CHAPTER I

INTRODUCTION

“Adolescence is a new birth, for the higher and more completely human traits are now born”

(G. Stanley Hall)

1.1. Introduction

Adolescence, a vital stage of growth and development, marks the period of transition from childhood to adulthood. Sudden and vast alterations which happen in the physical, psychological and social aspects of adolescent’s life, create a critical stage which would bring some problems and conflicts accordingly. Additionally, change in lifestyle and cultures in the modern times and a variety of stressful circumstances also play an important role which influence mental health and mental stability. When a person’s mental stability is disturbed, it also affects his physical health. Gradually, the cognitive abilities, such as problem-solving, thought process, reasoning, decision making, attention/ concentration, are impaired. If psychological problems are not treated in early condition, it decreases the personal coping abilities, community mental health, and finally affects the entire life of the person. In such a situation depression and anxiety become more prevalent in adolescents. An individual who is depressed will not be able to concentrate on personal hygiene, care for self and others. It does not only affects their cognitive abilities but also affect their socio-emotional aspects. They face adjustment problems in different areas, such as family, health, social and emotional aspects.
The adolescent age is considered as an important and remarkable stage of psycho-social development of an individual. In this period it is important to have emotional balance, understanding of their self-value, self-conscious (knowing talents, abilities and interests), selection of actual aims of life, emotional independence, making healthy relationships with others, achieving necessary social skills of making friends, knowing healthy and effective lifestyles etc. Therefore, helping adolescence in the growth and development of necessary skills for effective life, creation or increase of self-confidence in confronting problems, solving them to have successful compatibility with social environment and effective and constructive life in society seems crucial (Shoari, 1998).

Thus, considering the importance of adolescent period, basic and scientific cognitions of this stage, it is a vital task to prevent psycho-social problems by presenting the adolescents with the necessary cautions and information and achievement of necessary skills. One of the preventive programs in this field which has been considered at international level is education of life skills to adolescents. Respecting the importance of the case, the World Health Organization (WHO) has prepared a program under the name of education of life skills in order to increase the psychological health level and prevention of psycho-social damages which was presented in UNICEF in 1993. Since then, this program was studied in many countries (Nori, 1998). Life skill education aims to provide students with strategies to make healthy choices that contribute to a meaningful life. Life skills are the abilities that aid to promote psychological health and competence in adolescents as they face with the realities of life. Life skill facilitates a complete and integrated development of individuals to function effectively as social beings. With life skills, one is able to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises. It also involves
being able to establish productive interpersonal relationships with others and
development of pro-social behavior.

Approximately, in all countries school is a place where students, spend many
hours of their lives. During this period, programs of training on such issues can have
further influence as students are in their energetic period of life i.e., childhood and
adolescence. In addition, schools can provide resources for the development of
student’s psychological health which can be obtained through life skill education. So,
schools need to emphasize on the provisions and maintenance of their psychological
health and take necessary action, in order to fulfill the above objectives, rather than only
concentrating on the increase of educational functions of students. If this objective is
fulfilled many problems will decrease by themselves.

Therefore, regarding the relation of training of life skills with psychological
health and the prevalence of psycho-social problems, the present study was conducted
to study the effect of Life Skills Training intervention among adolescent students
particularly on Psychological Distress, Balanced Emotional Empathy and Autonomy.
This will not only help them to meet the present situation but also strengthens them to
face the various changes and challenges in future.
1.2. Meaning and Definition of Adolescence

1.2.1. Adolescence

Adolescence, the developmental stage between childhood and adulthood is drawing the attention of the society more than ever. The growing concern for the adolescents is an indication that, this developmental stage is definitely a very important phase in the life of an individual and the events and incidents that occur during this period is going to generate an impact in his/her future life in a significant manner. Tossed between the social, emotional and physical issues during this period, an adolescent is often unprepared to face the challenges of life, which often results in social malfunctioning, emotional conflicts and likewise. Hence it has become an urgent need especially for the Indian society, that we may make initiatives to enhance the quality of their life.

1.2.2. Definition of Adolescence

“Adolescence is a collective term used to refer to the stage of human development, between the ages of 10 and 19 years. It is generally accepted as an important phase of human development and recognised as a transitional process from childhood to maturity, rather than a single stage or series of sub-stages” (Yadav et al., 2009). Various theorists have defined adolescence differently. Muuss (1996) defines adolescence as “the period from puberty until full adult status has been attained”. In the opinion of Dacey (1979), “an adolescent is any person usually between the ages of 11 and 19, who has clearly started the search for a personal identity”. Santrock (1997) defines adolescence as “the developmental period of transition from childhood to early adulthood, entered at approximately 10 to 12 years of age and ending at 18 to 22 years of age”. According to Papalia, Olds and Feldman (2004) “adolescence is the
developmental transition between childhood and adulthood entailing major physical, cognitive and psychosocial changes”. Hall (1916), the first psychologist who propounded a theory of adolescence too, described this period as “a period of storm and stress”.

The World Health Organization defines adolescent “as a person in the age group of 10 to 19 years”. This phase which is predominantly marked with a sudden ‘growth spurt’, heralds the physical, psychological, moral, intellectual and emotional changes a child yet to face. The most commonly identified feature of growth spurt is increase in height and weight. These changes are accompanied by changes in body proportions also (Yadav et al., 2009). The term adolescence comes from the Latin word adolescere, which means to grow or to grow to maturity. As it is used today, the term adolescence has a broader meaning. It includes mental, emotional and social maturity as well as physical maturity (Hurlock, 2006).

Adolescents are not a homogeneous group of people but highly diversified and differentiated individuals (Muuss, 1996). The adolescence period varies from place to place or from culture to culture, indicating the fact that, it is more of a cultural phenomenon. The diverse cultures worldwide, have set, different norms and set of rituals for their adolescents for the successful passage of this period. Simultaneously they will be pondering about the acquisition of talents and skills which would facilitate their future. Even some of them may instigate into experimenting with newly acquired skills. In this regard, life skills will become very important and most central to their concerns. It is for the promotion of psychological health and the targeted group is all adolescents.
1.2.3. Developmental Changes in Adolescents

Adolescence, the intermediate period between childhood and adulthood is characterized by a multiplicity of physical and behavioral changes (Yadav et al., 2009). Adolescence is a difficult period which calls courage for both adolescents and their parents. Three stages of adolescence, early, middle and late, are experienced by most adolescents, but the age at which each stage is reached varies from child to child. The landscape of these years is dotted with emotional peaks and valleys (Murthy, 2008). The sudden growth spurt and related psychological changes add a number of problems in the life of an adolescent. Physical, sexual, and social development are some of these changes that take place at a surprisingly rapid pace and give only a little time to the adolescent to adjust to these changes. There are also certain special needs, the adolescents find difficult to fulfill on their own. During this period they become increasingly self-conscious about their physical appearance, behavior, and activities. The problems emanating from these developments have more serious implications such as the development of their interest in opposite sex, their tendency to become deeply involved with peer group and to distance themselves from parents and other family members. It is during this period that adolescents attempt to create a sense of personal identity to assert their independence (Yadav et al., 2009). The key developmental changes of this life stage are:

1.2.3.1. Physiological Development in Adolescence

During this period adolescent’s body goes through a metamorphosis both externally and internally, in structure as well as in function (Saini & Gill, 2007). Externally there will be an increase in their height and weight. Trunk broadens and lengthens making the body more proportionate. Sex organs reach their mature size and
secondary sex characteristics attain maturity level. Internally, the stomach becomes longer and tubular, the intestines grow in length and circumference, the muscles in the stomach and intestinal walls become thicker and stronger, the liver increases in weight, and the esophagus becomes longer. The heart grows rapidly and becomes twelve times heavier than at the time of birth. The length and thickness of the blood vessels also increase. In girls, lung capacity reaches its maturity by seventeen and in boys; it will take place years later. There will be a temporary imbalance in the endocrine system due to increased activity of gonads in early adolescence. Sex glands develop rapidly and become functional. They reach their maturity in late adolescence or early adulthood, by the age of eighteen skeleton stops growing. But muscle tissues continue to grow (Hurlock, 2006).

