CHAPTER-I

Introduction

Review of Literature
INTRODUCTION

Human beings have inquisitive nature and thus have a perpetual quest to explore and understand their surroundings, the social setting reasonably enables them to grow, flourish and unfold man’s inborn capabilities. The progress and development in all spheres of a society is also important, if members of the society willingly offer to carry on shoudering their responsibilities will make the society cohesive and on the path of overall progress and development. But any society does not move as per the desire of an individual. It is often seen that people having disabilities are also an integral segment of the society and they need special care and social support, if not they might develop the feeling of being neglected. Researches conducted on these groups have shown that the children representing differently-abled groups have proved fruitful and may be successful in different walks of life across the society. Any kinds of disability, congenital or accidental or caused by any kind of infection makes the individual incapable of doing many activities away from the socially accepted norm of behavior and are more susceptible to become victim of social negligence and rejection in their own family including the peer groups. So these special need children may be vulnerable to develop adjustment as well as psychological problems such as low self-esteem, lack of confidence, inferiority complex, anxiety or depression. If this segment of the society remains neglected and not dealt in a proper way, it will make their lives pathetic, miserable and dependent. Thus, it is necessarily required to develop, rebuild and boost their confidence to make them self reliant to lead almost normal life like others.

Disabled persons exist in every society and at all times though the pattern of their care and development differ from society to society and from time to time and largely depended on the contemporary social attitudes towards them. Almost all
societies had attached some stigma to handicapped persons. The problems being faced by the disabled persons attracted the attention of government and NGO's by the initiatives of WHO and efforts in this direction brought changes in the attitude of people and as a result of it the development of positive attitude towards the differently-abled people has been of recent origin. Government, NGO's the world over, are now actively engaged in addressing themselves to the problems of the handicapped in a systematic and comprehensive manner. It was a major break through, the U.N. declared the Rights of the Disabled in the year 1981. The major emphasis of Government policies has been more on treatment and rehabilitation of the handicapped and less on their social psychological integration. The social stigma traditionally attached to the handicapped still remains and contributes to the problem of their integration of varied nature to lead normal life with the members across the society.

**Concept and Definition of the Handicapped**

A handicapped person is one who suffers from any continuing disability of body or intellect and which is likely to interfere with his normal growth and functioning and capacity to learn. His disability may be due to unfavourable factors in his heredity or environmental influences affecting him in the pre-natal, and post-natal period. A person is considered to be a handicapped if he/she cannot, within limits, play, learn, work or do the things which other people of his/her age can do if he/she is hindered from achieving what should be his/her full physical, mental and social potentialities.

In the dictionary of sociology, a handicapped person is defined as one who possesses a physical defect which reduces his/her efficiency in performing personal and social obligations according to a socially determined standard (Fairchild, 1944).
The National Assistance Act of 1948 defines 'handicapped persons as those who are blind, deaf and dumb and others who are substantially and permanently handicapped by illness or congenital deformity'.

Another definition states that a handicapped person is one who cannot hold to his own age group because of a physical trait or injury, some emotional disturbance or restriction in his mental ability (Rusink, 1963).

The Disabled Persons Act of 1944 and 1958 (India) describes a disabled person as "one who, on account of injury, disease a congenital deformity, is substantially handicapped in obtaining and keeping employment or in undertaking work on his/her own account of a kind which, apart from injury, disease and deformity would be suited to his/her age, experience and qualifications".

The Ministry of Health in 1944 has listed the following conditions as the cause of handicap or disablement.

- Amputation of one or more limbs
- Arthritis and Rheumatism
- Congenital malnutrition and deformity
- Diseases of the digestive and genital urinary system
- Injuries of the head, face and limbs
- Origin of epilepsy and poliomyelitis
- T. B. of bones and joints.

CONCEPT AND REVIEW OF STUDIES ON NEED ACHIEVEMENT

The study of individual differences in terms of need achievement is a key goal of educational psychology. It is often wondered why some students perform well than others, though they have the same level of intelligence? This query has prompted
researchers to try to find out some plausible explanation for this type of interesting question. While common sense says that a person with a high amount of need for achievement is intellectually involved in getting his/her performance improved. Researchers have found that there are other equally important factors such as emotional competence, self-esteem, and social support that can also contribute to need for achievement.

It is a world wide accepted truth that need for achievement is an important variable, the performance or achievement of any individual will depend upon his desire to achieve, though achievement is a learned motive to compete and to strive for success. Almost any activity from scholastic achievement to obtaining technical/medical or higher education can be viewed in terms of competition and success. The need to achieve influences many kinds of behavior despite it comes in the category of learned motive, there are wide differences among individuals in their past experiences and hence in their achievement motivation.

Every individual acts and strive to satisfy certain needs. A need leads to a drive, and a drive reasonably satisfies one’s need. For all round development, growth and survival of an individual, the satisfaction of his/her various types of needs to a reasonable level are very important and infact it differs from one individual to other. Every man from cradle to grave is constantly striving to satisfy his/her various types of needs. Every action is motivated by a purpose or “goal”. The factor that gives vigour to all human behaviour is the underlying motivation which may Primary and Secondary motives. Primary motives are the drives of the organism like hunger, thirst, and sex etc. while the secondary motives are learned motives like affiliation, fear, achievement and power etc. A motive is a relatively permanent and general characteristic of one’s personality which is one of the determinants of motivation. A
specific motive is concerned with the specific type of goal. Motivation has long been recognized as a primary factor in any performance. So it is a strong tendency of the individuals to make persistent efforts for goal attainment.

Amongst the more often questions asked by the parents and educators, almost none is more frequently heard than, “what factors in child-rearing encourages and discourages achievement striving in youngsters”. A complex answer is suggested by a number of different correlation studies. Many parental attitudes and child rearing practices, including independence training (Winterbottom, 1953; Feld, 1959) rewarded of achievement efforts (Crandall, Preston, and Rabson, 1960) and encouragement and instigation of intellectual pursuits (Crandall, Katkovsky, and Preston, 1960b) are associated with achievement striving. A person is motivated mainly by achievement may make important contributions to society. Achievement motivates an individual’s preference to work with experts in order to get a task accomplished.

The concept of need achievement cannot be properly understood unless it is seen as a special aspect of the broad core of achievement. To achieve always implies meeting a goal. The goal may be set by many, and the diverse, needs of the organism. Physical hunger may set a goal for food intake, the necessity to earn money, to keep a job, or to work on a research project may set still other goals.

The achievement need is seen most clearly in student who must continually test himself, who is always ready to take on different task merely because it is difficult. For, such students, as McClelland (1953) and his associates have shown, it is often enough to know that it is hard to make a good grade on this assignment, or that a certain problem is considered insoluble. This trait is probably an outcome of an early childhood training that emphasized achievement or independence. This need for
achievement can be enhanced, especially in boys, by pep talks or by stories of men who have succeeded in spite of serious handicaps. It may be possible; by the way, that this achievement need is too often neglected.

The concept of achievement motivation is not new; its historical connection with research on motivation can be traced back to pioneer German psychologists. Narziss Ach attempted to explain the achievement related behaviour of his subjects as 'determining tendency'. Lewin in 1926 made reference to this motive under the general concept of 'quasi need' (Heckhausen, 1967). It found place in the work of Adler (1927) whose concept of 'inferiority complex', masculine protest' and 'striving for superiority' all points to the gratification of achievement needs as an important goal of human behaviour.

Murray (1938) played a dual function in the history of achievement motivation research. On the one hand, he called attention to a need for achievement (or an achievement attitude) by including this disposition among his list of 20 manifest psychogenic needs. Murray appeared to be the first psychologist who evolved a complete system of needs and developed the projective technique generally referred as TAT (Thematic Apperception Test) to recognize his well defined needs in the subject's personality. His explanations of main needs are as stated below:

- **Need abasement**: to submit passively to external force, to accept punishment, blame, injury, criticism etc.
- **Need affiliation**: to draw near and enjoyably co-operate or reciprocate with an allied others, to please, to adhere and remain loyal to a friend.
- **Need Aggression**: to fight, to revenge, to attack, injure or kill another.
- **Need Autonomy**: to get free, shake of restraints, break out of confinement, to resist etc.
• **Need Counteraction**: to repress fear, to overcome weakness, to search for obstacles and difficulties to overcome etc.

• **Need Dependence**: to defend the self against assault, criticism and blame, to conceal or justify a misdeed.

• **Need Deference**: to admire or support a superior, to praise, honour.

