

## Love Attitude, Friendship Dimensions as Correlates of Health and Adjustment

*Mohini\**, *Deepti Hooda\*\** and *Nov Rattan Sharma\*\*\**

### Abstract

The link between social relationships (parental, romantic, friendships, acquaintances) and one's psychological well-being has been investigated deeply in the area of adult psychological adjustment. With respect to this, there has been an increasing emphasis on adolescents and their interpersonal relationships lately. Adolescence, a developmental phase characterized by broadening social networks and changing interpersonal requirements, is a domain of research in which the intricacies of interpersonal attachments is becoming common. It is important to better understand these interpersonal intricacies to contribute to the evolution of attachment theory.

Two important aspects of interpersonal relationship during adolescent stage are love and friendship, which may affect overall psychological wellbeing. As adolescents make the transition into young adulthood; love and friendship attitudes are especially important sources of support and even at times, act as a buffer from stress. The paper aimed to examine the love attitude and friendship dimensions of adolescents in relation to their health and adjustment. Data was collected from 300 school going adolescents, attending classes 11<sup>th</sup> and 12<sup>th</sup>; boys (n=150) and girls (n= 150) in the age group of 16-18 years from Rohtak district of Haryana, India. The results highlighted the significant role of love attitude and different dimensions of friendship in shaping the health & adjustment of school going adolescents.

*Keywords:* love attitude, friendship dimension, health, adjustment, gender, adolescents

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\*Research Scholar, Dept. of Psychology, Maharshi Dayanand University Rohtak, Haryana, India   
[mohini600@gmail.com](mailto:mohini600@gmail.com)

\*\*Associate Professor, Dept. of Psychology, Maharshi Dayanand University Rohtak, Haryana, India.

\*\*\*Professor, Dept. of Psychology, Maharshi Dayanand University Rohtak, Haryana, India.

In India, adolescents' ages have been fixed under different programmes and policies, Youth Policy defines the age group of adolescents between 13 to 19 years, ICDS policy considers adolescent girls to be between the ages of 11 to 18 years; the Reproductive & Child Health Programme considers it as being between 10 to 19 years of age, whereas India's constitution mentions adolescents to be above 14 years of age. Adolescence is a period of rapid growth as well as a developmental phase which includes physical, physiological, intellectual, emotional and behavioral changes. Adolescents are the young people between the age group of 10-19 years (WHO, 2012; UNICEF 2005). For our country, the youth and adolescents are productive resources and agents of change.

### **Health**

Proper functioning of the mind and the body along with the absence of disease are commonly heard responses from most of the people to the key question -“what does it mean to be healthy?” Physical health is only one aspect of an individual's overall health. Health, according to World Health Organization (WHO) (1986), is a “state of complete physical, social and mental well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept, emphasizing social and personal resources, as well as physical capacities”. In 1986, WHO organized the Ottawa Charter for Health Promotion, during which WHO defined health as “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” Nevertheless, the definition proposed by WHO has been criticized on several parameters, for instance, to be unattainable and idealistic (Lucas & Lloyd, 2005).

There are many reasons like: ‘social’, ‘cultural’ and ‘environmental’ especially the family environment, role of parents in the child’s life that significantly influence adolescent health as well as well-being.

### **Adjustment**

Adjustment is a common term or word used frequently in day to day life. This word has different meanings in different situations. For example, some define adjustment as “happiness and freedom from personal problems whereas to others it means conformity to group demands and expectations”. Psychologists describe adjustment in many ways but they do not always agree on which way is more correct and suitable.

The concept of adjustment originates from the biological term “adaptation” that Darwin(1909) had used in his theory of evolution. Biologists referred to adaptation for physical survival and after sometime psychologists have used the term ‘adaptation’ and have given it another name - *adjustment*. At that time psychologists emphasized more on psychological survival than physical survival. They divided adjustment into two parts: normal adjustment and abnormal adjustment. When a person has a balanced relation with his/her environment, it is called normal adjustment. Abnormal refers to a problematic behavior, where the individual is not able to establish standards and norms with his/her environment.

