A EXPLORATORY STUDY ON SALIENT DIMENSIONS & DEVELOPING AN INTERVIEW BASED ASSESSMENT MEASURE ON POSITIVE MENTAL HEALTH AMONG URBAN POPULATION OF RAJASTHAN

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Abstract

Mental Health is not a unitary dimension; data indicate two-dimensional model (viz., mental illness and (positive) mental health).Consistent attempt to explore structure of positive mental health (PMH)/ well-being (WB) has resulted in two major perspectives/approaches/components viz., Hedonic (SWB) and Eudaimonic (PWB, SoWB). The present study was conducted to develop an interview based assessment measure on positive mental health Cross-sectional mixed methods sequential exploratory design (QUAL   quant) will be chosen for the present study. This design typically starts with qualitative data, to explore a phenomenon, and builds into a second/later, quantitative phase (Creswell, 2003). In the present study, the four objectives will be fulfilled through a series of 5 different phases, one after the other the study was conducted in district Bharatpur. Normality of the obtained distributions will be examined through the Kolmogov- Smirnov Z test. Correlational analyses will be done to establish convergent validity. Inter-rater consistency will be computed through intra-class coefficients^. That was significant at 0.05 and 0.01 level of significance.

INTRODUCTION

How to achieve well-being has always been a fundamental inquiry regarding human life. Human beings across the world for many centuries have been grappling with the two fundamental existential concerns of human life, viz., 'who am I?' and 'what is a good life?', thereby attempting to comprehend the 'being' and 'well' aspects of the term 'well-being'. These central questions preoccupied philosophers from the West (Aristotle) and East (Vedantists, Buddhists, etc.) alike. In the last half a century or so, well-being has moved from the realm of philosophy to that of social science and Psychology, in particular. Well-being, as a construct, has been examined by psychologists since 3-4 decades. However, enthused by the 'positive psychology movement' in the last one decade, more and more psychologists have been contributing to the exponentially growing body of scientific research in the field of well-being. The legitimate question then is what makes psychologists turn their attention to well-being in the first place?

"Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHOQOL Group, 1995). It is a broad-ranging concept incorporating in a complex way the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the environment. This definition reflects the view that QOL refers to a subjective evaluation which is embedded in a

cultural, social, and environmental context. As such, QOL cannot be simply equated with the terms 'health status', 'life-style', 'life satisfaction', 'mental state', or 'well-being'. Rather, it is a multidimensional concept incorporating the individual's perception of these and other aspects of life (Galloway et al., 2006).

CONCEPTUALIZING WELL-BEING/ POSITIVE MENTAL HEALTH

Positive Psychology's recent entry has definitely changed the scenario around the scientific research on well-being or happiness and generated an abundance of research-interest in this field (Linley, Joseph, Harrington & Wood, 2006). However, this has resulted in *"multiple and sometimes opposing perspectives"* (Henderson & Knight, 2012, p. 196) in conceptualizing WB/PMH.

Two philosophical traditions of well-being which predate much of current scientific research are hedonia and eudaimonia. The hedonic perspective advocates maximising of one's pleasurable moments as the pathway to well-being, while eudaimonic argues for living a life of virtue and actualizing of one's inherent potentials as the pathway to well-being (DelleFave, Massimini, &Bassi 2011). Following this distinction, the major works of Diener (subjective well-being[#]), Kahneman (hedonic well-being[#]) and Seligman (authentic happiness[#]) can largely be put under hedonic approach of well-being, while works of Waterman (personal expressiveness[#]), Ryff (psychological well-being[#]), Ryan &Deci (self-determination theory[#]), and Keyes (positive mental health/ flourishing[#]) can be broadly placed under eudaimonic approach of well-being.

One popular way of conceptualizing theories of well-being is to categorize them either as subjective or objective theory of well-being. Subjective theories state that whether something counts as part of a person's well-being depends on her/his subjective psychological states. edonic well-being theories fall under this category of well-being, for these theories underscore the aspect of pleasant states of consciousness. Nothing could contribute to well-being unless it also contributes to pleasure. So, life is judged from the inside and the individual is considered to be in the best position to determine how well s/he is (Tiberius & Hall, 2010). On the other hand, objective theories of well-being assert that there are at least some components of well-being whose status as components of well-being does not depend on people's attitude towards them. Hence, Aristotle's eudaimonic theory falls under this category as it says, in simple terms, that virtuous activity is good for us because of our human nature, not because we like it or are pleased by it (though we usually are).Life is judged from the outside, according to whether it is a life of excellence and virtue.

