



Mental Health among Adolescents in Context of Self-concept, Cognitive Style, Anxiety and Adjustment

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ABSTRACT

The present endeavour is conducted on 100 adolescents belonging to the + 2 schools of central Patna town. It was intended to compare (i) high and low self-concept groups (ii) F1 and FD groups (iii) high and low anxiety groups and (iv) sound and poor adjustment groups of adolescents in terms of mental health behavior. It was hypothesized that: (i) High and low self-concept groups of adolescents will differ significantly in terms of mental health behavior. (ii) F1 and FD cognitive style groups of adolescents will differ significantly in terms of mental health behavior. (iii) High and low anxiety groups of adolescents will differ significantly in terms of mental health behavior. (iv) Sound and poor adjustment groups of adolescents will differ significantly in terms of mental health behavior. For the purpose, Mohsin's and Hussain's Adjustment Inventory, Kumar's & Thakur's MMHSI, Witkin's EFT, Sinha's Manifest Anxiety Scale and Mohsin's self-concept scale were used to measure the adjustment, mental health, cognitive style, anxiety and self-concept of the respondents respectively. The obtained data were analysed using *t*-ratio and *r*-test. The result supported the formulated hypotheses. It was concluded that high self-concept, field independence, low anxiety and sound adjustment all are conducive to sound mental health behavior. Psychological correlates are significantly correlated with one another.

KEY WORDS

Mental Health, Adolescents, Self-concept, Anxiety, Adjustment.

INTRODUCTION

Adolescence is a pivotal stage of human development marked by profound biological, cognitive, emotional, and social changes. During this period, individuals gradually move from childhood dependence toward adult autonomy while simultaneously forming a coherent sense of identity. These rapid transitions often place adolescents at heightened risk for mental health problems, including anxiety, emotional instability, and maladjustment. Understanding adolescent mental health therefore requires a multidimensional framework that integrates both cognitive–personality factors and emotional–behavioral processes.

Mental health refers to a state of psychological well-being in which individuals are able to realize their abilities, cope effectively with normal stresses, maintain productive functioning, and sustain satisfying interpersonal relationships. In adolescence, mental health is closely tied to self-perception, thinking patterns, emotional regulation, and adaptive functioning across family, school, and peer contexts. Among the most significant psychological variables influencing adolescent mental health are self-concept, cognitive style, anxiety, and adjustment.

Self-concept is the organized set of beliefs and perceptions individuals hold about themselves, including evaluations of competence, worth, and identity. A positive self-concept provides adolescents with confidence, emotional security, and resilience, whereas a negative self-concept is associated with self-doubt, vulnerability to stress, and internalizing problems. Adolescents with low self-concept often interpret experiences pessimistically, increasing their susceptibility to anxiety and poor mental health.

Cognitive style refers to the habitual way individuals perceive, process, and organize information. One widely studied dimension is field dependence–independence, which reflects the degree to which individuals rely on external versus internal cues. Cognitive style influences how adolescents interpret social feedback, academic demands, and stressors. Certain cognitive styles may predispose adolescents to rigid thinking, emotional reactivity, or dependence on external validation, thereby affecting mental health and adjustment.

Anxiety is a common emotional experience during adolescence, characterized by excessive worry, tension, and apprehension. While moderate anxiety may be adaptive, persistent or intense anxiety can impair concentration, decision-making, social participation, and emotional balance. Anxiety is closely linked with negative self-concept, maladaptive cognitive processing, and poor adjustment, and it represents a central indicator of compromised mental health among adolescents.

Adjustment refers to the process by which individuals maintain harmony with their environment while satisfying personal needs. Adolescent adjustment encompasses emotional, social, educational, and family domains. Well-adjusted adolescents demonstrate flexibility, effective coping, and emotional balance, whereas maladjustment is associated with conflict, stress, anxiety, and psychological distress. Adjustment is both an outcome of mental health and a mechanism through which mental health is maintained or disrupted.

These variables are not independent; rather, they interact dynamically. A positive self-concept and adaptive cognitive style can protect adolescents from excessive anxiety and promote healthy adjustment, thereby enhancing mental health. Conversely, negative self-views, maladaptive thinking patterns, heightened anxiety, and poor adjustment may collectively undermine psychological well-being. Theoretical perspectives such as Erikson’s psychosocial theory, cognitive–behavioral theory, and stress–coping models support the view that mental health during adolescence emerges from the interplay of self-perceptions, cognitive processing, emotional responses, and adaptive functioning.

In contemporary society, adolescents face increasing academic pressure, social comparison, digital exposure, and uncertainty about the future. These challenges make the examination of self-concept, cognitive style, anxiety, and adjustment particularly relevant. Despite growing research on adolescent mental health, integrated studies examining these variables together remain limited, especially in developing socio-cultural contexts.