### ***Adjustment Process***

For psychologists, teachers and parents, the adjustment process is very important. The adjustment process can be defined as the longitudinal study of a person from birth to the present scenario. When a child is born, he is totally dependent on others for his entire need fulfillment, however, gradually with the passage of time he acquires many things about how to control these

needs. As is already defined, adjustment may be termed as a process. It consists of the following points:

1. Motivating Condition: The strongest force is the motive or need. For example, any personal goal in our life, any wish desired by our body.
2. State of tension generates when any environmental or mental condition resists our goal to be achieved.
3. Trial and error behavior: How an individual responds to a number of stimuli, whether he reacts in a positive or negative way or he becomes aggressive.
4.
  - a. A stimulus whichever triggers the reaction justifies the motivational factors, such as success, defeat, eating and removal of feared object.
  - b. Also, there is a small adjustment emotionally when a person is not able or fails to detect the stimuli which are responsible for fulfilling the motivational factors; i.e. abnormal hunger, fear and continued worry.
5. In an order to discover a new environment or learn a new response it is necessary to readjust the emotional equilibrium by understanding the problem. For example, in order to obtain success in any particular area which does not need physical perfection how should an individual adjust to go beyond the fear of the object.

## Love Attitude

The next concept in this research is love attitude. Love has been identified as one of the most important aspects of interpersonal strength. Love is an intense feeling of deep affection. Love is an unconditional, close bond, which grows deeper with time than friendship, attraction or affection. Among different aspects of attachment style, one is how people tend to be attached in romantic relationships. Most commonly, 'love refers to a feeling of strong attraction and emotional attachment'. Love can also be a virtue representing human kindness, compassion, and affection, as "the unselfish, loyal and benevolent concern for the good of another". Hazan and Shaver (1987) described that "romantic love" can be defined as an "attachment process" and the attachment theory can be extended to the adolescents and adult romantic relationships. According to Bowlby (1979), there is a strong causal connection between an individual's early experiences with his parents and their capacity of making affection bond. Attachment is a type of affection bond from which an individual usually derives security, such as a child gets security from his parents or adults gets the same from romantic partner. Thus romantic attachment or romantic love serves the same function of providing security and hence acts as a direct source of facilitation of interpersonal relationship. Psychiatric distress is more significantly associated with attachment style of adolescents (Mohini & Sharma 2019). In fact, Ainsworth in 1989 referred to pair bonds as the prime example of adult attachment. Adult attachment research has progressed on the faith that pattern of attachment that is formed in early life through infant-caregiver relationships is relatively stable across time and thus pair bonds are basically the adult instantiation of the attachment formed in childhood (Ainsworth, 1989). John Lee (1973, 1988) proposed measures of love style. Lee described six types of love. These are as follows:

**Eros.** This type of love is based on strong sexual desires and emotional and physical closeness to their partner. It is also known as passionate or romantic type of love. Eros comes from a Greek term which means “erotic or passionate”. It is highly sensual, intense & passionate type of love.

**Ludus.** It is called game playing love. Love as a game of attraction to be played with multiple partners at a time. It is not a long-term relationship. Ludic lovers rarely become satisfied with one partner; they usually have multiple partners at a time.

**Storge.** Storge love is comfortable intimacy. It is basically friendship type of love which is based on similar interest or commitment. Storgic love slowly develops out of mutual sharing, thoughts and mutual understanding. It is a long-term relationship.

**Agape.** Agape love is altruistic type of love; they want to take care of their partner. It is usually defined as unconditional selflessness or unbreakable commitment. It requires both to be loyal, forgiving or patient towards the partner.

**Pragma.** It is based on common sense and reason. Practical concerns underlie this type of love. It is logical type of love. They often select or reject their partners based on what they perceive logical & desirable.

**Mania.** This type of love experience is out of control. It can be defined as an obsessive type of love. Manic lovers involve madness, obsession, and jealousy, unhealthy or ruling type of behaviors. It becomes difficult to continue a long-term, happy, healthy or stable relationship with this type.

## Friendship Dimensions

Friendship, peer relationships or early attachment are the most influential factors during the period of adolescence. Oxford Dictionary (2012) defined friendship or peer relationships as “a relationship of mutual affection between two or more people”. Friendships are often the most important relationship in the emotional life of adolescents (Conger & Galambos, 1997). It is a strong form of interpersonal emotional bond. There are many forms of friendship, these characteristics are- affection, sympathy, empathy, altruism, compassion and enjoying each other’s company. Like all relationships, peer relationships are essentially defined by the member’s characteristics including style of interaction. Peer relationships are embedded in large peer groups, which has its own set of interaction rules, hierarchy and cohesiveness.

The basic aspects of peer relationships are individual’s social exchange of information over a period of time. Typically, these interactions are dyadic in nature, only involving two members and have a reciprocal, independent style. The second level of interaction is relationships that have their own associated expectation, style and emotions (Goldstein, 2010). It represents a highly salient social bond in our society. People report to be happier when they are with their friends rather than when they are alone or are with their family members (Larson & Bradney, 1988). Many positive health outcomes, such as lower mortality rates and a relatively long life have been associated with the presence of friendship ties in one’s life (Sabin, 1993). Research on the role of informal, close ties is particularly important in this increasingly fragmented society (Adams & Allan, 1998). Yet it has been compared to the large research on family and workplace relationships (Pahl, 2000). Few studies reported that females enjoy the company of friends more than males. Females indulge more in friendship, it also is a great source

of catharsis for them, it helps in releasing pent-up emotions and providing relief from being understood by others (Mohini & Sharma 2019).