It is noted that only some adolescents, experience satisfaction with their bodies. This is due to the reason that, often all the body parts do not grow at the same rate, causing embarrassment to an adolescent. It is unusual if adolescents do not have concern for their physical attractiveness. Acne, skin eruption, physical discomforts related to menstruation and obesity are some other issues which trouble adolescents (Hurlock, 2006).

1.2.3.2. Psychological Development in Adolescence

Developmental psychologists have formulated different theories, describing human psychological development which makes our task of understanding the psychological changes in adolescents easy. Erickson’s psychosocial theory, Piaget’s cognitive development theory and theory on moral development by Lawrence Kohlberg give an overview of the different dimensions of psychological development that takes place in an adolescent.
An adolescent’s physical changes are accompanied by a host of psychological changes. An adolescent achieves Piaget’s formal operational phase of intellectual advancement and the thinking becomes more adult-like (Morgan et al., 2005). An adolescent thought becomes more abstract, logical and idealistic; more capable of examining one’s own thoughts, other’s thought, and what others are thinking about oneself; and more likely to interpret and monitor the social world (Santrock, 1997). Another important feature of adolescent psychological development contains the development of values through moral reasoning. The adolescents reach the Kohlberg’s third level of morality that is, post-conventional morality. This is the level of self-acknowledged beliefs and principles (Hurlock, 2006). As moral independence grows, alternative courses of action and their consequences are to be considered. At this stage, adolescents develop new ideas of their own about different areas like peer group, career, moral ethics and values (Deb & Chatterjee, 2008). The adolescent also becomes less egocentric in reasoning; and some come to rely almost entirely on abstract moral principles (Morgan et al., 2005).

1.2.3.3. Cognitive Development in Adolescence

Newman and Newman (1988) defined cognition as the “process of organizing and making meaning of experience”. According to Piaget (1972), the abstract thinking competence commences in the region of the age 11. At the formal operational stage, adolescent reasons much like a scientist searching for solutions in the laboratory. At adolescence, youngsters become able to of hypothetic-deductive reasoning in which adolescents set up with a general theory of every conceivable factor that might affect an outcome in the problem and figure out specific hypotheses, which they test in an orderly manner.
Abstract reasoning is the feature of this stage. It allows the adolescent to entertain and consider a range of possibilities, and to reflect upon these, providing a range of possible solutions to the questions that arise at this time. According to Steinberg (1993), “the ability to think in hypothetical terms and consider a range of possibilities helps in the formulation of arguments and counter-arguments”. This ability also helps in the development of perspective taking skills. It also means that adolescents are able to use more advanced reasoning and logical processes to think about, for example, morality, friendships, responsibility, and ideology. Steinberg (1993) also pointed out that adolescents become more skilled in the use of both selective and divided attention, short time and long time memory improve, and fundamental strategies for the control of thinking also develop. All these provide the adolescents with the powerful set of mental tools.

1.2.3.4. Understanding of Self in Adolescence

The way towards comprehending oneself, others and connections, is a vital piece of growing and developing into adolescence. As indicated by Slaby et al. (1995) “social awareness shifts from the egocentric view of the young child to the capacity to understand, anticipate and react to others’ sentiments and viewpoints in early adolescence”. Therefore, this phase of life is fundamental for developing empathy and perspective taking. It takes time for children and adolescents to form a unified and consistent representation of themselves.

Voluminous research has been conducted on adolescent self-esteem probably due to its importance to overall psychological health. In a study done by Coleman and Hendry (1999) observed that adolescents compare themselves to others in order to ascertain their level of worth, a process which begins around the age of 6 or 7 years and
intensifies in adolescence. Therefore, it appears that as Harter (1983) pointed out that self-esteem is closely related to valued domains of skills and activities. It has been shown that an increase is observed in self-esteem from early to late adolescence.

Identity development is central to adolescence, closely tied in with the notion of identity is that of autonomy. Steinberg (1986) suggested that development occurs in three domains (1) Emotional autonomy (2) Resistance to peer pressure and (3) Subjective sense of self-reliance. Ryan and Lynch (1989) suggested that emotional support and acceptance of the parent allows individuation for securely attached adolescent. Without this sense of support, adolescents become more reliant on peers. It fosters good adjustment but also may lead to anti-social behaviors.

Self-efficacy is one more aspect of the expanding self-concept. Self-efficacy, described by Bandura (1999) is “belief about own abilities and characteristics that guide responses in particular situations”. This has important implications for adolescent adjustment, i.e. if the adolescent develops a distorted sense of self-worth and abilities; he/she is likely to develop low self-esteem. Therefore, acquisition to realistically appraise oneself and one’s abilities is a very vital development during childhood and adolescence.

A certain amount of loneliness is considered normal in adolescence. Larson (1997) suggested that time alone becomes more voluntary through adolescent years and that, by late adolescence, an intermediate amount of solitary time has positive after effects like the better adjustment.
1.2.3.5. Emotional Development during Adolescence

Descriptions of adolescence often refer to new levels of emotional variability, moodiness, and emotional outbursts. It is the period of emotional instability and intensity. Boys and girls experience all emotions like anxiety, fear, love, anger etc during this period. Hurlock (1990) points out though heightened emotionality during adolescence is a product of ongoing growth, she says that it slows down after a period of time and factors such as social pressures and changed roles and expectations contribute to emotional instability. Rutter et al. (1976) stated that “adolescent boys and girls come under social pressures when they face new circumstances for which they received little of any preparation for the period of childhood”. Emotional volatility is the logical outcome of the inevitability of making adjustments to new patterns of behavior and to new social outlook and expectations. Troubles connected to romance become extremely real at this age; as a result, they become dejected. They also worry about future as schooling is coming to an end. By the end of adolescence, boys and girls are believed to have attained emotional maturity, they assess the situation critically before responding emotionally and finally they exhibit emotional stability instead of swinging from one emotion to another.