• **Need Dominance**: to control one’s human environment to influence or direct the behaviour of others by suggestion.

• **Need Exhibition**: to make an impression, to excite, amaze, fascinate, entertain, amuse, etc.

• **Need Harm avoidance**: to avoid pain, physical injury, illness and death.

• **Need Infavoidance**: to avoid humiliation, to avoid condition which may lead to belittlement.

• **Need Nurturance**: to give sympathy and gratify the needs of a helpless object, an infant or any object that is weak, disabled or tired.

• **Need Order**: to part things in order, arrangement, organization, balance, and precision.

• **Need Play**: to act for fun without further purpose, to like, to laugh and jokes.

• **Need Rejection**: to separate one from negatively collected objects, to snub or jilt an object.

• **Need Sentience**: to seek and enjoy sensuous impressions.

• **Need Sex**: to form and further an erotic relationship to have sexual intercourse.

• **Need Succorance**: to have one’s needs gratified by the sympathetic aid of an allied object.

• **Need Understanding**: to ask or answer general questions, to be interested in theory.
• **Need Achievement**: the individual experiences a desire to be successful. He strives for accomplishing something difficult and tries to master, manipulate or organise physical objects, or human being or even ideas. He wants to do this as rapidly and independently as possible. He desires to overcome obstacles and attain a high standard. He endeavours to excel oneself and surpass others. He wants to increases his self regard by successful exercise of his talents. (Atkinson, 1966).

Murray was the first historically known to make a major effort to conceptualize adequately the concrete individual life in all its richness and variety. These desires, Murray (1938) states, are accompanied by these actions: to make intense, prolonged and repeated efforts accomplish something difficult, to work with singleness of purpose towards a high and distant goal, to have the determination to win, to try to do everything well. To be stimulated to excel by the presence of others, to enjoy competition. To exert will power; to overcome boredom and fatigue.

Murray’s another contribution to the study of achievement motivation was the development of an instrument which is called Thematic Apperception Test (TAT) that supposedly revealed “covert and unconscious complexes” (Murray, 1938). The TAT was almost universally adopted by subsequent investigators to assess achievement needs.

In historical significance of achievement motivation is McClelland et al. (1953) also conducted a systematic study on achievement motivation that entailed a refinement of the TAT for the measurement of achievement needs. The theory of achievement motivation was first formulated by McClelland and influenced by Hebb’s notion of an optimal level of stimulation. McClelland turned from laboratory and elaborated the general argument for his theoretical position particularly his analysis of the origin of motivational dispositions in the primary learning experience
of childhood. There was a bifurcation of achievement research following the publication of ‘The Achievement Motive’ in the year 1953. This work culminated in 1961 with the publication of ‘The Achieving Society’, an awe inspiring book that has had relatively little impact on the field of psychology while commanding much attention from other disciplines in the social sciences.

At the same time, Atkinson (1964) who occupies as another important figure of the historical importance pertaining to achievement motivation research, conducted experimental study on achievement motivation. The stage of TAT validation soon gave way to an attempt by Atkinson to construct a theory of achievement motivation. This theory was guided by the prior work of Tolman, decision theorists, and Lewin, and by the level of aspiration model proposed by Festinger and Escalona. Atkinson’s achievement model, which first appeared in the literature of psychology in the year 1957, dominated research in achievement motivation for the next decade and was fully elucidated in his fine treatise on motivation in 1964. According to Atkinson the tendency to achieve success is a learned motivational disposition and is a function of three variables.

(a) Motive to Achieve: a person with high motive to achieve approaches the task with enthusiasm and these results in high scores.

(b) Probability of success: it is subjective statement and is directly related tendency to achieve success.

(c) Incentive Value of Success: in general incentive value of success increases with the difficulty of task.

It is difficult to assess objectively one’s contribution to a field of study, and megalomania is not socially acceptable.
Atkinson in his theory of motivation proposed by McClelland (1961) with incorporating ideas about level of aspiration. McClelland pointed out that in the course of development, human beings acquire a need for achievement, and he conducted a study to demonstrate the degree to which this need varies along individuals. Atkinson hypothesizes that differences in the strength of the need for achievement can be explained by postulating a contrasting need to avoid failure. Some people, he suggests, are success oriented; others have a high degree of anxiety about failure. Through experimentation, Atkinson and Litwin (1960) showed that success oriented individuals are likely to set personal goal of intermediate difficulty (that is, they have a 50-50 chance of success), whereas anxiety-ridden persons set goals that are either very high or very low. (If anxiety-ridden individuals fail on the hard task, no one can blame them; and they are almost sure to succeed on easy task.) Atkinson believes that the tendency to achieve success is influenced by the probability of success and the attractiveness of achieving it. A strong need to avoid failure is likely to develop in people who experience repeated failure and set goals beyond what they think they can accomplish.

The similarity of Atkinson’s conception to Maslow theory of motivation is apparent. Both emphasized that the fear of failure must be taken into account in arranging learning experiences. The same point has been stressed by William Glasser in *Schools Without Failure* (1969) and *The Identity Society* (1972). Glasser argues that for people to succeed at life in general, they must first experience success in important aspect of their lives. For most children that one important part should be school. But traditional approach to education, which emphasizes comparative grading, allows only a minority of students to feel successful. Most students feel that they are failures, which depress their motivation to achieve in other areas of their lives.
One of the most intriguing aspects of differences in need for achievement is that some individuals seem to "fear" success and others seem to be motivated to avoid it.

**Fear and Avoidance of Success:**

Reading reports of research inspired by the work of McClelland and Atkinson, Horner (1968) become intrigued by the finding that the need for achievement in males seemed to be more fully developed than in females. She decided to make this the subject of her Ph.D dissertation and, used the technique derived from studies conducted by Atkinson. She asked 178 university students to write a four minute story from this cue: "At the end of first-term finals Anne finds herself at the top of her medical school class." When she analyzed the stories, Horner found three recurrent themes (1) fear that Anne would lose friends, (2) guilt about success, and (3) willingness to come to grips with the question of Anne's success (in some stories the cue was more or less ignored). She concluded that all three of these stories written by women could be classified under this heading, contrasted with only 9% of those written by men.

As a second part of her study, she placed men and women in competitive and non-competitive situations. She found that women who wrote fear-of-success stories performed much better when alone than when competing against others. She reasoned that fear of success motivates many women to avoid achievement, particularly in competitive situations.

Reports of Horner's study (1970) attracted attention, and a number of articles in newspapers and magazines led readers to believe that there is a well-established tendency for almost all women to fear success. Because of the publicity and the topicality of the concept, over sixty studies derived from or similar to Horner's
original research were carried out in the next three years. Tresemer (1974, 1977) reviewed these studies and also analyzed the techniques used by Horner. He concluded that fear-of-success stories may be influenced by a variety of factors, including the type of cues supplied. For example, when a woman in a story is described as the best psychology student rather than as the best medical student, Tresemer reported, males write more fear-of-success stories than females.

While some students may avoid success because they fear they will jeopardize their relationships with peers, others may have a weak need for achievement because of conflicts with parents. Weiner (1980) proposed that many adolescents who seek counseling because of academic performance problems express resentment about parental demands, which they cannot or prefer not to meet. If the resentment is strong enough, the high school student may retaliate by deliberately earning low grades (perhaps as a means for establishing a negative identity).

**Explanations of Success and Failures referring Attribution Theory**

Some interesting aspects of success and failure are revealed when students were asked to explain why they did or did not do well on some task. They had given stress to four reasons most commonly- ability, effort, task difficulty and luck. To explain a low score on a maths test, for example, different students might make the following statements:

"I just have a poor head for numbers." (Lack of ability)

"I didn’t really study for the exam." (Lack of effort)

"That test was the toughest I’ve ever taken." (Task difficulty)

"I guessed wrong about which sections of the book to study." (Luck)

Because pupils attribute success or failure to the factors just listed, research of this type contributed to what is referred to as **attribution theory**.
Students with long histories of academic failure and a weak need for achievement typically attribute their success to easy questions or luck and their failures to lack of ability. Ability is stable attribution (i.e. what people expect will effect on achievement to be pretty much same from one task to another), while task difficulty and luck are both external attributions (in other words, people feel they have little control over their occurrence). Research findings have shown that stable attributions, particularly ability, lead to expectations of future success or failure while internal (under personal control) attributions lead to pride in achievement and reward attractiveness following success or to shame following failure (Nicholls, 1979; Weiner, 1979). Because low-achieving students attribute failure to low ability, future failure is seen as more likely than future success. In addition, ascribing success to factors beyond one’s control diminishes the possibility of taking pride in achievement and placing a high value on rewards. Consequently, satisfactory achievement and reward may have little effect on the failure-avoiding strategies that poor students have developed over the years.

