OVERVIEW, AIMS AND OBJECTIVES OF THE STUDY

Resilience is an interactive phenomenon indicating that some individuals have a relatively good outcome despite having experienced serious stressors or adversities. Most research shows that resilience is the result of individuals interacting with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. (Zautra, Hall and Murray, 2010) These processes can be individual coping strategies, or may be supportive families, schools, communities, and social policies that make resilience more likely to occur. In this sense “resilience” occurs when there are cumulative “protective factors”. These factors are likely to play a more and more important role, when there is increased individual’s exposure to cumulative “risk factors”. The list of such factors promoting the resilience is enormous ranging from individual to familial to cultural and even higher universal levels. (Fleming and Ledogar, 2008)

The protective factors as identified in resilience research appear to overlap to some extent with the psychological construct called Emotional Intelligence. Since resilience is seen as a process so the way an individual attends to, processes or utilizes the information to manage one’s own emotions or others emotions is likely to have a great impact on the resilience in terms of outcome. This capacity or skill to identify access and manage the emotions of one’s own self & of others is referred to as Emotional Intelligence. People with high degrees of Emotional Intelligence know themselves very well and also sense the emotions of others. EI has been considered as the complex ability to regulate one’s impulses, empathize with others and be resilient in the face of difficulties. Therefore, Emotional Intelligence is a product of the amount of communication between the rational and emotional centers of the brain. There is adequate literature to support the mediating role of EI in the relationship between psychological health and stress. Many authors have empirically concluded that people with higher Emotional Intelligence are able to deal with environmental demands better compared to ones having low scores on Emotional Intelligence. (Augosta and Landa,
Moreover Salovey, Bedell, Detweiler, and Mayer (1999) claimed that individuals who can regulate their emotional states are healthier because they ‘accurately perceive and appraise their emotional states, know how and when to express their feelings, and can effectively regulate their mood states’. Thus in the fitness of things that emotional intelligence is discussed in the context of resilient behaviors demonstrated by individuals in the face of adversity.

The majority of resilience research has focused upon the individual’s responses in managing life’s adversities. Although the link between stressful life events and the physical and psychological health appears linear, however, the magnitude of direct influence of an adversity on physical and psychological health is still not very clear. While some authors report a small effect (Kessler, Price, and Wortman, 1985) others have found a significant large effect (Sarason, Johnson and Siegel, 1978; Clements and Turpin, 1996). Despite these inconsistencies, there are so called hardy or resilient individuals who experience high levels of life stress without the physical or psychological health being compromised. And one of the factors that that has been shown to mitigate the relationship between life stress and psychological functioning is the coping style of the individual.

Coping is defined as the constantly changing cognitive and behavioral efforts to manage specific external /internal demands that have been evaluated as taking up or exceeding the resources of person. (Lazarus and Folkman, 1984). Coping aims to fulfill two major functions: First, it regulates stressful emotions and secondly it alters the person – environment relation causing the distress. Coping comprises of all efforts to manage taxing demands without regard to their efficacy or inherent value. Therefore, coping is not necessarily equated with good outcome. Although there is controversy about the conceptualization of coping (Skinner, Edge, Altman, and Sherwood, 2003), yet there is abundant evidence to show that different styles of coping exist. Looking at the coping in the adolescent age group, the coping is commonly described as the emotion focused or the problem focused. (Carver, 1997). On similar lines coping in adolescents has been described in
the dimensions of approach and avoidance coping. (Ebata and Moos, 1994; Sandler, Tein, and West, 1994). Approach coping includes strategies aimed at directly resolving the conflict perceived to be the cause of the stress, such as by focusing on the conflict and seeking information to control the conflict. Avoidant coping strategies are behaviors that avoid or ignore the conflict. Looking at the complexity of the process of coping, it's difficult to objectively assign the stress responses to either of these categories. (Band and Weisz, 1988). The available literature shows coping style to be one of the key factors affecting individual resilience. While the role of protective factors in resilience is well reported, Rutter (1990) advocated need to understand coping as protective processes affecting the resilience.

It has been observed that resilient adolescents possess certain characteristic strengths or assets that help them to survive adversity. (Richardson, 2002; Scott, 2007). Research conducted by Campbell-Sills et al. (2006) also found that certain personality attributes contribute to the prediction of resilience. Resilience requires positive regard, and a will for continuous learning (Brown, 1996). Coutu (2003) stated that resilient people have the ability to improvise by solving problems without the usual tools. Resilient individuals also have high levels of self-confidence, a willingness to take risks, and a commitment to personal excellence (Brown, 1996). Other common characteristics associated with resilience include task commitment, academic achievement, verbal ability, intelligence, ability to dream, desire to learn, maturity, risk-taking, and self-understanding (Bland et al., 1994). According to Neill (2006) resilient individuals are not only able to cope well with unusual strains and stressors but tend to experience such challenges as learning and development opportunities. Taking into account the above mentioned facts, the personality of an adolescent can be considered as a pertinent predictor of his/ her resilience.

