

Impact of lonelines on mental health of the adolescents

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ABSTRACT

The investigation aimed to explore the level of loneliness among male and female adolescents and its impact on their mental health. The sample comprised of 200 adolescents in the age range of 14-16 years that belonged to middle socio-economic status, were randomly drawn from four Government High and Senior Secondary Schools of Ludhiana district. The socio-economic status scale developed by Meenakshi (2010), Perceived loneliness scale developed by Jha (1971) and Mental health battery developed by Singh and Gupta (1983) were used to collect the relevant information from the adolescents. The results of this study revealed that loneliness was negatively and significantly affecting the overall adjustment and security-insecurity among male adolescents. While in female adolescents, loneliness was negatively and significantly affecting the emotional stability, overall adjustment and total mental health. Further the results revealed that loneliness was significantly affecting the emotional stability, overall adjustment and total mental health of the adolescents. It was also found that loneliness affects the other dimensions of mental health such as autonomy and intelligence, although its effect was found to be non-significant. Loneliness was further found to be contributing positively yet non-significantly towards self-concept of adolescents, but it is considered as a risk factor for emotional stability, overall adjustment and total mental health of the adolescents.

INTRODUCTION

Loneliness may be defined as response to the absence of an adequate positive relationship to persons, places or things. Loneliness is caused not by being alone but by being without some definite needed relationship (Weiss, 1973). Loneliness is a state of mind relating to lack of companionship or separation from others. It is different from being alone, which is a question of choice. It is this lack of choice that makes loneliness so filled with anxiety. Loneliness is to be considered an integral part of human development, which makes the various stages in the process of acquisition and individuation of the self and the gradual separation from the parents (Mahler *et al.*, 1975).

It comes as no surprise that adolescence has been identified as the peak period of risk as some young people who experience loneliness may consider it to be persistent and painful. Loneliness is a barrier to social development and consequently can have an impact on mental and therefore physical health.

Loneliness as an important personality variable in current

psychological literature and is of particular interest to social psychologists. Probably most people experience painful feeling of loneliness at some time in their lives. Because life is filled with social transitions that disrupt personal relationships and set the stage for loneliness. It is believed that as the societies become more affluent and advanced, the quantity and intensity of loneliness tend to increase in more proportionality (Jha, 1971).

Our behaviour and physiology processes are governed by our mental faculties or mind. Therefore, it is of prime importance that one should have a good or sound mental health. Mental health implies the capacity to form harmonious relations with others (WHO Expert Committee, 1950) as a psychic condition which is characterised by mental peace, harmony and content (Schneiolers 1964), maintain a balance between the individual and the surrounding world and the ability to establish and nurture loving relationship with relevant and others (Singh *et al.*, 2008).

Mental health commutates those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of

functioning as a person. Bhatia (1982) describes mental health as the ability to balance desires, feelings, ambitions and ideals in one's daily living. It may also be understood as the behaviour characteristics of a person.

The statistics from the World Health Organization (2003) studied that 12 per cent of global diseases (121 million people suffer from depression, 70 million from alcoholism, 24 million from schizophrenia and 37 million experience dementia) are due to mental health problems. By 2020 as indicated by the World Health Organization (2003), the burden will be increased by nearly 15 per cent. This will result in the loss of disability-adjusted life years to illness and young adults in developing countries seem to be the most prone. Adverse mental health outcomes are recognized as being one of the commonest and most disabling long term effects such as depression, strain, anxiety, negative self esteem, hopelessness, loneliness and other negative emotional states in adolescents. Keeping this in mind, the present investigation aimed to study the impact of loneliness on mental health of adolescents.

METHODS

The present study was carried out in Ludhiana district of Punjab state. The respondents for the study were school going adolescents (age 14-16 years) during the session 2010-2011 from various co-educational Government High and Senior Secondary schools in Ludhiana. A list of all the Government High and Senior Secondary co- educational schools was procured from the District Education Officer (DEO) Ludhiana. Out of this list, a representative sample of ten schools was randomly selected from rural and urban areas. Following the selection of schools the investigator contacted the respective Principals of the school with a letter of request and explained the purpose of study. After obtaining the permission from the school principals, the class teachers were then personally approached and lists of students belonging to nuclear and intact Punjabi origin families of middle socio-economic status were prepared. One hundred adolescents were randomly selected from the schools that belonged to urban areas of Ludhiana city. Similarly 100 adolescents studying in the rural schools of Ludhiana district were selected to constitute the

rural sample. Thus, the total sample comprised of 200 adolescents that were equally distributed over locale and gender.

Tools :

The following research instruments were used to collect the requisite data for socio-economic status and loneliness of adolescents.

– The socio-economic status scale developed by Meenakshi (2010) was used to categorize the adolescents according to low, middle and high socio-economic status. This scale consists of different parts *viz.*, social perspective, family perspective, educational perspective, professional perspective (of parents), property perspective (whole family), monthly income (whole family) and caste.

