an integral part of life. For being mentally healthy does not mean that I am free of problems. On similar note, **Singh (2002)** highlights some of the characteristics of a mentally healthy person:

- Development of emotionality, creativity, intellect and spirituality.
- Maintenance of mutually rewarding social relationship.
- Ability to face problems and challenges without losing patience and respond to them with full strength and draw lessons for future.
- Possessions of self-confidence, assertiveness, sensitivity and empathy with suffering of others.
- Prepare constructively for joyful utilization of loneliness and participating in play and fun.
- To laugh on the occasions which are really amusing, joyful, wonderful and amazing

Even **Jahoda (1958)** conceptualized Mental Health in terms of characteristics of mentally healthy persons. Jahoda's perspective also provides a flavor of positive psychology to Mental Health. The six characteristics are-

- An attitude towards oneself in which self-inspection leads towards acceptance of weaknesses and pride in the strengths.
- Growth and development towards understanding of one's potentialities, a blending of what one is in totality with what one might become.
- Integration of personality involving a balance of cognitive, emotional and motivational aspects, thus making a unified outlook on life, as well as, some capacity to understand anxieties and stress.
- Autonomy of action in which the individual determines behavior form within instead of drifting the impact of the environment.
- A perception of reality which is relatively free from what one wishes things might be and which also tunes his attention and concern for the well-being of others.

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Assertiveness can be understood as one's ability to directly express his/her feelings, desires and thoughts. Assertiveness is an important social skill which promotes personal well-being. Most definitions of assertiveness emphasize direct expression of feelings, desires and thoughts in interpersonal contexts. Eskin, (2003), Bijstra et al. (1994), Taylor et al., (2002), in studies have explored the relationship between assertiveness and mental health in adolescence and have found certain variables which influence assertiveness, including culture, self-esteem, psychological distress, depression, risk behaviour and gender.

Definitions of assertive behavior put an emphasis on individual rights. For instance, Alberti and Emmons (1990) stated that "assertive behavior promotes equality in human relationships, enabling us to act in our own best interests, to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others."

For Galassi (1978), "assertion is the direct and appropriate communication of a person's needs, wants and opinions without punishing, threatening, putting down others, and doing this without fear during the process". According to a definition put forward by Lange and Jakubowski (1976), "assertiveness involves standing up for personal rights and expressing thoughts, feelings, and beliefs in direct, honest, and appropriate ways which do not violate another person's rights"

OBJECTIVE

The objective of the study was:

1. To study gender difference in mental health and assertiveness among adolescents.
2. To study relationship between mental health and assertiveness among adolescent.

VARIABLES

Variables of the study were as following:

- a) **Independent variable: Gender** - Biologically categorized as male and female gender is the independent variable in the present study.
- b) **Dependent variable:**
 - 1) **Mental health:** Mental health has been operationally defined in present study in terms of scores obtained on the **mental health inventory by Srivastava A**. Higher score reflect better mental health.
 - 2) **Assertiveness:** Assertiveness in present study is explained in terms of scores obtained on the **Rathus Assertiveness Scale(RAS) by Spencer A. Rathus (1973)**. Scores can range from -90 to +90. Negative scores reflect no assertiveness and positive scores reflect assertiveness.

Sample:

The sample of the present study comprised of 80 adolescents (40 males and 40 females). They belong to age range of 18 to 21 years and were undergraduate students of following courses-

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Bachelor of Arts, Bachelor of Technology, Bachelor of Science, and Bachelor of commerce and Bachelor of business administration.

HYPOTHESIS

H1- There will be significant gender difference in terms of mental health and assertiveness among adolescents

H2- There will be positive correlation between assertiveness and mental health.

Tools and administration:

In the present study two tools were used, the description and scoring of the tools is being given here-

- **Mental Health Inventory (M.H.I)** by Jagdish and Srivastava A.: mental health inventory in the present study is used for assessing a person's ability to make positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes and his environmental mastery i.e. how efficiently he meets situational requirements etc.

