

A Correlation Study Of Mental Health, Resilience and Happiness

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Abstract

Background: This examination was a correlational investigation of mental health, resilience and happiness. Mental health is characterized by the (WHO) as “a condition of prosperity in which an individual understands his or her very own capacities, can adapt to the ordinary worries of life, can work gainfully and can make a commitment to his or her locality”. Resilience is the capacity of people to effectively work in spite of noteworthy life afflictions. Happiness is a feeling of prosperity, euphoria, or bliss. The goals of research were to discover the connection between mental health and resilience, mental health and happiness, resilience and happiness. To satisfy the goals three devices were utilized in particular Mental Health Check-list (Pramod Kumar), Resilience Scale (Wagnild and Young, 1993) and Subjective Happiness Scale (Lyubomirsky and Lepper (1999)). The sample comprised of 60 secondary school understudies taken from Bhiwani city. The outcomes demonstrate that there is positive relationship between’s resilience, mental health and happiness, resilience and happiness.

Keywords: Achievement Goal Orientations. Academic Achievement. Secondary School.

INTRODUCTION

Mental Health is a positive idea. The idea is socially characterized, yet by and large identifies with the delight throughout everyday life, capacity to adapt to stresses and pity, the satisfaction of objectives and potential, and a feeling of association with others (Jenkins, 2007). Cutts and Mosaley (1978) has characterized emotional wellness as a “capacity to alter palatably to the different strains of the earth; we meet throughout everyday life and mental cleanliness as the methods we take to guarantee this alteration”.

Mental Health, all things considered, speaks to a clairvoyant condition which is described by mental harmony, amicability and substance. It is distinguished by the nonattendance of crippling and weakening side effects, both mental and physical face to face (Schneider, 1991). Mental Health is a record which demonstrates the degree to which the individual has had the capacity to satisfy his natural needs, i.e., social, enthusiastic or physical; and the degree to which he gets himself rationally stressed. This psychological strain is commonly reflected in manifestations like nervousness, pressure, fretfulness or sadness among others. The idea of versatility has been characterized hypothetically as a dynamic procedure, which includes association among hazard and defensive factors that are both interior and outer to the person. Strength is the capacity of people to effectively work in spite of huge life misfortunes.

Resilience is a critical factor for positive mental health (Davydov et al. 2010; WHO 2005), and centers around positive results notwithstanding having encountered circumstances and misfortune appeared to convey huge dangers for creating psychopathology (Blum and Blum 2009; Luthar, Cicchetti and Becker 2000; Masten 2001; Masten, Herbers and Reed 2009; Masten and Obradovill 2006; Rutter 2000). Sound advancement and qualities are underlined rather than ailment and negative results (Fergus and Zimmerman 2005; Tusaie and Dyer 2004). Happiness is that believing that comes over you when you realize life is great and you can’t resist the urge to grin. It’s the inverse of trouble. Happiness is a feeling of prosperity, euphoria, or satisfaction. At the point when individuals are effective, or safe, or fortunate, they feel bliss. The “quest for joy” is something this nation depends on, and diverse individuals feel satisfaction for various reasons. At whatever point accomplishing something causes satisfaction, individuals ordinarily need to accomplish a greater amount of it. Nobody at any point griped about inclination a lot of bliss.

Happiness can be comprehended as a result of life and impacts positive emotional wellness (Fordyce 1988; Park 2004; Seligman 2008; Sheldon and Lyubomirsky 2005). Inside and out, satisfaction remains an imperative region for research and wellbeing advancement methodologies among teenagers (Mahon and Yarcheski 2002; Seligman and Csikszentmihalyi 2000) for a few reasons. To begin with, satisfaction is something that all people want in its own right (Seligman 2008). Second, bliss has an immediate incentive for teenagers’

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wellbeing, just as it can have a few positive advantages sometime down the road (Diener 2006; Diener and Chan 2011; Lyubomirsky, Diener and King 2005; Seligman 2008). Third, bliss may likewise ensure against negative psychological well-being (Park 2004; Seligman 2008). In this way, joy merits advancing, not just on account of its incentive to a youthful's life in general, yet in addition in light of the fact that a person's emotional prosperity can have constructive advantages both later in his or her life and for society overall (Diener 2006; Lyubomirsky, Diener and King 2005).

Review Of Literature:

In a longitudinal survey, Skehill (2001) ascertain the relationships between adolescent's resilience, coping styles and their perceived effectiveness, stress appraisals, and psychological well-being and distress in response to a stressful experience. Participants were 99 Australian adolescents (71 male & 28 female) attending a potentially stressful ESOEP, which aims to bolster adolescents' levels of resilience, resourcefulness and mental health outcomes. Results found that attending the ESOEP neither increased resilience and well-being nor decreased distress.

