Adolescent Well Being: Positive Vs Autocratic School Culture

Dr. Amruta Bhuskute, M.A., M. Phil. (Psychology), Ph.D.
Associate Professor, Department of Psychology, Smt. Binzani Mahila Mahavidyalaya, Nagpur, Maharashtra, India

Corresponding Author: amritagokhale@gmail.com

ABSTRACT

Reinforcing positive characteristics and minimizing individual weaknesses is what practice of Positive Psychology should be aimed at. In this study, an investigator has analyzed the effect of Indian Values Based-Positive-Encouraging Vs Highly Disciplined-Autocratic School Culture on Adolescent Psychopathology. Randomly selected 220 adolescent (Boys & Girls) students (Mean Age = 14.2 years) from two Day-Boarding Schools of Nagpur, Maharashtra were assigned to Between Group Design. They were administered Adolescent Psychopathology Scale (short form) by Dr. William Rynolds which consist of 12 clinical scales focused on DSM-IV symptomatology.

Data collected was analyzed to find out the major areas of psychopathology in adolescents belonging to different type of school cultures. It has been found that adolescent students from Highly Disciplined-Autocratic School Culture are significantly higher on Conduct Disorder, Generalized Anxiety Disorder, Eating Disorder, Depression, Interpersonal Problems and Oppositional Defiant Disorder. These results indicate towards the need of cultivating positive culture at Institutional level and inculcating Human Strengths and Virtues in upcoming generation for better prospects.

Investigator believes that this study suggests insightful ways of developing and practicing competent avenues to fulfill the basic endeavor of Education.

Keywords: well being, school culture, psychopathology, adolescent development

I. INTRODUCTION

Since the beginning of study of Psychology – as a science of human behaviour and mental processes – all the efforts and perception that have put in, are now, oriented towards the analysis, identification and conservation of positive and minimizing the negatives. Thus, basic premise of **Positive Psychology** is that the happiness and fulfilment entail more than the identification and treatment of their problems. This aims at satisfying the basic aim of Psychology, i.e. making people's lives better. Also, since past few years, parents – teachers – educationalists – social thinkers and in general each and every one of us is observing and alarmed with the tremendous changes in the behaviour and mental set up of adolescents and its after effects, too. Hence, it would be great to see and observe how positive psychology can be applied to ease the problem.

II. ADOLESCENCE: STAGE AND CHARACTERISTICS

Derived from the Latin verb "adolescere'', the Literal meaning of 'adolescence' is apparent; "to grow" or "to grow to maturity". The term "adolescence", as it is used today, has a broader meaning. It includes the process of mental, emotional and social maturation.The first factor in understanding and studying adolescents is the rapid changes that occur during this period and the influence that have on the growth and development of the adolescents. This stage of life is called critical period or also as the stage of growth spurt. Adolescence is generally considered to include the years between the onset of puberty or approximately from age 11 years through 19 years. This is the age when sexual and mental maturity is reached. However the age at which adolescents attain emotional and social maturity varies with individual. The overall growth and development leads adolescents to experience anxieties and uncertainties, which adds to the adjustment problems of the youth. According to studies the most common cause for all the problems in adolescents is mental illness, poor ability in resolving conflicts and handling emotions. Adolescence is described by Erikson as the period during which the individual must establish a sense of personal identity and avoid the dangers of role diffusion and identity confusion (Erikson, 1950). The implication is that the individual has to make an assessment of his or her assets and liabilities and how they want to use them. The search for an identity involves the production of a meaningful self-concept in which past, present, and future is linked together.

III. CHALLENGES TO ADOLESCENTS WELL – BEING

It is evident that technological advances, modernization and socio-cultural changes have brought about significant changes in the role of children, as well as the piled up expectations from them. School going children/adolescents in this era are gripped with multitude of stresses such as making career choices, attending two schools being in the competition, forging a social identity, acquiring a social skill to establish meaningful relationships as well as excelling in the academic pursuit.

Central nervous system controls the changes that take place in the body from childhood to adolescence. It regulates growth by influencing the endocrine glands to secrete hormones. As the child reaches puberty, these glands become active and releases hormones. These hormones are responsible not only for physical and sexual growth but also behavioral changes that occur during adolescence. The hormones affect the emotional status of young ones. As a result, adolescents experience frequent swings in the mood. Sometimes on a small issue they become angry, while on the other, they may have an outburst of laughter for no apparent reason. Sometimes, they get excited or depressed for reason they can't understand.