Adolescence is a time when dependency on parental relationship is gradually transferred to dependency on peer relationship. By this time peer relationship gradually gains more and more qualities to become a full blown attachment relationship. During young adolescence, peer interaction serves many functions which it serves for the remainder of the life span. Some functions include sources of intimacy, feedback about social behavior, influence and other information and finally sometimes sexual relationships and lifelong partnerships (Gavin & Furman, 1996). By this time, an adolescent gradually develops the capacity for adult like supportiveness and intimacy which is the characteristic feature of development of peer relationships. By late adolescence, intimate long term relationships can be formed which may either serve as a close friendship or as a romantic relationship and this relationship is capable of serving as an attachment figure in all sense of terms. This is not merely a transfer of dependency from one close attachment like parents to another like peers. Rather both parties now take on the adult or adult like capacities. During the period of infancy and childhood, the individual turns to the attachment figure for fundamental physical safety needs, in extreme distress or risk of emotional disorganization.

### **Objectives**

- To study the health and adjustment of male and female adolescents in relation to love attitude
- To study the health and adjustment of male and female adolescents in relation to friendship dimension



- To study the predictive value of love attitude and friendship dimensions in health and adjustment of male and female adolescents

### **Hypotheses**

- There would be significant relationships between health and adjustment of male and female adolescents in relation to their love attitude.
- There would be significant relationships between health and adjustment of male and female adolescents in relation to their friendship dimensions.
- There would be significant positive contributions of love attitude and friendship dimensions in health and adjustment of male and female adolescents.

### **Method**

#### **Sample**

The sample of this study comprised of 300 school going adolescents (150 males and 150 females) within the age range of 16 to 18 years. The participants were studying in 11<sup>th</sup> -12<sup>th</sup> classes in the urban city Rohtak.

**Tools:** Following tools were used in this study:

#### ***General Health Questionnaire (GHQ-28)***

It is developed by Goldberg and Hiller in 1979. GHQ-28 containing 28 items was derived from factor analysis of GHQ- 60. It contains 4 subscales. The reliability of the scale was found to be between 0.78 and 0.95.

#### ***Adjustment Inventory for School Students (AISS)***

This test was developed by A.K.P. Sinha and R.P. Singh in 1984. This inventory contains 60 items, 20 items in each area (emotional, social, educational) with a response pattern

of Yes or No. It helps to assess the adjustment of the person. Coefficient of reliability was between for the different dimensions' ranges between 0.92-0.96

### ***Love Attitude Scale***

Hendrick, Hendrick & Dicke (1998) developed the short version of the LAS, and its measurement properties were essentially identical with the same original version. It helps to assess the love attitude of the person. The scale consists of 24 items in total, 4 items belonging to each subscale. The reliability ranges from 0.39-0.96.

### ***Dimensions of Friendship Scale (DFS)***

It was developed by Chandna and Chadha (1986). The scale contains 64 questions, in 8 dimensions of close friendship, they are- Enjoyment, Acceptance, Trust, Respect, Mutual Assistance, Confiding, Understanding, and Spontaneity. The coefficients of reliability of 4 scales ranges between 0.72 and 0.82

### **Procedure**

For the purpose of data collection, various schools were consulted and prior permission was sought. The selected adolescent participated on a voluntary basis. The participants were contacted individually or in a small group in the school and were made aware of the objectives of the study. After establishing rapport with participants, brief demographic data were recorded. Further the standardized instructions were given verbally for each questionnaire. All the participants were asked to answer each and every item without leaving any statement in between with no response. Though, there was no time limit, on an average 30 minutes were taken by the participants to complete questionnaires.

## Results and Discussion

### Association between Love Attitude and Health & Adjustment

**Hypothesis 1:** There would be significant relationships between Health and Adjustment of male and female Adolescents in relation to their Love Attitude.

