Chapter II

REVIEW OF LITERATURE
All scientific endeavor is part of a concerted effort of academicians and researchers, such that the findings of one research help to pave the way for other researches. Thus, a recapitulation of empirical work conducted in a particular area is extremely important to give proper direction to research.

This facilitates the researcher by presenting the status of knowledge in a particular area, so that the researcher can give thrust to research which maximizes its utility. The opportunity to benefit from vicarious experiences also enriches the methodology and design to be selected by the researcher. In the forthcoming paragraphs, major researches conducted in the field are being presented.

WELL-BEING

Well-being is most commonly used to describe what is ultimately good for a person. Well being is hypothesized by the researcher as a state that is likely to occur if individuals possess resilience and experience parental acceptance are being discussed.

Literature reveals that personality traits and psychological resource (PRs) are important in subjective well being. Lightsey (1996) reviewed the literature regarding four PRS (positive thoughts hardiness, generalized self-efficacy and optimism) and discuss the relationships among PRs and between PRTs and personality characteristics. A process theory that places PRs within the larger context of human functioning is proposed.

Dum (1996), examined the salutary effects of finding positive meaning in a disabling experience with special reference to being an optimist,
perceiving control over disability on two criterion of psychological well being, namely depression and self-esteem. A main in survey on psychological adjustment to limb amputation was completed by 38 persons, with amputation. Regression analysis revealed that finding meaning following amputation was linked to lower levels of depression symptomatology but not to self-esteem. Both dispositional optimism and perceived control over disability were center for epidemiological studies depression scale and higher scores on Rosenberg’s self esteem scale.

Nathawat (1996) examined the effects of gender hardiness and social support, in 100 male and 100 female upper middle class elderly aged 60-70 years retired from government jobs. Male subjects disclosed higher positive affect and life satisfaction than female and scored lower on negative affect and hopelessness. A similar trend of superior well-being was observed in high hardy, aged than low hardy aged, also in aged with high social support than in aged with low social support. Two way interactions of gender hardiness, hardiness – social support and gender-social support influenced some of the measures of well being. The measures were not influenced by 3-way interactions.

According to Diener, Suh, Oishi (1997) subjective well being (SWB) is a field of psychology that attempts to understand people’s evaluation of their lives. These evaluations may be primarily cognitive (eg. life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (eg. joy, as measured by the experience sampling technology) and unpleasant emotion (eg. depression). Researchers, in the field
however, aim to understand not just undesirable clinical states, but also
difference between people in positive levels of long-term well-being.

Robitschek and Kashubeck (1999) after examining several mediational
models of well being, found that personal growth orientation appeared to
mediate fully the relation of family functioning to distress for both genders. For
women hardiness appeared to mediate partially the relation of family
functioning to well being, for men this relation appeared to be fully mediated
by hardiness. The models were predominantly invariant across genders.
Parental alcoholism had no direct effects on well being or distress, indirect
effects were found through family functions personal growth orientation and
hardiness.

Moomal, and Zubair (1999) examine the relationship between meaning in
life and mental well-being and states that a sense of meaning in life is an
important element in providing coherence to an individual’s world-view and
hence to his/her mental well being. Correlation analysis of data revealed that
meaning in life is associated with a wide spectrum of conventional categories
of psychopathology as well with general neurosis.

The relationship between demographics, resilience, life satisfaction, and
psychological well-being was examined by Christoper (2000). Findings reveal
that number of annual health care appointments, higher resilience and greater
life satisfaction were the strongest predictors of psychological well-being.

Yuval Guttman, Koenen, Livinovsky (2001) examined associations
among attachment styles hardiness and mental health in intensive real life
stress. Secure attachment style was positively associated with over all hardiness
commitment and control, where as avoidant and ambivalent attachment styles
were negatively associated with these variables. In addition, a secure attachment style and over all hardiness, commitment were positively associated with mental health and well-being and negatively associated with distress and general psychiatric symptomatology, where as avoidant and ambivalent styles were inversely related to mental health and well-being and positively related to distress and general psychiatric symptomatology. Regression models, testing the relation between attachment, hardiness and mental health suggest that both attachment and hardiness are predictors of mental health in real life stress.

Paradis, Kernis (2002) examined the extent to which self esteem levels and SE stability predicted scores on Ruff’s (1989) multidimensional measures of psychological well-being. Results suggests that high self esteem was associated with greater well-being than low S.E. In addition, main effects on SE stability emerged for the autonomy, environmental mastery, and purpose in life subscales, indicating that stable SE was associated with higher scores than was unstable SE. Finally SE levels stability interactions emerged for the self-acceptance, positive relations and personal growth subscales indicating more complex relationship between self esteem and these aspects of well-being.

Scannell, Allen, Burton (2002) examined the relationship between meaning in life and well being, by asking 83 adults (aged 18-84 years) to complete measures of well-being and revised Life Regard Index that contains affective (Fulfillment) and cognitive (Framework) subscales of meaning in life. Although there were no age differences on fulfillment, the younger group had significantly lower score on Framework than the older group. One negative factor (Depression) and two positive factors (happiness, spiritual) significantly predicted framework. Also no negative and 3 positive (happiness, spiritual,
self-esteem) well being measures significantly predicted fulfillment suggesting that affective meaning in life may relate to positive well-being more than it does to negative well-being. On the other hand comparison of two regressions shows that well-being measures were more strongly related to affective meaning (Fulfillment) than to cognitive meaning (Framework). This suggests that although cognitive and affective meaning are associated with person’s well being, it is more important to feel that one has meaning in life than to have a structure for that meaning.

According to Ormel, Lidenberg, Stenerink and Verbrugge (1999) two ultimate goals that all human beings seek are optimization of physical well-being and social well being and the five instrumental goals by which they are achieved are, stimulation, comfort, status, behavioural confirmation, affection. The correlation of the approach is that the people choose and substitute instrumental goals so as to optimize the production of their well-being, subject to constraints in available means of production.

DeNeve and Cooper (1998) found personality equally predictive of life satisfaction, happiness and positive effect. The traits most closely related to subjective well-being were repressive-defensiveness, trust, emotional stability, locus of control-chance, desire for control, hardiness, positive affectivity and self-esteem.

In a review of recent cross cultural evidence of happiness and well-being, Uchida, Norasakkunit and Kitayama (2004), identified substantial cultural variations in (1) cultural meaning of happiness, (2) motivations underlying happiness, and (3) predictors of happiness. Specifically, in North American cultural contexts, happiness tends to be defined in terms of personal
achievement. Individuals engaging in these cultures are motivated to maximize the experience of positive affect. Moreover, happiness is best predicted by self-esteem. In contrast, in East Asian cultural contexts, happiness tends to be defined in terms of interpersonal connectedness. Individuals engaging in these cultures are motivated to maintain balance between positive and negative effects. Moreover, happiness is best predicted by perceived embeddedness of self in social relationship.

Caprar and Steca (2005), examined a conceptual model positing that affective and social self regulatory efficacy beliefs influence one’s cognitive and affective components of subjective well being, namely positive thinking and happiness. Positive thinking corresponds to the latent dimension underlying life satisfaction, self-esteem, and optimism. Happiness, instead, corresponds to the difference between positive and negative affect, as they are experienced in a variety of daily life situations. The study was conducted on 683 Italian adults belonging to six different age group. The findings of the study corroborated the paths of relations linking the examined variables.

