REVIEW OF LITERATURE

The aim of the present investigation was to study adolescent Resilience in relation to Emotional Intelligence, Negative life Events, Coping styles, Parental Bonding, Eysenckian Personality Dimensions and Interpersonal Reactivity. The study also aimed to investigate gender differences in Adolescent Resilience, Emotional Intelligence, Negative Life Events, Coping Styles, Parental Bonding, Eysenckian Personality Dimensions and Interpersonal Reactivity.

A. CONCEPTUAL FRAMEWORK

EMOTIONAL INTELLIGENCE

Emotional Intelligence is a concept referring to intelligent behavior in the emotional domain. It is expected to apply to a broad range of life domains, such as the home, school, work, and other settings. (Vander and Wabeke, 2004). Emotional intelligence can broadly be defined as the ability to perceive, control and evaluate the emotions. Emotional Intelligence is a term used to describe the complex ability to regulate our impulses, empathize with others and to be resilient in the face of difficulties. Therefore, emotional intelligence is a product of the amount of communication between rational and emotional centers of the brain.

Defining Emotional Intelligence

According to Hein (2010) "Emotional intelligence is the innate potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand and explain emotions.

Many people have expressed opinions about the scientific viability of emotional intelligence and many others have labeled it as an "elusive concept" (Davies, Stankov, and Roberts, 1998). According to some it has been proven resistant to adequate measurement (Becker, 2003). Since 1990, Peter Salovey and John D. Mayer have been the leading researchers on emotional intelligence (Mayer, Salovey and Caruso, 2003). In their influential
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article “Emotional Intelligence,” they defined emotional intelligence as, “the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions”. Broadly, the EI is the ability to perceive, control and evaluate the emotions. There are two existent approaches in studying EI i.e. the ability based EI and the EI as a self report measure. While the former approach looks at EI as the ability of cognitive processing of emotional information which requires an ability type test for measurement while the latter approach proposes EI as a dispositional tendency which can be measured by the self report methods only. The trait EI concerns a constellation of emotion-related self-perceived abilities and dispositions. The ability EI encompasses various dispositions from the personality domain, such as empathy, impulsivity and assertiveness as well as elements of social intelligence and personal intelligence. It is not currently clear if the two measurement methods actually assess the same construct. (Petrides and Furnham, 2001) However, the most appropriate method and approach is still a controversy (Saklofske, Austin and Minski, 2007). Problematic aspects of EI assessment by questionnaire include questions about the extent to which self-reported EI relates to actual emotional skills, and the significant correlations found between trait EI measures and personality. Nonetheless, this method of EI assessment seems likely to continue to be widely used because of the straightforwardness of questionnaire compared to task-based assessment, and the possibilities for unsupervised use e.g. in postal surveys (Williams, Daley, Burnside and Hammond-Rowley, 2009). The distinction between the two conceptualizations of EI is further explained by their relationships with other factors.

MODELS OF EMOTIONAL INTELLIGENCE

The theory of EI is based upon five major domains that EI covers: They are:

1. **Self-Awareness**: It includes three components
   i. Emotional awareness: Recognizing one’s emotions and their effects.

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ii. Accurate self-assessment: Knowing one’s strengths and limits.
iii. Self-confidence: Sureness about one’s self-worth and capabilities.

2. **Self-Regulation:** It consists of five components
   i. Self-control: Managing disruptive emotions and impulses.
   ii. Trustworthiness: Maintaining standards of honesty and integrity.
   iv. Adaptability: Flexibility in handling change.
   v. Innovativeness: Being comfortable with and open to novel ideas and new information.

3. **Self-Motivation:** It has four components.
   i. Achievement drive: Striving to improve or meet a standard of excellence.
   ii. Commitment: Aligning with the goals of the group or organization.
   iii. Initiative: Readiness to act on opportunities.
   iv. Optimism: Persistence in pursuing goals despite obstacles and setbacks.

4. **Social Awareness:** It has five components.
   i. Empathy: Sensing others’ feelings and perspective, and taking an active interest in their concerns.
   ii. Service orientation: Anticipating, recognizing, and meeting customers’ needs.
   iii. Developing others: Sensing what others need in order to develop, and bolstering their abilities.
   iv. Leveraging diversity: Cultivating opportunities through diverse people.
   v. Political awareness: Reading a group’s emotional currents and power relationships.

5. **Social Skills:** It has eight components.
   i. Influence: Wielding effective tactics for persuasion.
   ii. Communication: Sending clear and convincing messages.
   iii. Leadership: Inspiring and guiding groups and people.
   iv. Change catalyst: Initiating or managing change.
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v. Conflict management: Negotiating and resolving disagreements.
vi. Building bonds: Nurturing instrumental relationships.
vii. Collaboration and cooperation: Working with others toward shared goals.
viii. Team capabilities: Creating group synergy in pursuing collective goals.

In brief, the five domains relate to knowing one’s emotions; managing one’s emotions; motivating self; recognizing and understanding other people’s emotions; and managing relationships, i.e., managing the emotions of others.

The Four-Branch Model of Emotional Intelligence

The Four-Branch Model of EI is an integrative approach to understand EI. (Mayer et al., 2003) The four branch model of emotional intelligence describes four areas of capacities or skills that collectively describe many areas of emotional intelligence. The model views overall EI as joining abilities from four areas: (a) accurately perceiving emotion, (b) using emotions to facilitate thought, (c) understanding emotion, and (d) managing emotion. The four branches have been concretely elaborated as:

a) Perception, appraisal and expression of emotion

It includes ability to identify emotion in one’s physical states, feelings, and thoughts. The emotional appraisal also involves the ability to identify emotions in other people, designs, artwork, etc. through language, sound, appearance, and behavior. While the expression refers to ability to express emotions accurately and to express needs related to those feelings. It includes the ability to discriminate between accurate and inaccurate, or honest vs. dishonest expressions of feeling.

b) Emotional facilitation of thinking

Emotions prioritize thinking by directing attention to important information. Emotions are sufficiently vivid and available that they can be generated as aids to judgment and memory concerning feelings. Emotional mood swings change the individual’s perspective from optimistic to pessimistic, encouraging consideration of multiple points.
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of view. Emotional states differentially encourage specific problem-solving approaches such as when happiness facilitates inductive reasoning and creativity. The emotional facilitation of thinking is the ability to use feelings constructively. The ability to let your feelings guide you to what is important to think about.

c) Understanding and analyzing emotions; Employing emotional knowledge

It is the ability to label emotions and recognize relations among the words and the emotions themselves, such as the relation between liking and loving. Ability to interpret the meanings that emotions convey regarding relationships, such as that sadness often accompanies a loss. It encompasses the ability to understand complex feelings: simultaneous feelings of love and hate or blends such as awe as a combination of fear and surprise. Ability to recognize likely transitions among emotions, such as the transition from anger to satisfaction or from anger to shame. This includes the ability to understand the causes of emotions and their relationship to our human psychological needs, especially our unmet emotional needs.

d) Reflective regulation of emotion to promote emotional and intellectual growth

It is the ability to stay open to feelings, both those that are pleasant and those that are unpleasant. The ability to reflectively engage or detach from an emotion depending upon its judged informativeness or utility. It is the ability to reflectively monitor emotions in relation to oneself and others, such as recognizing how clear, typical, influential or reasonable they are. On the whole it is the ability to manage emotion in oneself and others by moderating negative emotions and enhancing pleasant ones, without repressing or exaggerating information they may convey.
EMPATHY/ THE INTERPERSONAL REACTIVITY

Definition of Empathy

The term "empathy" was coined by Titchner, (1924) and he defined empathy as a "process of humanizing objects of reading or feeling ourselves into them.

Empathy is considered as a distinct human capacity that promotes pro social bonds necessary for civilized life. It is the ability to perceive and understand other people’s emotions and to react appropriately. This ability is a necessary prerequisite for successful interpersonal interaction. Theoretical developments in the field of empathy research have yielded two broad positions regarding the nature of empathy, namely cognitive and affective theories.

Dymond (1949) described the cognitive nature of empathy and defined empathy as an individual’s capacity to accurately perceive and understand another’s plight.

Stotland (1969) described the affective nature of empathy and said that empathy is revealed in an individual’s vicarious emotional response, which arises as a direct result of witnessing another’s emotion.

Rogers (1980) empathy is the ability to "temporarily live in the other's life, moving about in it delicately without making judgment, to be with another in this way means that for the time being, you lay aside your own views and values in order to enter into another’s world without prejudice”

Hoffman (1982) proposed that there are four aspects each to the cognitive and affective aspects of empathy. The four modes of empathic affect arousal are as follows: involuntary circular reaction as manifested in infants' reactive cries: automatic mimicry and afferent Feedback: symbolic mediated association and lastly, role-taking.
Kremer and Dietzen (1991) described that empathy requires that an individual enter both cognitively and affectively into another’s world to understand genuinely what the other is experiencing without passing judgment.

According to Fernandez- Pinto, Perez and Marques (2008), empathy is defined as a shared affection or vicarious feeling.

According to Spreng, McKinnon, Mar and Levine (2009), empathy is an important component of social cognition that contributes to one’s ability to understand and respond adaptively to others’ emotions, succeed in emotional communication, and promote pro-social behavior.

Davis (1983) defined empathy as the set of cognitive, emotional, motivational and behavioral responses of individual while observing experiences of others. He also proposed a model of multidimensional empathy, designed to include both affective and cognitive components of empathy, as well as addressing the relationship between these components and behavior. Davis developed the Interpersonal Reactivity Index, which is a multidimensional scale composed of 28 self-report items designed to measure both cognitive and emotional components of empathy. Davis’ model views empathy as a set of distinct, but related constructs, two of which are: Fantasy and Perspective Taking. These are the cognitive dimensions representing two different types of antecedents of experiencing emotions in response to emotions felt by others. The other two IRI dimensions: Empathic Concern and Personal Distress. These are purely and typically emotional and represent two different ways of vicariously participating in other people’s emotions.

NEGATIVE LIFE EVENTS

The period of adolescence is one of rapid growth, change, relocation and self-discovery. The period is characterized by a combination of physical changes (puberty), behavioral changes and shifts in social grouping. All these normative and non normative events have significance in adolescent development. In theory, most prevailing models of developmental
psychopathology recognize the potential importance of negative life events in the etiology and maintenance of adaptive or maladaptive developmental outcomes.

Definition of Negative life event

Brown and Harris (1978) suggested in life events research that meaning of the negative life event depends upon the context in which they occur and each event may have different meaning for each individual.

A negative life event is defined as any event, and/or negative life change, directed at oneself or someone else that has caused physical and/or emotional discomfort (Johnson, 1986). This general definition of negative life events allow the inclusion of day to day hassles as well as events considered violent and traumatic like death of loved one.

COPING

Coping may be described as thoughts or actions designed to resolve or mitigate a problematic situation. Coping is not a fixed attribute, but is the dynamic capacity to apply suitable methods to control, avoid or prevent distress. It is also a process that involves appraisal and reaction. It refers to the management of responses, not mastery over stimuli. It normally refers to managing unusual demands that are taxing, even exceed a person's resources.

Definitions of Coping

Folkman and Lazarus (1984) defined coping as ‘the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them.

