



Strengthening Adolescents' Mental Health: The Personal Growth Initiative's Function

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ABSTRACT

Adolescence is considered as the glorious phase for the growth and development of human life; this stage is full with excitement, joy, and fun. However, it is not the complete picture they are going through lots of social and emotional crises. Therefore, the adolescence stage is a matter of great concern to enhance their positive aspects and coping abilities—the positive psychology constructs, Personal growth initiatives PGI emerged as a most appropriate concept in adolescents' growth and accomplishment. Thus, the present investigation examined the relationship between personal growth initiatives and mental health. Also discussed the impact of personal growth initiatives (PGI) along with its four components (readiness for change, planfulness, intentional behavior, and using resources) on adolescents' mental health. One hundred adolescents were approached by using the convenience sampling technique. Robitschek's (2012) personal growth initiative Scale-II and The Mental Health inventory developed by Jagdish and Srivastava were used to collect the data. The data were analyzed using multiple linear regression and Pearson product-moment correlation. The findings of the study showed a positive relationship between teenage mental health and personal growth initiatives.

Additionally, there was a good connection between the mental health of adolescents and all four components of PGI. Furthermore, PGI and its readiness for change dimension have been identified as a critical determinant of adolescent mental health. As a result, adolescents who have a propensity to actively and intentionally engage in personal growth activities are more likely to have positive self-evaluation and group-oriented behavior. They also develop autonomy and environmental competence, contributing to good mental health conditions.

Keywords: *Personal Growth Initiatives, Mental Health and Adolescents.*

INTRODUCTION

Young people are more vulnerable to mental health problems on account of physical, emotional, and social changes. Globally, the predominance of mental health difficulties among 10 to 19 years old is estimated to be 1 in 7 (14%), despite the fact that most of these conditions remain unaddressed. A large number of children with mental health issues are susceptible to deviant behavior, loneliness, academic stress, physical and emotional difficulties, and human rights violations. The most prevalent psychological disorders in adolescents are eating disorders, personality disorders, schizophrenia, bipolar disorder, severe depression, and suicide ideation. Male adolescents are more likely than female adolescents to have ADHD, whereas female adolescents are twice as likely to have anxiety or mood disorders. In addition, 50% of adult psychiatric disorders start before the age of 14. Therefore, any psychological problems at this stage could have an impact on their later mental health, physical health, and social conditions.

These statistics demonstrate the great concern that exists over the mental well-being of adolescents. Therefore, it is essential to research topics related to mental health, including knowledge of its elements, influencing and connected factors, consequences, and intervention options.

Several theoretical approaches are frequently used to view or characterize mental health to focus on distinct aspects of mental health. For instance, It is defined as the absence of symptoms or indicators of diseases from the medical perspective. This perspective on mental health is psychopathological, where the abnormality is determined by pathological symptoms (Westerhof & Keyes, 2010). Another viewpoint on mental health, however, emphasizes that it goes beyond the absence of illnesses and that it also includes the presence of a healthy state of mind. As a result, it is possible to use the factors that define a person's positive condition to show the aspects that make up mental health. According to Ryff, optimistic perspectives on mental health are more common and are characterized by the six fundamental components of psychological well-being: personal growth, self-acceptance, autonomy, purpose in life, healthy connections with others, and environmental mastery. (Ryff, 1989a, 1989b; Ryff & Singer, 2008).

Furthermore, according to WHO, it is a state of wellbeing in which each person is able to reach their full potential, deal effectively with everyday stressors, engage in fruitful and productive work, and give back to their community. This optimistic view on mental health enables professionals to assess the contribution of various behavioral and developmental realm, such as positive personality traits in examining mental health elements. Recently, PGI recognized as a promising concept for advancing as well as fulfilling adolescents' development.

Personal growth initiative (PGI)

PGI is a global propensity toward change and progress in all areas of one's life. It is an orientation toward the active pursuit of self-improvement experiences. According to Robitschek and Ashton et al. (2009), a person brings a well-developed set of skills to every aspect of life, including cognition, conduct, attitude, and motivation.

Robitschek (1998) described PGI is defined as an active, conscious commitment to one's own personal development. A person is said to be on the road of personal growth initiative when actively engaging in growth.