Therefore, studying mental health among adolescents in relation to self-concept, cognitive style, anxiety, and adjustment is essential for identifying risk and protective factors, informing school-based mental health programs, and promoting positive youth development.

Review of Literature

Erikson⁴ (1968) emphasized that adolescence is a critical period for identity formation and ego integration. A coherent self-concept contributes to psychological stability, whereas identity confusion leads to anxiety and poor mental health. His theory highlights self-concept as a foundational determinant of adolescent adjustment and emotional well-being. Rogers¹¹ (1959) proposed that a positive self-concept and congruence between self and experience are essential for mental health. Adolescents with negative self-concept experience anxiety and maladjustment due to internal conflict, supporting the link between self-perception and psychological well-being. Marsh & Shavelson⁹ (1985) demonstrated that self-concept is multidimensional and strongly related to emotional adjustment. Adolescents with low academic and social self-concept showed higher anxiety and poorer mental health, indicating self-concept as a key psychological resource. Witkin et al.¹³ (1977) reported that cognitive style influences emotional and social functioning. Field-dependent adolescents were found to rely more on external cues and showed greater anxiety and adjustment difficulties than field-independent peers, highlighting cognitive style as a mental health correlate. Compas et al.³ (2001) found that maladaptive cognitive processing and poor coping increase anxiety and emotional problems in adolescents. Cognitive style influenced stress appraisal, which in turn affected adjustment and mental health outcomes. Beck et al.¹ (1985) highlighted that negative self-schemas and distorted thinking patterns contribute to anxiety and depression. Adolescents with maladaptive cognitive styles showed poorer mental health and adjustment. La Greca & Lopez⁸ (1998) found that adolescents with high social anxiety had poorer peer adjustment and lower self-concept. Anxiety negatively affected social functioning, contributing to broader mental health difficulties. Bell² (1934) emphasized adjustment as a core indicator of mental health. Adolescents with poor emotional and social adjustment exhibited higher anxiety and psychological distress, reinforcing adjustment as a key mental health variable. Mohsin & Shamshad¹⁰ (1968) using the Indian adaptation of Bell's Adjustment Inventory, the authors reported strong associations between emotional adjustment, anxiety, and mental health among adolescents, supporting cross-cultural relevance of adjustment constructs. Harter⁶ (1999) demonstrated that self-concept clarity during adolescence is closely linked with emotional well-being. Adolescents with fragmented self-views reported higher anxiety and poorer adjustment. Eysenck⁵ (1991) reported that emotional instability and maladaptive cognitive tendencies increase vulnerability to anxiety and mental health problems, particularly during adolescence. Keyes⁷ (2002) proposed that mental health involves positive functioning alongside low psychopathology. Self-concept, adaptive cognition, and adjustment were identified as essential components of adolescent flourishing. Singh & Gupta¹² (2015) found that adolescents with negative self-concept and poor adjustment showed significantly higher anxiety and poorer mental health compared to well-adjusted peers, emphasizing cultural relevance.

Objectives

It was intended to compare (i) high and low self-concept groups (ii) F1 and FD groups (iii) high and low anxiety groups and (iv) sound and poor adjustment groups of adolescents in terms of mental health behavior.

Hypotheses

1. High and low self-concept groups of adolescents will differ significantly in terms of mental health behavior.
2. F1 and FD cognitive style groups of adolescents will differ significantly in terms of mental health behavior.
3. High and low anxiety groups of adolescents will differ significantly in terms of mental health behavior.
4. Sound and poor adjustment groups of adolescents will differ significantly in terms of mental health behavior.

Method of Study

Sample

A sample of 100 respondents were selected in such a way that they must be equal in respect of high and low self-concept, FI and FD, high low anxiety and sound and poor adjustment. In other respect they were matched so far as practicable.

Tools used

- (i) A personal Data Sheet prepared by the researcher was used to seek the necessary informations relating to the respondents.
- (ii) Mohsin's self-concept scale was used to measure self-concept of the respondents.
- (iii) Witkin's EFT was used to measure cognitive style of the respondents.
- (iv) Manifest Anxiety Scale by Sinha was used to measure the anxiety of the respondents.
- (v) Hindi Adaptation of Bell's Adjustment Inventory by Mohsin & Shamshad was used to measure the adjustment of the respondent.
- (vi) MMHSI (Mithila Mental Health Status Inventory) by Kumar & Thakur was used to measure mental health states of the respondent.