Mechanisms by which personality affects well-being are not well understood. Following recommendations to examine intermediate process variables that may help explain the personality – subjective well-being (SWB) relationship, Harris and Lightsey (2005), tested whether constructive thinking (CT) mediated the relationships between both neuroticism and extroversion and SBW components. Measures of each construct were administered to 147 undergraduate volunteers twice over four weeks. In analysis controlling for time SBW, mood, CT fully mediated the relationship and emerged as a strong predictor of negative affect (inversely), positive affect and happiness.
Given the far-reaching social, economic and demographic changes in the aging population, Greene, Roberta and Cohen, Harriet (2005), argue for the methodological and practice – oriented transformation in future generic social work. It was suggested that if they are to maintain their independence and well being a resilience enhancing social work intervention will be especially effective in fostering the specific survival skills that older adults, often utilize to help them cope with difficult situations. A risk-resilience model sensitive to ethnic difference and practiced at multiple systems (e.g., the community) is offered as an advancement of the traditional models of social work practice. In conclusion, the authors emphasize the value of strengths perspective to address the pressing issues that affect the aging population.

Numerous studies have shown that compared to individuals from intact, biological families, individuals in step-families tend to face worse emotionally, socially, physically, and psychologically. Several studies have attempted to account for the discrepancy, but the research has not yielded definitive results. The study evaluated attachment to parents as a possible explanation for discrepancies in psychological well-being. The results confirmed that attachment was a significant predictors of well-being. Additionally, individuals from step families were found to have less secure attachment to their parents than individuals from intact biological families. It was also found that attachment (operationalized as maternal and parental) are partially mediated the relationship between family type (intact, biological family vs step family) and psychological well-being (Love, 2004).

Parental influence on college student’s well-being is underestimated frequently in the developmental literature. College students often set social and
academic goals according to their perception of what their parents expect from them. The discrepancy between college student's performance and their perceptions of parents' expectations can impact their quality of life. Agliata (2006) examine various parent-college student expectation discrepancies and communication level as predictors for college students psychological well-being. Results revealed that college students reported experiencing higher levels of anger, depression, and anxiety and lower levels of self-esteem and college adjustment when higher expectation performance discrepancies were present. Results also indicated that a higher perceived level of communication particularly by the college student, served as a predictor of distress and was related to lower levels affective distress and higher levels of self-esteem and college adjustment. Such findings underscore the importance of teaching assertive communication skills to college students and their parents as a means of diminishing the deterious effects of perceiving one another inaccurately.

Much work address the importance of siblings and friendships in separate investigations, few studies simultaneously examined both relationships. Young adults (N=102, M age 18-7) were surveyed about their friendships, their sibling relationships, and their psychological well being (assessed by self-esteem, loneliness). Participants with harmonious (high warmth, low conflict) sibling relations and same gender trends had low well-being. However participants who had low involved (low warmth, low conflict) and affect intense same-gender friendships did not differ in well-being. When joint effects was examined, having a harmonious same gender friendship compensated for having a low-involved sibling relationship but having harmonious sibling relations did not compensate for having low involved friendships. Overall the results underscore the importance of positive and
negative relationship properties and the joint effects of multiple relationships (Sherman, Lanstord, and Voiling, 2006).

It has been suggested that the mental health of school children can be undermined by repeated bullying at school and further exacerbated by having inadequate social support. Rigby (2000), evaluated effects of peer victimization in schools and perceived social support on adolescent well being. Analysis indicated that both sexes frequent peer victimization and low social support contributed significantly and independently to relatively poor mental health.

Meeus (2003), studied parental and peer support and identity development, and psychological well being in adolescence. The aims of the study were (a) to report on age-related changes in parental and peer support and identity development, and (b) to predict psychological well being by parental and peer support and identity. Study showed that parental support decrease as adolescents grow older while peer support increases. In general peer support catches up with parental support but doesn’t take over. Compared to peer support, parental support is the better predictor of psychological well-being, but only in early and middle adolescence. So as regards parental support a separation effect was found. Results also revealed, identity to develop progressively with age, and also the relation between identity status and psychological well-being was fund to become stronger with age. Taking together, these findings support the notion of the second separation individualisation in adolescence.

Sehgal (1990) compared self-efficacy, stress, well-being and health status between male and female college students. Results show that males obtained higher self-efficacy psychosomatic stress scores but no significant difference was found in the well-being scores.
Although marriage continued to promote well-being for both men and women, in some cases autonomy, personal growth the single fared better than married. Marks and Lambert (1998). The effects of continuity in single status were not very different for women in contrast to men. The transition to divorce or widowhood was associated with somewhat more negative effects for women.

In urban India, working women are expected to continue to perform their individual domestic duties, the likely result being compromised well-being due to role strain. Husbands of working women may also experience pressures and hence poorer well-being. Well-being in working couples, particularly husbands, is little researched in developing countries. In one such, type of study Andrade, Portma and Abraham (1999) observed that, in one working as well as both working families, wives experienced more loss of well-being than their husbands. Working wives experienced more confidence in coping than non-working wives. Husbands in both working families experienced better social support but less social contact, less mental mastery, and poorer perceived health than husbands in one working families. Few or no socio-demographic variables were associated with well-being. Results suggest that wives employment benefit women but stress their husbands.

Schonert-Reichl and Kimberly (1994) investigated gender differences in relationship between depressive symptomatology, social class and ecocentrism during adolescence. Females regarded themselves as higher in uniqueness and self-consciousness than males. Social class as measured by father’s educational level significantly related to adolescent’s egocentrism. Gender differences emerged with respect to relationship between dimensions of adolescent egocentricism and depressive symptomatology.
Street and Kromey (1994) conducted a study to find sex difference in adjustment. Females were found to experience difficulties with self-esteem, depression and anxiety more than males. Males were more likely to experience difficulties with substance abuse.

Gender differences exist in home life also even when both partners are employed in demanding and high paying jobs, work at home is often divided along gender lines, males are more likely to do out door work related to home life while, females are more likely to engage in house cleaning, working and child care. Although females do more work at home than males even if they are doing full time job outside (Gunter and Gunter, 1991).

Emerson, Eric, Hatton and Chris (2008) investigated the association between indicators of subjective well-being, and the personal characteristics, socio-economic position, and social relationships of adults with intellectual disabilities. Variation in subjective well-being was strongly and consistently related to indicators of socio-economic position and to a lesser extent, social relationships. For women being single was associated with greater well being on all indicators. For men, there were no associations between marital status and well-being. Relationships with friends who also had intellectual disabilities appeared to be protective against feeling of helpless.

Research indicates that gender role is a good predictor of psychological adjustment. Masculine and androgynous children (a type of gender role identity in which the person scores high on both masculine and feminine personality characteristics) and adults have a higher sense of self-esteem, whereas feminine individuals often think poorly of themselves (Alpert-Gillis & Connell, 1989; Boldizar, 1991).
The construct of well-being is being constantly refined and has been able to settle as a cordial concept in recent theorization as hedonic psychology (Kahneman, Diener and Schwartz, 1999), positive psychology (Seligman and Csikszentmihalyi, 2000) and health psychology (Suls and Rotham, 2004; Singh et al., 2006). Well-being is a multidimensional construct comprising of physical, mental and social components. Subjective well-being refers to how individuals evaluate their lives, and includes variables such as life satisfaction, joy, absence of depression etc. Research by Diener (1984) on subjective well-being clearly highlights that well-being should be defined in terms of the internal states of the respondent and not through an imposed external frame of reference.