1.2.3.6. Social Development during Adolescence

Adolescence marks a rapid change in one’s role inside a family and beyond the family. They become argumentative concerning minor issues of parental control. There is often a significant increment in parent-child disagreement and a less unified familial bond. There is a trend in adolescents to move away from the parents and elders and spend too much time with members of peer groups. According to Kirchler et al. (1991), peer group membership is associated with the development of autonomy and skills in
maintaining relationships, and lack of peer group is far more risky in development. The social status of adolescent is earned through capability and performance with peers. Adolescents value the ideals of the group and develop the sense of loyalty and fidelity towards the group. Adolescents are so much influenced by the standards and norms of the peer group and pay less attention to the directions and guidance of parents and elders in the family (Spear, 2000; Brown, 2004 & Pahuja, 2007). Adolescents use larger structures to locate themselves in a social context. They feel secure in wider settings, cliques and crowds provide them with a sense of identity and self-concept. Popular adolescents are friendly, good natured, humorous and intelligent. Social rejection is associated with poor social skills. At this point, it is important to note Egan and Perry’s (1998) findings that children neglected by their peers may be withdrawn, shy or unenthusiastic. Where children have a poor view of self and judge themselves incompetence, there is increased the risk of victimization. A similar study by Parker and Asher (1987) found that rejected adolescents are lonelier and more likely to develop disturbance. Savin, Williams and Bemdt (1990) further reported that lack of acceptance is associated with low achievement, school dropout, delinquency, and with emotional and mental health problems in adulthood.

1.2.3.7. Adolescent Behavioral Development

During adolescence period, boys and girls seem to present more weight to awards, especially social awards, than adults do (Albert & Steinberg, 2011). Therefore getting the approval of peers will become highly emphasized for increase self-consciousness. While peer group affiliation may facilitate behavioral development but it can also be obtrusive for development. Adolescents do take a lot of risks since risk taking is necessary to make an impression of potential mates. It is observed that lacking
of risk-taking, adolescents would not have the inspiration or self-assurance required to create the change in society from childhood to adulthood (Spear, 2000), whether it is recreational interest like, games and sports, relaxing, traveling, hobbies, reading, dancing, movies, radio and television, driving, personal interest like, appearance, clothes, achievements, independence drinking; social interest, like parties, drinking, using drugs, helping others, social skills, world affairs, educational interest like peer attitude, teacher acceptance, grades, academic success etc. Because of these changes which the adolescences are undergoing, they become susceptible to several forms of problems that lead to further victimization (Conger, 1997). They try to protect themselves by developing and assuming responsibilities. The parents, teachers and those which have the desire to help them should be familiar with the symptoms clearly. This knowledge and awareness will help to build up constructive interventions and simplifies emotional expansion in adolescents. It is likewise a challenging period for parents.
1.3. Theoretical Perspective of Adolescence

In many viewpoints, there is a presumption that adolescence is a period of progress and advancement. The emphasis may vary on what is changing and why, however the general suspicion is that adolescence is a time of transformation.

From the earliest form of theory by Hall (1904), it can be synthesized by understanding the biological and cultural evaluations of the human race. He defined adolescence as a period of storm and stress and packed of inconsistency and contradictions and broad mood oscillation and emotion. It is a turbulent time and full of conflicts (Ross, 1972). Adolescence is a time which is naturally marked by persisted feelings of rebelliousness, and emotional volatility. The positive view is, adolescents can withstand and thrive the stresses in this period (stone & church, 1957). Pessimism, introversion, and rebelliousness are the hallmarks of adolescence (Gessel, 1989). Rank sees adolescence as a state of flux, which changes alternately between periods of high enthusiasm and absolute despair. Adolescents strive for independence. There is an increase in ‘schizoid’ characteristics (Rank, 1936). Social learning theory considers adolescence as an ‘observational learning’ in which adolescents observe and imitate the behavior of their parents, other adults, and peers (Bandura, 1977). According to Piaget (1973) Cognitive theory of adolescent development considers this period as “decisive turning point at which the individual rejects, or at least revises his estimate of everything that has been inculcated in him and acquires a personal point of view and a personal place in life”. He opines that this period is considered as a transition period from the use of concrete operation which leads to formal operation in reasoning. This clearly distinguishes from puberty, which involves psychological changes and prepares the individual to meet certain social demands. The Freudian psychoanalytic perspective (1905) of adolescence emphasizes the intensified sex drive results in sexual conflicts,
due to this adolescent experience a lot of anxiety and when anxiety becomes unmanageable it produce a variety of defense mechanisms such as repression, intellectualization, and harshness for coping with stress or it might be the outcome in severe forms performing out such as self-destruction, or peace and reconciliation the health of an adolescent, which it is considered as dysfunctional conduct. Erikson (1968), who supports the psychoanalytic theories of adolescent development, gives more weight to eight stages of development. Santrock (1990), emphasizes on the past, unconscious mind and on the conflict. According to Mead (1970) cultural context theory, the chaos that annoys the adolescents has cultural influence and hence is not universal. They are a product of civilization (Muuss, 1996). The transition to adulthood is smooth and creative, not creating any conflict. But Freeman (1983) argued that the relative strength and importance of biological puberty cannot be totally dismissed.

There are different theoretical perspectives to understand adolescent development, based on the particular assumption to explain the aspects of adolescence. Not a single theoretical perspective can successfully explain all the aspect and complexities of adolescence. Thus we can reach a more comprehensive and well-balanced understanding of the adolescent behavior, only by exploring particular compilations from theoretical perspectives (Atwater, 1992). In other words, the experience of adolescence is greatly influenced by an individual’s environment both social and cultural.
1.4. Psychological Distress: An Overview

People of all ages and all kinds of engagements experience psychological distress in varying degree at different points of time and adolescents are not an exception to it. The developmental changes due to advancement of science and technology, process of adjusting to these changes and the changing surrounding, coping with pressure of studies, increasing competition, parental pressure, financial difficulties, tensions of interpersonal relationships with parents, elders and peer groups and a variety of social stressors also have significant role in the experience of psychological distress and are all serious challenges which threats adolescent’s mental health. Result shows, a great number of students who are unable to withstand this pressure develop symptoms of psychological distress and its criteria (depression and anxiety), (Bishop, Bauer, & Becker, 1998). The World Health Report published by WHO in the year 2000 estimated that worldwide up to 20% children and adolescents suffer from a disabling mental disorder and nearly one out of five children need some kind of psychological help. The acquisition of life skills can contribute to changes in both individuals and the environment. This mutual principle can twice accelerate the mental health promotion. With respect to life skills training, in this study researcher aims to determine the effectiveness of life skills training on psychological distress and its criteria (depression and anxiety), among adolescent students. The researcher sought to answer whether life skills training is effective in reducing the psychological distress and if so, to what extent is it effective? Is the effectiveness significant?

1.4.1. Meaning and Definition of Psychological Distress

Psychological distress has been conceptualized by Decker (1997) and Burnette and Mui (1997) as lack of interest, trouble with sleep (difficulty falling sleeping or
staying sleeping), feeling downhearted or gloomy, sense of hopelessness about the future, feeling emotionally bored (for example, crying simply or emotion like crying) or lack of enthusiasm in things and thoughts of suicide (Weaver, 1995). Psychological distress defined by Lerutla (2000) as “the emotional condition that one feels when it is necessary to cope with upsetting, frustrating or harmful situations”. Psychological distress pursuant to Chalfant et al. (1990) is “a continuous experience of unhappiness, nervousness, irritability and problematic interpersonal relationships”. Any condition and situation that draws negative thoughts and feelings in an individual like unpleasant, frustrating, irritable, worrisome, and anxious is considered psychological distress, the similar situation is not essentially tense and stressful for all people and they do not experience the similar negative thoughts and feelings when distressed.

