

## A STUDY OF FRUSTRATION TOLERANCE AND MENTAL HEALTH AMONG ADOLESCENTS IN RELATION TO SOME DEMOGRAPHIC VARIABLES

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### **ABSTRACT:**

*Health has become a topic of increasing interest to investigators in the social and behavioral sciences over the past couple of decade. Health may be seen as a summation of functional capabilities (freedom from) unpleasant sensations or symptoms, and available reserves and resources, which can be drawn upon or mobilized to fend off threats to health. Frustration occurs when a person is unable to reach the desired goal on account of some barrier or other, or due to absence of desired and appropriate goals. Economic fluctuations can also thwart the achievement of desired goals and may create frustrations. The source of frustration may be internal also, resulting from his own incapability and inadequacy. Inability to achieve one's goal may also lead to self-devaluation and inferiority. Frustration may lead to downfall and deviation because it wastes precious thinking ability and attention, which otherwise would have been used elsewhere in constructive and/or creative work. The purpose of this paper is to study the frustration and mental health of adolescents and relationship between frustration tolerance and mental health of adolescents.*

**Key Word:** *Mental Health, Frustration, Economic Frustration.*

### **INTRODUCTION:**

Health is viewed as an adaptive capacity and is therefore, essentially context dependent. Conceptualizing 'Health' unequivocally and in a way acceptable to everybody has proved to be a great challenge for the students of health. The complexity of this issue is revealed in an interesting recent analysis of health and illness as represented in different segments of the population (Capewell, S. 1994). It was noted that differences in language, attitudes and expectations result due to differences in the perspectives of the social and community groups (popular arena), non-professional helpers (folk arena) and scientific medicine (professional arena).

Srinivasmurthy, R. and Wig, N.N. (1993) has noted that there is considerable variety in the views on mental health and illness across lay people, medical practitioners and social scientists. However, following WHO's proposition, health is increasingly being treated as not merely absence of illness but a positive state of well-being. Following Sushrut, the great Indian scholar of Ayurveda, Sinha, D. (1990) has brought into focus man's symbiotic relationship with the environment and included physical, mental and spiritual well-being within the orbit of health.

Mental health is a term used to describe how well the individual is adjusted to the demands and opportunities of life. The ideal of mental health is complex and comprehensive. A person is said to be physically fit when his body is functioning well and he is free from pains and troubles. Similarly, a person is in good mental health when his mind and personality is functioning effectively and he is free from emotional disturbances. The term 'Mental' usually implies something which is purely related to the cerebral functioning of a person. It also stands for one's emotional affective states, the relationship one establishes with others and a general quality that might be called one's equilibrium in the socio-culture context.

Frustration is generally understood 'as the condition of being thwarted in the satisfaction of a motive' (**Harriman, 1947**) or 'any interference with a goal response or with the instrumental act leading to it' (**Sears, 1946**). According to motivational cycle, any need, drive or motive (it may be biological or social or personal) disturbs the homeostasis or equilibrium within the organism and energizes a goal-directed behaviour which can satisfy the need and restore the equilibrium. When the goal is achieved without any difficulty, the motive is satisfied and the equilibrium is there. But sometimes there is some hindrance or barrier in the attainment of goal and instrumental behaviour to attain the goal is thwarted or interfered at the time tension within the individual is increased. He feels somewhat frustrated. Frustration can be considered a problem-response

behavior, and can have a number of effects, depending on the mental health of the individual. In positive cases, this frustration will build until a level that is too great for the individual to contend with, and thus produce action directed at solving the inherent problem. In negative cases, however, the individual may perceive the source of frustration to be outside of their control, and thus the frustration will continue to build, leading eventually to further problematic behavior (e.g. violent reaction). Stubborn refusal to respond to new conditions affecting the goal, such as removal or modification of the barrier, sometimes occurs.

#### **REVIEW OF RELATED LITERATURE:**

**Bhattacharjee, M., The needs, frustrations, frustration-in toleration and mental health of adolescent girl's reading certain urban secondary school in West Bangal, Ph.D. Edu. Kal. U. (1985).** There was a negative relationship between mental ill health and frustration-in toleration of the idealistic and altruistic need.