PGI is a metacognitive term that denotes an attitude towards consciously and actively participating in the process of growth-seeking. It comprises active involvement in growth-promoting thoughts and behaviors in all spheres of life, as well as conscious awareness of and control over these engagements (Robitschek, 1998). PGI consists of cognitive and behavioral components, with the cognitive components including knowledge of the change process, efficacy connected to the change process, and motivation to change (Robitschek, 2003; Martin, 2009). Behavioral components include personal change and strategies to achieve those goals.

PGI is a learned skill set for enhancing oneself in all facets of life. It includes four tenets-Readiness for change, planning for change, using available resources, and Intended Behavior. Readiness for change and planning for self-improvement reflects cognitive aspects and intentional behavior and using resources for change reflects behavioral aspects. To maximize personal growth, these four elements work together rather than separately (Theon & Robitschek, 2012).

Linkage between Personal growth initiative and Mental health

Robitschek (1998, 1999) claims that intentional and unintentional activities lead to personal growth. However, it only addresses intentional change and is crucial for leading a healthy and balanced life. One aspect of psychological well-being is the pursuit of personal improvement, which refers to positive and optimal psychological functions (Ryff & Keyes, 1995). It has been comprehended as personal resources that encompass the skills contributing to making changes to encourages positive growth among adolescents (Weigold & Robitschek, 2011). Robitschek and Keyes (2009) presented compelling evidence that the personal growth initiative (PGI) is a reliable measure of mental health and that there is a positive association between PGI and mental health (Shorey, Little, Snyder, Kluck, & Robitschek, 2007). According to Joshanloo and Nosratabadi's (2009) findings, life flourishes when mental health is sound and languishes when mental health is damaged. In accordance with Keyes et al. (2012), teenagers with excellent mental health did not have any serious mental health issues. In the study conducted by Celinda, Stevic, and Ward (2008) found a positive correlation between life satisfaction, personal growth initiative, and positive recognition. Moreover, Shahina and Parveen (2022) suggested that personal growth initiatives and sense of meaning/purpose in life have a significant and positive correlation with psychological well-being among adolescents.

Additionally, earlier studies suggested a link between personal growth initiatives and psychological suffering. High levels of personal growth initiative were linked to high levels of happiness and low levels of worry, despair, and other negative emotions (Robitschek & Kashubeck, 1999). People with high degrees of PGI are more optimistic than despondent (Shorey et al., 2007). According to Robitschek and Keyes (2009), high personal

growth initiatives are linked to improved psychological well-being, life satisfaction, self-acceptance, happiness, and positive affect.

Rationale of Study

Adolescence is a critical phase for adolescents' personal growth and development. Adolescents are the assets of our nation and contribute to the future economy. However, because of the transition from childhood to adulthood, they face multiple stressors that cause distress. Stressors include physiological changes, upcoming exams, problems with peers and family, identity formation, and achieving autonomy in life. These stressors might stimulate adaptive and maladaptive coping strategies (Franko et al., 2004). According to Robitschek and Kashubeck (1999), adolescents who employ PGI skills as adaptive coping mechanisms report high levels of happiness and life satisfaction.

Additionally, Ayub and Iqbal (2012) have proposed the idea that teenagers with strong personal growth initiative skills experience low levels of psychological distress and high levels of psychological well-being.

Thus, PGI has productive outcomes in developing adolescents' healthy self-concepts and positive learning attitudes. Furthermore, it aids in dealing with life's challenges effectively and promotes social development to build good relationships and lay the foundation for future career development.

However, there is currently no information available on adolescent studies pertaining to this factor. In order to launch effective initiatives for the betterment of teenagers, gaps in related research have been found in India that needs to be filled. Therefore, the aim of the current study is to identify personal growth initiative as predictor of mental health as well as its relationships with mental health of adolescents.

Objectives:

1. To examine the relationship between PGI and adolescents' mental health.
2. To examine the relationships between PGI dimensions (readiness for change, planfulness, intentional behavior, and resource use) and mental health dimensions (positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitude, and environmental competence) among adolescents.
3. To investigate PGI and its components (readiness for change, planfulness, intentional behaviour, and resource use) as a predictor of adolescents' mental health.