Psychological distress is largely defined by Mirowsky and Ross (1989) as “a state of emotional suffering distinguished by symptoms of depression (e.g., lack of interest, sorrow, hopelessness) and anxiety (e.g., restlessness, feeling tense), which has both emotional and psychological manifestations”. They further added that there is a wide variation in psychological distress, ranging from mild to extreme, with extreme levels being considered as mental illness such as schizoaffective disorder.

Anxiety and depression are the most common psychological disorders and are the two most widespread mental health problems seen among adolescents (Oliver et al., 1999; Rouillon, 1999; Wittchen, Beesdo, Bittner & Goodwin, 2003). As a consequence, anxiety, and depression have been found to account for the highest proportion of indirect cost (sick leave, absence, and suicide) and direct cost (medical supplement and treatment). These problems can lead to poor academic performance and serious health problems (Dyrbye et al., 2006). Numerous studies have evidenced symptoms of
anxiety, and symptoms of depression may contribute to sickness, absence, and attrition in adolescent students (Galbraith & Brown, 2011).

Given these estimates, preventing diagnostic disorders such as anxiety and depression from develop is important. Due to today’s society, prevalence of anxiety and depression are predicted to increase (Olesen et al., 2012). One way to prevent this development from increasing is to shift attention from the clinical to the non-clinical population and focus on anxiety and depression from a symptom level (Starr & Davila, 2012). The earlier symptom development can be identified, the better the chance of preventing a negative outcome (Jaffee et al., 2002).

Keeping in view of the above, for the purpose of this study, the complex interrelationship among depression and anxiety was determined by using the Kessler Psychological Distress Scale (K10; 2002), which combines anxiety and depression symptoms to measure psychological distress.

1.4.2. Defining Anxiety and Depression from a Dimensional Approach

Symptoms of anxiety and depression are commonly referred to as internalizing problems or emotional problems in childhood (Clark & Beck, 2010; Kovacs & Devlin, 1998; Tandon, Cardeli, & Luby, 2009). Anxiety and depression from a symptom perspective are assessed and defined by the following dimensional approach (Clark & Watson, 2006). According to this approach, the focus is upon the subjective experience related to the specific psychological condition. Different symptoms are associated with specific anxiety disorders. The most ordinary anxiety disorders in children and adolescents are separation anxiety, generalized anxiety disorder (GAD) and social anxiety (Axelson & Birmaher, 2001; Costello, Egger, & Angold, 2005). Separation anxiety is associated with symptoms of worrying about being separated from
attachment figures (American Psychiatry Association, 2013). Generalized anxiety disorder is characterized by uncontrollable worry that reflects symptoms like sleep disturbance, concentration difficulties, restlessness, fatigue, muscle tension and irritability (American Psychiatric Association, 2013). Symptoms associated with social anxiety are fear of social situations putting the person at risk of being negatively evaluated by others (American Psychiatric Association, 2013). Common symptoms of depressive disorders are sadness, feeling of emptiness, hopelessness, loss of interests, changes in appetite, problems sleeping, fatigue, chronically feeling of guilt and worthlessness, difficulty concentrating, and suicidal thoughts (American Psychiatric Association, 2013).

Since different psychological disorders consist of a set of symptoms, there are substantial individual differences of what symptoms are experienced, and its level of severity (Craig & Dobson, 1995; Starr & Davila, 2012). Symptoms can in addition vary within the individual from one day to another (Starr & Davila, 2012). Thus, the dimensional approach is a valuable tool when assessing the relationship between anxiety and depression from a symptom-level.

1.4.3. Comorbidity

There is a considerable overlap between anxiety and depression. Based on self-reported measures, Brady and Kendall (1992) reported a correlation ranging from 0.50-0.70. Thus, it can be questioned whether symptoms of depression and anxiety first and foremost measure the same underlying construct. Within this manner, it has been argued that anxiety and depression are not independent constructs, but should be regarded as the same affective state (Brady & Kendall, 1992). Clark and Watson (2006) argued that comorbidity between anxiety and depression are too common and should
Comorbidity is defined as having two concurrent disorders (Brady & Kendall, 1992; Seligman & Ollendick, 1998; Starr & Davila, 2012). Comorbidity between anxiety and depressive disorders is the most common comorbid psychological disorder and is frequent in adolescence (Gaynes et al., 1999; Alpert, Maddocks, Rosenbaum, & Fava, 1994). From 13-18 years of age, 40% of adolescents showed a comorbid mental disorder (Merikangas et al., 1996). It is significant to examine how anxiety and depression operate symptomatically, as disorders first and foremost are based on a set of symptoms (Starr & Davila, 2012). Thus, assessing the relationship between anxiety and depression on a symptom-level has important implications for increasing the understanding of the symptom development as well as the comorbidity between anxiety and depressive disorders (Seligman & Ollendick, 1998; Starr & Davila, 2012).

Such knowledge is crucial as comorbid psychological disorders are associated with increased personal costs due to higher symptom severity, as well as it heightens the risk of a secondary psychological disorder to develop (Bittner et al., 2004; Gaynes et al., 1999). Moreover, this has important implications for treatment of anxiety and depression (Brady & Kendall, 1992).

1.4.4. Gender Differences in Psychological Distress

Regarding gender differences, it is well-established that girls show a higher prevalence of symptoms of anxiety and depression compared to boys from late childhood to early adolescence (Armstrong & Khawaja, 2002; Costello et al., 2003; Derdikman-Eiron et al., 2011). In a community sample-study, depression prevalence in adolescent girls was reported to be two to five times more frequent compared to boys.
Gender differences typically emerge from 12-13 years of age (Angold, Costello, & Worthman, 1998; Wichstrom, 1999). From this age, anxiety and depressive disorders are associated with an increase in girls (Cooper & Goodyer, 1993; Derdikman-Eiron et al., 2011; Lewinsohn, Rhode & Seeley, 1998). This association is less likely to show an increase in boys (Angold & Rutter, 1992, Derdikman-Eiron et al., 2011).

1.5. Empathy: An Overview

In today’s world, human behavior has moved from concrete to some very subtle forms. There is a wide spectrum of individual differences in nearly all personality traits and patterns of social behavior. Some people seem to be consistently self-seeking, placing their own interests above those of others, and pursuing their own needs, desires, and wants relentlessly. In contrast, other people seem to be concerned principally with the welfare of others and with the good of the larger group. Most individuals lie somewhere between these two extremes on a continuum from unmitigated selfishness to selfless altruism (Eisenberg & Mussen, 1989).

Developmental psychologists have sought for many years to determine the factors that contribute to individual differences in the expression of pro-social and antisocial behavior in children and adults. Although it may be assumed that all human beings have the potential for acquiring pro-social behavior. The construct of empathy, in the theoretical literature, is viewed as one of the popular of personality characteristics because of its positive relationship with "pro-social orientation" and expansion of interpersonal relationships (Schonert-Reichl, 1993). A person, who has a pro-social orientation, is a caring individual who is empathic, has moral sensitivities, and is motivated to interact positively with others. Pro-social orientation is a more inclusive
concept than pro-social behavior because it includes cognitive, affective and behavioral components.