**Anand, S.P. (1989), conducted a comparative study of the mental health of class X students of four kind of school in Orissa on the basis of alobert type mental healthscale development by the author.** The resukt revealed that sound mental health has positive relationship with academic achievement.

Ability to tolerate frustration is affected by the quality of the stressor as well as its intensity, duration, predictability and control (**Glass and Singer, 1974; Cohen and Weinstein, 1981**).

**Sharma, (1995)** in his study found that male teacher have greater tendency for mental illness.

**Studies on frustration tolerance report** that inability to tolerate frustration leads to mental breakdown, maladjustment and problems in interpersonal relationships. Low frustration tolerance relates to antisocial and other maladaptive behaviours also. It is also pointed out that most neurotics and psychotics show deficiencies in their capacity to tolerate frustration. Males are found to tolerate frustration more

than females (**Rai, 1997**).

**Englezakis, (2001) & Nandi, (2002)** did not find any significant difference between the mental health of male & female teachers.

**Harrington (2006) investigated the relationship between a multi dimensional Frustration Discomfort Scale (FDS) and measures of depressed mood, anxiety and anger in a clinical population.** Results indicate that FDS sub-scales are differently related to specific emotions, independent of self esteem and negative effect. The entitlement subscale is uniquely associated with anger, discomfort, intolerance with depressed mood, and emotional intolerance with anxiety and depression.

**Yao (2010) studied on Effect of different stress stimulation on frustration tolerance of female college students with different temperament.** The results showed that frustration tolerance of female college students with phlegm temperament significantly increased with increasing stress stimulation. Frustration tolerance of female college temperament varied with increasing stress stimulation, but the difference was not significant. Frustration tolerance of female college students with choleric temperament and sanguine temperament increased rapidly under high-intensity stress stimulation. Frustration tolerance of female college students with melancholic temperament showed U-shape under different levels of stress stimulation.

**Bajwa, Kang et.al (2012) conducted a study on Frustration Tolerance among Adolescents** and results revealed that most of the respondents possessed low frustration tolerance and a very few adolescent respondents showed high frustration tolerance.

**Shirotriya, A.K. and Singh, D.K. (2012) studied the intervention on occupational stress and frustration tolerance of physical education teachers working in public schools at Delhi and NCR.** It was hypothesized that there would be high occupational stress and low frustration tolerance of physical

education teachers. The sample comprised of 125 qualified physical education teachers (86 males and 39 females) of Delhi and NCR. Sample was selected through purposive sampling from various public schools. The age of the subjects were ranging from 23 to 25 years. Descriptive statistics and percentages were applied to test the research hypotheses.

The findings indicated that large member of selected sample of physical education teacher suffer with high occupational stress and low frustration tolerance.

**Dave (2013) investigated on Construction and tryouts of Frustration Inventory for the Students of Secondary School.** The major findings are the effect of gender was not found on frustration of students of secondary schools. It means that gender does not create effect on frustration.

### **FACTORS CONTRIBUTING TO ILL MENTAL HEALTH**

- ✚ Economic hardships
- ✚ Low social status
- ✚ Too much of work & no freedom of work
- ✚ No security of service
- ✚ Antagonistic attitude of students
- ✚ Lack of facilities
- ✚ Lack of recreational facilities
- ✚ Restrictions and criticism
- ✚ Feeling of caste, creed and religion
- ✚ Unstable condition of home and community
- ✚ Occupational hazards
- ✚ Poor salaries
- ✚ Lack of social Prestige
- ✚ Relationship between teachers and administration
- ✚ Work stress

### **Variables Affecting Frustration Tolerance**

A large number of independent variables related to frustration tolerance have been studied. These variables can be divided into the following categories:

