

Approval Motive as an Interactive Predictor of Mental Health

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The desire to be socially approved is a very common desire found in every individual and drives the individual to behave in socially approved manner and to be health. In present study, Approval Motive Scale (AMS; Tripathy & Tripathy, 1988) and Middlesex Hospital Questionnaire (MHQ; Shrivastava & Bhat, 1981) were administered on a sample which consisted of 100 adolescents (50 boys and 50 girls) of 15 to 21 years of age range. Results indicated statistically significant difference in adolescents on approval motives, free floating anxiety, phobia, somatic complaints, depression and overall M. H. Q. The findings of the study also show that approval motives is negatively related with overall M. H. Q. and its dimension viz. free floating anxiety, obsession- compulsion, phobia, somatic complaints, depression and hysteria.

Key Words: Approval motive, mental health and adolescents (boys and girls).

Approval motive is the nature of Individuals tries to achieve favorable evaluations from other member of society. Marlowe and Crowner (1964) have conceptualized this desire as approval motive. An exact definition “social motives” is elusive. With the exception of a few motives like hunger and thirst, nearly all motives are socially relevant or somehow directed toward social outcomes. Examples include affiliation, aggression, altruism, achievement, approval, power and numerous others. All these motives have many basic characteristics in common. This is especially the case in the way they motivate specific goal-directed behaviour and in the fundamental process of how they develop. The desire to be socially approved is a very common desire found in every individual and drives the individual to behave in socially approved manner.

Evidences found in revelation of any kind of personality tests such as projective behavior studies. Research finding suggests that strength of ‘approval motives’ and all others social motives varies from individual to individual. Approval motive dimension – Individuals try to achieve favorable evaluations from other member of society. Marlowe and Crowner (1964) have conceptualized this desire as approval motive. Need for approval comes from a deeply rooted belief of not being worthy. The very belief of unworthiness sends out an army to search for the seal of approval (Anjali & Sinha, 2000). One’s happiness and senses of being get trapped in the dependency on approval. In a more recent exposition of this motive Strickland (1977) has stated that the approval motivated individual responds to his need to gain

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acceptance, to obtain dependency gratification, and/or status by engaging in approval seeking behaviors in particular situations through positive self presentation and denial of inadequacies.

The motivation to seek approval seems to be a product of several kind of learning because one's attraction to others may be due to motivational desire and it may be instrumental in satisfying some ends. These is convincing evidence that praise, verbal approval, social acceptance etc. work as rewards while disapproval, social rejection and criticism work as punishments (Mc David, et al., 1959). It appears that the nurturing behavior of parents in fulfilling biogenic needs involves the display of interpersonal warmth and affection which, in turn, become goals in themselves. From this angle, motive to seek approval originates out of initial condition of dependency. Observation of institutionalized children corroborates this view. The explanation of this is that the people describe themselves in favorable, socially desirable terms in order to achieve the approval of others. Satisfaction and well being increase when people enjoy the intrinsic satisfaction of an activity and when their goals and values are in harmony. In an approach-approach conflict, a person is equally attracted to two goals. In an avoidance-avoidance conflict, a person is equally repelled by two goals. An approach-avoidance conflict is the most difficult to resolve, because the person is both attracted to and repelled by the same goal. Prolonged conflict can lead to physical symptoms and reduced well being.

Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". World Health Organization (2005), was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. World Health Report (2001) stated there are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and Bipolar disorder (Kitchener & Jorm, 2002).

Most recently, the field of Global Mental Health has emerged, which has been defined as 'the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide'. According to Patel and Prince (2002) mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition (Keyes, 2002). This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health. A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological,

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religious and sociological perspectives, as well as astheoretical perspectives from personality, social, clinical, health and developmental psychology (Witmer & Sweeny 1992; Hattie, 2004). An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks- essence or spirituality, work and leisure, friendship, love and self-direction- and twelve sub tasks- sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity- which are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. The population of the USA in its' majority is considered to be mostly uneducated on the subjects of mental health (Myers, 2000).

AIMS OF THE STUDY

1. To assess and compare the approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

2. To examine the relationship between approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

HYPOTHESES

1. There would be significant difference in adolescents on approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria.
2. There would be significant relationship between approval motive and mental health viz. free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria of adolescents.

METHODS

PARTICIPANTS

Total 100 adolescents (50 boys and 50 girls) were sampled for the present study. The age range of adolescents was 15 to 21 and selected

from the various college of Varanasi City. At this stage many extraneous variables e.g. socio-economic status (middle class), stream (arts), academic qualification (undergraduate) and family structures (joint family) were controlled for homogeneity of the sample. Participation of the students in this study was

unpaid and voluntary.

