# Hope as a Catalyst for Mental Health: Exploring its Influence on Late Adolescent Well-being

# Priyanka, Deepika Khokhar, Nikita Arora and Japneet Sidana

Lakshmibai College, University of Delhi

Mental health issues have surged in the twenty-first century, with late adolescents particularly affected by academic pressures, career uncertainties, and performance expectations, which contribute to stress, anxiety, and depression. Identity exploration, peer pressure, and social comparison exacerbate insecurity, low self-worth, and identity confusion. Appearance-related concerns, disordered eating behaviors, and substance abuse may emerge as individuals navigate physical changes and societal pressures related to appearance and experimentation. This paper examines how hope influences mental health outcomes in this vulnerable demographic. A sample of 200 individuals was contacted and Hope scale was administered. A purposive sample of 68 individuals was selected based on their hope scale scores. The participants were divided into two categories: 34 with high levels of hope and 34 with low hope levels. Scores on four mental health indices—depression, anxiety, positive affect, and behavioral control were obtained using the Mental Health Inventory and analyzed with a t-test. Results exhibited a statistically significant difference amongst the two groups, indicating that individuals with higher hope scores experience better mental health than those with lower hope scores.

Keywords: Hope, Well-being, Late adolescents

Mental health reflects a balanced state of well-being which enables individuals to effectively manage the stresses of life, realize their capabilities, learn and work efficiently, and contribute meaningfully to their society (Rau & Herder, 2021). It is a vital component of overall health and well-being, empowering people to make informed decisions, cultivate strong relationships, and positively shape the world they live in. The World Health Organization has acknowledged mental health as a fundamental human right, recognizing its importance for individual wellbeing, community growth, and socioeconomic progress. Its significance cannot be overstated, as mental health profoundly influences how we think, feel, and act. It incorporates emotional, psychological, and social well-being, impacting our ability to cope up with stress, relate to others, and take

decisions. Maintaining good mental health is vital at every stage of life, from childhood and adolescence to adulthood (Sharma, Singh, & Patel, 2019). During childhood and adolescence, it supports emotional regulation, social skills, and academic performance, laying the foundation for a healthy adulthood. In adulthood, it affects personal relationships, career success, and the ability to deal with life's transitions and challenges.

The Centre for Disease Control and Prevention (CDC) underscores the importance of mental health, recognizing it as vital to a person's capability to lead a fulfilling life, achieve balance in activities, and maintain positive relationships. The CDC emphasizes the necessity for mental health promotion, prevention, and intervention to address mental health challenges. Mental

health promotion involves creating supportive environments in schools, workplaces, and communities to reduce stress and encourage positive behaviours (Gandhi, Verma, & Choudhary, 2018). Prevention measures aim to reduce the incidence of mental health issues through early identification and intervention, as well as educational programs that teach coping skills and resilience.

In the twenty-first century, mental health issues have surged, particularly among late adolescents. This demographic faces a unique confluence of stressors that profoundly impact their mental well-being (Twenge, Joiner, Rogers, & Martin, 2019). Academic pressures are a significant source of stress, as students strive to meet high expectations and secure their future through educational success. The relentless quest of academic brilliance can lead to long-lasting stress, anxiety, and even depression, as the fear of failure looms large. Career uncertainties further compound these pressures, with adolescents grappling with decisions about their future paths in an increasingly competitive and unpredictable job market. Performance expectations, whether from parents, teachers, or themselves, add another layer of pressure, driving many young people to overextend themselves in academics, extracurricular activities, and part-time jobs (Ghosh, Chakraborty, & Debnath, 2020).

The period of late adolescence is also marked by intense identity exploration. Adolescents are navigating the journey of self-discovery and finding their place in the world, which can often result in feelings of uncertainty and confusion. Peer pressure and social comparison exacerbate these issues, as young people often measure their worth against their peers, leading to low self-worth and confused identity (Diril, 2024). The influence of social media intensifies these feelings, providing a constant stream of curated images and achievements that can

make adolescents feel inadequate and isolated (Qiu, 2024; Han, 2022).

