Chapter 2
Theoretical Orientation
Temperament

There is a long tradition of fascination with individual differences (Kagan, 1998). Psychologists over the years have established numerous parameters that vacillate between descriptions of temperament, personality and character to study these differences. Amongst these, the construct of temperament has been extensively investigated as it integrates the various aspects of social, emotional, cognitive and personality development (Rothbart, 2004).

The construct of temperament dates back 25 centuries. In antiquity, thinkers like Hippocrates (460-377 BC) and Galen (130-200 AD) believed that disposition of a person was dependent on the 4 humors or body fluids and the Greek word for the fluids characterized the 4 specific temperaments (Simonov & Ershov, 1991; Strelau, 2002). Several ancient Indian texts refer to Trigunas (Satvik, Rajsik and Tamsik temperament) which are opined to be innate predispositions (Samsakara) that are traceable not only to infancy but beyond to previous births. The dominant of the guna naturally colors the personality (Kapur, 1995).

The renaissance of the ancient views of temperament was promoted by the modern psychology of the 20th century exploring individual differences. Cesare Lombroso (1911), Ernst Kretchmer (1925) and William Sheldon (1942, 1954) related temperament to physiognomy and physiology. With the advent of psychoanalysis and behaviorism temperament research lost its appeal in the first half of 20th century.

Its revival was brought forth by Thomas and Chess (1956) with their pivotal temperament investigation, the New York Longitudinal Study. Their findings stimulated an avid interest in temperament research. In the ensuing years, several psychologists like Buss and Plomin (1984), Goldsmith (2000) and Rothbart (2000) have all attempted to refine the construct of temperament, and thus, enhancing our understanding of the construct, its basic dimensions, factors affecting it and its impact on development.
The construct of Temperament

Temperament is endogenous to the child (Partridge & Lerner, 2007). It encompasses the affective, activational, and attentional sectors within personality (Foley, 2007). Temperament as a component of the individual’s cumulative tendency of perception, retention and organization, is the characteristic indicator of the individual’s propensity of responding to and using stimuli. It’s a representative indicator of the distinctive behaviour, of how a person learns and seeks from the environment. It is \emph{n-dimensional}. Temperament is the characteristic phenomenon of an individual’s nature, including his susceptibility to emotional stimulations, his customary strengths and speed of response, the quality of his prevailing mood and all peculiarities of the fluctuations and intensity of mood (Allport, 1961).

According to Strelau (2002) temperament is independent of the structure of personality and characterized by its own specificity. Kapur (1995) opines that personality is the end product or result of child’s temperament and adults’ reaction to it. However, recent theorists postulate that temperamental predispositions are necessary, but not sufficient, building blocks for the child’s developing personality. This is because in addition to biological predispositions, \emph{“personality”} involves the child’s evolving self-concept, internal models for self in relationship to others, goals, values and interpretations of experiences (Caspi, 2000; Rothbart, 2000). Temperament serves as the \emph{raw material} that is modified – and sometimes radically changed – to yield the recognizable features of mature human personality (Goldsmith et al., 2000).

As a construct, temperament, contributes to the coherence of the individual’s current functioning as well as the continuity and changes in the developmental process. It is a source of individual differences, not abnormalities or psychopathologies (Arcus, 1998). Temperament acts as a screen through which children view and interact with their environments (Foley, 2007).
**Definition**

The term temperament is rubric and has many meanings. Pioneer researchers, Thomas & Chess (1968, 1977, 1982, 1984, 1996), conceptualized temperament as “the stylistic component of behaviour—that is, the how of behaviour as differentiated from the why of behaviour, and the abilities, the what of behavior”.

The *Encyclopaedia Britannica* (1994) defines temperament as “emotional dispositions, reactions and their speed and intensity”. Reber (1995) propounded that “temperament is an aspect of individual’s general make-up characterized by dispositions towards particular patterns of emotional reactions, mood shifts and levels of sensitivity resulting from stimulations”. Lahey (2004) suggests that “temperament can be viewed as the simple (basic or nonspecific) form of socio-emotional behavior that appears early in development and provides the elemental materials for later, more complex, forms of behavior”.

Over the years, numerous psychologists have echoed this view, suggesting that “temperament points to a stable psychological profile with a presumed physiologic foundation that creates an enduring pattern of behaviors that are early appearing and consistent across time and place” (Blackwell, 2004; Kagan, et al., 2001; Mathews, 2003; Sanson et al., 2004; Strelau, 2002).

Rothbart & Rueda (2005) describe temperament as “individual differences in reactivity and self-regulation assumed to have a constitutional basis observed in the domains of emotionality, motor activity, and attention”. Malhotra (2005) opines “temperament is the innate constitutional behavioural tendencies of an individual that characterize his or her unique style of behavior arising from individual differences in the emotional, attentional and motor reactivity and response patterns”.

The *Behaviour Development Initiatives* (2009) postulated that “temperament is a behavior style that influences how children behave towards individuals and objects in their environment and how their environment affects them.”
Reviewing all the definitions, Frick (2004) and Saudino (2005) reached a general consensus regarding the core features of the construct and delineated a number of common elements. First, temperament is typically viewed as being inherited or at least constitutional (i.e. directly related to biological processes) in nature. Second, temperament is viewed as being evident early in life. Third, temperament is viewed as relatively stable across development.

**Models and Dimensions of Temperament**

An important advance in conceptualizing temperament has been an increasing convergence as to what the most important dimensions of temperament are. In an article Frick (2004) \(\text{Table A}\) delineated several methods of classifying temperament that have been used in research over several years.

**Table A: Models of Temperament**

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<td>- Pleasure</td>
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<td>- Sociability</td>
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<td>Approach</td>
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<td>- Distractibility</td>
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<td>- Social inhibition</td>
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<td>- Approach/ Withdrawal</td>
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<td>- Biological Rhythmicity</td>
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**Thomas & Chess’ Model**

The first influential model, inspiring all the others that followed, was Thomas & Chess’ (1977). In their pivotal *New York Longitudinal Study*, they followed a sample of 141 infants from the first few months of their life, for a period that now extends well into adulthood. Based on their findings, they put forward a model of temperament designed to take into account qualitative changes in behaviours across development. They characterized temperament as
the way in which an individual behaves, which is apparent in the early infancy period and is well established by 2-3 months.

They conceptualized temperament as representing the how, or style of behavior, as contrasted to the why, or motivations and goals of behavior, and the what, or perceptions, abilities, and talents of the individual. They suggested that temperament referred to the stylistic components of individual behaviour, rather than to what the person actually does, why the person does it, the ability of the person to carry out behaviour. For example, two children may dress themselves or ride a bicycle with the same dexterity and have the same motives for engaging in this behaviour. Two adolescents may display similar learning ability and intellectual interests, and their academic roles may coincide. Two adults may show the same reason for devoting themselves to their jobs. These behaviors reflect their motivations and abilities. Yet these two children, adolescents, or adults may differ significantly with regard to the quickness with which they move; the ease with which they approach a new physical environment, social situation, or task; and the effort required by others to distract them when they are absorbed in an activity. These variations reflect differences in their temperament characteristics (Thomas & Chess, 1991, Chess & Thomas, 2002).

Based on the results of extensive and repeated interviews with parents during the first year of the children’s life they identified the following nine dimensions of temperament that have been widely used in research.

1. **Activity level**: Proportion of active time periods to inactive time periods.

2. **Approach/Withdrawal**: The response to a new person or object based on whether the child accepts the new situation or withdraws from it.

3. **Adaptability**: How easily the child is able to adapt to the changes in his or her environment.

4. **Quality of mood**: The contrast of the amount of friendly, joyful and pleasant behaviour with unpleasant, unfriendly behaviour.

5. **Attention span and persistence**: The amount of time the child devotes to an activity and the effect of distraction on that activity.
6. **Distractibility**: The degree to which stimuli in the environment alter behaviour.

7. **Rhythmicity**: The regularity of basic functions such as hunger, excretion, sleep and wakefulness.

8. **Intensity of reaction**: The energy level or reaction of a person’s response.

9. **Threshold of responsiveness**: The intensity of stimulation needed to elicit a response.

Qualitative analysis, supplemented by factor analyses, led them to formulate, in addition, three constellations or broad of temperament profiles made up of various combinations (Thomas & Chess, 1968, 1971, 1977).

1. **Easy** (approximately 40% of the study population): Typically, this comprises the combination of biological regularity, approach tendencies to the new, quick adaptability to change, and a predominantly positive mood of mild or moderate intensity. They typically adapt quickly and positively to new situations and demands.

2. **Slow-to-warm-up** (approximately 15% of the study population): This category comprises withdrawal tendencies to the new, slow adaptability to change, and frequent negative emotional reactions of low intensity. Such individuals are often labeled “shy”. The slow-to-warm-up child may also present difficulties in management, but her or his negative reactions to new foods, places, or people are expressed mildly, rather than with the violent intensity of the difficult child. Caregivers and teachers can usually tolerate this slow-to-warm-up behavior and give the child time to make a gradual adaptation to the new

3. **Difficult** (approximately 10% of the study population): This is the opposite of easy temperament, namely, biological irregularity, withdrawal tendencies to the new, slow adaptability to change, and frequent negative emotional expressions of high intensity. The temperamentally difficult child, by contrast, although normal, often finds adaptation to the new distressing and stressful situations.
35% of the New York Longitudinal Study sample did not fit any of the categories; instead, showed unique blends of temperamental characteristics and were referred to as “undifferentiated”.

In 1982, Thomas and Chess reconceptualized the temperament classifications, suggesting that every child falls somewhere along a temperament continuum that ranges from easy to difficult, rather than falling into sharply demarcated categories. These temperament categories and constellations represent variations within normal limits. Any child may be easy, difficult, or slow-to-warm-up temperamentally, have a high or low activity level, be distractible with low persistence or the opposite, or show any other relatively extreme rating score for a specific temperament attribute. Such ratings are not criteria of psychopathology but rather an indication of the wide range of behavioral styles exhibited by normal children, adolescents, or adults (Chess & Thomas, 2002).

They considered temperament a personological construct but not a fixed immutable entity. According to them characteristics of temperament sometimes do and sometimes do not carry over from childhood to adulthood. The continuity of behavioral style from infancy to childhood depends not only on characteristics of the child but also on the dynamic interplay between the child and her primary caregiver (Sameroff & Chandler, 1975). In other words, an adequate understanding of temperament must be one in which the child is regarded within the context of her environment (Blackwell, 2004).

Concurrent with this view, Thomas and Chess (1968, 1977, 1996) formulated the concept of “goodness of fit”. Goodness of fit "implies that the adequacy of an organism's functioning is dependent upon the degree to which the properties of its environment are in accord with the organism's own characteristics and style of behaving" (Thomas & Chess, 1968). They suggested that a “consonance between organism and environment potentiates optimal positive development” and a “dissonance between the capacities and characteristics of the organism, on the one hand, and the environmental
opportunities and demands, on the other hand” results in a “poorness of fit, which leads to maladaptive functioning and distorted development (Thomas & Chess, 1996).

In general, goodness of fit occurs when a child’s temperament is accepted and demands are made “in a manner that enables the child to meet the demands successfully” and when parents’ approach to their child is sensitive and responsive to the child’s presentation (Chess & Thomas, 1996). Conversely, poorness of fit occurs when there is dissonance between a child’s temperamental individuality (i.e., his or her presentation and behavior) and parents’ way of handling the child (i.e., their response to the child’s presentation and behavior) (Chess & Thomas, 1996).

This concept delineates that a child will develop more successfully in an environment that is consistent with that child’s temperament. However, if the expectations from the environment are a poorly matched with the child’s temperament, a more negative developmental outcome might be expected.

The concept of goodness of fit is central to their analysis of the developmental dynamics of the process of psychological development. Through this concept Thomas and Chess emphasized the importance of studying temperament in context.

Their research and theory of temperament profoundly changed the way in which researchers and practitioners think about infant behavior and personality and stimulated more psychologists to investigate the construct of temperament. In the Indian setting, also, the studies of temperament have so far made use of the framework suggested by Thomas and Chess (Kapoor, 1995). In their researches Malhotra et al. (1986), found that this model was equally applicable on Indian population.

**Buss and Plomin’s Model**

Buss And Plomin (1984) attempted to explain the constitutional substrates of developmental individuality. They proposed a four factor model of temperament based on Allport’s viewpoint of the construct. They conceptualized
temperament as those aspects of individual’s personality that are inherited, observed early in childhood, and manifest their presence throughout development across the lifespan. They further suggested that temperament traits should be adaptive and might be found in other species. They identified four dimensions of temperament, Emotionality, Activity, Sociability and Impulsivity.

1. **Emotionality** included general negative affect and specific elements such as fear and anger.

2. **Activity** incorporated elements such as vigor and tempo.

3. **Sociability** included tendencies of gregariousness and preferences to be with others.

4. **Impulsivity** included components such as inhibitory control, decision time, sensation-seeking, and persistence.

According to Buss and Plomin (1984) these dimensions may be observed in infants, older children and as well as adults. They suggested that these dimensions appear to be among the more heritable personality dimensions. They further postulate that the biological origin does not render temperament dimensions fixed for life. They are expected to change under the effect of developmental events and environmental forces over the course of development.

They also supported the person-environment interaction acknowledging the role of environment but emphasized the role of persons as causal agents. They believed that individuals are often able to select their environment. They used behavioural genetics methodology to validate their theory. The scale developed by them, EAS, to measure temperament is also widely used. Their sociability theory shares a similar view of temperament with Thomas and Chess’s trait of approach/withdrawal (Ma, 2006). Their model of temperament too is widely used among psychologists.

**Martin’s Model**

Martin (1994) defines temperament as the biological basis for individual differences in behavioral, emotional, attentional, and motoric tendencies such
as response to reward and punishment; emotional intensity; sociability; and ability to regulate attention. They emphasized the biological nature of temperament.

Martin et al. (1994), initially, proposed a seven-factor model of temperament, including activity level, negative emotionality, task persistence, adaptability, inhibition, biological rhythmicity, and threshold. More recently, Martin had demonstrated that these seven traits can be further reduced.

Martin and Bridger (1999) argued that a two factor model, consisting of behavioral inhibition and impulsivity or approach, could account for most of the variance in these factors. Their argument was based largely on Gray’s (1987, 1991) conceptual framework, which hypothesizes two major brain systems that form the foundation of both temperament and personality.

The first of these, the behavioral inhibition system (BIS), involves neurological structures that make the individual responsive to cues involving punishment. The second, the behavioral activation system (BAS), involves neurological structures that make the individual responsive to cues involving rewards. These two systems are independent and serve different functions within the individual, with more sensitive individuals learning the cues associated with reward or punishment more quickly than less sensitive individuals.

Using the BIS and the BAS as a basis, Martin and Bridger argued that temperament in early childhood can be organized around two broad behavioral patterns that are essentially behavioral manifestations of the BAS and the BIS. The first of these is behavioral inhibition, which is based on the BIS. Children who are rated high on behavioral inhibition have a tendency to physically withdraw or to become emotionally upset when in a social situation that contains persons he or she has not known previously.

The second of these is Impulsivity, which is based on the BAS. Impulsivity, as operationalized by Martin, is composed of three temperamental characteristics—negative emotionality, activity level, and lack of task persistence. Thus, the impulsive child more often expresses negative emotions,
particularly negative emotions resulting from frustration; he or she also lacks the ability to modulate physical activity, so he or she is often viewed as highly active, and lacks the ability to sustain attention to difficult tasks.

The *BIS/BAS* model allows researchers a more integrated understanding of the child as it allows us to view temperament in an integrative fashion, rather than as a collection of separate traits.

**Goldsmith’s Model**

Goldsmith and Campos (1986, 1990) defined temperament as individual differences in probability of experiencing and expressing the primary emotions and arousability.

In a recent article, according to Goldsmith et al. (2004) temperament can be defined as individual differences in characteristic emotional reactivity, including differences in internal systems regulating that reactivity. In their view, a useful definition specifies temperamental domains, viz. *reactivity* and *emotional/behavioral regulation*.

The *Reactivity* domain of temperament includes,
- Withdrawal-related Negative Affect (fear, sadness)
- Approach/related Negative Affect (anger)
- Approach/related Positive Affectivity (sometimes called "exuberance" in the temperament literature)
- Non-Approach/related Positive Affect or Contentment.

In the Reactivity domain they, also, highlight the distinction between high-energy exuberance and low-energy contentment; and also between pre-goal-attainment anticipatory positive affect and post-goal-attainment pleasure (Davidson, 1994).

On the other hand, the *Regulatory* domain of temperament includes,
- The ability to inhibit behavior when requested to do so
- The ability to deploy attention effectively to cope with mild stressors; and, more generally,
- The ability to dampen negative affect.
Impulsivity is one of the major behavioral manifestations of this domain. Of course, the regulatory domain is likely to be multidimensional, but the dampening of approach and negative affect is the only aspect that has been well explored empirically.

Most of their predictions on temperament dimensions are straightforward. For instance, a tendency to react with sadness might be predictive of depression or other internalizing disorders, and early anger proneness might be predictive of conduct disorders or oppositional disorders. These aspects of temperament - particularly the reactive and regulatory aspects - might well interact in their prediction of behavioral problems. For instance, the ability to regulate negative affect, perhaps by flexibly deploying attention, might buffer the effects of some reactive temperamental characteristics that otherwise would predict disorders.

Goldsmith et al. (2004) viewed temperament as both a facet of typical emotional development and a risk factor for disorders, and in their research they bring together elements of the traditional fields of developmental psychology, psychopathology, psychometrics, neuroscience and genetics.

**Rothbart’s Model**

Rothbart (2004), whose interest lay in neurobiology, emphasized the biological origins of temperament and it’s relation to the excitability and arousal of biological systems, and to the process of attention and approach. Her theory of temperament has its foundation the notion that infants will differ early in the manner in which they respond to sensory stimulation (Rothbart & Derryberry, 1981). According to Rothbart (2004), “temperament refers to behavioral tendencies and attentional capacities that form early core of individual differences in personality”.

Rothbart and Bates (1998) proposed a hierarchical structure of temperament and articulated three global temperament factors based on studies from infancy through adolescence as follows: **executive control**, **surgency**, and **negative affect**. The following table depicts the broad dimensions of temperament.
Executive control is conceptualized as effortful control, or self-regulation, of both attention (persistence, non-distractibility) and emotion (self-soothing). It is a system for the regulation of temperament, serving as the neuro-cognitive moderator of both temperamental approachability and negative mood.

Surgency describes the degree to which children approach or withdraw, the degree of expression of positive reactivity, and the degree of temperamental inhibition or sociability in novel situations. It may also be referred to as approach/withdrawal, positive reactivity, temperamental inhibition, or sometimes, sociability as it comprises traits such as smiling, laughter, high intensity pleasure, and positive vocalizations.

