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A Study of Psychological Counselling Needs Among Adolescents

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Abstract
Adolescence represents a critical developmental crossroads where biological maturation encounters a rapidly evolving socio-cultural landscape. This study investigated the level of psychological counselling needs among 200 adolescents in the Kathua district of Jammu and Kashmir, examining the influence of gender, locale, institution type, and family structure. Utilizing a quantitative descriptive survey design and the standardized Psychological Counselling Needs Scale (PCNS), the analysis revealed that 59% of adolescents exhibit "High" or "Above Average" levels of need. Significant differences were observed across gender, locale, and family structure, with adolescent boys, rural residents, and those from nuclear families displaying higher counselling requirements. Conversely, school type (government vs. private) did not emerge as a significant differentiator. These findings underscore the necessity of moving beyond academic remediation toward a developmental approach to mental health that accounts for regional stressors and the erosion of traditional social buffers.

Keywords: Adolescent mental health, psychological counselling, Family structure, Rural-urban divide

1. Introduction: The Developmental Crossroads

Adolescence is a phase of life often described with a certain degree of poetic turbulence, but for those living through it, the experience is far more visceral and concrete. The term itself, derived from the Latin *adolescere*, literally means to grow up, marking the critical transition between the relative simplicity of childhood and the complex responsibilities of adulthood.[1] In the Indian context, this journey is not merely a biological progression; it is a profound socio-psychological navigation through a landscape changing at an unprecedented pace. The World Health Organization defines this period as occurring between the ages of 10 and 19, a span characterized by rapid physical growth, pubertal onset, and a qualitative transformation of the mind.[1]

When we consider the theoretical underpinnings of this stage, we are often drawn to the concept of a "storm and stress" phase, a narrative persisting since G. Stanley Hall and still debated in modern psychology.[1] However, adolescence is perhaps more accurately viewed as a "teachable moment," a term coined by Robert Havighurst to describe sensitive periods when individuals are mature enough to learn specific developmental tasks. These tasks, ranging from achieving emotional independence to vocational preparation, are essential milestones. Yet, the ideal situation—where an adolescent navigates these tasks with adequate support—frequently falls short in our current reality. The mismatch between developmental needs and the societal experiences provided is a primary source of modern distress.

The problem we face today is that the world has become exponentially more demanding for the young. In India, the last decade of economic reforms and technological advances has transformed lifestyles but also fragmented the supportive communities that once existed. Many adolescents no longer live in tight-knit social circles bound by shared faith; instead, they exist in societies where they feel alienated and unheard.[1] When an adolescent's needs are not met, their behavioral features deteriorate, leading to issues like drug addiction, academic anxiety, and general life dissatisfaction. While some might argue these are merely "growing pains," the consequences are far more direct: rising student suicide rates, increased drug abuse in districts like Kathua, and a widening mental health treatment gap that leaves millions without professional help.

Previous attempts to resolve these issues have often been limited to narrow academic guidance or disciplinary measures. Schools might provide a "career corner," but they rarely address the deep-seated emotional stability required to make those career choices effectively. Previous studies have linked academic success to mental health, yet they often fail to account for the systemic nature of the problem—how family structure, locale, and gender roles intersect to create unique pressures.[1] There is a visible gap in research regarding how the transition from joint families to nuclear families in semi-urban areas like Kathua impacts psychological readiness. This study aims to occupy this niche by examining specific demographic variables in a region facing unique challenges, including its proximity to international borders and the attendant drug menace. We essentially ask whether the "buffer" of a joint family still holds value in a digital age, and why certain groups are exhibiting higher levels of need in a society that traditionally prioritizes their advancement.

2. Literature Review: Synthesizing the Landscape of Adolescent Distress

The study of psychological counselling needs is a basic and applied science seeking to bridge human behavior and practical intervention.[1] Analysis of literature published between 2020 and 2021 reveals a complex tapestry of needs influenced by academic pressure, socio-economic status, and the changing family structure.