Hypotheses:

H₁: There would be significant positive association between PGI and adolescents' mental health.

H₂: There would be significant positive association between the dimensions of PGI (planfulness, readiness for change, intentional behavior and using resources) and the dimensions of mental health (Positive Self Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitude, Environmental Competence among adolescents.

H₃: PGI along with its dimensions would emerge as a critical predictor of adolescents' mental health.

H₄: Dimensions of PGI (readiness for change, planfulness, intentional behavior and using resources) would significantly predict the dimensions of mental health (self-evaluation, Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitude, and Environmental Competence) among adolescents.

METHOD

Participants: 100 adolescents comprised up the sample. They were chosen by employing the convenience sampling method from various schools of Aligarh city. The sample's age range was 14 to 19 years.

Instruments:

Personal Growth Initiative Scale (PGIS-II): The PGIS-II constructed by Robitschek et al. (2012) was used in this study to measure the personal growth initiative level of adolescents. This scale is designed to assess a person's intentional participation in the self-change process. The scale included behavioural and cognitive components. The PGIS-II has four dimensions: Readiness for Change, Planfulness (Cognitive Components) and Using Resources and Intentional Behavior (Behavioural Components). There are 16 items total, and they are all assigned a 5-point Likert scale rating from "Strongly Disagree to Strongly Agree." The original PGIS-II has a test-retest reliability of 0.61 to 0.77.

Mental Health Inventory: The researcher examined the mental health of teenagers using the Mental Health Inventory created by Dr. Jagdish and A.K. Srivastava in 1996. There are 56 items in the inventory, comprising 24 true-keyed (positive) and 32 false-keyed (negative) assertions. It has six dimensions. Positive Self Evaluation (PSE), Reality Perception (PR), Personality Integration (IP), Autonomy (AUTNY), Group Oriented Attitude (GOA), and Environmental Competence (EC). The overall reliability coefficient of mental health was .73 as well as the reliability coefficient of its dimensions is .70.

Procedure: The study's participants were approached directly to enlist their participation. The questionnaires were distributed to them along with standardized instructions. They were made to feel at ease and given a debriefing on the entire study after developing a rapport. They received a heartfelt thank you for helping. Each

tool's manual instructions were followed to determine its score. The scales' Cronbach alpha was confirmed by the researcher.

Statistical analysis: By utilizing SPSS (version 28.0), different statistical tests were run on the participant responses. T-tests were used to identify significant mean differences, the correlations between the personal growth initiative and mental health were found by using Pearson product-moment correlation coefficients, and the key predictor of mental health was found by using multiple linear regression analysis.

Results and Discussion

Table 1

Descriptive Statistics on Participant Age, PGI, and Mental Health among Adolescents.

VARIABLE	<i>N</i>	<i>M</i>	<i>SD</i>
AGE	100	17.42	1.29
PGI	100	14.01	2.96
MENTAL HEALTH	100	151.89	13.71

Note. N=100

Table 1 shows that the participant's mean age was 17.42, with a standard deviation of 1.29. Additionally, the personal growth initiative (PGI) had a mean score of 14.01 and a standard deviation of 2.96. And for mental health, the mean score and standard deviation were 151.89 and 13.71, respectively.

Table 2

Showing the Association Between Adolescent Mental Health and the Personal Growth Initiative (PGI) and its dimensions.

	PGI	R_PGI	P_PGI	IB_PGI	UR_PGI	MH	PSE	PR	IP	AUTO	GOA	EC
PGI	1											
R_PGI	.88**	1										
P_PGI	.85**	.77**	1									
IB_PGI	.82**	.69**	.65**	1								
UR_PGI	.63**	.37**	.28**	.30**	1							
MH	.39**	.36**	.33**	.27**	.27**	1						
PSE	.35**	.33**	.31**	.21**	.26**	.88**	1					
PR	.06	.04	.1	.04	0	.49**	.37**	1				
IP	.19	.17	.04	.16	.23**	.36**	.2*	-.12	1			
AUTO	.38**	.32**	.31**	.32**	.25**	.76**	.55**	.2*	.41**	1		
GOA	.36**	.31**	.33**	.32**	.18	.76**	.67**	.38**	.13	.55**	1	
EC	.07	.13	.13	-.07	.03	.43**	.39**	.23**	-.3*	-.13	.11	1

Note. **p< 0.01, *p< 0.05.