Success oriented students (high need achievers), on the other hand, typically attribute success to ability and effort, and failure to insufficient effort. Consequently, failure does not diminish expectancy of success, feelings of competence, or reward attractiveness for these students. They on their own resolve to work harder in the future. It might be, then, that rewards will not motivate low need achievers to work harder so long as they attribute success to factors that are unstable and beyond their control. Such successes are seen as “flukes”, which are unlikely to occur again and do little to install a sense of pride and accomplishment. By contrast, because high need achievers expect to succeed and feel they are largely in control of their success, occasional failures do not greatly diminish their motivation for future.
This analysis suggests that programs designed to enhance motivation and achievement may need to include ways of altering perceived causes of performance. Quite often it is necessary for educators to try to alter a poor student's self concept, which may be a substantial undertaking requiring a concerted, coordinated effort.

**Implications and Limitations of Analyses of Achievement Motivation Theory:**

These various analyses of aspiration level and achievement help to explain the following aspects of motivation:

- Why some pupils have a higher level of aspiration than others?
- Why pupils with a low level of aspiration may fail to experience success because they set unrealistic goals?
- Why some pupils may almost seem to avoid success?
- Why high-achieving pupils may resolve to try harder after a failure experience?
- Why low-achieving pupils may not really be encouraged by successful experiences?

Perhaps the major limitation in speculating about aspirations, a need for achievement, fear of success, and reactions to success and failure is that such forms of behaviour are often difficult to observe or analyze. Another problem may be lack of consistency. In controlled situations, it may be possible to trace how and why students set goals. But in typical classroom settings, students may not have any clear idea about their level of aspiration, unless the teacher specifically asks them to set a particular goal for themselves. Furthermore, a pupil's level of aspiration may be bumped up or down by more or less chance circumstances. A student might do well on a first exam in a course, for example, because the teacher gave time in the class for study and offered advice at a crucial point during the study period. The high score on
that test might inspire the student to work for an ‘A’ grade in the class. But if the second exam happened to be scheduled the day after the student had been ill, or if the teacher inadvertently snubbed him or her in class, the student might not prepare and could end up with a ‘D’ grade. Poor performance on the second exam might then cause the student to forget about the ‘A’ and concentrate instead of obtaining a ‘C’ grade with the least amount of effort.

It usually happens in one’s life that the aspiration level might vary with different subjects and courses. Tresemer reported, for instance, that responses to fear-of-success stories depended on the kind of activity described. Thus, a girl might fear success in a “masculine” subject, such as physics, but not worry about being better than a boyfriend in a “neutral” subject, such as psychology, or a “feminine” subject, such as English. In addition, a high school student’s level of aspiration or need for achievement is often intertwined in reciprocal fashion with feelings about identity. A foreclosure type who endorses parental attitudes regarding goals and values may have a very clear picture of what needs to be accomplished in school and may be motivated to achieve those goals. By contrast, moratorium or identity diffusion types, who may be in conflict with parents, uncertain about what to do after graduation, and/or confused about sex roles, may drift aimlessly through high school. Finally, students may find that they seem to have an affinity for certain subjects because of aptitudes, abilities, and past experiences. Other subjects may seem extraordinarily difficult to the same students because of lack of aptitude or absence of previous experience.

All scientific endeavors in this direction are the part of a concerted effort of academicians and researchers, it is seen that the findings of one research helped to pave the way for other researches. Thus, a recapitulation of empirical work conducted in a particular area is extremely important to give proper direction to achievement.
motivation research and this facilitated the researcher by presenting the status of knowledge in a particular area, so that the researcher can give thrust to research which maximizes its utility. The opportunity to benefit from vicarious experiences also enriches the methodology and design to be selected by the researcher. The major researches conducted by the investigators in the field of achievement motivation are presented below.

Knight and Sarsenrath (1966) in a study with 139 undergraduate pupils reported that the high achievement motivated students learned more efficiently in comparison to low achievement motivated students on all the three measures of achievement-immediate, retention and transfer learning scores.

Bhatnagar (1969) attempted to investigate the relationship between need achievement and academic achievement. In this study 1941 students of class 10 of Arts, Science and Commerce streams from 29 schools in Rajasthan were selected randomly as samples of the study. The Edwards Personal Preference Schedule (Hindi) and scores on attainment test in Hindi, General Science, Elementary Arithmetic and Social Studies were employed as meaning tools of need achievement and academic performance respectively. A correlation of 0.38 which is significant at 0.001 levels was obtained between need achievement and academic performance.

Parikh (1976) hypothesized that achievement motivation scores are positively related to pupil’s academic performance. The study was conducted on a sample of 1100 pupils studying in grades 8, 9 and 10 in secondary schools of a city in Maharashtra. The result showed that the School performance was found positively and highly related to achievement motivation.

Ruhland, Gold, and Feld (1978) conducted a study to ascertain the relationship between need achievement and scholastic performance of 154 2nd and 5th grade...
children. The investigator reported a positive relationship between need achievement and scholastic performance.

Littig and Yeracaris (1963) conducted a study on a sample of 190 men and 206 women and reported a positive relationship between need achievement and the academic grades. They however noted that this was true only in the case of male subjects.

Evans, Hearn, & Zwirner (1975) examined the effect of achievement motivation training on academic achievement. 81 students were given a 15-week need achievement training course as part of their regular curriculum during the 1st semester of Grade 9. They were compared with 108 Grade-9 students in another school who did not receive the course. The difference in mean change in language arts and science was not significant, while the mean change in need achievement, mathematics, social studies, and academic average was significant and in the predicted direction.

Faye and Sharpe (2008) investigated the relationship between psychological need fulfillment, psychosocial development, and academic motivation in university students. Two models were tested. The 1st model, derived from developmental theories, proposed that basic psychological needs of autonomy, competence, and relatedness would predict identity and intimacy achievement, which would, in turn, predict academic intrinsic motivation. A 2nd model, based on self-determination theory, proposed that identity and intimacy would predict academic motivation and that this relationship would be mediated by basic psychological needs. Results from path analyses supported the model derived from self-determination theory over the model derived from developmental theories. Competence and identity were found to be the 2 constructs most strongly associated with academic motivation. These findings
support the view that identity formation plays a critical role in facilitating academic motivation in university.

Kothari (1994) examined moral judgement and achievement motivation of visually handicapped and normal students. A sample of 60 blind and 60 normal Grade 8 students was administered Rao’s Achievement Motivation Test and Varma’s Moral Judgement Test. Results indicated a higher level of achievement motivation and moral judgement in normal students compared to blind students.

Chandra (1994) examined the goal-setting behavior of 234 girl students of Grades 8 & 9 in 3 schools of Hyderabad differing in socioeconomic status. All students were given the Ring Toss Game to measure goal-setting behaviour, achievement, and achievement discrepancy. Results indicate that girls in general under set their goals, and achievement was highly relevant for goal setting. Regression analyses revealed that “achievement discrepancy and goal discrepancy” predicted the students’ goal setting behaviour.

Saleh, Lazender and De Jong (2005) investigated how grouping arrangements affect students’ achievement, social interaction, and motivation. Students of high, average and low ability were randomly assigned to homogeneous or heterogeneous ability groups. All groups attended the same plant biology course. The main results revealed that low-ability students achieve more and more motivated to learn in heterogeneous groups. Average-ability students perform better in homogenous groups whereas high ability students show equally strong learning outcome in homogeneous and heterogeneous groups. Results on social interaction indicated that heterogeneous groups produce higher proportions of individual elaborations, where as homogenous groups use relatively more collaborative elaborations.
Mahoney, Lord and Carryl (2005) in a longitudinal study evaluated after-school program (ASP) participation and the development of academic performance (school grades, reading achievement) and teacher-rated motivational attributes (expectancy of success, effectance motivation) over a school year. Participants were 599 boys and girls in mean age groups between 6.3 to 10.6 years from an urban, disadvantaged city in the United States. An ecological analysis of after school arrangements identified 4 patterns of care: ASP care, parent care, combined parent/self-sibling care, and combined other-adult/self-sibling care. Aspects of academic performance and motivational attributes were significantly higher (p<.05) at the end of the school year for children in ASP care compared with those in the 3 alternative patterns of care. Differences were marked for children rated as highly engaged in ASP activities.