According to Mohan (2003) coping is a continuous cognitive and behavioral process of overcoming stress and stressful consequences of external forces.
Carver and Scheier (1988) proposed a dimension of coping which was based on the Lazarus models of stress and behavioral self-regulation. According to them coping has 13 conceptually distinct dimensions:

- **Active coping:** It is the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects. Active coping includes initiating direct action and increasing one's efforts.
- **Planning:** It is thinking about how to cope with a stressor. Planning involves coming up with action strategies, thinking about what steps to take and how best to handle the problem.
- **Suppression of competing activities:** It means putting other projects aside, trying to avoid becoming distracted by other events, even letting other things slide, if necessary, in order to deal with the stressor.
- **Restraint coping:** It involves waiting until an appropriate opportunity to act presents itself, holding oneself back, and not acting prematurely. This is an active coping strategy in the sense that the person's behavior is focused on dealing effectively with the stressor, but it is also a passive strategy in the sense that using restraint means not acting.
- **Seeking social support for instrumental reasons:** It is seeking advice, assistance, or information. This is also called problem-focused coping.
- **Seeking social support for emotional reasons:** It is getting moral support, sympathy, or understanding. This is an aspect of emotion-focused coping.
- **Focusing on and venting of emotions:** It is the tendency to focus on whatever distress or upset one is experiencing and to ventilate related feelings. Such a response may sometimes be functional. For example, if a person uses a period of mourning to accommodate to the loss of a loved one and move forward. There is reason to suspect, however, that focusing on these emotions (particularly for long periods) can impede adjustment.
- **Behavioral disengagement:** It is reducing one's effort to deal with the stressor, even giving up the attempt to attain goals with which the stressor is interfering. Behavioral disengagement is reflected in phenomena that are also identified with terms such as helplessness. In theory, behavioral
disengagement is most likely to occur when people expect poor coping outcomes.

- **Mental disengagement**: This usually occurs via a wide variety of activities that serve to distract the person from thinking about the behavioral dimension or goal with which the stressor is interfering. Tactics that reflect mental disengagement include using alternative activities to take one's mind off a problem.

  According to **Schwarzer (2000)** there are four types of coping: Reactive coping, anticipatory coping, preventive coping and proactive coping. Using precepts from Schwarzer’s Proactive Coping Theory, **Greenglass (1999)** developed a The Proactive Coping Inventory. This inventory has following sub scales:

  - **Proactive Coping Scale**: It combines autonomous goal setting with self-regulatory goal attainment cognitions and behavior.
  - **Reflective Coping Scale**: It describes simulation and contemplation about a variety of possible behavioral alternatives by comparing their imagined effectiveness, and includes brainstorming, analyzing problems and resources, and generating hypothetical plans of action.
  - **Strategic Planning**: This focuses on the process of generating a goal-oriented schedule of action in which extensive tasks are broken down into manageable components.
  - **Preventive coping**: It 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 is directed toward a potential threat in the future by considering experience, anticipation or knowledge.
  - **Instrumental Support Seeking**: It focuses on obtaining advice, information and feedback from people in one’s social network when dealing with stressors.
  - **Emotional Support Seeking**: It is aimed at regulating temporary emotional distress by disclosing feelings to others, evoking empathy and
seeking companionship from one’s social network. It is emotional self-regulation with the assistance of significant others.

- **Avoidance coping**: It eludes action in a demanding situation by delaying it.

### PARENTAL BONDING

It has long been proposed that parent-child relationships play an important role in child adjustment and psychological development. The role of parent-child interactions has been implicated as a contributory or causal factor in the development of psychopathology by various theoretical models. The most seminal work on parental bonding and attachment was done by Bowlby.

#### Definition of Parental Bonding

Bowlby (1969) defined attachment as a strong affectionate bond between the child and the caretaker which is built in first months of life based upon their interaction. Based on his work on parental bonding, he proposed the Attachment Theory which is given below:

**Attachment theory by Bowlby (1969)**

Bowlby (1969) developed the basic tenets of attachment theory by drawing the concepts from ethology, cybernetics, information processing, developmental psychology, and psychoanalysts. He shared the psychoanalytic view that early experiences in childhood have an important influence on development and behavior later in life. He described attachment as “lasting psychological connectedness between human beings.” According to this theory, the early relationship with a primary caregiver - usually a parent- is one of the main human needs. Infant based on the early relationship with the caregiver creates “internal working models”, which are the basis for understanding and experiencing further interpersonal relationship throughout the lifetime.
Bowlby believed that there are four distinguishing characteristics of attachment:

- **Proximity Maintenance** - The desire to be near the people we are attached to.
- **Safe Haven** - Returning to the attachment figure for comfort and safety in the face of a fear or threat.
- **Secure Base** - The attachment figure acts as a base of security from which the child can explore the surrounding environment.
- **Separation Distress** - Anxiety that occurs in the absence of the attachment figure.

He made three key propositions about attachment theory. First, he suggested that when children are raised with confidence that their primary caregiver will be available to them, they are less likely to experience fear than those who are raised without such conviction. Secondly, he believed that this confidence is forged during a critical period of development, during the years of infancy, childhood, and adolescence, and that the expectations that are formed during that period tend to remain relatively unchanged for the rest of the person’s life. Finally, he suggested that these expectations are directly tied to actual experience. In other words, children develop expectations that their caregivers will be responsive to their needs because, in their experience, their caregivers have been responsive in the past.

There are various studies explaining the relevance of perceived parental bonding in adolescence. Schaefer (1965) did the factor analysis of the children’s report about their parents’ behaviors that extracted three factors, which were interpreted as acceptance versus rejection, psychological autonomy versus psychological control, and firm control versus lax control.

The research conducted by Ainsworth et al (1978) described three patterns of parent child interactions: 1) secure; 2) avoidant; 3) ambivalent. Later research done by Main and Solomon (1986) added one more style of interaction i.e. disorganized pattern of interaction.
Parker, Tupling and Brown (1979) identified two dimensions of parent-child attachment: care and overprotection. The dimension of care can range from emotional coldness and rejection, to the emotional warmth, while the overprotection can take the items from the psychological control to overprotection psychological autonomy. Based on the two parenting dimensions, five types of parenting style were identified: average; high care and low overprotection conceptualized as optimal parenting; high care and high overprotection conceptualized as affectionate constraint; low care and high overprotection conceptualized as affectionless control; low care and low overprotection conceptualized as neglectful parenting. In this model it is assumed that most optimal parenting style is one in which the parent object has a high degree of care and low degree of overprotection. Based on this, Parental Bonding Instrument (PBI) questionnaire was created, which was widely used in the study on retrospective evaluation perception of relationship with parents communication.

Rohner and Pettengil (1985) also worked in area of parent child interaction named these characteristics acceptance/rejection versus control.

Typological Approach to Parenting Effects (Baumrind, 1991)

Baumrind (1991, 2005) reported associations between specific parenting practices and child and adolescent behavioral outcomes. He explained parenting practices in two orthogonal factors: responsiveness and demandingness. Responsiveness refers to the extent to which parents' foster individuality and self-assertion by being attuned, supportive, and acquiescent to children's requests; it includes warmth, autonomy support, and reasoned. Demandingness refers to the claims parents make on children to become integrated into society by behavior regulation, direct confrontation, and maturity demands (behavioral control) and supervision of children's activities (monitoring). Behavioral control and monitoring are modified in their expression and have effect on children's development by parental support, reflection-enhancing communication, and psychological control. This lead to formation of three parenting configurations: authoritative, authoritarian, permissive. Based on such configurations, he further differentiated parents in
three distinct types. This differentiation was based on their Demandingness-responsiveness ratio.

The following were the categories

- **Authoritarian-Directive**: These parents had highly imbalanced Demandingness -responsiveness ratio by being low responsive, high intrusive and high demanding.
- **Non-authoritarian-Directive**: These parents had moderate imbalance in Demandingness -responsiveness ratio and they were high demanding, but moderate-responsive, and moderate or low intrusive.
- **Permissive**: These parents had highly imbalanced Demandingness -responsiveness ratio and were low demanding and high responsive.
- **Democratic**: These parents had moderate imbalance in Demandingness -responsiveness ratio and were moderately demanding and highly responsive.

They further gave two disengaged subtypes, both low demanding and low responsive, (rejecting) hostile and intrusive and the other (neglecting) indifferent. Good-enough parents were moderately demanding and moderately responsive. Authoritative parents were high demanding, high responsive, and low intrusive.

**PERSONALITY**

Personality as a construct has been defined by many psychologists. Personality has retained its fascination for the thinkers all over the world (Mohan, 2000). The present study used the Eysenck personality Questionnaire.

**Definitions of Personality**

Cattell (1943) defined personality as "That which permits a prediction of what a person will do in a given situation."
Eysenck (1968) defined personality as “more or less stable and enduring organization of person’s character and temperament, intellect and physique which determines his unique adjustment to the environment. In their personality structure, some individuals possess “core” characteristics (either inherited or develop under influence of certain situations), which make them more vulnerable than others to certain kinds of human conflict, which threaten their emotional security.

Costa and McCrae (1985) defined personality as characteristics that are pervasive and enduring, which form a central part of a person’s identity.

Balasnov (2010) stated that “Personality is made up of the characteristic patterns of thoughts, feelings and behaviors that make a person unique”.

Burger (2010) stated that “Personality can be defined as consistent behavior patterns and intrapersonal processes originating within the individual”.

Allport and Odbert’s (1936) classifications provided some initial structure for the personality lexicon. Cattell (1943) used the Allport and Odbert list as a starting point for his multidimensional model of personality structure. He conducted several oblique factor analyses and concluded that there are twelve personality factors, which eventually became part of his 16 Personality Factors (16PF) questionnaire. Cattell's pioneering work stimulated other researchers to examine the dimensional structure of personality.

The work by Eysenck (1947, 1960, 1963, 1967, 1971, 1981) has been considered as a very influential model of personality. Based on the results of factor analyses of responses on personality questionnaires he identified four dimensions of personality: extraversion, Neuroticism, Psychoticism and Social Desirability.
Eysenck’s Theory of Personality

Eysenck’s theory of personality is one of the formidable attempts in presenting a complete and explanatory theory. Eysenck definition of personality revolves around four behavior patterns: the cognitive, the connative, the affective and the somatic. Thus, personality, according to Eysenck, is the sum total of actual or potential behaviour patterns of organism as determined by heredity and environment. Eysenck developed and presented an exhaustive personality theory on the basis of intensive research over the years (1947, 1960, 1963, 1967, 1971, 1981). He posited four independent major dimensions of personality, viz., Extraversion/introversion (E/I), Neuroticism (N), Psychoticism (P) and Social Desirability (Mohan et al., 2000e).

The Dimensional Approach

The three basic dimensions of personality by Eysenck et al. (1985) are Extraversion/Introversion, Neuroticism and Psychoticism. Later on another dimension called lie (social desirability) scale was added in the personality questionnaire of Eysenck.