Body image concerns are another critical issue faced by adolescents. The societal emphasis on appearance can lead to dissatisfaction with one's body, which in turn can result in disordered eating behaviours and unhealthy attempts to alter one's appearance. Adolescents are particularly vulnerable to these pressures as they navigate the physical changes of puberty and strive to conform to societal ideals of beauty (Turel, Jameson, Gitimu, & Rowlands, 2018). Substance abuse may also emerge during this time, as individuals experiment with drugs and alcohol in an attempt to cope with stress, fit in with peers, or manage body image concerns. These behaviours not only harm physical health but also exacerbate mental health issues, creating a vicious cycle of stress and unhealthy coping mechanisms (Hassanbeigi, Askari, Hassanbeigi, & Pourmovahed, 2013).

Given the escalating mental health issues in contemporary society, there is an urgent need for effective preventive strategies. The emerging field of Positive Psychology offers promising solutions by shifting the focus from merely treating mental illness to promoting mental well-being (Elabbassy, Hosam, Salam, & Berry, 2023). Contrasting the Diagnostic and Statistical Manual of Mental Disorders (DSM), which classifies mental health issues on the basis of symptoms and diagnoses, Positive Psychology emphasizes the cultivation of character strengths and virtues that enable individuals to flourish even in the face of adversity. This approach is encapsulated in the VIA (Values in Action) classification of character strengths and virtues, which outlines skills and abilities that promote psychological resilience and wellbeing. The VIA classification and the principles of Positive Psychology highlight that these character strengths are not just innate traits but skills that can be developed

and nurtured. By integrating practices that promote these strengths into daily life, individuals can thrive rather than merely survive (Lamini, 2023). This paradigm shift from treating illness to promoting well-being holds the potential to significantly improve individual and collective mental health outcomes.

Character strengths such as optimism, forgiveness, resilience, hope, and gratitude are essential in mitigating the adverse effects of negative life circumstances, with hope standing out as a particularly strong predictor of good mental health (Bruininks & Malle, 2005). The concept of hope involves the belief in a better future and the motivation to achieve it, even in the face of obstacles (Snyder, 1995). High levels of hope provide individuals with a sense of purpose and direction, enabling them to set and pursue meaningful goals (Schiavon, Marchetti, Gurgel, Busnello & Reppold, 2017). This forward-looking perspective is crucial for maintaining motivation and resilience, which are vital for overcoming challenges and setbacks. Martin Seligman's theory of learned helplessness, which highlights the detrimental effects of a lack of hope, underscores the importance of hope in mental health. Seligman found that individuals who perceive their situation as uncontrollable or unchangeable are more prone to experience feelings of helplessness and hopelessness, which can cause depression and other mental health issues (Seligman, 1967). Conversely, fostering hope can counteract these negative feelings, providing individuals with the psychological tools needed to navigate and overcome adversity. (Krafft, Guse, & Maree, 2021)

When individuals possess high levels of hope, they are more likely to engage in proactive problem-solving, maintain a positive outlook, and persist in the face of difficulties (Feldman & Snyder, 2005). This resilience not only aids them manage stress

more efficiently but also promotes a sense of agency and control over their lives (Snyder, 2002; Mukherjee, Deb, & Deb, 2023). Hopeful individuals are better equipped to cope with life's challenges, minimizing the risk of psychological health disorders such as anxiety and depression (Huen, Ip, Ho & Yip, 2015; Gallagher, Long & Phillips, 2020; Tomasulo, 2020; Sari, Agustin, Wijayanti, Sarjana, Africah, & Choe, 2021). Moreover, hope can enhance overall wellbeing by improving emotional regulation, increasing satisfaction with life, and fostering stronger social connections (Xiao, Qia, & Hua, 2013). The belief in a positive future encourages individuals to invest in their relationships, pursue personal growth, and contribute to their communities, all of which are integral to mental health (Ciarrochi &Heaven, 2012). Thus, nurturing hope can significantly and enduringly benefit an individual's mental well-being, serving as a protective shield against the pressures and uncertainties of life (Krafft, Guse, & Maree, 2021; Mukherjee, Deb, & Deb, 2023).