Brier (2006) designed an approach for working with students in grades 6-8. It is based on a research that focuses on the relationship between school failure and the lack of academic motivation. The program employs a structured intervention format divided into 16 sessions. Although designed for classroom use, the sessions can easily be adapted for small groups or individuals. Story telling, role playing, and homework assignments are key elements of the program. Students become more willing to approach learning tasks and to display a higher level of engagement, effort, and persistence even when experiencing frustration and anxiety.

Krapp (2005) investigated from the perspective of the “person-object-theory of interest” (POI) the development of interest and interest-related motivational orientations can be explained at the level of functional principles by referring to a dual regulation system that consists of both, cognitive-rational and partly subconscious emotional control mechanisms. Within this regulation system, emotional experiences
related to the fulfillment of three basic needs (competence, autonomy, and relatedness) are presumed to play a crucial role.

Howse, Lange, Farran, and Bayles (2003) studied primarily to better understand the roles of motivation and self-regulated task behaviour for early school achievement differences among young, economically at-risk and not-at-risk children. Results showed that child-and teacher-reported motivation levels were comparable among the at-risk and the not-at-risk children. However, the at-risk children showed poorer abilities to regulate their task attention than the not-at-risk children did. In addition, younger at-risk children’s achievement scores were predicted by their levels of attention-regulation abilities.

Meece, Anderman, and Anderman (2006) used an achievement goal framework to examine the influence of classroom and school environments on students’ academic motivation and achievement. Considerable evidence suggests that elementary and secondary students showed the most positive motivation and learning patterns when their school settings emphasize mastery, understanding, and improving skills and knowledge. Where as school environments that are focused on demonstrating high ability and competing for grades can increase the academic performance of some students, research suggests that many young people experience diminished motivation under these conditions.

Tanaka, Takehara, and Yamauchi (2006) attempted to find out the linkages between achievement goals to task performance, as mediated by state anxiety arousal. Performance expectancy was also examined as antecedents of achievement goals. A presentation task in a computer practice class was used as achievement task. Results showed that performance-avoidance goals were found positively related to state anxiety. State anxiety was related to poor task performance. The positive relationship
between mastery goals and the score was shown to be independent of anxiety processes. Performance expectancy was related to state anxiety through achievement goals.

Giota, (2006) studied the interrelations between goal orientations, achievements and well-being of school students. For this purpose adolescents' academic self-perceived competence, personal interest in school subjects, and affect in regard to different evaluate situations that take place in school were related to eight different types of goal orientations toward school and learning. The study suggested that depending on the orientation and domain, adolescents perceived their competence either positively or negatively. In particular, negatively or critically oriented pupils show lower academic performance and self-evaluations of competence, lower future expectations of success with respect to most academic school subjects, and higher levels of anxiety as compared to other pupils. In addition, the study supports the assumption that individuals' belief about the self are hierarchically organized and involves beliefs about general or global competence as well as beliefs about specific ability.

Maclellan, (2005) conducted a study to investigate that motivation of students is an important issue in higher education, particularly in the context of the increasing diversity of student populations. A social-cognitive perspective assumes motivation to be dynamic, context sensitive and changeable, thereby rendering it to be a much more differentiated construct than previously understood. This complexity may be perplexing to tutors who are keen to develop applications to improve academic achievement. One application that is within the control of tutor, at least to some extent, is the use of praise. Using psychological literature, the article argues that in motivating students, the tutor is not well served by relying on simplistic and common
sense understandings of the construct of praise and that effective applications of praise are mediated by students goal orientations, which of themselves may be either addictive or interactive composites of different objectives and different contexts.

EMOTIONAL COMPETENCE

It is difficult to trace out in actuality the beginning of imparting education in schools but for the purpose of making its significance one can mention that it goes back with the process of civilization of mankind on the globe. Since the very dawn of civilization, it has been regarded as an essential concomitant of all human societies. Since then, it became an integral part of every society and its upgradation begun in desired way according to the necessity of the society as well as the individual. In Indian context referring to the report of Kothari Commission (1964) in which it was mentioned that the traditional education system cannot satisfy the present need even less so, tomorrow’s need. To meet the present day need, the pattern of education of the youth should be changed from the world of school to the world of work and life. The education in present set up is undoubtedly more advanced but it cannot give full assurance for the overall success to one’s life. When we look into the pattern of education system in the contemporary society it was not merely devoted to acquisition of bookish knowledge, but in true sense there were emotion embedded interaction between the teacher and their pupil, and they focused on knowledge, understanding and handling the emotions of the students in the right manner, at the right time, and also in a right way. A person with a high intellect cannot be always successful and from this statement an important question in anyone’s mind may arise why it is so? A vacuum emerged and probe begun. Many psychologists and educationists put their efforts in finding solution of the problem and inquiry continued over the years and
finally they came with an answer by introducing the concept of emotional intelligence. According to Salovey and Mayer (1990) emotional intelligence subsumes Gardner's inter-intra personal intelligence and involves the ability that can be characterized into five domains- self awareness, self-regulation, motivation, empathy and social skills. This view fits with the commonly held notion that it takes more than just brains to succeed in life- one must also be able to develop and maintain healthy inter-intra personal relationships.

Before defining 'Emotional Competence' it becomes essential to define 'Emotion' though it is not very easy to define but efforts were made by various psychologists and the exact definition of emotion differs widely among researchers, but there was a general agreement that emotions incorporate three distinct aspects: physiological arousal, emotional expression, and emotional experience (Malatesta and Izard, 1984). The physiological arousal aspect has attracted attention from emotion researchers who followed the tradition of the James-Lange Theory. Their efforts in this direction was mainly focused on finding a distinct pattern of autonomic arousal associated with each emotion, and modest differences in autonomic arousal patterns are sometimes found (Levenson, 1992). After the seminal research on emotional expression by Darwin (1872/1965), this objectively observable aspect of emotion has been intensively studied. Accumulated research on emotional expression has contributed not only to understanding the functions of verbal and non-verbal expression of emotion but also to documenting the universal and cross-cultural aspects of emotional expression too (Ekman and Friesen, 1975). While comparing the arousal and expression aspects from the emotional experience is seen that this is the most explored area, but the least understood aspect of emotion. Since emotional experiences are feelings that people have in their everyday life, numerous tests have
been developed and used to measure not only a specific emotion (e.g., depression, anxiety, or anger) but also transient and long lasting, “trait-like” global mood states (Watson, Clark, and Tellegen, 1988). Emotions appear to have evolved across mammalian species so as to signal and respond to changes in relationships between the individual and the environment (including one’s imagined place within it). By exploring our past, we can reach a deeper level of knowing our emotions of present.

The history of emotions has three meanings. The first one is the evolutionary that relates the aspects of our emotions derived from millions of years ago when the man’s pre-human ancestors won over other pre-human species that were not as competent in their emotional and practical understanding, as the human beings ancestors. The repertoire that was successful in the past has been passed by human genes of the present. The second meaning relates to the personal history of each of the individual that specifies that the emotions develop from birth, through the relationship of childhood and across the life span. The third one refers to the history of ideas and social movements, i.e. the cultural understanding of emotions. Feelings are what one experiences as the result of having emotions. Psychologists have described and explained emotion differently, but all agree that it is a complex state of the human mind involving a wide range of bodily changes such as breathing, pounding heart, flushed face, sweaty palms, high pulse rate and glandular secretions. Mentally, it is a state of excitement or perturbation marked by strong feelings. Emotions originate from exposure to specific situations. Emotions when combined with the thinking process result in experience of feelings. Our responses are governed by our thoughts, by what we tell ourselves. In very specific terms it is said that ‘Emotion’ is an ‘umbrella term’ which includes the situation, the interpretation and the perception of a situation, and the response or feeling related to that situation. Emotions are also
human being's warning systems that alert them to what is really going on around them. Emotions give pleasant and unpleasant experiences in everyone's life. In fact emotions are a complex state of the human mind, involving physiological changes on the one hand and psychological changes on the other.

**Meaning of Competence**

In a day to day usage the word ‘Competence’ refers to one's ability to meet the demands of a given situation (Webster & McKechine, 1978). But in psychology, the researchers have described competence as a multidimensional concept. They have used various terminologies focusing on different dimensions of competence which include fundamental competence, intellectual competence, emotional competence, interpersonal competence, social competence, psycho-emotional and psycho-social competence. A careful examination of their works on the construct of competence reveals an almost confusing range of definition and inclusive elements (Masten, Coatsworth, Neeman, Gest, Tellagen & Germezy, 1995). Competence which carries varied meanings in psychology has been defined either in terms of individuals' intellectual cognitive capability for learning and imaging, as motivational processes to maintain positive affective state, or as behavioural effectiveness in the task of living, or as a social skill for maintaining proper interpersonal relationship, some of them include developmental tasks whereas some include ego process in the concept of competence.

