

## **Spiritual Intelligence, Altruism, School Environment and Academic Achievement as predictor of Mental Health of Adolescents**

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### **Abstract**

The present study was design to examine the joint contribution of Spiritual Intelligence, Altruism, School Environment and Academic Achievement for predicting Mental Health of senior secondary school students. Total 934 students of class +1 (mean age 16.4 Years) studying in schools affiliated to Punjab School Education Board were taken as sample. Mental Health Battery (2000) developed by Singh and Sen Gupta; Spiritual Intelligence scale (2006) developed by Singh, Altruism scale (1988) developed by Rai and Singh; School Environment inventory (2002) prepared by Misra were used to collect data. Result through multiple correlation and regression analysis revealed that Type of school, Spiritual Intelligence, Altruism, rejection (dimension of School Environment) and control(dimension of School Environment) were the significant predictor of Mental Health; and gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement were not significant predictors of Mental Health.

**Key Words: Mental Health, Spiritual Intelligence, Altruism, School Environment and Academic Achievement**

### **Introduction**

The thing, which is mostly desired in all the societies of the world, is the need of preserving Mental Health of the individual. Mental Health as the health of one's mind, which can prove a potent determinant of one's integrated personality and balanced behaviour identified on the basis of the level of his adjustment to his self, others and environment. The acquisition of such personality is indeed a great asset and privilege for a normal individual.

According to World Health Organization (WHO) 'The state of health is defined as a state of complete physical, mental and social well-being and not merely 'an absence of disease' or infirmity'. WHO also suggested a fourth dimension i.e. 'spiritual well-being' (Kapur, 1995). In this way spiritual trait is a part of Mental Health. Many researches revealed this relationship such as Inang (2002) revealed that optimism, quality of life, satisfaction with life and spiritual health were found to be positively and significantly related with subjective well being. Jones (1998) indicated that there were strong associations between

Spirituality and religion, between spirituality and Mental Health, as well as between spirituality and physical health. It was indicated that the linear combination of spirituality, physical health, and age were the best predictors of Mental Health. *Burke (1999)* supported the very significant correlation between Mental Health and closeness to God, the distinctions between religiosity and spirituality as they relate to Mental Health, and the importance of spirituality while coping with pain in chronic illness.

School Environment may be defined as a measure of the quality and quantity of cognitive, emotional and social support that has been available to the students during their school life in terms of teacher- pupil interactions. *Sturm (2000)* reported that through positive relationships with their students teachers will then be able to provide emotional support, which may help the students adjust better to the increasingly demanding School Environment. *Mortimer (1993)* showed that 12th grade students who worked fewer than 20 hours per week had significantly higher grade point averages than students who did not work at all. *Orellana (2004)* showed statistical significance and positive correlation between the School-Based Mental Health Program and the Academic Achievement based on the four indicators (absences, suspensions, disciplinary actions, and grade point average). *Young et al. (2007)* suggestions for organizations to enhance wellness in Mental Health practice and schools by changing policies, increasing professional identification, supporting counselor wellness, and improving safety.

Prosocial behaviour is defined by *Bar Tal (1976)* as voluntary behaviour

that is carried out to benefit without anticipation of external rewards. *Driver (1987)* examined the hypothesis that people who tend to have positive moods, high self-esteem and a positive sense of well-being would feel more benevolent towards others than individuals characterized by more negative moods, low self-esteem and a poor sense of well-being. *Schwartz (2003)* has set up a starting point for future research on the subject of Altruism and its possible health benefits. *Todd (1998)* revealed that problematic social ties and downward social comparison together predicted over 48% of the variance in resilience. In response to open-ended questioning, more than 70% of the participants named social support, religious/spiritual beliefs, and their children as important contributors to their resilience.

After reviewing the above painted literature the investigator design a study to examine the joint contribution of Spiritual Intelligence, Altruism, School Environment (dimension wise) and Academic Achievement in predicting Mental Health of senior secondary school students.

### Materials and Method

Data was collected from 934 students of class +1 studying in schools affiliated to Punjab School Education Board. The structure of sample is given in table 1.