Considering the significant effect that hope has on mental health, it is crucial to explore this relationship further, particularly within the late adolescent population, which is especially vulnerable to mental health issues. Adolescence is a crucial period marked by swift physical, emotional, and social transformations, making individuals particularly vulnerable to stress, anxiety, and depression. Understanding how hope influences mental health during this pivotal stage can provide valuable insights into developing targeted interventions to enhance well-being among adolescents.

# Objective of the study

To explore the impact of hope on late adolescents' mental health and well-being.

## **Hypothesis:**

Late adolescents who are more hopeful are more likely to have better mental health

and well-being than those who will score less on hope scale.

## Method

## Sample

A sample of 200 individuals (aged 18-25 years old) was initially taken and hope scale was administered on them. Finally, a purposive sample of 68 subjects was selected on the basis of their scores on hope scale. Subjects were divided into two groups i.e. Group 1, who scored high on hope scale and Group 2, those who got the low score (34 subjects in each group). An effort was made to equalize the sample on other sociodemographic variables such as socioeconomic status, parents' education etc.

#### **Tools**

Hope Scale – The Adult Hope Scale (AHS) assesses Snyder's cognitive framework of hope, which is described as "a positive motivational state derived from an interactive sense of successful (a) agency (goal-directed energy) and (b) pathways (strategic planning to achieve goals)" (Snyder, Irving, & Anderson, 1991). This scale consists of 12 items: four measure pathways thinking, four measure agency thinking, and four serve as filler questions. Participants rate each item on an 8-point scale, from definitely false to definitely true, and the entire assessment can be completed in just a few minutes.

Mental Health Inventory - The Mental Health Inventory (MHI), developed by Veit and Ware (1983) for the Rand Health Insurance Experiment, is a widely-recognized tool for evaluating overall emotional functioning. It measures a broad spectrum of both negative and positive emotions, extending beyond just psychopathology. The MHI includes 18 items and evaluates four subscales: Anxiety, Depression, Behavioral Control, and Positive Affect. It provides scores for each subscale as well as a total score, with ranges from 0 to 100, where higher scores reflect better mental health. (APA, 2022)

## **Procedure**

First of all, 200 subjects were contacted and good rapport was established. After that, Hope Scale was administered on them individually. On the basis of their scores on scale, subjects were divided into two groups i.e., Group1, who scored more on hope scale and Group2, whose scores were low (34 subjects in each group). Then, Mental Health Inventory was administered on these two groups. Total score on mental health inventory was calculated separately while scores on four indices i.e., Anxiety, General positive affect, Behavioural control, and depression were also calculated. Means were calculated on all mental health variables of both groups. To check the significance of the difference between mean values, 't' test was employed.

## **Results and Discussion**

The current study aimed at finding out the impact of hope on mental health and well-being of late adolescents. The mean values of raw scores on all the variables of mental health of both groups have been depicted in Table 1.

**Table 1.** Showing the mean values of raw scores obtained on all variables in both groups.

Groups Variables	Group 1 (High on hope)	Group 2 (Low on hope)
Mental health-Anxiety	19.65	16
Mental health- Depression	15.59	13.47
Mental health- Behavioral control	17.71	14.09
Mental health-Positive affect	16.74	12.53
MHI- Total score	73.79	59.11

It is clear from the above table that the mean values of raw scores obtained on various mental health variables for two groups, distinguished by their levels of hope, reveal insightful differences in mental health outcomes, where higher scores indicate better mental health. Group 1, characterized by high levels of hope, shows consistently higher mean scores across all assessed mental health variables compared to Group 2, which is low on hope. Specifically, Group 1 exhibits better mental health outcomes with lower levels of anxiety and depression in contrast to Group 2. This suggests that individuals with higher hope experience less anxiety and depression.

Moreover, Group 1 demonstrates superior behavioral control and positive affect, with mean scores of 17.71 and 16.74 compared to Group 2's 14.09 and 12.53. This indicates that individuals with higher hope not only manage their behaviors more effectively but also experience more positive emotions. The total score on the Mental Health Index (MHI) is higher for Group 1, with a mean of 73.79, indicating overall better mental health compared to Group 2's mean score of 59.11.

