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RESEARCH ARTICLE

IMPACT OF SELF-REGULATION ON MENTAL HEALTH AMONG THE ACADEMIC ARRANGEMENT STAFF OF GOVERNMENT DEGREE COLLEGES OF THE DISTRICT SRINAGAR

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ABSTRACT

The present study was conducted in Kashmir (India) in September 2014. The present study examined influence of self regulation on mental health among the academic arrangement staff of the Govt. Degree Colleges of the District Srinagar. The sample comprised 100 academic arrangement staff members, of which 50 were males and 50 were females selected randomly from the different degree colleges of the district Srinagar. The age of the sample group ranged from 24 to 30 years. Mental Health Inventory by Veit and Ware (1983) and Self-regulation Scale of Brown, Miller and Lawendowski (1999) were used. Data were analysed by frequency method, pearson correlation method and t-test. The dimensions of mental health scale were also taken into consideration during analysis of the data. Obtained results indicated that males were more depressed and anxious as compared to females.

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INTRODUCTION

The ability to alter one's responses so as to bring them into line with ideals, moral values, social norms, laws, and other standards is an important key to success in life and one of the most important and distinctively human traits. The capacity for self-regulation is thus one of the most important elements of personality. One could go so far as to say it is the single most important aspect because, given sufficient powers of self-regulation, any other personality trait can be overcome. In other words, if ones self-regulation is powerful enough, then regardless of one's inclinations, past experiences, or neuroses, one can always do the adaptive or right thing. Self-regulation can be the trump card of personality. It greatly increases the flexibility and adaptability of human behavior, enabling people to adjust their actions to a remarkably broad range of social and situational demands. It is an important basis for the popular conception of free will and for socially desirable behavior.

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It provides benefits to the individual and to society, and indeed good self-control seems to contribute to a great many desirable outcomes, including task performance, school and work success, popularity, mental health and adjustment, and good interpersonal relationships (Baumeister, Heatherton, and Tice, 1994; Duckworth and Seligman, 2005; Shoda, Mischel, and Peake, 1990; Tangney, Baumeister, and Boone, 2004; Wolfe and Johnson, 1995).

Meaning of Self-regulation

Connotations aside, self-regulation carries the meaning of "control" with a hint of regularity. In that sense, self-regulation refers to the exercise of control over oneself, especially with regard to bringing the self into line with preferred (thus, regular) standards. More specifically, self-regulation refers to those processes, internal and or transactional, that enable an individual to guide his/her goal-directed activities over time and across changing circumstances (contexts). Regulation implies modulation of thought, affect, behaviour, or attention via deliberate or automated use of specific mechanisms and supportive meta-skills. The processes of self-regulation are

initiated when routinized activity is impeded or when goal-directedness is otherwise made salient (e.g.; the appearance of a challenge, the failure of habitual action patterns, etc.). Self-regulation can also be defined as a capacity that increases the degree of human behaviour so as to adopt and adjust to societal and situational demands that they encounter on daily basis (Baumeister and Vohs, 2007). More specifically, self-regulation places one's "social conscience" over selfish impulses, allowing people to do what is right and not what they want to do (Baumeister and Bushman, 2008).In addition, self-regulation process prevents impulses that could be costly to the individual in the long-run , even when there are short-term benefits (Baumeister and Vohs 2007). It also refers the "Self-generated thoughts, feelings, and actions that are planned and cyclically adapted to attainment of personal goals." (Zimmerman, 2000). "A host of related executive and agentic functions (e.g.; planning, future-orientation, goal-directed behaviour, effortful control, proactive behavior)" (Mischel and Ayduk, 2004). In its broadest sense, self-regulation is the means by which human beings manage themselves. Although, the activity of self-regulation is often conscious and intentional, it frequently takes place without attention or effort. The self-regulation construct encompasses a variety of proclivities, competences, and strategies that together, account for variability in a broad range of behaviours and outcomes across the life span. Although, factors outside the individual are always at play, the ability to manage oneself effectively through self-regulation is a major factor in distinguishing people who do not.