As described in the methodology section, Love has been identified as one of the most important aspects of interpersonal strength typically assessed by how people tend to be attached in romantic relationships. Love Attitude scale measures one’s attitude towards love and has six domains and these are “*Eros, Ludus, Storage, Pragma, Mania and Agape*”, which are described one by one and are as follows:

**Table 1** *Inter-correlation amongst love attitude and health and adjustment of male adolescents*

Variables		Love Attitude					
		Er	Lu	St	Pr	Ma	Ag
Health	Som	<b>.189<sup>*</sup></b>	-.127	.038	<b>.175<sup>*</sup></b>	<b>.171<sup>*</sup></b>	.124
	Anx	<b>.227<sup>**</sup></b>	<b>-.165<sup>*</sup></b>	.055	<b>.250<sup>**</sup></b>	.159	<b>-.166<sup>*</sup></b>
	SocD	.112	.087	.135	.136	.034	.035
	SevD	<b>.183<sup>*</sup></b>	<b>-.232<sup>**</sup></b>	.106	<b>.323<sup>**</sup></b>	<b>.190<sup>*</sup></b>	-.145
	Total GHQ	<b>.256<sup>**</sup></b>	<b>-.187<sup>*</sup></b>	.110	<b>.325<sup>**</sup></b>	<b>.209<sup>*</sup></b>	<b>-.177<sup>*</sup></b>
Adjustment	Emo	.056	-.141	-.044	<b>.205<sup>*</sup></b>	.073	<b>-.222<sup>**</sup></b>
	Soc	<b>.299<sup>**</sup></b>	<b>-.161<sup>*</sup></b>	<b>.200<sup>*</sup></b>	<b>.254<sup>**</sup></b>	<b>.321<sup>**</sup></b>	<b>-.290<sup>**</sup></b>
	Edu	.091	<b>-.257<sup>**</sup></b>	.014	<b>.344<sup>**</sup></b>	.123	.074
	Total Adj.	<b>.190<sup>*</sup></b>	<b>-.267<sup>**</sup></b>	.071	<b>.378<sup>**</sup></b>	<b>.224<sup>**</sup></b>	<b>-.233<sup>**</sup></b>

<sup>\*\*</sup> Correlation is significant at the .01 level, <sup>\*</sup>Correlation is significant at the .05 level

**Table 2** *Inter-correlation amongst love attitude and health and adjustment of female adolescents*

Variables		Love Attitude					
		Er	Lu	St	Pr	Ma	Ag
Health	Som	.125	.026	.144	<b>.171*</b>	<b>.162*</b>	-.018
	Anx	<b>.187*</b>	.128	.143	.149	<b>.279**</b>	.031
	SocD	<b>-.187*</b>	.101	.029	<b>.201*</b>	-.047	-.118
	SevD	<b>-.165*</b>	-.088	-.016	<b>.199*</b>	<b>.291**</b>	-.154
	Total GHQ	.025	.052	.121	<b>.265**</b>	<b>-.333**</b>	-.084
Adjustment	Emo	<b>.182*</b>	.088	<b>.166*</b>	.025	<b>.351**</b>	.024
	Soc	<b>.229**</b>	.083	.122	.023	-.058	<b>-.214**</b>
	Edu	<b>.168*</b>	.009	.154	.153	<b>.282**</b>	.114
	Total Adj.	<b>.241**</b>	.063	<b>.184*</b>	.107	<b>-.304**</b>	.142

\*\* Correlation is significant at the .01 level, \*Correlation is significant at the .05 level

Based on the statistical analysis it was found that there exists significant correlation between most of the domains of love attitude and health and adjustment of males, whereas high positive and significant correlation was found between pragma and health and adjustment. However, in females there was no significant correlation between ludus and health and adjustment, furthermore high significant positive correlation exists between mania and health and adjustment.

Previous research also highlights the supporting nature of love attitudes and health and adjustment; love has been conceptualized as the innate motivational power, which is the mixture of attachment, caregiving and sex. Maximo & Carranza (2016) explained that eros love is highly linked with the insecure pattern of attachment which leads to many psychological and health-

related problems. Furthermore, Davis, Shaver and Vernon (2003) explained that sexual passion is positively related to avoidance, a negative feature of individual's life. The present research showed clear gender differences between love attitudes and health & adjustment. Davis et al. (2003) explained that there are some neurobiological reasons where gender difference has been connected to fundamentally differential role of the hormone oxytocin among males and females.

Adolescent males tend to have high testosterone levels due to which they exhibit greater activity and physical play than adolescent females. In response to intense emotional situations, males are more physical in their behavior as they have fewer verbal tools than females. Hendrick & Hendrick (1995), in their study found that men and women differed on different variables pertaining to relationships, where women more inclined towards friendship-oriented love, and men to game playing love or Ludus love. Males being the dominant gender, they feel somehow superior while they view females as inferior to them. Rotenberg and Korol (1995) have conducted a study on college students, to study the relation between loneliness and eros. Results revealed that in male students; loneliness was negatively correlated with eros, and positively correlated with ludus. In female students, loneliness had a negative correlation with eros. Females' greater practical concerns over selecting a partner were reflected in greater loneliness. Thus, for females, pragma is also compatible with lonely individuals' tendencies toward low intimacy and low interpersonal trust. In fact such lovers have more or less a conscious "shopping list" of practical, everyday qualities they desire in a beloved (Rotenberg and Korol, 1995). Neto (1993) suggested that "the greater presence of agape in men may be attributed to a more idealized, romantic concept of heterosexual relationships in that gender".