RESILIENCE

Interest in the area of resilience started in the 1970’s when many social scientists began to shift their orientation to the question “what accounts for why some people stay healthy and do well in the face of risk and adversity while other do not”. This perspective is now called “resilience”, and to date, it has focused primarily on individual health and functioning. Egeland, Carlson and Sroufe (1993) examined resilience in 267 high risk children and families. Resilience was conceived not as an inherent capacity, but as a capacity that developed over time in the context of person-environment interactions. It was observed that poverty and maltreatment had a pervasively negative effect on child adaptation. Emotionally responsive care giving mediated the effects of high-risk environments and promoted positive change for children who had experienced poverty, family stress, and maltreatment.
Rutter and Michael (1993), reviewed what is known about relationship of resilience to psychological adversity. Biological studies on resilience to disease or physical hazards show that resilience does not derive from avoidance of risk but from controlled exposure. Evidence from behaviour genetics suggests that in many circumstance non shared environmental influences tend to have a greater effect than shared ones. It is also important to recognize turning points in people’s lives whereby those set on a maladaptive life trajectory may turn onto a more adaptive path. Other factors that may influence resilience include experiences, temperament characteristics, how people judge their own circumstances and the influence of protective mechanism.

Fonagy, Steele and Steele (1992) examined the development of resilience against the transgenerational replication of disadvantage through the acquisition of a reflective self function, in the frame work of attachment theory. Data suggest that reflective – self function was most consistent in pinpointing resilient mothers and showed a potential to account for the predictive power of some other protective factors.

Radke-Yarrow (1994), developed standard case studies on 18 resilient children with healthy adaptation throughout development and on 26 troubled children with serious persistent problems. Based on longitudinal data, subjects were compared to controls comprising of well-children and well functioning families. All subjects had family risks of affective illness in both parents and a highly chaotic and disturbed family life. Resilient children were very similar on most measures. Troubled subjects as a group had lower scores on the Weschler Intelligence scale for children, were more often shy, had poor academic achievement, and had a history of poor peer relationships. Resilient subjects
elicited more positive reactions from teachers, were more likely to be favoured child in the family and had more positive self-perceptions. Profiles of each subject showed competing process of vulnerability and coping.

Werner and Emmy (1995), report that several clusters of protective factors have emerged as recurrent themes in the lives of children who overcome great odds. Some protective factors are characteristics of the individuals. Resilient children are engaging to other people, they have good communication and problem solving skills, including the ability to recruit substitute care givers, they have a talent or hobby valued by their elders or peers, and they have faith that their own actions can make a positive difference in their lives. Another factor that enhances resilience in development is having affectional ties that encourage trust, autonomy, and initiative. These ties are often provided by the members of the extended families. There are also support systems in the community that reinforce and reward the competencies of resilient children and provide them with positive role models, caring neighbors, teachers, elders, mentors, youth, workers and peers.

Turner, Norman and Zung (1992), discuss resiliency in girls and boys and gender specific adolescent prevention programs. Resilience is regarded as the ability to cope in the face of adversity. This approach emphasizes on the strengths and the enhancement of individual and environmental protective factors. **Self-esteem and self-efficacy** are most important traits of resiliency. Thus prevention programs should focus on raising self-esteem and self-efficacy in pre-adolescents and adolescents. Evidence indicate that girls and boys pass through developmental stages in different ways and meet dissimilar social cultural and psychological demands. Therefore they need different kinds of
protection, support and encouragement to become adolescents. The field of
intervention should design and implement strategies and programs that fit both
the similar and unique need for girls and boys.

children’s future expectations and variables reflecting self-esteem functioning
with urban children exposed to high psychological risk. Results indicated that
future expectations were related to affect regulation, self-representations, and
school adjustment. Another study, follow up of 67 subjects showed that early
positive expectations predicted enhanced socio-emotional adjustment in school
and more internal focus of control, and acted as a affects of high stress on self
rated competence. Findings are consistent with data showing positive
expectations to be characteristics of resilient children and suggest that early
positive future expectations influence later adjustment.

Paterson and Field (1995) examined the relative influence of adolescents’
perception of their attachment with their mothers, fathers and friends, on 3
measures of Self-Esteem (SE). Utilization of emotional support and proximity
(one of the dimensions of attachment relationship being assessed in the study)
with mothers, fathers, and friends was minimally related to overall SE, coping
abilities and social competence. The quality of affect, (another dimension of
attachment relationship), towards mothers and fathers was significantly related
only to social competence. Results suggest that Ss’ SE is more strongly
associated with quality of affect toward parents and friends than with
utilization of these target figures for support or proximity.

Garske and Gregory (1996), examined the attitudes of personal attendants
towards persons with severe disabilities, their own self esteem, and the
relationship between these variables. Results showed moderately positive attitudes towards person’s with disabilities and positive self-esteem. Self-esteem was positively related to attitudes towards persons with disabilities.

Schutz. (1997), conducted four studies based on questionnaires and autobiographical method in order to compare the self presentation of people with high vs low self esteem. Results show that high self-esteem subjects admit fewer flaws, present themselves positively and justify their behaviour. They also emphasize their competencies, are critical in evaluating others, and tend to compare themselves positively to significant others. Low self-esteem subjects admit wrong doing more readily and emphasize social orientation altruism.

Horwitz, (1998). discusses direct and indirect trauma and personal vulnerability among child protection social workers. Psychological trauma theory (involving stress and burnout) enhances earlier contributions of the stress and burnout literatures in the effort to increase the efficacy and well-being of child protection staff. Resilience theories (e.g. role of self-esteem) are relied on to develop strategies for promoting optimal effectiveness of social workers who remain exposed to potentially traumatizing events.

Brendgen, and Bukowski (1998) examined whether a perceived lack of closeness with parents would be mediated by a lack of self esteem. Results show that self-esteem mediated the relation between perceived closeness with parents.

Greenier, Kernis, McNamara, Waschul et al (1999), examined the extent to which level and stability of self-esteem predicted the impact that everyday positive and negative events had on individuals feelings about themselves. Negative and positive events had a greater impact on the self-feelings of
individuals with unstable as opposed to stable self-esteem (although the effect for positive events was marginal). Negative events had a greater impact on the self-feeling of individuals with low as compared to high levels of self-esteem.

De Mello, (1999), examines self-esteem, locus of control, and coping styles and their relationship to school attitudes of adolescents. Results showed significant correlations between S.E., locus of control, coping styles. Those with high S.E. and internal locus of control scores and were high users of the productive “problem solving”, coping styles, showed significantly more positive perception of their academic performance. No gender differences were found in the scores. However, females reported more positive attitude towards school.

Furnham and Cheng (2000) examined, to what extent recalled parental rearing styles (authoritarian, authoritativeness, permissiveness), personality (extraversion, neuroticism, psychoticism, lie), and self esteem predicted self rated happiness in a normal non-clinical population of young people. Regressional and path analysis showed, self-esteem to be the most dominant and powerful predictor of happiness. This finding is reiterated in another study conducted by Cheng & Furnham in 2004 which attempted to determine the relative importance of self-criticism, self-esteem and parenting styles in predicting happiness. Results indicate that self-esteem had the most dominant and powerful correlation with happiness. Maternal care was a significant correlate of both self esteem and self criticism. Maternal care was the only direct correlate of happiness when paternal and maternal rearing styles were examined together suggesting that the warmth showed by mothers their children was particularly beneficial in increasing the offspring’s scores on self-reported happiness.
Robins, Tracy. Trzesniewski, Potter (2001) examined the relation between self esteem & Big Five Personality dimensions. The five personality dimensions accounted for 34% of the variance in self-esteem. High self-esteem individuals were emotionally stable, extraverted and conscientious and were somewhat agreeable and open to experience. The relations between self-esteem and Big Five, largely cut across age, sex, social class, ethnicity, and nationality. High self-esteem individuals tended to ascribe socially desirable traits to themselves, and this tendency partially mediated relations between the Big five and self-esteem.