It is tendency of every individual to make efforts to achieve and maintain a feeling of adequacy, so he/she has to acquire a few workable assumptions about the world around, where need for competence emerges as most of the fundamental motives of one's life, because we survive through competence (Allport, 1961). The motivation towards competence is evident even in early playful and investigatory
behaviour of children (White, 1959) which they seek in social realm and as close as any other need to sum up the growth of the personality. A variety of factors such as intellectual, emotional and physical competencies play an important role in human life, (Coleman, 1979; Maslow, 1970) which deemed to acquire skills and knowledge and an individual begins to develop two important virtues- method and competence – in the congenital growth of personality.

Doing a thing is quite different from doing it well, where one can produce the type of effects, one desires, (White, 1959) may be termed as competence. It also refers to the mastering of abilities to do on a task, sufficiency of means for living easy circumstances in ethical sense, a right to take cognizance which specifies the process of observation, comprehension, explanation, exploration and manipulation of the experiences more objectively, (Allport, 1961) with the fullest use of an individuals normal capabilities. What turns doing anything into doing it well is essentially a display of one’s competence and whenever this aspect of personality is related to emotions, it shall be deemed as emotional competence which happens to be efficiency that an individual acquire to deal with emotional situations effectively. The motivation to be emotionally competent is concerned more with product of abilities rather than their sheer exercise and works as a constructive force in shaping the individual’s behaviour.

**Intelligence vs. Competence**

Defining any form of intelligence as competencies can be misleading because competence is not same as intelligence. For example, a person may be intelligent, yet incompetent because they are untrained, uneducated, inexperienced and/or unskilled. Intelligence is a high mental and cognitive capacity. It describes a “good thinker”.

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Where as competence refers to the possession of adequate skill, knowledge, experience and capacity. Essentially, it describes a “good-enough doer”.

Researchers investigated the dimensions of emotional intelligence by measuring related concepts, such as social skills, interpersonal competence, psychological maturity and emotional awareness, long before the term “emotional intelligence” came into use. Grade school teachers have been teaching the rudiments of emotional intelligence since 1978, with the development of the ‘Self Science Curriculum’ and the teaching of classes such as “social development”, “social and emotional learning”, and “personal intelligence”, all aimed to raise the level of social and emotional competence” (Goleman, 1995).

From these explanations it becomes clear that ‘Emotional Competence’ is a term that has been closely linked to emotional intelligence. Thus before describing emotional competence it is imperative to describe ‘Emotional Intelligence’. Like other forms of intelligence, Emotional Intelligence is seen by many as an ability or mental capacity that can be measured. It is a form of intelligence relating to the emotional side of life, such as the ability to recognize and manage one’s own and others’ emotions, to motivate oneself and restrain impulses, and to handle interpersonal relationships. Emotional intelligence represents the ability to perceive, appraise, and express emotion accurately and adaptively, the ability to understand emotion and emotional knowledge; the ability to access and generate feelings when they facilitate cognitive activities and adaptive action; and the ability to regulate emotions in oneself and others (Mayer and Salovey, 1997). In other words, Emotional intelligence refers to the ability to process emotion-laden information competently and to use it to guide cognitive activities like problem solving and to focus energy on required behaviours.
Others, however, differentiate this intelligence from a set of emotional skills and knowledge that can be attained to function effectively in a wide variety of situations. The concept of competence is distinct from emotional intelligence which, while recognizing the importance of emotions, gives emphasis to controlling or manipulating them is referred to as Emotional Competence, which captures an understanding of the skills needed to adapt to and cope with one's social environment. In contrast with constructs like intelligence, which are depicted as an innate ability, emotional competence is construed as a set of skills that are learned. Accordingly, there may be no relationship between one's emotional competence and one's actual emotional performance, as a variety (e.g., motivation, values, or goals) may impact emotional reactions. So developing emotional competence skills, while significant, is no guarantee for workplace success, since these skills may not always be applied appropriately. But becoming skillful in emotional competence increases the likelihood that a leader will be able to deal with difficult emotional situations that will emerge. As researchers have emphasized, "rather than being pre-occupied with perceived threats and self-defeating attitudes, a person with well developed skills of emotional competence is able to mobilize resources to gather new information, to acquire new insights, or develop further his or her talents".

Definitions and Concept of Emotional Competence

Emotional competence refers to a person's ability in expressing or releasing their inner feelings (emotions). It implies an ease around others and determines our ability to effectively and successfully lead and express.

"A learned capability based on emotional intelligence those results in outstanding performance at work. Our emotional intelligence determines our potential for learning the practical skills based on the five element- self-awareness, motivation,
self-regulation, empathy, and adeptness in relationships. Our emotional competence shows how much of that potential we have translated into on-the-job capabilities."

(Goleman, Working with Emotional Intelligence)

Saarni (1998) defined emotional competence in terms of skills consisting of understanding our emotions, discerning and understanding other's emotions using the vocabulary of emotions and expressions, the capacity for empathetic involvement, the capacity to differentiate internal subjective emotional experience from external expression, the capacity for adaptive coping with aversive emotions and distressing circumstances, understanding of emotional communication within relationships and the ability for emotional self-efficacy.

Humans are social beings, and emotional competence is an essential social skill. Just as one person might be good in mathematics, one good in music, another good in sports, because we differ in our emotional competence. Some of us might easily recognize an emotion that others don't even notice. Just as studying mathematics increases our math's competence, and practice with a musical instrument increases our musical competence, studying emotions and practicing constructive responses can increase our emotional competence. While some people seem to have a aptitude for mathematics, and others have for music, some people may easily attain high levels of emotional competence, even without formal instruction and these people seem to be naturally high in emotional intelligence. But just as most of us don't learn mathematics without careful study, most of us can benefit greatly by studying to improve our emotional competency.

The concept of emotional competence is rooted in the understanding of emotions as being normal, useful aspects of being human. Anger is a reaction to aggression and gives a person the strength to repel the aggression. Grief is a reaction
to abandonment or feeling unloved and it has the effect of eliciting sympathetic responses from others. Fear is a response to danger and has a clear physiological effect of heightening our senses and speeding up our reactions.

From this explanation it can be seen that the suppression of emotion is not useful and that teaching people to suppress their emotions is part of trying to control them. Emotionally competent people will express emotion appropriate to the situation and their needs and they will not seek to suppress emotions in others.

It is fairly widely believed that if appropriate emotions are not expressed some sort of memory of them becomes stored. Later events may trigger off the old emotions resulting in inappropriate emotional responses. This particularly applies to emotions that children are prevented from expressing. Releasing these old emotions is a key feature of co-counselling.

Emotional competence is an important skill that can provide several benefits throughout many aspects of your life. It can increase the satisfaction you have with the relationships while it increases your gratification and contentment with the many simple events in your life. It can give you greater insight and help you better understand the motives and actions of yourself and others. You can free yourself from anger, hate, resentment, vengeance, and other destructive emotions that cause hurt and pain. You can feel relief and enjoy greater peace-of-mind, autonomy, intimacy, dignity, competence, and wisdom as you engage more deeply with others. Increasing your tolerance and compassion can lead to an authentic optimism and a well founded confidence, based on your better understanding and interpretation.

Emotional competence can lead to improved health through avoiding stress that would otherwise result from suppressing emotions. It can also lead to improved
relationships since inappropriate emotions are less likely to be expressed and appropriate behaviour is not avoided through fear of triggering some emotion.

As your emotional competence increases, you may experience a variety of positive transformations in your life. Destructive behaviour patterns of the past may transform into more constructive behaviour as you begin to solve the mysterious puzzle of human interactions and gain a quite and confident understanding of them. Anxiety may yield to be more peaceful, tranquil, and contended feelings as your understanding increases. You may become less isolated as you become more engaged with others you now enjoy relating to. You may feel more confident and powerful, and less confused, frustrated, and powerless. Overall you can transform from confused to confident; from clueless to comprehending and enlightened, from fragmented to coherent, from shallow to deep, and from oppressed to liberate as you become your authentic self.