Beasley et al. (2003) conducted a study in which direct effects and buffering models were tested in relation to cognitive toughness and coping for general health and psychological performance. 187 university students (81 males & 106 females) completed Life Experiences Survey, Stressful Life Events Screening Questionnaire, Coping Inventory for Stressful Situations, Cognitive Hardiness Scale, General Health Questionnaire and Symptom Checklist-90-Revised. There were no significant gender differences in mean scores, except for distraction oriented and diversion-oriented coping, where female scored higher than male on both subscales. The results clearly support a main effects model of the relationship between life stress and psychological health.

To study well-being of adolescents in relation to self-resilience and religiosity, a study is conducted by Singh (2016) in Ludhiana District of Punjab (India). The sample comprised 200 students (100 boys and 100 girls) of government secondary schools. The data were obtained by using General Well Being Scale, Self-Resilience Scale and Religiosity and Spirituality Scale. Results revealed that there exists significant positive correlation between well-being and self-resilience among adolescents ($r=.27, p<.05$). There is significant positive correlation between well-being and religiosity among adolescents.

Jones et al. (2003) studied the cognitive and psychosocial predictors of subjective well-being in urban older adults. Canonical correlation indicated that subjective well-being was characterized by two dimensions: life satisfaction and affective balance (happiness). Among the older adults, subjective well-being was characterized by two dimensions: a global well being dimension that was predominated by life satisfaction, and an affective dimension that was independent of life satisfaction. The findings are consistent with the prior research indicating a similar structure of cognitive and affective dimensions of subjective well-being in other populations (Andrews and Withey, 1976; Diener and Emmons, 1985; Lucas et al., 1996). Moreover, the findings were consistent with those by Pavot and Diener (1993), who found that positive and negative affect made independent contributions to wellbeing.

The study done by Lower, E. (2014). The purpose of the study was to determine relationships between several constructs related to positive psychology, including resilience and happiness. Previous research has shown a need to study positive aspects including happiness and resilience in relation to negative life events. The present study assessed 299 undergraduate college students' age, gender, socio-economic status, spirituality, resilience, happiness, social support, and optimism through an online questionnaire. The study had several important findings including a positive correlation between happiness and resilience. The study found happiness and spirituality to be the best predictors of resilience. Adverse childhood experiences were found to be positively correlated with both happiness and resilience.

Resilience may have a directly influence on health outcomes (Aldwin 2007; Fergus & Zimmerman 2005; Piquart 2009), which suggests that resilience has a direct impact on adolescent well-being and happiness (Fergus & Zimmerman 2005; Masten & Powell 2003; Scolovno 2013). A possible explanation for this may be that the protective factors of resilience have also been found to be important factors for individual's happiness. For example, family, social, and personal factors have been reported to positively influence happiness, as well as act as protective factors that are related to higher levels of resilience.

Resilience may also have an indirect influence on adolescents' happiness in the way that the protective factors buffer the effect of stress on the health outcomes (Aldwin 2007; Fergus & Zimmerman 2005; Piquart 2009). Resilience affects individuals' reactivity to daily 22 stressors and their ability to cope with the stress they face (Almeida 2005; Friberg et al. 2003; Hjermadal 2009; Seery 2011) and, in turn, their well-being (Almeida 2005; Seery 2011). Considering that daily stress is associated with significant decreases in adolescent's feelings of happiness, resilience has an indirect effect on happiness by its capacity to reduce the negative effects of the stressors (Ahern & Norris 2011; Davydov et al. 2010; Piquart 2009). The protective factors of resilience may also have an indirect effect by moderating the negative effects of risk on mental health outcomes. Results from studies of resilience have indicated that resilience may moderate the negative effects of stressors and actually contribute to promoting mental health and prevent the development of psychopathology, despite the individual's exposure to significant risks (Luthar, Cicchetti, & Becker 2000; Masten, Herbers & Reed 2009; Rutter 2000). In relation to resilience, moderating effects occur when the relation between the risk factor to the outcome depends on a moderator, and the effects of the risk factor vary according to different levels of the moderating variable. Studies have identified resilience as a moderator of pain and stress, as well as a moderator of the relationship between stress and psychological symptoms and between maltreatment and

psychological symptoms. However, no research has yet investigated whether resilience moderates the relationship between daily stress and happiness in adolescents.

Based on reviews the Hypotheses Of The Study:

1. There would be a significant positive correlation between mental health and resilience of high school students.
2. There would be a significant positive correlation between mental health and happiness of high school students.
3. There would be a significant positive correlation between resilience and happiness of high school students.

METHODOLOGY

Based on the study survey research design has been used, as it is intended to find the relationship between mental health and resilience, mental health and happiness and resilience and happiness among high school students. By using Random Sampling Technique, 60 High school students have been taken from Bhiwani city Of Haryana State.