Extraversion/Introversion

Eysenck and Eysenck (1968) proposed that extraversion refers to the outgoing, uninhibited, impulsive and social inclinations of person. The typical extravert is sociable, likes parties, has many friends, needs to have people to talk to and does not like reading or studying by himself. He craves for excitement, takes chances, often sticks his neck out, acts on the spur of the moment, and is generally an impulsive individual. He is fond of practical jokes, always has a ready answer, and generally likes to laugh and be merry. He prefers to keep moving and doing things, tends to be aggressive and loses his temper quickly; although his feelings are not kept under tight control. He is not always a reliable person.
A typical introvert is a quiet, retiring sort of person, introspective, fond of books rather than people; he is reserved and distant except to intimate friends. He tends to plan ahead, looks before he leaps. He does not like excitement, takes matters of everyday life with proper seriousness, and likes the well-ordered mode of life. He keeps his feelings under close control, seldom behaves in an aggressive manner and does not lose his temper easily. He is reliable, somewhat pessimistic and places great value on ethical standards.

**Neuroticism**

The second major personality dimension deduced by Eysenck (1947) was neuroticism/stability. Neuroticism refers to a general, emotional over responsiveness, emotional lability, and liability to neurotic breakdown under stress. Neuroticism is closely related to the inherited degree of liability of the autonomic nervous system (Eysenck, 1964, 1967). According to Eysenck and Eysenck (1968), neuroticism as contrasted to emotional stability is very much similar to anxiety.

A high scoring individual on neuroticism tends to be anxious, worrying, over responsive and depressed. He reacts too strongly to all sorts of stimuli and finds it difficult to get back on an even heel after each emotionally arousing experience (Ibrahim, 1979).

**Psychoticism**

Eysenck and Eysenck (1975) reported that a high scorer on Psychoticism possesses the following traits: Impulsiveness, lack of cooperation, oral pessimism, rigidity, lower super ego controls, low social sensitivity, low persistence, lack of anxiety, egocentric, impersonal, lack of feelings of inferiority, unempathic, creative, aggressive, cold, antisocial and tough minded. A high scorer on Psychoticism is described as being solitary, crude, inhuman, insensitive, hostile and aggressive.

**Lie-Scale (Social Desirability)**

The lie (social desirability) scale (L) was first incorporated in the Eysenck Personality Inventory (EPI) to measure a tendency on the part of the
subjects to fake good responses. A series of factorial and experimental studies have been carried out to investigate the nature of this scale in some detail (Eysenck, 1971). This scale possesses a considerable degree of factorial unity (Mohan, 2000).

It is being considered as a tendency to respond in a socially desirable way; it is variously described as a desire to conform to social norms (Edwards, 1954); nice personality (Skinner, Nowrath and Browne, 1970) ideal self and ideal responses (Choudhary, 1972).

REVIEW OF PSYCHOSOCIAL CORRELATES OF RESILIENCE

A. Resilience, Emotional Intelligence and Interpersonal Reactivity

It has been posited that resilience is a dynamic process that develops, fluctuates, and is embedded in social context. Resilience is about maintaining balance between the numerous interacting factors in one’s circle of life and recognizing how every event in one’s life is interrelated. Researchers have posited a number of such factors, including emotional intelligence as one of them. Looking at emotional intelligence from a strengths perspective, one may postulate that Emotional Intelligence may play an important role in helping individuals to establish harmony and avoid conflict and resentment in relationships and thereby promote resilience.

Emotional Intelligence is the ability to monitor one’s own and other’s feeling and emotions, to discriminate among them and then to use this information to guide one’s thinking and actions. There are individual differences in ability to process the emotional information and then use it for one’s own benefit while dealing with negative circumstances. This knowledge of processing the emotional information is related to the resilient outcome.

There are studies assessing the role of emotional self awareness in response to stressful events. The term ‘alexithymia’, has been designated to such a condition characterized by poor emotional self-awareness, indicates that persons afflicted typically fail to respond to rising stress levels until distress is fully-blown. Hence, they often experience more serious symptoms
and longer periods of recovery in aftermath if stressful period than the perceptive ones, who deploy personal coping resources earlier and more quickly. (Martin and Phil 1986; Naatanen, Rynnane, and Keltikangas-Jarvinen, 1999).

According to Salovey, Bedell, Detweiler and Mayer (1999), the capacity to learn from life’s setbacks and use this knowledge to cope more effectively might distinguish low and high-resilient individuals.

In view of Feldman, Barrett and Gross (2001) certain individuals are more adept at using emotion knowledge to cope in times of stress, they have a greater tendency to draw on positive emotions in times of stress, intuitively using positive emotions to their advantage. These groups of individuals who are psychologically resilient were labeled emotionally intelligent by Tugade and Fredrickson (2002).

The emotional perception, emotional regulation and emotional expression which are the important facets of emotional intelligence play a very significant role in predicting resilience. There are reports in literature that the resilient people respond to negative events with negative affect and biological stress responses; however they also experience the positive emotions like gratitude and love during the times of stress. This experience of positive emotion is thought to contribute to resilient outcomes in emotionally intelligent individuals. (Fredrickson and Branigan, 2005).

Tsoulosis and Nikolaou (2005) investigated the relationship of Emotional Intelligence (EI) characteristics, such as perception, control, use and understanding of emotions, with physical and psychological health. The findings confirmed both hypotheses and provided further support on the claims that there is a relationship between EI and health functioning. Additionally, in a series of hierarchical regression analyses the unique contribution of each of the EI scales on the overall health score were investigated. The findings were discussed in the context of the importance of emotional competences on health and personal lifestyle, while implications for practice and directions for future research were proposed.
The resilience is the ability to navigate the daily life stressors. The resilient people maintain good health while enduring challenges and adversities. The emotional intelligence and its dimensions are considered as the key factors that enable the resilient individuals to adapt. The emotional flexibility, also referred to as adaptability is considered to be one of those dimensions of emotional intelligence that aid in developing resilience. Emotional flexibility is the capacity to produce context-dependent emotional responses to these positive and negative life events. (Westphal, Seivert and Bonanno, 2010).

There are empirical studies providing the evidence that resilience and good mental health are characterized by emotional flexibility while poor mental health are characterized by emotional rigidity. (Kashdan and Rottenberg, 2010)

A recent study has explored the relationship between the resilience and facets of emotional intelligence including emotional control and well being. The researcher had dichotomized the subjects on the basis of median scores on resilience as low resilient and high resilient group. It was found that adolescents with low resilience scored significantly higher on loss of emotional control than those having high resilience. Moreover, the adolescents with high resilience had lesser mental health problems and better psychological well being. (Sood, Bakshi and Devi, 2013)

The next few studies explain the association between the resilience and Interpersonal Reactivity which is the measure of empathy. There is an implicit assumption of association between the empathy and development of interpersonal competence in social relationships which is one of the sub dimensions of resilience labeled as social competence. Empathy is the ability to perceive and understand other people’s emotions and to react appropriately. This ability is a necessary prerequisite for successful interpersonal interaction. Empathy is a multifaceted construct including low-level mechanisms like emotional contagion as well as high-level processes like perspective-taking.
Eisenberg and Miller (1987) performed meta-analytical study on the relationship between empathy and social competence. The researcher included 9 studies and results revealed the degree of association between empathy and indices of sociability and social competence appears to be significant though fairly low.

Benard (1991) reported that social competence is a key protective factor for adolescent resilience which includes quality of empathy and caring.

Kremer and Dietzen (1991) suggested that the ego strength of an individual is embodied in his/her capacity to empathize. This empathy serves as a foundation for relationships and provides a basis for coping with stress and conflict resolution.

Hippe (2004) lists empathy as one among the qualities that would make for an adolescent’s resilience. A qualitative study by Dittloff (2006) showed that participants having empathy among the attributes associated with resilience.

Optimal social functioning is considered to be a pro resilient trait. There are reports of association between various dimensions of empathy and social functioning. Cliffordson (2002) explored the relationship between interpersonal reactivity and social skills. The social skills assessed included expressivity, sensitivity and control. The results of correlational analysis revealed significant positive correlation between empathetic concern and social sensitivity and emotional expressivity. The perspective taking correlated positively with emotional sensitivity and social control. There was positive correlation between fantasy and emotional sensitivity, social expressivity and social sensitivity. Personal distress correlated negatively with emotional and self control. The general empathetic dimension correlated positively with emotional expressivity.

Wallace and Swaney (2009) examined resilience in Native Americans by identifying possible stressors and protective factors that were involved in resilience development. The researcher found that majority of subjects...
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consistently described the trouble of others within their social network. This was labeled a "ripple effect". This finding led to the theoretical proposition that empathy operates as a risk factor by exposing people to the high levels of suffering causing elevated levels of depressive symptoms.

Leontopoulou (2010) conducted an exploratory study to assess relationship between empathy and resilience. It was seen that Empathy positively correlated with resilience ($r=0.17$, $p<0.01$). Further regression analysis also revealed empathy as a significant predictor for resilience.

B. Resilience, Negative Life Events and Coping Styles

As a component of positive psychology, resilience is an indication of positive mental health. Studies of resilience require making judgments about what constitutes both a serious threat and a successful outcome. Because resilience requires adapting to serious adversity, only people who have experienced such threats / negative life events can be considered resilient. Studies have examined a range of serious threats including chronic conditions, such as poverty, family illness, or neighborhood violence, and acute stressors, such as an accident or illness. People may experience multiple risk factors. The adolescents with high levels of resilience are expected to show more positive adaptive behaviors to such negative life events. The studies on negative life events and developmental outcomes in adolescence have evolved through three generations.

The first generation of studies was conducted by psychiatrists and psychologists who focused on demonstrating that negative life experiences were related to the development of mental health problems (Garmezy, Masten, and Tellegen, 1984; Radhe- Yarrow and Sherman, 1990). Researchers have found that negative life events, for e.g., illness, poverty, school transitions, loss of a parent were related to youths’ negative outcomes in terms of internalizing and/or externalizing problems (Worden and Silverman, 1996; Grant et al., 2003).

In a study of children who had transferred to new schools, Filippelli and Jason (1992) found that children with two or more negative life events
showed lower scores on academic and self-concept measures than students with no negative life events. These studies were important in terms of demonstrating that being exposed to adverse circumstances during childhood is correlated with a heightened risk for many negative developmental outcomes (Doll and Lyon, 1998).

The second generation of research on risk developed more detailed conceptualization of how different types of risk relate to varying types of outcomes. The third generation of risk studies transformed the study of risk to the study of resilience in individuals, which has become the central integrative framework for the study of psychological problems in children and adolescents.

Thus, major work on resilience and negative life events has been conducted in two contexts: the study of negative life events leading to negative trajectories and the negative life events leading to positive trajectories. However, the studies in these contexts have occurred largely independently leaving major questions unexplored. There is literature on the negative outcomes of negative life events as well as the paradoxical positive effects occurring in wake of severely traumatic events. (Visotsky, Hamburg, Goss, and Lebovits, 1961; Frankl, 1963; Chodoff, Friedman and Hamburg, 1964; Mechanic, 1977).

Taylor, 1983 examined the benefits that people perceive as resulting from severely stressful life events. The three important and consistent domains of change reported were (a) self-concept, (b) relationships with social networks, and (c) personal growth and life priorities. The positive changes in self-concept following severe life stressors typically include the belief that one is a stronger person for the experience and is better able to handle the blows that life will inevitably deal.

Calhoun and Tedeschi (1990) studied a group of people experiencing grief and reported that over two-thirds of the participants described themselves as stronger and more competent people, and over 80 percent felt
that they were wiser, stronger, more mature, and better able to cope with other crises.

