METHOD

The main aim of the current investigation was to study Adolescent resilience in relation to Emotional Intelligence, Negative Life Events, Coping Styles, Parental Bonding Dimensions, Eysenckian Personality Dimensions and Interpersonal Reactivity. Another aim of the study was to measure gender differences in Resilience, Emotional Intelligence, Negative Life Events, Coping Styles, Parental Bonding Dimensions, Eysenckian Personality Dimensions and Interpersonal Reactivity.

The sample comprised of 300 adolescents, (150 males and 150 females), selected randomly from schools in Chandigarh.

To measure Resilience, The Resilience Scale (Wagnild and Young, 1983) was used which measures total resilience and two sub scales of resilience viz. Personal Competence and Acceptance of Self and Life.

Trait Emotional intelligence was assessed using Trait Emotional Intelligence Questionnaire Adolescent Form (Trait El Que AFF) (Petrides, 2009) which gives Global Trait Emotional Intelligence score along with scores on 15 facets and 4 factors of Emotional Intelligence.

Negative Life Events Inventory developed by Wills, Cleary, Filer, Shinar, Mariani and Spera (2001) was used to measure the Individual and Family Negative Events.

Coping styles were assessed using The Proactive Coping Inventory (Greenglass, 1999) which assess seven dimensions of proactive approach to coping viz. Proactive Coping Scale, Reflective Coping Scale, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking and Avoidance Coping.

Parental Bonding was measured by Parental Bonding Instrument by Parker, Tupling, and Brown (1979). It has two dimensions viz Perceived Parental Care and Perceived Parental Overprotection.
Method

To measure dimensions of Personality, Eysenck’s Personality Questionnaire – Revised (Eysenck, Eysenck and Barrett, 1985) was used to get scores on Extraversion/Introversion, Psychoticism, Neuroticism and Social Desirability.

Interpersonal Reactivity Index (Davis, 1980) was used as a measure for Interpersonal Reactivity. This instrument measures empathy through four subscales viz. Perspective Taking, Fantasy Scale, Empathic Concern and Personal Distress.

SAMPLE

The study was conducted on total of 300 adolescents, in the age range of 15-17 years. Subjects were taken from Government schools in Chandigarh. Sample consisted of 150 boys and 150 girls. The researcher obtained the list of all Government schools in Chandigarh. Out of these schools, four schools were selected randomly. Sample was drawn by generating a list of all those students who fulfilled the inclusion criteria and then each student was given a unique numerical code. The random number table was used to select 300 study participants from the total list.

INCLUSION CRITERIA

The study subjects were in the age range of 15-17 years. They had the ability to understand English and/ Hindi. The subjects who expressed their willingness to participate were included in the study.

EXCLUSION CRITERIA

Adolescents who were mentally challenged, had head injury or any other mental disability which interfered with their ability to understand the items on research tools were excluded from the study. Also those adolescents who showed reluctance to participate in the study were excluded from the study.
The following standardized tests and tools were used:

1. The Resilience Scale (Wagnild and Young, 1993)
2. Trait Emotional Intelligence Questionnaire: Adolescent form. (Trait El Que AAF) (Petrides, 2009)
3. Negative Life Events Inventory (Wills, Cleary, Filer, Shinar, Mariani and Spera, 2001)
4. The Proactive Coping Inventory (Greenglass ,1999)
5. Parental Bonding Instrument (Parker, Tupling and Brown, 1979.)
7. Interpersonal Reactivity Index (Davis,1980)

The socio-demographic data of the study subjects was also obtained using a demographic profile sheet which included items related to subjects’ name, age, gender, locality, birth order, parental occupation etc.

BRIEF DESCRIPTION OF TESTS

1. The Resilience Scale (Wagnild and Young, 1993)

The Resilience Scale was developed by Wagnild and Young (1993). The Resilience scale is a 25 item instrument that measures the degree of individual resilience. This scale was originally developed from a qualitative study conducted on twenty four women who had successfully adapted to a major life event. The participants of that study were prescreened for positive psychosocial adaptation and social involvement. Each subject was asked to describe how they managed the self identified loss. From the narratives of these subjects the interrelated components were identified and the earliest version of the tool was developed. All the items in the instrument are rated on a 7 point scale ranging from 1 – disagree to 7- completely agree. All the items were worded positively in the scale and the possible score range was from 25-175. Higher scores reflect higher resilience.
Method

The instrument has two subscales to measure Personal competence and Acceptance of Self and Life. Together they yield an overall score of Resilience.