Murray. Rose, Bellania, and Holmes, (2002) examined how needs for acceptance might constrain low versus high self-esteem people’s capacity to protect their relationship in the face of difficulties. The authors led participants to believe that their partner perceived a problem in their relationship. The measurement of perception of partners acceptance, partner’s enhancement, and closeness, revealed, low but not high self-esteem participants read too much into problems, seeing them as a sign that their partner’s affection and commitment might be warning. They then derogated their partner and reduced closeness. However, being less sensitive to rejection, high self-esteem participants affirmed their partners in the face of the threat. Ironically, chronic need for acceptances may result in low self esteem people seeing signs of rejection where none exist, needlessly weakening attachments.

Di Paula and Campbell (2002) examined self-esteem, persistence and rumination in the field of failure. The manipulation of degree of failure and availability of goal alternatives revealed that, when an alternative was available high self esteem (HSE) individuals persisted more than low self esteem (LSE)
participants, after a single failure, but less after repeated failure. When no alternative was available, no self-esteem differences in persistence emerged. Another study examined persistence and rumination for 10 personal goals across an academic year. HSE participants were better calibrated (higher within in subject correlations between perceived process and persistence across goals) had overall levels of persistence, higher grade point averages, and lower levels of rumination than LSE participants. Although traditional views that emphasized the tenacious persistence of HSE individuals need revision, HSE people appear more effective in self regulating goal-directed behaviour.

Yarckeski, Mohan & Yarckeski (2003), examined the relations of social support and self esteem to positive health practices in early adolescents. Results, show a correlation of 0.59 between scores of social support and scores for positive health practices and correlation of 0.44 between scores on Rosenberg self-esteem scale and scores for positive health practices.

Predictors of self-esteem were examined in pre-adolescents and adolescents with cerebral palsy, in a study conducted by Manvel, Balkrishnan Camacho and Smith, (2003). On an average self esteem was high, although 30% scored below cut point for low self-esteem. Self-esteem was bivariately associated with female gender, better physician-assessed functional ability, greater perception of the impact of the disability and higher perceived parent over protectiveness. In a multivariable model, only perceived impact of disability remained significant.

Sysmister’s and Friend (2003) focused on the mechanism through which social and problematic support effects psychological adjustment in chronic illness. The authors hypothesized that self esteem would mediate the relations
between social and problematic support and adjustment. Results indicated social support operated through self-esteem, to influence optimism cross-sectionally and prospectively and depression cross-sectionally. Social support was also associated with high self-esteem, which in turn increased optimism and was related to decreased depression. Problematic support was unrelated to self-esteem. Disaggregating social support into subscales showed that belonging support predicted decreases in depression, both tangible and belonging support predicted increases in optimism.

The two major predictors of subjective quality of life (SQOL) in adults are known to be self-esteem and a sense of primary control. Moreover secondary control is known to be an important defence strategy when primary control fails. Marriage and Cummins (2004) aimed to determine whether these relationships also apply to children. It was found that younger children use more primary control and less secondary control than older children. However, five year olds were found capable of producing secondary control strategies. Contrary to expectation, primary and secondary did not predict either self-esteem or SQOL. However, self-esteem predicted SQOL as expected and no sex differences were found.

Makikangas, Kinnunen and Feldt (2004), aimed to investigate the relationship between self-esteem and optimism and examined the prospective relationships between these two personality constructs, mental distress, and physical symptoms. Results showed that the latent variables of optimism and self-esteem were highly interrelated, forming the core construct of personal resilience, which turned out to be stable over the one year period. Results also indicated that high personal resilience reduced mental distress.
Hughes, Robinson-Whelen, Taylor and Swedlund (2004), determine the efficacy of a 6 week self esteem group intervention for women with disabilities, (with self-esteem, self-efficacy, social connectedness and depression, being the outcome measures). Results, showed significantly greater improvement on self-esteem. Groups however do not differ significantly on social connectedness. Women with physical disabilities may benefit from a self-esteem group intervention.

Robins (2005) opines that consensus is emerging about the way self-esteem develops across the life-span. On an average, self-esteem is relatively high in childhood, drops during adolescence (particularly for girls), rises gradually throughout adulthood, and then declines sharply in old age. Despite these general age differences, individuals tend to maintain their ordering relative to one another: Individual who have relatively high self-esteem at one point in time tend to have relatively high self-esteem years later. This type of stability (i.e. rank-order stability) is somewhat lower during childhood and old age than during adulthood, but the overall level of stability is comparable to that found for other personality characteristics.

Coping with stressful life events can be facilitated by personal and social resources, such as perceived self-efficacy and social support. This applies also to the adaptation to surgical stress and to severe diseases. Study conducted by Schwarzer and Shroder (1997) examined the presurgical personal and social resources as predictors of readjustment after heart surgery. Analysis identified an interaction between the two resources, underscoring the existence of the well known support buffer effect. Covariance structure analysis revealed that perceived self efficacy was a better predictor of recovery than social support.
Magaletta and Oliver (1999), examined the relations between hope construct, and its two essential components “will” & “ways”, and the relayed constructs of self-efficacy and optimism, and the stability of hope, self-efficacy, and optimism to predict general well-being. Analysis recovered will, ways, self-efficacy, and optimism as generally distinct and independent entities. Results of multiple regression analysis predicting well-being indicated that (a) hope taken as a whole predicts unique variance independent of self-esteem and optimism, (b) will predicts, unique variance independent of self efficacy, and (c) ways predicts unique variance independent of optimism. Overall, findings suggest that will, ways, self-efficacy and optimism are related but not identical constructs.

Dwyer and Cummings (2001) examined the relationship of self-efficacy, social support, and coping strategies with stress levels of university students. Significant correlation was found for stress with total number of coping strategies and the use of avoidance focused coping strategies. Further there was a significant correlation between social support from friends and emotion focused coping strategies. Gender differences were found, with women reporting more social support from friends than men.

Chemers, Hu and Garcia (2001) examined the effects of academic self-efficacy and optimism on students academic performance, stress health and commitment to remain in school. Academic self-efficacy and optimism were strongly related to performance and indirectly through expectations and perceptions (challenge threat evaluations) on classroom performance, stress, health, and overall satisfaction and commitment to remain in school. Observed relationship corresponded closely to the hypothesized model.
Jackson & Jay (2002), examined the effect of a communication designed to enhance the self-efficacy beliefs of introductory psychology students. Results indicated self efficacy beliefs were significantly related to exam scores and significantly effected by efficacy enhancing communication.

Perceived self-efficacy represents an optimistic sense of personal competence that seems to be a pervasive phenomenon accounting for motivation and accomplishments in human beings. Scholz, Dona, Sud and Schmargzer (2002) confirmed this assumption, and suggest the globality of the underlying construct, (and points to number of cross cultural difference that merit further investigation).