Personality tends to express what one is as a human being. Usually, when reflecting about someone’s personality, one thinks about what makes one person different from another or perhaps even unique. Literature
suggests that Openness, Conscientiousness, Extroversion, Agreeableness, and Neuroticism facets of personality are in some or other way related with resilience. Eysenckian Personality dimensions viz Extraversion, Neuroticism and Psychoticism have its empirical relevance in resilience research. Studies show evidence for the resilient personality profile being characterized by a high score on all the Big Five factors. Studies also reported positive relation between the traits like optimism, social dominance and resilience whereas traits like anger and neuroticism have negative associations. The other traits which tend to differentiate high and low resilient individuals include affiliation, cognitive structure, dominance, endurance, exhibition, impulsivity, nurturance and understanding. (Narayanan, 2008)

While considering the various protective factors promoting individual resilience, the trait ‘empathy’ is also seen as a major contributor. There are studies showing the effectiveness of empathy training on resilient adaptation. Empathy, which is also referred to as Interpersonal Reactivity is a distinct human capacity that promotes the pro-social bonds for civilized life. The term ‘empathy’ has been defined in various ways and there seem to be several traditions in studying empathy. Theoretically, there are two broad positions regarding the nature of empathy: Cognitive Vs Affective. Taking empathy as a cognitive response, it is seen as individual’s capacity to accurately perceive and understand others’ plight. In congruence with the cognitive framework of empathy, it is defined by Hogan (1965) as "the intellectual or imaginative apprehension of another's condition or state of mind without actually experiencing that person's feelings". Empathy is an affective component of an individuals' vicarious emotional response, which arises as a direct result of witnessing another's emotion. Keeping in line with emotional nature of empathy. Mehrabian and Epstein (2006) defined empathy as heightened responsiveness to another's emotional experience. The work done by Davis in early 80's proposed the model of multidimensionality of the construct of empathy taking into account both the affective as well as the cognitive components.
Empathy as a personal characteristic seems promising in promoting individual resilience. The capacity to empathize is a vital ingredient in developing social self confidence and the potential to seek out and enjoy social interactions. It is suggested that the ego strength embodied in the capacity for empathy serves as a foundation for relationships and provides basis for coping with stress and resolving the conflict.

While studying the factors leading to development of resilience, the role of developmental process can’t be underestimated. The study of emotional intelligence, coping, personality factors and resilience would be incomplete if the role of early parental bonding is neglected. The attachment serves as an existing rather than a static trait. It serves as both stable as well as flexible organizing function. As per Bowlby (1969), the attachment is not confined to the early months of life rather it is a pervasive behavioral descriptor that runs through childhood and adolescence. It is considered as one of the powerful constructs in development (Salzman, 1990) and it is a dynamic and evolving process which serves as powerful indicator of psychological well being. The quality of early relationships consistently emerges as the most critical element influencing the child’s capacity to mediate the effects of stress. The strong feelings of security originating in the early parental relationships influence the child’s internal state. Moreover, the key psychological task of adolescence is the social adaptation which is markedly affected by parent child relationships. Family as a social institution has an initial impact on how adolescents are raised. In order to develop a stable and resilient personality, the adolescents need affectionate parenting as well as security so that they may base their lives on the feelings of being in compliance with their parents and loved ones. Thus, resilience can be conceptualized as a process resulting from interaction between various risk and protective factors in unique ways (Joffe and Vaugen, 1973).
The primary aim of this study was to assess Adolescent Resilience in relation to Emotional Intelligence, Negative Life Events, Coping Styles, Parental Bonding Dimensions, Eysenckian Dimensions of Personality and Interpersonal Reactivity. Another aim of the study was to measure the gender differences in Resilience, Emotional Intelligence, Negative Life Events, Coping Styles, Parental Bonding Dimensions, Eysenckian Dimensions of Personality and Interpersonal Reactivity.

OBJECTIVES OF THE PRESENT STUDY

Following were the main objectives of the present study:

1. To assess adolescent Resilience in relation to Emotional Intelligence and Interpersonal Reactivity.
2. To assess adolescent Resilience in relation to Negative Life Events and Coping Styles.
3. To assess adolescent Resilience in relation to Parental Bonding dimensions.
4. To assess adolescent Resilience in relation to Eysenckian dimensions of Personality.
5. To explore the gender differences in adolescent Resilience and its correlates.

The exclusive feature of the present study was to explore the construct of resilience in relation to multiple protective and risk factors which included both the individual as well as the familial factors contributing to adolescent resilience. Further, the exploration of gender differences on correlates of resilience might serve as grounds to develop gender specific resilience bolstering interventions for future.