The internal consistency of the Resilience scale is satisfactory as varying from 0.76 to 0.91 (Cooley, 1990). The test – retest reliability ranges from 0.67 to 0.84 (p<0.01). The concurrent validity is demonstrated by high correlation of resilience scores with valid measures of constructs related with resilience and outcomes of resilience. It includes depression (r= -0.37, p<0.01), life satisfaction (r= 0.30, p<0.01), morale (r= 0.28, p<0.01) and health (r=-0.26 p<0.01).

This scale has been used in India by Singh and Xiao-nan Yu (2010); Sood, Bakshi and Devi (2013), Jude (2013), Das, Mangal and Sharma (2013)

2. Trait Emotional Intelligence Questionnaire Adolescent Form (Trait El Que AFF) (Petrides, 2009).

Trait Emotional Intelligence Questionnaire Adolescent Form was developed by Petrides (2009). It is based on the Trait EI theory, which conceptualizes Emotional Intelligence (EI) as a personality trait, located at the lower levels of personality hierarchy. Trait EI Que AAF is modeled on the full form of the TEIQue which was developed by Petrides in 1998. Trait EI Que AAF comprises of 153 items rated on a seven point scale ranging from 1- strongly disagree to 7- strongly agree. This instrument covers the sampling domain of trait EI comprehensively, assessing all of the 15 facets as discussed below:

i) Self-Esteem: The self-esteem scale measures one’s overall evaluation of oneself. High scorers have a positive view of themselves and their achievements. They are confident, positive, and satisfied with most aspects of their life. Low scorers tend to lack self-respect and do not value themselves very highly.
ii) **Emotion Expression**: High scores on this scale mean people are fluent in communicating their emotions to others. They know what the best words are for expressing their feelings accurately and unambiguously. Low scores on this scale indicate a difficulty in communicating emotion related thoughts, even in situations when this is necessary. People with low scores find it difficult to let others know how they feel. Inability to express emotion may be indicative of a more generalized problem of lack of self-confidence and social assertiveness.

iii) **Self-Motivation**: People with high scores on this scale are driven by a need to produce high quality work. They tend to be determined and persevering. They do not need to be externally rewarded for their efforts because they have a strong sense of achievement and are motivated from within. Low scorers tend to need a lot of incentives and encouragement in order to get things done. They need constant reward to keep going and they are more likely to give up in the face of adversity. They also tend to have reduced levels of drive and persistence.

iv) **Emotion Regulation**: This scale measures short-, medium-, and long-term control of one’s own feelings and emotional states. High scorers have control over their emotions and can change unpleasant moods or prolong pleasant moods through personal insight and effort. They are psychologically stable and they know how to pick themselves up after emotional setbacks. Low scorers are subject to emotional seizures and periods of prolonged anxiety or even depression. They find it difficult to deal with their feelings and are often moody and irritable.

v) **Happiness**: This scale concerns pleasant emotional states, primarily directed towards the present rather than the past (life satisfaction) or the future (optimism). High scorers are cheerful and feel good about themselves. Low scorers often feel blue and can be overly negative about things. More generally, people with low scores on this scale tend to be disappointed with their life as it is at present. Along with self-esteem and optimism, this scale reflects one’s general psychological state at present.

vi) **Empathy**: This scale measures the ‘perspective-taking’ aspect of empathy: seeing the world from someone else’s point of view. In other
words, it has to do with whether one can understand other people’s needs and desires. People with high scores on this scale tend to be skilful in conversations and negotiations because they take into account the viewpoints of those they are dealing with. They can put themselves “in somebody else’s shoes” and appreciate how things seem to them. Low scorers have difficulty adopting other people’s perspectives. They tend to be opinionated and argumentative and may often seem self-centered.

vii) **Social Awareness**: High scorers believe they have excellent social skills and are socially sensitive, adaptable, and perceptive. They are good at negotiating, brokering deals, and influencing others. In addition, they tend to have control over their emotions and the manner in which they express them, which enables them to function confidently in diverse social contexts, like parties or networking events. Low scorers believe they have limited social skills and often feel anxious in unfamiliar settings because they are unsure about how to behave. They find it difficult to express themselves clearly and have a small circle of acquaintances. They are known for their limited interpersonal skills.