Table B: Broad dimensions of Temperament

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<th>Extraversion/Surgency</th>
<th>Executive Control</th>
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<td>Activity</td>
<td>Attentional Shifting</td>
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<tr>
<td>Smiling or Laughter</td>
<td>Attentional Focusing</td>
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<tr>
<td>High Intensity Pleasure</td>
<td>Inhibitory Control</td>
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<tr>
<td>Impulsivity</td>
<td>Low Intensity Pleasure</td>
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<tr>
<td>Shyness (-)</td>
<td>Perceptual Sensitivity</td>
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<td>Positive Anticipation</td>
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<th>Negative Affectivity</th>
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<tr>
<td>Fear</td>
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<td>Sadness</td>
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<td>Discomfort</td>
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<td>Soothability (-)</td>
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Negative affect comprises negative behavioral and attentional reactions to environmental stimulation and is alternatively labeled as negative emotionality or reactivity. It encapsulated that distress proneness to both limitations (irritability, anger) and distress to novelty (fearfulness). It also includes the dimensions of discomfort, fear, anger, frustration and sadness, and an inverse relationship with soothability.

Going beyond these individual dimensions, she concurred that various temperament dimensions listed by her as well as the previous psychologists fall
into one of two overall domains: **reactivity** and **self-regulation** (Rothbart 2004; Evans & Rothbart, 2007).

*Reactivity* refers to individual differences in motor arousability, emotionality, and orienting. It encompasses those dimensions of temperament involved in the onset, duration, and intensity of response to social and object stimulation, and can be further divided into positive and negative reactivity, with negative reactivity in turn being subdivided into anger and fear (Rothbart, 2004).

*Self regulation* refers to those processes that act to attenuate or accentuate or moderate the individual’s reactivity to stimulation (Rothbart 2004). Like reactivity, self-regulation can also be subdivided. The earliest appearing form of self-regulation is *reactive control*, which involves involuntary tendencies to avoid or inhibit responding to negative stimulation and to approach positive stimuli. *Active control*, which involves voluntary attentional regulation and the ability to inhibit ongoing behavior, appears later in development and can supersede the influence of reactive control tendencies (Rothbart, 2004).

Within this two domain framework it is the interaction between different levels of reactivity and self-regulation that acts to guide the course of temperament driven behavior (Eisenberg et al., 2001).

Furthermore, she posits that temperament processes are open systems as experiences influence their development. She also identified basic processes of social, personality, and cognitive development. Hence, Rothbart’s theory is important to developmental psychology, and her questionnaires are widely used.

All these models, though propounded by different psychologist iterate similar views. The core of each theory is that that temperament has biological underpinnings, is relatively stable and is evident since birth. The dimensions proposed by the various psychologists too are similar. Ma (2006) observed that Buss and Plomin’s sociability theory shares a similar view of temperament with Thomas and Chess’s trait of approach/withdrawal and with Rothbart’s shyness.
She also pointed out that anger/frustration in Rothbart and Derryberry’s scale contains qualities of mood similar to that of Thomas and Chess' questionnaire and to emotionality in Buss and Plomin's survey. In a similar vein, although not exactly comparable, Thomas and Chess' idea on persistence trait and Rothbart and Derryberry’s idea of attentional focusing share certain aspects. The idea of sensitivity threshold in Thomas and Chess' theory, too, is close to Rothbart's perceptual sensitivity. According to Ma (2006) these researchers approached temperament theory from different perspectives and, yet, they extend and expand on each other rather than contradict one another.

In addition to these models an increasing number of books and review chapters over the past 10 years have mirrored the importance of temperament as both a critical developmental outcome and as a moderator and predictor of other developmental outcomes (Guerin et al., 2003; Molfese & Molfese, 2000; Wachs & Kohnstamm, 2001). Recently, psychologists have also started adopting the advanced techniques from molecular genetics and neuroscience (viz., brain imaging and human genome mapping), thus, heralding the dawn of a new era which will revolutionize temperament research (Rothbart, 2004). These research trends have further propelled numerous investigations on child and adult temperament, providing valuable insights into the etiology of individual differences in temperament (Wachs, 2006).

**Factors affecting Temperament**

**Empirical evidence of genetic influences on child Temperament:** The major assumption underlying the construct of temperament is that it is *constitutional* – *biologically* based. Mehrabian’s (1995) and Carey’s (1998) contention is that genetic factors determine 50% of temperament dimensions. Twin studies consistently find that MZ co-twins are more similar than DZ co-twins across a wide variety of temperament dimensions including emotionality, activity, shyness, sociability, attention, persistence, approach, adaptability, distress, positive affect and negative affect (Cyphers et al., 1990) indicating strong genetic
evidence. Although estimates of heritability tend to differ from sample to sample, they generally fall within the range of .20 to .60, suggesting that genetic differences among individuals account for approximately 20% to 60% of the variability of temperament within a population (Saudino, 2005). The temperament constellations of “easy” and “slow to warm up” have, also, been found to be the most stable and heritable in human personality, with the heritability co-efficient ranging between 0.3 & 0.6, suggesting moderate heritability for temperament (Kagan, 1994).

Psychologists, Nelson (1994) and Rothbart et al. (1994), both observed contribution of central nervous system to temperament. They noted that there are multiple central nervous system areas involved in the development and expression of temperament. For example, behavioural inhibition appears to develop as a function of coordinated interaction between hippocampus, prefrontal cortex and portions of the motor system. Their findings are supported by a substantial amount of research showing evidence of central nervous system, subcortical and autonomic nervous system contributions to individual differences in temperament (Boyce et al., 2002; Calkins & Fox, 1994; Fox et al., 2001; Stifler et al., 1999; Strelau, 1994; Woodard et al., 2001). Spurred by such findings, psychologists are actively exploring physiological correlates of temperament differences using measures of heart rate, cortisol level, and brain activity (Blackwell, 2004). In addition, Wachs (2000) has also documented a possibility that individual variability in temperament may be related to nutritional influences.

Researchers have, also, recently begun to identify genes associated with childhood behavioral dimensions and disorders (Asherson & Curran, 2001). Perhaps most robust is the finding that the dopamine D4 receptor gene (DRD4) has been associated with various temperament dimensions like novelty seeking, observed attention, interest, anger, adaptability, and activity level (Auerbach, et al., 2001; De Luca et al., 2001; Ebstein et al., 1996).

Researchers have also found evidence of an association between a serotonin transporter promoter polymorphism (5-HTTLPR) and
neuroticism/anxiety (Lesch et al., 1996). 5-HTTLPR has, also, been associated with stranger fearfulness and positive emotionality at 1 year of age in the same sample (Auerbach et al., 2001). Imaging studies have also, provided exciting developmental data. Schwartz et al. (2003) found that in comparison to adults who were uninhibited as children, adults who were inhibited as children showed greater fMRI activation in amygdale to novel faces than to familiar faces.

Despite all the clear evidence for genetic and biological influences on temperament, genetic is clearly not destiny, there is still a good deal of room for environmental influences. Even the psychologists who have strong biological orientation posit that temperament is not just a biological phenomenon (Wachs, 2006). Psychologists, apart from assessing genetic influence, study the impact of environment on temperament, too.

**Empirical evidence of environmental influences on child Temperament:**
The findings of genetic influences on child temperament do not negate the importance of the environment. Temperament, although constitutional, itself develops, that is, emotions and components of emotions appear at different ages (Izard, 1977), as do aspects of motor functioning and arousal system and systems of attention (Rothbart, 2004). The behaviour repertoire of the individual increases with development and so do temperament vicissitudes (Malhotra, 2005). Clearly, the environment is very important to temperament.

As indicated above, genetic factors account for between 20% and 60% of the phenotypic variance in personality, which means that the remaining 80% to 40% of the variance is attributed to environmental factors (Saudino, 2005).

Temperament can interact with environment in numerous ways (Rothbart & Derryberry, 2000). Social interactions with parents, peers, teachers and other adults play an increasing role in shaping temperament (Mathews, 2003). Researchers, assessing temperament – environment interaction have bifurcated environmental variance into shared and nonshared environmental influences.

*Shared environmental influence* is familial resemblance that is not explained by genetic variance. Thus, shared environmental variance includes
those environmental influences that are shared by family members and act to enhance familial similarity. For instance, bankruptcy, parental divorce, shifting to a new city, losing a parent. Several investigations (Cyphers et al., 1990; Goldsmith et al., 1999) have found shared environmental influences on both parent and observer ratings of positive affect and related behaviors (e.g., smiling, interest in others), shyness and mechanical measures of activity as well as rhythmicity and soothability during infancy and early childhood. Maternal personality and attachment security have also been suggested as possible sources of shared environmental variance on positive affect.

The environmental influences that are important to temperament are those factors that are not shared by members of the same family—that is, environmental influences that are unique to family members (i.e., non-shared environmental influences). Nonshared environmental influences are those that distinguish among individuals within the same environment and are unique to each individual. These unique environmental influences operate to make members of the same family different from one another. Possible sources of nonshared environmental variance include differential parental treatment; extrafamilial relationships with friends, peers and teachers; and nonsystematic factors such as accidents or illness (Plomin et al., 1994). Research suggests that instead of examining environmental factors that differ across families, it will be more profitable to focus on environmental factors that differ within families.

In their researches, Engfer (1986) and Belsky et al. (1991) have reported that children who switched from easy to difficult temperament or from low to high negative emotionality during the first year of life had families with more marital problems; fathers who were both less involved with them early in infancy and who had greater feelings of marital dissatisfaction, as compared to children who continued to display easy temperaments and whose level of negative emotionality remained low during this time period. On the other hand, children who switched from difficult to easy temperament had had parents who were in a more harmonious marital relationship and had mothers who received
higher levels of social support and were higher in sensitiveness than mothers of children who continued to display difficult temperaments (Belsky et al., 1991; Engfer, 1986). Similarly in another study, Halverson and Deal (2001) depicted that more family cohesion and better quality of marital relationships led to increasing levels of self regulation and persistence among children.

Most research exploring environmental influences on temperament have considered between-family effects such as parenting style and family functioning (Eriksson & Pehrsson, 2005; Leve et al., 2001). Recently in another research, Arcus (2001) has reported that infants who were over-reactive to stimuli in the first year of life exhibited less inhibited behavior during the second year of life if their mothers set firm limits, did not reinforce infant distress signals by extra attention, and made age appropriate demands of their infants. Rubin et al. (2002), has found that toddlers who were highly inhibited in interaction with peers at 2 years of age were more likely to continue to be highly inhibited two years later if their mother’s rearing styles were characteristically overprotective and negative/intrusive. Matheny and Phillips (2001) observed that increases in negative emotionality during the first year of life were related to higher levels of home chaos and home crowding.

Apart from differential parenting styles, interactions with family members, teachers, and peers too are major sources for individual differences in temperament (Strelau, 1998).

Such findings do not contradict conclusions about the essential constitutional nature of temperament, but do underline the fact that an understanding of individual variability in the development of temperament will require focusing on both the biology and the context of the child (Wachs, 2006). Concordant to this view, psychologists posit that, children’s development unfolds through genetic inheritance in the context of social relationships, cognitions and experience; and the continuity and change in temperament must be understood in these contexts.
Impact of Temperament

Temperament research from the outset has focused explicitly on the child’s own contribution to his or her development. Temperamental differences influence a child’s development and broader areas of functioning in a number of important ways (Teglasi, 1998). Temperament constructs are fundamental to thinking about trajectories of social-emotional and personality development (Rothbart et al., 1994). Most research to date has been framed so as to detect only the direct effects of temperament.

According to Frick (2004), temperament dimensions and profiles could:

- Impair a child’s ability to develop the skills necessary for appropriate regulation of affect (Eisenberg et al., 2001).
- Impair the development of certain cognitive skills involved in the planning and control of behaviour (Teglasi, 1998).
- Impact the normal development of guilt and empathy (Kochanska, 1998).
- Affect how the child learns to interpret information and respond to it during peer interactions (Dodge & Petit, 2003).
- Impact the responses the child evokes from person’s involved in socializing the child, attachment with others and social competence (Carey, 1998; Kochanska, 1998; Smart & Sanson, 2003).

Temperament has also been related to children’s adjustment, social learning, help seeking; and development of coping strategies, internalizing and externalizing problems (Eisenberg et al., 2001; Mun et al., 2001; Rothbart & Bates, 2006). It has been found to be useful as a predictor of outcomes such as adolescent alcohol use, tobacco and substance use, eating disorders, response to pharmacological treatment for depression, and accuracy of recall in preschool children (Geddie et al., 2000; Martin et al., 2000; Windle & Davies, 1999; Wachs, 2006). Moreover, a positive and outgoing disposition has been thought to serve as a protective factor eliciting the support of others in a high-risk environment (Damon et al., 1985).
Additionally, temperament of the child is not only viewed to provide the core of aspects of the developing personality, but is also assumed in eliciting specific patterns of reactivity from their parents and exert influence on the subsequent environment of the child; as well as promote the child’s active seeking or avoiding of environments \(\textit{niche picking}\) (Rothbart & Bates, 2006; Scarr & McCartney 1983).

Although, the construct of temperament is conceived as an independent psychological attribute, yet it must be reviewed in context with the individual’s abilities and motives as well as environmental influences (Blackwell, 2004). Even though temperament is biologically based, its expression, social acceptance and impact on individual functioning and development are moderated by familial, societal and cultural conditions and expectations (Sanson et al., 2004).

Acquiescent to this notion, it is essential to understand environmental factors surrounding the child. From amongst the myriad extrinsic factors, the construct of \textit{parenting style} has received considerable research attention in recent years as it is deemed essential for the development of children (Luster & Okagaki, 2005).

For the present investigation, temperament is being studied following Thomas and Chess’s model of temperament and will be assessed by using \textit{Malhotra Temperament Schedule} (Malhotra & Malhotra, 1988).
**Parenting Style**

*Nothing stirs the emotions or rivets the attention of adults more than the birth of a child.*

Marc H. Bornstein, 2002.

For generations, people have assumed that parenting matters (Okagaki & Luster, 2005). It is both a biological and a social process; and is fundamental to the survival and success of the human race (Lerner et al., 2002).

The term “parenting”, rooted in the Latin word “pario” meaning *life-giver*, captures the focused and differentiated relationship that the young child has with the adults who are most emotionally invested in and consistently available to him or her (Scher & Sharabany, 2005; Shonkoff & Phillips, 2002). Biological and adoptive mothers, fathers, single-parents, divorced and remarried parents can be children’s principal caregivers, but when siblings, grandparents and nonfamilial caregivers mind children their parenting is pertinent as well (Bornstein, 2005).

Parenting is carried out by members of a species that function to ensure the reproduction, survival, nurturance, and socialization of the next birth cohort or generation of that species (Lerner et al., 2002). It refers to the set of behaviours that work individually or together to influence child outcomes (Sharma, 2004), beginning with the assumption of responsibility, wherein the primary object of attention and action is the child and involving giving birth to, and caring for a child’s physical, psychological, emotional, moral and intellectual development (Baumrind & Thompson, 2002; Karraker & Coleman, 2005). It includes genetic endowment and direct effects of experience that manifest themselves through parents’ beliefs and behaviors as well as indirect influences take place through parents’ relationships with each other and their connections to community networks (Bornstein, 2005). Thus, parenting encompasses a number of different aspects, including beliefs, attitudes, values, expectations, goals, practices and behaviours (Bornstein, 2002; Wise & da Silva, 2007).
Though the term “parenting” can be traced back as far as 1663, we rarely find sustained and well-developed discussions about parenting and childrearing in our historical sources before early times (Couchman, 1983; French, 2002). Ancient and medieval historians and scholars have presented portraiture of parenting by extracting some of the available evidence from a plethora of potential sources (Bradley, 2005; Colon and Colon, 1999; Dixon, 1992; French, 2002; Pomeroy, 1997).

Historian deMause (1974) contended, “The further back in history one goes, the lower the level of child care, and the more likely children are to be killed, abandoned, beaten, terrorized, and sexually abused. He referred to parenting in antiquity as the “infanticidal mode” in medieval Europe, or the “abandoning mode”; as in the earlier times childrearing was brutish, cruel, and emotionally distancing because parents were unable to identify psychically with their children’s needs. According to him, the western civilization has progressed because in each successive era parents have become psychogenically better able to identify with their young and their needs (French, 2002). He posits that today’s generation, has reached the initial stages of the “helping mode,” as it recognizes that children usually know what is best for themselves, and parents generally follow their children’s lead in childcare (French, 2002).

Delving further into history, theorists, also, found some differences in approaches to parenting among ancient Mediterranean civilizations. According to French (2002), upper-class Egyptians seem to have delighted in their children, giving them prominent positions in representations of family life. Mothers and slaves probably oversaw the care of babies and preschoolers, but fathers likely personally taught and prepared their sons to follow in their footsteps as adults (French, 2002). In contrast to Egyptians, many Mesopotamians seem to have regarded parenting and family demands as a difficult burden. Mesopotamian parents were more emotionally distant from their children than were the Egyptians. The ancient Israelites made the family—both its bonds and affection and potential for tension and conflict—a metaphor
for writing about the relationship between themselves and their *God* (French, 2002).

According to French (2002), the Greeks were the first to think systematically about parenting and child development. In classical Sparta, children were the central focus of the household. Childrearing of boys until the age of 7 years and girls until they married was left almost entirely to the Spartan mothers while fathers were nearly entirely absent because of their full-time involvement in the Spartan military. Among the Romans, fathers had more legal power over their children, and the roles of mothers and fathers may have been more similar, with both responsible for the moral, physical, and educational development of their children. Within the Roman family, the bonds between fathers and daughters may have been the most affectionate. The Greek and Roman descriptions of childhood and prescriptions for parenting reflect an emphasis on the effects of nurture and the need for parents to invest the time, energy, and resources appropriate for the particular stage of the child’s development (French, 2002).

These findings depict that though children were an important and integral part of the family, they were not the sole focus (French, 2002). Parenting and parenting research has come a long way since earlier times.

In the field of psychology it was only during the 1960s and 1970s that parenting began to become widely recognized as an important element in family relationships with a sudden increase of publications with parenting as the subject (Couchman, 1983; French, 2002). Interest in parental influence on child development stemmed from the Freudian and behaviourist theories (Darling & Steinberg, 1993). The Freudian contention was that the basic determinants of development were biological and inevitably in conflict with parental desires and societal requirements. The interaction between the child’s libidinal needs and the family environment was presumed to determine individual differences in children’s development. While child behaviorists were interested in how the patterning of reinforcement in the near environment shaped development (Darling & Steinberg, 1993).
Despite their differences both theories illustrate the influence of parenting on child development. But, it was not until Baumrind’s (1966) seminal work that a theoretical model emerged that incorporated the emotional and behavioral processes that underlie earlier models of development into a conceptualization of parenting style that was anchored in an emphasis on parents’ belief systems. Her model profoundly altered subsequent thinking about parenting (Darling & Steinberg, 1993). Since then parenting has been a centerpiece of developmental inquiry, reflecting the firm belief that childrearing makes the child (Shonkoff & Phillips, 2002). Consequently, opinions about parenting abound.