There can be dimensions of Emotional Competence because it is the efficiency of the individuals to deal effectively with several dissociable but related processes is combination of five competencies (Coleman, 1979). The different competencies are:

- **Adequate Depth of Feeling (ADF):** Feeling in its broadest sense is any kind of process of experiencing (English and English, 1958). This is characterized by predominance of affect and accessible emotions which lead to some kind of involvement to a great degree of the individual. A feeling of being confident or capable with reality assumptions may be termed as adequate depth of feeling.
specifically associated with effective judgement and personality integration, which ensures vigorous participation in living.

2. **Adequate Expression and Control of Emotions (AECE):** Generally the appropriate reaction to certain situation does not express adequately in emotional reactions and a mature person accepts his emotions as a part of himself, neither allows them to rule over him nor rejects them as aligned to his nature and is not all worried because he accepts them and has an adequate control over them.

   Emotional competence requires both an adequate expression and their control which may be regarded as natural dynamic stability of an individual to express and control emotions spontaneously as demanded by the situation. Any form of inadequacy in either expression or control of emotions may lead to uncontrolled and disorganized emotionality.

3. **Ability to Function with Emotions (AFE):** Sometimes it becomes difficult to carry out even rout in work, when one finds himself face to face with a highly emotional situation. Emotional competence required that the individual should develop a characteristic pattern of emotional activity which should not let him be influenced in his adequate mode of functioning that helps him in performing action of daily routine properly.

4. **Ability to Cope with Problem Emotions (ACPE):** Certain problematic emotions play a destructive role and pose a potential damage to the life orientations of the individual's course of life. Therefore, emotional competence requires an understanding of the role of sensitivity and the detrimental effects of such emotions in the beginning and also a development of the ability to resist their harmful effects thereafter.
**5. Encouragement of Positive Emotions (EPE):** The congenital growth of personality requires the predominance of positive emotions that show a constructive influence in the dynamics of behaviour. The growing vitality and a feeling of wholeness with a continuous capacity for intellectual and spiritual growth are associated with an experience of positive.

Emotional competence requires that the individual should develop a characteristic pattern of emotional reactivity which should not let his adequate mode of functioning that helps him in performing actions of daily routine properly.

Emotional competence also requires an understanding of role of sensitivity and the detrimental effects of such emotions in the beginning and also a development of the ability to resist their harmful effects.

**Assertiveness and emotional competence**

Humanistic approaches to assertiveness, as for instance outlined by Anne Dickson emphasized the importance of working with emotions. In particular it recognizes the need to address manipulative or passive (the person does not say what they want) – aggressive (they try to force the other person to do what they want) behaviour in which the manipulator exploits the feelings of the other to try to get what they want. Building up emotional competence is a way of learning to handle such behaviour.

Another aspect is learning to be assertive when feeling emotional. Assertiveness training involves learning a range of ways to handle any situation so that a person is able to choose a way which seems appropriate for them on each occasion. With respect to emotions, people are encouraged to notice and accept what they feel. They then have choices from handling the situation calmly through doing so
and saying how they feel to letting the emotion out, all of which involve emotional competence.

This also would encompass the realm of where the emotionally competent response would have judicial consequences. For example, competence to stand trial. Some researchers felt the role of emotion has been neglected, both in traditional accounts of decision-making and in assessments of adjudicative competence, and further attention and study.

**Emotional Competence framework:**

**Personal Competence**

1. **Self-Awareness** - it includes Emotional awareness, Accurate self-assessment and Self-confidence.

   (i) **Emotional awareness**: Recognizing one’s emotions and their effects. People with this competence know which emotions they are feeling and why; realize the links between their feelings and what they think, do and say; recognize how their feelings affect their performance; have a guiding awareness of their values and goals.

   (ii) **Accurate self-assessment**: Knowing one’s strengths and limits. People with this competence are aware of their strengths and weaknesses; reflective, learning from experience; open to candid feedback, new perspectives, continuous learning, and self-development; able to show a sense of humor and perspective about themselves.

   (iii) **Self-confidence**: Sureness about one’s self-worth and capabilities. People with this competence present them with self-assurance, have "presence"; can voice views that are unpopular and go out on a limb for what is right; are decisive, able to make sound decisions despite uncertainties and pressures.
2. **Self-Regulation** - it includes Self-control, Trustworthiness, Consciousness, Adaptability and Innovativeness.

(i) **Self-control**: Managing disruptive emotions and impulses. People with this competence manage their impulsive feelings and distressing emotions well; stay composed, positive, and unflappable even in trying moments; think clearly and stay focused under pressure.

(ii) **Trustworthiness**: Maintaining standards of honesty and integrity. People with this competence act ethically and are above reproach; build trust through their reliability and authenticity; admit their own mistakes and confront unethical actions in others; take tough, principled stands even if they are unpopular.

(iii) **Consciousness**: Taking responsibility for personal performance. People with this competence meet commitments and keep promises; hold them accountable for meeting their objectives; are organized and careful in their work.

(iv) **Adaptability**: Flexibility in handling change. People with this competence smoothly handle multiple demands, shifting priorities, and rapid change; adapt their responses and tactics to fit fluid circumstances; are flexible in how they see events.

(v) **Innovativeness**: Being comfortable with and open to novel ideas and new information. People with this competence seek out fresh ideas from a wide variety of sources; entertain original solutions to problems; generate new ideas; take fresh perspectives and risks in their thinking.

3. **Self-Motivation** - it includes Achievement motive, Commitment, Initiative and Optimism.

(i) **Achievement motive**: Striving to improve or meet a standard of excellence. People with this competence are results-oriented, with a high drive to meet their
objectives and standards; set challenging goals and take calculated risks; pursue information to reduce uncertainty and find ways to do better; learn how to improve their performance.

(ii) Commitment: Aligning with the goals of the group or organization. People with this competence readily make personal or group sacrifices to meet a larger organizational goal; find a sense of purpose in the larger mission; use the group’s core values in making decisions and clarifying choices; actively seek out opportunities to fulfill the group’s mission.

(iii) Initiative: Readiness to act on opportunities. People with this competence are ready to seize opportunities; pursue goals beyond what’s required or expected of them; cut through red tape and bend the rules when necessary to get the job done; mobilize others through unusual, enterprising efforts.

(iv) Optimism: Persistence in pursuing goals despite obstacles and setbacks. People with this competence persist in seeking goals despite obstacles and setbacks; operate from hope of success rather than fear of failure; see setbacks as due to manageable circumstance rather than a personal flaw.

Social competence

4. Social Awareness- it includes Empathy, Service orientation, Developing others, Leveraging diversity and Political awareness.

(i) Empathy: Sensing others’ feelings and perspective, and taking an active interest in their concerns. People with this competence are attentive to emotional cues and listen well; show sensitivity and understand others’ perspectives; help out based on understanding other people’s needs and feelings.

(ii) Service orientation: Anticipating, recognizing, and meeting customers’ needs. People with this competence understand customers’ needs and match them to
services or products; seek ways to increase customers’ satisfaction and loyalty; gladly offer appropriate assistance; grasp a customer’s perspective, acting as a trusted advisor.

(iii) Developing others: Sensing what others need in order to develop, and bolstering their abilities. People with this competence acknowledge and reward people’s strengths, accomplishments, and development; offer useful feedback and identify people’s needs for development; mentor, give timely coaching, and offer assignments that challenge and grow a person’s skill.

(iv) Leveraging diversity: Cultivating opportunities through diverse people. People with this competence respect and relate well to people from varied backgrounds; understand diverse worldviews and are sensitive to group differences; see diversity as opportunity, creating an environment where diverse people can thrive; challenge bias and intolerance.

(v) Political awareness: Reading a group’s emotional currents and power relationships. People with this competence accurately read key power relationships; detect crucial social networks; understand the forces that shape views and actions of clients, customers, or competitors; accurately read situations and organizational and external realities.

5. Social Skills- it includes Influence, Communication, Leadership, Change catalyst, Conflict Management, Building bonds, Collaboration and cooperation, and Team capabilities.

(i) Influence: Wielding effective tactics for persuasion. People with this competence are skilled at persuasion; fine-tune presentations to appeal to the listener; use complex strategies like indirect influence to build consensus and support; orchestrate dramatic events to effectively make a point.
Communication: Sending clear and convincing messages. People with this competence are effective in give-and-take, registering emotional cues in attuning their message; deal with difficult issues straightforwardly; listen well, seek mutual understanding, and welcome sharing of information fully; foster open communication and stay receptive to bad news as well as good.