Schwartzberg (1993) studied men experiencing a major negative individual event in life. He reported that close to half of the respondents reported improved social relations and a stronger sense of belonging. Also three-quarters of the participants viewed their negative life event as a catalyst for personal growth, including reprioritizing values and time commitments, becoming more understanding with friends and family, and accomplishing goals that would have otherwise been delayed.

Baumeister (1994) reviewed evidence suggesting that a negative life change, even a relatively minor one, can serve to link together other existing problems, conflicts, and dissatisfactions in a person's life, resulting eventually in a broad restructuring of attitudes and priorities that can have positive long-term effects.

On the contrary, there are studies linking negative life events to maladjustment. Timko, Stovel, Baumgartner, and Moos (1995) theorized that the association between stress and maladjustment. They also discussed that such association between negative life event and maladjustment is due to the disruption in functioning that occurs and the emotional arousal that typically accompanies stressors.

There are longitudinal studies confirming the role of resilience in predicting future outcomes in response to negative life events. Campbell-Sills et al. (2006) studied the relationship between childhood negative events and resilience. A hierarchical regression model explained that resilience contributed significantly to the prediction of psychiatric symptoms. There was a significant main effect of resilience, as well as an effect of the interaction between resilience and emotional neglect, on psychiatric symptoms.

Basu and Basu (2014) explored stressful life events in relation to subjective well being in college students. The researchers found significant positive correlation between stressful life events and subjective well being,
however, stressful life events did not emerge as significant predictor of subjective well being.

Nevertheless, there are some empirical studies in which there were reports of no significant correlation between negative life events and resilience. One of such studies was conducted by Oshio et al. (2003) who studied the inter-correlations among negative life events and resilience while assessing the construct validity of adolescent resilience scale. The researcher found that resilience scores did not show inter-correlations with negative life events.

The identification of factors that may increase the vulnerability or conversely enhance the individual resilience has been a common tradition in social sciences research. Coping has been identified as one of the variables affecting adolescent resilience in various research studies. Although both coping and resilience focus on responses to stress but these concepts are distinct. Coping involves a set of skills, whereas resilience indicates a successful outcome when these skills are exercised. Not everyone who uses coping skills is resilient. Some attempts to cope are not successful, and if the coping skill does not lead to a good outcome, the person is not resilient. There are multiple studies describing the way coping is linked with mental health outcomes. There are consistent reports that coping has uniform, beneficial effects on psychological health regardless of stressfulness of nature of problem faced. It has generally been hypothesized that effective copers are likely to experience enhanced wellbeing through frequent positive reinforcements. Ineffective copers, on the other hand, are likely to experience strong negative emotions, such as anxiety, fear, anger, and depression.

The basic question of understanding how coping can lead to resilient outcomes has been explained in terms of positive reappraisals. The positive reappraisals refers to the cognitive strategies for reframing a situation to see it in a positive light for example seeing a glass half full as opposed to half empty. This pattern of cognitive coping has been associated with positive affect in stressful events and thus more stressful outcomes. The positive reappraisal enables an individual to appraise even a painful, exhausting and
stressful experience to a worthwhile. Thus, this kind of coping in which the person focuses on the value of their efforts and appraise them positively can be attributed to resilient outcomes in stressful situations. (Fava, Rafanelli, Cazzaro, Conti, and Grandi, 1998)

Another dimension of coping which is thought to contribute to adaptation by generating a positive affect is the problem focused coping. Problem-focused coping refers to efforts directed at solving or managing the problem that is causing distress. It includes strategies for gathering information, making decisions, planning, and resolving conflicts; it includes efforts directed at acquiring resources (e.g., skills, tools, and knowledge) to help deal with the underlying problem; and it includes instrumental, situation-specific, task-oriented actions (Lazarus and Folkman, 1984). Problem-focused coping involves identifying situation-specific goals that engage the individual and focus his or her attention. The enactment of problem-focused coping makes it possible for the individual to feel effective and experience situational mastery and control. The sense of mastery and control engendered by successful problem focused efforts explains reports of resilient outcomes and positive affect in the midst of distress. (Carver and Scheier, 1998; Klinger, 1998).

Dating back to 1980’s, a longitudinal study by Holahan and Moos (1986) studied the stress resistance /resilience in relation to personality, coping and family support to predict psychological and physical distress one year later. The results demonstrated that stress resistance strongly predicted emotional and physical distress one year later. The negative life change over the year was strongly associated with indices of psychological and physical distress. It was also demonstrated that a disinclination to use avoidance coping, along with other psychosocial factors operate jointly to protect individuals from negative psychological consequences of life stress.

Smith, Smoll, Ptacek (1990) explored the role of coping skills as moderating variable in vulnerability and resilience. The researcher assessed the role of coping skills in increasing the vulnerability to the impact of negative life event. The results revealed that psychological coping skills are one of the
independent psychological resource that operate in conjunctive manner with other resources like social support to influence relationship between life stress and subsequent negative outcomes.

**Garber and Little (1999)** found that at-risk students with positive coping skills, such as trying to learn from their mistakes, remained competent over time.

**Dumont and Provost (1999)** conducted a study to understand the protective role of coping strategies on resilience in adolescents. The author classified the subjects into 3 groups created from crossing scores of depressive symptoms and frequency of daily hassles: well adjusted, resilient, and vulnerable. The discriminant functional analysis revealed resilient adolescents had higher scores on problem-solving coping strategies than adolescents in the 2 other groups.

**Wilkinson, Walford and Espnes (2000)** undertook a cross sectional study to examine the relationship between coping styles and psychological health. Using separate regression models of psychological distress and psychological wellbeing, the direct effects and moderator models of coping were tested with regard to approach and avoidant coping. Results indicated that there were no buffer effects for either approach or avoidant coping, but there were direct effects for both. The use of approach coping was associated with increased wellbeing, while avoidant coping was related to increased distress levels.

**Connor-Smith, Compas, Wadsworth, Thomsen and Saltzman (2000)** explored the coping processes in adolescents in response to a major chronic life stress. They reported various dimensions of adolescent coping: primary control engagement coping, secondary control engagement coping, and disengagement coping. Primary control coping includes strategies intended to directly change the source of stress (problem solving) or one’s emotional reactions to the stressor (emotional expression and emotional modulation). Secondary control coping encompasses efforts to adapt to stress, including cognitive reappraisal, positive thinking, acceptance, and
Distraction. Disengagement coping includes efforts to orient away from the source of stress or one's reactions to it (avoidance, denial, wishful thinking). Further work on these dimensions suggested the efficacy of secondary control coping in successful adaptation to chronic stressors in adolescents while disengagement coping was associated with poorer adjustment, and findings for primary control coping are mixed.

Chan (2000) explored the dimensions of resilience and its role in stress—distress relationship by assessing life events, coping strategies, and psychological distress. The author labeled resilience as “Hardiness”. The three dimensions of resilience that emerged were resigned acceptance, cynical concession, and pragmatic orientation. Further, they found that high hardy students, compared with low hardy students, did not appraise positive events as having greater impact, they perceived that negative events had significantly lesser impact. In addition, low hardy students reported using passive and avoidant coping strategies significantly more frequently than high hardy students. In the stress-distress relationship, hardiness did not interact with stress to moderate its influence on distress; however, both hardiness and stress had independent main effects on distress.

Lim (2002) investigated the use of coping strategies in relation to resilient outcomes. The resilient outcome was assessed in terms of academic performance. The study found that there were significant differences in the use of coping strategies between students of high and low risk of academic failure. High-risk students were found to have significantly lower scores on adaptive coping strategies than students of low risk of academic failure, particularly in adaptive beliefs such as perceived academic competency, positive self-esteem and learning goal orientation.

Kraaij, Garnefski, Wilde, Dijkstra, Gebhardt, Maes and Doest (2003) explored the relationship between negative life events, coping and depressive symptoms. It was found that adolescents with more depressive symptoms reported to have experienced more negative life events and to use self-blame, rumination, and catastrophizing to a significantly higher extent and positive refocusing and positive reappraisal to a significantly lower extent. A
stronger relationship between the number of negative life events and depressive symptoms was found for those who used self-blame or rumination to a higher extent or positive reappraisal to a lower extent than for those who did not.

**Kausar and Munir (2004)** assessed adolescents on measures of stress and coping strategies used by them. The results found that adolescents experienced variety of stressors including interpersonal stressors, academic stressors, stress related to death of a loved one and financial stressors. Multivariate analysis of variance indicated that avoidance focused coping was the most frequently used and active distractive was the least frequently used coping strategy. There was no significant difference in the use of active-practical, avoidance, religious-focused coping and total coping strategies used in relation to different type of stresses. The only difference was found in the use of active-distractive coping. Those adolescents who reported financial stresses used significantly less active distractive coping compared to those who reported academic and interpersonal stresses.

**Murberg and Bru (2005)** aimed to prospectively assess the effects of coping styles on subsequent depressive symptomatology among adolescents exposed to school-related stress. It was seen that the coping style, "seeking parental support" was inversely related to subsequent symptoms of depression obtained one year later. This association was evident even when researchers controlled for initial symptomatology, stress, as well as for confounding effects of the other coping styles. They gave a possible explanation that seeking supportive interactions with parents may bolster self-esteem during stressful periods, which in turn may facilitate positive adaptation. There was predictive association between aggressive coping style and symptoms of depression. The tendency to react with aggressive responses could be a reflection of poor outcome expectancies. Poor outcome expectancies may, next, result in an experience of hopelessness, which again may result in depressive symptomatology.

A study by **Higgins and Endler (2006)** focused on the relationships among coping processes, stressful life events, and psychological and physical
Review of literature

distress. This study examined the relationship of stressful life events and three styles of coping: emotion oriented, task oriented and avoidance oriented with physical and psychological distress. It was hypothesized that task-oriented coping would negatively predict distress and that the emotion-oriented coping would positively predict distress. The relationships of two types of avoidance-oriented coping: distraction and social diversion with distress were also examined. Multiple regression analyses revealed that task-oriented coping was negatively related to distress, but only for males. Emotion-oriented coping was positively predictive of distress for both males and females. The two subcomponents of avoidance-oriented coping were differentially related to the measures of distress.

Everall, Altrows and Paulson (2006) reported a qualitative study on coping processes in suicidal female adolescents. The subjects reported that emotion focused coping was though a passive coping however the willingness to work with the emotions increased their sense of control over life circumstances. They further reported that the experiencing, expression and regulation of emotion were highly active processes and important steps towards altering adverse circumstances.

A study by Lees (2009) assessed the relationship between Resilience, Coping and positive Outcomes. They found that task-focused coping was positively and significantly correlated with resilience. However, there were no significant relationship between Resilience and maladaptive coping.