Parenting has emerged as playing a critical role in child development and family well being (Kotchick & Forehand, 2002). Contemporary parenting studies are diversified, pluralistic, and specialized (Bornstein, 2005). Based on the accumulating empirical and theoretical work, contemporary parenting researchers have developed a keen awareness of the inherent complexity of this area of study. These studies illustrate that, not only are multiple factors involved in determining parenting and its effects, but many relations among the relevant factors are bi-directional, multidirectional, and nonlinear (Karraker & Coleman, 2005).

Parenting can influence, and be influenced by, child characteristics such as temperament (Chen & Luster, 2002), as well as aspects of the macro social system in which children grow up, such as war, the political climate and policies of multiculturalism and assimilation (Rosenthal, 2000). It is affected by physical and social contexts, childrearing customs, socio-economic status and the psychological characteristics of adults (Boushel, 2000; Rosenthal & Roer-Strier, 2001). Parenting is, also, known to vary both across and within cultural groups (Wise & da Silva, 2007). These factors initiate variations in parenting, thus having an impact on the development, functioning and socialization of the child. Such variations in the parent’s attempt to control and socialize their children are captured by the construct of parenting style (Baumrind, 1991; 2005).
The construct of **parenting style** was, initially, developed to explicate the parenting milieu. The initial qualitative and later quantitative efforts to assess parenting style focused on three particular components: *the emotional relationship between the parent and child, the parents’ practices and behaviors,* and *the parents’ belief systems* (Darling & Steinberg, 1983).

Parenting style reflects how parents select to monitor their offspring's behavior and allows researchers to capture suites of the specific qualities that characterize parent-child relationships within a categorical framework (Darling et al., 1997; Patock-Peckham & Morgan-Lopez, 2007). It represents trait model of child rearing that suggest stable, recurrent patterns of behavior embodied by parents, consistent across time, situation and children as the core of parenting (Holden, 1997).

Parenting style is generally perceived as a constellation of attitudes (that form the context in which parenting behaviour occurs), characteristics of parents, their behaviour which describe the parent child interactions, alters the efficacy of socialization efforts for the child, over a wide range of situations thus creating an emotional and interactional climate reflecting their global pattern of style (Bee & Boyd, 2004; Brown et al., 1993; Darling and Steinberg, 1993). This climate, as reflected in global patterns of style (e.g., Baumrind’s authoritative and authoritarian styles), is thought to help children be more open to the parental input and direction that are reflected in specific practices (Wu et al., 2000). Moreover, in addition to representing the emotional climate, parenting styles, also, reflect parental control of parent – child relationships (Carlo et al., 2007).

The construct of **parenting style** focuses attention on the family system rather that merely on individual behaviours and practices (Berk, 2007; Bee & Boyd, 2004; Carlo et al., 2007).

In their seminal paper, Darling and Steinberg (1993) propose a major distinction between **parenting style** and **parenting practice**. They view parenting style as a kind of basic climate in the family, as a set of attitudes and values
rather that as a set of specific parenting practices or behaviours. Specific parenting practices or behaviours, in contrast, are responses to particular situations or goals, such as getting a child to stop hitting his sister or making a child do his homework. They propose that parenting behaviours affect the child directly, increasing or decreasing the likelihood of specific behaviours on the child’s part. Parenting style, in contrast, has a more indirect effect. According to them, parenting style alters the parent’s capacity to socialize their children by changing the effectiveness of their parenting practices (Bee & Boyd, 2004).

Parenting styles are generally perceived as the cornerstone of socio-emotional development in childhood, closely associated with power structures within the family and are thought to change the nature of the interactions between parents and their children (Boivin, 2005). Consequently, it has been a major topic of study with many psychologists over the years presenting varied conceptualization of parenting style. And owing to different theoretical perspectives, researchers emphasized different processes through which parents influenced their children; a pattern reflected in their writings.

**The Psychodynamic view:** According to Darling and Steinberg (1993) the psychodynamic theorists focused their efforts on the emotional relationship between the parent and child and its influence on the child’s psychosexual, psychosocial, and personality development. Their models were unidirectional. They posited that individual differences in the emotional relationships between parents and children must necessarily result from differences in parental attributes, and many researchers focused on attitudes as the attributes of importance (Darling & Steinberg, 1993). They reasoned that as attitudes help determine both parental practices and the more subtle behaviors that give those practices meaning, assessing parental attitudes would capture the emotional tenor of the family milieu that determined the parent–child relationship and influenced the child’s development (Baldwin, 1948; Darling & Steinberg, 1983, Orlansky, 1949; Schaefer, 1959).
The psychodynamic researchers who focused on the emotional processes underlying parenting style, also, tried to bridge the gap between parental attitudes and the specific behaviors at, what Schaefer (1959) called, a “molar” level (Darling & Steinberg, 1993). These molar attributes included, among others, autonomy granting, ignoring, punitiveness, perception of the child as a burden, strictness, use of fear to control, and expressions of affection (Darling & Steinberg, 1993; Schaefer, 1959).

**The Learning model:** Theorists from behaviorist and social learning perspectives categorized parenting style according to parental behaviors and focused on parental practices rather than attitudes (Darling & Steinberg, 1993). According to them differences in children's development reflect differences in the learning environment to which they had been exposed. Consequently, measures of parenting style were designed to capture the patterning of behaviors that defined these environments (Darling & Steinberg, 1993; Sears et al., 1957; Whiting & Child, 1953). They employed factor analysis to identify control as a behavioral attribute underlying the pattern of correlations among such practices as a parent's use of physical punishment, failure to enforce rules, tolerance of masturbation, sanctions against aggression and rules for use of common living areas (Darling & Steinberg, 1993; Teti & Candelaria, 2002). Behaviorist used the concepts of conditioned and unconditioned stimuli, reinforcement and reinforcement schedules, punishment, and extinction to explain the manner in which parents shaped behavior in children, with a focus on actual behaviors practiced by parents (Teti & Candelaria, 2002).

These early psychoanalytic and behavioral learning formulations about the role of parents in socializing their children, and their emphasis on parental control and parent-created emotional climate, gave rise to more focused efforts to identify specific parental modes, or styles, of behavior that shaped children in socially desirable ways (Teti & Candelaria, 2002).
Models of Parenting Style

Earlier parenting theories differed in their emphasis on control (Watson, 1928) and nurturance (Freud, 1933; Rogers, 1960). Consequently, the particular dimensions that went into parenting style varied across studies (Darling & Steinberg, 1993). According to Symonds (1939), the various dimensions of parenting style included acceptance/rejection and dominance/submission. Baldwin (1955) postulated emotional warmth/hostility and detachment/involvement as dimensions of parenting style. Sears et al. (1957) contended warmth and permissiveness/strictness to be the dimensions of parenting style. For Schaefer (1959), love/hostility and autonomy/control; and for Becker (1964), warmth/hostility and restrictiveness/permissiveness served as the particular dimensions of parenting style. In their seminal paper, Darling & Steinberg (1993) pointed out the similarity among the dimensions proposed by various researchers.

Despite these varied conceptualizations of parenting style and its dimensions, the most sweeping and influential treatment of the construct is reflected in the work of Baumrind (1966; 1967; 1970; 1980; 1989; 1991; 1996), who made great strides towards identifying components of parenting style.

Baumrind’s Model

Diana Baumrind (1966), with her pivotal model, proffered an operationalization of parenting style that set her apart from earlier researchers. Her paradigm of parenting style not just encompass the parenting practices but also focus on the parents’ values and the beliefs they hold about their roles as parents and the nature of children.

Baumrind’s conceptualization of parenting style was configurational in nature, taking into account patterns of parenting behaviors across four parenting dimensions (Baumrind, 1966; 1971). These dimensions were:

- **Control**, included use of specific disciplinary techniques used by parents.
- *Clarity of communication* reflected the effectiveness and directionality of communication between the parent and the child.

- *Maturity demands*, defined as parental expectations, conveyed directly to children, so that they function at a level that is commensurate with their developmental level.

- *Nurturance*, reflecting the degree to which parents express warmth, concern, involvement, and pleasure in parenting.

However, further factor analyses yielded two orthogonal factors, *responsiveness* and *demandingness* (Baumrind, 1991; 1996).

1. **Responsiveness** refers to the extent to which parent fosters individuality and self-assertion by being attuned, supportive, and acquiescent to children’s needs, demands and requests. Emotional neglect and the absence of parental responsiveness have been found to be even more important than restrictive, coercive discipline in the etiology of behavioural problems among children. Important facets of responsiveness include warmth; reciprocity; clear communication and person-centered discourse; attachment; and autonomy support (Baumrind, 1991; 1996).

- *Warmth* refers to the parent’s emotional expression of love.

- The notion of *reciprocity* encompasses processes of synchrony or attunement in parent-child interaction.

- *Parental communication* can be either *position-centered* or *person-centered*. Position-centered parental communication legitimizes parental authority on the basis of assigned roles and, as such as, is often experienced by the child as coercive, where as elaborated and person-centered parental communication legitimizes parental authority by persuasion and, therefore, tends to be better accepted by the child. Person-centered communication has been shown to be more effective form of parent-child social interaction than position-centered communication. Person-centered reciprocal interactions between parents and children produce transformations in thought and action for both.
Attachment refers to an affective bond between parents and children. The notion is that children form affective bonds with parents that have continuity over time, and that parents form reciprocal relationships with their children. Moreover, relations between attachment and children’s and adults’ functioning have been repeatedly reported (Baumrind, 1991; 1996).

Parental autonomy support can be defined in terms of promotion of independence or in terms of promotion of volitional functioning among children. The degree of psychological autonomy granting or democratic participation allows children to express themselves. It is found to be an optimal factor in advancing children’s competence and character (Baumrind, 2005; Baumrind & Thompson, 2002).

2. Demandingness refers to the claims parents make on children to become integrated into the family and society by their behavior regulation, disciplinary efforts, and willingness to confront a disruptive child, maturity demands (behavioral control) and supervision of children’s activities (monitoring). Demanding parents supervise and monitor their children’s activities by directly confronting rather than subtly manipulating them, and, thus, may engage in open conflict with their children at points of disagreement. Demandingness is also referred to as “parental control” as it includes direct confrontations; monitoring; and consistent, contingent discipline (Baumrind, 1991; 1996; 2005).

Confronting parents are involved and firm but not necessarily coercive, although they may be. A confronting parent takes a stand even when to do so provokes conflict. Confrontational social control techniques deter internalization of prosocial attitudes, whereas covert influence techniques do not. Power assertive confrontational parenting does not undermine prosocial behavior, among children, when parents are (a) supportive; (b) nonpunitive; (c) authentic {i.e. when parents do not attempt to disguise inconsiderate and demeaning remarks to children as friendly conversation}; and (d) sensitive {i.e. parents take into account the extent to which a particular child can profit from their
confrontation without becoming anxious or overwhelmed} (Baumrind, 1991; 1996; 2005).

Coercive parents, on the other hand, consistently issue superfluous commands accompanied by threats and promises, but not by reasons. They focus the child’s attention on the powerful status of the parent rather than on the harmful consequences of the act that the parent wishes to correct. Such coercive cycles tend to escalate into ineffectual and mutually hostile disciplinary encounters that provoke defiance and undermine internalization (Baumrind, 1991; 1996; 2005).

- Monitoring imposes restrictions on children, but these restrictions need not be intrusive or overly directive. To be successful, monitoring and close supervision require considerable investment of time and energy, as well as the provision of an orderly consistent regimen. Though monitoring and overly directive intrusion are highly correlated, monitoring is positively associated with children’s self-assertiveness, while intrusiveness is negatively associated (Baumrind, 1991; 1996; 2005).

- Parental control, through the use of consistent, contingent discipline is intended to orient the child towards goals selected by the parents; modify expression of immature, dependent, hostile behaviour; and promote compliance with parental standards. The crucial factor in behavioural management is contingent use of positive or negative reinforcers immediately following desired or prohibited child behaviour, respectively. A noncontingent caregiver produces a defiant child who induces the caregiver to punish harshly and who coercively controls other family members by temper tantrums and physical attacks (Baumrind 1983; 1991; 1996).

A high level of parental demandingness is best accepted by children when accompanied by an equally high level of responsiveness.

Baumrind (1967; 1971; 1981) used these dimensions to derive a classification of parenting behaviour that describe how parents reconcile the joint needs of children for nurturance and limit setting. The three parenting configurations – authoritative, authoritarian and permissive - emerged from
the pilot study as empirical descriptions of how parents of children differ from each other on responsiveness and demandingness variables.

1. **Authoritative parenting style** is described by high levels of control, nurturance, clarity of communication, and maturity demands. *Authoritative parents* are both demanding and responsive. They exert firm control over their children’s behaviour and set clear stands of conduct for the child. At the same time they openly acknowledge and incorporate the child perspective in disciplinary matters, within limits that are acceptable to the parents. Their disciplinary method is very supportive and involves combined use of reason and power, rather than harsh physical punitive discipline or severe restriction of the child’s autonomy. They attempt to direct the child's activities but in a rational, issue-oriented manner with reference to established standards of conduct (Baumrind, 1991; 1996; 2005).

Authoritative parents encourage verbal give and take, share with the child the reasoning behind their policy, and solicit his/her objections when s/he refuses to conform. Both autonomous self-will and disciplined conformity are valued. They value both expressive and instrumental attributes, and exert firm control at points of parent-child divergence, but do not hem the child in with restrictions. They enforce their own perspective as an adult, but recognize the child’s individual interests and special ways and also set standards for future conduct. They use reason, power, and shaping by regime and reinforcement to achieve their objectives, and do not base their decisions on group consensus or the individual child’s desires (Baumrind, 1991; 1996; 2005).

2. **Authoritarian parenting style** is identified by high levels of control and maturity demands, and lower levels of nurturance and clarity of communication. *Authoritarian parents* are highly demanding and directive, but are not responsive and warm. They are obedience oriented expect their orders to be obeyed without explanation. They attempts to shape, control, and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct, usually an absolute standard, theologically motivated and formulated by a higher authority. They favor punitive, forceful measures to curb self-will at
points where the child’s actions or beliefs conflict with what they think is right conduct and regard the preservation of order and traditional structure as a highly valued end in itself. They believe in keeping the child in his place, in restricting his autonomy, in assigning household responsibilities in order to inculcate respect for work; and they do not encourage verbal give and take, believing that the child should accept her word for what is right (Baumrind, 1991; 1996; 2005).

3. **Permissive parenting style** is characterized by high levels of nurturance and clarity of communication, and low levels of control and maturity demands. *Permissive parents* are more responsive than demanding. They allow the child great freedom in choosing activities, are openly accepting and supportive of the child’s behaviour, and make little effort to exert control over it or set standards of conduct. Discipline involves the use of reason and manipulation, but not overt power to accomplish their ends. They are lenient, lax, do not demand mature behaviour, allow considerable self regulation and avoid confrontation. They attempt to behave in a nonpunitive, acceptant and affirmative manner towards the child’s impulses, desires, and actions. They allow the child to regulate his/her own activities as much as possible, avoid the exercise of control, and do not encourage him/her to obey externally defined standards (Baumrind, 1991; 1996; 2005).

*Permissive parents* actively seek out the child for input regarding household rules and regulations, policy decisions and give explanations for family rules. They make few demands for household responsibility and orderly behavior. They present themselves to the child as a resource for him/her [the child] to use as he wishes, not as an ideal for him/her to emulate, or as an active agent responsible for shaping or altering his/her [the child] ongoing or future behavior (Baumrind, 1991; 1996; 2005).

Each of the three parenting style patterns exemplify the distinctive features of the group, as well as explicit description of parenting behaviors that characterize each group member, categorizing a particular parent-child relationship at a specific time. However, moderate pattern stability is a likely
consequence of continuity in the child’s qualities and the parents’ values, personality, and expectations. Flexible application of disciplinary practices across domains and infractions varies by pattern, with authoritative and democratic parents likely to be more flexible than authoritarian or disengaged parents in how they regulate a child’s behavior (Baumrind, 2005).

Further, Baumrind (1996; 2005) posits that parenting style has proven power to predict children’s competence and to qualify effects of (observed) parenting practices other than abuse. Thus, variables representing the demandingness factor have a more beneficial effect when embedded in an authoritative configuration than when embedded in an authoritarian configuration. Similarly, high responsiveness affects children positively when conjoined with high demandingness in an authoritative configuration, but not when conjoined with low demandingness in a permissive pattern (Baumrind, 1991; 1996; 2005).

Authoritative parenting style conjoins firm behavioral control and monitoring with warmth and autonomy control and has shown to assist young children and adolescents develop instrumental competence which is characterized by psychosocial maturity, cooperation with peers and adults, responsible independence, and academic success. By contrast, despite the appearance of being diametrically opposite rearing styles, authoritarian and permissive parenting hold in common the propensity to minimize opportunities for children to learn to cope with stress. Authoritarian parents do this by curtailing children’s pursuits of their own initiatives (Baumrind, 1991; 1996; 2005). Permissive parents do this by giving their children free rein and failing to establish and enforce standards of conduct. The result is a reduction in the capacity to cope with frustration and disappointment and to deal adaptively with everyday life challenges (Baumrind, 1971, 1989, 1991, 2005; Teti & Candelaria, 2002).

The cumulative results of Baumrind’s work are well known (Baumrind, 1967; 1973; 1989; 1996; 2005). Her authoritative, authoritarian, and permissive typologies are currently widely employed models of parenting style
and has yielded a consistent picture of the types of parenting thought to
enhance or mitigate the successful socialization of middle-class children.
Research testing her typology during the past four decades has been remarkably
consistent. The benefits of authoritative parenting and the detrimental impact of
authoritarian and permissive parenting to children’s social and academic
competence from early childhood through adolescence, both in the United
States and abroad, are well documented (Robinson et al., 2002; Teti &
Candelaria, 2002).

Baumrind’s operationalization of parenting sets her apart from all
previous theorists. Her empirical validation of configurational approach changed
the emphasis of parenting style research and marked an important departure
from the factor-analytical and circumplex traditions. Her model brought a
paradigm shift in the thinking of socialization as she reiterated the notion that
children contribute to their own development through their influence on
parents.

the years refined and modified her model various times. Her tripartite model has
proved to be a fruitful focus of research on parenting and has served as the
organizing heuristic for the most discussions of parent’s influence on their
children’s development. Thus, it is not surprising that, drawing from her
conceptualization of parenting numerous other theorists (e.g., Maccoby &
Martin, 1983; Robinson et al., 1995; 2001) too have presented their own
conception of parenting style.