These philosophical approaches have since been translated to contemporary psychology for the development of a science of well-being and this continues to remain a contentious issue (Kashdan, Biswas-Diener, & King, 2008; Waterman, 2008). Despite long-standing debate, prominent psychologists in the field of well-being now appear to see the benefits of both hedonic and eudaimonic approaches, resulting in the emergence of integrated well-being conceptualisations (e.g. Huppert & So, 2009). Terms like 'positive mental health', 'flourishing' are used to describe the combined presence of both hedonic and eudaimonic well-being concepts. *"While research utilising integrated methodologies remains in its infancy, emerging from the literature is the suggestion that a life rich in both hedonic and eudaimonic pursuits may be associated with the greatest degree of well-being"* (Huta& Ryan, 2010, as cited in Henderson & Knight, 2012, p. 197).

NEED OF THE STUDY

Mental Health is not a unitary dimension; data indicate two-dimensional model (viz., mental illness and (positive) mental health). Consistent attempt to explore structure of positive mental health (PMH)/ well-being (WB) has resulted in two major perspectives/approaches/components viz., Hedonic (SWB) and Eudaimonic (PWB, SoWB). Although, PWB has been conceptualized by Ryff (1989) in terms of 6 factors, studies across samples and cultures have not thrown up very consistent findings regarding its factor-structure. A few studies have made small but significant departures from the existing well-established models of PMH/WB (viz., Ryff's and others). Studies have attempted to investigate the complex relationships among various components/models of WB, while a definitive answer is still awaited. Researchers, of late, have started investigating high levels of positive mental health/ well-being ('Flourishing') and have tried to innovatively conceptualize/operationally define it (e.g., syndrome of symptoms of positive feelings and positive functioning). In the continuum of mental health, individuals can lie anywhere: Flourishing- Moderately mentally healthy-Languishing. PMH/WB acts as a protective factor and has clear interventions-implications.

STATEMENT OF THE PROBLEM

A Exploratory Study on Salient Dimensions & Developing an Interview Based Assessment Measure on Positive Mental Health among Urban Population of Rajasthan.

Aim: To explore salient dimensions of positive mental health in Indian adults and develop an interview-based assessment measure.

OBJECTIVES:

1. To develop a set of indicators* of positive mental health* and identify corresponding dimensions* appropriate for Indian adults.

2. To explore the day-to-day experiences* of the salient dimensions of positive mental health identified above in a sample of Indian adults.

3. To develop a semi-structured interview schedule and operationalize coding scheme for assessing salient dimensions of positive mental health in Indian adults.

4. To pilot test the utility of the above-mentioned measure for the assessment of positive mental health and examine its reliability and validity.