C. Resilience and Parental Bonding

Out of the many different relationships formed over the course of the life span, the relationship between parent and child is among the most important (Steinberg, 2001). Not surprisingly, studies of child development have devoted considerable attention to the parent-child relationship, in order to understand how it develops and functions over the lifespan. Research has found that a loving, responsive, and helpful parent who is always available for their child serves the function of binding the child to them and contributes to the reciprocal dynamics of that binding (Bowlby, 1988).The parent child
attachment and child development has always gained appreciation in developmental research. The quality of early parent–child relationship consistently emerges as a critical element influencing the child’s ability to mediate the effects of stress. The strong feelings of security originating in early parent child relationship influence the child’s internal state in such a way that shifts the relative balance of behavior from avoidance to exploration, thereby offering opportunities for expanded interactions with one’s environment and greater sense of autonomy. (Joffe and Vaughn, 1973)

Studies on attachment reveal that securely attached individuals tend to be more competent, sociable, and more comfortable in dealing with different kinds of relationships in life. (Haft and Slade, 1987).

Fonagy, Steele, Steele, Higgitt, and Target (1994) described the connection between attachment theory and resilience via the representation of the self’s relationship to others formed from either a secure or insecure attachment to a primary caregiver.

The quality of early parent–child relationship consistently emerges as a critical element influencing the child’s ability to mediate the effects of stress. It has been suggested that the presence of warm, nurturant or supportive relationships with at least one parent may act to protect against or mitigate the effects of family adversity (Bradley et al., 1994; Herrenkohl, Herrenkohl, and Egolf, 1994).

Egeland et al. (1993) proposed that the child comes to view the self as lovable and worthwhile, and experience mastery in the environment. Thus, the child develops confidence in self and develops an ability to elicit positive responses from others through the developmental transactions of internal and external experiences in environmental context.

The majority of studies on perceived parental rearing practices confirm that adolescents with mental health problems report their parents as being less affectionate and more controlling and protecting than healthy controls (Adam, Keller, West, Larose, and Goszer, 1994; Martin and Waite, 1994; Rey, 1995).
Canetti, Bachar, Gallili-Weisstub, Nour, and Shalev (1997) examined the relationship between dimensions of the Parental bonding index and measures of mental health in normally functioning adolescents. Measures of mental health included psychiatric symptoms and distress, psychological well-being, perceived social support from family and friends, and denial and lack of insight. These measures tap the extent to which adolescents are free from distress, have a sense of well-being, and feel supported by societies which are the indirect measures of adolescent resilience. It was seen that adolescents who reported high care and low control (optimal bonding) reported less psychiatric symptoms and distress. They had a positive feeling of well-being and felt supported by family and friends. On the opposite end, the combination of low care and high control (affectionless control) gave rise to psychological symptomatology and a lesser-feeling of well-being. These individuals also experienced less support from their surroundings.

Masten et al. (1999) reported that closeness and structure in the parent-child relationship were among the variables most consistently associated with competent youth outcomes, even in circumstances of severe and chronic adversity. They proposed that the parent-child relationship is a “fundamental human adaptational system” which protects healthy child development and promotes competence in favorable as well as unfavorable conditions. In contrast, insecurely attached adults showed higher tendency to engage in antisocial behaviors, to suffer from depression and anxiety, to be clingy, dependent and less self-confident (Feeney and Noller, 1990; Brennan and Shaver, 1991).

Kraaij et al. (2003) attempted to understand the relationship between the parental bonding and depressive symptoms. It was seen that adolescents who reported more parental control and less parental care had significantly higher depression scores.

There are proposed mechanisms explaining role of parental bonding in development of resilient traits. The Positive attachments help the child to attain his full intellectual potential, think and perceive in a logical manner, develop social emotions and conscience and begin to trust others. Quality
relationships help children to become self reliant, develop self worth, better cope with frustration, envy and jealousy and overcome common fears and worries. A child, who is well attached to one care giver, can more easily develop attachments to others, such as siblings, extended family and eventually to friends. (Richards and Bunce, 2004).


In view of Hastings, Mcshan, Parker and Ladha (2007), the approach of child rearing is directly associated with the child’s strengths. Their research supported the notion that securely attached child has better strengths, particularly the pro social behavior.

Thompson and Stewart (2007) did an empirical study on the influence of parental attachment on emotional and behavioral problems. The results of their study revealed that maternal attachment has been found to decrease risk of peer relationship problems. Also better quality peer interactions were significantly associated with greater attachment security.

Fortuna and Roisman (2008) found positive associations between parental neglect and symptoms of depression. Stansfeld, Head, Bartley, and Fonagy (2008) retrospectively found that a high level of parental warmth was highly correlated with decreased risk of insecure attachment styles associated with the development of psychiatric disorders in adulthood, mainly depressive disorders. A large number of studies have repeatedly reported the associations between the insecure attachment and the psychopathology or other adjustment difficulties. (Difilippo and Overholser, 2002; Myhr, Sookman, and Pinard, 2004; Bogaerts, Vanhuele and Declercq, 2005)

According to Santrock (2008) parents serve as important attachment figures and social support systems in order to allow adolescents to explore a more complex world. Thus, the quality of parent child relationship undoubtedly constitutes a central aspect of positive development.
Kaufmann (2008) examined patterns of parent-child relations and adaptation in adolescent boys and girls. The researcher reported that higher youth-parent bonding scores were associated with better youth adjustment in three areas of functioning viz. anti-social behavior, social-emotional functioning and school behavior competence. The findings further suggested continuity in relational patterns, such that adolescents who did not feel connected and supported in their primary care giving relationship were also less likely to draw on and benefit from other interpersonal resources, specifically adults outside of the immediate family. Instead, resources related to personal mastery and organized activity involvement were associated with adaptational success for low bonding youths.

Mckinney and Rank (2008) examined the relationship between parenting and outcomes for children and adolescents. The results of the study suggested that different combinations of maternal and paternal parenting (e.g., a permissive father parenting with an authoritarian mother) were related to late adolescents' emotional adjustment, with late adolescents who have at least one authoritative parent showing better adjustment than those who do not have such a parent. Overall, the study emphasized the importance of examining dyadic parent-adolescent relationships, and it suggested that having one authoritative parent may be a protective factor for late adolescents.

Fletcher, Walls, Cook, Madison, and Bridges (2008) argued that children demonstrated the most problematic development when parents scored low on both dimensions of responsiveness and demandingness (authoritative parenting). On the other hand, Boutelle, Eisenberg, Gregory and Neumark-Sztainer (2009) remarked that deficits in parental relationships are likely to be associated with future depression, self-esteem, and body image issues.

There are studies that have associated the poor quality of attachment with a higher level of emotional difficulties, psychosocial maladjustment, and problematic peer relationships and similarly from a positive perspective,
adolescent’s attachments to parents have been shown to predict positive outcomes. *(Duchesne, Ratelle, Poitras and Drouin 2009)*

**Garcia and Gracia (2009)** did a study to establish which style of parenting is associated with most optimal outcomes in adolescents. The parents were classified into four categories: Authoritarian, authoritative, indulgent and neglectful. The adolescents were assessed for four outcomes: self esteem, psychosocial maladjustment, personal competence and problem behavior. Results showed that both the indulgent and authoritative parenting styles were associated with better outcomes. It was also seen that indulgent parenting style was associated with higher scores on personal competence. The authoritative parenting style was associated with the social competence.

**Campos, Besser, and Blatt (2010)** added to the empirical studies establishing the relationship between parental bonding and adult functioning. The study aimed to explore the relationship between the parental bonding, current psychological state, self criticism and dependency using the technique of structural equational modeling. It was found that low levels of maternal care and high levels of maternal overprotection significantly associated with increased depressive symptoms. Also it was seen that low levels of maternal care and high levels of maternal overprotection were significantly associated with increased self-criticism. Self-Criticism, in turn, significantly associated with increased depressive symptoms. High levels of Self-Criticism mediated the relationship between perceived early childhood experiences with mother and current depression.

**Bernado (2010)** implied that parental control is an important element of the developmental transitions from childhood to adolescence. He also added that adolescent’s decision making skill is still very much influenced by parental believes.

**Tiet, Huizinga and Byrnes (2011)** explored the role of parental bonding in predicting the resilience of youth. The researcher assessed the resilience in terms of two latent constructs: Adjustment and Low level of
antisocial behavior which was further assessed in terms of heterogeneous measures like academic performance, drug use, delinquency, bonding to teachers, parental monitoring, school commitment, involvement in extracurricular activities, and adverse life events. The correlational analysis revealed that parental bonding had significant positive correlation with self esteem, school commitment, academic performance and participation in extra-curricular activities. There was significantly negative correlation between parental bonding and adverse negative events and delinquency. The longitudinal relation among predictors of resilience was also assessed which revealed that parental bonding at time 1 predicted low levels of adverse life events and less commitment to school at time 2.

Zeinali, Sharifi, Enayati, Asgari and Pasha (2011) created and tested a model illustrating the role of parental attachment in adolescent self regulation and resilience. The susceptibility for addiction was used as a measure for resilience. The results showed that authoritative and permissive parenting styles were associated with secure attachment whereas authoritarian and neglectful parenting styles were associated with insecure attachment. Insecure attachment was associated with a low level of self-regulation whereas secure attachment was associated with a high level of self-regulation. It was also seen that a low level of self-regulation increased the adolescent's addiction susceptibility whereas a high level of self-regulation decreased their addiction susceptibility thereby enhanced their resilience.

Baharudin, Chiah, and Zulkkefly (2012) speculated that children of a secure attachment relationship tend to perceive themselves as valuable and recognize the caregiver as being responsive. This internal positive working model of self serves the child with great capacity to cope with emotions effectively in different circumstances. Alternatively, a parent-child relationship marked by insecurity foster an insecure working model in which the child perceives himself or herself negatively. Subsequently, these maladaptive views of self may attribute to unfavorable outcomes and put the child at risk for maladjustments.
Miranda et al. (2012) conducted an empirical study to support healthy maternal bonding as a resilience factor for depressive disorder. The authors found a statistically significant negative correlation of depressive symptoms with an affective maternal relationship. These findings suggest that an affective maternal relationship is a protective factor for the persistence of depressive symptoms.

Kazemi, Solokian, Ashouri, and Marofi (2012) explored the relationship between mother’s parenting style and resilience outcomes in terms of social adaptability of adolescent girls. The researcher explored the social adaptability in four parenting styles viz. authoritative, authoritarian, permissive and neglectful through which mothers interact with their adolescent girls. The results revealed significant differences in social adaptability scores among the four parenting styles. The permissive parenting style and after that authoritative parenting style were followed by higher social adaptability in adolescent girls.

Martínez, Fuentes, García and Madrid (2013) conducted a study to understand the parental socialization style as protective or risk factor for healthy developmental outcomes in adolescence. Results from this study showed that indulgent parenting style was a protective factor whereas authoritarian style was identified as a risk factor.