**Maccoby and Martin’s Model**

In a review published in the *Handbook of Child Psychology*, Maccoby and
Martin (1983) attempted to modify Baumrind’s configurational approach by
attempting to capture parenting style as a function of two dimensions, which
they labeled responsiveness and demandingness. They defined parenting style
as reflecting two specific underlying processes: (a) *the number and type of
demands made by the parents* and (b) *the contingency of parental reinforcement*. 
Analogous to Baumrind, they posited that authoritative parents are high in both demandingness and responsiveness; and authoritarian parents are high in demandingness but low in responsiveness. But where empirically, Baumrind had found the “permissive” type, Maccoby and Martin (1983) distinguished two distinct patterns of permissive parenting. They extended Baumrind’s typology by bifurcating permissive parenting into permissive-indulgent and permissive-neglectful as displayed in Table C.

**Table C: Maccoby and Martin’s model of parenting style**

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<tr>
<th>Control</th>
<th>Emotionality</th>
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<td></td>
<td>Warm, Responsive</td>
<td>Rejecting, Unresponsive</td>
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<td>Restrictive, Demanding</td>
<td>Authoritative</td>
<td>Authoritarian</td>
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<td>Permissive, Understanding</td>
<td>Permissive/Indulgent</td>
<td>Uninvolved/Neglecting</td>
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Permissive-indulgent parents are high on responsiveness and low on demandingness and are highly involved with their children. Permissive-neglectful parenting is characterized by low demandingness and low responsiveness. These parents are emotionally and physically disengaged from their children, showing little monitoring, supervision, and support of their children’s behavior. This fourth dimension is also referred to as “uninvolved” on “neglecting”.

They posited that, compared to children of authoritative, authoritarian, and permissive-indulgent parents, children of permissive-neglectful parents appeared to be at highest risk for instrumental incompetence, a finding that was later replicated by Baumrind and others (Baumrind, 1991; Radziszewska et al., 1996).
Thus, abject abdication of parental responsibilities, as reflected in permissive-neglectful homes, appears to have even worse consequences for children than in homes in which parents lack warmth, discourage dialogue, and are harsh and restrictive, as reflected in authoritarian homes. These data suggest that, generally speaking, some kind of parental involvement with children, even if it is of poor quality, is better than none at all (Teti & Candelaria, 2002).

This move by Maccoby and Martin (1983) away from the configurational approach toward one that defined configurations on the basis of orthogonal dimensions marked an attempt—reminiscent of earlier attempts to differentiate underlying dimensions of parenting style—to tease apart the processes that underlie the influence of style (Darling & Steinberg, 1993).

**Robinson, Mandleco, Hart and Olsen’s Model**

Robinson et al. (1995; 2001) in their study attempted to develop an empirical means of assessing global typologies consistent with Baumrind’s main conceptualizations for parents of preadolescent children and also attempted to identify specific parenting practices that occur within the context of the typologies. According to them conceptualization of parenting styles is primarily framed in reference to *parental control* or *demandingness* as well as *parental warmth*.

They posited that **authoritative parenting**, as it is commonly defined, is a mix of appropriate behavioural control (demandingness) and parental warmth. Dimensions of authoritative parenting typically consist of such parenting strengths as *connection*, *reasoning-oriented regulation*, and *autonomy granting* (Nelson et al., 2006). **Connection** exists when parents are warm and responsive to the needs and feelings of the children, comfort them when they are upset and encourage them to share their troubles and problems and gives praise when the child is good. **Regulation** occurs when parents impose rules and regulations and monitor the behaviour of their children with emphasis on reason making the child understand his/her behaviour by explaining its consequence.
Autonomy transpires when parents allow children to manage and plan their own time, activities and encourage them to express their opinions and ideas, taking into account child’s preferences in making plans for the family or before asking the child to do something (Robinson et al., 1995; 2001). This parenting style is commonly associated with competent child and adolescent outcomes (Nelson et al., 2006).

Authoritarian parenting, in contrast, is defined by high levels of excessive behavioral control and lower levels of acceptance (Robinson et al., 1995; 2001). This style is epitomized by frequent engagement in physical and verbal coercion, punitiveness, and restriction of autonomy (Nelson et al., 2006).

Physical coercion involves use of physical force by parents, in form of spanking, slapping, grabbing etc, in order to correct the child’s behaviour. Verbal hostility entails parent’s yelling, shouting, criticizing a child in anger so as to control or discipline a child. Punitive parenting implies parent’s use of punishment, threats without any justification to discipline and control the child. Such parents may also take away privileges from child or may even put child off somewhere alone with little if any explanations (Robinson et al., 1995; 2001). These elements may communicate parental rejection of the child and, accordingly, is more often associated with child behavioural difficulties (Nelson et al., 2006).

Permissive parenting is associated with indulgence on part of the parents. These parents give into child when s/he causes a commotion about something; threaten/state punishments to child but do not actually carry it out. They spoil the child and find it difficult to discipline him/her (Robinson et al, 1995; 2001).

In addition, they also paid a lot of attention to the construct of psychological control (Hart et al., 1998, 2003; Nelson et al., 2006; Olsen et al., 2002). Psychological control is deemed to be composed of stylistic dimensions reflecting a parental attack on the child’s developing need for psychological autonomy. It is a form of control that potentially inhibits or intrudes upon psychological development through manipulation and exploitation of the parent-
child bond (e.g., love withdrawal and guilt induction), negative, affect laden expressions and criticisms (e.g., possessiveness, protectiveness) and is considered harmful to the child’s individuation (Nelson et al., 2006).

Furthermore, they identified an oversolicitious approach to parenting that is both excessively warm and excessively controlling. These parents are overly protective and controlling to the point of being intrusive. Although these parents may often have their children’s best interest in mind (i.e., safety, learning, social interaction), the constraints that oversolicitious parents place on their children may actually limit children’s opportunities to practice social skills, learn how to regulate their own emotions, and build their own cognitive constructions (Nelson et al., 2006).

They also found cross cultural similarities in the dimensions of parenting styles. Factor structures of authoritative and authoritarian parenting dimensions have been found to be similar in United States, Australia, China and Russia (Hart et al., 2000; Porter et al., 2006; Russell et al., 2003).

According to them parenting styles might be closely associated with child maladjustment in cultures the world over. Moreover, parenting practices, though they may be differentially emphasized across cultures, likely communicate parental acceptance or rejection and thus contribute to overall style, or pervasive interaction climate, which is the essence of parenting style (Nelson et al., 2006).

Robinson et al. (1995; 2006) have also developed a questionnaire “Parenting Style and Dimension Questionnaire” and it is currently the most widely used parenting measure. The present research also utilizes this questionnaire.

All these models signify advances in the study of socialization of the family and facilitate the examination of various unresolved issues in the study of familial influences on child development. They help determine processes through which parenting style influences child development, as well as, help identify the antecedents of parenting style.
Factors affecting Parenting Style

There are considerable variations in parenting styles among individuals. Theorists posit that this results from various psychosocial and environmental determinants. It is opined that parenting is influenced by the unique characteristics of the parents, such as their personality, childrearing beliefs, educational background, and psychological wellbeing. These factors affect parents’ day-to-day interactions with their children and how the relationships with their children evolve (Bronfenbrenner 1979, 2000).

In addition, the context in which the relationship is occurring also incurs an impact. It includes aspects of the immediate setting such as other relationships in the household, including the parent’s relationship with a spouse or partner, relatives and friends etc. Network members provide informational, instrumental (e.g., child care), and emotional support for parents; they can also be sources of stress and take time away from child care activities. Also, other contexts such as the parents’ work place and the neighborhood context may influence parents’ values and childrearing beliefs, their concerns for their children, and their perceptions of the opportunities available to their children.

The transactions that occur in the home environment and other important setting are also influenced by socioeconomic status, ethnicity, and culture. In addition, parenting behavior is influenced by parent education and family support programs designed to enhance the quality of care that parents provide. Clearly, many factors play a role in the way parents care for their children (Bronfenbrenner, 1979, 2000; Luster & Okagaki, 2005).

Drawing on Bronfenbrenner’s work, Belsky (1984) identified three main determinants of parenting: (a) characteristics of the parent {e.g., personality, psychological functioning, attachment history}; (b) characteristics of the child {e.g., temperament}; and (c) contextual sources of stress and support {e.g., financial strain, divorce, social network}. In addition, the developmental history of the parents, including all of their experiences prior to becoming a parent, was
viewed as an important influence on the parents’ personality and personal resources (Figure B).

**Figure B - Determinants of Parenting**

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Bornstien (2005) recently summarized that evolution and history; biology and ethology; family configuration; formal and informal support systems, community ties, and work; social, educational, legal, medical, and governmental institutions; economic class, designed and natural ecology, and culture—as well as children themselves—each helps to define parenting.

Owing to recent research trends, it has also been suggested to include goodness of fit between parent and the child as another factor in determining parenting styles (Lerner et al., 2002). According to this model, adaptive child outcomes are most probable when the child’s physical and behavioral characteristics are compatible with the requirements of his or her physical and social environment (Karraker & Coleman, 2005).

**Goodness of fit** occurs when parents’ approach to their child is sensitive and responsive to the child’s presentation while **poorness of fit** occurs when there is dissonance between a child’s temperamental individuality (i.e. his or her presentation and behavior) and parents’ way of handling the child (i.e. their response to the child’s presentation and behavior) (Thomas & Chess, 1991). If a child’s characteristics of individuality provide a good fit (or match) with the
demands of a particular setting, adaptive outcomes will accrue in that setting. In turn, of course, poorly fit, or mismatched, children—those whose characteristics are incongruent with one or most settings—should show alternative developmental outcomes. Such characteristics of individuality involve what the children do, why the children show a given behavior, and/or how the children do whatever they do (Thomas & Chess, 1991; Lerner et al., 2002).

The goodness of fit model was originally proposed to describe how parents, can adapt their parenting styles to suit the different temperaments of children, in order to promote healthy emotional development (Berk, 2007). Recent researches have shown that a child’s physical distinctiveness and psychological individuality, his or her temperament will prompt varying reactions in parents based on the parents’ attitudes, values, stereotypes, and behavioral style, and on the physical characteristics of the setting (Lerner et al., 2002). For instance, it has been found that children with more adaptable, sociable, and easy-to-soothe temperaments are likely to elicit warm and responsive parenting (Putnam et al., 2002). Findings with children in early middle childhood indicated that maternal reports of children’s high irritable distress and low effortful control were associated with children’s reports of maternal hostility (Morris et al., 2002).

These findings suggest that the challenges inherent in parenting a temperamentally difficult child may cause many parents to invest minimal energy in parenting and emotionally withdraw from the relationship which in turns hampers optimal child development and behaviour, leading to a “circular function” in individual development (Lerner et al., 2002; Schneirla, 1957).

The parent shapes the child, but part of what determines the way in which parents do this is children themselves. Children shape their parents—as adults, as spouses, and of course as parents per se—and in so doing children help organize feedback to themselves, feedback that contributes further to their individuality and thus starts the circular function all over again (that is, returns
the child effects process to its first component) (Karraker & Coleman, 2005; Lerner et al., 2002).

With regard to parenting style, the goodness of fit model can be of further use when discussing, raising and supporting children regarding to their other qualities, not just in relation to temperament. Parents can use this model to adapt their parenting styles to suit the individual needs and interests of their children. Thus, parents need to understand their children so as to enhance their contributions to their children’s well-being and development (Karraker & Coleman, 2005).

**Impact of Parenting Style**

Researchers from various disciplines and with various perspectives agree that parents play an important role in the lives of their children including meeting basic needs for food, clothing, shelter, protection and security (O’Connor et al., 2000; Perry, 2002). Parenting style has been found to predict child well-being in the domains of social competence, academic performance, psychosocial development, and problem behavior (Darling, 1999).

Parenting style has been found to predict child well-being in the domains of social competence, academic performance, psychosocial development, and problem behavior. Chen et al. (1997) authoritarian parenting was associated positively with aggression and negatively with peer acceptance, sociability-competence, distinguished studentship and school academic achievement. In contrast, parental authoritative style was associated positively with indices of social and school adjustment and negatively with adjustment problems. Sentayehu (1998) found that although the performance of students from homes with other styles of parenting was not significantly different, students with parents with an authoritarian style showed significantly higher academic achievements. Children and adolescents whose parents are authoritative rate themselves and are rated by objective measures as more socially and
instrumentally competent than those whose parents are non-authoritative (Baumrind, 1991; Weiss & Schwarz, 1996).

Several studies have been also been conducted to examine the role of parenting styles in children’s and adolescents’ internalizing and externalizing problem behavior (Hart et al., 2003). In their research Aunola and Nurmi (2005) showed that a high level of psychological control exercised by mothers combined with high affection predicted increases in the levels of both internal and external problem behaviors among children. Behavioral control exercised by mothers decreased children’s external problem behavior but only when combined with a low level of psychological control.

Smart (2007) opines that certain aspects of parenting are known to benefit all children. A warm and supportive parent-child relationship is seen as the cornerstone of effective parenting (Dishion & McMahon, 1998). Supervision of children's activities and friendships (often termed "monitoring"), particularly in the teenage years, appears of great importance and its lack is linked to a range of problematic outcomes, such as adolescent antisocial behaviour and substance use (Barnes & Farrell, 1992). Limit setting and consistency are key components of "authoritative" parenting (Baumrind, 1989), which is widely seen as the most optimal type of parenting. Conversely, harsh or over-controlling parenting approaches are implicated in the development of behaviour problems in childhood and adolescence (Bender et al., 2007; Smart, 2007).

These studies portray the role of parenting styles in a child’s development. Parenting plays critical role in child development and family well being. As behavioral models, teachers, socializing agents, and providers for children’s many fundamental and idiosyncratic needs, parents are critical to the health and development of their children. Successful parenting involves rearing children who themselves rear children. However, this survival goal is only one of the many goals of parenthood (Bornstien, 2005).

In an article, Bornstien (2005) had referred to parenting as both pleasures, privileges, and profits as well as frustrations, fears, and failures. It is hard work, it is often stressful, and success (in the moment, over several days,
or over years) requires adaptation (Bornstien, 2005). Parenting, stress, and joy are distinct concepts that at the same time are connected in the experiences of parents around the world. The same biological and psychological mechanisms that have evolved to maximize our chances of survival as a species, vigilance, emotional reactivity, and physiological arousal, to name a few, can put some parents at risk for distress in their roles as caregivers. Concurrent to these views, psychologists have turned their attention to the construct of parenting stress.

For the present investigation, parenting styles is being studied following Baumrind’s model. It will be assessed by using *Parenting styles and dimensions questionnaire* (Robinson, Mandleco, Olsen, & Hart, 2001).
Parenting Stress

Parenting and its concurrent responsibilities consistently presents new challenges and rewards, thus leading to high levels of stress (Koeske & Koeske, 1990). For most parents the experience of parenthood is a positive one overall; yet, all parents, regardless of their mental health or social and economic resources, experience some stress which is integral part of the parenting process. Such stress in parenting role is referred to as parenting stress (Creasey & Reese, 1996; Crnic & Low, 2002; Deater-Deckard, 2004).

Parenting stress includes roles for parents and children as contributing members of enduring and emotionally powerful relationships. It encompasses subjective experiences of distress such as emotional pain and anxiety, perceived lack of control and violations of those expectations, and self-doubt. It includes parent’s thoughts, beliefs, and attributions expectations about what is normal (Abidin, 1995; Crnic & Low, 2002; Deater-Deckard, 2004).

Different psychologists over the years have proffered different definitions of parenting stress. Abidin (1995) considers parenting stress as a specific kind of stress, perceived by the parent and emanating from the demands of being a parent. He defined it as excess anxiety and tension specifically related to the role of a parent and to parent-child interactions (Abidin, 1995). According to Crnic and Low (2002) parenting stress involves situations in which parents or the children create difficult or challenging circumstances through their behaviour, expectations, or needs.

Deater-Deckard (2004) opines that parenting stress can be defined succinctly as a set of processes that lead to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood. This often is experienced as negative feelings and beliefs toward and about the self and the child. Anthony et al. (2005) and Östberg et al. (2007) view parenting stress as resulting from a perceived discrepancy pertaining to parenthood and personal resources.
The construct of parenting stress highlights the differentiation among types of stresses that might affect parenting and family processes (Deater-Deckard, 1998, 2004). It has long been recognised as a factor influencing parenting behavior and as a determinant of not only dysfunctional parenting but, also, as a deterrent to optimal child development. Stress in the parenting role is distinct from the stress arising from other roles and experiences (e.g., workplace, unfortunate events or experiences, and interpersonal relationships with other family members and friends), yet, there is likely to be overlap or spillover across these domains, for e.g., between work-related stress and Parenting-related stress (Deater-Deckard, 2004).

All parents experience parenting stress to some degree (Crnic & Greenberg, 1990). It varies continuously from low to very high levels and can be thought of as “normal” or “extreme” (Deater-Deckard, 1998). It may make a unique prediction to adjustment in adulthood and more importantly may be strongly related to parenting behaviour and child adjustment than individual differences in more general stressful life events and circumstances (Barnett et al., 1992; Creasey & Reese, 1996; Deater-Deckard, 1998, 2004).

Models and Dimensions of Parenting Stress

The past decade has witnessed multiple conceptualization of parenting stress (Crnic et al., 2005). One of the first models of parenting stress was proposed by Abidin (1990).

Abidin’s Model

One of the most influential and widely used models of parenting stress was developed by Richard Abidin (1976, 1983, 1990, 1995). He viewed the task of parenting as a highly complex one that often must be performed within very demanding situations, with limited personal and physical resources, and in relation to a child who by virtue of some mental or physical attribute may be exceedingly difficult to parent. Abidin (1976, 1983, 1990, 1995) also proposed
that parent-child interactions and child outcomes occur as a function of the complex interplay among parent, child, and situation.

Abidin (1983, 1995) opined that the total stress a parent experiences is a function of certain salient parent characteristics (e.g., depression, sense of competence, health, attachment relationship with child, relationship with spouse, perceived role restrictions) and child characteristics (e.g., adaptability, acceptability, demandingness, mood, hyperactivity, reinforcement of the parent) and situations that are directly related to the role of being a parent. Each of these domains represents a number of variables and systems of variables that increase or decrease in importance in relation to the resultant parenting stress in any given parent-child dyad. Abidin (1976) proposed that these parent and child characteristics, together with external situational variables, such as life stresses (e.g., divorce, bereavement, career difficulties, etc.), lead to an increased risk of dysfunctional parenting (Abidin, 1990). Concurrent to this view, in his initial model in 1976, while developing the Parenting Stress Index (Abidin, 1986), Abidin made an initial attempt at developing a model which integrated a range of variables that were believed to be central to the role of parenting. The components of that model can be seen in Figure C.

Figure C - Parenting stress model with subscales on the Parenting stress index identified by shading

Using stress as the central construct, Abidin believed higher levels of parenting stress led to increased dysfunctional parenting. Subsequently, both his research (Abidin, 1982) and that of others demonstrated that a simple linear relation did not exist between stress level and dysfunctional parenting. Abidin found that very low levels of parenting stress also were associated with dysfunctional parenting due to the disengagement of the parent and the subsequent low level of vigilant parental behaviors (Abidin, 1990).