Research has shown that while many adolescents may be able to face the challenges successfully and pass on smoothly into adulthood, there are a significant number of youngsters, who may develop a gnawing frustration that might blaze into aggression, defiance insecurity, loneliness, boredom, and a feeling of being at the brink of crisis, which may not be severe enough to attract medical attention. It has been also reported that in this transition phase, some of the children may be unable to withstand the stresses and develop diagnosable psychiatric disorders. A WHO sponsored multi-centered study in 4 developing countries reported a prevalence of mental health problems in 12.29% children. It has significantly observed in the society and also supported by studies that students in higher standards are facing psychological problems (Nair, M.K.C., 2005). There is a pick rise in suicide among males in our country in late adolescences. The causes are found largely to be 'social', with only 3.4% attributed to mental illness (Sharma, 2005).

Worldwide, suicide is among the top five causes of mortality in the 15- to 19- year age group. In many countries it ranks first or second as a cause of death among both boys and girls in this age group. Currently, suicide among children below the age of 15 years is generally uncommon. Most suicides among children aged up to 14 probably take place in early adolescence, while suicide is rarer still before the age of 12. However, in some countries there is an alarming increase in suicides among children aged less than 15, as well as in the 15- to 19- year age group. A thought worthy finding is that not only academically week and poor children, but intellectually gifted are also at the risk of committing suicide (Hayes & Sloat, 1989).

Among the frequently observed adolescents psychopathologies in urban environment, depression and interpersonal problems are found in clinical symptom range whereas Generalized Anxiety Disorder, Anger - Violence proneness and Oppositional Defiant Behavior along with Conduct Disorder and Suicide are found in alarming stage (Bhuskute, 2013).

IV. SCHOOL CULTURE AND ADOLESCENT WELL – BEING

It has been noted and accepted that family is the first and foremost socializing agent in everyone's life. This is a place where he/she learns what life is. This smallest 'society' of a person is most influencing till the time he/she enters in the bigger social area, i.e. the 'School'. From this time to next 12-15 years, family and school, both make or break the person.

The quality of education and school life in general is important for children's adjustment. Differences in achievements as well as pupil behaviour can be explained by school factors such as quality of school life, values held at school, management style of teachers and responsibilities given to children (Rutter, 1980).

(Moos, 1976) viewed that from the perspectives of ecological and system theories, the relational aspects of the family and school environment are especially important to development. According to stage-fit theory, the unique transitional nature of adolescent results, in part, from the relation between changes in the development needs of adolescents and changes in the social context in which they live. Adolescents whose environments change in developmentally regressive ways are more likely to experience difficulties. In contrast, adolescents whose social environments respond to their changing needs are more likely to experience positive outcomes (Gutman & Eccles, 2007).

Whitlock & Schantz (2008) has stated the importance of positive school culture for development of mental well being. It has been stated that environments that cultivate both positive emotional relationships and the ability to understand and articulate emotional states may prove particularly useful in supporting positive mental functioning.

V. APPLYING POSITIVE PSYCHOLOGY

The term "positive psychology" is a broad one, encompassing a variety of techniques that encourage people to identify and further develop their own positive emotions, experiences, and character traits. In many ways, positive psychology builds on key tenets of humanistic psychology

A new study from WestEd, a San Francisco-based research agency, has revealed that positive school climate could beat the odd and outperform than the other schools with respect to school management and students' characteristics (Voight, 2013). On the same line, (Bradshaw *et al,* 2009) has stated that positive school climate could be implemented as powerful mediator to student's improved performance. In an another study, Jhonson (2009) has concluded that perceived positive focus on learning and positive student-teacher relationship is important to reducing bullying and violence. These results indicates towards the implementaion of positive education and practices instead of traditionally identified one-way, strict, autocratic school setting. This thought becomes gain more weight due to conclusions of the study by (Gilbert, 2009) which has shown that role of positive emotions not to be neglected to control the development of adolescent psychopathologies.

VI.   METHODOLOGY

- *Aim***:** This study aims at investigating the effect of Positive School Culture has on Adolescent Well being in comparison to Autocratic School Culture.
- *Hypothesis:* Adolescent students from school with positive school culture will found significantly lower on various psychopathologies such as Conduct Disorder, Oppositional Defiant Disorder, Substance abuse, Suicide, Anger Violence Proneness, Academic problems, Generalised Anxiety Disorder, Self Concept, Post Traumatic Stress Disorder, Depression, Eating Disorder, Interpersonal problems than adolescent students from school with autocratic school culture.
- *Sample:* Total 220 high school students (boys & girls) with mean age of 14.2 years from two different day boarding Schools from Nagpur City:
    1. **Gurukul Anand Shala:** A day boarding school with a vision to inculcate Indian Values and culture in students. School culture of this school can be defined as 'Positive' as the way Principal and Teachers practices positive orientation to every aspect of school management. Students participation, social & cultural activities, community involvement is high and emphasis is given on delegation of work, freedom to choose and democratic view of imparting values.
    2. **Prahar Military School:** A day boarding school with a vision to impart military education to students along with normal curriculum. More emphasis is given on adventurous, sports and military training activities. School culture of this school can be identified as autocratic school culture as it is highly disciplined and strict school where the word by teacher is last and final.
- *Research design:* Between Group Design.
- *Tools and material:*
    1. *Rynold's Adolescent Psychopathology Scale (SF)***:** This test access the psychopathology of the adolescents (Age Range -12 to 19 years) on the 12 clinical scales, out of them 6 scales are consistent with the DSM-IV symptoms specification and remaining 6 evaluate related and important domains of adolescent psychological problems and competencies. These scales are Conduct Disorder (CND), Oppositional Defiant Disorder (OPD), Major Depression (DEP), and Generalized Anxiety Disorder (GAD), Post traumatic stress disorder (PTS), Substance Abuse Disorder (SUB), Eating Disturbances (EAT), Suicide (SUI), Academic Problems (ADP), Anger / violence proneness (AVP), Self Concept (SCP), and Interpersonal Problems (IPP).
    2. *Personal Case History Form*