Wajda (2013) explored the perception of the relationship between parents, patterns of attachment and psychopathological symptoms in girls in late adolescence. The study revealed that the girls in late adolescence who perceived parents relationship as not good presented more psychopathology symptoms. The study also revealed that the adolescents who perceived their parents as less care and more controlled have more psychopathology symptoms. Maternal care was a predictor of lower levels of withdrawal, anxiety and depression. Paternal care was a predictor of lower levels of somatic complaints and thought disorders. Maternal control was a predictor of higher levels of attention disorders and aggressive behavior. Paternal control was a predictor of greater severity of social problems.
Zafiropoulou, Avagianou and Vassiliadou (2014) examined the relationship between the dimensions of parental bonding and developmental outcomes in adolescents. More specifically, the study examined the relation between the dimensions of the Parental Bonding Instrument and the fifteen schemas of the Schema Questionnaire for children. Young defined five broad categories of schemas: disconnection and rejection, impaired autonomy and performance, impaired limits, other directness, over-vigilance and inhibition. Each category includes certain Early Maladaptive Schemas (EMS) which incorporates memories, emotions, cognitions and physical senses of the self and of the relationships with others. It was observed that maternal care correlated negatively with most of the schemas. According to the results, when the mother provided proper care, the child doesn’t show social isolation/alienation, mistrust/abuse, abandonment/instability and vulnerability to harm. It is also less likely that the child experiences emotional deprivation, self-sacrificed and failure. There was a positive correlation with enmeshment. In addition, maternal protection appeared to correlate positively with the following schemas, unrelenting standards/hyper criticalness, social isolation/alienation, mistrust/abuse and abandonment/instability. On the other hand, overprotection seemed to correlate with emotional deprivation, entitlement, enmeshment, self-control/self-discipline and failure. While there was a negative correlation between paternal care and social isolation, mistrust/abuse, vulnerability to harm and failure, additional results revealed that paternal care is connected to excessive enmeshment. Concerning paternal overprotection, it appeared that it correlated with all the early maladaptive schemas except subjugation, for which no correlation was observed.

To conclude, the parental care serves as an important protective factor enabling the adolescent to create positive models for self and explore the outside world with greater confidence and competence.

D. Resilience and Personality Dimensions

Personality tends to express what we are as humans. There is considerable evidence that these personality traits can influence psychological resilience among the adolescents.
Robins and Rutter (1996) have investigated the relationship between the Five Factor model (FFM, Costa and McCrae, 1992) and the resilient typology and found the resilient type to score above average on all five dimensions.

As per Goleman (1999) the neurotic personality individual tends to misinterpret the neutral/ordinary situations as challenging and is also likely to intensify the minor failures and frustrations as major setbacks causing them to feel helpless in difficult situations. They also tend to be self conscious and shy with difficulty in controlling urges and delaying the gratifications. There are reports of linking neuroticism with low resilience, poor emotional regulation, poor motivation and lack of interpersonal skills. Such individuals are more vulnerable to mental disorders like phobia, depression, panic and other anxiety disorders which in itself projects low levels of resilience.

Miller (2003) used the term hardness for the constellation of personality characteristics that function as a resilience resource during encounters with stressful life events. In his view hardy individuals tend to view potentially stressful situations as meaningful and interesting (commitment), appraise stressors as changeable (control), and see change as a normal aspect of life and an opportunity for growth (challenge).

Tedeschi and Calhoun (2004) studied personality factors and resilience in light of post traumatic growth. Posttraumatic growth (PTG) refers to the development of positive changes and outlook following trauma, with its focus on five major aspects which are: improved relationship with others, increased personal strength, identification of new possibilities, positive spiritual changes, and increased appreciation of life. All these aspects determine the resilience. According to Tedeschi and Calhoun’s (2004) model of post traumatic growth, personality factors represent an important class of variables that predict post traumatic growth or resilience.

A study by Friborg et al. (2004) on relation between resilience and personality found that all resilience factors were positively correlated with the well adjusted personality profile. It was also seen that one of the sub
dimensions of resilience i.e. personal strength was most associated with emotional stability, while the dimension of social competence associated with extroversion and agreeableness and structured style with conscientiousness.

Rammstedt, Riemann, Angleitner and Borkenau (2004) replicated the personality structure using the prototype approach (Block and Block, 1980). They reported three distinct personality prototypes resilient, over controllers, and under controllers. It was seen that resilient obtained favorable descriptions on all five scales of Big Five Inventory (low scores in neuroticism and above average scores all other scales). Over controllers were characterized by low scores in extraversion and high scores in neuroticism whereas under controllers had particularly low scores on agreeableness and conscientiousness.

Lengua and Wachs (2004) reviewed the existing literature examining the links between personality traits and their resilient outcomes. They reviewed studies that examined whether traits predict the competent or adaptive outcomes, over and above the effects of adversity. In other words, these studies investigated “main effects” models for personality traits. They found that there is good evidence that negative emotionality (neuroticism) predicts more negative outcomes and that effortful control (conscientiousness) predicts more positive outcomes, even after controlling for the effects of adversity. These findings suggest that low negative emotionality and high effortful control may serve as assets or promotive factors, with positive effects across conditions. They also reviewed studies investigating whether personality traits moderate the impact of adversity on children’s outcomes. They found high negative emotionality (neuroticism) and low effortful control (Conscientiousness) interact with adversity to predict worse outcomes. Children high on negative emotionality and low on effortful control appear to be at particular risk in adverse conditions, whereas children low on negative emotionality and high on effortful control appear to be buffered from the negative effects of stress. These traits may serve as protective or vulnerability factors for children facing adversity.
Hettema, Neale, Myers, Prescott, and Kendler (2006) assessed the relationship between neuroticism and internalizing disorders. The author performed the multivariate structural equation modeling and found that neuroticism and genetic factors accounted for one third to half of genetic risk for internalizing disorders like phobia, depression, panic and other anxiety disorders. Rammstedt, Riemann, Angleitner and Borkenau (2004) replicated the personality structure using the prototype approach (Block and Block, 1980). They reported three distinct personality prototypes resilient, overcontrollers, and undercontrollers. It was seen that resilient obtained favourable descriptions on all five scales of Big Five Inventory (low scores in neuroticism and above average scores an all other scales). Overcontrollers were characterized by low scores in extraversion and high scores in neuroticism whereas undercontrollers had particularly low scores on agreeableness and conscientiousness.

Carrasc, Barker, Tremblay and Vitaro (2006) studied the Eysenck’s personality dimensions as predictors of male adolescent trajectories of physical aggression. The results indicated that different combinations of personality components differentially predicted the probability of following a high trajectory in physical aggression. The results indicated that for extravert characteristics (Energy and Venturesomeness), the higher scores of energy were associated with boys in the persisting trajectory of physical aggression. Higher scores of Venturesomeness, on the other hand, were associated to persistent vandalism and persistent theft. For the psychotic characteristics (Empathy trait, Impulsivity trait), lower scores of Empathy were associated to boys who followed the physical aggression. Higher scores of Impulsivity was a trait associated to boys who show physical aggression, theft or vandalism persistent trajectory. Boys who belonged to physical aggression or theft persistent trajectory reported higher scores in Anxiety. Therefore, in sum, the boys in persistent trajectories showed higher scores in psychotism, extraverted and neurotic general characteristics but each type of antisocial behavior trajectory reported a specific profile of personality.

Klest, Freyd, Goldberg and Hampson (2007) made an effort to understand how childhood personality characteristics contribute to resilience
against depression in adults who experience trauma. The researcher described that past experiences of trauma are known to affect both future risk for developing psychological problems following a new trauma and personality characteristics. In their view it is difficult to determine temporal precedence in assuming that personality characteristics lead to resilience: lack of prior trauma history might be related both to personality and resilience. In order to determine whether personality factors are causally related to resilience following trauma, a longitudinal analysis was done. A total of 679 subjects were assessed on the measures of personality, depression and trauma. Linear regression indicated that number of types of trauma experienced was significantly positively associated with depression and further this association was not lessened when childhood personality characteristics were entered into the model. Also none of the personality factor was significantly associated with depression when trauma was included as a predictor in the regression model. However, Conscientiousness in childhood was found to be negatively correlated with later trauma experience, \( r = .17, p < .001 \). A path analysis was conducted in which Trauma was represented as a latent variable, it was seen that Childhood conscientiousness predicted experiencing trauma in adolescence and adulthood, and trauma predicted depression. However, Conscientiousness did not directly predict depression.

**Waaktaar and Togerson (2010)** conducted the correlational analysis between resilience and big five personality dimensions. The results revealed moderate correlations between resilience and emotional stability and benevolence while resilience correlated highly with extraversion, conscientiousness and imagination.

**Ahangar (2010)** studied resilience in relation to personality. The researcher used the Myers-Briggs type indicator (MBTI) as a personality measure. This scale measures the person’s preferences by using four basic scales with opposite poles. The four scales are: extraversion-intraversion, sensing-intuitive, thinking-feeling and judging-perceiver. As per the results, in personality type, out of eight dimensions, only two dimensions were found to have relationship with resilience. Thinking-personality type showed a significant positive relationship with resilience. It revealed that those students
who evaluate things logically and intellectually at the same time give lesser importance to emotions and are able to bounce easily from chaos and uncertainties of life. On the other hand, feeling personality type showed an inverse relation with resilience; indicating, that students who are more inclined towards feelings are less resilient to stressful situations.

E. Gender Differences in Resilience

There are individual differences in relation to the degree of resilience an individual exhibit in response to general or specific stressors. These individual differences also exist with respect to gender of individual concerned. There are studies which have explored the gender differences with respect to resilience. One of the earliest studies on gender differences in adolescence was done by Werner (1985) who reported girls to be more resilient than boys. Gamble and Zigler (1986) added that boys appear to be more vulnerable to out-of-home care.

Hunter and Chandler (1999) conducted a pilot study with high risk adolescents in order to explore the gender differences on resilience. They used the Wagnild and Young's Resilience Scale (Wagnild and Young, 1993) to measure adolescents' perceptions of their resilience. The results were that girls scored lower than boys on resilience scores.

It is suggested that preadolescent and adolescent girls tend to be slightly better adjusted and less prone to problem behavior than boys of similar ages (Hair, Justin and Sarah, 2001; Chung and Elias 1996).

Sun and Steward (2004) studied the gender effects on resilience in adolescents. The researcher assessed the self perception of resilience and associated protective factors. It was found that female students were more likely to report higher levels of communication, empathy, help-seeking, and goals for future and aspirations. They also reported more positive connections with parents, teachers and adults in the community, and peers in school and outside school, as well as sense of autonomy experience.
Jackson (2008) explored the role of protective factors in predicting stress resilience in adolescents. The resilience was assessed in context of externalization and internalization. Univariate results indicated that gender was significantly associated with level of internalizing behavior, wherein, female participants reported significantly higher levels of internalizing behavior than male participants.

Shehu and Mokgwathi (2008) studied the resilience and locus of control in adolescent population. They explored the gender differences and found that females had significantly higher resilience scores than males.

The gender differences on resilience using Resilience Scale for Adolescents (READ) were also studied by Shean (2010), however the t test results displayed no significant differences on all five subscales of resilience.

The upcoming section explains the gender differences on correlates of Resilience.

F. Gender Differences in Emotional Intelligence and Interpersonal Reactivity

A review of the literature on emotions and EI gives a clear idea of the significant differences between men and women in aspects related to the emotional world. In particular, the emotional dimension of human beings has traditionally been linked to a greater extent with the female gender, which experiences positive and negative emotions more intensely than the male gender (Grossman and Wood, 1993).

There are large number of studies that have concluded that women have greater emotional knowledge, they express positive and negative emotions more fluently and more frequently, they have more interpersonal competencies, and they are more socially adept (Hall, 1978; Hargie, Saunders, and Dickson, 1995; Brody and Hall, 2000; Ciarrochi, Hynes and Crittenden, 2005; Hall and Mast, 2008). As a result, members of the scientific community and the general population believe, from a very early age, that women are more emotional than men (Feldman-Barrett, Lane,
These propositions lead to series of studies that analyzed the emotional intelligence as a function of gender.