To check the significance of the difference among the mean values on all the variables of both the groups, 't' test was employed. The summary of 't' values and levels of significance for all the mental health-related variables has been shown in Table 2.

Table 2. Showing the 't' values and levels of significance on all variables.

Variables	Df	Value of 't'	Levels of signifi-
		,	cance
Mental health-Anxiety	66	3.313	0.01
Mental health- Depression	66	2.833	0.01
Mental health- Behavioral control	66	4.317	0.01
Mental health- Positive affect	66	4.869	0.01
MHI- Total score	66	5.108	0.01

The data presented in Table 2 clearly reveals statistically significant differences across all measured variables between individuals with high levels of hope and those

with low levels of hope, with each variable reaching a high level of significance (p < 0.01). The 't' value for anxiety is 3.313, indicating that individuals in the high-hope group experience significantly lower levels of anxiety compared to those in the low-hope group. This finding aligns with previous studies. Snyder, Rand, and Sigmon (2002) found a strong negative correlation between hope and anxiety, suggesting that hopeful individuals are better equipped to manage stress and uncertainty.

For depression, the 't' value is 2.833, suggesting that individuals with higher hope report significantly lower levels of depression compared to those with lower hope. This result is supported by research from Cheavens, Feldman, Woodword, and Snyder (2006), which confirmed that hope works as a protective shield against depression, with high-hope individuals more likely to occupy in proactive problem-solving and maintain a positive outlook, thus mitigating depressive symptoms. The 't' value for behavioral control is 4.317, indicating a substantial difference in behavioral control between the two groups, with the high-hope group exhibiting better control. This finding is consistent with Shorey, Snyder, Yang, and Lewin (2003), who found that individuals with higher hope are more likely to exhibit self-regulation and effective coping strategies, leading to better behavioral outcomes.

The 't' value for positive affect is 4.869, suggesting that individuals with higher levels of hope experience significantly more positive emotions compared to those with lower hope. The relationship between hope and positive affect is well-documented in the literature; for example, Ciarrochi, Heaven, and Davies (2007) found that hope is a strong predictor of positive affect, with high-hope individuals reporting higher levels of happiness and life satisfaction. The total score on the Mental Health Index (MHI) shows a 't' value of 5.108, indicating that overall

mental health is significantly better in the high-hope group compared to the low-hope group. This comprehensive measure reflects the cumulative benefits of hope on various aspects of mental health, as highlighted by Snyder et al. (1991), who emphasized that hope is a crucial determinant of overall psychological well-being, influencing multiple domains such as emotional resilience, stress management, and life satisfaction.

Several theories and studies have proposed mechanisms through which hope exerts its positive influence on mental health. Snyder's Hope Theory (2002) posits that High-hope individuals can envision multiple pathways to their goals and maintain the motivation to pursue them, even in the face of obstacles. This cognitive framework allows them to remain resilient and optimistic, reducing feelings of helplessness and depression. Aspinwall and Leaf (2002) found that hopeful people use more adaptive coping strategies, such as positive reappraisal and problem-solving, rather than avoidance or denial. These strategies enable them to manage stress and anxiety better, maintaining a more stable emotional state. Furthermore, the positive emotions fostered by hope can expand an individual's range of thoughts and actions, improving their capacity to develop resources and handle challenges effectively (Fredrickson, 2001). Behavioral strategies are also integral to the role of hope in mental health. Hopeful individuals are more likely to engage in proactive behaviors that support their wellbeing. This proactive approach contributes to better mental health outcomes. Cheavens, Michael, and Snyder (2006) demonstrated that high-hope individuals are more persistent in their efforts and more likely to achieve their goals, which further reinforces their hopeful outlook and psychological wellbeing. Social support is another important mechanism. Hopeful individuals often cultivate and maintain supportive social

networks. These networks offer emotional support, practical help, and a feeling of belonging, all of which are crucial for maintaining good mental health. Research by Krause and Hayward (2012) indicated that social support mediates the relationship between hope and mental health, suggesting that the positive effects of hope are partly due to the supportive relationships it fosters. Moreover, neurobiological mechanisms may also play a role. Studies suggest that positive psychological states like hope can influence brain function and neurochemistry. For instance, Higher levels of optimism and hope have been linked to enhanced functioning of the prefrontal cortex, a brain region crucial for goal-setting and planning, and the release of neuropeptides like endorphins and dopamine, which improve mood and overall well-being (Steptoe, Dockray, and Wardle; 2009).