**Table 1: Structure of Sample**

Variable	Category	N
Gender	Boys	344
	Girls	590
Location	Urban	371
	Rural	563
School	Govt.	588
	Aided	227
	Unaided	119
Total		934

Mental Health Battery (2000) developed by Singh and Sen Gupta; Spiritual Intelligence scale (2006) developed by Singh; Altruism scale (1988) prepared by Rai and Singh; School Environment inventory (2002) developed by Misra were used to collect data. The data were described and analyzed in the light of formulated objectives and hypotheses.

**Results**

**Table 2: Coefficient of multiple correlation among the variables**

R	R Square	Adjusted R Square
0.368	0.135	0.124

Table 2 shows the coefficient of multiple correlation among Mental Health, Spiritual Intelligence, Altruism, School Environment and Academic Achievement. The coefficient is 0.368 and its square is 0.135. this means that 13.5 % variance in mental health is explained jointly by gender, location of residence, type of school, Spiritual Intelligence, Altruism, dimensions of School Environment and Academic Achievement of senior secondary school students.

**Table 3: Summary of ANOVA for regression model**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	9211.274	12	767.606	11.994	0.001
Residual	58942.565	921	63.998		
Total	68153.839	933			

Table 3 shows that F value is 11.994 which is significant at 0.01 level of significance with df 12/933. This means that the model presented is significant in predicting Mental Health of students. Thus the null hypothesis that there is no linear relationship of Mental

Health to the independent variables, is rejected. Hence, this result suggested to calculate regression analysis, which is given in table 4.

**Table 4: Summary of Regression Coefficient table for Mental Health**

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error			
Constant	62.61	3.70		16.93	0.001
Gender	-0.89	0.59	-0.05	-1.51	0.130
Location	-1.06	0.58	-0.06	-1.82	0.070
School	1.68	0.42	0.14	4.03	0.001
Spiritual Intelligence	0.06	0.02	0.12	3.55	0.001
Altruism	0.28	0.04	0.21	6.53	0.001
Creative Stimulation	-0.05	0.05	-0.07	-1.12	0.264
Cognitive Encouragement	0.05	0.07	0.04	0.70	0.484
Acceptance	-0.06	0.07	-0.05	-0.94	0.350
Permissiveness	0.05	0.06	0.03	0.80	0.422
Rejection	-0.21	0.05	-0.15	-4.47	0.001
Control	0.17	0.06	0.12	2.60	0.009
Academic Achievement	0.03	0.03	0.04	1.17	0.244

It is evident from the table 4 that variables type of school, Spiritual Intelligence, Altruism, rejection and control are the significant predictor of Mental Health. The other variables viz. gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement are not significant predictors of Mental Health. The regression equation formulated from all these variables is as given below:

$$\text{Mental Health} = 62.61 - 0.89 \text{ X Gender} - 1.06 \text{ X Location} + 1.68 \text{ X School} + 0.06 \text{ X Spiritual Intelligence} + 0.28 \text{ X Altruism} -$$

0.05 X Creative stimulation + 0.05 X Cognitive Encouragement - 0.06 X Acceptance + 0.05 X Permissiveness - 0.21 X Rejection + 0.17 X Control + 0.03 X Academic Achievement

## Discussion

Type of school, Spiritual Intelligence, Altruism, rejection (dimension of School Environment) and control (dimension of School Environment) were the significant predictor of Mental Health and gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement were not significant predictors of Mental Health. Gupta (2002) concluded that there was a significant difference between Mental Health of Government and Private school adolescents. For Spiritual Intelligence Inang (2002), Jones (1998), Andersen (2000), Burke (1999), Wilcoxon et al. (2008), Sobel (1997), Alexander (2001) supported; and for Altruism Khanna (1992), Sharman et al. (1992), Batson (1989) supported the present finding. The result for rejection (dimension of School Environment) and control (dimension of School Environment) are (indirectly) supported by Bullerdick (2000), Reddy et al. (2002). Further regression equation for calculating or finding out Mental Health of senior secondary school students was established as Mental Health = 62.61 - 0.89 X Gender - 1.06 X Location + 1.68 X School + 0.06 X Spiritual Intelligence + 0.28 X Altruism - 0.05 X Creative stimulation + 0.05 X Cognitive Encouragement - 0.06 X Acceptance + 0.05 X Permissiveness - 0.21 X Rejection + 0.17 X Control + 0.03 X Academic Achievement. It means that on the basis of scores on above said variables the

scores of Mental Health can be obtained or predicted.