One of the most significant recent contributions is the work of Dhrakshayani (2021), who assessed counselling needs in Chandigarh. This study found a significant negative correlation between academic achievement and the need for

psychological counselling.[5] The implication is powerful: students with lower academic standing were not just "less capable" in a traditional sense; they exhibited higher levels of mental health issues, suggesting that academic failure is often a symptom of underlying distress rather than a cause.[1] Nearly 46% of female and 45% of male respondents in that study had "high" counselling needs, concluding that support is a necessary intervention to boost academic performance.[5]

In contrast, research in Nepal's Madhesh Province found a significant positive correlation between age and counselling needs . As adolescents grow older and face the pressures of senior secondary education, their requirement for professional support intensifies. Interestingly, this study found females reported slightly higher needs than males, a pattern attributed to the greater social and reproductive health barriers faced by young women in South Asia. This pattern provides a point of contrast for the current Kathua study, suggesting locale-specific factors—such as regional drug abuse or patriarchal gender roles—might reverse the gender gap.[1]

The efficacy of structured interventions was examined by Chaudhary and Shekhawat (2021), demonstrating that just six hours of targeted counselling could significantly increase subjective well-being.[8] Their work serves as a vital proof of concept: counselling is not necessarily a long, drawn-out process but can be a catalyst for cognitive restructuring.[10]

Furthermore, Agustine et al. (2021) highlighted that family-based interventions are particularly effective for treating anxiety among adolescents.[12] They argued that counselling needs are often systemic; when family communication and parental support improve, school adjustment follows suit.[12] This insight underscores the importance of examining family structure (nuclear vs. joint) as a variable that might buffer or exacerbate the "storm and stress" of adolescence. Sahar and Muzaffar (2017) and later research in 2021

have shown that joint families tend to provide more support in alleviating stress compared to nuclear families, where adolescents often report higher levels of emotional instability .

Despite growing awareness, significant gaps remain. Much research is descriptive and lacks local context for state-level studies. The specific pressures of the Jammu and Kashmir region—including the distress of conflict-prone areas and the rising drug menace—are rarely integrated into broader educational psychology studies. This research aims to address that gap by focusing on Kathua, using a standardized tool (PCNS) to compare students across institutional and familial lines.

3. Theoretical Framework

This study is guided by Donald H. Blocher's Developmental Counselling theory and Robert J. Havighurst's Developmental Task model.[1.] Both frameworks emphasize that human effectiveness is determined by how well individuals adjust to the inevitable life changes encountered across the lifecycle.

Blocher (1966) defines counselling as a process of helping individuals become aware of themselves and understand their reactions to environmental behavioralinfluences . His theory suggests that the "developmental milieu"—the environment in which a person grows—can either facilitate or hinder the development of human effectiveness. Robert Havighurst refined this by identifying specific tasks for adolescents, including achieving new relations with age-mates, accepting one's physical body, and achieving emotional independence. Havighurst maintained that achievement leads to happiness, while failure leads to unhappiness and societal disapproval. This theoretical perspective allows us to categorize symptoms seen in schools—aggression, anxiety, or drug use—as failures to master these developmental tasks.

4. Methodology

This investigation follows a quantitative research design, specifically employing a descriptive survey method to collect and analyze data. The choice is justified by the objective to identify broad patterns and significant differences across a sample of 200 adolescents.[1i] Setting and Participants

i)The study was conducted in the Kathua district of Jammu and Kashmir. Kathua serves as a geographically significant gateway and shares international borders, introducing socio-cultural dynamics like the documented "drug menace". The sample consisted of 200 adolescent students selected via simple random sampling from three schools: Govt. High School, Lacchipur (N=98), Rigveda Convent Hr. Sec. School, Kathua (N=50), and D S Heritage Scholars School, Barwal Morh (N=52). This selection ensured representation from both government and private institutions.[1]

ii) Instrument

The primary instrument was the Psychological Counselling Needs Scale (PCNS) developed by Dr. Vijaya Laxmi Chouhan and Mrs. Gunjan Ganotra Arora.[1] This standardized scale, suitable for ages 13 to 18, comprises 25 items on a five-point Likert scale. It includes 21 positive and 4 negative items. The PCNS is recognized for its robust psychometric properties, with a test-retest reliability of 0.90 and a validity coefficient of 0.82.