Goleman (1995) suggested views of emotionally intelligent female and male. In his view male who are high in emotional intelligence are socially poised, outgoing and happy, and they are also not prone to fearless or worried rumination. Moreover, they have a considerable capacity for commitment to people or causes, for taking responsibility, and for having an ethical outlook, and they are also sympathetic and caring in their relationships. Their emotional life is rich, but more properly, they are relaxing with themselves, others, and the social universe they live in. According to this point of view, female are more attentive of their feelings and those of others, relate better interpersonally, and are considerably more socially responsible than male. In Goleman’s view males and females vary on various dimensions of emotionally intelligent behavior. He concluded that females score superior than males in three distinct dimensions of emotional intelligence which include 1) Interpersonal, which refers to the capacity to setup and maintain mutually satisfying relationships that are characterized by intimacy and giving and receiving affection. 2) Empathy, which refers to the capacity to be attentive of, to realize and to appreciate the feelings of others. 3) Social responsibility, which refers to the capacity to demonstrate one’s self as a cooperative, contributing and constructive member in one’s social group. On the other hand, the particular subcomponents in which male scored higher than female consist of 1) Stress tolerance, which refers to the capacity to withstand adverse events and stressful situations without falling apart. 2) Self-regard, which refers to the capacity to respect and accept one’s self as principally good.

Ciarrochi, Chan and Bajgar (2000) made an enquiry of gender differences in trait EI using the Schutte Self-Report Emotional Intelligence (Schutte et al., 1998). The results revealed that females reported having greater overall EI than males. Females reported greater skills at perceiving emotions, regulating the emotions of others and utilizing emotions. However, there were no significant differences in regulating their own emotions.
Review of literature

Zomer (2001) found mixed results regarding gender differences in EI. While no gender differences were found with respect to trait EI measures, a gender difference did emerge using a new measure of EI with women scoring higher than men on such skills as perceiving/expressing emotion and assimilating emotion in thought.

Brackett, Mayer and Warner (2004) studied the gender differences in emotional intelligence using Mayer–Salovey–Caruso Emotional Intelligence Test. It was found that overall female EI was significantly higher than overall male EI. Similar gender differences were also found for the Experiencing EI and Strategic EI sub scores on the MSCEIT.

Schulte, Ree and Carretta (2004) examined the role of gender in emotional intelligence. The emotional intelligence was measured using the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT). The MSCEIT is a self-report ability-based measure for recognizing the meanings and relationships of emotions and for reasoning and solving problems using emotional information. It was seen that females scored higher on the overall EI score than males.

Mavroveli, Petrides, Rieffe and Bakker (2007) used the Trait Emotional Intelligence Questionnaire-Adolescent Short Form (Petrides, Sangareau, Furnham, and Frederickson, 2006) and explored the gender differences on Trait EI. The t-test did not reveal significant mean differences.

Nunez, Berrocal, Montanes and Latorre (2008) explored the nature and nurture factors resulting in different levels of Emotional intelligence between genders. They reported that females generally have higher Emotional intelligence than males, but their self perception is lower than males.

Alumran and Raija- Leena (2008) conducted a study examining gender and age differences in emotional intelligence among adolescents and discovered that girls showed higher emotional intelligence with higher interpersonal skills.
Williams, Daley, Burnside, and Hammond-Rowley (2009) measured Emotional Intelligence in preadolescence a sample of 598 children. They used two separate measures of trait EI: The TEIQue ASF and the Schutte Self Report Emotional Intelligence Scale (SSREI, Schutte et al., 1998) reported no gender differences on Trait EI measures. Though females had significant higher scores than males on certain objective measures of emotional ability.

Poulou (2010) assessed the gender differences on Trait Emotional Intelligence, social and emotional skills among adolescents. The emotional intelligence was measured with Trait Emotional Intelligence Questionnaire-Adolescent Short Form (TEIQue-ASF) (Petrides and Furnham, 2001). One-way ANOVA showed no significant gender differences on Trait EI. In contrast, there were significant differences in social and emotional skills and emotional and behavioral difficulties, with females reporting higher scores on appropriate social skills than males. Also it was found that males scored significantly higher than females on assertiveness and overconfidence. In addition, females reported higher scores on emotional difficulties and pro-social behavior.

Shahzad and Bagum (2012) determined the differences between male and female subjects on the variable of trait emotional intelligence as assessed by Trait Emotional Intelligence questionnaire (Petrides and Furhamn, 2003). The findings revealed statistically significant differences on emotional intelligence scores with males scoring higher than females.

Naghavi, Redzuan, Asgari and Mirza (2012) examined the gender differences on emotional intelligence using the Emotional Intelligence Scale (Schutte et al., 1998). The results indicated that the emotional intelligence of girls was significantly higher than the emotional intelligence of boys. The authors further added that girls are more aware of their feelings and those of others and can relate better interpersonally compared to boys.

While the findings on gender differences in EI are mixed, they show a trend of women having somewhat more developed emotional skills than men...
in some areas. The inconsistencies may be a result of the different testing instruments used, or they may signify underlying gender role differences.

At same time, the gender differences on empathy have their mention in psychology literature in early 20’s. The females are considered to more nurturant and interpersonally more oriented than males. **Freud (1925)** gave a psychodynamic explanation for the same asserting that because females do not fear castration, so they do not resolve the oedipal complex as completely as do males. Consequently, they develop weaker ego and super ego. This inferior development purportedly results in females relying more on emotions and less on relational principles than males. Moreover, this stereotype is a natural consequence of traditional feminine and masculine roles. **(Parson and Bales, 1956)***

**Macooby and Jacklin (1974)** were the first researchers to systematically examine the gender differences in empathy. They reviewed a total of twenty research papers on gender differences only to report inconventional findings of no gender differences on measures of empathy.

**Block (1976)** reviewed their own empirical studies on gender differences in empathy. In 23 % of the total studies, empathy was seen higher in females while in 10% it favored males.

Nevertheless there are studies projecting females to be more empathetic gender. **(Sagi and Hoffman 1976). Siu and Shek (2005)** validated the interpersonal reactivity index in Chinese context. They found significant gender differences on personal distress subscale while there were non-significant differences on fantasy and empathic concern.

Looking at the consistent reports on females scoring higher than males on empathy, **Ruther, Markowitsch , Shah , Fink and Piefke (2008)** further clarified whether the gender differences on empathy are associated with gender specific neural mechanisms of emotional social cognition. They investigated gender differences in an emotion attribution task using functional magnetic resonance imaging. Subjects either focused on their own emotional response to emotion expressing face (SELF-task) or evaluated the emotional.
state expressed by the faces (OTHER-task). Behaviorally, females rated SELF-related emotions significantly stronger than males. Across the sexes, SELF- and OTHER-related processing of facial expressions activated a network of medial and lateral prefrontal, temporal, and parietal brain regions involved in emotional perspective taking. During SELF-related processing, females recruited the right inferior frontal cortex and superior temporal sulcus stronger than males. In contrast, there was increased neural activity in the left temporoparietal junction in males (relative to females). When performing the OTHER-task, females showed increased activation of the right inferior frontal cortex while there were no differential activations in males. The data suggest that females recruit areas containing mirror neurons to a higher degree than males during both SELF- and OTHER-related processing in empathic face-to-face interactions. This may underlie facilitated emotional “contagion” in females. Together with the observation that males differentially rely on the left temporoparietal junction (an area mediating the distinction between the SELF and OTHERS) the data suggest that females and males rely on different strategies when assessing their own emotions in response to other people.

Mestre, Samper, Frieas and Tur (2009) contributed information on women’s greater empathic disposition in comparison with men by means of a longitudinal design in an adolescent population. Index of Empathy for Children and Adolescents by Bryant and the Interpersonal Reactivity Index by Davis were used to measure empathy. The results confirmed a greater empathic response in females than in males of the same age, differences growing with age.

Leontopoulou (2010) explored the gender differences on empathy using an Index of Empathy for Children and Adolescents (Bryant, 1982). He found that Females exhibited more empathy than males ($F(1, 230) = 20.63, p < .001$).

Hawk et al. (2012) examined gender differences on interpersonal reactivity and confirmed the existing literature by reporting significantly higher scores of females on all dimensions of interpersonal reactivity index.
G. Gender Differences in Stress and Coping Styles

An experience of stress constitutes an issue of central importance in understanding adolescent development. Research in adolescent stress has shifted its focus on the study of traumatic events and chronic stressors; characterized by loss of threat to normative challenges, demands and developmental tasks. Though the experience of stress and negative life events is universal and employing various coping strategies to fight or flight is innate yet there are variations in males and females with respect to their personal perceptions of negative events and the attempts they make to defy the effects.

With regard to stressors in adolescent life, it has been reported that 46%–82% of all stressful everyday events pertain to interpersonal relationships and include conflicts between parents and adolescents, with close friends and romantic partners (Seiffge-Krenke and Stemmier, 2001; Seiffge-Krenke, 2006).

Literature elucidates that girls more concerned about most things than boys. Compas Howell, Phares, Williams, and Giunta (1989) cited a study where young people’s concerns were considered across a number of problem modalities: namely, family stresses, peer stresses, academic stresses, intimacy stresses and network stresses. The most consistent finding was that network stresses (stresses that affect others in one’s social network without directly influencing the individual- for example, friends having emotional problems) were experienced more by the girls than the boys and that these stresses were associated with psychological symptoms. Not only is there a general trend for female adolescents to report a greater number of stressful events than males but they may also be struggling with different types of stresses. The girls report experiencing more stressful events and they are more affected by stressful events than are boys (Frydenberg and Lewis, 1996). Bird and Harris (1990) found that young females reported feeling more strain in their family role.
A recent study conducted by Moksnes, Byrne, Mazanov and Espnes (2010) also followed the similar trend where girls reported significantly higher levels of stress than boy in relation to peer pressure, home life, adult responsibility, romantic relationships, school/leisure conflict, school performance and financial pressure.

Coping is an active, purposeful process by which an individual responds to stimuli appraised as taxing or exceeding his or her resources. It includes behavioral, emotional, and cognitive attempts to manage the demands imposed by a stressor (Lazarus, 1993). The current study also explored the gender differences in coping. Results revealed that Females scored higher than males on Instrumental Support Seeking ($t=3.37$, p value<0.05) and Emotional Support Seeking ($t= 2.57$, p value<0.05). No significant differences emerged on The Proactive coping, The Reflective coping, The Strategic Planning, The Preventive Coping and Avoidance coping.

There are studies in literature that have examined the role of individual factors like gender in adolescent coping. One of the finding in these studies has been that females generally show higher level of active coping and support seeking as compared to males. (Compass et al., 2000, Tamres, Janicki, and Helgeson, 2002) which is consistent with the findings of current research.

Bird and Harris (1990), Seiffge- Krenke (2006), reported that females have higher tendency to use approach coping especially the behavioral approach coping compared to males. However, Pheps and Jarvis (1994) quoted no gender differences on approach coping. As far as avoidance coping is concerned, Kurdek (1987), Herman Stahl, Stemmler and Petersen (1995) reported no gender difference whereas Olah (1995) reported that males use more approach coping and less avoidance coping than females.