The factorial dimensions of self-efficacy and self-esteem and associations among self esteem and self efficacy and scholastic achievement were explored. Five factors emerge from factorial analysis, two factors, reflected self esteem feelings (and were respectively named as self-referential self-esteem and comparative self-esteem). The remaining three factors reflected the self-efficacy beliefs in 3 different scholastic domains (linguistic literacy logical-mathematical and technical practical) All self efficacy scores were significantly related to scholastic achievement, while no association between self-esteem scores and scholastic performance were found. Nevertheless self-efficacy, and self-esteem dimensions shared some common aspects. In particular each different self-esteem factor showed different magnitude of association with domain specific self-efficacy beliefs (D’Amico, et al., 2003).

Another important variable which has been taken into account in relation to resilience factor is optimism. Is it better to be realistic or optimistic? According to Schneider (2001), realistic outlook improves chances to negotiate
the environment successfully, where as optimistic outlook places priority on feeling good.

It has been found that dispositional optimism facilitates subjective well being and good health is mediated by a person's coping behaviours. These results have been found in a study, which explored that personality affects quality life by influencing how people approach and react to critical life situations and the beneficial role played by two individual difference variables in promoting quality of life viz. dispositional optimism and goal adjustment (Wrosch and Scheier (2003). In addition people who confront unattainable goals were also examined. The reported evidence supports the conclusion that individual differences in people's abilities to adjust to unattainable goals are associated with a good quality of life.

Optimists tend to use more problem-focused coping strategies than do pessimists. Coping strategies preferred by more optimistic adolescents, also followed along the problem focused strategies and less anger experienced by the teenager. Also negative life events and optimism were found to be negatively related, and positive life events and optimism were positively related. However, it was concluded that the identification of optimism may be a vulnerability factor when screening adolescent mental health (Pushkar, Sereikr Lamb, Tusaie-Mumford, 1999).

Kashdan, William, Lang and Hoza (2002), examined hope as potential resiliency factor for the daily strains of raising children with disruptive behaviour disorders. In the light of the motivational component of hope theory, initiating and sustaining effort towards goals, the authors examined hope's relation to constructs addressing self-esteem, familial functioning and stress.
with 252 parents of children with externalizing disorders, completed self-report questionnaires. Significant associations were found among hope and parental and familial functioning indices. Considering their conceptual overlap, the authors tested the unique predictive power of hope and optimistic attributions on indices of psychological functioning. Separate regressions indicated that hope significantly predicted psychological functioning beyond what was accounted for by social desirability, the severity of child symptoms, and optimistic attributions. Hope agencies compared to hope pathways accounted for the vast amount of variance in regression models.

There is a growing interest in research with reference to spirituality as distinct from organized religion, particularly as it relates to well-being, wholeness and healing. In both professional and lay contexts, spirituality has come to the forefront of public consciousness. Once the prerogative of chaplains and clergy, nurturing of spiritual journey is now becoming a common concern. Experiencing spirituality can provide both caregivers and those for whom they care a blessed respite, for bodies, minds and spirits (Chandler, Emily. 1999).

For the psychologist, spirituality becomes an extremely relevant issue and concern because it is one of the most powerful human resources which strengthen the individual to face adversities. For those who desire to understand resilience, spirituality is an important dimension.

Vangham, (2002), suggested that spiritual intelligence is necessary for discernment in making spiritual choices that contribute to psychological well being and overall healthy human development. Spiritual intelligence is one of the several types of intelligence and it can be developed relatively
independently. It calls for multiple ways of knowing and for the integration of the inner life of mind and spirit with the outer life of work in the world. It can be cultivated through questioning, inquiry and practice. Spiritual experiences may also contribute to its development, depending on the context and means of integration. Further spiritual maturity is expressed through wisdom and compassionate action in the world.

The effects of paranormal and transcendent/spiritual experiences on people’s life was investigated, by Kennedy and Kanthamani (1995). Subjects who reported having had at least paranormal or transcendental experience, reported that these experiences increased their interest and belief in spiritual matters and increased their sense of well-being. Subjects also reported that these experiences increased their beliefs in life after death, their sense of optimism about the future and their belief that their lives were guided by a higher force.

Research has examined the relationship between spiritual coping and adjustment and found that individuals employ spirituality in coping in various ways. However the reasons that individuals choose certain strategies remain unclear. The investigation, that whether spirituality mediates the relationship between attachment to goal and adjustment for individuals waiting for loved one undergoing surgery, indicated that attachment to God was related to spiritual coping activities and styles. In turn, spiritual coping was associated with the adjustment to the surgery vigil. Adjustment to God was predictive of spiritual coping, which in turn, was predictive of adjustment. Further, attachment to God provides a useful framework for understanding why individuals choose particular coping strategies (Belvaich and Pargament, 2002).
Graham, Furr, Flowers, & Burke (2001), examined the relations among and between religion, spirituality and the ability to cope with stress and the influence of religious/spiritual affiliation on comfort level regarding clients with religious/spiritual issues. 115 graduates enrolled in counseling classes completed surveys assessing their own spiritual health, religious affiliation, resources for coping with stress, and comfort level when counseling religious/spiritual clients. Results, indicate that religion and spirituality positively correlates with coping with stress. Subjects who expressed spirituality through religious beliefs had greater spiritual health and immunity to stressful situations than counseling students, who identified themselves as spiritual but not religious. Subjects with a religious/spiritual affiliation indicated more discomfort counseling clients hostile to religion compared with subject with only spiritual affiliation.

The study of relationship of spirituality with emotional and physical adjustment to daily stress, shows that spirituality buffered the adverse effect of stress on adjustment, controlling for the use of various coping strategies. The findings have implications for developing prevention programs to improve people's coping skills by incorporating greater emphasis on spirituality, Kim, Seidlitz (2002).

Nathawat and Joshi (1997), examined the effects of hardiness and type A personality on the perception of life events and psychological well-being. Results suggest that subjects with high hardiness perceived their life events more positively than subjects with low hardiness scores. Type A and Type B subjects however did not differ significantly in their perception of life events. The interaction effect of hardiness and type A was also found to be
insignificant on life events. Perception of life events and different measures of psychological well-being were significantly correlated.

Born, Chevalier and Humblet (1997) examined resilience and desistance from delinquent behaviours and attempted to identify factors which predict persistent or increased or decreased delinquency between adolescence and early childhood. Results indicate that there were important age-related differences in the characteristics which influence desistance or risk and show length of stay in an institution to be a predictor. Desistance from further delinquency seemed to depend on the time spent in the residential environment and was associated with an increase of guilt, an improvement of self-image, and attachment to one or more other people. Results, suggest that resilience is a rare phenomenon and is associated with stable relationships, absence of diagnostic label, and good adaptation to the institution.

Walsh (1996), discuss the concept of resilience, the ability to withstand and rebound from crisis and adversity, as having valuable potential for research and intervention and prevention approaches aiming to strengthen couples and families. The author advances a systematic view of resilience in ecological and developmental contexts and presents a concept of family resilience, attending to interactional processes overtime that strengthened both individual and family hardiness. The author believes that concept of family resilience offers a useful framework to identify and fortify key processes that enable families to surmount crisis and persistent stresses.

Traumatic life events and chronic adversities affect children’s resilience. Socioeconomic disadvantages impairments of parenting and high delinquency neighborhoods can effect children directly or indirectly. Resilience is linked to biological self-righting tendencies in human development and buffering effects and protective mechanisms that operate in the presence of stressors. An enduring aspect of the person, it evolves from interaction between the genetic and other constitutionally based qualities and is modified by life experiences, Resilience to stress and adversity can very, depending on the situation. Ways of fostering resilience at the socio-economic, familial and educational levels are discussed.