1.5.1. Definition of Empathy

Empathy has been conceptualized in a variety of different ways, Clark (1980) defines empathy as “the unique capacity of the human being to feel the experiences, needs, aspirations, frustrations, sorrows, joys, anxieties, and hurt or hunger of others as if they were his/her own”. According to Hickson (1985) most people refer to empathy as a type of nonverbal communication which involves the interaction of one individual with another or with an inanimate object. Brothers (1989) opined “empathy requires attention to cues in motility, verbalization, affective expression and tempo”. Levenson and Ruef (1992) stated that “empathy is a fundamental part of the social fabric of emotions, providing a bridge between the feelings of one person and those of another”. There has been remarkable consistency in how empathy is presently defined. Today, empathy is most comprehensively defined by Eisenberg, Spinrad, and Sadovsky (2006) as an “affective response that stems from the apprehension or comprehension of another’s emotional state or condition and is similar to what the other person is feeling or would be expected to feel in the given situation”. Hoffman (2000) conceptualized empathy as “an affective response more appropriate to another’s situation than one’s own”.

Over the years, empathy has been variously defined as a cognitive and affective trait, state, and skill. Early use of the term empathy, focused on the experience of affective perception and identification with the other. Later, this affective focus shifted to a cognitive view of empathy. The move in definitional center incited by Mead’s work
is reflected in the verbal confrontation among scholars and scientists about the intellectual and emotional nature of empathy.

1.5.2. Empathy as a Cognitive Phenomenon

From this perspective, empathy is considered as an intellectual understanding of the internal frame of reference of others, including their thoughts, intentions, and feelings. In this vein, cognitive empathy or perspective taking is an understanding of what it might be like when a target has a negative experience. It is the kind of empathy that allows people to interact with and predict others’ actions (Smith, 2006). Owing to the fact that cognitive empathy is less demanding on people’s emotions and more practical in application, it is often chosen as a safer option. In the process of cognitive empathy, one becomes “aware of another person’s internal states, that is, his thoughts, feelings, perceptions and inceptions” (Hoffman, 2000).

1.5.3. Empathy as an Affective Phenomenon

Definitions of empathy from this perspective include “an emotional response that stems from another’s emotional state or condition, is congruent with the other’s emotional state or condition and involves at least a minimal degree of differentiation between self and other” (Eisenberg & Fabes, 1990). It also has been defined as “a vicarious emotional response to the perceived emotional experiences of others” (Mehrabian & Epstein, 1972). Stotland, Mathews, Sherman, Hansson, and Richardson (1978) defined empathy as “an observer reacting emotionally because he perceives that another is experiencing or about to experience an emotion”. From this perspective, empathy is present experiences the emotional state of the other by observer. In an effort to make this aspect of empathy clear, Gladstein (1983) used the term affective empathy to mean “responding with the same emotion to another person’s emotion”. Duan and
Hill (1996) used the term empathic emotions to refer to the emotional experience of empathy, and Mehrabian and Epstein (1972) refer to it as emotional empathy.

Over the years empathy has been defined in a number of ways. Empathy is now considered as a multidimensional construct that involves both cognitive and affective processes toward other people. However, for the purposes of the present study, while we recognize the multi-dimensional nature of the empathy concept, that is, having both an emotional and a cognitive component, our focus is on the emotional component of empathy. It should provide immediate, proximal feedback that discourages aggressive acts by making the perpetrator of the aggression aware and possibly sympathetic, toward the pain suffered by the victim. Hanson (2007) stated that “Emotional empathy is a capacity which allows an appreciation of separateness of human beings and at the same time allows them to connect by attending to and feeling the emotional experiences of others”.

The definition of empathy and the nature of term “Balanced Emotional Empathy” which has used in this study will contain “Emotional Empathy” as “a vicarious emotional response to the perceived emotional experiences of others” (Mehrabian & Epstein, 1972). In the context of personality measurement, it describes individual differences in the tendency to have emotional empathy with others. It is important to measure emotional empathy in balanced way. Some individuals tend to be generally more empathic in their dealings with others; they typically experience more of the feelings than others feel, whereas others tend to be generally less empathic. In this study life skills training program was used to improve the level of emotional empathy in students who show deficit in this area.
1.5.4. Gender Differences in Empathy

Lennon and Eisenberg (1987) noted that much of the research in the area of gender differences in empathy is motivated by the broadly held stereotype that females are more empathetic than males. Since women are understood to be worried about caregiving and embracing the role of balancing and harmonizing the family, and men are conventionally concerned with active tasks, empathy has been seen as a female characteristic. Hoffman (1977) his results consistent with this preconceived notion; females were indeed more empathetic than males. This finding had emerged in every study he examined. Eisenberg and Lennon (1983) and Lennon and Eisenberg (1987) also found similar gender differences.

1.6. Autonomy: An Overview

One of the most important tasks for all adolescents is learning the skills that will help them manage their own lives and make a positive and healthy choice. Learning these skills can help adolescents to develop the sense of self-governance, responsibility, independency, and decision making, which are together called autonomy. Throughout the lifespan autonomy advances and declines as individuals develop new competencies, previously acquired skills decline, and changing conditions require altered behavior (Baltes & Silverberg, 1994). During adolescence autonomy development typically accelerates because of rapid physical and cognitive changes; however, the development of autonomy continues well past the adolescent years into adulthood (Inguglia, Inguglia, Liga, Coco, & Cricchio, 2014). When adolescents go away to school and college, this move often triggers a need or want for more independence and autonomy from parents. Parents also want more autonomy for their children as they are going away from them (Kenyon & Koemer, 2009). Transition from adolescence into
emerging adulthood which is often signified by accomplishing life goals (e.g., moving out of the parental home, beginning work) accelerates the move to become more autonomous (Arnett, 2000; Bell & Lee, 2006).

Through autonomy development, adolescents improve their abilities to make good decisions by weighing possible consequences and long-term effects and determine their own behaviors. Adolescents become less affected by peer pressure and they increase the impression of self-reliance. The development of autonomy can only happen when the family system provides opportunities and avenues to express new ideas and different points of view without making them feel guilty when they disagree.

1.6.1. Definition of Autonomy

Autonomy refers to adolescents growing aptitude to think, feel, build decision, and take action on her or his own (Steinberg, 1999). It has been referred to as the process of becoming a self-governing person, development of a sense of individuation and freedom to carry out actions on an individual’s own behalf while maintaining appropriate connections to significant others (Steinberg, 2002; Blos, 1967; Zimmer-Gembeck & Collins, 2003; Hill & Holmbeck, 1986). From some another view autonomy is an ability to regulate one’s own behavior and select and guide one’s own decision and action without undue control or dependence on one’s parents. It is neither a physical separation from the parents nor a rejection or alienation from the parents. Rather it is an independent psychological statue which emerges out of interdependent relationships where both the parents and children accept each other individuality. This is the time that adolescents can recognize and accept the similarities and differences with their parents. While doing this, they still feel a sense of understanding, empathy, and love towards their parents (Newman & Newman, 1999).
Autonomy is a multidimensional task which is accomplished by the process of time. Noom (1999) has defined autonomy as the ability to give direction to one’s own life, by defining goals, feeling competent and being able to regulate one’s actions. On the basis of an extensive literature review, he suggests a cognitive, an affective and a behavioral dimension of adolescent autonomy. Whether autonomy is defined in cognitive terms or in more behavioral terms, adolescents appear to benefit in numerous ways from an approach to autonomy that allows them to assert a moderate degree of influence within the context of a positive parent-adolescent relationship (McElhaney & Allen, 2001).

