

Vol. 7, Issue 4, January 2018

ISSN 2249-894X

REVIEW OF RESEARCH

An International Multidisciplinary Peer Reviewed & Refereed Journal

Impact Factor: 5.2331

UGC Approved Journal No. 48514

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The gap between tribal and non-tribal students in achieving competency is very big and is a major concern which requires strategic intervention. Even today tribals represent the most neglected group of Indian society. During their developmental process, the accumulated assets and liabilities transmitted through generations or acquired through socio-cultural interactions shaped their norms and values of life, and molded their personality dispositions (Sebastian, 2008).

PERCEIVED STRESS:

The theoretical framework recently proposed for stress research involves a bio-psychological model which includes environmental factors and individual processes of perception and coping with stress. There is recent evidence that perceived stress among adults is associated with accumulating allostatic load which is a cumulative bio-response of chronic stress.

Stress can be defined as the condition or the situations that disturb the normal functioning of physical and mental health of an individual. In present scenario, every person is bound to be affected by certain amount of stress. In extreme stress conditions which are harmful to human health but a moderate amount of stress is acceptable. It motivates individuals to undertake self-care activities that promote health; individual's success is achieved through well managed stresses (Lazarus & Folkman, 1984; Mathew, 1985; Pestonjee, 1987, 1997; Priya et al., 2007). The effect of perceived role of stress, resulting from role ambiguity, role conflict and role overload on mental health has been examined by several researchers (Behr & Newman, 1987; Mittal et al., 2000; Srivastava, 1991).

MENTAL HEALTH:

Mental health is described as something more than a mere absence of mental disorders. Mental Health refers to a state of mind which is characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (Bhagi, 1992).

Mental health as defined by Kornhauser (1995) means those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person also depends on the development and retention of goals that are neither too high nor too low to permit realistic successful maintenance of belief in one's self as a worthy, effective human being. He further states that since, employees spend roughly one third of their time in their workplace, mental health is of particular importance.

WHO defined „Health is a state of Complete Physical, Mental, Social and Spiritual well being and not merely the absence of disease or infirmity. The concept of mental health includes subjective well being perceived self-efficacy, autonomy, competence and recognition of the ability to realize one's intellectual and emotional potential. It has been also defined as state of well being whereby individual's recognize their abilities, or able to cope with their normal stress of life, work productivity and fruitfully make a contribution to their communities (Agarwal, 2007).

DEPRESSION:

Depression is a feeling of intense sadness that lasts for a prolonged period of time and keeps you from being able to function normally. As with anxiety, short periods of sadness and mild depression in reaction to difficult life events are completely normal. If the feelings become overwhelming or won't go away, you may be suffering from clinical depression, which can be treated.

COPING STYLES

Coping has been defined in psychological terms by Susan Folkman and Richard Lazarus as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing" or "exceeding the resources of the person".

Coping can be understood as a process that changes as a function of the stressors encountered, the

person's appraisal of these stressors, the person's traits, and the perceived efficacy of the particular coping strategies available (Lazarus & Folkman, 1984). Coping responses have been grouped into various categories, as well. At a basic level, coping strategies have been described as problem-focused or emotion focused (e.g., Lazarus & Folkman, 1984). Problem-focused strategies attempt to change the stressful situation itself, whereas emotion-focused strategies endeavor to alleviate negative emotional responses to the stressor.

Coping strategies Classification into a broader architecture has not yet been agreed upon. Common distinctions are often made between various contrasting strategies, for example: problem-focused versus emotion-focused; engagement versus disengagement; cognitive versus behavioral by Weiten and Lloyd (2008) identifies three broad types of coping strategies:

- Appraisal-focused: Directed towards challenging one's own assumptions, adaptive cognitive
- Problem-focused: Directed towards reducing or eliminating a stressor, adaptive behavioral
- Emotion-focused: Directed towards changing one's own emotional reaction.

REVIEW OF LITERATURE;

Stressed children show signs of emotional disabilities, aggressive behavior, shyness, social phobia and often lack interest in otherwise enjoyable activities. In a study Dawood (1995) revealed that students' stress affects their academic performance. He further showed that the most frequently mentioned stressor by students was school and fear related stressors. Many teenagers tend to become non-conformist and fall prey to teenage depression in response to a variety of growing up anxieties. However, stress induced fears and anxiety in children adversely affects children's performance at various levels.

Dixon, Wayne, Heppner, Paul, Anderson and Wayne (1993) undertaken a research on 154 students and results showed significant interaction between stress and hopelessness. Hopelessness was strongly related to depression scores under high level of stress.

Kaur (1982) found that intelligence neither correlates positively with mental health total nor with sub areas of mental health. But intelligence in combination with some of the personality factors best determined the mental health of adolescent girls.

A review study recently concluded that victims of bullying often have passive, emotionally oriented and avoidant coping styles (Bitch Hansen, Steenberg, Palic and Elklit, 2012). Because such styles generally have been related to depression and negative mental health, they should be considered to be maladaptive styles. Alternatively, some coping styles may support psychological well-being in adolescence. A recent study (Garnefski and Kraaij, 2014) suggests that the cognitive strategies of rumination (strengthening) and positive refocusing (reducing) moderated the relationship between bullying and depression. However, experiencing the pressure of being bullied might impede the use of effective coping mechanisms. According to Hampel et al., (2005), victims of bullying were characterized by a mixed pattern of maladaptive coping.

OBJECTIVES:

1. To assess the impact of stress, mental health and depression on Appraisal-Focused Coping Styles among tribal students.
2. To study the impact of stress, mental health and depression on Problem-Focused Coping Styles among tribal students.
3. To examine the impact of stress, mental health and depression on Emotion-Focused Coping Styles among tribal students.