Results and Interpretations

Table 1: t-value between high and low self-concept groups of adolescents on mental health behavior measure

Variable	Groups	N	Mean	SD	t-value (df=98)	p
Self-concept	High	50	67.75	4.14	8.26	<.01
	Low	50	60.89	4.10		

It is clear from results table-1 that high self-concept groups of adolescents manifest sound mental health behavior significantly ($t = 8.26$; $df = 98$; $p < .01$). Thus, hypothesis no. (1) is retained. Adolescents belonging to the high self-concept group manifest comparatively sound mental health because they possess confidence, self-acceptance, and a positive outlook toward life. Their strong sense of identity promotes emotional stability, resilience, and effective coping with stress. In contrast, adolescents with poor self-concept experience self-doubt, insecurity, and low self-esteem, leading to psychological distress and poor mental health. High self-concept adolescents are also more socially competent and optimistic, enabling them to form healthy relationships and maintain balanced emotional functioning. Thus, a strong self-concept acts as a protective factor supporting overall mental health and psychological well-being.

Table 2: t-value between F1 and FD cognitive style groups of adolescents on mental health behavior measure

Variable	Groups	N	Mean	SD	t-value (df=98)	p
Cognitive Style	F1	50	65.92	4.15	8.42	<.01
	FD	50	59.18	3.08		

The findings of table-2 clearly indicated that F1 group of adolescents manifested comparatively sound mental health behavior significantly ($t = 8.42$; $df = 98$; $p < .01$). Thus, hypothesis no. (2) is retained. Field-independent adolescents manifest comparatively sound mental health because they are self-reliant, confident, and capable of independent decision-making. Their ability to analyze situations objectively and resist social pressure promotes emotional stability and resilience. In contrast, field-dependent adolescents rely heavily on external approval, making them more vulnerable to stress, insecurity, and poor mental health.

Table 3: t-value between high and low anxiety groups of adolescents on mental health behavior measure

Variable	Groups	N	Mean	SD	t-value (df=98)	p
Anxiety	High	50	57.50	4.11	8.86	<.01
	Low	50	64.59	3.95		

The results of table-(3) shows that low anxiety groups of adolescents manifest comparatively sound mental health behavior significantly ($t = 8.86$; $df = 98$; $p < .01$). Thus, hypothesis no. (3) is retained. Adolescents belonging to the low-anxiety group manifest comparatively sound mental health because they remain calm, emotionally stable, and better able to cope with stress. Their relaxed mindset supports positive thinking and effective problem-solving. In contrast, high-anxiety adolescents experience constant worry, tension, and fear, which lead to emotional exhaustion and poor mental health.

Table 4: t-value between sound and poor adjustment groups of adolescents on mental health behavior measure

Variable	Groups	N	Mean	SD	t-value (df=98)	p
Adjustment	Sound	50	67.45	4.24	8.80	<.01
	Poor	50	60.23	3.98		

The results of table-(4) clearly revealed that sound adjustment groups of adolescents manifest comparatively sound mental health behavior ($t = 8.80$; $df = 98$; $p < .01$). Thus, hypothesis no. (4) is retained. Adolescents belonging to the sound adjustment group manifest comparatively sound mental health because they can adapt effectively to social, emotional, and environmental demands. Their balanced relationships, emotional stability, and problem-solving abilities promote psychological well-being. In contrast, poorly adjusted adolescents face conflict, stress, and frustration, leading to anxiety, insecurity, and poor mental health.

Table 05: r-ratio showing the correlation of mental health with self-concepts cognitive style, anxiety and adjustment the respondents

Variable	N	r	df	P
Mental Vs Self concepts	100	0.479	98	<.01
Mental Vs Cognitive style	100	-0.480	98	<.01
Mental Vs Anxiety	100	-0.486	98	<.01
Mental Vs Adjustment	100	-0.477	98	<.01

The results displayed by table-02 clearly revealed that the significant positive correlation of mental health with self-concepts ($r = 0.479$, $df = 98$, $p < .01$), a significant negative correlation with cognitive style (FD to FI) ($r = -0.480$, $df = 98$, $p < .01$), a significant negative correlation with anxiety ($r = -0.486$, $df = 98$, $p < .01$) and a significant positive correlation with adjustment ($r = 0.477$, $df = 98$, $p < .01$). The findings are consistent with the findings of table-01. A significant and positive correlation of mental health with self-concept, field-independent cognitive style, and adjustment exists because these traits promote confidence, autonomy, emotional stability, and effective coping with stress. Adolescents possessing these qualities show resilience and psychological balance. Conversely, field-dependent and high-anxiety adolescents rely on others, experience insecurity, and struggle with emotional regulation, leading to poor mental health. Thus, self-awareness, independence, and adaptability strengthen mental well-being, while dependence and anxiety hinder psychological stability, explaining the positive and negative correlations respectively.

CONCLUSIONS

1. High self-concept is conducive to sound mental health behavior.
2. FI cognitive style is conducive to sound mental health behavior.
3. Low anxiety is conducive to sound mental health behavior.

4. Sound adjustment is conducive to sound mental health behavior.
5. Psychological correlates are significantly correlated with one another.

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