Scoring: in the present scale four alternative responses have been given to each statement i: e. always, often, rarely, never and four scores to each responses i: e; "4" to always. "3" to often, "2" to rarely, and "1" to never for positive statements whereas 1,2,3 and 4 scores for always, often, rarely and never respectively in case of negative statements. Then there are 6 dimensions under which different items have been divided. The six dimensions are: positive mental health, perception of reality, integration of personality, autonomy, group- oriented attitudes, environmental mastery. The obtained scores were added and then compared with the norms.

- **Rathus Assertiveness Scale (RAS) by. Rathus S. A (1973):** scale helps to assess the assertiveness and frankness or which is also called as social boldness by the author.

Scoring: items are rated in terms of how descriptive the item is of the respondent. Ratings are from +3 to -3. Seventeen items, indicated by an asterisk on the scale, are reversed scored. Scores are determined by summing items rating, and can range from -90 to +90. Negative scores reflect no assertiveness and positive scores reflect assertiveness.

Analysis: in the present study analysis was done using t-test to find gender differences among adolescents and Pearson r. was used for assessing relation between the variables.

RESULT AND DISCUSSION

The purpose of the study was to find out gender difference in mental health and assertiveness among adolescents. Correlation was computed to find relation between assertiveness and mental health among adolescents

- 1) **Mental Health:** Mental health of adolescents was assessed using mental health inventory by Srivastava A.K. and Jagdish. The calculated mean and std. deviation are shown in the table below:

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	Gender	Mean	S.D.	t
Mental health	Female	142.50	16.05759	-.328
	male	143.62	14.59661	-.328

Table 1: Showing mean, std. deviation and ‘t’ scores of adolescents on mental health.

The means of females and males on mental health variable was found to be 142.50 and 143.62 respectively, their S.D. was calculated which was found to be 16.05 for females and 14.59 for males. The t score is -.328 which is “not significant” at 0.05 levels. From the results it can be concluded that there is as such no significant gender difference among adolescents.

- 2) **Assertiveness:** Assertiveness was measured using Rathus Assertiveness Scale (1973). The calculated mean score and std. deviation are shown in the table below:

	Gender	Mean	S.D.	t
Assertiveness	Female	-4.2000	13.20684	.041
	Male	-4.3250	13.79964	.041

*Minus scores represent low assertiveness.

Table 2: Showing mean, std. deviation and t scores of adolescents on assertiveness variable.

The mean of females and males on assertiveness variable was found to be -4.2000 and -4.3250 respectively, their S.D. was calculated which was found to be 13.20 for females and 13.799 for males. t score is .041 which is “not significant” at .05 level which means that there is no significant gender difference. **This finding is supported by a study done by Karagözoğlu et al., (2008) found there are no significant gender differences in assertiveness.** The negative mean scores means that both males and females are low- assertive. This may be due to Indian culture where people are traditional and they still follow patriarchal system. They have few rights to express themselves. Children in many region are still bound to follow elders without questioning. This finding is supported by following study: Furnham (1979) in a study with European, Indian and African nurses in South Africa, found Europeans to be the most assertive and **Indians to be the least assertive.**

- 3) **Correlation between mental health and assertiveness among adolescents-**

		Assertiveness	Mental Health
Assertiveness	Pearson Correlation	1	-.001
Mental health	Pearson Correlation	-.001	1

Table 3: showing correlation between assertiveness and mental health among adolescents.

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No significant relationship was found between mental health and assertiveness among adolescents. The results obtained may be due to less sample size. According to Pipher (1994), many adolescent girls lose their resiliency, assertiveness, and optimism. They become less curious and energetic and less incline to take risks. They are more deferential, self-critical and depressed. Pipher observed that girls in her research were not able to say why they lost interest in their dreams and aspirations, they just reported their mysterious” disappearance” (p. 63).

MAIN FINDINGS

- Boys scored better on mental health as compared to girls, but the difference was insignificant. The scores were not very high i.e. adolescents were moderately mentally healthy. Reason for moderate scores on mental health can be because of low assertiveness. Although, insignificant relationship was found between mental health and assertiveness, which may be due to smaller sample size.
- Assertiveness was found to be very low among adolescents, insignificant gender difference was found i.e., both boys and girls were low assertive.

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