So, from the obtained results and above description, it can be said that love attitude puts a great emphasis on “health and adjustment of male and female adolescent students”. Some of the attitudes connected positively while the others have connected negatively among male and female adolescent students at higher level of schools which can lead to better adjustment and ability to cope up with the life challenges which ultimately help to enhance the good health. And both these are also very helpful for individuals in every sphere of life.

On the basis of the obtained results the first objective; to study the health and adjustment of male and female adolescents in relation to love attitude and the hypothesis that there would be significant relationships between health and adjustment of male and female adolescents in relation to their love attitude has been retained and mentioned for the same supporting evidences have been presented to support the relation between health and adjustment and love attitude.

**Hypothesis 2:** There would be significant relationships between Health and Adjustment of male and female Adolescents in relation to their Friendship Dimensions.

As described in the methodology section, friendship’s quality is typically assessed by one’s involvement with his/her best friends. Friendship dimensions scale measures one’s healthy friendship pattern through friendship dimensions and has eight dimensions and these are “*Enjoyment, Acceptance, Trust, Respect, Mutual Assistance, Confiding, Understanding, and Spontaneity*” which are described one by one and are as follows:

**Table 3** *Inter-correlation amongst friendship dimensions and health and adjustment of male adolescents*

Variables	Friendship Dimension								
	Som	Enj	Acc	Tru	Res	MuA	Con	Und	Spo
Health		-.017	-.038	.058	.031	<b>-.170*</b>	-.002	.119	.060

	Anx	<b>-.459**</b>	<b>-.224**</b>	<b>-.207*</b>	<b>-.302**</b>	-.154	<b>-.331**</b>	-.056	-.103
	SocD	<b>-.380**</b>	<b>-.215**</b>	<b>-.195*</b>	-.004	-.084	-.073	.149	<b>-.169*</b>
	SevD	<b>-.480**</b>	<b>-.408**</b>	-.019	<b>-.340**</b>	-.099	<b>-.402**</b>	-.105	<b>-.245**</b>
	Total GHQ	<b>-.471**</b>	<b>-.225**</b>	-.110	<b>-.250**</b>	<b>-.179*</b>	<b>-.315**</b>	.008	-.085
Adjustment	Emo	<b>-.286**</b>	<b>-.204*</b>	.096	<b>-.168*</b>	-.122	<b>-.237**</b>	<b>-.174*</b>	-.026
	Soc	<b>-.406**</b>	<b>-.274**</b>	-.151	<b>-.298**</b>	<b>-.250**</b>	<b>-.286**</b>	-.026	<b>-.265**</b>
	Edu	<b>-.446**</b>	<b>-.304**</b>	.076	<b>-.209*</b>	<b>-.233**</b>	<b>-.241**</b>	-.073	.055
	Total Adj.	<b>-.526**</b>	<b>-.361**</b>	.020	<b>-.300**</b>	<b>-.280**</b>	<b>-.338**</b>	-.114	-.078

\*\* Correlation is significant at the .01 level, \*Correlation is significant at the .05 level

**Table 4** *Inter-correlation amongst friendship dimensions and health and adjustment of female adolescents*

Variables		Friendship Dimension							
		Enj	Acc	Tru	Res	MutA	Con	Und	Spo
Health	Som	.091	-.119	-.004	.000	-.019	-.087	<b>-.184*</b>	-.037
	Anx	<b>-.232**</b>	<b>-.276**</b>	<b>-.277**</b>	-.091	-.111	<b>-.244**</b>	<b>-.189*</b>	<b>-.258**</b>
	SocD	<b>-.236**</b>	-.114	.005	.151	.145	.080	.097	.013
	SevD	<b>-.206*</b>	<b>-.331**</b>	-.113	-.112	-.068	-.090	<b>-.239**</b>	<b>-.180*</b>
	Total GHQ	<b>-.216**</b>	<b>-.347**</b>	<b>-.184*</b>	-.063	-.062	<b>-.174*</b>	<b>-.246**</b>	<b>-.215**</b>
Adjustment	Emo	<b>-.184*</b>	<b>-.169*</b>	<b>-.163*</b>	<b>-.250**</b>	<b>-.219**</b>	<b>-.292**</b>	<b>-.289**</b>	<b>-.294**</b>
	Soc	<b>-.285**</b>	<b>-.232**</b>	-.091	<b>-.251**</b>	<b>-.243**</b>	<b>-.352**</b>	<b>-.266**</b>	<b>-.283**</b>
	Edu	<b>-.266**</b>	<b>-.256**</b>	<b>-.197*</b>	<b>-.241**</b>	<b>-.287**</b>	-.143	<b>-.214**</b>	<b>-.269**</b>
	Total Adj.	<b>-.309**</b>	<b>-.285**</b>	<b>-.196*</b>	<b>-.302**</b>	<b>-.329**</b>	<b>-.311**</b>	<b>-.322**</b>	<b>-.349**</b>