Self-regulation and Mental Health

Self-regulation has been found to be associated with success or failure in many different problems that impact society (Baumeister and Vohs, 2007; Worden, Flynn, Merrill, Waller and Haugh, 1989). When there is insufficient self-regulation these issues occur : abuse of drugs, alcohol addiction, unwanted pregnancy, sexually transmitted diseases, gambling, violence, crime, eating disorders, anger control problems, under achievement in school, debt and bankruptcy, and more (Baumeister and Bushman, 2008). In addition, people who have poor self-regulation skill do not succeed in relationship, cannot hold jobs, and many even become criminals. Over the past decade there has been an explosion of research on self-regulation in regards to a broad range of problems, ranging from developmental disorders (Greenspan and Wieder 1998) to internalizing problems (Lewis and Todd 2007); externalizing problems (Stieben, Lewis, Granic, Zelazo, and Pepler, 2007); personality disorders (OCD, panic disorder); memory disorders (Gunnar and Quevado 2007); alcoholism and risky behaviors, obesity (Riggs, Sakuma, and Pentz, 2007); diabetes and cancer (Grossarth-Maticek and Eysenck 1994); coronary heart disease (Boersman and Maes 2006); and immune system disorders, including asthma, allergies, chronic fatigue syndrome, and rheumatoid arthritis (McEwen, 2002). To be sure, each of these problems is thought to have unique biological antecedents and/or environmental contingencies, and thus to follow a different developmental pathway. Even within each disorder there is thought to be enormous variability in the pathways. But each is thought to involve a problem in self-regulation, starting early in the child's development, and leading to significant downstream effects.

No less striking is the growing number of scientists who see self-regulation as a critical factor on the road to long-term mental health (Shanker 2009). Emotion-regulation (Shanker in press), social regulation (Shanker, Casenhiser and Stieben submitted) and even prosocial and moral behavior (Shanker 2009; Kochanska, Murray and Coy 1997) have all been linked to positive self-regulation. And in recent years, educational theorists have seized on self-regulation as fundamental to school performance (Blair and Diamond 2008; Blair 2002; Shonkoff and Phillips 2000). Kocovski, and Endler, (2000) carried out a study on Self-regulation, trait depression, and social anxiety among of 174 (124 female, 50 male) undergraduate university students. Individuals who were high on social anxiety and depression were low on the expectancy to achieve goals, low on self-evaluation, low on positive self-reinforcement. Buckner, Enrico Mezzacappa, and William, (2009) examined the association of self-regulation with a range of indices of adaptive functioning among 155 youth ages 8–18 years from families with very low income. Youths with good self-regulation had much better indices of adaptive functioning across measures of academic achievement social competence, grades, problem behaviors, and depression and anxiety than their counterparts with more diminished self-regulatory capacities.

In addition, youths with better self-regulation skills stated more adaptive responses both in terms of how they coped with past stressful live events and how they would deal with hypothetical stressors. This study indicates that self-regulation is robustly associated with a range of important indices of adaptive functioning across many domains. Similarly other studies have also found a positive relation between self-regulation and mental health in various aspects of health such as eating disorders, obesity, physical fitness, and academic behavior (Baumeister and Vohs, 2004, Blair, 2002, Boersma and Maes, 2006). A recent set of studies by Tangney, Baumeister, and Boone (2004) included a trait measure of self-control and then examined multiple indices of effective functioning. People with high scores on self-control were better off than those with low self-control on virtually all of them. They had better grades in school. They had better relationships with family and friends: less conflict and more cohesion. They were better able to understand others and scored higher on empathy.