Though, over the years, with the advent of various other models attempting to illuminate the paths of “determinants of parenting”, Abidin revised his initial view. He reviewed Belsky’s (1984) process model of determinants of parenting, his own model and Patterson’s (1990) behavioral model.

Belsky’s model attempted to define the major global sociological and personality characteristics which related to parenting behaviors. Whereas, Patterson’s model (Patterson, 1990), suggested some of the determinants of antisocial and aggressive behavior in children, described relationships between parent and child behaviors, but did not specify as to why the behaviors occur.

After reviewing these models, Abidin proposed a revised model that was built on the work of many others and represented a distillation of many variables either known or suspected to be related to parenting behaviors (Figure D).

The model hypothesized that parenting behavior and child adjustment is influenced by a number of sociological, environmental, behavioral and developmental variables among which the parental cognitions and beliefs are seen as playing a key role (Abidin, 1992).

The parenting role variable (commitment to parental role) in the model represents a set of beliefs and self-expectations serving as a moderator or buffer of more distal influences. Each parent is seen as having an internal working model of himself or herself as a parent. This model of "self-as-parent" includes the individual’s goals for himself or herself and his or her internalized expectations of others. Through this working model of self-as-parent (i.e.,
parenting role), parents assess the harm or benefit that confronts them in the role of parent. The result of that appraisal produces the level of stress the parent experiences.

**Figure D. Theorized paths of influence regarding the determinants of parenting behavior**

![Diagram of theorized paths of influence regarding the determinants of parenting behavior]


According to him *parenting stress* is, thus, the result of a series of appraisals made by each parent in the context of his or her level of commitment to the parenting role. Conceptually, parenting stress is viewed as a motivational variable which energizes and encourages parents to utilize the resources available to them to support their parenting. The richness or paucity of resources available naturally plays a key role in the ultimate parenting behavior (Abidin, 1992).

This proposed model was endeavored to improve on previous models by integrating sociological, environmental, and behavioral factors, as well as personality characteristics of the parent, in predicting parenting behavior (Abidin, 1992).
In 1995, based on his model, Abidin revised his Parenting stress index (PSI) as well as presented the Parenting Stress Index – Short Form (PSI-SF). For the revised version of Parenting Stress Index (PSI), he explicated three major domains of stressors. They were:

- **Child characteristics** – They are those aspects of parenting stress that arise from the child’s behavior,
- **Parent characteristics** – They are those aspects of parenting stress that arise from within the parent), and
- **Situational/demographic life stress** - They are those aspects of parenting stress that arise from Situational / demographic factors around the parent-child relationship (Abidin, 1995).

While for the Parenting stress index – short form (Table E), three factors that were chosen to expound the theoretical model were parent, child, and their interactions. These were labeled *parental distress, difficult child*, and *parent-child dysfunctional interaction* (Abidin, 1995).

**Figure E – Theoretical Model for the PSI-SF**

![Theoretical Model for the PSI-SF](image)


According to him, elevations in parent, child, and parent-child dysfunction domain stress will be found in families in which parenting stress is
high, and problems in parenting and children’s development will be more prevalent (Abidin, 1990; 1992; 1995).

Parent domain stress is most strongly associated with problems in the parent’s own functioning (e. g., depression, anxiety), child domain stress is most strongly linked with attributes of the child (e. g., behavioral problems), and the parent-child dysfunction domain is tied primarily to the degree of conflict in the parent-child relationship (Bendell et al., 1989; Eyberg et al., 1992).

These three domains of parenting stress, in turn, cause decrements or deteriorations in many aspects of the quality and effectiveness of parenting behavior. These could include decreases in expressions of warmth and affection, increases in harsh methods of discipline and expressions of hostility towards the child, less consistency in parenting behavior, or complete withdrawal from the parenting role. In turn, these deteriorations in the quality of parenting (in the most extreme instances, defined as child maltreatment and abuse) promote further increases in child emotional and behavioral problems, such as aggression, noncompliance, anxiety, and chronic sadness (Abidin, 1990; 1995).

According to Deater-Deckard (2004), Abidin’s theory postulates that there are bi-directional parent effects on the child, and child effects on the parent. Accordingly, if a child’s emotional and behavioral difficulties increase over time, parenting stress is likely to increase, the result being a promulgation of problems in parenting and child well-being (Abidin, 1992; Deater-Deckard, 2004). Simultaneously, the parent’s own difficulties in mental health and functioning (e. g., depression, anxiety, substance abuse) can lead to problems in parenting and resulting increases in child emotional and behavioral problems, which in turn can further increase levels of parenting stress (Abidin, 1990; 1992; 1995; Deater-Deckard, 2004).

Although this parenting stress mechanism unfolds over time and involves both the parent and the child, the adult’s stress reaction to the demands of parenting is a key causal factor that propels the process forward (Deater-Deckard, 2004). Accordingly, as parenting stress increases, the quality of
parenting will deteriorate and the child’s emotional and behavioral problems will increase; conversely, as parenting stress decreases, parenting will improve and so will the child’s social-emotional well-being (Deater-Deckard, 2004).

Abidin’s theory has received strong support, based on numerous studies conducted over the past decades (Deater-Deckard, 2004) and is one the most widely used model. The Parenting stress index developed by him is also the most widely used instrument used to assess parent’s stress.

**Crnic’s Model**

Crnic and Greenberg (1990) presented a model of parenting daily hassles in which parenting stress was conceptualized within a minor event perspective that addresses the potential everyday frustrations and irritations that accompany childrearing and children’s typical, but often challenging behaviour. Unlike Abidin’s theory their research focuses on the consequences of stressful circumstances or life events such as child illness or economic hardship (Webster-Stratton, 1990). This theory endeavours to understand how parenting stress develops over time, how it influences parenting and child development, and how it affects the parent’s psychological and physical health requires consideration of the typical stress that arises for most parents on a daily or weekly basis (Crnic & Greenberg, 1990; Crnic & Low, 2002).

According to Crnic and Low (2002) parenting is a complicated process, made especially difficult by heterogeneity in children’s characteristics, complexity of developmental processes, and continual demands for caregiving. They posit that nothing characterizes parenting better than the everyday challenges and caregiving demands that involve relationships with the developing child. Several daily experiences with children are a source of joy or pleasure, and provide parents with a sense of competence and confidence as individual challenges or issues are met and solved (Crnic & Low, 2002). However, at times children’s behaviors and the daily tasks of parenthood can confuse, frustrate, or irritate, and thereby create situations that may easily be perceived as stressful by parents (Crnic & Low, 2002). So the focus of the
following theory is such everyday minor events, as well as related parent and child processes, as they create a context for understanding parenting stress from a more broadly emerging perspective (Crnic & Low, 2002).

According to Crnic and Low (2002), most parents have experience with being nagged or whined to, being interrupted, continually cleaning up after their children, finding it difficult to secure any privacy, not knowing how to handle a specific situation that arises with their child, running extra errands to meet a child’s needs, or any one of a myriad of possible everyday events of a similar nature. These events reflect parenting daily hassles (Crnic & Booth, 1991; Crnic & Greenberg, 1990), and represent the typical, normal events that characterize some of the everyday transactions that parents have with their children (Crnic & Low, 2002). Usually, these daily stressors tend to involve either the normal challenging behaviors or misbehaviors that children display in their daily activities, or the multiplicity of time-consuming tasks associated with parents’ routine caregiving or childrearing responsibilities (Crnic & Low, 2002; Deater-Deckard, 2004). In either case, parents’ actual experience with, or subjective evaluation of these events may prove instrumental to their eventual responsiveness to their children and their needs, and to variations in the emergence of parent–child relationships (Deater-Deckard, 1998).

As parenting daily hassles are common and are shared by families across conditions (e.g., high or low socioeconomic status) and contexts (e.g., home or grocery stores), they are particularly important in understanding qualitative aspects of parenting processes such as responsiveness, sensitivity, and affective interactions (Crnic & Low, 2002). It is critical to note that everyday parental stress, as measured in various ways, is meant to comprise a normative process common to all families; that is, daily parenting stressors are not particular to any high-risk or problematic population, as has been the case with most previous stress research models involving parenting (Crnic and Greenberg, 1990).

According to Crnic and Low (2002) it is important to conceptually differentiate parents’ perceptions of minor parenting stressors from more
general parenting stress notions and ratings of children’s behavior problems. Furthermore, they opine that parenting stress is not only a function of children’s behavior; parents may be stressed by the everyday tasks specifically associated with parenting (e.g., managing complicated schedules, and arranging childcare). Notably, there are also contexts outside the family system that may well affect the degree to which parents are stressed and indirectly affect parental perception of the parenting process. Perhaps the most salient of these contexts is the workplace (Crnic & Low, 2002).

Several researches have supported the validity of parenting daily hassles as a meaningful stress context for families and child development (Belsky et al., 1996; Creasey and Reese, 1996; Crnic and Booth, 1991). However, despite the encouraging results of these studies, there has been surprisingly little research further investigating the relations between minor parenting daily hassles, parenting behaviour and child outcomes (Crnic and Low, 2002).

Deater-Deckard’s Model

According to Deater-Deckard (1998, 2004) psychological distress that arises from the demands of parenting has been shown to be a particularly important aspect of the development of dysfunctional parent-child relationships and an important risk factor for adult and child psychopathology. The emphasis of his theory is on these psychological costs of parenthood— that is, the stress reaction to the demands of being a parent. The primary aim being to shed light on the sources of individual differences in parenting stress and how parenting stress influences and is influenced by adult and child psychological adjustment (Deater-Deckard 1998, 2004).

Applying a general stress model (e.g., Lazarus, 1991), Deater-Deckard (1998, 2004) proposed that a conceptualization of parenting stress requires four components:

1. A child and/or the parenting role serves as the causal external agent for the stress experience.

2. Parents must appraise child behavior or parenting events as stressful.
(3) Parental coping interacts with stress to determine the degree of effect of the stress.

(4) Parenting stress has meaningful consequences to parental and child well-being.

Within this framework, he defined parenting stress as the aversive psychological reaction to the demands of being a parent. He opined that parenting stress can not be indexed by a single measure but is instead represented as a complex process linking (a) the task demands of parenting, (b) the parent's psychological well-being and behavior, (c) the qualities of the parent-child relationship, and (d) the child's psychosocial adjustment. Parenting stress is experienced as negative feelings toward the self and toward the child or children, and by definition these negative feelings are directly attributable to the demands of parenthood (Deater-Deckard, 1998, 2004).

Central to this view of parenting stress is the parent's perceptions of having access to available resources for meeting the demands of parenthood (including knowledge about, and competence at, the day-to-day as well as long-term tasks of parenting), relative to the perceived demands of the parenting role, that is, when expectations do not match perceptions of available resources (Deater-Deckard & Scarr, 1996; Goldstein, 1995). Parenting is therefore hypothesized to be more "stressful" for parents who have less knowledge, less perceived competence, and fewer emotional and instrumental supports (e.g., "help" from partners, family members, and friends) and, perhaps most importantly, when the parent views the child or children as being behaviorally difficult (Deater-Deckard 1998, 2004; Mash & Johnston, 1990).

According to this view, a parent who sees one of her children as being more demanding, intrusive, aggressive, or emotionally unstable compared to that child's sibling also is likely to feel warmer and closer to the more well-behaved child compared to the child who is more difficult to manage (Deater-Deckard, 2004). This theory too is being used and employed in research (Deater-Deckard et al., 2005; 2007).
Though most theories posit parenting stress as being part of an interconnected system of people and relationships (e.g., couples, parent-child relationships) within each family, yet, the most commonly & widely used theory is still Abidin’s Parenting stress theory. Moreover, Abidin’s Parenting stress index as well as Parenting stress index – short form too are the widely used as a clinical ‘screening tool’ (Abidin, 1995), to allow early identification of parent–child systems under excessive stress, and to improve the efficacy of interventions aimed at helping parents manage their child’s behaviour more appropriately and effectively (Kazdin, 1995; Morgan et al., 2002). The Parenting stress index as well as Parenting stress index - short form are also used to identify the factors affecting parenting stress.

**Factors affecting Parenting Stress**

Multiple developmental and clinical models endorse the notion that parenting stress is a function of individual child characteristics, parent characteristics, situations that directly involve being a parent, and parental interactions with a child within a family systems perspective (Abidin, 1995; Crnic & Low, 2002; Deater-Deckard, 2004; Östberg et al., 2007). In their review of parenting stress, Crnic and Low (2002) opined that daily experiences of parenting stress may be organized around three major areas of concern:

1. **Specific factors related to the parent,**
2. **Specific characteristics of the child,** and
3. **Broader, systematic family-level processes.**

1) **Specific factors related to the Parent**: According to Crnic and Low (2002), with the beginning of parenthood, many individual, couple, and environmental factors impact the transition to parenthood; while social support, self-esteem, mood, psychological investment in parenting, and personality characteristics interact with stress to affect the degree of warmth and sensitivity a new parent exhibits with a child.

These theorists posit that several *prebirth characteristics of parents* have
an impact on the subsequent stress a parent may face. Among females high levels of prebirth psychological distress and lack of adequate social support during the pregnancy have been associated with postpartum depression and may lead to inadequate or impaired parenting and adverse child outcomes as well (Conger et al., 1992; Cutrona, 1984). Among men, high levels of personal stress levels that were apparent before parenthood and their expectations of parenting stress appear to be the strongest predictors of parenting stress once the child is present (Grossman, 1988; Noppe et al., 1991). Similarly, fathers with high levels of prenatal stress are likely to report feeling more overwhelmed, tense, inadequate, sad, and discouraged during parenthood (Feldman, 1987).

They further postulate that various developmental and life transitions experienced by couples once they become parents too incur an impact on parenting stress. These include changes in the partners’ relationship quality as well as the emergence of new behavioral patterns, responsibilities, and routine. Belsky and Rovine (1990) found that the birth of a first child can have detrimental effects on a marital partnership (e.g., general decrease in partnership quality following a wife’s first pregnancy for up to 3 years after birth) leading to concomitant decreases in marital satisfaction and feelings of love.

Social support networks, too, have been associated with parenting stress as social support may impact parent’s quality of everyday experiences with children (Crnic & Low, 2002). Problematic or non-supportive relationships have been found to incur decreased feelings of well-being and increased negative outcomes, including expression of negative affect (Ingersoll-Dayton et al., 1997). Similarly, some supportive individuals can in fact increase parents’ stress by the timing or amount of advice that may be offered if the timing, amount, and quality are poorly chosen (Cochran & Niego, 2002; Crnic & Low, 2002).

According to Crnic and Booth (1991) and Miller (1995) parents’ values and beliefs about childrearing in general and their children in particular generally appear to have strong relations to parenting stress. Similarly, low parenting
confidence and inappropriate parenting values too has been related to high parenting stress in the prediction of low child acceptance among poor adolescent mothers (East et al., 1994). In a study, Noppe et al. (1991) found that fathers’ sense of the degree to which they have power and control in their caregiving toward their infants was related to their reports of stress. Evaluating maternal parenting stress, within determinants of parenting framework, Scher and Mayseless (2000) found that increased stress is associated with patterns of anxiousness, ambivalence, attachment, and insecurity. Recent work also suggests that parental gender, age, personality characteristics etc. may also be important in understanding determinants of parenting stress, though more conclusive research is still needed (Crnic & Low, 2002; Deater-Deckard, 2004; Östberg et al., 2007).

(2) **Specific characteristics of the Child:** - Child characteristics too incur important contributions to parents’ stress experiences. Several relevant child-related factors, viz., problematic conditions of childhood, such as developmental disabilities, biological vulnerability, difficult temperament and child psychopathologies may generate experience of stress among parents (Östberg & Hagekull, 2000; 2007; Robson, 1997; Shaw et al., 2001). For example in a study Shaw et al. (1998) found that children with behavior problems, both of internalizing and externalizing types, show associations to greater stress in the home.

According to Crnic and Low (2002) these problematic situations or characteristics are not necessarily routine aspects of most families’ everyday lives, yet, children’s behavioral and emotional dispositions (i.e., temperament) do provide a context specifically relevant to everyday stresses of parenting as they are the characteristics that parents must engage everyday.

Research reveals that, infants and children who are in a fearful or angry mood more often than not, who are quick to react negatively and strongly and have difficulty calming down, and who have poor self-control are more likely to have parents that report higher levels of parenting stress (Östberg & Hagekull,
2000). This effect may be particularly pronounced for mothers who are struggling with depression, or for those with infants who are suffering from the lasting effects of severe birth complications (Crnic and Low 2002; Gelfand et al., 1992; Stiefel et al., 1987).

Psychologists posit that the connection between child temperament and parenting stress is complex. According to Bates et al. (1998) child temperament certainly matters, but its effects on subsequent child behavior and parenting stress depend in part on how parents respond to their children’s personal attributes. Abidin (1986) and Östberg and Hagekull (2000) are of the view that experience of parenting stress is partially an outcome of a difficult temperament status in a child and the challenges it poses for parents. For children with temperaments that can put them at risk for behavioral and emotional problems (e.g., emotionally reactive, anxious, inattentive), the best outcomes are most likely to emerge in families in which the parent-child relationships are warm and supportive and the parents are effective and influential socializing agents (Deater-Deckard, 2004).

(3) **Broader, Systematic Family-level processes**: The individual child and parent development can be best understood in the context of the family system as a whole, and by the processes that characterize them across time (Emde, 1991; Cummings et al., 2000). According to Crnic and Low (2002) a family systems perspective recognizes that relationships are formed from continuous interactions between individuals and that over time interdependence develops within relationships. When parents have increased stress and fewer available resources, they may have trouble monitoring a child’s activities or in setting clear limits. Wahler and Dumas (1989) suggest that parents of problematic children are expected to react similarly to other parents until stress is introduced. However, Ritchie and Holden (1998) observe that with increased parental stress and a drop in attentional resources, parents become less proactive in their parenting and rely on more reactive and punitive strategies of child management.
Men’s and women’s parenting stress is affected by individual and couple
dimensions as well as various aspects of marriage including marital conflict
(Belsky, 1984; Feldman, 1987; Goldberg & Easterbrooks, 1984; Grossman,
may respond more to child cues and show more compensation in their
parenting while fathers who are unhappy with the marriage may be more
punitive and critical in parenting or distance themselves from the family.
Similarly, low marital satisfaction too incurs greater parenting stress among
both men and women (Webster-Stratton, 1990).