1.6.2. Emotional Autonomy

Emotional autonomy represents an ability to have feelings that are separate from others feelings. The closer an adolescent comes to achieving emotional autonomy, the more they learn that there are many ways to view a situation. When problems arise, emotionally autonomous adolescents are more equipped to look for their own solutions rather than solely relying on outside influences (Brody, 2003). During early adolescence youth shift from depending mainly on parents, to getting an increase of emotional support from peers (Barton, Watkins & Jarjoura, 1997). Both parents and peers exert pressure on the adolescent to comply with their wishes. Adolescents need to maintain a feeling of confidence in their own goals while showing consideration for the goals of others. In developing this, adolescents increasingly perceive their parents as people rather than merely as parenting figures, and become fewer reliant on them for instant emotional support, they tend to rely more on their peers than their parents and they begin to develop an intimate relationship (Santrock, 2007). Adolescents interest in turning away from parents and they turn towards peers for emotional support. This may
be sparked by their emerging interest in sexual relationships and by their concerns over things like dating and intimate friendships.

An individual at the onset of adolescence does not have the knowledge to make appropriate or mature decisions in all areas of life. The ability to attain autonomy and gain control over one’s behavior in adolescence is acquired through appropriate adult reactions to the adolescent’s desire for control (Santrock, 2007).

1.6.3. Behavioral Autonomy or Attitudinal Autonomy

It is the capacity to make autonomous decisions and pursue through with them or it is the ability to specify several options, to make decision and to define a goal. This idea of attitudinal autonomy is most closely related to the concepts of beliefs about one’s capabilities, preferences, wishes, desires and personal goals (Bandura, 1977). Part of becoming autonomous involves being able to make our own decisions. Changes in the social roles and activities during adolescence are bound to raise concerns related to independence, as the adolescent moves into new positions that demand increasing degrees of responsibility and self-reliance (Steinberg, 2002). The behavioral autonomy requires that adolescent act on her or his own, rather than merely following along with others. Becoming involved in new roles and taking up new responsibilities place the adolescent in situations that require the development of independent decision-making abilities and the clarification of personal values.

1.6.4. Functional Autonomy

It is regularity dimension referring to the different approaches taken to achieve a goal. This ability incorporates to regularity processes such as the perception of competence and the perception of control. The perception of competence refers to the
availability of different strategies to achieve a goal and the perception of control refers to the ability to choose a specific strategy which is effective enough to succeed. In addition, it also includes the perception of responsibility, an important aspect that can function as an incentive for adolescent behavior. According to the literature, functional autonomy is achieved when adolescents are able to develop their way in how to reach their goals (Noom, Dekovic & Meeus 2001).

1.6.5. Value autonomy

Value autonomy refers to having a set of principles about right and wrong, about what is important and what is not. Development of value autonomy means that adolescents take time to consider their personal value system. In this way, adolescents will be able to live by a personal code of ethics and conduct. Rather than accepting the belief systems of peers or parents, adolescents begin to form their own set of values and attitudes, which continually develop into emerging adulthood (Zimmer, Gembeck, & Collins, 2003). Similar to self-efficacy, autonomy in values also refers to the confidence in one’s own decisions and actions based on a set of values (Bandura, 1977). As adolescents gain more knowledge about the world around them, they begin to question values of their parents, often replacing them with their own value system and they make self-governing behavior systems (Pavlova, Haase & Silbereisen, 2011).

1.6.6. Gender Differences in Autonomy

Fleming (2005) examined how male and female adolescents view autonomy, in a large sample of adolescent students; she found that general differences start at the 16 to 17 year age bracket. She also found that in late adolescence, boys show a higher rate of achievement of autonomy than girls, and this is associated with a greater frequency of disobedience toward parents among boys. Some researchers have tried to identify
gender differences that occur in adolescence. They found that for girls in families marked by traditional maternal gender role attitudes, they were granted fewer autonomy opportunities by their parents. Other researchers have found that becoming autonomous was a more self-reported stressful experience for girls than for boys (Beyers & Goossens, 1999; Lamborn & Steinberg, 1993).

1.7. Life Skills

1.7.1. Concept and Definition of Life Skills

Life skills, in essence, are those abilities that aid to promote psychological health and competence in people as they face the realities of life. Though life skills can be taught to all, the target population is usually adolescents who are venturing into life. Life skills training program are usually used to develop skills which enable the individual to make healthy life choices and experience the finest physical, social and psychological health (WHO, 1994). According to the World Health Organization, “life skills education is a process of improving a person’s abilities to deal effectively with the demands and challenges of everyday life”. UNICEF gives a similar definition of life skills “A behavior change or behavior development approach designed to address a balance of three areas: knowledge, attitude, and skills”.

Adolescents in and out of school have to be trained in life skills since it plays a significant role in the contribution of health in terms of physical, mental and social comfort. Life skills are able to give power to adolescents to catch positive action to protect them and develop health and positive social relationships (Persons, Hunter & Warne, 1988). WHO (1993) states that “life skills training are combined with developmental approach to serve children and adolescents to find out how to deal with difficulties of each day life, growing up and risk situations”. Life skills aim to regain
control over adolescents’ behavior when they take up certain decisions. It also plays a significant role in assisting the individuals’ psychological health which contributes to inspiring people to take care of themselves and others, building new relationship, development of social interrelationship, prevention of mental disorders and the avoidance of the problems related to health behavior. Life skills show a way and enable adolescents to manage themselves (Potgieter, 2004).

In summary, “life skills are a set of psychological competencies and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate successfully, build up healthy relationships, empathize with others and manage and cope up with their life difficulties in healthy and productive manner” (WHO, 2001 cited in UNICEF, 2011).

1.7.2. Life Skills Training

Life skill training has been defined by UNICEF (2003) as an organized program of needs and outcomes based on participatory learning that focuses on enlarging positive and adaptive behavior by assisting individuals to develop and practice psychosocial skills that reduce risk factors and increase protective factors. It also has been defined as “an interactive process of teaching and learning which qualifies learning to gain knowledge and to progress attitudes and skills which support the adoption of healthy behaviors” (UNICEF, 2010).

Across the world, it is proved that the training interventions of life skills development have been very effective in empowering the young generations to manage the issues effectively and avoid the troubles and tribulations in their life. Training of life skills not only addresses knowledge and attitude change but also, more importantly, it focuses on behavior change and behavior changes occur when learning is associated
with experience and practice. Therefore, in life skills training, adolescents are actively involved in a dynamic teaching and learning process. There are several methods to facilitate the training of life skills. In the following section, some of these methods are discussed in detail.