- (i) **Organismic Variables** – The persons who are gay, cheerful, healthy and social have a greater degree of frustration tolerance. Age (Feiring and Lewis 1979 Rao and Ramalingaswami, 1974) and sex (Feiring and Lewis 1979, Rosenweig 1969 a, 1969 b) and personality (Lckes, Espiti and Glorig, 1979, Stolorow and Harrison, 1975) of the individual also affect frustration tolerance. Males are supposed to tolerate frustration more than introverts and neurotics.
- (ii) **Environmental Variables** – If the environment is not suitable and interferes in the achievement of desired goals, it will create frustration, (Wohlwill, Nasar, Dijoy and Foruzani, 1976). Intensity duration , predictability and control of stressors also affect frustration tolerance (Cohen and Weinstein 1981). Frustration tolerance increases with the predictability and perceived control of the stressor, (Glass and Singer, 1973). Quality of the stressor also affects the ability to tolerate the frustration.
- (iii) **Task Characteristics** – If the task is simple it will not create frustration, Frustration tolerance decreases as the level of task difficulty increases (Andreanska, 1974 ; Cohen and Spacapan, 1978 ; Kucek, 1976).
- (iv) **Cultural Variables** – Frustration tolerance varies from culture to culture, (Reek, MC Cary and Weatherly, 1969). Mother's role is an important factor responsible for the development of the ability to tolerate frustration (Tsubouchi and Jenkins, 1969). In some culture, children are kept in such an atmosphere where they learn to tolerate frustration more than the children of other cultures. The attitudes of parents, teachers and their peers also have an influence on the ability of the children to tolerate frustration (Thompson, 1977). Frustration tolerance also varies from rural to urban area. Today on account of urbanization

and westernization, environmental stresses have increased. As a consequence the capacity to tolerate frustration has also been influenced.

(v) Other Variables – Success in any task increases the ability to tolerate frustration (Dyck, Stove and Lawrence, 1973). Reinforcement also affects frustration tolerance. When a person is rewarded for showing tolerance to frustration, his capacity/persistence to tolerate frustration increases (Nelson, 1969).

### **OBJECTIVES OF THE STUDY**

- To study the frustration tolerance of the adolescents.
- To study the mental health of the adolescents.
- To study the frustration tolerance among adolescents in relation to gender.
- To study the frustration tolerance among adolescents in relation to locality.
- To study the mental health among adolescents in relation to gender.
- To study the mental health among adolescents in relation to locality.
- To study the relationship between frustration tolerance and mental health of adolescents.

### **HYPOTHESES OF THE STUDY**

The following hypotheses were formulated for investigation:-

- There exists no significant difference in frustration tolerance of Boys and Girls.
- There exists no significant difference in frustration tolerance among adolescents belonging to Urban and Rural Area.
- There exists no significant difference in mental health of Boys and Girls.
- There exists no significant difference in mental health among adolescents belonging to Urban and Rural Area.
- There exists no significant relationship between frustration tolerance and mental health of adolescents.

### **VARIABLES**

- **Independent Variables:** ‘Frustration Tolerance’ and ‘Mental Health’ were taken as independent variables for the purpose of the present investigation.

- **Dependent Variables:** ‘Gender’ and ‘Locality’ were taken as dependent variables.

### **DELIMITATION OF THE STUDY**

- Only 120 students were screened for the present study.
- This study was limited to 11<sup>th</sup> standard of private senior secondary schools.
- This study was limited to private senior secondary schools of Rohtak city and Maham village.
- Only 2 schools were screened for the present study.