They showed better psychological adjustment, including fewer psychological problems, fewer signs of serious psychopathology, and higher self-esteem. Not surprisingly, they reported fewer impulse control problems, such as overeating and problem drinking. Other work using the same scale has confirmed the benefits. Supervisors who score higher in self-control are rated more favourably (e.g., as fairer) by their subordinates (Cox, 2000). People with high self-control make better relationship partners, especially because they are better able to adapt to partners (Finkel and Campbell, 2001; Tiangney *et al*., 2004; Vohs and Baumeister, 2004). Probably the most dramatic and conclusive evidence of the long-term benefits of self-regulation comes from the research by Walter Mischel and his colleagues. His research group then followed

up the early studies, which were typically done with young children, to see how they fared on into adulthood. Four- and five-year olds who were able to resist the temptation of one cookie in order to eat two cookies a short while later grew up to earn better marks on the Scholastic Aptitude Test, to be rated by others as rational and socially competent, and to cope with frustration and stress better than those kids who were relatively unable to resist the tempting cookie at a young age. Thus, effective self-regulation can be recognized as an important key to success in life (Mischel and Ayduk, 2004).

Objectives of the study

Keeping in view the both theoretical and empirical aspects of self-regulation, the present study was carried to study the influence of self-regulation on the mental health of the academic arrangement staff of the different degree colleges of the Srinagar district with following objectives:

1. To study the self-regulation and mental health status among the academic arrangement staff.
2. To study the relationship between mental health and self-regulation among the academic arrangement staff.
3. To compare the mental health dimensions and self-regulation among the academic arrangement staff with respect to their educational qualification and gender.

Hypotheses of the study

On the basis of the objectives framed above, the following hypotheses have been formulated:

Ho1 There will be no significant relationship between self-regulation and anxiety among the academic arrangement staff.

Ho2 There will be no significant relationship between self-regulation and depression among the academic arrangement staff.

Ho3 There will be no significant relationship between self-regulation and emotional and behavioral control among the academic arrangement staff.

Ho4 There will be no significant relationship between self-regulation and positive effect among the academic arrangement staff.

Ho5 There will be no significant relationship between self-regulation and emotional ties among the academic arrangement staff.

Ho6 There will be no significant relationship between self-regulation and life satisfaction among the academic arrangement staff.

MATERIALS AND METHODS

Participants

The sample in the study consisted of one hundred academic arrangement staff members (N=100) drawn from the various government colleges viz., women's college, Maulana Azad Road, Amar singh College and, Sri Pratab College located at different places of District Srinagar. The sampling technique used in the present study was purely purposive. Respondent's age ranged between 25-35 years.

Tools used: To collect the desired data for the present study, two standardized psychological tests were used.

(1) Mental Health Inventory.
(2) Self-regulation Questionnaire.

(1) Mental Health Inventory by Veit and Ware (1983

The Mental Health Inventory includes 38 items in which the respondent uses a 6-point Likert-style response. The inventory is meant for evaluating mental health issues such as anxiety, depression, emotional and behavioural control, positive effect, emotional ties and life satisfaction.

(2) Self-regulation Scale of Brown, Miller and Lawendowski (1999)

This is a self-report questionnaire used to assess the amount of self-regulatory capacity. The Scale comprises of 63 statements that are to be answered on a five point Likert format scale ranging from Strongly Disagree to Strongly agree.

Procedure: these two measures were in printed form and were administered on each randomly selected subject by assuring them that information provided by them will be kept strictly confidential. Having obtained the data from the subjects, the data were tabulated for giving statistical treatment for obtaining the results.

Statistical Analysis: the analysis of data will be carried out by using appropriate statistical tools: Frequency Method, Pearson's correlation coefficient and t-test.

RESULTS AND DISCUSSION

From the above data, it is evident that 62% of the total sample of the study comes under the low levels of self regulation while only 7% of the total sample comes under the high levels of self-regulation.