These above mentioned studies concur that parenting stresses are
determined by a multitude of factors and are rarely the result of single events or
characteristics. Reviewing the various transactional and process-oriented
models of development, Crnic and Low (2002) suggest that numerous aspects of
parents, children, and family factors (both intrafamilial and extrafamilial)
interact across time in complex ways to create conditions under which
parenting can be considered more or less stressful. They further add that
parenting stress is not universal, and not all parents share the same
perspectives on what might be considered stressful aspects of child behavior or
the parenting role. Nonetheless, it is apparent that everyday stresses of
parenting are relatively common phenomena that represent a meaningful
context for understanding adults’ responses to parenting demands and have
adapational significance within the family system (Crnic & Low, 2002).

**Consequences of everyday Parenting Stresses**

Over the years numerous researches have suggested that parenting
stress acts as a change agent, with cumulative experience producing a greater
likelihood of more problematic parenting, child functioning, and family status
(Crnic & Low, 2002). The following studies highlight the consequences of
parenting stress.
Parental Functioning: Parenting stress has been associated with both mothers’ and fathers’ satisfaction with parenting, parents’ negative mood, negative affect as an index of well-being and more general indices of low life satisfaction (Bolger et al., 1989; Crnic & Booth, 1991; Crnic & Greenberg, 1990; Kanner et al., 1981). According to Thompson et al. (1993) when demographic variables are controlled, maternal daily stress accounts for a 40% increment in maternal distress, an index of psychological distress.

Parenting hassles, too, are important contributors to various parameters of parental well-being. Crnic and Greenberg (1990), Acevedo (1993) and Naerde et al. (2000) found that parents’ reported daily hassles is related to their behavioral responses to child negativity in the home as well as to their psychological distress. Aber et al. (1999) found that mothers who experienced greater parenting stress reported increased levels of anger in representations of their sons. Several other researches have also proposed that interactions in the home or other naturalistic settings appear to be strongly related to parenting stress (Belsky et al., 1996; Crnic & Spritz, 1997; Jain et al, 1996; Pett et al., 1994).

However, in contrast to these studies, Crnic and Greenberg (1990) found no relations between mothers’ reported parenting hassles and the quality of maternal interactive behavior in a sample of mothers of 5-year-old children.

Child Functioning: Parenting stress not only incurs a negative impact on the psychological well being of the parent as it affects parent’s ability to practice good parenting skills, it is also particularly detrimental either directly or indirectly for the overall development of children (Brown & Calder, 1999; McGlone et al., 2002; Sidebotham, 2001).

General parenting stress has been linked with insecure infant attachment and child adjustment difficulties (Crnic & Greenberg, 1990; Jarvis & Creasey, 1991). In their researches Pett et al. (1994) and Webster-Stratton (1990) found that mothers experiencing high negative life stress perceive their children’s behavior as more deviant than do low-stress mothers. Similarly, Patterson
(1983) observed that on days that mothers report more minor hassles, they are more likely to show irritability with their children.

There is possibility that children develop behavior problems that may activate a cycle of negative parent–child interactions and place additional stress on parents (Mash & Johnston, 1990; Webster-Stratton, 1990). As, Crnic and Greenberg (1990) suggest that parental stress may indirectly influence the development and/or maintenance of children’s behavior problems through its effect on other levels of parental response to children and it is equally possible that children with behavior problems create parental stress and the related more negative parental behavior. The effects, according to them, are most likely bidirectional and parental stress can be affected by and affect children’s behavior problems.

Thus, these researches addressing the adverse effects of parenting daily stressors on children’s behavior and development seems to indicate that children are indeed adversely affected. However, researchers (Belsky 1984; Deater-Deckard, 1998; Patterson, 1990 & Webster-Stratton, 1990) opine that the impact of stress on children is moderated by the quality of parents’ interactions with their children.

**Family System Functioning:** Parenting stress has an impact on the family functioning too, yet, there is paucity of research that addresses this issue. In one of the earliest study, Goldberg and Easterbrooks (1984) reported poorer marital adjustment (but not marital harmony) in dyads in which parents perceived their toddler to be an interference in their spousal relationship and their household and leisure activities. Similarly, Crnic and Greenberg (1990) found that mothers’ rating of the intensity of parenting daily hassles correlated negatively to the quality of family relationships and the quality with which the family system is maintained. Belsky et al. (1996) suggest that minor daily stressors amplify differences in parents along attachment quality, and childrearing attitudes, significantly predicting fewer supportive coparenting events and more unsupportive events. They further postulated that mothers’
parenting hassles proved to be an important correlate of the troubled families, again indicating the salience of this stress context.

These are the few studies that have been conducted to assess the impact of parenting stress on family functioning. Viewing the paucity of such researches, Patterson’s (1983) highlighted the need of more research as he opines that it is not children who are directly at risk because of stress; rather, it is the family system that remains relevant to our current conceptualizations of stress effects (Crnic & Low, 2002).

**Conclusion**

The consequences of parenting stress are not necessarily ubiquitous (Nitz et al., 1995), yet, they do provide compelling evidence that everyday stresses of parenting have strong adaptational significance to mothers, fathers, children, and the family system as a whole (Crnic & Low, 2002). Parenting stress not only has a negative impact on the psychological well being of the parent, but as it affects parent’s ability to practice good parenting skills, it is also particularly detrimental for the children (McGlone et al, 2002; Sidebotham, 2001).

In the present investigation, parenting stress is being studied following Abidin’s model. It will be assessed Using *Parenting Stress Index – Short Form (PSI-SF)*.
Social Competence

During the past few decades, research in the social aspects of development has increased remarkably, indicating an avid interest among psychologists for this field (Rose-Krasnor, 1997). Many aspects of child functioning and development fall under the mantle of social development. One of the aspects that have been broached many a times in social development is “being good with people”.

“Being good with people” has always been recognized as an important characteristic of individuals, but from about mid-twentieth century this became increasingly evident in the light of the many studies pointing to a link between interpersonal characteristics and a range of mental health indicators. Simultaneously, it also became apparent that fairly early on in childhood it is possible to differentiate those who are proficient in their relationships with others from those who are not, giving rise to the hope that by fostering the various social skills involved in relating to others can prevent or at least mitigate children’s adjustment problems (Schaffer, 2006). From the 1960’s onward, psychologists coined the term “social competence” to label this desired relationship quality. Since then it has become the most frequently used concept in the social development literature.

The construct of social competence is the ability to act wisely in human relations (Thorndike, 1920). It reflects the child’s effectiveness in dealing with both his and her present environment and later responsibilities in family, school, peer group and life. It illustrates a child's ability to establish and maintain high quality and mutually satisfying relationships and to avoid negative treatment or victimization from others (Welsh & Bierman, 1998). It takes into account the interrelatedness of social, emotional, cognitive, and physical development.

The idea that children should be “good with people”, and that deficits in this respect are warning signs for maladjustment, has a lot of intuitive appeal. But translating this idea into objective indices that can be used in research and
intervention has, however, encountered many obstacles and generated much controversy.

**Conceptualization of Social Competence**

Social competence is an umbrella term that covers a wide variety of behaviours (Schaffer, 2006). It is, also, one of the vaguest, most complex and ill-defined construct (Schaffer, 2006). There is no consensus on the operational definition of social competence; hence, there are numerous ways to conceptualize it.

In her thorough review of the relevant literature Rose-Krasnor (1997) delineated four approaches to the operational definition of social competence. The approaches she demarcated were as follows:-

1. **Social skills approach** – Social competence is conceptualized frequently as a set of desirable skills (Cavell, 1990; Gresham, 1986). Skill based approaches are reflected in the use of behaviour checklists to identify competent children and in the curricula of social skills training programs.

2. **Peer status approach** – This approach considers being popular or well liked by peers as a measure of social competence. (Dodge, 1986; Gresham, 1986). This approach employs sociometric assessments which reflect the combined judgment of peers, summarizing behavioural and affective components of social competence.

3. **Relationships approach** – The child’s ability to form positive relationships has long been considered to be integral for healthy development. From this perspective, competence is assessed by the quality of the individual’s relationships which in turn, depend on the skills of both relationship partners.

4. **Functional approach** – The functional approach is concerned with ethological (Attili, 1990), social problem solving (Rubin & Krasnor, 1992), and systems (Ford & Ford, 1987) theories. It is context specific and concerned with identification of goals and tasks and also focuses on the outcomes of social behaviour.
Viewing the influx of definitions on social competence, Dodge (1986) succinctly stated that the number of definitions of social competence seemed to approach the number of investigations in the field. He stated that this divergence is the result of different theoretical assumptions and different research goals; while at times value judgments underlie some of the choices.

Each of the above mentioned approach has certain advantages as well as disadvantages. But despite their differences, most researchers agree that social competence entails effective functioning within social context (Schaffer, 2006; Torres et al., 2003). Keeping all the different perspectives in mind, Schaffer (2006) views social competence as effectiveness in interaction, as assessed in relation to the child’s age, culture, situation and goals. It refers to how well one functions in relation to other people, particularly with respect to getting along with others and forming close relationships (Burt et al., 2008).

Synthesizing all definitions, it can be said that social competence is conceptualized as an organisational construct that reflects the child’s capacity to:

a) integrate behavioural, cognitive and affective skills (Bierman & Welsh, 2000);

b) to adapt flexibly to the diverse social contexts and demands (Stewart-Brown & Edmund, 2003; Weare, 2000);

c) develop good relationships (Sanson & Smart, 2003),

d) enable children and adults to be successful in tasks involving others (Spence & Donovan, 1998); and

e) alludes how well an individual uses specific social skills to attain social objectives or to control or regulate a social environment (Spence, 2003).

Social competence is different from social skills, which are specific behaviours that individuals must exhibit to perform a task competently (Merrell, 2002). Social competence is a global construct whereas social skills refer to more specific behaviours. As distinct from social competence, emotional competence refers to the ability to effectively regulate emotion’s to regulate one’s goals where as social competence refers to an array of behaviours that permit
one to develop & engage in positive interactions with peers, parents, siblings and other persons (Squires, 2003). Also, it is dissimilar from \textit{antisocial behaviour}, the latter defined as a trait or constellation of behaviours that involves significant violations of social rules & harm to others within a social context, hostility to others, aggression, a willingness to commit rule infractions, defiance of adult authority and violation of norms and mores of society (Merrell, 2002).

Moreover, Stewart-Brown and Edmund (2003) differentiated social competence from social desirability and social conformist behaviour too. In addition, Katz and McClellan (2003) iterated that social competence doesn’t require a child to be a \textit{“social butterfly”} and the most important index to note is the \textit{“quality”} rather than \textit{“quantity”} of social relationships.

Despite these varied definitions and meanings social competence continues to act as the focus of a surprisingly large body of work.

\textbf{Models and Dimensions of Social Competence}

During the past two decades, a convincing body of research has accumulated on Social competence indicating an avid interest of psychologists’ in the field. One of the first models of Social competence was proposed by Gresham and Elliot (1990).

\textbf{Gresham & Elliot’s Model}

Gresham (1997) opined that there is perhaps no other class of behavior that is more critical for adaptive functioning in society for children and youth than social competence. According to Gresham (1986), social competence refers to the selection and use of behaviors that predict important, positive social outcomes. Gresham and Elliott (1987) divided social competence into two subdomains. The first subdomain, \textit{social skills}, represents behaviors which predict important social outcomes for children and adults in specific situations. The behaviors that make up the social skills subdomain include:
- Interpersonal behaviors
- Self-Related behaviors
- Academic-related skills
- Assertion
- Peer acceptance
- Communication skills

The second subdomain, **adaptive behaviors**, on the other hand, deals with the effectiveness and degree to which an individual meets social and cultural standards of personal independence and social responsibility. The skills that the adaptive behavior subdomain comprises of:

- Independent Functioning
- Physical Development
- Self-Direction
- Personal Responsibility
- Economic-Vocational Activity
- Functional Academic Skills

Even though Gresham and Elliott divided social competence into these two subdomains, these subdomains of adaptive behavior and social skills are interrelated and both of these subdomains together made up the superordinate construct of social competence. Gresham (1986) made a distinction between the terms social skills, representing a specific behavior, while social competence denotes an evaluation of overall social performance.

Gresham & Elliott (1990) later revised their model defining social competence as socially acceptable, learned ways of behaving that enable a person to interact effectively with other people and refers to individual’s repertoire of socially appropriate responses and behaviours. Social skill is a component of social competence in that social skills are defined as those behaviors that predict important social outcomes.

They identified various behaviors as important social skills. They proposed cooperation, assertion, self-control, responsibility and empathy as dimensions of social competence.
- **Cooperation**: behaviours such as helping others, sharing materials, and complying with rules & requests.
- **Assertion**: initiating behaviours such as asking others for information, introducing oneself, and responding to the actions of others.
- **Self-control**: behaviours that emerge in conflict situations such as responding appropriately to teasing & in conflict situations that require taking turns and compromising.
- **Responsibility**: behaviours that demonstrate ability to communicate with adults and regard for property or work.
- **Empathy**: behaviours that demonstrate concern and respect for other’s feelings & viewpoints.

According to them, these dimensions enable children to interact effectively with peers and adults, to form close and supportive relationships, and to build a repertoire of socially acceptable responses and behaviours (Gresham & Elliot, 1984). The behaviors of giving and receiving positive social reinforcement intercorrelate highly and have been shown to be predictive of social acceptance while giving and receiving negative social reinforcement are reciprocal activities that lead to social rejection (Gresham & Elliot, 1990; Gresham & Nagle, 1980).

They reported that behaviors of participation, cooperation, communication, and validation/support were exhibited more by socially accepted than socially rejected children. The behaviors of greeting, asking for and giving information, extending an offer of inclusion, and effective leave taking were important friendship-making skills that were highly predictive of social acceptance and subsequent friendship patterns. Similarly, referential communication skills, knowledge of sex role norms, perception of another’s emotions, and role-taking ability to be predictive of peer acceptance (Gresham & Elliot, 1990; Gresham & Nagle, 1980).

Conversely, children who are isolated from their peers often lack the social skills necessary for effective social interaction and are often poorly accepted by their peer, which limits their opportunities for social learning. These socially isolated children are more likely to show a high incidence of
school maladjustment, dropping out of school, delinquency, and adult mental health difficulties (Gresham & Elliot, 1990; Gresham & Nagle, 1980).

Inadequate social skills have also been related to delayed cognitive development and impaired academic performance as well as high levels of peer rejection in handicapped populations such as the mentally retarded, learning disabled, and emotionally disturbed (Gresham & Nagle, 1980). Children who possess adequate levels of social skills tend to demonstrate higher levels of academic performance, are viewed by teachers as enjoying higher sociometric status, attend to classroom tasks more frequently, ask more questions, and are better liked by teachers than socially unskilled children (Gresham, 1983).

Gresham et al. (2005) posited that disruptive behavior patterns among children are particularly challenging for parents, teachers, and peers as these behaviors often interfere with classroom instruction, frequently lead to academic underachievement, and are associated with social skills acquisition and performance deficits.

Based on their model Gresham and Elliot (1990) designed the **Social Skills Rating System (SSRS)** to document the perceived frequency and importance of behaviors influencing the student’s development of social competence and adaptive functioning. It offers three methods of evaluating student social behavior: (a) parent form, (b) teacher form, and (c) student form. It is a standardized, norm-referenced instrument designed to provide professionals with a means to screen and classify student social and problem behavior in educational and family settings. Moreover, the SSRS facilitates the development of intervention strategies for youth from preschool through grade 12 who may experience difficulty because of social skills or performance deficits. Although the SSRS was developed to broadly assess social skills, it not only samples the social skills domain, but the domains of academic competence and problem behavior as well.
The SSRS are the most reliable and valid norm-based measures (Diperna & Volpe, 2005). Through SSRS, Gresham and Elliott have provided a psychometrically sound means of measuring the perceived social skills of youth from preschool to secondary school. It is most commonly used by psychologists to assess the social skills and problem behaviours of children.

Schneider (2000) after reviewing various researches that use the terms social skills and social competence, noted that Gresham and Elliot’s model of social competence is probably the best framework as of yet. Consequently it is the most widely accepted and used model of Social competence. Although in recent years other models have also come up.

Rose-Krasnor’s Model

After reviewing various definitions of social competence Rose-Krasnor (1997) proposed the social competence prism. The topmost level is a theoretical one, in which social competence is defined as effectiveness in interaction that meets short- and long-term developmental needs. In this level she lists four components of social competence: (a) competences that emerge from interactions between people, (b) measures of social competence that are situational and task specific, (c) performances of “typical” interactions, and (d) the meaning of competence in relation to specific goals.

The middle level referred to as the index level is divided into self and other domains. The self domain consists of aspects of social competence in which the individual's own needs take priority (e.g., success in meeting personal goals). The other domain includes aspects of competence which involve interpersonal connectedness. According to her both these domains facilitate positive interactions.
The bottom section of the prism is the **skills level**, which includes the social, emotional and cognitive abilities and motivations associated with social competence. The elements contained in the Skills Level reside primarily within the individual; and taken together, these behaviors and motivations comprise the 'building blocks' of interactions, relationships, and group status (Rose-Krasnor, 1997).

According to Rose-Krasnor (1997) the skills level is most useful for the design of training programs, since the abilities and motivations provide specific objectives for intervention. While, the Index Level, according to her, provides greater direction for theoretical, research and intervention activities. She opined that the use of the construct of social competence becomes increasingly useful and appears most appropriate at the highest, Theoretical Level of analyses as it reflects the functional nature of social competence.

Unfortunately not much research has been done on this model.

In addition to these, various psychologists have attempted to illustrate the dimensions of social competence. For e.g., Merrell (2002) defining social competence as external judgments regarding how adequately or competently a person is able to perform a variety of social tasks, postulated two dimensions:
peer-relations; self-control or compliance. Weare (2003), too, described the three key attributes of social competence as empathy, respect and genuineness. While, Benard (2004) posited the following dimensions: responsiveness, empathy, caring, communication, compassion, altruism and forgiveness.

From among all these conceptualizations the most widely used is Gresham and Elliot’s model of social competence. Their model and measures are not only used to assess social competence but are also employed in identifying the factors affecting social competence.

Antecedents of Social Competence

A substantial amount of research has explored the antecedents which promote the development of social competence. According to Spence (2003) social competence is determined by many factors relating to individual, response of others and the social context.

The traditional research on social competence focused on environment effects on child & assumed a unidirectional transmission from parent to child. Researchers have stressed the role of familial influences on the acquisition of social skills. Family environment plays an important role in fostering young children’s social competence, by guiding, modeling socially appropriate behaviour patterns (Prior, 2000). In their research, Bell (1999) showed that broader aspects of family functioning such as connectedness and support were powerful correlates of Social competence. Likewise, high quality parent–child relationships at several time points (9-10 and 19-20 years) were associated with better-developed social competence. Family socio-economic background during infancy also incurs an impact, although weakly. Poor social skills and skill deficits were found to be more common among children who were experiencing family disruption (e.g., marital discord, divorce) and dysfunction (e.g., parental depression, child abuse).
Parenting is also a vital building block for development of social competence. Parenting has a direct as well as indirect influence on social competence of the child. Engel et al. (2001) found that parental attachment and parenting practices were associated with peer-relations of 12-18 years old both directly and through mediating role of young person’s social life. Findings on direct influences suggest that parents who gave competent advice about peer interactions, supervised play in supportive and developmentally sensitive ways and provided regular opportunities for peer interactions (e.g., play groups, preschool) tended to have children who were skillful and successful in their peer relations (Bates et al., 1999). Evidence of indirect parental influences suggests that children with secure parent-child relationships, as compared with those with insecure attachments, were found to be more engaging, affectively positive, and cooperative in their dealings with peers (Parke & Ladd 1992). Aspects of parent’s child-rearing and disciplinary styles, such as warmth, agreeableness, and responsiveness, were linked with children’s social competence whereas features such as directiveness, disagreeableness, coercion, and permissiveness correlated with skill deficits and behavior problems.