Garwick, Kohrman, Claire, Titus and Wolman (1999), investigated how Hispanic, African American, and European, American caregiving families, explain the cause of childhood chronic illness or disability and the extent to which indicators of resilience are evident in these explanations. It is concluded that families provide a variety of explanations for their children’s chronic conditions that reflect their beliefs and exposure to different cultural view points and contexts. Despite these differences, common patterns of family resilience were found in family caregivers’, which indicates that the concept of resilience is primarily a personality resources functioning, within a culture but not determined by a culture.

The relationship between parental perception of coping strategies and family strengths in families of young children with disabilities, was investigated by Judge (1998). The 69 participants completed the ways of coping questionnaire and the Family Hardiness Index. Results indicate that the use of social support was highly associated with the family strengths. In
contrast wishful thinking, self blame, distancing and self-control were negatively related to family strengths.

According to Rutter and Michael (1999), resilience is a term used to describe relative resistance to psychological risk experiences. There is abundant evidence that there is enormous variation in children's responses to such experiences but research to determine the processes underlying the variations needs to take into account several crucial methodological issues. The findings emphasize that multiple risk and protective factors are involved; that children vary in their vulnerability to psychological stress and adversity as a result of both genetic and environmental influences; that family experiences tend to impinge on individual children in quite different ways; that the reduction of negative and increase of positive chain reactions influences the extent to which the effects of adversity persist overtime; that new experience that open up opportunities can provide beneficial turning point effects; that although positive experiences in themselves do not exert much of a protective effect that can be helpful if they serve to neutralize some risk factors; and that the cognitive and affecting processing of experiences is likely to influence whether or not resilience develops.

Stein, Fonagy, Ferguson, and Wisman (2000) describe and illustrate an ideographic method for the study of resilience. The method assumes that resilience is an unfolding and dynamic process in which the individual and the social environment interact to produce life-course over time.

Steinhauer (2001), reviewed the literatures, the concepts through a description of various programs focusing particularly on adolescents. A number of prevention and clinical service programs are described and evaluated. These
examples from many years of evaluation and research may reinforce the thesis that support for competence and resiliency should be provided at each stage of a person's life cycle, rather than being just confined to the first few years of life.

Rew, Taylor-Sehafer, Thomas and Yockey (2001), describe reasons which adolescents give for their homelessness. They explored relationships among resilience and selected risk protective factors, identified differences in gender and sexual orientation and determined best predictors of resilience. Nearly half (47%) the subjects reported a history of sexual abuse and 36% self identified as gay, lesbian or bisexual in orientation. Over half (51%) were thrown out of their homes because their parents disapproved of their alcohol or drug use and nearly one third left home because parents sexually abuse them. Lack of resilience was significantly related to hopelessness, loneliness, life threatening behaviours and connectedness but not to gender or sexual orientation, Hopelessness and connectedness explained 50% of the variance in resilience.

Tabis (2000), studied women who care for an older family member while also caring for a child under 18 yrs. old living at home. These are known as sandwiched generation caregivers, and are at greater risk for health and psychological problems, due to competing family role, demands, and their children are at greater risk for poor adaptive outcomes due to their mothers risk status. Mental help was hypothesized to reduce caregiver risk, and thus to promote resilience among caregivers' children. 87 caregivers (aged 28-59 yrs) were randomized into two time limited, mutual help conditions and a no intervention control, and then 1 child (6 – 18 yrs) from each family was assessed at posttest and at a 6 months follow up. At post test, children of
caregivers participating in a mutual help group reported a significant decrease in depressive symptoms and the negative impact of caregiving and were found to exhibit increases in global functioning and social competence. In addition, the effects for social competence and the negative impact of caregiving were sustained at follow up. Masten (2001), opines that the study of resilience in development has overturned many negative assumptions, and deficit-focused model about children growing up under the threat of disadvantage and adversity. The most surprising conclusion emerging from studies of these children is the ordinaries of resilience. An examination of converging findings from variable-focused and person-focused investigation of these phenomenon suggests that resilience is common and it usually arises from the normative functions of human adaptational systems with the greater threats to human development being those that compromise these protective systems. The conclusion that resilience is made of ordinary rather than extraordinary processes, offers more positive outlooks on human development and adaptation, as well as direction for policy and practice aimed at enhancing the development of children at risk for problems and psychopathology.

Muris and Hoogsteder (2001), studied effects of early intervention programme, group program on anxious and depressed adolescents; the Resourceful Adolescent Program is an early intervention program, designed to enhance psychological resilience. Pre and post intervention data showed reduction in anxiety and depression scores and a concomitant increase in adolescents self-efficacy.

The study conducted by Tiet, Bird, Hoven and Wu (2001) identified factors that predicted resiliency among youths who were exposed to adverse
life events. Examining main and interactive effects of child and family factors, the authors found that, on an average, children exhibited a greater degree of resilience when they had higher IQ, closer parental monitoring, better family functioning, higher educational aspiration and were female.

Lidstrom (2001) notes that change of focus from risk approach to the examination of health determinants has opened new research areas important to the development of adolescent health. These approaches one of them being resilience eventually explain the development of health, and enable the young to enjoy a full quality of life.

Turner (2001), has also explained, resilience as the capacity to bounce back in the face of adversity and to go on to live functional lives with a sense of well-being. People can become resilient even though they may have lived in stressful, neglectful family and community environment. The author describes 3 case vignettes of females (age 29-32 years) that illustrates how therapies and clients working together in a resilience framework can discover and bolster strengths that can lead to more enhanced and satisfying lives.

Renich and Shalte (2002) discusses the techniques to improve the capacity to handle life’s surprises, and setbacks through resilience and individuals ability to persevere and adapt. It is maintained that resilience is what determines the happiness longevity of our relationships, our success at work, and the quality of our health. More than any other factor in the scheme of emotional intelligence, resilience is what determines how high we rise above, what threatens to wear us down. Practising the skills which enhance resilience, will result in improvement in how we communicate, make decisions and navigate through recognizing and changing the thoughts and beliefs that are subconsciously undermining resilience.
Walsh, (2003) opines that the concept of family resilience extends our understanding of healthy family functioning to situations of adversity. Although some families are shattered by crises or persistent hardship, what is remarkable is that many others emerge strengthened and more resourceful, able to love fully and raise their children well.

Power (2003) offers advice and hope for families with a child who has serious illness or disability. The Resilient Family knows how to identify the strengths that already exist in the family and then use the strengths to enable the family to flourish even in the face of burdens that feel unbearable.

Wong and Bernis, (2003) discuss several general and specific issues that pertain to the risk and resilience framework. General issues discussed include: (i) integrating current research findings with those from prior longitudinal research such as that conducted by Werner and her associates and from research in the 1980’s and 1990’s on problems in social perception and communication in children with learning disability, (2) measurement problems and (3) need for more differentiation in gender research and severity of L.D. There is need to continue to search for potential risk and protective factors; need to research mediating factors or mechanism that render a factor protection, and the nature of intervention research.