1.7.3. Teaching Methods

The methods recommended for facilitating participatory teaching and learning of life skills training includes:

1.7.3.1. Class Discussions: Through class discussion, students can examine a problem or topic of interest with the goal of better understanding an issue or skill. Students will try to choose for the best solution, or developing new ideas and directions for the group. This will enables students to deepen their understanding, develop skills in listening, assertiveness and empathy.

1.7.3.2. Brainstorming: In this method students immediately present a number of ideas about a particular topic or question, often in short period of time. Brainstorming helps the students to collect ideas in large quantity. Evaluating or debating the ideas occurs later. It helps the students to use their imagination, evaluate the merits and demerits of each idea or rank ideas according to certain criteria.

1.7.3.3. Story-Telling: involves telling of narratives with a particular theme based on actual event. They give accounts of detailed information about an event in an interesting way while still passing a moral message. Stories can be composed or collected based on specific themes of life skills for example assertiveness, negotiations and decision making (KIE, 2008). When reading or telling stories, they should be dramatic and larger than real life experiences. The stories could be presented in a variety of ways for
example, tone variation, use of facial expression, and involvement of audience. Students should, therefore, be encouraged to come up with their own stories from their communities or any other source.

1.7.3.4. Role Plays: Role plays are short drama episode in which the participants experience how a person feels in a similar real life situation. Role play can be used when developing specific skills such as negotiation, assertiveness, communication, empathy and self-awareness. Role plays are considered to require little preparation and are not necessarily rehearsed. They should be spontaneous as possible. However, the therapist needs to bear in mind situations when and where to use them in the training process (KIE, 2008).

1.7.3.5. Games: Games are interesting and exciting activities which have set rules. Students play games as activities which are helpful to keep them physically fit and to reenergize them. Games can be used for teaching content, critical thinking, problem-solving and decision-making and for review and reinforcement. It also can be used for clarifying difficult issues, discussing sensitive issues, enhancing the quality of interaction in a group, learning and practicing new life skills, increasing the participants’ knowledge of each other and making presentations interesting (KIE, 2008).

1.7.3.6. Songs and dances: Songs and dances are musical compositions on topical issues and themes. They may convey messages on contemporary issues in the society. They can be used in characters’ value and reinforced. Songs and dances can be used to develop and strengthen life skills, for example, self-awareness, empathy, effective communication skills, and conflict resolution. A trainer can compose the songs or request the learners to gather some or use already existing ones. The songs should be
interesting, appealing, easy to learn and familiar in the students. They can be accompanied by dance, re-enforced by use of puppetry. This is due to the interesting nature of dances, their appealing and immediate impact on the learner (KIE, 2008).

1.7.4. Definition of Important Terms (Life Skills- Components)

1.7.4.1. Decision Making

Decision-making skills defined by Byrnes (1998) as “the process of choosing a course of action from among two or more alternatives while in the midst of pursuing one’s goals”. Decision-making skills are one of the major components of life skills that greatly help individuals in making decisions in their personal as well as professional lives. Often individuals are confounded with the problem of making decisions and this leads to undue stress especially if the decision one has to make is of great importance. Learning and implementing decision-making skills bolsters one from experiencing stress.

1.7.4.2. Problem Solving

This skill enables adolescents to treat constructively and beneficially with problems and difficulties in their lives. Significant problems that are left unresolved can be reasons for mental stress and give rise to accompanying physical strain.

1.7.4.3. Creative Thinking

It contributes to both decision-making and problem-solving by empowering us to examine the available alternatives and various outcomes of our actions or non-actions. It enables us to look beyond our direct experience, and even if no problem is recognized or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the circumstances of our day to day life.
1.7.4.4. Critical Thinking:

It is the ability to study information and analyze experiences in an objective approach. Critical thinking can contribute to health by helping us to identify and assess the factors that affect attitudes and behavior, such as values, peer pressure, and the media.

1.7.4.5. Effective Communication

A process wherein human are able to put force themselves both verbally and none verbally in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, and also needs and fears. And it may also mean being able to ask for advice and help in a time of need.

1.7.4.6. Social/Interpersonal Relationship

Libet and Lewinsohn (1973) have defined Social/Interpersonal relationship skills as “the complex ability to emit behaviors which are positively or negatively reinforced and not to emit behaviors that are punished or extinguished by others”. These skills help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may means keeping good relations with family members, which are an important source of social support. It may also means being able to end relationship constructively.

1.7.4.7. Self-Awareness

This includes our recognition of ourselves, our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize
when we are stressed or feel like under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as developing empathy for others.

1.7.4.8. Empathy

This is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others, who may be very different from ourselves, which can improve social interactions, for instance, in a situation of ethnic or cultural diversity. Empathy can also help to encourage nurturing behavior toward people in need of care and support, or tolerance, who may be stigmatized and ostracized by the very people they depend upon for support.

1.7.4.9. Coping with Emotions

It is an ability which requires recognizing emotions in others and in ourselves, being aware of how emotions influence behavior and being able to respond to emotions appropriately. Intense emotions like irritation and anger or sorrow can have negative effects on our health if we do not react appropriately.

1.7.4.10. Coping with Stress

It is the ability to identify the sources of stress in our lives, recognizing how this affect us, and acting in ways that help to control our levels of stress. This might mean that we take action to decrease the sources of stress, for example, by building changes to our physical situations or lifestyle or it may indicate how to relax so that tensions created by inescapable stress do not give rise to health problems.
1.8. Conceptual Framework of the Study

This thesis investigates effectiveness of life skills training on psychological distress, balanced emotional empathy and autonomy among adolescent students. The cycle of skills development starts with defining and promoting specific skills, promotion of skill acquisition and performance and fostering skill maintenance/generalization (WHO, 2005). The World Health Organization (1997) categorizes life skills into the following three components:

1. Critical thinking skills/Decision-making skills including the skills of problem-solving, decision-making, critical thinking and creative thinking.

2. Interpersonal/Communication skills, consisting of effective communication, interpersonal relationship skills, and empathy.

3. Coping and self-management skills like coping with emotions, coping with stress and self-awareness.

Many dimensions of life skills can be adapted according to the contextual need for program planning. Based on the available literature in the field, the critique, and the evaluation of the existing programs and evaluation of experts, the life skills in this research program have been divided into three categories. The researcher has explained the specific life skills under these categories namely; life skills for psychological distress, life skills for emotional empathy and life skills for autonomy. With regard to the purpose of the present study, the researcher adopted the following domains and sub-domains of the life skills:


### 1.8.1. Life Skills for Psychological Distress

Psychological distress among students is a global concern. Psychological distress if left untreated can have a deleterious impact on mental health and wellbeing. Psychological distress is a perceived inability to cope effectively and inability to problem-solving. In the present study, problem-solving, and coping strategies (coping with emotion and coping with stress) have been taken as life skills since they are interlinked with psychological distress.