## References

- Alexander, Kimberly A. 2001. Emotional health, well-being, and religion as quest. Ph. D., University of North Texas. Retrieved September 23, 2008, from <http://www.lib.umi.com>.
- Andersen, David Tobias 2000. Empathy, attachment, mediation, and Mental Health. Ph. D. Thesis. Adelphi University, The Institute of Advanced Psychological Studies (0830): 119.
- Bar-Tal, D. 1976. *Prosocial behaviour*. Washington DC: Hemisphere Publishing Corporation.
- Batson, C. 1989. Religious Prosocial Motivation: Is it altruistic or egoistic? *Journal of Personality and Social Psychology*, 57(5): 873-884.
- Bullerdick, Susan Kay 2000. Social connectedness and the relationship to emotional well-being among urban American Indian youth. Ph. D., University of Minnesota. Retrieved September 23, 2008, from <http://www.lib.umi.com>.
- Burke, Kevin John 1999. Health, Mental Health, and spirituality in chronically ill elders. Ph. D. Thesis. The University of Chicago (0330): 137.
- Driver, H. 1987. Self esteem and Mental Health: Role of Gender. Ph. D., The University of Rochester. Retrieved September 23, 2008, from <http://www.lib.umi.com>.
- Gupta, M. 2002. Study of mental health in relation to demographic variables of Adolescents. *International Educator*, 14 (2): 19-23.
- Inang, P. (2002). A multi-dimensional study of correlates of subjective well-being among students. Ph. D. Education., Deendayal Upadhaya Gorakhpur University.
- Jones, Gwendolyn L. 1998. The relationships among spirituality, religion, and Mental Health for African Americans. Ph. D. Thesis, University of New Orleans (0108): 187.
- Kapur, Malavika 1995. *Mental health of Indian children*. New Delhi: Sage Publications.
- Khanna, R and Rathee, R. 1992. Altruism, mood and help to drug addicts. *Journal of Personality and Clinical Studies*, 8(1): 23-26.

- Mortimer, Jeylan T. & Others 1996. The Effects of Work Intensity on Adolescent Mental Health, Achievement, and Behavioral Adjustment: New Evidence from a Prospective Study. *Child Development*, 67 (3), 1243-61. ERIC #: EJ528238. Retrieved September 23, 2008, from <http://www.eric.ed.gov>.
- Orellana, G. 2004. School based mental health program and academic achievement: Some indicators. . Ph. D., The University of Rochester. Retrieved September 23, 2008, from <http://wwwlib.umi.com>.
- Reddy, J. & Swami P. 2002. Psychosocial predictor of Mental Health. *International Educator*, 14 (2): 34-39.
- Schwartz, C. 2003. Altruistic Social Interest Behaviors are Associated with Better Health. *Psychosomatic Medicine*, 65: 778-785.
- Sharman, V. and Rosha, J. 1992. Altruism as a function of Self Actualization and Locus of Control of benefactor. *Psychological Studies*, 37(1): 26-30.
- Sobel, Sara Emir 1997. Spiritual perspective and well-being in nursing home-dwelling elderly. MPH, New York medical college. Retrieved September 23, 2008, from <http://wwwlib.umi.com>.
- Sturm, Robin J. 2000. Children's perceived support from teachers. Ed. D., The University of Rochester. Retrieved September 23, 2008, from <http://wwwlib.umi.com>.
- Todd, Janet Louise 1998. Resilience in low-income African-American women. Ph. D., University of Kentucky. AAC 9816002. Retrieved September 23, 2008, from <http://wwwlib.umi.com>.
- Wilcoxon, S. Allen; Magnuson, Sandy; Norem, Ken 2008. Institutional Values of Managed Mental Health Care: Efficiency or Oppression? *Journal of Multicultural Counseling and Development*, 36 (3): 143.
- Young, Mark E.; Lambie, Glenn W. 2007. Wellness in School and Mental Health Systems: Organizational Influences. *Journal of Humanistic Counseling, Education and Development*, 46 (1): 98, Spr. 2007. (EJ774972).