### Conclusion

The findings of this study revealing the profound impact of hope on mental health has significant implications for the Indian population. In India, mental health issues are increasingly recognized but still carry a heavy stigma. Understanding the role of hope could guide the development of more effective mental health interventions and policies. Integrating hope-centered therapeutic approaches can significantly improve the effectiveness of mental health services. Educating the public about the benefits of maintaining a hopeful outlook can encourage more people to seek help and support. These findings can guide policymakers to develop comprehensive mental health policies that emphasize hope, including funding for hopebased interventions and training for professionals to foster hope in patients.

Community-based programs could also play a vital role in fostering hope and resilience. Support groups, workshops, and community activities designed to build hope

could provide individuals with the social support and tools they need to manage stress and improve their mental health. Schools and universities could integrate mental health education that emphasizes the development of hope and positive coping mechanisms. The significance of these findings lies in their potential to shape a holistic approach to mental health in India, where fostering hope could be a key strategy in improving the mental well-being of the population. By acknowledging and leveraging the potential of hope, India could make substantial progress in tackling mental health issues and improving the overall quality of life for its population.

## References

- Aspinwall, L. G., & Leaf, S. L. (2002). In search of the unique aspects of hope: Pinning our hopes on positive emotions, future-oriented thinking, hard times, and other people. *Psychological Inquiry, 13*(4), 276-288.
- Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion*, 29(4), 324-352.
- Cheavens, J. S., Feldman, D. B., Woodward, J. T., & Snyder, C. R. (2006). Hope in Cognitive Psychotherapies: On Working with Client Strengths. *Journal of Cognitive Psychotherapy, 20*(2), 135–145.
- Cheavens, J. S., Michael, S. T., & Snyder, C. R. (2006). The correlates of hope: Psychological and physiological benefits. In A. D. Ong & M. H. M. Van Dulmen (Eds.), Oxford handbook of methods in positive psychology (pp. 101-114). Oxford University Press.
- Ciarrochi, J., & Heaven, P. C. L. (2012). Religious values and the development of trait hope and self-esteem in adolescents. *Journal for the Scientific Study of Religion*, *51*(4), 676-688.
- Ciarrochi, J., Heaven, P. C. L., & Davies, F. (2007). The impact of hope, self-esteem,

- and attributional style on adolescents' school grades and emotional well-being: A longitudinal study. *Journal of Research in Personality*, 41(6), 1161–1178.
- Diril, A. (2024). Social comparison and identity confusion in adolescents. *Journal of Adolescent Research*, 39 (1), 15-29.
- Elabbassy, M., Hosam, T., Salam, S., & Berry, J. W. (2023). Positive psychology interventions: The impact on well-being. *Positive Psychology Journal*, *18* (2), 113-128.
- Feldman, D. B., & Snyder, C. R. (2005). Hope and the meaningful life: Theoretical and empirical associations between goal-directed thinking and life meaning. *Journal of Social and Clinical Psychology, 24*(3), 401-421.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218-226.
- Gallagher, M. W., Long, L. J., & Phillips, C. A. (2020). Hope, optimism, self-efficacy, and posttraumatic stress disorder: A meta-analytic review of the protective effects of positive expectancies. *Journal of Clinical Psychology*, 76(3), 329-355.
- Gandhi, S., Verma, S., & Choudhary, P. (2018). Promoting mental health in Indian schools: Strategies and challenges. *Indian Journal of Psychiatry*, 60(4), 443-447.
- Ghosh, S., Chakraborty, T., & Debnath, M. (2020). Academic stress and mental health among high school students in India: The role of parental pressure. *Asian Journal of Psychiatry, 54*, 102339.
- Han, X. (2022). The impact of social media on adolescent mental health: A systematic review. *Journal of Adolescent Health*, 70(5), 688-699.
- Hassanbeigi, A., Askari, J., Hassanbeigi, D., & Pourmovahed, Z. (2013). The relationship between stress and addiction. *Procedia Social and Behavioral Sciences*, 84, 1333-1340.