Measures

1. Mental Health Checklist:

The 11 item Mental Health Check-list (Pramod Kumar) measures the mental health of individual. It has items regarding mental and somatic health. There are four possible choices for each and these are always, usually, at times, and never. The marking scheme is 4 marks for always, 3 for usually, 2 for at times and 1 mark for never. So, the scores lie between 11 to 44. The individual scoring 11 will have very good mental health and the individual who scores 44 has very ill mental health.

2. Resilience scale:

The 25 item Resilience scale (Wagnild & Young, 1993) measures the degree of individual resilience through five components: equanimity, perseverance, self-reliance, meaningfulness and existential aloneness. The scale is simple to read and administer and is derived from interviews with 'resilient' individuals and measures personal attributes associated with resilience. Responses are on a seven point Likert type format ranging from strongly disagree (1) to strongly agree (7) which are added to provide a total score of resilience.

3. Subjective Happiness scale (SHS):

The Subjective Happiness Scale (SHS) is a 4-item scale of global subjective happiness developed by Lyubomirsky and Lepper (1999). Two things request that respondents portray themselves utilizing both supreme evaluations and appraisals in respect to peers, though the other two things offer brief portrayals of cheerful and troubled people and ask respondents the degree to which every portrayal depicts them. Responses are on a seven point Likert type format ranging from not a very happy person (1) to a very happy person (7). The item 4 is reverse coded. The responses given by each respondent are added to have the total score ranging from 4 to 28. Higher score on SHS indicates greater subjective happiness.

Result

Table 1

The correlation between mental health and resilience

Correlation (r)	Level Of Significance
0.003	Not Significant

The table number 1 reveals that there is negligible but positive correlation between mental health and resilience. The result is not significant at either levels. So, the Hypothesis Number 1 has been partially accepted. It means that there is a positive but not significant correlation between mental health and resilience. This shows that if a person will have good mental health then he will also have good resilience and vice versa.

Table 2

The correlation between mental health and happiness

Correlation (r)	Level Of Significance
0.418	0.01

The table number 2 reveals the negative significant correlation between mental health and happiness. This means that the hypothesis number 2 has been partially accepted because there is significant correlation but it is negative. The results show that good mental health is positively correlated with happiness. The value is significant at 0.01 level.

Table 3

The correlation between resilience and happiness

Correlation (r)	Level Of Significance
0.076	Not Significant

The table number 3 reveals that there is a negligible positive correlation between resilience and happiness. This means that resilience and happiness are positively correlated. The result is not significant at any level. The hypothesis number 3 has been partially accepted here.

DISCUSSION

The results are supported by study on well-being of adolescents in relation to self-resilience and religiosity, a study conducted by Singh (2016) in Ludhiana District of Punjab (India). The sample comprised 200 students (100 boys and 100 girls) of government secondary schools. The data were obtained by using General Well Being Scale, Self-Resilience Scale and Religiosity and Spirituality Scale. Results revealed that there exists significant positive correlation between well-being and self-resilience among adolescents ($r=.27$, $p<.05$). There is significant positive correlation between well-being and religiosity among adolescents. The result is also in favor of the results of study done by Aldwin 2007; Fergus & Zimmerman 2005; Pinquart 2009, which suggests that resilience has a direct impact on adolescent well-being and happiness (Fergus & Zimmerman 2005; Masten & Powell 2003; Scoloveno 2013). A possible explanation for this may be that the protective factors of resilience have also been found to be important factors for individual's happiness. For example, family, social, and personal factors have been reported to positively influence happiness (Baumeister et al. 2003; Chaplin 2009; Cheng & Furnham 2002; Csikszentmihalyi & Hunter 2003; Demir, Ozdemir & Weitekamp 2007; Demir & Weitekamp 2007; Diener & Seligman 2002; Holder & Coleman 2008; van de Wetering et al. 2010), as well as act as protective factors that are related to higher levels of resilience (Hjemdal 2009; Hjemdal et al. 2006a; Olsson et al. 2003). This result favors the study done by Lower, E. (2014) as well. The study assessed 299 undergraduate college students' age, gender, socio-economic status, spirituality, resilience, happiness, social support, and optimism through an online questionnaire. The study had several important findings including a positive correlation between happiness and resilience. The study found happiness and spirituality to be the best predictors of resilience. Adverse childhood experiences were found to be positively correlated with both happiness and resilience.

CONCLUSION

On the basis of results it can be concluded that all these three variables are positively correlated with each other. If a person possesses good mental health then his resilience will be better. He will better be able to adjust himself in the environment except of the adversities in life. A mentally healthy person will be happier and satisfied. The person who has better resilience will be happier as well. So it can be concluded that these are related with each other and if one will increase then others will increase as well.

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