Review Of Literature

I. Dimensions of Positive Mental Health

  i. Mental Illness and (Positive) Mental Health

  ii. Hedonia, Eudaimonia and Flourishing

II. Lay conceptions of Well-being

  i. Notions of Well-being in Western cultures: Cross-cultural researches

  ii. Notions of Well-being in Eastern cultures

III. Assessing Positive Mental Health

IV. Research in assessment of Positive Mental Health: Methodological considerations

V. *Critique of Review of Literature and Rationale for the Present Study*

RESEARCH APPROACH

Design of the Study: Cross-sectional mixed methods sequential exploratory design (QUAL quant) ~~will~~▶be chosen for the present study. This design typically starts with qualitative data, to explore a phenomenon, and builds into a second/later, quantitative phase (Creswell, 2003). In the present study, the four objectives will be fulfilled through a series of 5 different phases, one after the other. The initial four phases primarily involved collecting and analysing of qualitative (text) data. The last phase will be built on the findings from the initial qualitative phases, resulting in the development of an instrument (interview schedule) which will be then pilot tested and the emergent data will be quantitatively analysed. Evidently, a greater emphasis will be placed on the qualitative data. The detailed procedure of this multi-phase study is given below.
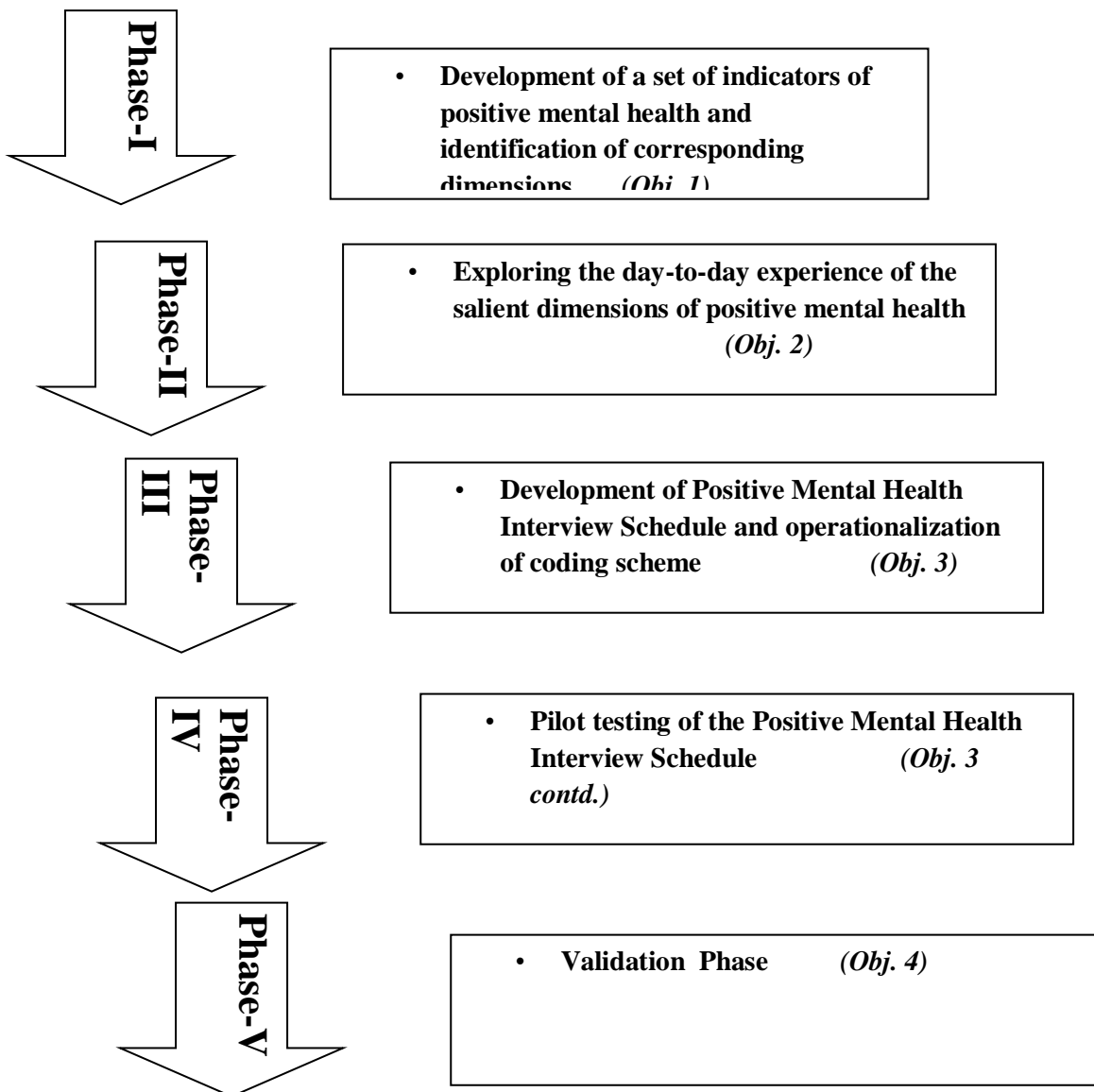
SAMPLE SIZE

TABLE NO. 1- Various Measures and Sample used across phases

Phase	Sub-phase	Measure(s) Used				Sample size (N)
I	Pilot	VBT *(tool developed)*		Basic Data-sheet (Experts)		5
	Delphi-1	VBT		Basic Data-sheet (Experts)		35
	Delphi-2	Final/2nd Round Survey Proforma				30 *(drop-out = 5)*
II	Pilot	Exploratory interview for capturing lay experiences of PMH *(probes developed & fine-tuned)*				7
	Main	Interview schedule for capturing lay experiences of PMH		Basic Data-sheet (Lay-individuals)		30
III	Analyses of data from Phase-I & II *(No new data collected)*	PMHIS with coding scheme- trial version *(tool developed)*				NA
IV	Pilot	PMHIS with coding scheme- trial version				(6+4)
V	Pilot	PMHIS with coding scheme-final version				3
	Main	PMHIS with coding scheme-final version *(tool developed)*	Well-being Measures (PANAS, SWLS, PWB-20)	Psychological distress measure (K-10)	Basic Data-sheet (Lay-individuals)	33

Overall Procedure:

The present study will be carried out in 5 inter-linked and sequential phases to meet the objectives mentioned earlier. Since each of the phases had their own objectives to achieve, albeit inter-connected, multiple brief pilot studies will be carried out at the beginning of each phase before embarking on the main phase data collection. A flow-chart below briefly depicts the multi-phase sequence of the present study.