Leadership: Inspiring and guiding groups and people. People with this competence articulate and arouse enthusiasm for a shared vision and mission; step forward to lead as needed, regardless of position; guide the performance of others while holding them accountable; lead by example.

Change catalyst: Initiating or managing change. People with this competence recognize the need for change and remove barriers; challenge the status quo to acknowledge the need for change; champion the change and enlist others in its pursuit; model the change expected of others.

Conflict Management: Negotiating and resolving disagreements. People with this competence handle difficult people and tense situations with diplomacy and tact; spot potential conflicts, bring disagreements into the open; encourage debate and open discussion; orchestrate win-win solutions.

Building bonds: Nurturing instrumental relationships. People with this competence cultivate and maintain extensive informal networks; seek out relationships that are mutually beneficial; build rapport and keep others in the loop; make and maintain personal friendships among work associates.

Collaboration and cooperation: Working with others toward shared goals. People with this competence balance a focus on task with attention to relationships; collaborate, sharing plans, information, and resources; promote
a friendly, cooperative climate; spot and nurture opportunities for collaboration.

(viii) Team capabilities: Creating group synergy in pursuing collective goals. People with this competence model team qualities like respect, helpfulness, and cooperation; draw all members into active and enthusiastic participation; build team identity, esprit de corps, and commitment; protect the group and its reputation; share credit.

Related Studies on Emotional Competence

Trentacosta, Izard, Mostow, and Fine (2006) conducted a study to examine the relations between two aspects of emotional competence—emotion knowledge and emotion expression, and children's attentional competence during one school year. Participants were 263 first- and second-grade students at two rural elementary schools. A multiple regression analysis showed that emotion knowledge predicted attentional competence while controlling for age, gender, verbal ability, and initial levels of attentional competence. Multiple regression analyses examining predictors of peer nominations of emotion expression showed that attentional competence predicted peer nominations of happiness, sadness, and anger expression, and emotion knowledge predicted peer nominations of anger expression.

Elias, and Haynes (2008) in their study pointed out that despite living in disadvantaged urban communities experiencing social and economic hardships, many children emerge with positive outcomes. Social-emotional competence and social support were hypothesized to have strong influences on academic trajectories during the critical period of academic skill acquisition. Participants were 282 third-grade students from six elementary schools in a Northwestern urban community. Beyond the importance of prior levels of academic competence, considerable variance in end-
of-year academic outcomes was predicted by initial levels of academic social-emotional competence and improvements in social-emotional competence and perceived teacher support over the course of the year. The findings suggest that school psychologists and others designing interventions to improve achievement of disadvantaged students should address social-emotional competencies and classroom climate, especially teacher support of students.

Linares, Robruch, Stern, Edwards, et al. (2005) examined intervention effects of a universal prevention program offered by classroom teachers to public elementary school students. The Unique Minds School Program is a teacher-led program designed to promote cognitive-social-emotional (CSE) skills, including student self-efficacy, problem solving, social-emotional competence, and a positive classroom climate, with the dual goal of preventing youth behavioural problems and promoting academic learning. During two consecutive school years, 119 students and their teachers were assessed in the fall of Grade 4 and again in the spring of Grade 5. As compared to students in the comparison school, students in the intervention showed gains in student self-efficacy, problem solving, social-emotional competencies and math grades. Incremental gains within CSE domains were found after 1 and 2 years of intervention.

Surgenor and Joseph (2000) investigated the association between life events, attitude towards emotional expression, relational competence and psychological distress at different levels of social support availability. 194 subjects completed the following- List of Threatening Experiences, the Attitudes towards Emotional Expression scale, the Personal Assertion Analysis, the Provision of Social Relations, and the Hospital Anxiety and Depression Scale. The association between life events and psychological distress was found to be mediated by attitudes towards emotional
expression for those with low social support but not for those with high social support. Passive interpersonal behaviour significantly accounted for additional variance in psychological distress by life events and attitudes.

Zsolnai (2002) in their study aimed to define those components of social competence that influence learning motivation and academic achievement. The components of social competence selected for analysis were: dynamism, dominance, cooperativeness, politeness, scrupulousness, perseverance, emotional control, impulse control, openness, external-internal control attitude and attachments. Four questionnaires were administered to a sample of 6th and 10th grade students (altogether 438 subjects ages 12 and 16 years). It was found that assessed social factors are not affected considerably by age. The correlation analysis reveal the importance of intrinsic motivation within learning motivation, manifested in its strong relationship to the variables representing the social factors of personality except for emotional stability. The results of the regression analysis indicate that friendliness and openness have the largest impact on each other among social factors extraversion. The results show that conscientiousness, openness and academic self-concept explains most of the variance in intrinsic motivation. Intrinsic motivation seems to exert considerable effect on these three variables.

Ciarrochi, Deane, Wilson, and Rickwood (2002) notes that it has been found that university students who were the least skilled at managing their emotions also had the lowest intention of seeking help from a variety of non professional sources. They conducted a study to extend these findings by focusing on adolescents, examining a larger number of emotional competencies and exploring the possibility that social support explains the relationship between emotional competence and help-seeking. A total of 137 adolescents (aged 16-18 years) completed the survey that
assessed social support, emotional competencies and intention to seek help from a variety of professional and non professional sources. As expected, adolescents who were low in emotional awareness and who were poor at identifying, describing, and managing their emotions were the least likely to seek help from non professional sources and had the highest intention of refusing help from everyone. However, low emotional competence was not related to intention to seek help from professional sources. The significant results involving nonprofessional sources were only partially explained by social support, suggesting that even adolescents who had high quality support were less likely to make use of that support if they were low in emotional competence.

Bernard (2006) conducted a study and discussed the non-academic, social-emotional factors that contribute to student academic achievement, including the cognitive behavioural characteristics of underachieving students and those with learning disabilities; the “You Can Do It! Education” (YCDI) theory of achievement; derivative research on social-emotional capabilities, called the Five Foundations (Academic Confidence, Work Persistence, Work Organization, Getting Along, Emotional Resilience) that when delayed, produce achievement problems; and recommendations for developing student’s social-emotional competence. The results demonstrate that the Five Foundations and associated Habits of the Mind can be taught to young people, producing increased effort with schoolwork and better achievement.

Singh and Dhingra (2005) conducted a study to assess the Emotional Competency and Anxiety (both State and Trait) level of alcoholics. The second objective is to find out the relationship among the various dimensions of Emotional Competence and STAT with the help of intercorrelation matrix. Sample consisted of
57 male diagnosed hospitalized alcoholics. The findings depicts that alcoholics show a consistent pattern of responses on the scale of State trait anxiety but high dispersion is there on the measures of Emotional Competency. Alcoholics revealed high scores on Guilt Proneness, Suspiciousness and Tension levels. Some dimensions of Emotional Competency revealed a significant relationship with various dimensions of anxiety. Their study highlights the role of Emotional Competency in the management and treatment of alcoholic behaviour.

Bhardwaj and Sharma (1997) in their study compared emotional competencies among 50 non-addicts and 50 drug addicts. The Emotional Competence Measure developed and standardized by Sharma and Bhardwaj (1995) was administered individually to each subject. It was observed that non-addicts as compared to addicts had greater depth of feeling, could better express and control emotions, and were able to function with emotions more effectively. No differences in coping with problem emotions were found between the two groups. Findings indicate that emotional competencies may lead to greater dependence on drugs.

Rodriguez (1985) examined the emotional aspects of the rehabilitation of process for the ill and physically handicapped. The stages of reaction to a disabling illness or injury are described as shock, denial, grief/depression, reaction against dependence and adaptation. Factors contributing to individual reactions are presented with special emphasis on patients who have problems accommodating to loss, altered body image and altered abilities. It was suggested that continued appraisal of the patient's coping mechanisms and ability to utilize them effectively in response to changing status in treatment is necessary throughout the rehabilitative process. It was concluded that while most patients without significant psychopathology prior to trauma develop adaptive coping mechanisms, these patients can be helped in the
realization of their physical or mental limitations through work with trained personnel to encourage development of capabilities and to increase self-respect and security for future tasks.

Katyal and Awasthi (2005) studied gender differences in emotional intelligence and its correlates and found that girls have higher emotional intelligence and self-esteem than that of boys. On the other hand, boys were found to have higher emotional maturity than girls. However, these differences touched only 0.10 level, hence, are just suggestive of the trend.

The findings of studies reported by Bhosle (1999), King (1999), Sutarso (1999), Wing and Love (2001) and Singh (2002) revealed that females have higher emotional intelligence than that of males.