viii) **Impulsiveness (low)**: This scale measures mainly dysfunctional (‘unhealthy’) rather than functional (‘healthy’) impulsivity. Low impulsivity involves thinking before acting and reflecting carefully before making decisions. High scorers on this scale weigh all the information before they make up their mind, without, however, being overly cautious. Low scorers tend to be impetuous and to give in to their urges. Much like children, they want immediate gratification and have low self-control. They often speak without having thought things through and they change their mind frequently.

ix) **Emotion Perception**: This scale measures emotion perception of one’s own self as well as those of others. High scorers on this scale are clear about what they feel and able to decode other people’s emotional expressions. In contrast, people with low scores on the emotion perception scale are often confused about how they feel and do not pay much attention to the emotional signals that others send out.
x) **Stress Management:** High scorers on this scale can handle pressure calmly and effectively because they have developed successful coping mechanisms. More often than not, they are good at regulating their emotions, which helps them tackle stress. Low scorers are less likely to have developed stress-coping strategies. They may prefer to altogether avoid situations that are potentially hectic, rather than deal with the associated tension. Their vulnerability to stress is problematic, as it leads them to reject important, but time-demanding, projects.

xi) **Emotion Management:** This scale concerns one’s perceived ability to manage other people’s emotional states. High scorers on the emotion management scale can influence other people’s feelings by calming them down, consoling them and motivating them. They know how to make others feel better when they need it. Low scorers can neither influence nor manage others’ feelings. They become overwhelmed when they have to deal with other people’s emotional outbursts and are less likely to enjoy socializing and networking.

xii) **Optimism:** Like happiness, this scale is linked to well-being, albeit in a forward-looking way. High scorers look on the bright side and expect positive things to happen in their life. Low scorers are pessimistic and view things from a negative perspective. They are less likely to be able to identify and pursue new opportunities and tend to be risk-averse. Along with happiness and self-esteem, this scale reflects your general psychological state at this point in time.

xiii) **Relationships:** This scale mainly concerns one’s personal relationships, including close friends, partners, and family. It is about starting and maintaining emotional bonds with others. High scorers usually have fulfilling personal relationships that positively affect their productivity and emotional well-being. They know how to listen and be responsive to the people close to them. Low scorers find it difficult to bond well with others and tend to undervalue their personal relationships. They often behave in ways that hurt those close to them.

xiv) **Adaptability:** High scorers on this scale are flexible in their approach to work and life. They are willing and able to adapt to new environments and conditions – in fact, they may even enjoy novelty and regular
change. Low scorers are change-resistant and find it difficult to modify their work- and life-style. They are generally inflexible and have fixed ideas and views.

**xv) Assertiveness:** Individuals with high scores on this scale are forthright and frank. They know how to ask for things, give and receive compliments, and confront others when necessary. They have leadership qualities and can stand up for their rights and beliefs. Low scorers tend to back down even if they know they are right and have difficulty saying ‘no,’ even when they feel they must. As a result, they often end up doing things they do not want to do. In most cases, they prefer to be part of a team rather than to lead it.

The four factors for Trait EI-AFF are following:

A. **Well-Being:** This factor comprises of three facets including happiness, optimism and self esteem. High scores on this factor reflect a generalized sense of wellbeing, extending from past achievements to future expectations. Overall, individuals with high scores feel positive, happy, and fulfilled. In contrast, individuals with low scores tend to have low self-regard and to be disappointed about their life as it is at present.

B. **Self-Control:** This factor includes three facets viz. emotional regulation, impulsivity (low), and stress management. High scorers have a healthy degree of control over their urges and desires. In addition to controlling impulses, they are good at regulating external pressures and stress. They are neither repressed nor overly expressive. In contrast, low scorers are prone to impulsive behavior and may find it difficult to manage stress.