Frydenberg and Lewis (1993) gave a comparative note on coping strategies used by boys and girls. According to them, girls cope with daily
stressors by seeking social support and utilizing social resources. In contrast, boys use physical recreation such as sport to cope with adversity.

Gomez, Holmberg, Bounds, Fullarton, and Gomez (1999) also assessed the gender differences in coping. The three coping strategies assessed by them were the cognitive approach coping, behavioral approach coping, and avoidance coping. The cognitive approach coping referred to the coping by making use of cognitive strategies like thinking about the problem and finding the solutions. The behavioral approach coping was the coping related to the use of social support strategies in coping like discussing problem with adults and parents. The avoidance coping referred to coping through distraction or other withdrawal strategies. The results revealed no significant differences in the use of cognitive and avoidance coping by males and females. However, females were found to use behavioral coping significantly higher than males.

Hampel and Petermann (2005) categorized two basic styles of coping strategies viz. maladaptive and adaptive coping. In their view boys tend to make more use of adaptive coping strategies that focus on the immediate problem. Strategies are externalized and commonly include direct action, distraction and positive self-instruction.

The male and female adolescents were compared on the coping styles used by Jaggi (2008). The results revealed no differences on majority of ways of coping including the confrontive coping, distancing, self controlling, seeking social support, escape avoidance and positive reappraisal. However, males outscored females on accepting responsibility and planful problem solving.

Krenke, Aunola and Nurmi (2009) explored the gender differences on stress perception and coping during adolescence in view of situational and personal factors. It was seen that girls reported future related stress more than boys. The continuous increase in future-related stress in girls during late adolescence may highlight that the developmental deadlines of young adulthood for females are earlier than for males. The girls also reported a relatively high level of stress in relationship with peers. This finding may be
explained by the fact that girls spend more time in intimate peer groups than boys do and that girls also experience more conflict and more jealousy in these relationships. However, the girls reported lower levels of perceived stress in romantic relationships than the boys did. There were significant gender differences in coping as well where girls showed a higher level of active coping and support seeking than boys did.

H. Gender differences in parental bonding

Research evidence shows that there are gender differences to be found in terms of perceiving parental bonding by using the PBI. Females are more likely to perceive mothers as more caring compared to males (Parker, Tupling, and Brown, 1979).

Rey, Bird, Kopec-Schrader and Richards (1993) explored whether perceived parental care and protection varied according to gender of the adolescent. The results revealed that girls perceived the father as more controlling than boys. There were no differences in perceptions of maternal care and control between boys and girl.

Gladstone and Parker (1996) reported significant gender differences with respect to the gender of adolescents. They found that male participants rated their mothers as more controlling on the "perceived social control" subscale of the overprotection scale. In contrast the female participants rated their fathers as more intrusive on the "personal intrusiveness" subscale.

Conrade and Ho (2001) examined the gender differences in parenting styles. Mothers were perceived to be more likely to use an authoritative style by female respondents and a permissive style by male respondents. The researchers also discussed some of the socialization implications stemming from these gender-based differences.

Azaiza (2005) conducted a study and found that a lot of differences existed in the parent–child relations of subjects who were of Arab origin. This can be attributed to the issue of gender inequalities as well as to religious beliefs which still exist in some Eastern countries. Males were found to
perceive more positive parent-child relationships compared to females. There were also major gender differences in family upbringing and parental bonding with parents being more strict and distant with their female offspring compared to males.

Baharudin, Chiah and Zulkefly (2012) explored the gender differences on parental bonding. It was found that male adolescents viewed their mothers as more permissive than their authoritarian fathers, whereas female adolescents perceived their mothers as being more authoritative than their fathers.

I. Gender Differences in Personality

The study of personality is particularly useful in attempting to examine psychological differences between genders. Personality is often conceptualized as the extent to which someone displays high or low levels of specific traits. Traits are the consistent patterns of thoughts, feelings, motives, and behaviors that a person exhibits across situations. Gender differences in personality traits are often characterized in terms of which gender has higher scores on that trait, on average. The goal of investigating gender differences in personality, therefore, is to elucidate the differences among general patterns of behavior in men and women on average, with the understanding that both men and women can experience states across the full range of most traits.

Gender is the one those socio demographic variables whose relations with personality dimensions have been studied most often historically. The research on gender differences in personality began by scientists who believed that individual differences in traits were biologically determined. (Shields, 1975; Fausto-Sterling, 1985; Feingold, 1992).

Discussions of gender differences of any kind often begin with the conclusions from Maccoby and Jacklin’s (1974) landmark review of sex differences in cognition, temperament, and social behavior. Maccoby and Jacklin used the formerly popular narrative method of review: Studies were grouped by area, the significance or non significance of each sex difference
was noted by study, and conclusions were drawn subjectively from both the number and the consistency of significant gender differences. Maccoby and Jacklin’s review of temperamental gender differences—which mixed studies that used personality inventories with studies that measured behaviors thought to reflect personality traits found males to be more assertive (dominant), more aggressive, and less anxious than females. No sex difference was found for self-esteem. Gender differences in locus of control were concluded to vary by age, with a gender difference (greater male internality) emerging only in the college years.

Feingold (1994) reported the findings from four meta-analyses of gender-personality studies; the first three of these included: (a) a quantitative synthesis of the studies included in Maccoby and Jacklin’s (1974) classic qualitative review, (b) a re-analysis of the studies included in Hall’s meta-analysis (Hall, 1984), and (c) an analysis of recent studies from the same journals surveyed earlier by Hall (1984). Feingold compared the findings from these three analyses for the personality variables of self esteem, internal locus of control, assertiveness, and anxiety, and found average gender differences across the three meta-analyses that translate into correlations with gender of 0.06, 0.06, 0.08, and -0.13 for those four variables, respectively (with positive correlations corresponding to higher scores for men).

Feingold (1994) also presented a meta-analysis of gender differences in the personality scale norms provided in various editions of the manuals of 13 personality inventories. A total of 58 diversely labeled personality scales were included. Each of the 58 scales was classified into one of nine facets: Anxiety and Impulsiveness from the Neuroticism domain; Gregariousness, Assertiveness, and Activity from the Extraversion domain; Openness to Ideas from the Openness domain; Trust and ‘Tender-mindedness’ from the Agreeableness domain; and Order from the Conscientiousness domain. The results suggested that most gender differences in personality variables were quite weak, with the exception of Assertiveness (men somewhat higher) and Nurturance (women considerably higher).
Budaev (1998) examined the gender differences in the Big Five personality structure, as assessed by combined Jackson Personality Inventory (JPI) and the Personality Research Form (PRF) scales, in a student population using factor analytic and covariance structure analysis techniques. The results revealed that the gender differences were significant for only two dimensions of personality viz. extraversion and agreeableness (low emotional stability). The effect size was significantly larger for the agreeableness and low Emotional Stability factor on which females scored higher than males. On the extraversion males scored significantly higher than males.

Yadav (2010) used the Eysenck’s personality questionnaire to assess gender differences. The results showed that males scored higher than females on psychoticism whereas females scored higher on extraversion and social desirability.

Williams, Satterwhite and Best (1999) used the NEO-PI-R to analyze gender stereotypes as perceived by university students across 25 countries. Extraversion, Conscientiousness and Openness to experience were found to be more frequently perceived as male traits, and Neuroticism and Agreeableness more frequently associated with women.

Costa, Terracciano and McCrae (2001) reported the gender differences on personality measured by Revised NEO Personality Inventory in a large cohort of 23,031 subjects. It was found that females reported themselves to be higher in neuroticism, agreeableness, warmth, and openness to feelings, whereas males were higher in assertiveness and openness to ideas.

Hyde (2005) viewed the gender and personality with a parallel yet novel approach and presented the Hyde’s “gender similarities hypothesis”. According to her, gender differences in terms of mean differences do not imply that men and women only experience states on opposing ends of the trait spectrum; on the contrary, significant differences can exist along with a high degree of overlap between the distributions of men.
and women. The gender similarities hypothesis holds that "males and females are similar on most, but not all, psychological variables. That is, men and women, as well as boys and girls, are more alike than they are different. Hyde found consistently "large" (d between .66 and .99) or "very large" (d≥1.00) sex differences in only some motor behaviors and some aspects of sexuality; "moderate" differences (d between .35 and .65) in aggression; and "small" differences (d between .11 and .35), or even differences close to zero (d≤.10) in the other domains.

Jaggi (2008) assessed the gender differences on Eysenck’s personality dimensions and reported that males tend to score higher than female adolescents. While there were no gender differences reported on the dimensions of Extraversion, Social Desirability and Neuroticism.

Rahmani and Lavasani (2012) determined gender differences in five factor model of personality and sensation seeking. According to the findings, significant difference in big five factors of personality was found between female and male students (P<0.01). Girls showed significantly higher scores on openness to experience and agreeableness compared with boys. Moreover, sensation seeking of boys was significantly different from girls (P<0.05). Male students showed significantly higher scores on subscales of thrill and adventure seeking, disinhibition and boredom susceptibility than female students.

Vianelloa, Schnabel, Sriramc and Nosek (2013) investigated gender differences in implicit and explicit measures of the Big Five traits of personality. In this high-powered study (N= 14,348), the researchers replicated previous research showing that women report higher levels of Agreeableness, Conscientiousness, Extraversion and Neuroticism. For implicit measures, gender differences were much smaller for all, and opposite in sign for Extraversion. Somewhat higher levels of implicit Neuroticism and Agreeableness were observed in women, and somewhat higher levels of implicit Extraversion and Openness were observed in men. There was no gender difference in implicit Conscientiousness. A possible explanation is that explicit self-concepts partly reflect social norms and self-expectations about
gender roles, while implicit self-concepts may mostly reflect self-related experiences.

Laher and Croxford (2013) studied the gender differences on personality using NEO-PI-R (Costa and McCrae, 1992) as an operationalisation of the five factor model (FFM) of personality. Each of the five factors namely Neuroticism, Extraversion, Openness to experience, Conscientiousness and Agreeableness were measured using 48 items domain scale. Each domain further comprised of six facets consisting of 8 items each. The one way ANOVA revealed statistically significant differences among males and females on the scales of Neuroticism, Anxiety, Depression, Self-consciousness, Vulnerability, Warmth, Positive emotions, Feelings, Agreeableness, Straightforwardness, Altruism, Compliance, Tender-mindedness, Order and Achievement striving and Modesty where females scored higher than males. Males scored significantly higher than males on Assertiveness and Ideas only.

Borkenau, Heriebikova, Kuppens, Realo and Allik (2013) explored gender differences on personality variability by analyzing four datasets comprising self reports and informant report on NEO PI-R (Costa and McCrae, 1992) or NEO PI-3 (McCrae et al., 2005). The results revealed higher variability between men than between women is not found in self-reports of personality, informant reports vary significantly more for male than for female targets. That was found for all traits including Extraversion, Openness to Experience, Agreeableness, and Conscientiousness except Neuroticism and it was found in each of the four samples.

There is a body of literature devoted to examining gender differences in personality and various theories are proposed to explain the differences, ranging from evolutionary perspectives to social learning theories; the underlying assumption of all of these theories is that there are fundamental, systematic differences between men and women.