PGI= personal growth initiative. R= readiness for change, P= planfulness, IB= intentional behavior, UR= using resources, PSE=Positive Self Evaluation, PR=Perception of Reality, IP=Integration of Personality, AUTNY=Autonomy, GOA=Group Oriented Attitude, EC=Environmental Competence.

According to Table 2, there is a substantial and positive link between adolescent mental health and personal growth initiative ($r=.39$, significant at the .01 level). As a result, H1 stated that “There would be significant positive association between PGI and adolescents’ mental health” is accepted.

Additionally, Table 2 shows the positive correlation between dimensions of PGI (R_PGI, P_PGI, IB_PGI and UR_PGI) and overall mental health of adolescents $r=.36$, $r=.33$, $r=.27$, $r=.27$ respectively which is significant at .01 level. In addition to this, all four dimensions of PGI shows significant as well as positive relationship with the positive self-evaluation among adolescents $r=.35$, $r=.33$, $r=.31$, $r=.21$, $r=.26$ respectively at .01 level of significance. However, the perception of reality (PR) has insignificant but positive correlation with readiness, planfulness and intentional behavior of adolescents. It has no correlation with the resources using dimension of PGI. In addition to this, integration of personality (IP) also has insignificant but positive correlation with all the

dimensions of PGI except UR_PGI dimensions of PGI; it has significant positive correlation with the integration of personality (IP) $r=.23$ at .01 level of significance among adolescents.

Moreover, table2 also shows that R_PGI, P_PGI, IB_PGI, and UR_PGI dimensions of PGI shows the correlation value $r=.32$, $r=.31$, $r=.32$, $r=.25$ with the autonomy (AUTNY) dimension of mental health among adolescents which is also significant at .01 level. Moreover, goal- oriented attitude (GOA) dimensions of mental health had significant positive association with the R_PGI, P_PGI, and IB_PGI dimensions of personal growth initiative $r=.31$, $r=.33$, $r=.32$, at .01 level of significance; but it has insignificant positive association with UR_PGI dimensions of PGI $r=.18$, $p>.01$.

In addition to this, emotional competence (EC) dimension of mental health has insignificant positive association with the R_PGI, P_PGI, and UR_PGI $r=.13$, $r=.13$, $r=.03$ respectively significant at .01 level of significance; and negatively associated with intentional behavior (IB) dimension of PGI $r=-.07$ which is also insignificant. Hence, hypothesis H 2 stated that “*there would be significant positive relationship between the dimensions of PGI (planfulness, readiness for change, intentional behavior and using resources) and the dimensions of mental health (Positive Self Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group Oriented Attitude, Environmental Competence among adolescents*” is accepted.

Table 3

Personal growth initiative (PGI) Along with its Dimensions as a Predictor of Adolescents' Mental Health (N=100).

PREDICTOR	β	R	R^2	R^2		
				CHANGE	F	p
PGI	.39	.39	.15	.14	17.93	.001
READINESS	.36	.36	.13	.12	15.19	.001

Note. ** $p<0.01$

Predictor variable: personal growth initiative (PGI) along with its components

Criterion variable: mental health.

Table 3 shows that the personal growth initiative of adolescents has become a predictor of mental health. PGI accounts for 15% of the variance in teenagers' mental health, as indicated by the square of multiple correlations ($R^2=.15$). The F value for PGI is 17.93, indicating that it significantly contributes to the prediction of adolescent mental health ($p<.01$). Furthermore, it was discovered that the PGI's readiness for change dimension is a reliable predictor of teenagers' mental health. According to R^2 value ($R^2=.13$), the PGI's readiness for change explain 13% of the variance in teenagers' mental health.

Thus, H3 stated that “PGI along with its dimensions would significantly predict the dimensions of mental health among adolescents” is supported.

The above results showed that “Personal Growth Initiative along with its dimensions” positively influence “Mental Health” of adolescents indicate that adolescents having higher level of PGI will have high level of mental health or vice-versa.