#### 1.8.1.1. Problem Solving

Problem-solving is established as a key in the process of reducing, minimizing or tolerating psychological distress by preventing from stress and another related outcome such as anxiety and depression (Jones & Johnston, 2000). Problem-solving skills enable adolescents to deal with the internal or external demands of the encountered situation and it is perceived as a process opposed to a trait or outcome can cause mental stress and physical strain among adolescents (Folkman & Lazarus, 1980).
1.8.1.2. Coping Strategies (Coping with Emotion and Coping with Stress)

Another important factor which plays a significant role in resolving psychological distress is utilization of coping strategies (coping with emotion and coping with stress). Coping can be described as “the cognitive and behavioral efforts an individual uses to manage specific demands or stressors” (Dressler, 1991). The coping mechanisms used by adolescents could potentially reduce the symptoms of anxiety and depression and it consistently found to be a strong predictor of psychological distress and other mental health conditions such as major depressive episodes (Park and Adler, 2003).

1.8.2. Life Skills for Empathy

Empathy is a life skill that involves putting oneself in the shoes of another person. By putting ourselves in the ‘mental shoes’ of another person and simulating his or her experience in our own mind, we can intuitively understand what that experience might be like (Gordon, 1986 cited in Rameson & Lieberman, 2009). Empathic people are skilled in seeing the world through that person’s eyes (Brooks, 1999). It has been suggested that empathy is necessary for psychological health in adolescents (Dadds et al., 2007). It helps them to connect with each other emotionally (Scottsdale, 2011). It is also a mental process and can therefore refer to an adolescent ability to identify himself or herself mentally with another person. By doing this, the adolescent may be in a position to understand the feelings of others and therefore to help or advise them (IMAU, 2003). Emotional empathy involves some other skills and there is an interlinked relationship between empathy, self-awareness, problem-solving, effective communication and interpersonal relationship skills.
1.8.2.1. Self-Awareness

Self-awareness refers to an individual being able to understand his/her weaknesses and strengths. This realization enables adolescents to take actions, make choices and decisions that are consistent with one’s abilities (IMAU, 2003). Self-awareness involves an interaction between an adolescent’s thoughts and feelings (Fleming, 2012). Self-awareness, as a skill to be aware of one’s own emotional experience, is believed to be a beneficial antecedent of empathy and developing emotional empathy for others (Fleming, 2012). Fleming further explains that self-awareness may also be called “metacognition”, which refers to a person’s ability to know his or her own cognitive functions, or understanding what she/he knows. Metacognitive functions, therefore help the individual to monitor and correct his or her behaviour. Self-awareness is broader because it helps them to have cognitive abilities, as well as understand their physical, social, and communicative functions. Self-awareness is an individual’s ability to see his or her actions as if she or he is watching her or himself from a distance while at the same time working and interacting with others (Lopper, 2008).

1.8.2.2. Problem Solving

Problem-solving skill enables people to deal constructively with moral behavior of life. Problem-solving skill is a main domain of life skill which improves empathy and pro-social behavior, self-determination and interpersonal common skills (Nair & Pejaver, 2001).
1.8.2.3. Empathy and Socialization

Communication Skills and Interpersonal Relationship Skills

Communication and interpersonal relationship can be defined as a psycho-social process in which at least two individuals reciprocally disclose information, emotions, thoughts and experiences they have by specific means (Kaya, 2010). One of the motivations in interpersonal relationships is to be understood by others regarding one’s experience, emotions and thoughts.

Empathy which is an ability to understand the other person is a paramount aspect of interpersonal relationships. Thus empathy is one of the essentials in interpersonal relationships and communication (Kaya & Siyez, 2010). According to Rogers (1975), the main element of empathy toward someone is to get into one’s inner world and be there in a deeper level. This can be accomplished by being very sensitive to ones changing emotions, be it fear, anger or confusion moment by moment. Empathy plays a crucial role in the development and maintenance of interpersonal relationships (Atasalar, 1996). Therefore understanding and appreciating the other person’s feeling and communicating meaningfully with the person is an important aspect of empathy. It can be concluded that life skills such as effective communication skills and interpersonal relationship skills are two important skills shown that have consistent and strong links with empathy.

1.8.3. Life Skills for Autonomy

Noom (1999) has been defined autonomy as “the ability to give direction to one’s own life, by defining goals, feeling competent and being able to regulate one’s actions”. Achieving autonomy must be considered as a multidimensional task. There is an interlinked relationship between autonomy, decision-making, critical thinking,
creative thinking and problem-solving skills. Researches support that life skills programs integrated into schools can be an effective way to empower adolescent’s autonomy.

1.8.3.1. Decision-Making

Decision-making is “the ability to utilize all available information to weigh a situation, analyze the advantages and disadvantages and make an informed and personal choice” (IMAU, 2003). As one grows up, one is frequently confronted with serious demands, which require one’s attention and demand decision-making. According to available evidence, autonomy is positively tied to decision-making; evidence has revealed that decision-making skills can be effectively enhanced in people who show deficits in this area.

1.8.3.2. Critical Thinking

Critical thinking is the ability to think and analyze information through situations adequately, weighing up the advantages and disadvantages so as to be able to take appropriate decisions concerning people or one’s environment. Today, adolescents are confronted by multiple and contradictory issues, messages, expectations, and demands which interact with their own aspirations and ambitions, constantly require them to make decisions. They need to be able to critically analyze the environment in which they live and the multiple messages that bombard them.

1.8.3.3. Creative Thinking

Creative thinking is the ability to think and explore the possibilities of doing a task or dealing with a problem in more than one way. It contributes to both decision-making and problem-solving by enabling adolescents to explore the available
alternatives and various consequences of our actions or non-action. Ergamreddy (2013) uses creative and innovative thinking interchangeably and define them as “the kind of thinking that leads to new insights, novel approaches, fresh perspectives, and whole new ways of understanding and conceiving of things”.

Studies have shown that critical thinking and creative thinking skills are clearly related to problem-solving and decision making and there is an interlinked relationship between these skills for enhancement of autonomy in adolescents.

1.8.3.4. Problem-Solving

Problem-solving refers to the ability to identify, cope with and find solutions to difficult or challenging situations. Problem-solving skills have been incorporated in most of the self-enhancement programs and lead to enhancement the ability to make responsible decision and improvement the life skill and livelihood opportunities. It is only through practice in making decisions and solving problems that adolescents can build the skills necessary to make the best choices. An overall review of researches have revealed that there is an interlinked relationship between enhancement of autonomy in adolescents and other life skills variable such as decision making, critical thinking, creative thinking and problem-solving skills.

1.8.4. Conclusion

I have explored the set of skills that act as ingredients for adolescent’s psychological distress, emotional empathy, and autonomy. Adolescents grow up in a complex environment and are vulnerable to risks. Life skills training is very important and beneficial as the adolescents of present era grow up surrounded by mixed messages about sex, drug use, alcohol, adolescent pregnancy, etc. Possessing life skills enable the
adolescents to actually fight with these dangers and protect themselves from the traps laid around them (Pentz, 1983). Life skills also help young people to make informed decision, solve problems, think critically and creatively, communicate effectively, build healthy relationship, empathize with others, cope with stress and manage their lives in a healthy and productive manner. They help the adolescents to have healthy relationship and to hone leadership qualities, which can be passed automatically to the next generation, thus influencing future generation.