Margalit (2003) explains, that, development may be conceptualized as a process of repeated resilient reintegration and resilience research is expected to identify the complex transactions and processes among internal and external (risk and protective) factors involved in that process. Two mediating factors are emphasized within the third wave of resilience research: the critical role of emotions as inner source of energy and the importance of reciprocity in relation with both adults and peers.
Brennan, Le Brocque and Hammmen (2003), examined the relationship between maternal depression, parent-child relations and resilient outcomes in context of risk, defining resilient outcomes as no current Axis I diagnosis, no history of depressive disorder diagnosis, no current internalizing problems and no indication of current social functioning difficulties. Results revealed that low levels of parental psychological control, high levels of maternal warmth, and low levels of maternal over involvement all interacted with maternal depression, to predict resilient outcomes in youth targetting maternal and parental parenting qualities may be a useful method of increasing the likelihood of resilient outcomes in children of depressed mothers.

Tugada and Fedrickson (2004) points out that theory indicates that resilient individuals “bounce back” from stressful experiences quickly and effectively. Among theories that provide empirical evidence of this theory, is the broaden and build theory of positive emotions, (Fredrickson, 1998, 2001), which is used as a framework for understanding psychological resilience. The authors used multi method approach in 3 studies to predict that resilient people use positive emotions to rebound from, and find positive meaning in stressful encounters. The analyses revealed that the experience of positive emotions contributed, in part, participants’ abilities to achieve efficient motion regulation, demonstrated by accelerate cardiovascular recovery from negative emotional arousal and by finding positive meaning in negative circumstances.

Smith, Young and Lee (2004), examines whether optimism and health-related hardiness contribute to health and well-being among older women. Positive psychological characteristics, including optimism and health related hardiness, are correlated with good self-rated health, but these variables are all
affected by socioeconomic status, social support, physical illness and access to services. Data from 9501 Australian women aged 73 to 78, show that optimism and health related hardiness explain a significant proportion of variance in all subscales of the SF-36, and in stress, even after these confounders are taken into account. The data although cross-sectional, suggest that positive personal characteristics may contribute to well-being.

For centuries, folk theory has promoted the idea that positive emotions are good for your health. Tugada, Fedrickson and Barrett (2004) used the broaden and build theory of positive emotions (Fredrickson, 1998; 2001) as a framework to demonstrate that positive emotions contribute to psychological and physical well being via more effective coping. (It was argued, that health benefits advanced by positive emotions may be instantiated in certain traits that are characterized by the experience of positive emotion. The authors examined the individual difference in psychological resilience (the ability to bounce back from negative events by use positive emotions to cope) and emotional granularity (the tendency to represent experiences of positive emotion with precision and specificity). Individual differences in these traits are examined in two studies, one using psychological evidence, the second using evidence from experience sampling, to demonstrate that positive emotions play a crucial role in enhancing coping resources in the face of negative events.

Although clinicians and researchers are increasingly interested in understanding mental health, the systematic study of resiliency presents unique problems. Constructs of mental health have been used in epidemiologic, population - based studies of wellness. Sociability, self-efficacy, and a sense of meaning appear to be common attributes of resilient people. These attributes
seem to benefit individuals over time and despite hardships, (Bromley, Elizabeth, 2005).

Brooks (2005) examines a more inclusive definition of resilience that embraces all youngsters and encourages us to consider and adopt parenting practices that are essential for preparing children for success and satisfaction in their future lives. A guiding principle in each interaction which parents have with children should be to strengthen their ability to meet life challenges with thoughtfulness, confidence, purpose, responsibility, empathy and hope. These qualities may be subsumed under the concept of resilience. The development of a resilient mindset, is not rooted in the number of adversities experienced by a child but rather in particular skills and positive attitude that caregivers reinforce in a child.

PARENTAL ACCEPTANCE

The child’s early environment is primarily limited to home and family relationships. Parents play a dominant role in determining what sort of a person, the child will grow up to be. Parents’ relationship with the child is the key influence in guiding personality development.

Research has shown that early months of life are tremendously important in starting the infant on the pathway of healthy or unhealthy development. Psychologists on the basis of the information gathered through interviews, questionnaire, and rating of parents and children suggested the importance of two dimensions of parental behaviour; acceptance – rejection and permissiveness restrictiveness (Becker, 1964, Martin, 1975, Sears, Maccoby and Lewin, 1957, Symonds, 1939). These dimensions have undergone the most intensive examination.
Parental acceptance, leading to the normal emotional development of the child, paves the path for all sorts of progress in life. It includes love, affection, recognition that a child receives from his parents inspite of all his naughtiness and misbehaviour that he may show.

Acceptance-rejection refers to the respect and love or lack of both – that parents feel for their children. At the extreme, accepting parents show warmth, affection, approval and understanding. Rejecting parents on the other hand, are cold, disapproving and punitive. They do not enjoy their child nor are they sensitive to his needs.

According to Symonds (1939) accepted are more cooperative, socialized, friendly, have highly valued personal characteristics and are happier and more stable than the rejected group of children.

Sharan (1987) examined parental role in fostering of creativity. The degree of emotional bonding with the parents, parental care, sense of being rewarded/not rewarded; punished / not punished, being respected in the family etc. were studied. Results indicate that presence of father has non-significant role in determining verbal creativity where as, the presence of father figure positively and significantly effects the development of non-verbal creativity. Although the study was conducted on non-handicapped groups, the conclusions are in all the probability relevant for all handicapped groups also.

In a study of two groups of persons coming from favourable and unfavourable environments of home respectively, Powers and Witmers (1974) found that all the boys who turned out well, had parents whose attitude towards them was rated “favourable” and almost all who were neurotic and delinquent had parents whose relationships with them were “unfavourable”.
Mactaush, and Schleien (1998), examined the benefits of family recreation in families that include children with developmental disabilities. Results of the analyses revealed that family recreation was perceived by parents as a positive means for promoting the overall quality of family life (i.e. unity, satisfaction, health) and for helping its members to develop life-long skills (recreation, physical, social) and values. These benefits were considered to be of particular importance for children with developmental disabilities and families viewed themselves as playing a critical role ensuring their attainment. As such, family recreation was not only viewed as a beneficial catalyst for skill, interest and self-development, but as potentially the most accepting and enduring social and recreation outlet for children with developmental disability.

Jain (1998) examines the influence of parental acceptance on a child’s mental health as measured by emotionality, timidity, apprehension, and tension, that is, factors C.H.O, and Q4 of cattell’s 16 PF Test. Results reveals that the less accepted groups was significantly more emotionally unstable, timid, apprehensive, and tense than the highly accepted group.

Ohamnessian, Clearner, and Voneye (1998), examined relationship between perceived parental acceptance and adolescent self competence in 214 sixth and seventh grade students by both adolescents and parental gender. Specific measure of adolescent self competence focused on academic, athletic, and social competence, as well as physical appearance and self worth. Results indicate that for boys parental but not maternal acceptance significantly predicted self-competence, while the opposite pattern was found for girls. In addition self-worth significantly predicted maternal and parental acceptance for both boys and girls.
Kernis, Brown and Brody (2000) examined children's self-esteem stability and level related to their perceptions of various aspects of parent-child communication. Compared to children with stable self-esteem, children with unstable self-esteem reported that their fathers were more critical and psychologically controlling and less likely to acknowledge their positive behaviours or to show their approval in value affirming ways. Likewise, children with low self-esteem reported that their fathers exhibited these qualities to a greater extent than did the children with high SE. In addition fathers of children with stable SE were viewed as especially good at problem solving. Children's SE level related to perceptions of mothers' communication style very similarly to how it did with the fathers'; with respect to SE stability, however, relationships were generally less consistent and frequently absent.