Table 4

Personal growth initiative (PGI) Along with its Dimensions as a Predictor of PSE=Positive Self Evaluation Dimensions of Adolescents’ Mental Health (N=100).

PREDICTOR	β	R	R ²	R ² CHANGE	F	p
READINESS	.33	.33	.10	.10	12.04	.000

Note. **p< 0.01

Predictor variable: PGI’s components- readiness for change, planfulness, intentional behavior and using resources.

Criterion variable: PSE=Positive Self Evaluation.

To create a regression model for the PSE dimension of mental health among adolescents, the PGI dimensions of readiness, planfulness, intentional behavior, and resource use were taken into consideration. According to the square of multiple correlations ($R^2=.10$), readiness for change accounted for 10% of the variance in the positive self-evaluation.

According to the F value of readiness for change ($F=12.04$, $p.01$), readiness for change had a substantial impact on the PSE dimension of adolescent mental health's prediction. As a result, the hypothesis H4 stated that “dimensions of PGI would significantly predict the dimensions of mental health among adolescents” is supported.

The above results showed that “Readiness for change dimension of PGI” positively influences “PSE dimension of mental health” of adolescents indicate that if readiness for change is high then positive self- evaluation will also be high or vice-versa.

Table 5**Personal Growth Initiative (PGI) Along with its Dimensions as Predictor of IP=Integration of Personality Dimensions of Adolescents' Mental Health (N=100).**

PREDICTOR	β	R	R^2	R^2		
				CHANGE	F	P
USING RESOURCES	.23	.23	.05	.04	5.64	.02

Note. **p< 0.01

Predictor variable: PGI's components-readiness for change, planfulness, intentional behavior and using resources.

Criterion variable: IP=Integration of Personality.

In order to build a regression model for integrating the personality (IP) factor of mental health among adolescents, PGI dimensions (Readiness for change, Planfulness, Intentional action, and Using Resources) were taken into consideration. Using resources accounted for 5% of the variance in the IP component of mental health, according to the square of multiple correlations ($R^2=.05$). Utilizing resources significantly influenced the ability of adolescents to predict their IP dimension of mental health, according to the F value of using resources ($F= 5.64$, $p.01$). Therefore, H4 stated that “*dimensions of PGI would significantly predict the dimension of mental health among adolescents*” is supported.

The above results showed that “Using Resources dimension” positively influences “Integrated personality” of adolescents indicate that if adolescents having the capacity of using resources for personal growth, they integrate their personality and develop themselves as a whole.

Table 6**Personal Growth Initiative (PGI) Along with its Dimensions as a Predictors of AUTNY=Autonomy Dimensions of Mental Health Among Adolescents (N=100).**

PREDICTOR	β	R	R^2	R^2		
				CHANGE	F	P
READINESS	.32	.32	.10	.09	11.78	.001

Note. **p< 0.01

Predictor variable: PGI's component- readiness for change, planfulness, intentional behavior and using resources.

Criterion variable: AUTNY=Autonomy dimensions of mental health.

Table 6 revealed that readiness emerged as a significant predictor of the autonomy dimension of mental health. According to the square of multiple correlation ($R^2=.10$), the PGI readiness for change components account for 10% of the variance in autonomy. The F value of readiness for change ($F=11.78$, $p.01$) leads to the conclusion that readiness for change contributed significantly in the prediction of adolescent autonomy. Therefore, H4 stated that “*dimensions of PGI would significantly predict the dimension of mental health among adolescents*” is supported.

The above results showed that “readiness for change” positively influences “autonomy” among adolescents. It indicates that if adolescents having the tendency of readiness for change also inclined towards autonomy in their life.

Table 7

Personal Growth Initiative (PGI) Along with its Dimensions as a Predictors of GOA=Group Oriented Attitude Dimensions of Adolescents’ Mental Health (N=100).

PREDICTOR	β	R	R^2	R^2	F	p
				CHANGE		
PLANFULNESS	.33	.33	.10	.10	11.99	.001

Note. ** $p < 0.01$

Predictor variable: PGI’s components- readiness for change, planfulness, intentional behavior and using resources dimensions of PGI.