Phase-I
- **Development of a set of indicators of positive mental health and identification of corresponding dimensions** *(Obj. 1)*

Phase-II
- **Exploring the day-to-day experience of the salient dimensions of positive mental health** *(Obj. 2)*

Phase-III
- **Development of Positive Mental Health Interview Schedule and operationalization of coding scheme** *(Obj. 3)*

Phase-IV
- **Pilot testing of the Positive Mental Health Interview Schedule** *(Obj. 3 contd.)*

Phase-V
- **Validation Phase** *(Obj. 4)*

Figure 1. overall phase of this research

TOOL DESCRIPTION

1. **Basic Data Sheet (Lay individuals)** *{Appendix-I}*: This will be developed for the study to record basic socio-demographic information about the participants.

2. **Kessler Psychological Distress Scale (K10)** (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters, and Zaslavsky, 2002) *{Appendix-L}***:** This ten-item questionnaire provides a global measure of distress about anxiety and depressive symptoms in the preceding month. The likelihood of mental ill-health or psychological distress is greater with a higher score. It has been widely used to screen for psychiatric morbidity as well as a general measure of psychological distress. It has been validated in various parts of the world including SE Asia and India (Wijeratne, Williams, Rodrigo, Peris, Kawamura, and Wicremasinghe, 2011). This brief measure of psychological distress will be used in the present study to document levels of psychological distress in the sample. Being a very brief scale, it minimized the respondent burden. It will be administered along with the other well-being measures and the positive mental health interview schedule.In the present study the categorizations of the participants' scores (based on levels of psychological distress)will be done following Andrews & Slade (2001). Indian studies have also found similar pattern of scores (K-10 score > 15 as indicator of psychological distress) as proxy for common mental disorder in community sample (Prost et al., 2012).

3. **Measures of Well-being:** The following standard questionnaires assess various aspects of well-being and have been used earlier in multiple research studies done on Indian samples and found to be reliable and valid.

a. **Positive and Negative Affect Schedule (revised)** (Watson, Clark &Tellegen, 1988; revised by Feldman-Barrett & Russell, 1998) *{Appendix-M}*: It will be originally developed by Watson et al. (1988). Feldman-Barret& Russell (1998) recommended expansion of items to sample a wider range of affect. Incorporating these suggestions, a revised version will be developed by Rao and Mehrotra (2006). Phrasings will be modified and adapted for use in Indian samples.The revised version includes items tapping unpleasant activated, pleasant activated, pleasant deactivated and unpleasant deactivated dimensions of affect and consists of 13 pleasant and 13 unpleasant affect related statements. There are two formats: one assesses positive and negative affect in the recent past (past few weeks) and the other assesses the experience of positive and negative affect in general. In the present study, the time frame specified for the respondents will be "past few weeks". High scores on the unpleasant affect subscale indicate higher level of negative affect and similarly higher scores on pleasant subscales indicate high level of positive affect. This measure has been examined in various Indian studies and is found to have sound psychometric properties (e.g., Agrawal, et al., 2010).

b. **Satisfaction with Life Scale (SWLS)** (Diener, Emmons, Larsen & Griffins, 1985) *{Appendix-N}*: This 5-item self-report questionnaire assesses global judgment of life satisfaction, rather than satisfaction with specific domains. Authors of the scale reported high convergent validity. The internal consistency (reliability) and test retest reliability as well as construct validity data from various samples are available and indicate adequate psychometric properties of this measure. It has been extensively used across the globe including India (e.g., Agrawal, et al., 2010).

c. **Psychological Well-being-20 (PWB-20)**(Mehrotra, Tripathi and Banu, 2013) *{Appendix-O}*: Van Dierendonck (2004) examined the content and factorial validity of 3, 9 as well as the 14 item versions of the Ryff's scales on PWB (Ryff, 1989a) and had recommended shorter scales consisting of 39 items (with 6-8 items per scale) that will be demonstrated to have good internal consistency and reasonable factorial fit indices. This 39-item version will be examined in an initial phase of a research trial in India (Mehrotra, Tripathi and Banu, 2013).Exploratory factor analysis and further field trial resulted in the development of a briefer 20 item version with four subscales (viz., Self-acceptance, Mastery & Competence, Positive relations, and Engagement & Growth) with adequate psychometric properties (Mehrotra, Tripathi and Banu, 2013). Interview-scores (generated through PMH Interview Schedule) will be expected to correlate significantly with various self-report measures of well-being. The well-being measures included measures to tap hedonic (PANAS-rev. & SWLS) and eudaimonic (PWB-20) aspects of well-being.