\*\* Correlation is significant at the .01 level, \*Correlation is significant at the .05 level

On the basis of statistical analysis, it was found that there exists significant negative correlation between most of the friendship dimensions and health and adjustment related

problems of males and females. Friendship dimensions outcome clearly reveals that in adolescent's life friends play a significant role. A good friend also shapes their behaviors as well. Adolescents moreover want two things from their friends; the first is intimacy, they seek psychological closeness with a mutual understanding and secondly, they expect loyalty from their friends (Buhrmester, 1998). Individuals with healthy friendships tend to be high on satisfaction and experience a lower level of frustration. Whereas negative correlation revealed that friends may increase the health and also develop the ability to deal with the environment in a proper manner. Adolescents who feel secure in their relationship, tend to experience more on health and adjustment, they achieve good health with less psychiatric problems and easily adjust with others.

Previous research also highlights that the friendship dimensions and health and adjustment problems are negatively associated; Friendship is not an instrumental relationship, but it is rather an enjoyable one, where interactions with friend are not only made because of some purpose but it is a mutual relation which has a pleasurable end by itself (Kathiravelu, 2013). These results are supported by the study of Bank and Hansford (2000) who stated that "women enjoyed their same sex or opposite sex friendships more than men did, and the reason seemed to be the greater intimacy of women's friendship".

In general 'girls' relation with their friends are characterized by esteem enhancement support, affection etc whereas 'boys' friendship are characterized mostly by conflicts and competitiveness (Belle, 1989). Females indulge more in friendship, it also a great source of catharsis for them, it helps in releasing emotions and providing relief. A study conducted by Fox et al. in 1985, found females at all ages, are more 'expressive' in their friendships, showing



higher levels of empathy than males. They also found that, disclosure in friendship is more directly related in intimate friendships than non-intimate ones. The results are also supported by a study conducted by Russell et al. (1998), who found that “From early childhood, a girl learns that it is her job to take care of relationships; girls tend to feel strongest when they are being leaned on in a relationship”. “Another important reason might be the presence of competitive striving; which has been found to be more of a characteristic of men than women” (Lewis 1998).

On the basis of obtained outcomes the second objective -to study the health and adjustment of male and female adolescents in relation to friendship dimensions and the hypothesis that there would be significant relationships between health and adjustment of male and female adolescents in relation to their friendship dimensions has been retained and verified. Evidences have been presented to support that health and adjustment is significantly related with friendship dimensions among male and female adolescent students.

**Hypothesis 3:** There would be significant positive contributions of Friendship Dimensions and Love Attitude in Health and Adjustment of male and female Adolescents.

### Predictors of Health

**Table 5** Summary of stepwise multiple regression analysis for male adolescents: D.V. Health

Independent Variables	$\beta$	$R^2$	$R^2\Delta$	F
Enjoyment	-.47	.22	---	42.19**
Ludus	-.26	.28	.06	29.77**
Trust	-.16	.31	.03	22.47**
Pragma	.17	.33	.02	18.43**

\*\*p < 0.01, \*p < 0.05

**Table 6** Summary of Stepwise multiple regression analysis for female adolescents: D.V. Health

Independent Variables	$\beta$	$R^2$	$R^2 \Delta$	F
Acceptance	-.34	.12	---	20.26**
Mania	-.25	.18	.06	16.11**
Pragma	.37	.30	.12	21.03**
Enjoyment	-.18	.33	.03	18.29**

\*\*p &lt; 0.01, \*p &lt; 0.05

**Predictors of Adjustment****Table 7** Summary of Stepwise multiple regression analysis for male adolescents: D.V. Adjustment

Independent Variables	$\beta$	$R^2$	$R^2 \Delta$	F
Enjoyment	-.52	.27	--	56.65**
Ludus	-.35	.39	.12	48.47**
Mutual- Assistance	-.17	.42	.03	35.90**
Pragma	.14	.44	.02	28.52**
Eros	-.17	.46	.02	24.51**