BEHAVIORAL MEASURES

1. **Approval Motive Scale (AMS; Tripathy & Tripathy, 1988):** Approval motive scale is constructed and standardized by Tripathy and Tripathy (1988). This scale consists of 72 items on 2 point scale (true & false). Minimum score is zero and maximum 72. Test-retest reliability of the scale was .89 and split half reliability was .93. Higher score are indicative of stronger approval motive.

2. **Middlesex Hospital Questionnaire (MHQ; Shrivastava & Bhat, 1981):** It is a short, clinical diagnostic self-rating scale for psychoneurotic patients, constructed by Crown and Crisp (1966). This was adapted and standardized in Hindi by Shrivastava and Bhat (1981). MHQ gives a quantitative clinical profile as the test consists of six subscales having 8 questions each. This scale consists of 48 items with six dimensions (free floating anxiety, obsession compulsion, phobia, somatic complaints, depression and hysteria) and there is weight for each answer and they have to be total for each scale. Split half reliability of the whole test was 0.70 by Spearman-Brown formula. High score shows neurotic personality and low score shows normal personality.

PROCEDURE

In the present study approval motive scale and middlesex hospital questionnaire were administered on the selected subject. Apart from questionnaire, subjects were also encouraged to share their experiences. After getting back the filled questionnaire the investigator examine that respondent have given their answer to each and

every question. Any item was found to be un-responded then; it was referred back to the subjects with request to take their answer on the unanswered item. Further the responses were scored as per the predetermined standard scoring procedure.

RESULTS AND DISCUSSION

After scoring the responses of the inventories as per the predetermined scoring procedure score was analyzed by the Mean, SD, and one-way ANOVA and product moment method of correlation. The results and discussion of the present study are as following:

Table-1
Mean, SD and F value of adolescents on approval motives

Measures	Gender	Mean	SD	F Value
Approval Motives	Boys	43.18	5.68	4.23*
	Girls	56.18	6.99	

* $P < .05$

Result recorded in table 1 shows that gender difference was significant on approval motive ($F = 4.23$, $df = 1, 98$, $p < .05$). Mean score shows that girls scores higher on approval motive in comparison to boys.

Result (vide table – 2) shows that gender difference was significant on dimensions of mental health viz. free floating anxiety ($F = 4.04$, $df = 1/98$, $p < .05$), phobia ($F = 4.46$, $df = 1/98$, $p < .05$), somatic complaints ($F = 4.26$, $df = 1/98$, $p < .05$), depression ($F = 4.56$, $df = 1/98$, $p < .05$), overall mental health ($F = 5.34$, $df = 1/98$, $p < .05$), while gender difference was not significant on obsession compulsion ($F = .139$, $df = 1/98$, $p >$

$.05$), and hysteria ($F = .859$, $df = 1/98$, $p > .05$) in adolescents.

Table-2
Mean, SD and F value of adolescent's on Middlesex Hospital Questionnaire (M.H.Q.) and its Dimensions

Measures	Gender	Mean	SD	F Value
Free Floating Anxiety	Boys	3.27	3.43	4.04*
	Girls	5.54	2.97	
Obsession-Compulsion	Boys	7.09	2.91	.139
	Girls	6.63	2.80	
Phobia	Boys	3.45	2.84	4.46*
	Girls	6.27	2.76	
Somatic Complaints	Boys	2.81	2.56	4.26*
	Girls	5.45	3.23	
Depression	Boys	4.45	3.01	4.56*
	Girls	6.36	2.65	
Hysteria	Boys	3.00	2.44	.859
	Girls	4.00	2.60	
Overall M. H. Q	Boys	26.09	13.73	5.34*
	Girls	39.27	11.42	

* $P < .05$

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Table-3
Relationship of Approval Motives with Middlesex Hospital Questionnaire (M.H.Q.) and its dimensions

Measures	Free Floating Anxiety	Obsession-Compulsion	Phobia	Somatic Complaints	Depression	Hysteria	Overall M. H. Q
Approval Motives	-0.54**	-0.49*	-0.51*	0.31	-0.45*	-0.54**	-0.58**

$P < 0.05$ ** $P < 0.01$

Results (vide table – 3) revealed significant negative relationship between approval motive with free floating anxiety ($r = -0.54$), obsession compulsion ($r = -0.49$), repression ($r = -0.45$), hysteria ($r = -0.54$) and mental health ($r = -0.58$), while negligible positive relationship between approval motive with somatic complaints ($r = 0.31$) of adolescents.

CONCLUSION

Results depict the significant gender difference on approval motive and free floating anxiety, phobia, somatic complaints, depression and overall mental health. A significant and negative relationship between approval motive and mental health were also recorded in this study **which indicates that higher** approval motives leads to normal personality structure of the adolescent.

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