C. **Emotionality:** This factor comprise of four facets which are the empathy, emotional perception, emotional expression and relationships. Individuals with high scores on this factor are in touch with their own and other people’s feelings. They can perceive and express emotions and use these qualities to develop and sustain close relationships with important others. Individuals with low scores on this factor find it difficult to recognize their internal emotional states and to express their feelings to others, which may lead to less rewarding personal relationships.
D. **Sociability:** This factor includes three facets which are the emotional management, assertiveness and social awareness. This factor emphasizes social relationships and social influence. The focus is on the individual as an agent in social contexts, rather than as an agent in social contexts, rather than on personal relationships with family and close friends. Individuals with high scores on the sociability factor are better at social interaction. They are good listeners and can communicate clearly and confidently with people from diverse backgrounds. Those with low scores believe they are unable to affect others’ emotions and are less likely to be good negotiators and networkers. They are unsure what to do or say in social situations and, as a result, they often appear shy and reserved.

The internal consistency coefficients of this scale are satisfactory for all facets and factors (alpha coefficients ranging from 0.56 to 0.85). The value of alpha coefficient for global EI has been reported to be 0.89. The average completion time for this instrument is 25 minutes. The scale has been successfully used by Sharma, Deller, Biswal, and Mandal (2009), Williams, Daley, Burnside and Hammond-Rowley (2009), Davis and Humphrey (2012).

8. **Negative Life Events Inventory** (Wills, Cleary, Filer, Shinar, Mariani and Spera, 2001)

   Negative Life events inventory is a 20 item checklist of negative life events of adolescent life. For each item, adolescents are asked to indicate whether the event had occurred during the previous year, using a dichotomous (yes-no) response scale. The inventory includes 11 events that occurred to family members (e.g., "Somebody in my family had a serious illness") and 9 events that occurred directly to the adolescent (e.g., "I had a serious accident").

   Cronbach's alpha for the entire scale ranges from 0.67 to 0.71. Family events scale yielded alphas ranging from 0.58 to 0.62, while the adolescent events scale yielded alphas ranging from 0.50 to 0.54. Family
events and adolescent life events scores have been found to be correlated (0.41). The scale also has a well established construct validity in which the total score on the scale has shown significant correlations with substance use level and deviant peer affiliations. The total life events score is also inversely associated with parental supportiveness and adaptive coping/good self-control.

The inventory has been successfully used by Wills, Pokhrel, Morehouse and Fenster (2012).

3. The Proactive Coping Inventory (PCI) (Greenglass, 1998)

This inventory was developed by Greenglass (1999). It is a multidimensional coping inventory that allows assessment of different aspects of coping used by individuals during stressful times as well as in anticipation of stress and difficult situations ahead. The PCI incorporates planning and preventive strategies with proactive self-regulatory goal attainment. It integrates proactive goal attainment with identification and utilization of social resources, and it utilizes proactive emotional coping for self-regulatory goal attainment. The Proactive Coping Inventory can be administered either by an interviewer or self administered in approximately 15-20 minutes. The inventory is in the form of 4 point rating scale ranging from 0, not at all true to 4, completely true. The inventory comprises of seven subscales: Proactive Coping, Preventive Coping, Reflective Coping, Strategic Planning, Instrumental Support Seeking, Emotional Support Seeking and Avoidance Coping. The description of each subscale and the internal consistencies are mentioned below:

a. **Proactive Coping**: This scale, consisting of 14 items, combines autonomous goal setting with self-regulatory goal attainment cognitions and behavior. The scale has high internal consistency with reliability measures (alpha=0.85). In addition the scale shows good item-total correlations and acceptable skewness.

b. **Reflective Coping Scale**: This scale, with 11 items, describes simulation and contemplation about a variety of possible behavioral alternatives by
Method

comparing their imagined effectiveness and includes brainstorming, analyzing problems and resources, and generating hypothetical plans of action. Reflective Coping Scale has good internal consistency as seen in Cronbach alphas of .80.

c. **Strategic Planning:** This 4-item scale focuses on the process of generating a goal-oriented schedule of action in which extensive tasks are broken down into manageable components. This scale has acceptable reliability with alpha of 0.71.

d. **Preventive Coping:** Preventive coping deals with anticipation of potential stressors and the initiation of preparation before these stressors develop fully. Preventive coping is distinct from proactive coping. Preventive coping effort refers to a potential threat in future by considering experience, anticipation or knowledge. In comparison, proactive coping is not based on threat but is driven by goal striving. The 10-item Preventive Coping Scale has good internal consistency (alpha = 0.83).