Table 1. Frequency Distribution of Self regulation among Academic Arrangement Staff (N =100) in Government Degree Colleges of District Srinagar

Self-regulation		
Level	Frequency	%age
Low	62	62%
Average	31	31%
High	7	7%

The information presented in the table-2 reveals that 16% of the total sample showed low level of anxiety while 39% of the total sample showed the high level of anxiety. On the Depression dimension of mental health, a low percentage that is, 18% of the total sample population have low level of depression while as the significant proportion that is, 50% fall

in the high level of depression. In terms of Loss of Behavioural and Emotional Control a low percentage of the sample population that is 12% fall in the low level of loss of behavioural and emotional control while a significant proportion of the sample population that is 43% fall in the high level. Similarly on the General Positive Affect dimension of the mental health, a significant proportion of the total sample population that is 32% fall in the low level while 21% of the sample population fall in the high level. On the dimension of the Emotional Ties, a significant proportion of the total sample population that is 47% fall in the low level while only 16% of the total sample population fall in the high level.

Table 2. Frequency Distribution of the Different Dimensions of Mental Health among the Academic Arrangement Staff (N=100) in Govt. Degree Colleges of the District Srinagar

Dimension	Level	Frequency	%age
Anxiety	Low	16	16%
	Average	45	45%
	High	39	39%
Depression	Low	18	18%
	Average	32	32%
	High	50	50%
Loss of Behavioural and Emotional Control	Low	12	12%
	Average	45	45%
	High	43	43%
General Positive effect	Low	32	32%
	Average	47	47%
	High	21	21%
Emotional Ties	Low	47	47%
	Average	37	37%
	High	16	16%
Life Satisfaction	Low	23	23%
	Average	67	67%
	High	10	10%

Table 3. Frequency Distribution of the Different Dimensions of Mental Health among the Academic Arrangement Staff (N=50) in Govt. Degree Colleges of the District Srinagar in terms of females

Dimension	Level	Frequency	%age
Anxiety	High	52	52%
	Average	33	33%
	Low	15	15%
Depression	High	48	48%
	Average	47	47%
	Low	5	5%
Loss of Behavioural and Emotional Control	High	53	53%
	Average	29	29%
	Low	18	18%
General Positive effect	High	55	55%
	Average	24	24%
	Low	19	19%
Emotional Ties	High	12	12%
	Average	86	86%
	Low	2	2%
Life Satisfaction	High	6	6%
	Average	93	93%
	Low	1	1%

The information in the Table 3 reveals that a significant proportion of the total female sample population that is 53% fall in the high level of the anxiety dimension of mental health while 15% fall in the low level. The table also reveals that 48% of the total female sample population fall in the high level of depression while only 5% of the total sample fall in the low level of depression. In terms of the loss of behavioural and emotional control a dimension of mental health, a significant proportion of the total female sample that is 53% fall in the high level while 18% fall in the low level. Similarly the table reveals that on the dimension of the general positive affect of mental health, a significant proportion of the total female population that is 55% fall in the high level while only 19% fall in the low level. In terms of emotional ties, a dimension of mental health 12% of the total sample female population fall in the high level while only 2% fall in the low level. Finally, the table also reveals that of the total female sample population 6% fall in the high level of life satisfaction, 1% fall in the low level.

Table 4. Frequency Distribution of the Different Dimensions of Mental Health among the Academic Arrangement Staff (N=50) in Govt. Degree Colleges of the District Srinagar in terms of males

Dimension	Level	Frequency	%age
Anxiety	High	53	53%
	Average	29	29%
	Low	19	19%
Depression	High	52	52%
	Average	39	39%
	Low	9	9%
Loss of Behavioural and Emotional Control	High	47	47%
	Average	39	39%
	Low	14	14%
General Positive effect	High	46	46%
	Average	37	37%
	Low	17	17%
Emotional Ties	High	12	12%
	Average	87	87%
	Low	1	1%
Life Satisfaction	High	7	7%
	Average	92	92%
	Low	1	1%