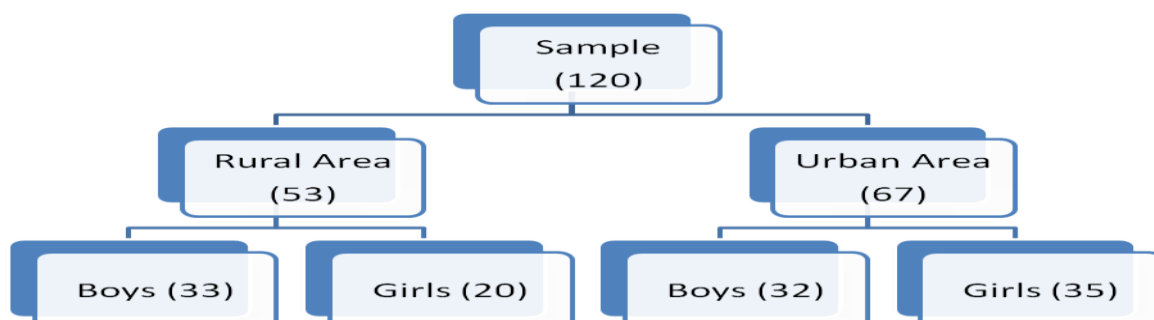
### **METHOD OF RESEARCH**

Descriptive survey method provides the opportunities in describing, studying and interpreting what exist today and is concerned with conditions, relationships, practices, believes, attitudes that provide the processes and the trends that are developing. Descriptive researches not a mere gathering of data and tabulated. Besides describing, it often compares or contrasts the existing evidence thereby involving measurements, classifications, interpretations and evaluations. The present study utilizing the descriptive survey method endeavours to survey the values adolescence.

### **SAMPLE OF THE STUDY**

“A sample is the representative proportion of the population.” Keeping in view the expense, time, utility and suitability. The investigator took the sample of 120 high school students by random sampling technique.

### **SAMPLE DESIGN**





## STATISTICAL TECHNIQUES USED

Statistics is a process by which data is gathered, described, organized and analyzed in numerical form. Statistical techniques bring objectivity in interpretation and ideas to reliability in results. Mean, Standard Deviation and t-test were calculated to find out the significance of difference of Frustration Tolerance and Mental Health among Adolescents in relation to Gender and Locality. And coefficient of correlation was calculated to find out significance of relationship between Frustration Tolerance and Mental Health of Adolescents.

## FINDINGS

The present study has been focused on the Frustration Tolerance and Mental Health among Adolescents in relation to Gender and Locality.

**OBJECTIVE 1:** To study the Frustration Tolerance among Adolescents in relation to Gender.

**HYPOTHESIS 1:** There exists no significant difference in Frustration Tolerance of Boys and Girls.

**FINDINGS:** It has been found that there exists no significant difference in Frustration Tolerance of Boys and Girls.

**OBJECTIVE 2:** To study the Frustration Tolerance among Adolescents in relation to Locality.

**HYPOTHESIS 2:** There exists no significant difference in Frustration Tolerance of Urban Area Students and Rural Area Students.

**FINDINGS:** It has been found that there exists no significant difference in Frustration Tolerance of Urban Area Students and Rural Area Students.

**OBJECTIVE 3:** To study the Mental Health among Adolescents in relation to Gender.

**HYPOTHESIS 3:** There exists no significant difference in Mental Health of Boys and Girls.

**FINDINGS:** It has been found that there exists significant difference in Mental

Health of Boys and Girls. Boys have Good Mental Health than The Girls.

**OBJECTIVE 4:** To study the Mental Health among Adolescents in relation to Locality.

**HYPOTHESIS 4:** There exists no significant difference in Mental Health of Urban Area Students and Rural Area Students.

**FINDINGS:** It has been found that there exists significant difference in Mental Health of Urban Area Students and Rural Area Students. Urban Area Students have Good Mental Health than the Rural Area Students.

**OBJECTIVE 5:** To study the relationship between Frustration Tolerance and Mental Health of Adolescents.

**HYPOTHESIS 5:** There exists significant relationship between Frustration Tolerance and Mental Health of Adolescents.

**FINDINGS:** It has been found that there exists significant relationship between Frustration Tolerance and Mental Health of Adolescents. Moderate positive relationship has been found between the Frustration Tolerance and Mental Health of Adolescents.

**SUMMARY OF FINDINGS:**

1. Mean scores on Frustration Tolerance and Mental Health of adolescents were significantly different of Boys and Girls.
2. Mean scores on Frustration Tolerance and Mental Health of Adolescents were significantly different of Urban Area Students from Rural Area Students.
3. Positive relationship were recorded between Frustration Tolerance and Mental Health of Adolescents.

**CONCLUSION**

Mental Health of a student is directly related to with his or her Frustration Tolerance. If a student is not better in Mental Health he cannot devote full concentration in the school, home and in his environment. So this study will help

to understand the problems of the Adolescents. It is the responsibility of the researcher, teachers, parents that the problems should be identified early and the immediate remedial measure should be provided to the students for the betterment of their life. The specialized guidance should be given to the students at different stages of their career. So that they can have clear cut goals and develop confidence in them for achieving success in life.

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