Criterion variable: GOA=Group Oriented Attitude

According to Table 7 Planfulness appeared as a significant predictor of adolescents’ group-oriented attitudes. The square of multiple correlation ($R^2= .10$) showed that 10% of variance in group-oriented behavior was explained by planfulness dimensions of PGI. By considering the F value of planfulness ($F= 11.78$, $p < .01$) it can be concluded that planfulness contributed significantly in predicting group-oriented attitude among adolescents. Therefore, H4 stated that “*dimensions of PGI would significantly predict the dimensions of mental health among adolescents*” is supported.

The above results showed that “Planfulness” positively influences “Goal Oriented Attitude” among adolescents. It indicates that if adolescents having high level of planfulness for change have high level of group-oriented attitude or vice versa.

Discussion

The current study sought to investigate how teenagers' PGI and its components correlated with their mental health and also examined the critical predictors of mental health. The findings of this study suggested a significant and positive relationship between PGI and mental health. In addition, dimensions of PGI (readiness for change, planfulness, assertiveness, and locus of control) are significantly and positively related to the six dimensions of mental health. Among the dimensions of PGI, readiness for change had the highest correlation with mental health. This result was in line with the previous studies that suggested that individuals having PGI abilities have been found to be inversely associated to psychological distress and favorably related to satisfaction in life (Robitschek & Kashubeck, 1999).

Moreover, the current study also examined the impact of PGI on mental of adolescents. It was found that PGI has become an important indicator of mental wellness. Readiness for change-a dimension emerged as a potent predictor of overall mental health. It also predicted positive self-evaluation and autonomy dimensions of mental health. Integration of the personality dimension of mental health is predicted by using resources dimension of PGI, and group-oriented behavior is predicted by the planfulness dimension of PGI. Perception of reality and environmental competence dimension of mental health is not predicted by PGI. Therefore, from this finding, it can be inferred that adolescents who are more actively and consciously involved in personal growth have better mental health, use more active coping mechanisms to deal with stressful situations, and are more likely to view problems as chances for growth and development.

Conclusion and Implications

The results of this study have provided new perspectives on the relationship between teen mental health and personal growth activities, as well as the effects of these initiatives on teen mental health. Investigation of these characteristics in adolescents has mostly been absent from earlier studies. The study revealed that adolescents with a high level of PGI skills are more likely to engage in positive self-evaluation, the group-oriented behavior, and a propensity to develop autonomy and environmental competence, which would ultimately lead to better mental health conditions. As a result, the link between personal growth initiative and mental health suggests that adolescents' positive tendencies are worth noticing and essential to flourishing adolescents' mental health and full functioning. The results of this study recommend the development of intervention programs specifically intended to improve adolescents' positive traits and increase their mental health. The study's results will also be helpful to educational institutions, foster homes, NGOs, and mental health facilities in creating programs to increase adolescent competence. However, the current study made an effort to investigate the necessary topic with the utility of its application by confirming and validating significant findings in the native setting and study population.