The information in the Table 4 reveals that a significant proportion of the total male sample population that is, 53% fall in the high level of anxiety, a dimension of mental health while 19% fall in the low level of the anxiety. In terms of depression, a dimension of mental health, the table reveals that 52% of the total male sample population falls in the high level of depression while only 9% fall in the low level of depression. On the dimension of loss of behavioral and emotional control, the table reveals that 47% of the total male sample population falls in the high level while a small proportion of the male sample that is 14% fall in the low level. Similarly in terms of general positive effect, the table reveals that 46% of the total male sample population falls in the high level while 17% fall in the low level. On the dimension of emotional ties, the table reveals that 17% of the total male sample population fall in the high level while only 1% fall in the low level of this dimension. From the life satisfaction point of view, the table depicts that a small proportion of total male sample population that is 7% fall in the high level while only 1% fall in the low levels.

Table 5. Correlation between Dimensions of Mental Health and Self Regulation among the Academic Arrangement Staff (N=100) IN Govt. Degree Colleges of District Srinagar

Mental Health Dimensions	Self-Regulation
Anxiety	(-.44*, p = <0.001)
Depression	(-.45*, p = <0.001)
Emotional and Behavioral Control	(.53*, p = <0.001)
General Positive Affect	(.65*, p = <0.001)
Emotional Ties	(.61*, p = <0.001)
Life Satisfaction	(.63*, p = <0.001)

*.P<0.05 Level of significance

Table 5 implies that there is a significant positive correlation between self regulation emotional and behavioural control (r=.53*, p = <0.001); self regulation and general positive effect, (r= .65*, p = <0.001); self regulation and emotional ties (r=.61*, p = <0.001) and between self regulation and life satisfaction among the academic arrangement staff. Therefore our null hypotheses no. 3, 4, 5 and 6 stands rejected. Moreover, the above table also reveals that there is a significant negative correlation between self regulation and anxiety (r-.44*, p = <0.001); and between self regulation and depression (r-.45*, p = <0.001) among the academic arrangement staff. Therefore, our null hypothses no. 1 and 2 also stands rejected.

DISCUSSION

The present study was aimed to examine the mental health status and self regulation among the academic arrangement staff of the Govt. Degree Colleges of the District Srinagar. The overarching results of the present study elucidated that 62% of the total sample population fall in the low level of self regulation while only 7% of the sample population had high level of self regulation and, the remaining 31% fall in the average levels of self regulation. From the mental health point of view, the overall results showed that 39% the total sample population fall in the high levels of anxiety, 50% fall in the high level of depression, 43% fall in the high level of loss of behavioural and emotional control, 47% fall in the low level of emotional ties and, 23% of the total sample population fall in low levels of life satisfaction. The results also revealed a significant positive correlation between self regulation and emotional and behavioural control; self regulation and general positive effect; self regulation and emotional ties; and between self regulation and life satisfaction. There are several studies which are in line with these results. Kochanska, Murray and Coy (1997); Shonkoff and Phillips (2000); Blair (2002) Blair and Diamond (2008); and Shanker (2009) and even prosocial and moral behavior (Shanker 2009) found that emotional regulation, social regulation, prosocial and moral behavior have all been tied to self regulation. The results also revealed that there is a significant negative correlation between self regulation and anxiety and between self regulation and depression. There are several studies which are in consistence with our findings. For example, Tice and Bratslavsky, (2000) and Hagger *et al*. (2010) in their studies found that people with low self self regulation are more depressed and vice versa.

Limitations of the Study

Research is a continuous process and is never completely perfect due to certain unavoidable circumstances researchers face during the process and especially when we talk about social science research. Every research carries certain flaws that give insights for new researches. Keeping in view the above facts, the present study is also subject to certain limitations which can be discussed as under:

a) As mentioned above, the sample of the study was collected only from three colleges of District Srinagar not from all colleges of the district.

b) The sampling technique used to collect data is purposive sampling which brings bias in the selection of sample and weakens the generalization of results of the study.

c) Another limitation is that minimal demographic data were collected for the sample in this study. Information regarding the educational qualification, residence and work experience would also have been an important variable to include in the analysis.

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