VII.   RESULTS & DISCUSSION

APS-SF for all the 220 subjects were scored as per the scoring procedure mentioned and *T* Scores were obtained for all the 12 Psychopathology Scales for 220 subjects independently. To find out the significant difference between two means, *t test* is applied for all the 12 scales.

Present study has hypothesized that adolescent students from school with positive school culture will found significantly lower on various psychopathologies such as Conduct Disorder, Oppositional Defiant Disorder, Substance abuse, Suicide, Anger Violence Proneness, Academic problems, Generalised Anxiety Disorder, Self Concept, Post Traumatic Stress Disorder, Depression, Eating Disorder, Interpersonal problems than adolescent students from school with autocratic school culture. This hypothesis has been partially proved as adolescent students from school with positive school culture have found significantly lower on Conduct Disorder (M1= 53.2, M2= 65.33) t = 3.75 p > 0.01, Oppositional Defiant Behavior (M1= 48.43, M2= 60.2) t = 2.75 p > 0.05, Major Depression (M1= 48.93, M2= 63.3) t = 2.26 p > 0.05, Generalised Anxiety Disorder (M1= 50.27, M2= 62.63) t = 2.46 p > 0.05, Eating Disorder (M1= 51.77, M2= 62.23) t = 2.45 p > 0.05, Interpersonal Problems (M1= 48.7.2, M2= 64.33) t = 2.21 > 0.05. On the others psychopathologies, both the groups differ from each other and adolescent students from positive school culture have scored lower than adolescent students from autocratic school culture, but the difference is not significant (Substance Abuse (M1=45, M2=54.6) t=1.47, p <0.05, Anger Violence Proneness (M1=51.53, M2 = 63.53), t = 1.26, p < 0.05, Academic Problem (M1=51.33,

M2=52.67), t = 0.47, p<0.05, Post Traumatic Stress Disorder (M1= 51.7, M2= 52.97), t = 0.59, p < 0.05, Suicide (M1=51.7, M2 = 63.83), t = 1.10, p <0.05, Self Concept (M1=52.4, M2=65.03), t = 1.27, p<0.05).

It has, thus, prove that positive school culture where more emphasis is given on development of positive traits in the students and practices and activities are based on a broader vision to cultivate participation, co-operation, humility, courage, positive thinking, self sufficiency, contentment and positive emotions is being mediator in maintaining the mental peace of students and hence, helping to achieve a sense of well being. It aids social interaction, emotional sharing, virtuous learning, developing good moral base and maintaining stress free set up for teaching - learning.

VIII. CONCLUSION

It has been concluded that positive school culture is most important to develop a positive and mentally healthy generation for future. It is worthy enough to look into the practices institutions follow while passing on curricular and extracurricular activities.

FURTHER SUGGESTIONS

Further investigation regarding the gender variable along with the incorporation of a standard tool to access the degree of school culture is suggested.

REFERENCES

1. Bhuskute, A. S. (2013). Survey of mental health of adolescents from urban city. *Educationia Confab, 02*(04).
2. Bradshaw CP, K. C. (2009). *Prevention Science, 10*(02).
3. Erikson, E. (1950). *Childhood and society.* New York: W. W. Norton.
4. Gilbert, S. L. (2009). Improving the school environment to reduce school violence: A review of the literature. *Journal of School Health, 79*(10).
5. Gutman, L. (2007). Stage - enviornment fit during adolecsnce:Trajectories of family relations and adolescent outcomes. *Devlopmental Psychology, 43*, 522-537.
6. Moos, R. H. (1976). *The human context: Enviornment determinants of the behaviour.* New York: Jhon Wiley.
7. Rutter, M. (1980). School influences on children's behavior and development. *Pediatrics, 65*(02).
8. Voight, A. A. (2013). *A climate for academic success: How school climate distinguishes schools that are beating the achievement odds (Full Report).* San Fransisco: WestED.