In addition to high quality parent-child child relationships, other interpersonal relationships like supportive and close peer relationships are also strong contributors in acquisition and ongoing development of individual’s social skills (Bierman & Welsh, 2001, Smart & Sanson, 2003).

Another important factor in development of social competence is social context. Different contexts are associated with different results in children’s social competence (Torres, 2003). Context factors affect risk factors in two ways (Soriani, 2004). Firstly it can protect against the risk factors by supplying norms, values, support system, helping to construct a positive sense of self, and providing a model for socially appropriate behaviour. Secondly, it can fail in this protection against risk when it is weakened by hostile social and economic factors. It can also be weakened by process of exclusion from dominant society, falling into the culture of outsiders (Roberts, 2004). Extensive bibliography recounts the existence of aggressive and violent behaviours among adolescents
and youths in impoverished environments, with low socioeconomic status, economic problems and scarcity of community resources (Gruer, 1995).

The mid 1990’s heralded a paradigm shift from a predominantly traditional environmentalistic, unidirectional perspective on child’s social competence, to one, which acknowledged the child’s, own active part in the developmental process (Sanson et al., 2004). Since then there have been attempts to examine the contributions of dispositional biological factors as well as various other intrinsic factors to the development of social competence.

One dispositional factor that has received a lot of attention is temperament. Temperament appears not only to have an important association with behaviour problems but also with social relationships and social skills more generally. Children’s temperament influences the tone and frequency of their interactions, the way others reacts to them, and the way they react to the reactions of others (Newman & Newman, 2008).

The Australian Temperament Project [a longitudinal study of Australian children’s development which began in 1983 studied over 2400 infants & families from urban and rural areas of state] explored the antecedents of social competence and determined the age at which the antecedents should be first studied. Some general trends are noticeable across these various time points.

The results revealed that some temperament and personality traits were consistent precursors of social competence, particularly sociability or outgoingness, persistence (the ability to stay on task), and conscientiousness (being careful, organized) and the ability to control emotions was the most powerful correlate at 20 years. There was even a weak trend for those who were less reactive or volatile toddlers to be more socially competent in young adulthood {Table F} (Smart & Sanson, 2003).
### Table F: Antecedents of social competence

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Antecedents</th>
<th>Percent of variance explained</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-20 years</td>
<td>Emotional control, Sociable temperament, Parents’ emotional support, Persistent temperament, Civic engagement</td>
<td>42.9</td>
</tr>
<tr>
<td>17-18 years</td>
<td>Readiness for intimacy, Oppositional behaviour (low), Optimism about the future, Political awareness, Sociable temperament, Aggressiveness (low)</td>
<td>32.6</td>
</tr>
<tr>
<td>15-16 years</td>
<td>Assertiveness, Conscientiousness, Attraction to risk taking (low), Extraversion, Oppositional behaviour (low), High friendship quality, Persistent temperament</td>
<td>30.0</td>
</tr>
<tr>
<td>13-14 years</td>
<td>Attachment to peers, Assertiveness, Cooperation, Empathy, Delinquency (low)</td>
<td>22.0</td>
</tr>
<tr>
<td>11-12 years</td>
<td>Persistent temperament, Empathy, Responsibility, High self-concept about peer relationships</td>
<td>14.5</td>
</tr>
<tr>
<td>9-10 years</td>
<td>Good parent-child relationship, Shy temperament (low), Hyperactivity (low)</td>
<td>5.3</td>
</tr>
<tr>
<td>7-8 years</td>
<td>Aggressiveness (low), Sociable temperament, Hyperactivity (low)</td>
<td>7.2</td>
</tr>
<tr>
<td>5-6 years</td>
<td>Aggressiveness (low)</td>
<td>1.8</td>
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<tr>
<td>3-4 years</td>
<td>Aggressiveness (low)</td>
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<tr>
<td>1-3 years</td>
<td>Reactive temperament (low)</td>
<td>1.2</td>
</tr>
<tr>
<td>4-8 months</td>
<td>High family socio-economic background</td>
<td>1.3</td>
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</tbody>
</table>


Some of these temperament dimensions like sociability, adaptability and low reactivity are positively correlated with social competence (Prior et al, 2000; Sanson, 2004). Conversely, children who exhibit high negative emotionality were rated as less popular with peers by both adults and peers and to exhibit poor social skills (Eisenberg et al., 1997). Furthermore, temperament profiles of *easy* and *difficult* have also been conceptually related to the development of social competence (Diener & Kim, 2004; Farver & Bransterr, 1994).

Though, additive effects in which both temperament and parenting make independent contributions to social development have been identified (Sanson et al., 1991), there is a dearth of studies investigating the interactive as well as
transactional impact of temperament and parenting on social competence. However, there are few studies that do explore the temperament-by-parenting interactions in the development of social competence.

One such research by Hemphill and Sanson (2001) revealed that a child with a negative, reactive temperament whose parents use harsh punishment maybe more likely to develop behavioural problems and lower social competence than the same child with a parent use inductive reasoning. Smart and Sanson (2001) investigated children’s social competence at 11 to 12 years, and found that children with difficult temperament who had a poor relationship with their parents had significantly lower social competence.

In addition to temperament, externalizing behaviour problems such as aggressiveness, oppositional behaviour, delinquency and hyperactivity during childhood and adolescence are also associated with lower social competence in young adulthood (Smart & Sanson, 2003). Connections between aggressiveness and later social competence were evident from as young as four years of age, although relatively weak over such a long time span. Children’s early developing behaviour problems can become entrenched and adversely affect later functioning (Patterson, 1992).

Also, children’s own thoughts, feelings and attitudes may influence social behaviour (Welsh & Bierman, 2002). Research reveals that many rejected children make inaccurate, impulsive and incomplete judgments about how to behave in social situations and are lacking in problem-solving skills. They make numerous errors in processing social information, including misinterpreting other people’s motives and behaviour, setting goals for themselves that are unrealistic or inappropriate, and making poor decisions about their own conduct in social situations (Toures, 2003).

Further, low social competence is correlated with lower self esteem, depression and dissatisfaction with life (Merrell, 2002). Furthermore, developmental delay, learning disabilities etc. are all associated with low social competence. Gender, too, is a precursor of social competence. Young women were significantly higher than young men on all facets of social competence.
except self-control (Koestner & Aube, 1995; Smart & Sanson, 2003). Thus a myriad of individual, environmental and contextual factors determine social competence.

**Importance of Social Competence**

Social competence is a wide and relevant field, deemed to have significant importance in mental health and as a developmental task. In the USA it is also an educational objective of first order (Monjas, 2002; Torres, 2003). Each day children and young people are confronted with a myriad of challenging and problematic social situations. The development of social competence is a key challenge for young children as they enter the social field of and encounter the complex demands of teachers, peers and various other people (Anthony et al., 2005).

Social competence is both desirable and adaptive (Rubin & Burgess, 2002). The development of appropriate social behavioural competencies during childhood and adolescence has been shown to have important implications for adjustment, satisfaction and opportunities later in life as well as fostering well being (Merrell, 2002; Park, 2004). Individuals who are socially competent are able to elicit positive responses from others, interact effectively with peers and adults, and are adept at forming close relationships (Smart & Sanson, 2003). Further, social competence in interpersonal relationships has a significant long-term influence upon psychological, academic and adaptive functioning (Elliot, 2001).

Social competence is also thought to be an important protective factor for children, buffering them from stressors and helping to prevent serious emotional and behaviour problems later in life (Garmezy, 1991). It is an important asset that can facilitate a child’s successful adjustment to school (Bates et al., 2003). It facilitates social acceptance by peers, positive self-esteem and self-confidence (Lund & Merrell, 2001). Socially competent children have been found to be more likely to manifest superior coping strategies and problem
techniques in a range of cognitive situations (Schaffer, 2006). A child’s and adolescent’s level of social competence is also associated with a variety of other desired outcomes too. It is related positively to his or her social values, to his or her level of self-efficacy, and to his or her level of self-esteem (Hair et al., 2001).

Social competence, also, plays an integral part in how well a young person transitions into adulthood. Children and adults must display appropriate social skills within the rules of their culture to maintain relationships that will help them to be independent and successful. From early dyadic relationships with caregivers, to play and social interaction with peers in the preschool years, to the formation of peer networks, close friends, and romantic relationships, social competence is viewed as a primary component of healthy functioning and development and occupies a central role in developmental task theory (Ladd, 2005; Masten & Coatsworth, 1998; Rubin et al., 2006).

Alternately, social competence has been a frequent target of research on connections between competence and psychopathology (Burt et al., 2008). At the same time, social problems are salient in the diagnostic and impairment criteria for many mental disorders. Individuals with low social competence tend to be less adroit socially and often appear awkward or anxious and withdrawn when playing with other children. Usually these children have trouble getting along with others and might get teased by their peers (Burt et al., 2008).

Research shows that poor social competence and relationship difficulties with peers, teachers and family are associated with psychopathology, including depression, conduct disorders, social phobia, autism and asperger’s syndrome as well as early onset of schizophrenia (Harris, 1998; Schulz, 1999; Segrin, 2000; Spence, 2003). It has also been linked to drop outs, juvenile delinquency, job termination, suicide, substance abuse, sexual offending, police contacts and dishonorable discharges from the military (Reugg, 2003). Moreover, those who display inappropriate social behaviors are less appealing to their peers and have been found to have continual problems in life (Reugg, 2003).

Without requisite social competence skills a person may experience trouble in areas of employment, daily living skills, independent living and
participating in community (Reugg, 2003). Employers often credit social competence with more importance than actual work experience (Melard & Hazel, 1992; Reugg, 2003). Being able to organize thoughts and questions, having a sense of humor, dealing with money and successfully communicating with coworkers have been stated by employers to be critical attributes for doing well on the job (Doren et al., 1996; Reugg, 2003).

Consequently, attempts to enhance social competence, social skills and the quality of relationships form an important component of treatment and prevention of mental health problems (Spence, 2003; Smart & Sanson, 2003). In the recent years a lot of strategies have come up to enhance social competence. The roots of young adult social competence could be seen in childhood. Therefore, it is necessary for these interventions to keep in mind the cultural-community context, the family environment and the child's temperament (Merrell, 2002).

**Conclusion**

Thus, social competence is one of the most widely used construct in social development literature. It has been rendered with diverse meanings leading to a multitude of definitions. Social competence has been equated with the attainment of relevant social goals in specified social contexts, the ability to engage effectively in complex interpersonal interactions, behaviour that reflects successful social functioning; the ability to perform culturally defined tasks; a judgment by another that an individual has behaved effectively; and the formation and adoption of personal goals that are appropriate and adaptive to specific social situations (Schaffer, 2006).

One of the earliest and most widely used conceptualization of social competence was posited by Gresham and Elliot (1990). They viewed social competence as the as the ability to use the appropriate social skills in every aspect of life. According to them social skills such as cooperation with peers, initiating relationships, sharing and receiving compliments enable a child to
interact effectively with others and to avoid socially unacceptable responses (Gresham, 1988).

Unfortunately not all children develop adequate social skills in their childhood (Gresham & Elliot, 1990) as arrays of individual, family and peer factors are important antecedents of social competence. Among these were child temperament style, high quality family and peer relationships emerged as important precursors that critical role in the acquisition and ongoing development of an individual’s social skills (Smart & Sanson, 2003).

Children’s social competence has also been the target of numerous intervention efforts in the belief that better developed social competence will enable youngsters to cope with and overcome adjustment difficulties (Smart & Sanson, 2003). Corroborating this view, Schaffer (2006) observes that one of the main reasons why the topic of social competence has attracted so much attention is the hope that it can provide leads to helping children deficient in this respect.

This is because research demonstrates that individuals with high social competence were less likely to experience depression or engage in antisocial behaviour, more likely to feel satisfied with their lives, and more likely to have closer and more satisfying relationships with parents and friends than those who were less socially skilled. In the long run, social competence could be expected to be an important contributor to wellbeing in many emerging arenas of young adult life, such as in the workplace and in forming intimate relationships. These new arenas also provide opportunities for the further development and refinement of these skills. In short, social competence is a valuable individual skill and resource, and is an indicator of positive mental health (Smart & Sanson, 2003) and may contribute to subjective well being too.

In the present investigation, social competence is being studied following Gresham and Elliot’s concept of social competence. Social Competence among children will be assessed using social skills rating system – student form (SSRS-S).
Subjective Well Being

Since the dawn of civilization great thinkers have discussed the quality of human existence, and the "good life" (Diener, 2000; Eddington & Shuman, 2004). Since at least the sixth century B.C., the Classic Greeks explored the issue under the rubric of eudaemonia, that is human flourishing or living well. This followed with the Hellenistic Greeks and the Romans exploring ataraxia, a form of happiness within one’s own controls (Leahey, 2001). They have focused on criteria such as loving others, pleasure, or self-insight as the defining characteristics of quality of life.

Another idea of what constitutes a good life, however, is that it is desirable for people themselves to think that they are living good lives. This subjective definition of good life is democratic in that it grants to each individual the right to decide whether his or her life is worthwhile (Diener, 2000; Eddington & Shuman, 2004). It is this approach to defining the good life that has come to be called "subjective well-being" (SWB) and in colloquial terms is sometimes labeled "happiness" (Diener, 2000).

The field of subjective well-being comprises the scientific analysis of how people evaluate their lives—both at the moment and for longer periods such as for the past year. It is the field in the behavioral sciences in which people’s evaluations of their lives are studied (Diener et al., 2004). It includes diverse concepts ranging from momentary moods to global judgments of life satisfaction, and from depression to euphoria. Its scientific study has shown increasing interest in the past two decades and presently SWB spans fields from management to mental health (Steel et al., 2008). Psychologists too have indicated their growing interest in this field under a variety of terms and methodologies (Diener, et. al., 1999; Lyubomirsky et al., 2005; Steel et al., 2008).

The field has grown rapidly in the last decade, so that there are now thousands of studies on topics such as life satisfaction and happiness (Diener et al., 2003).
**History of research on Subjective Well-Being**

The field of subjective well being, emerged five decades ago, as psychology progressed from radical behaviorism and emphasis on negative states (Eddington & Schuman, 2004; Hoorn, 2007). Several different lines of research come together in the history of the field of SWB (Diener et al., 2003). A major influence on the field came from sociologists and quality of life researchers who conduct surveys to determine how demographic factors such as income and marriage influence subjective well being (Andrews & Withey, 1976; Bradburn 1969; Campbell et al. 1976).

Another influence in the field came from researchers working in the area of mental health, who wanted to extend the idea of mental health beyond the absence of symptoms of depression and distress to also include the presence of happiness and life satisfaction (Jahoda 1958). Yet another influence was from personality psychologists who studied the personalities of happy and unhappy people (Wessman & Ricks, 1966). Finally, social and cognitive psychologists studied how adaptation and varying standards influence people’s feelings of well-being (Brickman & Campbell 1971, Parducci 1995). These various strands were brought together in integrative reviews by Diener (1984) and Veenhoven (1984).

Owing to the diverse influences on the field, a variety of methods such as surveys, laboratory experiments, and intensive studies of individuals have been employed. Additionally, numerous theoretical orientations have also contributed to the understanding of construct of subjective well-being. Humanistic psychology stimulated the interest in positive well-being. A number of factors such as temperament, adaptation to conditions, and goal striving substantially influence levels of SWB (Emmons, 1986; Lucas et al., 2002; Lykken & Tellegen, 1996). However, there is currently no single conceptual scheme that unites the field, although attempts at unification have been made (Diener, 2000; Diener & Lucas, 2000).
Since the emergence of the field over five decades ago, the SWB literature has progressed rapidly. First, as recent surveys show, psychologists and other social scientists have taken huge steps in their understanding of the factors influencing people’s SWB. As such, SWB research solicits increasing attention of politicians, government officials and the public alike (van Hoorn, 2007). Understanding subjective well-being has become a core human endeavor (Steel, et al., 2008).

**Definition**

The term “subjective well-being” denotes a stable, overall sense of well-being; and alludes to emotional (e.g., how frequently one experiences positive emotions like happiness) and cognitive components (e.g., judgments of one’s satisfaction with life) that are relatively enduring rather than momentary (Diener & Tov, 2008). It refers to *people’s evaluations of their lives* - including cognitive judgments, such as life satisfaction; and affective evaluations (moods and emotions), such as positive and negative emotional feelings, for e.g., people’s emotional reactions to events, their moods, and judgments they form about their life satisfaction, fulfillment, and satisfaction with domains such as marriage and work (Diener, 2000).

Everyone’s moods, emotions, and self-evaluative judgments fluctuate over time; SWB researchers study these fluctuations but also examine the longer-term mean level differences that exist between individuals and societies. It includes what lay people call happiness, peace, fulfillment, and life satisfaction (Diener et al., 2004).

Similarly, Veenhovan (2000) defined subjective well being as “a set of affective and cognitive appraisals concerning one’s life including -how good it feels, how well it meets expectations, how desirable it is deemed to be, etc”.

According to Siegrest (2003) “subjective well being refers to people’s judgments about their own state. These judgments concern their enduring mood (e.g., happiness) as well as their evaluation of the self (e.g., satisfaction with one’s physical and mental health and functioning) and its relation to the
material and psychosocial environment (e.g., life satisfaction, work satisfaction). Mood reflects the perception and evaluation of an individual’s affective state whereas satisfaction with one’s life conditions involves cognitive judgments that are based on some standard of comparison. These cognitive judgments point to existing or non-existing discrepancies between expectation and real experience”. van Hoorn (2007) posits SWB as a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgments of life satisfaction.

All these definitions posit that subjective well-being is people’s subjective evaluations of their lives, and includes concepts such as life satisfaction, pleasant emotions, feelings of fulfillment, and satisfaction with domains such as marriage and work, and low levels of unpleasant emotions.

According to Diener and Tov (2008) although “happiness” and subjective well-being are used somewhat interchangeably, subjective well-being is the preferred term by researchers working in this field because the word “happiness” has varied meanings, ranging from a pleasant current mood to quality of life. The term “happiness” can refer either to momentary positive feelings or to long-term well-being. However, for ease of exposition, researchers sometimes use the term “happy people” primarily to refer to individuals who have a stable, long-term sense of well-being and are not simply in a temporary positive state momentary (Diener & Tov, 2008).