Relationships among perceived parental rejection, control and personality characteristics of children were investigated. Results revealed that children perceive their fathers to be significantly more neglecting whereas mothers are perceived as more accepting than fathers. Parents appear to be moderate in controlling children's behaviour, which adds to their perception of parental warmth and acceptance (Riaz, 2003).

Scales, Benson, Rolhkepartain and Hintz (2004), investigated how parental status and age of child might affect patterns of adult engagement with children and youth outside their own families. Compared to nonparents, parents considered 12 of 20 ways of being involved with young people, to be significantly more important for all adults to do. This result suggests that fears of negative parent reaction about other adults' involvement may be exaggerated. Parents and non parents alike rated it more important for unrelated
adults to engage with children than with adolescents, and adults in general actually engaged more with those younger children than with adolescents. Community efforts that raise explicit awareness of how supportive parents are of such relationships may help create new social norms in which positive engagement with other peoples children is expected and supported.

Laible and Carlo (2004), examine how the parenting dimensions of both mothers and fathers independently and together predict adolescent outcomes in three domains sympathy, self-worth and social competence. Perceived maternal support and rigid control were the most consistent predictors of adolescent adjustment. High levels of perceived maternal support and low levels of maternal rigid control were related to adolescents’ reports of sympathy, social competence and self-worth. In contrast, support and control from fathers was generally unrelated to adolescent adjustment. The one exception was in predicting sympathy, where father support interacted with maternal support in predicting sympathy. When perceived support from fathers was high, maternal support was unrelated to sympathy. In contrast, when perceived support from fathers was low, perceived maternal support was a statistically significant predictor of sympathy.

Previous research had established the link between harsh parenting and poor outcomes in children, although little attention had been paid to the concurrent protective factors which may exist. The relationship between parenting behaviours and childhood externalizing behaviors was investigated by Nicholson and Fox, (2005). Results indicate that parents of young children with externalizing behaviours tended to use more frequent verbal and corporal punishment with their young children, and reported more behaviour problems
with their young children when compared with control group. However no significant differences were found between groups with respect to positive, nurturing behaviours, or utilizing appropriate developmental expectations.

Parker and Benson (2005), examined parental support and monitoring as they relate to adolescent outcomes. It was hypothesized that support and monitoring would be associated with higher self esteem and less risky behaviour during adolescence. Both high parental support and parenting monitoring were related to greater self-esteem and low risk behaviours.

Bamaca, Umana-Taylor, Shin and Alfaro (2005), examined the relations among parenting behaviours, adolescents’ self-esteem, and neighbourhood risk. The findings suggest that boys’ self-esteem is influenced by both mothers and fathers’ parenting behaviours, whereas girls’ self-esteem is influence by mothers’ behaviours only. In addition, the findings provide partial support for the notion that parenting influences on psychological outcomes vary based on neighbourhood context.

DeMinzi and Maria (2006), analysed the relationship between parenting and attachment and (b) self competence, loneliness, and depression in children 8-12 years. Results indicated that attachment and parent child relationship styles were differentiated constructs. Parents acceptance promoted secure attachment and positive outcomes in children. Moreover, fathers’ lack of interest had a marked negative effect. The author found differences in the perceptions and influences of fathers and mothers, which follow the cultural patterns of gender attribution.

Woolfson and Lisa (2005) discuses the challenges faced by parents of disabled children and the help available to them from psychological theory.
Recent research has focused on effective use of cognitive change in adapting to parenting a disabled child. Other psychological frameworks include the self regulation model for exploring patients' view of their illness and how these regulate coping outcomes, and attribution theory. It is suggested that, on the one hand attributing responsibility to the child for problematic behaviour is linked with parental negative emotional reaction that is itself associated with harsh parental behaviour responses and aggressive child behaviour, on the other hand in order to begin to effect change in their children's behaviour, parents need to view their children as having some responsibility and control over their behavior. Trying to achieve behavioural change, with its implications of parental and child responsibility and the negative affect that may be associated with this, an additional key area suggested for psychologists is provision of emotional support for parents who are engaged in such an emotionally demanding task.

Amongst the various factors, resilience (the capacity withstand stressors, and bounce back from adversities) and parental acceptance, have also been found to be related to one's well-being. Higher resilience and greater life satisfaction were found to be strongest predictors of psychological well being. Thus, from the above mentioned studies it seems that well-being is the primary and foremost goal of human beings and resilience (the inner capacity) and parental acceptance (the external support system) contributes to one's well-being.

The above review of empirical work done points to the fact that resilience is one of the important qualities which can play a role in enhancing the quality of life of groups with special challenges. The personal resources which resilient
qualities makes available and social support which parental acceptance places at disposal may possibly be powerful predictors of well-being.

Since the concept of resilience is a holistic concept and many specific factors contribute to total resilience, it is possible to study resilience as a single broad factor or study it in terms of its specific component factors. Both types of approaches have been adopted by researchers. In the present research, resilience is being studied amongst a special group, namely orthopaedically challenged, together with normal sample. Therefore a more clear and meaningful picture would emerge of resilience as a total factor together with each specific factor is studied.

On the basis of various empirical findings and theoretical formulations, the following hypotheses were framed for our research entitled “Resilience and Parental Acceptance as Determinant of Sense of Well-Being amongst Disabled”. It may be noted that resilience is being studied in terms of its 6 compound factor as well as a total factor.


2. Orthopaedically disabled subjects with high self-efficacy experience greater well-being than orthopaedically disabled subjects with low self-efficacy.

3. Orthopaedically disabled subjects with high perseverance and tenacity experience greater well-being than orthopaedically disabled subjects with low perseverance and tenacity.
4. Orthopaedically disabled subjects high on perception of social acceptability experience greater well-being than subjects with low on perception of social acceptability.

5. Orthopaedically disabled subjects with high optimism experience greater well-being than subjects low optimism.

6. Orthopaedically disabled subjects with high spirituality experience greater well-being than orthopaedically disabled subjects with low spirituality.

7. Orthopaedically disabled subjects with high resilience experience greater well-being than orthopaedically disabled subjects with low resilience.

8. Orthopaedically disabled subjects with high parental acceptance experience greater well-being than orthopaedically disabled subjects with low parental acceptance.

9. Female orthopaedically disabled subjects experience lower well-being as compared to male orthopaedically disabled subjects.

10. Orthopaedically disabled subjects falling in low age group will differ on well-being from orthopaedically disabled subjects in high age group.

Since it is desirable to have a picture of the phenomenon in the non-disabled sample in order to achieve a better understanding of the disabled, the following hypotheses were also formulated.


13. Non-disabled subjects with high perseverance and tenacity experience greater well being than non-disabled subjects with low perseverance and tenacity.

14. Non-disabled subject high on perception of social acceptability experience greater well-being have non-disabled subjects low on perception of social acceptability.

15. Non-disabled subjects with high optimism experience greater well-being than subjects with low optimism.


17. Non-disabled subjects with high resilience experience greater well being than non-disabled subjects with low resilience.

18. Non-disabled subjects with high parental acceptance experience greater well-being than non-disabled subjects with low parental acceptance.

19. Female non-disabled subject experience lower well-being than male non-disabled subjects.

20. Non-disabled subjects falling in low age group experience differ on well-being from non-disabled subjects in high age group.

The details of methodology adopted by the researcher are given in the next chapter.