\*\*p &lt; 0.01, \*p &lt; 0.05

**Table 8** Summary of Stepwise multiple regression analysis for female adolescents: D.V. Adjustment

Independent Variables	$\beta$	$R^2$	$R^2 \Delta$	F
Spontaneity	-.34	.12	--	20.46**
Storage	-.25	.18	.06	16.71**
Mania	-.40	.31	.13	22.03**
Enjoyment	-.18	.33	.02	18.21**

\*\*p &lt; 0.01, \*p &lt; 0.05

From the statistical analysis, it was found that various dimensions of friendship have emerged as the negative predictors of health complaints and adjustment problems in both the groups of male and females. If individuals have high scores on friendship dimensions then it means it also helps to boost health and adjustment of that person. Higher scores on these domains would indicate higher chances of better health and adjustment, which means lower level of stress and it will help to maintain relationship with others and to cope with the situations.

Additionally, pragma domain (love attitude) has emerged as the positive predictor of health complaints and adjustment problems in both males and females. Moreover, increase in the scores on this domain will also decrease the chances of health and adjustment and it will also lead to difficulty in many situations. Though higher scores on these constructs, indicate an individual's tendency to report health complaints and poor adjustment; hence, it emerged as a positive predictor of health and adjustment respectively.

Demir and Orthel (2011) suggested that positive friendship quality was significantly associated with adjustment whereas; “conflicts had a negative effect on positive quality” which is higher in females than males. The positive effects of high-quality friendships has been demonstrated by previous research. In a longitudinal study by Parker and Asher (1993), high-quality positive friendships were linked to high self-esteem and low loneliness levels. Further, the quality of friendship is negatively associated with depression and delinquency (Windle, 1994). In another study by Hendrick et al. (1995), gender differences were present in pragma, mania, storge and ludus love styles. Pragma, mania and storge love styles were found to be higher in females than males; whereas, ludus was higher in males compared to females. In both

males and females, loneliness had a negative correlation with eros, and a positive correlation with ludus only in males.

The third objective; to examine the predictive value of friendship dimensions and love attitude in health and adjustment of male and female adolescents and it was hypothesized that there would be significant positive contributions of friendship dimensions and love attitude in health and adjustment of male and female adolescents has been partially accepted. So on the basis of research, it can be concluded that love attitude and friendship dimensions serve as the predictors of health and adjustment among adolescents.

### **Implication**

The results have implications in the area of school psychology, as many of the adolescents who studied in higher classes (11<sup>th</sup> & 12<sup>th</sup>) in schools now days, face tremendous changes during this time; which occur in different areas i.e. physical, mental, social, emotional, cognitive, psychological etc. It's our responsibility to understand and channelize these changes into the right direction. So, there is a need to identify the unhealthy patterns of the adolescents, which can not only help to modify their pattern, but can also help to understand their needs and learn the alternate ways to satisfy their emotional and psychological needs.

## References

- Adams, R.G.& Allan, G. (1998).Contextualizing friendship. In Adams RG and Allan G(Eds.),*Placing Friendship in Context* (pp. 1-17). Cambridge University Press.
- Ainsworth, M. S. (1989). Attachments beyond infancy. *American psychologist*, 44(4), 709.
- Bank, B.J., & Hansford, S.L. (2000). Gender and friendship: Why are men's best same-sex friendships less intimate and supportive?.*Personal Relationships*, 7(1), 63-78.
- Belle, D. (1989). Gender differences in children's social networks and supports. In D. Belle(Ed.), *Children social networks and social supports* (pp. 173-190). Wiley.
- Bowlby, J. (1979). *The making and Breaking of Affectional Bonds*. Tavistock/Routledge.
- Buhrmester, D. (1998). Need fulfilment, interpersonal competence and the development contextsof early adolescents' friendship. In: W.M. Bukowski, A.F. Newcomb, W.W.Hartup (Eds.),*The Company They Keep: Friendship in Childhood and Adolescence*.Cambridge University Press.
- Chandna, S.and Chadha, N.K. (1986). Manual for dimensions of friendship scale (DFS).*Agra:National Psychological Corporation*.
- Conger, J. J., & Galambos, N. L. (1997). *Adolescence and Youth: Psychological Development in a Changing World*. Harper & Row.
- Darwin, C. (1909). *The origin of species* (pp. 95-96). New York: PF Collier & son.