e. **Instrumental Support Seeking:** This 8-items scale focuses on obtaining advice, information and feedback from people in one’s social network when dealing with stressors. Instrumental Support Seeking scale has good reliability with alpha of 0.85.

f. **Emotional Support Seeking:** This 5-item scale is aimed at regulating temporary emotional distress by disclosing to others feelings, evoking empathy and seeking companionship from one’s social network. It is emotional self-regulation with the assistance of significant others. Emotional Support Seeking scale has good reliability with an alpha of 0.73.

g. **Avoidance Coping:** Avoidance Coping, measured by a 3-item scale, This coping style refers to eluding and escaping the action in a demanding situation by delaying it. Avoidance coping has satisfactory reliability with alpha of 0.73.

Thus all the subscales of PCI have good item-total correlations and acceptable skewness which is an indicator of symmetry around the mean. A principal component analysis has confirmed its factorial validity and homogeneity (Greenglass, Schwarzer, Jakubiec, Fiksenbaum and Taubert, 1999). This coping inventory has good construct validity as the
Method

scores on the proactive coping subscale tend to positively correlate with internal control, self-efficacy life satisfaction, professional efficacy and perceptions of fair treatment at work, and negatively correlated with self-blame, denial and depression. Reflective coping subscale tends to correlate moderately highly with internal control. The Proactive Coping Inventory can be administered either by an interviewer or self-administered in approximately 15-20 minutes.

The Proactive coping Inventory has been used successfully in India by Bhushan, Gautam and Greenglass (2010), Mohammad and Zahra (2011), and Kadhiravan and Kumar (2012).

4. Parental Bonding Instrument (PBI) (Parker, Tupling and Brown, 1979)

This instrument is designed to measure the Perceived Parental Bonding and is derived from the theoretical concept of parent-child bond which was advanced by Bowlby (1969). The instrument assesses the contribution of two major dimensions of parental bonding, Perceived Parental Care and Perceived Parental Overprotection.

Based on the recollections from first 16 years of childhood, the respondents are asked to complete a Likert scale ranging from 0 to 3 in response to 12 items tapping the domain of ‘care’ and 13 items tapping the domain of ‘overprotection’. The 12 items on the care scale allow for a maximum score of 36 and 13 items on the overprotection scale allow for maximum score of 39. High care scores greater than 24 suggest parental affection, compassion, engagement, involvement, praise and understanding while low care scores less than 10 indicate emotional coldness, neglect and rejection. High protection scores, higher than 22 indicate overprotection, control, intrusion, excessive contact, infantilization and prevention of independent behavior while low protection scores less than 12 indicates encouragement of independence and autonomy. The two factor scores are negatively correlated (r = -.24) suggesting that the two dimensions are not independent.
Internal Reliability of the instrument was 0.70. The test-retest reliability over a 3 week span of 0.76 ($p<0.00$) for the care scale and 0.63 ($p<0.00$) for the overprotection scale. The split-half reliability of 0.88 ($p<0.00$) for the care scale and 0.74 ($p<0.00$) for the overprotection scale. The inter rater reliability of 0.85 ($p<0.00$) for the care scale and 0.69 ($p<0.00$) for the overprotection scale. The concurrent validity of the scales of the two raters' scores for the care scale were 0.77 ($p<0.00$) and 0.78 ($p<0.00$) and 0.48 ($p<0.00$) and 0.50 ($p<0.00$) for the overprotection dimension.


5. Eysenck's Personality Questionnaire – Revised (EPQ-R) (Eysenck, Eysenck and Barrett, 1985)

The Eysenck Personality Questionnaire-Revised (EPQ-R) was developed by Eysenck, Eysenck and Barrett (1985). This instrument is an improved version of Eysenck Personality Questionnaire (Eysenck and Eysenck, 1975) developed with the purpose of improving the psychometric weakness of the Psychoticism scale. The scale measures three major dimensions of personality that account for most of the variance in personality. The EPQ-R comprises of 90 items measuring afore mentioned dimensions of personality. Psychoticism-Scale (P) (25 items), Extraversion-Scale (E) (21 items), Neuroticism-Scale (N) (23 items) and Lie-Scale (21 items).