– Perceived loneliness scale developed by Jha (1971) was used to assess the incidence and extent of loneliness present in adolescents. The scale consists of various factors relating to parental behaviour, peer relations, human need for intimacy, people's perception and evaluation of their social relation, insufficient social reinforcement, physical surroundings, preference for a particular sibling, neglecting, isolating and criticizing nature of the parents.

– Mental health battery developed by Singh and Gupta (1983) was used to assess the incidence and extent of mental health among adolescents. This scale consists of various factors like emotional stability, emotional adjustment, autonomy, security-insecurity, self-concept, intelligence.

OBSERVATIONS AND ANALYSIS

Table 1 represents the estimates of multiple linear regression of loneliness on different dimensions of mental health of the male respondents. It is clear from the table that the feeling of loneliness was negatively significantly affecting the aspects of mental health such as overall adjustment ($t=2.01; p \leq 0.05$) and the feeling of security-insecurity ($t=2.31; p \leq 0.05$). This makes it clear that the loneliness was damaging for the mental health of the male adolescents because as they felt lonely they also manifested poor overall adjustment and increased feeling of insecurity. It is further depicted in the table that loneliness

Dimensions of mental health	Regression coefficient	Standard error	t-value	R ²
Emotional stability	-0.7191	0.54	1.33	0.0178
Overall adjustment	-0.5750	0.28	2.01*	0.0398
Autonomy	-0.4024	0.44	0.90	0.0081
Security-insecurity	-1.2985	0.56	2.31*	0.0516
Self concept	0.7215	0.62	1.16	0.0134
Intelligence	-0.0411	0.34	0.12	0.0001
Total	-0.2508	0.13	1.88	0.0348

* indicates significance of value at $P=0.05$

Table 2: Multiple linear regression coefficient of loneliness on different dimensions of mental health among female respondents

Dimensions of mental health	Regression co-efficient	Standard error	t-value	R ²
Emotional stability	-2.0430	0.70	2.90**	0.0791
Overall adjustment	-1.0725	0.35	3.05**	0.0868
Autonomy	-0.1944	0.29	0.66	0.0011
Security-insecurity	-1.0318	0.57	1.78	0.0314
Self concept	-0.8200	0.77	1.06	0.0114
Intelligence	-0.2769	0.37	0.74	0.0055
Total	-0.4144	0.14	2.89**	0.0786

** indicates significance of value at P=0.01

Table 3 : Multiple linear regression coefficient of loneliness on different dimensions of mental health among total respondents

Dimensions of mental health	Regression co-efficient	Standard error	t-value	R ²
Emotional stability	-1.4407	0.42	3.42**	0.0559
Overall adjustment	-0.8351	0.22	3.72**	0.0654
Autonomy	-0.2403	0.36	0.66	0.0022
Security-insecurity	-0.7935	0.39	1.99*	0.0197
Self concept	0.1819	0.49	0.37	0.0007
Intelligence	-0.2144	0.25	0.83	0.0035
Total	-0.3372	0.099	3.40**	0.0551

* and ** indicate significance of values at P=0.05 and 0.01, respectively

negatively affects the other dimensions of mental health such as emotional stability, autonomy, self-concept and intelligence as well as total mental health. Although its effect was found to be non-significant. Loneliness was further found to be contributing positively yet non-significantly towards self-concept of male adolescents.

Table 2 represents the multiple linear regression coefficient of loneliness on different dimensions of mental health among female respondents. It is ascertained from the table that feeling of loneliness was negatively significantly affecting the aspects of mental health of female adolescents, such as emotional stability ($t=2.90$; $p\leq 0.01$), overall adjustment ($t=3.05$; $p\leq 0.01$) and total mental health ($t=2.89$; $p\leq 0.01$). It revealed that loneliness was considered as a risk factor for mental health of the female adolescents because when they feel lonely they show poor emotional adjustment and lack of emotional stability. Although regression analysis depicted that loneliness affects the other dimensions of the mental health such as autonomy, security-insecurity, self-concept and intelligence, but its effect is found to be non-significant.

Table 3 represents the multiple linear regression coefficient of loneliness on different dimensions of mental health among total respondents. It is clear from the table that loneliness was negatively significantly affecting the security ($t=1.99$; $p\leq 0.05$) of the respondents because as they feel lonely there is an increased feeling of insecurity among the respondents. Further, it is revealed that loneliness was considered as a risk factor for emotional stability ($t=3.42$; $p\leq 0.01$), overall adjustment ($t=3.72$; $p\leq 0.01$) and total mental

health ($t=3.40$; $p\leq 0.01$). It is also depicted in the table that loneliness affects the other dimensions of mental health such as autonomy and intelligence, although its effect was found to be non-significant. Loneliness was further found to be contributing positively yet non-significantly towards self concept of adolescents.

Conclusion:

Loneliness was damaging for the mental health of the male adolescents because as they felt lonely they also manifested poor overall adjustment and increased feeling of insecurity. Loneliness was also considered as a risk factor for mental health of the female adolescents because when they feel lonely they show poor emotional adjustment and lack of emotional stability. Further, it is revealed that loneliness was considered as a risk factor for emotional stability, overall adjustment and total mental health.

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