- Davis, D., Shaver, P.R., Vernon, M.L. (2003). Physical, emotional, and behavioral reactions to breaking up: The roles of gender, age, emotional involvement, and attachment style. *Personal and Social Psychology Bulletin*, 29(7), 871–884.
- Demir M, Orthel, H. (2011). Friendship, real-ideal discrepancies, and well-being: gender differences in college students. *The Journal of Psychology*, 145(3), 173-193.
- Fox, M., Gibbs, M., & Auerbach, D. (1985). Age and gender dimensions of friendship. *Psychology of Women Quarterly*, 9(4), 489-502.
- Gavin, L.A., & Furman, W. (1996). Adolescent girls' relationships with mothers and best friends. *Child Development*, 67(2), 375-386.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological medicine*, 9(1), 139-145.
- Goldstein, S. (2010). *Encyclopedia of child behavior and development* (Vol. 2). Springer Science & Business Media.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511-524.
- Hendrick, C. & Hendrick, S.S. (1986). A theory and method of love. *Journal of Personality and Social Psychology*, 50, 392-402.

- Hendrick, C., & Hendrick, S.S. (1995). Gender differences and similarities in sex and love. *Personal Relationships*, 2(1), 55-65.
- Hendrick, C., Hendrick, S.S., & Dicke, A. (1998). The Love Attitudes Scale: Short form. *Journal of Personal and Social Relationships*, 15(2), 147-159.
- Kathiravelu, L. (2013). Friendship and Urban encounter: towards a research agenda. *MMG working papers*, 13-10 (printed) (1-19). Max Planck Institute for the study of Religious and Ethnic Diversity.
- Larson, R. W., & N. Bradney (1988). Precious Moments with Family Members and Friends. In R. M. Milardo (Ed.), *Families and Social Networks* (pp. 107–126). Sage Publications.
- Lee, J.A. (1973). *Colours of Love: An exploration of the ways of loving*. New Press.
- Lee, J.A. (1988). Love- styles. In R.J. Sternberg & M. Barnes (Eds.), *The New Psychology of Love* (pp. 38-67). Yale University Press.
- Lewis, M. (1998). Emotional competence and development. In: D Pushkar, WM Bukowski, AE Schwartzman, EM Stack, DR White (Eds.), *Improving Competence Across the Lifespan* (pp. 27-36). Plenum, 27-36.
- Lucas, K. & Lloyd, B. (2005). *Health Promotion: Evidence and Experience*. Sage.
- Maximo, S.I., & Carranza, J.S. (2016). Parental Attachment and Love Language as Determinants of Resilience among Graduating University students. *SAGE Open*, 6(1), 1-11.

- Mohini & Sharma, N.R. (2019). Effect of Gender on Friendship and Love Attitude Among Adolescents. *Journal of Indian Health Psychology*, 14(1), 39-48.
- Mohini & Sharma, N.R. (2019). Role of Attachment Styles In Health of Adolescents. *International Journal of Research*, 6(9), 977-986.
- Neto, F. (1993). Love styles and self-representations. *Personality and Individual Differences*, 14(6), 795-803.
- Pahl, R. (2000). *On Friendship*. Blackwell Publishing.
- Parker, J.G., & Asher, S.R. (1993). Friendship and Friendship Quality in Middle Childhood: Links with Peer Group Acceptance and Feelings of Loneliness and Social Dissatisfaction. *Developmental Psychology*, 29(4), 611-621.
- Rotenberg, K. J., & Korol, S. (1995). The Role of Loneliness and Gender in Individual's Love Styles. *Journal of Social Behavior and Personality*, 10(3), 537.
- Russell, A., Pettit, G. S., & Mize, J. (1998). Horizontal qualities in parent–child relationships: Parallels with and possible consequences for children's peer relationships. *Developmental Review*, 18(3), 313-352.
- Sabin, E.P. (1993). Social relationships and mortality among the elderly. *Journal of Applied Gerontology*, 12(1), 44-60.



Sinha, A.K. P. and Singh, R. P. (1984). Manual for adjustment inventory for school students. *National Psychological Corporation*.

UNICEF. (2005). Adolescent Development: Perspectives and Frameworks—A discussion Paper. *United Nations Children's Fund New York. UNICEF, 3*.

Windle, M. (1994). Substance use, risky behaviors, and victimization among a US national adolescent sample, *Addiction, 89(2)*, 175-182.

World Health Organization. (1986). *Ottawa Charter for Health Promotion: First International Conference on Health Promotion Ottawa, 21 November 1986*. [https://www.healthpromotion.org.au/images/ottawa\\_charter\\_hp.pdf](https://www.healthpromotion.org.au/images/ottawa_charter_hp.pdf)

World Health Organization. (2012). *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services*.