High E scores indicate extraversion, and individuals who score high tend to be outgoing, impulsive, uninhibited, have many social contacts, and often take part in group activities. Typically, the extravert is highly social, likes gatherings, has many friends, needs to have people to talk to and dislikes solitary pursuits such as reading, studying, and contemplation. Instead, the typical extravert prefers excitement, likes to take chances, often acts on the spur of the moment, and generally is quite active. Such a person may be fond of practical jokes and usually has an answer to anything. By contrast, the
introvert tends to be quiet, retiring and studious. The typical introvert is reserved and distant except to intimate friends, tends to plan ahead and usually distrusts acting on impulse. Such persons prefer a well-arranged existence, keep their feelings well controlled, and are more passive than aggressive. Generally reliable although somewhat pessimistic, typical introverts seldom lose their temper and tend to place great value on ethical standards.

High N scores indicate strong emotional lability and overactivity. Persons with high scores tend to be emotionally overresponsive, and encounter difficulties in calming down. Such persons complain of vague somatic upsets, and report many worries, anxieties, and irritating emotional feelings. They may develop neurotic disorders when under stress, which fall short of actual neurotic collapses. High scores do not preclude such persons functioning adequately in the family and work situations.

High P scores display tendencies to developing psychotic disorders while at the same time falling short of actual psychotic conditions. Persons with high P scores are inclined toward being cruel, inhumane, socially indifferent, hostile, aggressive, and not considerate of danger, insular, glacial, and intolerant. They show a propensity towards making trouble for others, belittling, acting disruptively, and lacking in empathy. The term psychoticism is psychiatric in nature, and to avoid the immediate conclusion that high scores are psychologically disturbed, the more euphemistic term, tough-mindedness, is generally preferred since it serves to emphasize the developmental stages of pathology rather than existing conditions.

The alpha reliabilities for the revised scale have been found to be as follows:

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th>E</th>
<th>N</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>.78</td>
<td>.90</td>
<td>.88</td>
<td>.82</td>
</tr>
<tr>
<td>Females</td>
<td>.76</td>
<td>.85</td>
<td>.85</td>
<td>.79</td>
</tr>
</tbody>
</table>

6. The Interpersonal Reactivity Index (IRI) (Davis, 1980)

The IRI is a multidimensional scale comprising of 28 self-report items designed to measure both cognitive and emotional components of empathy. The IRI comprises of four subscales of seven items each: Fantasy Scale, Perspective Taking, Empathic Concern and Personal Distress. The description of each sub scale is given below:

a. **Fantasy Scale (FS):** This sub scale measures the tendency to get caught up in fictional stories and imagine oneself in the same situations as fictional characters. This sub scale addresses the tendency to identify with fictional characters (e.g. “I really get involved with the feelings of the characters in a novel.”). It also assesses the tendency to imaginatively transpose oneself into the feelings and actions of fictitious characters in books, movies, and plays. The internal reliability coefficients for this scale are 0.78 for males and 0.73 for females. The test-retest reliability coefficient for males is 0.79 and for females is 0.81.

b. **Perspective Taking (PT)** scale measures the tendency to take the psychological point of view of others. It can be seen as cognitive (thinking) empathy. Items of this sub scale address one's tendency to take another's point-of-view, akin to the “theory of mind” (e.g. “When I am upset at someone, I usually try to 'put myself in his shoes' for a while.”). It assesses the tendency to spontaneously adopt the psychological point of view of others. The internal reliability coefficients for this scale are 0.75 for males and 0.78 for females. The test-retest reliability coefficient for males is 0.61 and for females is 0.62.

c. **Empathic Concern (EC)** scale measures sympathy and concern for others. It can be looked at as a measure of emotional empathy. The items of this sub scale relate to feelings of empathy towards others (e.g. “When
Method

I see someone being taken advantage of, I feel kind of protective towards them.”). It measures other-oriented feelings of sympathy and concern for others in distress. The internal reliability coefficients for this scale are 0.72 for males and 0.70 for females. The test - retest reliability coefficient for males is 0.72 and for females is 0.70.

d. Personal Distress (PD) scale measures the kind of feelings like anxiety that gets in the way of helping others. It addresses the tendency to experience distress in stressful situations (e.g. “In emergency situations, I feel apprehensive and ill-at-ease.”). This subscale assesses self-oriented anxiety when experiencing others in distress. The internal reliability coefficients for this scale are 0.78 for both males as well as females. The test - retest reliability coefficient is 0.68 for males and 0.76 for females.