1) **Positive Mental Health Interview Schedule (PMHIS)** *{Appendix-P}***:** This tool will be developed in the present study to fulfil one of the major research-objectives (viz., to assess positive mental health among Indian adults). Interview probes and its coding-scheme will be generated from findings of the initial phases which will be modified and finalized in the later phases. Details of the process of development of this tool and its validation are described in 'Results' chapter.

Analyses of Research-data:

(A) The **quantitative data** will be analyzed using Statistical Package for Social Sciences (SPSS ver 16.0)

➢ Data entries will be scrutinized for errors. No protocol will be found to be incomplete.

➢ Descriptive data will be obtained and examined for the spread of obtained scores on various study variables.

➢ Normality of the obtained distributions will be examined through the Kolmogov- Smirnov Z test. Correlational analyses will be done to establish convergent validity. Inter-rater consistency will be computed through intra-class coefficients^.

(B) Analyses of **Qualitative data:**

➢ VBT responses will be coded following qualitative content analysis approach.

➢ Audio-taping and transcription of interviews will be done to record the qualitative data.

➢ Exploratory interviews will be analysed using thematic analysis*. Coding of the large amount of qualitative data (exploratory interview narratives) will be done through the use of a computer-assisted qualitative data analysis software viz., Atlas ti (version 6.1.1)

RESULT

Table no. 2- PMHIS Inter-dimensional Correlation Matrix (based on researcher's ratings)

	PMHdim.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	M&C	-														
2	PR	0.76**	-													
3	AR	0.58**	0.65**	-												
4	SA-R(S)	*0.54**	*0.63**	*0.64**	-											
5	SA-R(L)	*0.27	*0.16	*0.22	*0.14	-										
6	SA-R(C)	0,42**	0.54**	0.41**	0.35*	0.05	-									
7	PG	0.30*	0.35*	0.29	0.32*	0.18	0.24	-								

8	SR-C	0.34*	0.20	0.37*	0.25	0.12	0.41**	0.44**	-						
9	M-M	0.44**	0.35*	0.34*	0.38*	0.13	0.21	0.23	0.30*	-					
10	AoR	*0.17*	*0.13*	*0.05*	0.34*	0.18	0.01	0.09	0.10	0.27	-				
11	ER	0.61**	0.59**	0.69**	0.71**	0.18	0.41**	0.26	0.50**	0.42**	0.34*	-			
12	SC	0.18	0.12	0.22	0.21	0.16	0.03	0.08	0.05	0.05	0.07	0.39*	-		
13	ME	0.36*	0.36*	0.35*	0.35*	0.08	0.18	-0.16	0.30*	0.40**	0.43**	0.59**	0.28	-	
14	G-SC	0.37*	0.47**	0.39*	0.41**	-0.16	0.35*	0.18	0.48**	0.45**	0.15	0.53**	0.33*	0.56**	-
15	C&G	0.63**	0.57**	0.46**	0.53**	0.27	0.47**	0.29	0.28	0.39*	0.25	0.56**	0.18	0.37*	0.27	-

* Significant at 0.05 level (1-tailed test); ** Significant at 0.01 level (1-tailed test)

Table no. 3-Correlation between Well-being sub-scales of PWB-20 and various PMH dimensions

PMHIS→ / PWB-20 sub-scales↓	MC	PR	SA-R(S)	SA-R(L)	SA-R(C)	PG	ME	A-R	SR-C	M-M	AoR	ER	SC	G-SC	C&G
MC$_{tot}$	0.46**	0.48**	0.56**	0.08	0.37*	0.25	0.47**	0.41**	0.38*	0.41**	0.32*	0.54**	0.27	0.60**	0.40*
SA$_{tot}$	0.54**	0.34*	0.43**	0.18	-0.00	-0.00	0.37*	0.45**	0.12	0.08	0.12	0.54**	0.55**	0.39*	0.29*

					05	1									
PRto t	0.5 2**	0.4 3**	0.5 0*	0. 08	- 0.0 3	0.0 01	0.3 6*	0.3 3*	0.1 8	0.3 4*	0.2 9*	0.4 0**	0.2 2	0.3 1*	0.2 5
EGto t	0.2 7	0.2 1	0.4 0*	0. 26	- 0.0 6	0.0 2	0.2 4	0.4 1**	- 0.1 5	- 0.0 4	0.0 06	0.3 4*	0.5 5**	0.0 8	0.2 3

*

Significant at 0.05 level (1-tailed test); ** Significant at 0.01 level (1-tailed test); ^MC= Mastery & Competence; SA= Self Acceptance; PR= Positive Relations; EG= Engagement & Growth

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