References

- Celinda, R., Stevic, C. R., & Ward, R. M. (2008). Initiating personal growth: The role of recognition and life satisfaction on the development of college students. *Social Indicators Research*, 89(3), 523-534. doi:10.1007/s11205-008-9247-2
- Corr, P. J., & Matthews, G. (2009). *The Cambridge Handbook of Personality Psychology*. Cambridge: Cambridge University Press. <http://dx.doi.org/10.1017/CBO9780511596544>
- Corsini, J. R. (1999). *The Dictionary of Psychology*. Philadelphia, PA: Taylor & Francis Press.
- in *Counselling and Development*, 30, 183-198.
- Institute of Health Metrics and Evaluation. [Global Health Data Exchange \(GHDx\)](#)
- Joshanloo, M., & Nosratabadi, M. (2009). Levels of mental health continuum and personality traits. *Social Indicators Research*, 90(2), 211-224. doi:10.1007/s11205-008-9253-4
- Keyes, C. L. M. (2007). Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving National Mental Health. *American Psychologist*, 62, 95-108. <http://dx.doi.org/10.1037/0003-066X.62.2.95>
- Keyes, C. L. M., Daniel, E., Geraldine, S. P., Shanta, R.D., Kurt, K., & Satvinder, S. D. (2012). The relationship of level of positive mental health with current mental disorders in predicting suicidal behavior and academic impairment in college students. *Journal of American College Health*, 60(2), 126-133. doi:10.1080/07448481.2011.608393
- Martin, H. (2009). *Personal Growth Initiative as a Moderator of Expressive Writing Tasks: Test of a Matching Hypothesis*. M.A. Thesis, Faculty of the Graduate School of the University of Maryland.
- Michaud, P. A., & Fombonne, E. (2005). ABC of Adolescence Common Mental Health Problems. *British Medical Journal*, 330, 835-838. <http://dx.doi.org/10.1136/bmj.330.7495.835>
- Murthy RS. (2017). National mental health survey of India 2015-2016. *Indian J Psychiatry*; 59:21-6. [\[PUBMED\]](#) [\[Full text\]](#)
- Robitschek C. (2003). Validity of Personal Growth Initiative Scale. Scores with a Mexican American College Student Population. *Journal of Counselling Psychology*, 50(4), 496-502pp.
- Robitschek C. (1998). Personal Growth Initiative: The Construct and its Measure. *Measurement and Evaluation in Counselling and Development*, 30, 183-198.
- Robitschek, C. & Kashubeck, S. (1999). A structural model of parental alcoholism, family functioning, and psychological health: The mediating effects of hardiness and personal growth orientation. *Journal of Counseling Psychology*, 46, 159-172.
- Robitschek, C. and Ashton et al. (2009). Development of the Personal Growth Initiative Scale-II. Poster presented at the First World Congress on Positive Psychology, Philadelphia, Pennsylvania, U.S.A.

- Robitschek, C., & Keyes, C. L. M. (2009). Keyes's model of mental health with personal growth initiative as a parsimonious predictor. *Journal of Counseling Psychology*, 56(2), 321-329. doi:10.1037/a0013954
- Ryff, C. D. (1989a). Beyond Ponce de Leon and Life Satisfaction: New Directions in Quest of Successful Ageing. *International Journal of Behavioral Development*, 12, 35-55. <http://dx.doi.org/10.1177/016502548901200102>
- Ryff, C. D. (1989b). Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, 57, 1069-1081. <http://dx.doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D., & Singer, B. H. (2006). Best News Yet on the Six-Factor Model of Well-Being. *Social Science Research*, 35, 1103-1119. <http://dx.doi.org/10.1016/j.ssresearch.2006.01.002>
- Ryff, C. D., & Singer, B. H. (2008). Know Thyself and Become What You Are: A Eudaimonic Approach to Psychological Well-Being. *Journal of Happiness Studies*, 9, 13-39.
- Shahina, G. & Parveen, A.(2022). A Study of Psychological Well-Being Among Adolescents in Relation to Meaning in Life and Personal Growth Initiative. *International Journal of Indian Psychology*, 10(3),110-130. DIP:18.01.151.20221003, DOI:10.25215/1003.151
- Sharma, H. L., & Rani, R. (2014). Impact of mental health on Personal Growth Initiative (PGI) among university postgraduates. *new science*, 4(3).
- Shorey, H. S., Little, T. D., Snyder, C. R., Kluck, B., & Robitschek, C. (2007). Hope and personal growth initiative: A comparison of positive, future-oriented constructs. *Personality and Individual Differences*, 43, 1917-1926.
- Tohen, M.A. and Robitschek, C. (2012). Intentional Growth Training. Unpublished manual. Retrieved from <http://www.myweb.ttu.edu/crobitsc/IGT.html>
- UNICEF India. Adolescent development and participation Available from: <https://www.unicef.org/india/what-we-do/adolescent-development-participation> accessed on 2020 Sep 03
- Westerhof, G., & Keyes, C. (2010). Mental Illness and Mental Health: The Two Continua Model across the Lifespan. *Journal of Adult Development*, 17, 110-119. <http://dx.doi.org/10.1007/s10804-009-9082-y>
- WHO. Adolescents and mental health Available from: https://www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en/ accessed on 2018 Nov 22