iii) Procedure and Analysis

After obtaining permission from institutional heads, the investigator personally administered the tool to ensure student understanding and reliable responses.[1] Scoring was conducted systematically (5 to 1 for positive items; reversed for negative items). The data was subjected to percentage analysis to determine overall levels of need and the independent samples t-test to compare means between groups at the 0.05 and 0.01 levels of significance.[1]

5 Results

The analysis revealed that 59% of the adolescents fall into the "High" or "Above Average" categories of counselling need, indicating a majority of students are struggling with significant emotional hurdles.[1]

Table 1: Comparative Analysis of Psychological Counselling Needs

Variable	Group	N	Mean	SD	t-value	Sig
Gender	Boys	120	88.89	1.66*	3.18	$p < 0.01$
	Girls	80	82.95			
Locale	Rural	140	87.94	1.80*	3.36	$p < 0.01$
	Urban	60	81.88			
Institution	Private	102	116.32	12.16	1.69	Not Sig
	Govt	98	114.28	11.23		
Family Type	Nuclear	125	88.88	1.70*	2.50	$p < 0.05$
	Joint	75	84.47			

The findings show significant differences based on gender, locale, and family structure, leading to the rejection of the respective null hypotheses. Adolescent boys, rural students, and those from nuclear families exhibited higher needs. No significant difference was found based on institution type.[1]

6. Discussion: Contextualizing Adolescent Distress

The results offer a compelling glimpse into the evolving psychological landscape of the Indian adolescent. One of the most noteworthy findings is that boys exhibit a significantly higher need for psychological counselling than girls.[1] This appears to contradict some global trends suggesting girls are more prone to internalizing disorders. However, in a border district like Kathua, several reasons emerge. Boys in this region are often exposed to unique external pressures, including the temptation of substance abuse, which is heavily prevalent. Furthermore, traditional gender roles often prevent boys from expressing vulnerability, leading them to internalize stress until it manifests as a high-intensity need. Unlike girls, who are often more willing to seek support through social networks, boys may resort to "avoidance styles" until the problem becomes overwhelming.

The study found that rural adolescents (Mean = 87.94) have a significantly higher need than urban ones (Mean = 81.88).[1] This aligns with researchers who note that rural students face a lack of resources and less exposure to enrichment opportunities. Caught between traditional home expectations and modern aspirations seen on social media, rural youth face a profound "adjustment crisis". Interestingly, school type did not show a significant difference, suggesting the "adolescent experience"—biological changes and identity search—is a universal struggle transcending institutional infrastructure.

The definitive theoretical insight comes from family types. Adolescents in nuclear families showed higher needs (Mean = 88.88) than those in joint families (Mean = 84.47).[1] This validates the idea that joint families in India serve as a "built-in support system". In a joint family, the caregiving burden is shared, and the adolescent has a wider emotional safety net. This suggests that the "developmental milieu" of a joint family is naturally more effective at facilitating adjustment to life changes.[6]

Theoretical Impact and Limitations: These findings suggest current models must place more weight on "social support capital." The high level of need (59% above average) implies that the "storm and stress" of adolescence is intensified by a breakdown in traditional social buffers.[1] However, the study's focus on Kathua limits broader generalizability. The survey method, while effective for quantification, does not allow a deep dive into the *nature* of underlying trauma.

7. Conclusion

This study confirms that adolescent boys, rural students, and those from nuclear families in Kathua are at a significantly higher risk of experiencing psychological distress.[1] The protective buffer of the joint family structure remains a statistically significant factor in Indian society. The findings carry broad significance for developmental theory, suggesting that the "storm and stress" of the teenage years is heavily modulated by the socio-cultural environment. Future research should move toward a mixed-methods approach to explore the qualitative "why" behind higher needs in rural boys and the impact of "digital parent-child relationships" in nuclear settings. Ultimately, psychological counselling must be viewed not as a remedial luxury for the few but as a developmental necessity for the many.

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