HYPOTHESES:

1. There would be significant impact of Stress on Appraisal-Focused Coping Styles among tribal students.
2. There would be significant impact of Mental Health on Appraisal-Focused Coping Styles among tribal students.
3. There would be significant impact of Depression on Appraisal-Focused Coping Styles among tribal students.
4. There would be significant interaction effect among Stress, Mental Health and Depression on Appraisal-

Focused Coping Styles of tribal students.

5. There would be significant impact of Stress on Problem-FocusedCoping Styles among tribal students.
6. There would be significant impact of Mental Health on Problem-FocusedCoping Styles among tribal students.
7. There would be significant impact of Depression on Problem-FocusedCoping Styles among tribal students.
8. There would be significant interaction effect among Stress,Mental Health and Depression on Problem-FocusedCoping Styles of tribal students.
9. There would be significant impact of Stress on Emotion-FocusedCoping Styles among tribal students.
10. There would be significant impact of Mental Health on Emotion-FocusedCoping Styles among tribal students.
11. There would be significant impact of Depression on Emotion-FocusedCoping Styles among tribal students.
12. There would be significant interaction effect among Stress,Mental Health and Depression on Emotion-FocusedCoping Styles of tribal students.

POPULATION

About 1200 Tribal students both boys and girls studying X Class in 20 Government and private High Schools located in various districts of TelanganaState constituted the population of the study. The researcher has selected 40 government schools located in urban and rural areas and 40 private schools located in urban and rural areas at random. The total population comes to 1200. The researcher obtained formal permission from the concerned authorities to administer the tools.

SAMPLE:

The subjects of the present investigation are drawn from the region of Telangana State, India. The subjects were in the age group of 15-17 years. Using Stratified Sampling method, 1200 students were administered stress, mental health, depression and coping stylescales. Based on scores obtained by the subjects on stress, mental health, depression, they were divided into two different groups namely high and low, using the norms provided in the manuals. A final sample of 320 students was selected in such a way that they fit into a 2x2x2 factorial design with a sample of 40 in each cell. The details of the sample are given Table –I.

DISTRIBUTION OF THE SAMPLE:

Table –I: Distribution of the sample of the investigation.

Depression	Stress				Total
	Low		High		
	Mental Health		Mental Health		
	Poor	Good	Poor	Good	
Mild	40	40	40	40	160
Moderate	40	40	40	40	160
Total	80	80	80	80	320

VARIABLES OF THE STUDY:

Independent Variables

1. Stress
2. Mental Health
3. Depression

Dependent Variable

1. Coping Styles

Socio Demographic Variables

1. Gender
2. Type of management

3. Locality

TOOLS:

1. Perceived Stress Scale: Perceived stress among the students was assessed using the perceived stress scale (PSS-14) developed by Cohen S, Kamarck T, Mermelstein. R., (1983) and the scale consists 14-items. There are seven negative and seven positive questions for which the subjects were required to choose from a scale of 5 alternatives 'never' 'almost never' 'sometimes' 'fairly often' 'very often' relating to their feeling of being stressed on a 0-4 scale. The 7 positive items were reverse scored and added up to the 7 negative items to get the total score.

2. Mental Health Inventory: Mental health status was assessed by using Mental health status inventory designed by Jagadish and Srivastava (1983), and the scale consists of 56 statements. The statements are related to positive Self Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), autonomy (ATY), Group Oriented Attitude, (GOA), and Environmental Mastery (EM). In this scale four alternative responses have been given to each statement i.e., always is given a score of 4 to 1., for true keyed (positively) in the case of false keyed (Negatively). Statements the over lined items are negative while the remaining are positive. Of the 56 statements 24 are positive keyed and the remaining negatively keyed. The reliability of the test was established by test-retest method and it is 0.82.

3. Assessment of Depression: - Depression of the subjects was assessed by using depression scale developed by Karim and Rama Tiwari (1986). It consists of 96 statements divided into twelve areas. Each statement has five alternative responses ranging from "Not at all" to "Extremely". For scoring the test 0 mark was given to "Not at all" response, 1 mark to "A little bit", 2 marks to "Moderately", 3 marks to "Quiet a bit", 4 marks to "Extremely" response. The minimum and maximum possible score is 0 to 384. High score indicates high depression and low score indicates low depression. The reliability of the test was established by test-retest method and it is 0.82.

4. ASSESSMENT OF COPING STYLES:

Coping Strategies of the subjects would be assessed by using coping strategies scale developed by Sreenivas and Kumar (1999). It consists of 40 statements divided into three components.

1. Appraisal focused (12 items)
2. Emotion focused (13 items) and
3. Problem focused (15 Items)

The extent to which the students react to academic stress is indicated on a five point scale varying from the response of "Never to Always". A response of 'Always' is given a score of 4, a score of 3 is given to a response of 'Very Often' a score of 2 is given to 'Sometimes' and a score of 1 is given to 'Very Rarely' and a response of 'Never' is given a score of 0. The maximum possible score is 160(4x40). The higher the score the more the student has used that particular style of coping. The reliability of the instrument was established test-retest method and it is 0.86.

RESEARCH DESIGN:

As there are three independent variables in the investigation and each variable is further classified into two, a 2x2x2 factorial design was employed.

ANALYSIS OF DATA:

The obtained data have been treated statistically in order to test the hypotheses. The Means and SDs (Standard Deviations) of the scores were calculated. To find out the influence and interaction effect of the variables, the data were subjected to ANOVA (Analysis of Variance) and 't' test.

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