Thus, subjective well-being is an umbrella term that includes a variety of related concepts that all pertain to how people feel and think about their lives. Whether emotions or cognitions, all forms of subjective well-being represent the person’s evaluation of his or her life, whether at the moment or across time (Diener et al., 2004).

People experience abundant subjective well-being when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, when they experience many pleasures and few pains, and when they are satisfied with their lives. There are additional features of a valuable life and of mental health, but the field of SWB focuses on people’s own evaluations of
their lives. To some individuals the ideal state is one of wealth, to others, having
significant relationships, while some report helping those in need is central.
These individuals vary in external circumstance, yet they may share a subjective
feeling of well being momentarily (Diener et al., 2004; Diener & Tov, 2008).

The field of subjective well-being has several cardinal characteristics
(Diener, 1984). First, it is concerned with well-being from the perspective of the
respondent; hence, importance is granted to the respondent’s own views of their
life (Diener, et al., 2004). Second, the researcher is mainly interested in long-
term levels of satisfaction and affect, though, short-term moods and emotions
are studied as well. Third, healthy personality variables are also researched, not
just negative states such as depression and anxiety. Attainment of subjective
well-being not only involves avoiding sadness, but also experiencing life
satisfaction and pleasant emotions (Diener et al., 2004).

Subjective well-being researchers, thus, explore the full range of
psychological well-being such that focus is upon factors that keep one from
being depressed and factors that lead one to becoming elated. This trend is not
surprising because happiness and life satisfaction are major goals for most
people. Emphasis is placed on understanding the processes that underlie SWB,
in turn, people’s goals, coping efforts, and dispositions are studied (Diener et al.,
2003; Eddington & Shuman, 2004). The field has grown rapidly in the last
decade, so that there are now thousands of studies on topics such as life
satisfaction and happiness (Diener et al., 2003).

**Components of Subjective Well-Being**

Over the years through his articles and researches, Diener had outlined
various components that make up the domain of subjective well being which
includes both an affective and a cognitive component. Diener et al. (2004)
presented these components as a conceptual hierarchy with various levels of
specificity (Figure G).

According to them, at the highest level of this hierarchy is the concept of
SWB itself. At this level, SWB reflects a general evaluation of a person’s life, and
researchers who work at this level should measure various components from lower levels in the hierarchy to get a complete picture of an individual’s overall wellbeing. At the next highest level are four specific components that provide a more precise understanding of a person’s SWB. These components – positive affect, negative affect, global life satisfaction and domain satisfaction – are moderately correlated with one another, and they are all conceptually related, yet, each provides unique information about the subjective quality of one’s life (Diener et al., 2004).

**Positive affect and Negative affect:** Affect involves individuals’ moods and emotions resulting from evaluations of events that occur in their lives (Diener & Suh, 1999). Pleasant and unpleasant affect reflect basic experiences of the ongoing events in people’s lives. The affective component of SWB is based on two dimensions of emotional experience, termed as positive affect (PA) and negative affect (NA).

**Figure G – A hierarchical model of SWB**

![Hierarchical Model of SWB](image)

**Positive affect** refers to individuals’ level of pleasurable engagement with their environment. It is a trait that reflects stable individual differences in positive emotional experience. It is a combination of arousal and pleasantness, and illustrates the co-occurrence of positive emotional states such as joy, interest, cheerfulness, enthusiasm, energy, excitement, confidence, and alertness. Individuals high in positive affect experience frequent and intense pleasant mood, and are generally cheerful, enthusiastic, energetic, confident, and alert (Watson, 2002).

Conversely, **negative affect** is a broad general factor of emotional distress (Laurent et al., 1999). It is a combination of arousal and unpleasantness and describes subjective distress and dissatisfaction and is composed of negative emotional states such as anger, fear, sadness, guilt, contempt, and disgust (Ben-Zur, 2003; Diener et al., 2003; Tellegen, 1985; Watson & Clark, 1992). The *tripartite model* by Clark and Watson (1991) posits that depression and anxiety share a component of general emotional distress; Negative Affect. In their research, Laurent et al. (1999) found that individuals experiencing anxiety and depression may exhibit similar elevated scores on measures of negative affect. However, the distinguishing characteristic is that depressed individuals score low on measures of positive affect. On the basis of the *tripartite Model*, Watson, Clarke and Tellegan (1991) developed the *Positive and negative affect schedule*.

Through studying the types of affective reactions that individuals experience, researchers gain an understanding of the ways that people evaluate the conditions and events in their lives (Diener et al., 2003). Subjective well-being researchers often focus on emotional dimensions rather than specific emotions, because over long periods of time, distinct emotions of the same valence are moderately to strongly correlated (Zelenski and Larsen, 2000). In their investigation, Diener et al. (1991) suggested that frequency of emotional experience was more important for overall well-being than was intensity. At a theoretical level, it seems as though the processes that lead to intense positive emotions are likely often to lead to intense negative emotions, and thus very
intense emotions often cancel each other out. Thus, people who experience positive emotions intensely will likely experience negative emotions intensely, a finding that is supported by research on individual differences in affect intensity (Larsen and Diener, 1987; Diener et al., 2004).

In a review, Diener et al. (2004) opined that researchers interested in SWB can confidently tap the emotional well-being components by assessing a broad range of positive and negative emotions. While researchers who are interested in recording a general sense of a person’s affective well being may want to examine the separable positive and negative affect dimensions. They opined that affect reflects a person’s ongoing evaluations of the conditions in his or her life. Yet, affective well-being, alone, does not appear to be sufficient for most people when they provide an overall evaluation of their lives. Individuals do not seem to want purely hedonistic experiences of positive affect. Instead, they want these experiences to be tied to specific outcomes that reflect their goals and values, thus, domains beyond affective well-being must be assessed to gain a complete understanding of a person’s well-being (Diener et al., 2004).

**Global Life Satisfaction and Domain Life Satisfaction:** The affective component of well-being reflects people’s ongoing evaluations of the conditions in their lives. According to Diener (2000), this appraisal can be distinguished from global judgments about life satisfaction or the quality of a person’s life. Apparently, individuals can examine the conditions in their lives, weigh the importance of these conditions, and then evaluate their lives on a scale ranging from dissatisfied to satisfied. Diener et al. (2004) referred to this global, cognitive judgment as global life satisfaction.

**Global Life Satisfaction** has been defined as a person’s subjective, global evaluation of the positivity of his/her life as a whole or with specific domains e.g., school, family, friends, job etc. (Diener, Suh, Lucas & Smith, 1999). Life satisfaction involves an individual’s overall judgement of his or her life, resulting from the comparison of their current situation to a self-set standard. Therefore, the degree of satisfaction or fulfillment depends in part
upon an individual’s adaptation and aspirations, influenced by past experiences, comparisons with others, and personal values (Diener, 1984). It has also been referred to as perceived quality of life (Huebner et al., 2004).

The research on the processes of satisfaction judgments has led to a greater understanding of the relation between affective and cognitive well-being. It appears that people do use their affective well-being as information when judging their life satisfaction, but this is only one piece of information individuals (Diener et al., 2003). The weight that this information is given varies across individuals and cultures. The advantage of life satisfaction as a measure of well-being is that this type of measure captures a global sense of well-being from the respondent’s own perspective. People seem to use their own criteria for making this judgment, and research has begun to identify what these criteria are and how they vary across individuals (Diener et al., 2004).

Domain Life Satisfaction, on the other hand, reflects a person’s evaluation of the specific domains in his or her life. According to Diener, if we were able to assess all the important domains in a person’s life, we would be able to reconstruct a global life satisfaction judgment using a bottom-up process. But, the process by which the domain satisfaction judgments are aggregated, and the weight that is given to each domain may vary by individuals. Diener et al. (2002), for example, found that happy individuals were more likely to weigh the best domains in their life heavily, whereas unhappy individuals were more likely to weigh the worst domains in their life heavily. Thus, domain satisfaction reflects the component parts of a life satisfaction judgment as well as provides unique information about a person’s overall well-being (Diener et al., 2004); rendering this construct important for researchers interested in the effects of well-being in particular areas.

The understanding of the various components of subjective well being has lead the researchers to probe various factors having an impact on development of subjective well being
Factors affecting Subjective Well Being

In a classic article, Wilson (1967) reviewing the limited empirical evidence regarding the “correlates of avowed happiness”, concluded that happy person is a “young, healthy, well-educated, well-paid, extroverted, optimistic, worry-free, religious, married person with high self-esteem, job morale, modest aspirations, of either sex, and of a wide range of intelligence”. In the ensuing forty years numerous studies have been conducted giving a better view of processes underlying subjective well being.

Early subjective well being researchers focused on identifying the external conditions that led to satisfying lives (Bridges, Margie, Zaff, 2001). Education and wealth have been found to have significant correlations with subjective well being (Campbell, 1981; Diener & Lucas, 2000). Strong correlations were found between health and subjective well being for self-reported measures (George & Landerman, 1987), but not for objective health ratings by physicians (Watten et al., 1997). Poor health is also considered to negatively influence subjective well being as it interferes with goal attainment (Eddington & Shuman, 2004). Work, too, is thought to be related to subjective well being as it offers optimal level of stimulation that people find pleasurable, positive social relationships, and a sense of identity and meaning. Unemployed people have higher distress, lower life satisfaction, and higher rates of suicide than employed; causing lower subjective well being. In addition to these, religion, job satisfaction, leisure satisfaction, life events etc. too affect subjective well being (Eddington & Shuman, 2004; Ellison, 1991; Tait et al., 1989; Veenhovan et al., 1994).

However, Vaillant (2003) posited that, when heritable variables are controlled, subjective well-being—unlike tested intelligence— is not affected by environmental factors such as income, parental social class, age, and education. He cited that relationships are more important to subjective well-being than is money. Reviewing the various studies, researchers (Ben-Zur, 2003; Diener et al., 2003; Eddington & Shuman, 2004; Vaillant, 2003), concluded that demographic factors like income, health, physical attractiveness have only
modest influence on long term levels of emotion, accounting for only small percentage of variance. Furthermore, people adapt or habituate to events.

Research instead shows that subjective well-being is fairly stable over time, that it rebounds after major life events, and that it is often strongly correlated with stable personality traits (Diener et al., 2003). This prompted researchers to probe various other factors that keep one from being depressed and factors that lead one to becoming elated, with an emphasis on understanding the processes which underlie happiness; for instance, people’s goals, coping efforts, and dispositions etc.

In assessing the dispositional factors, investigations reveal moderate to strong correlations between subjective well-being and personality traits, revealing strong association between extraversion and pleasant affect; as well as neuroticism and negative affect (Costa & McCrae 1980; Lucas & Fujita, 2000; Shweta & Sokhey, 2005; Watson & Clark, 1984, 1992). Agreeableness, openness to experience and conscientiousness too correlated with subjective well-being (DeNeve & Cooper, 1998; Shweta & Sokhey, 2005). Similarly, temperament has also been shown to correlate with subjective well being (Kagan, 1994; Park, 2004).

In addition to these, intelligence, repressive defensiveness, trust, locus of control, desire for control, positive coping styles and hardiness all exhibited moderate correlations with subjective well-being (Diener, 1984; DeNeve & Cooper, 1998; Shweta & Sokhey, 2005). Self-esteem, sense of control, optimism, self-efficacy, are also positively related to subjective well being (Eddington & Shuman, 2004). Similarly, Emmons (1986) revealed that various features of one’s goals (including the existence of important goals, progress towards those goals, and conflict among different goals) can have important implications for emotional and cognitive well-being; other researchers (Cantor & Sanderson 1999, Higgins et al., 1999) have suggested that the way we approach our goals influences subjective well-being (Diener, Oishi & Lucas, 2003).

Furthermore, early parent-child relationship characteristics, including the quality of attachment relationships and parents’ warmth, sensitivity, and
responsiveness have been posited to be important influences on individual differences in the development of positive and negative emotionality and life satisfaction (Diener et al., 2003; Suldo & Huebner, 2004). Positive relationship with peers, too enhance subjective well being. Park (2004) opines that the quality rather than the quantity of social interactions is related to subjective well being.

The surge of interest in probing processes underlying subjective well being is not surprising because happiness and life satisfaction are major goals for most people. So besides investigating the causes and correlates of subjective well being, theorists also explore its impact on people’s lives.

**Impact of Subjective Well Being**

According to Aristotle, **happiness is the ultimate objective in life** (Oishi et al., 2007). Similarly, researchers concur that subjective well being {positive affect and life satisfaction} is the ultimate goal of human development (Huebner et al., 2004)

Fredrickson and Losada (2005) reviewed a wide spectrum of empirical evidence and opined that beyond their pleasant subjective feeling, positive emotions, positive moods, and positive sentiments carry multiple, interrelated benefits. They found that good feelings alter people’s bodily systems, people’s mindsets, as well as predicts salubrious mental and physical health outcomes.

Through their review of numerous investigations Fredrickson and Losada (2005) found that positive affect widens the scope of attention, broadens behavioral repertoires; increases intuition and creativity and may also have an impact a person’s longevity,

Frequent positive affect has also been shown to predict resilience to adversity, increase happiness, psychological growth, lower levels of cortisol, reduced inflammatory responses to stress, reductions in subsequent-day physical pain, resistance to rhinoviruses and reductions in stroke (Fredrickson and Losada, 2005).
Similarly, Lyubomirsky, King, and Diener (2005) conducted a meta-analysis of 225 papers on diverse life outcomes in the domains of work, love, and health and found that, in all three domains, happy people did better on average than did unhappy people. According to them, happy people receive higher job performance assessments from their supervisors and have more prestigious jobs, earn higher incomes than do unhappy people, even many years after the initial assessment. Happy people are more likely to get married than their unhappy counterparts and they are also more satisfied with their marriages (Lyubomirsky et al., 2005).

Correspondingly, Huebner, Suldo and Valois (2003) state that life satisfaction research with adults has shown that positive levels of life satisfaction are not just an epiphenomenon, that is a simple by-product of positive life experiences, personality characteristics, and so forth. Rather, many benefits accrue to those who typically experience high levels of life satisfaction. These benefits comprise positive outcomes in intrapersonal, interpersonal, vocational, health, and educational arenas (Lyubomirsky et al., 2005), better physical health and healthy behaviors (exercise and sensible eating) as well as prosocial behaviors. Studies have revealed that global life satisfaction mediates the impact of stressful life events and parenting behavior on adolescent problem behavior as well as helps buffer against the development of psychopathology in the face of increasing stressful life events (Suldo & Huebner, 2003). Life satisfaction has also been found to be negatively correlated with depression, anxiety, neuroticism, loneliness, symptoms of psychological disorders and teacher ratings of school-discipline problems (McKnight, Huebner, and Suldo, 2002).

Conversely, life satisfaction has been negatively linked to health-compromising behavior such as drug use; violent problem behaviors among adolescents, such as physical fighting, weapon carrying; dating violence (among both perpetrators and victims) etc (Park, 2004). Low levels of life satisfaction are predictive of a variety of negative outcomes, including mental and physical health problems. According to Park (2004), individuals with lower life
satisfaction are at risk for a variety of psychological and social problems such as depression and maladaptive relationships with others. Along with this, he also stated that, other important outcomes related to lower life satisfaction include teen pregnancy, driving while intoxicated (Park, 2004). Studies have also shown that decreasing levels of life satisfaction often precedes depression.

The aforementioned studies reveal that, positive affect and high life satisfaction are associated with many desirable life outcomes, but, Oishi, Diener and Lucas (2007) summarized that negative affect, too, at times is involved in solving or handling specific problems that humans face in their lives. For instance, fear helps people avoid danger and prepare for stressful situations, anxiety can motivate people to work harder and to perform better, and guilt and shame can motivate people to avoid moral transgressions. They posit that, although negative affect is unpleasant and often avoided, individuals who experience an absence of negative affect often suffer negative consequences. For example, it has been suggested that psychopaths (who show little startle reflex) may have a deficit of certain negative emotions, which leads to moral deficiencies and poor social functioning (Oishi et al., 2007).

Moving beyond specific emotions, Oishi et al. (2007) opine that, it is possible to find examples where unpleasant states motivate beneficial action. In the work domain, job dissatisfaction can be thought of as a signal that the work environment does not fit one’s personality and skills. Thus, job dissatisfaction might motivate job change. Semmer et al. (2005) in a longitudinal study showed that work dissatisfaction predicted job turn-over and that those who changed jobs experienced a subsequent increase in job satisfaction in their new job. They suggest that individuals who are dissatisfied but make efforts to change their life circumstances can improve their satisfaction. Conversely, individuals who consistently experience positive affect and never experience dissatisfaction might be less likely to make a change to improve their life circumstances. Thus, a very high level of satisfaction might lead individuals to fail to attain their full potential. Moreover, negative moods can help individuals deal with specific problems that require distinct cognitive approaches to arrive at an optimal
solution (Schwarz, 2002). Hence, people who experience appropriate amounts of negative affect can adopt their cognitive strategy to the task at hand.

Reviewing the various findings, Diener and Scollon (2003) state that though a variety of circumstances correlate with high SWB in cross-sectional survey studies, the direction of causality is usually in doubt. For example, health or marriage might cause happiness, but they also might result from it. For example, happy people might be healthier because they follow healthy life regimens. Although happy individuals might be better able to reach approach goals (as opposed to avoidance goals), due to the greater self-confidence, sociability, and other characteristics of those high in SWB, this does not mean that they necessarily will achieve goals that are desirable from a society's point of view. A happy person might be more able to reach her or his goals, regardless of whether the goals are socially desirable. In this sense, the benefits of happiness rest on the assumption that people have been socialized to desire goals that are valued in that culture. Furthermore, happy people might not be as adroit at avoiding mistakes (Diener and Scollon, 2003).

The aforementioned studies reveal that both positive and negative affect including life satisfaction incur adaptive and maladaptive outcomes (Fredrickson & Losada, 2005).

This surge in the exploration of the construct of subjective well being also reflects that there is growing recognition of the personal and social utility of subjective well-being.

In the present investigation, subjective well being is being studied following Diener's concept which comprises both emotional (positive and negative affect) and cognitive (domain life satisfaction and global life satisfaction) components of the construct.

Life satisfaction, positive affect and negative affect have long been suggested to be separated constructs involved in assessment of subjective well being (Andrews & Withey, 1976; Diener, 1994, 2000; Eddington & Shuman, 2004). In addition, life satisfaction, too, has been bifurcated into global life satisfaction and domain specific life satisfaction (Diener, 2004).
Subjective well being will be assessed by *Satisfaction With Life Satisfaction* (Pavot and Diener, 1993), *Multidimensional Students Life Satisfaction Scale* (Huebner, 2001) and *Positive and Negative Affect Scale for Children* (Laurent et al., 1999).