- Huen, J. M. Y., Ip, B. Y. T., Ho, S. M. Y., & Yip, P. S. F. (2015). Hope and hopelessness: The role of hope in buffering the impact of hopelessness on suicidal ideation. *PLoS ONE*, 10(6), e0130073.
- Krafft, A. M., Guse, T., & Maree, J. G. (2021). Hope as a predictor of personal growth initiative among university students: The mediating roles of self-efficacy and resilience. *Journal of Psychology in Africa*, 31(4), 276-282.
- Krause, N., & Hayward, R. D. (2012). Selfesteem, social support, and religious involvement: Evidence from a longitudinal study. *Psychology and Aging*, *27*(2), 395-409.
- Lamini, J. (2023). Positive psychology in practice: Strategies for improving mental health and well-being. *Positive Psychology Journal*, 15 (1), 45-62.
- Mukherjee, S., Deb, S., & Deb, A. (2023). Hope, resilience, and mental health among Indian adolescents. *Journal of Adolescence*, 96, 77-88.
- Qiu, L. (2024). Social media and mental health: A review of the literature. *Journal of Mental Health Research*, *31* (1), 22-35.
- Rau, T., & Herder, E. (2021). *Mental health in the twenty-first century: The role of resilience and hope*. Springer.
- Sari, S. P., Agustin, A. P., Wijayanti, I. S., Sarjana, T., Africah, E., & Choe, K. (2021). Hope, optimism, and mental health: Insights from a multi-country study. BMC Psychology, 9(1), 135.
- Seligman, M. E. P. (1967). *Helplessness: On depression, development, and death.* W. H. Freeman.
- Schiavon, C. C., Marchetti, E., Gurgel, L. G., Busnello, F. M., & Reppold, C. T. (2017). Optimism and hope in chronic disease: A systematic review. *Frontiers in Psychology, 7*, 2022.
- Sharma, A., Singh, B., & Patel, C. (2019). Mental health across the lifespan: A longitudinal study of well-being and functioning. *Journal*

- of Developmental Psychology, 35(2), 187-202.
- Shorey, H., Snyder, C., Yang, X. & Lewin, M. (2003). The Role of Hope as a Mediator in Recollected Parenting, Adult Attachment, and Mental Health. *Journal of Social and Clinical Psychology*, 22, 685-715.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development*, 73(3), 355-360.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249-275.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570–585.
- Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285-305). Pergamon Press.
- Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2002). Hope theory: A member of the positive psychology family. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257–276). Oxford University Press.
- Steptoe, A., Dockray, S., & Wardle, J. (2009). Positive affect and psychobiological processes relevant to health. *Journal of Personality*, 77(6), 1747-1776.
- Tomasulo, D. J. (2020). Learned hopefulness: The power of positivity to overcome depression. New Harbinger Publications.
- Turel, T., Jameson, M. M., Gitimu, P., & Rowlands, A. P. (2018). Body image dissatisfaction and mental health outcomes in adolescents: The role of physical activity. *Journal of Health Psychology*, 23(6), 853-864.

- Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2019). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. Clinical Psychological Science, 6(1), 3-17.
- Veit, C. T., & Ware, J. E., Jr. (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology*, 51(5), 730-742.
- Xiao, L., Qia, L., & Hua, L. (2013). Hope, resilience, and posttraumatic growth in Chinese adolescents. *Journal of Adolescence*, 36(3), 597-603.

**Priyanka**, Assistant Professor, Department of Psychology, Lakshmibai College, University of Delhi, Delhi- 110052. Email- Priyanka@lb.du.ac.in (Corresponding author)

Deepika Khokhar, Student, Lakshmibai College, University of Delhi, Delhi- 110052.

Nikita Arora, Student, Lakshmibai College, University of Delhi, Delhi- 110052.

Japneet Sidana, Student, Lakshmibai College, University of Delhi, Delhi- 110052.