Thus the Perspective taking and Fantasy Scale represent the pure cognitive dimensions of empathy. The Empathic Concern and Personal Distress represents the pure emotional dimensions of empathy. The IRI has demonstrated good intra-scale and test-retest reliability, and convergent validity which is indicated by correlations with other established empathy scales (Davis, 1980).


PROCEDURE FOR DATA COLLECTION

After obtaining the due permission from the Principals of schools, the subjects were explained about the purpose of the study. The written informed consent was obtained from the willing participants. The data was collected using the self administered questionnaires. At one time, a maximum of 20 subjects were administered the study questionnaires with an objective of avoiding the interpersonal interaction and exchange of information related to test items. The subjects were made to sit comfortably in a quiet room in the school premises for data collection. All the questionnaires were administered
in 4 separate sessions to avoid the impact of fatigue and boredom on the responses given.

ETHICAL CONSIDERATIONS

Written permission was obtained from the Principals’ of the concerned schools after explaining them the purpose and procedure of the study. All the subjects were told about the purpose of the study and the written informed consent was taken from each of them. The participants were assured that the data provided by them will be kept confidential. The participation was on voluntary basis and the participants were told that they had full right to discontinue the participation during any stage of the study. It was also ensured that the study participation did not hinder the routine school activities of study participants.

INSTRUCTIONS FOR THE QUESTIONNAIRES

1. The Resilience Scale (Wagnild and Young, 1993)

Following instructions were given for The Resilience Scale:

“Please read the following statements. To the right of each statement you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, circle "1". If you are neutral, circle "4", and if you strongly agree, circle "7".”

2. Trait Emotional Intelligence Questionnaire adolescent form (Trait El Que AFF) (Petrides, 2009)

Following instructions were given for Trait El Que AFF:

“Please answer the questions by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. There are no right or wrong answers. If for any reason you feel
uncomfortable with answering some questions, simply leave them blank. However, we would appreciate it if you answer all questions. Work quickly, and don’t think too long about the exact meaning of the statements. Try to answer as accurately as possible." The response alternatives may vary from 1 to 7 where 1 corresponds to disagree completely while 7 corresponds to agree completely.

3. **Parental Bonding Instrument (PBI) (Parker, Tupling and Brown, 1979)**

   Following instructions were given for Parental bonding Instrument:

   “This questionnaire lists various attitudes and behaviors of parents. As you remember your Mother/Father in your first 16 years, would you please indicate the most appropriate response category.” The various response categories are (1) Very like (2) Moderately like (3) Moderately unlike (4) Very unlike.

4. **Negative Life Events Scale (Wills, Cleary, Filer, Shinar, Mariani and Spera, 2001)**

   Following instructions were given for The Negative Life Events Inventory: “Here are some things that may happen in someone’s lives. Read each one and check a space, Yes or No, to show whether this happened to you during the past year.”

5. **Eysenck’s Personality Questionnaire – Revised (EPQ-R) (Eysenck, Eysenck and Barrett, 1985).**

   The following instructions were given for the Eysenck’s Personality Questionnaire – Revised (EPQ-R): “Please answer each question by putting a circle around the ‘Yes’ or ‘No’ following the question. There are no right or wrong answers and no trick questions. Work quickly and do not think long about the exact meaning of the questions. Please check that you have answered all the questions.”
6. The Proactive Coping Inventory (Greenglass, 1999):

The following instructions were given for The Proactive Coping Inventory:

“The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box. In the given box, 1 refers to not at all true, 2 refers to barely true, 3 means somewhat true and 4 refers to completely true”

7. Interpersonal Reactivity Index (Davis, 1980)

The following instructions were given for the Interpersonal Reactivity Index:

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. Here, ‘A’ refers to ‘Does not describe me well’ while ‘E’ refers to ‘Describes me very well’. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. Read each item carefully before responding. Answer as honestly as you can. Thank you.

SCORING AND STATISTICAL ANALYSIS

Scoring for all the tests was done with the help of scoring keys as per instructions given in the scoring manuals of the tests. The raw scores were then tabulated and subjected to various statistical analyses.

The raw scores were analyzed using appropriate statistical analyses viz. Descriptive statistics, t-test, Intercorrelations and Regression analysis.