According to Duckelt and Raffali (1989) and Sandhu and Mehrotra (1999) higher emotional intelligence among girls can be explained in terms of the society which socializes the two genders differently.

Tapia (1999) and Dunn (2002) found that girls higher emotional intelligence can be explained by some of their personality characteristics. They observed that girls score higher with regard to empathy, social responsibilities and interpersonal relationships than boys. They are more sensitive towards their relationships with parents, friends and siblings. All these traits help them to acquire more emotional intelligence as compared to boys.

According to the studies conducted by Feldman-Barrett, Lane, Sechrest and Schwartz (2000), Garaigordobil and Galdeano (2006) and Sunew (2004) the relationship between the female sex and emotional competencies are closely linked since childhood due to socialization that is in closer touch with feelings and nuances (Candela, Barbera, Ramos and Sarrio, 2001).
It has been affirmed that women tend to be more emotionally expressive than men, that they understand emotions better and that they have a greater ability as regards certain interpersonal skills. It is evident from the studies conducted by Aquino (2003), Argyle (1990), Hargie, Saunders and Dickson (1995), Lafferty (2004), Tapia and Marsh (2006) and Trobst, Collins and Embree (1994) women recognize other people's emotions better, are more perceptive and have greater empathy. In addition, some evidence exists that certain areas of the brain dedicated to processing emotions could be larger in women than in men (Baron-Cohen, 2003; Gur, Gunning-Dixon, Bilker and Gur, 2002) and that there is a difference in cerebral activity based on sex (Jaušovec and Jaušovec, 2005).

Brody and Hall (1993) and Fivush et al. (2000) found that girls have more information about the emotional world and therefore speak more about emotional aspects and use more emotional terms than boys. For their past, boys do not receive any kind of education to help them verbalize their feelings can show a lack of awareness about their own emotional terms and those of other people. Nonetheless, it has been verified that boys tend to be able to speak clearly about emotional states and have an interest in them when they come from families in which the mother and boy hold conversations about the emotional states (Dunn, 1990).

In the recent field of research on emotional intelligence gender differences have been detected in childhood, adolescence and adulthood (Harrod and Scheer, 2005; Houtmeyers, 2002; Santesso, Reker, Schmidt and Segalowitz, 2006; Young, 2006).

Devi and Rayulu (2005) conducted a study to understand the Emotional Intelligence levels of adolescents. They found that majority of the boys and girls fell into an average and above emotional intelligence levels. Significant difference was
noticed in interpersonal skills component of boys and girls favouring surpass of boys on self-awareness, empathy, social responsibility and problem solving. Adolescent boys and girls showed similar scores on levels of emotional intelligence. It was also found that younger adolescents were high on interpersonal skills than older adolescents.

Aleem (2005) found that male students are more emotionally stable than female students.

Shah and Thingujam (2008) found that appraisal of emotions in the self was positively correlated with plan-full problem solving ad positive reappraisal coping styles. Appraisal of emotions in others was positively correlated with plan-full problem solving and positive appraisal. Emotional regulation of the self was positively correlated with plan-full problem solving, confronting coping, self-controlling, positive reappraisal and with distancing, but negatively correlated with escape avoidance. No gender differences were found in perceived emotional intelligence and ways of coping except for self-control, where males reported higher than females.

Bélanger (2005) studied the emotional intelligence of undergraduate students in United States. The researchers found that although student’s emotional intelligence was not directly linked to academic success, students with higher levels of emotional intelligence had more self-efficacy and that in turn enhanced their academic performance.

In some cases, no clear significant differences in self-reported emotional intelligence have been found among men and women (Aquino, 2003; Bar-On, 1997; Bar-On, Brown, Kirkcaldy and Thome, 2000; Brackett and Mayer, 2003; Brackett, Rivers et al. 2006; Brown and Schutte, 2006; Dawda and Hart, 2000; Depape et al.,
2006; Devi and Rayulu, 2005; Jinfu and Xiaoyan, 2004; Lumley et al. 2005; Palomera, 2005; Schutte et al., 1998; Tiwari and Srivastava, 2004), while in others women turn out to be more skillful at directing and handling their own and other people’s emotions. At times, women turn out to be better at Emotional Attention and Empathy, while men are better at Regulating Emotions (Austin, Evans, Goldwater and Potter, 2005; Bindu and Thomas, 2006; Brackett, Warner and Bosco, 2005; Fernández-Berrocal, Extemera and Ramos, 2004; Goldenberg, Matheson and Mantler, 2006; Harrod and Scheer, 2005; Pandey and Tripathi, 2004; Silveri, Tzilo, Pilmentel and Yurgelum-Todd, 2004; Van Rooy, Alonso and Viswesvaran, 2005).

SELF-ESTEEM

The identity of a person lies in his/her sense of self. So it becomes necessary to describe self first in order to understand the concept of self-esteem. Self is associated with everyone for which a person is immediately aware. The word self as described in psychology refers to an individual’s consciousness of his own continuing identity and of his relation to the environment. It is a common tendency found in every human being to strive to maintain his self but people differ from one another through the process of various stages of development, interactions and maturation overtime. So far as the self image of a person is concerned it depicts a person’s mental picture of himself/herself. Everyone of us have our own mental picture which is based on an individual’s overall life experiences and interactions with other people. This mental picture i.e. the self image contributes to our self-esteem. Self-esteem refers to the way a person feels about oneself, including the degree to which he possesses self-respect and self-acceptance. According to Maslow, all people have a need or desire
for a stable, firmly based, sense of self-regard, or self-respect, and they need the esteem from themselves and from others.

People who feel basically inadequate might channel their energies into proving and demonstrating their adequacy—both to themselves and to others. Alfred Adler developed his theory of personality largely on the concepts of the motivating power of basic inferiority and compensation. Adler did not view this process in negative terms; his contention was that individuals develop unique personalities by striving to overcome real or perceived inadequacies.

Horney also described the antecedents of self-esteem by pointing out that the children who did not receive adequate parental love, acceptance, and approval tend to develop a pattern of insatiable needs (which she desired as neurotic) as result of it a person may develop low level of self-esteem and she also postulated that the person would have an inordinate need for approval and affection.

The self-esteem consists of two words i.e. ‘self’ and ‘esteem’. The word ‘esteem’ originated from the Latin word which means ‘to estimate’. It is used as a fancy word for thinking that someone or something is important which a person describes considering the value and worth that he gives to himself. And the word ‘self’ means consideration of an individual’s own point of view pertaining to values, beliefs and attitudes that he holds about himself. When we put these two words together it becomes easier to understand the concept of self-esteem. The self-esteem of a person forms as a result of our years of experiences especially the early periods of development and the evaluations made by an individual on him to express his positive or negative feelings to indicate the extent to which an individual believes about himself/herself to be capable, significant and worthy. Self-esteem is a concept which may be applied to specific areas of experiences and it is always applied to one’s
general feelings of worthiness. Self-esteem is generally conceptualized as an assessment of one’s own worth. Self-esteem occupies popular position in psychological discourse and social psychologists debated and presented their views in terms of definitions. It needs to point out that love, warmth, and acceptance are extremely important in everyone’s life with regard to developing self-esteem of varied degrees among individuals. It might be said that self-esteem is a multidimensional concept and very important in everyone’s life. Attempts have been made by psychologists to define self-esteem.

Rosenberg (1960) defined self-esteem in terms of totality of an individual’s thoughts and feelings with reference to himself as an object. He further argued that self-esteem is a generally stable characteristic of the individuals not easily manipulated as an outcome of an experimental design. The self-esteem develops through individuals’ life experiences and becomes the basis of guiding one’s behaviour and actions.

According to Coopersmith (1976) self-esteem refers to the evaluation, which the individual makes and customarily maintains with regard to himself. It expresses an attitude of approval or disapproval and indicates the extent to which an individual holds towards himself. It is subjective experience, which the individual conveys to other by verbal reports and other overt expressive behaviour.

Baron and Byrne (1991) stated self-esteem as an individual’s attitude about him or herself, involving self evaluation along a positive-negative dimension.

According to Baumiester (1993) self-esteem is the affective component of self, a persons’ general and specific positive-negative self evaluations. In contrast to self-concept, which reflects our beliefs and cognitions regarding the self, self-esteem is more emotionally oriented.
Just as the self-esteem is composed of multiple self-schemas is not one dimensional. Instead, we may view particular parts of the self in more positive or less positive ways. For instance, a person may hold his academic self-schemas in high regard but consider his weight and body type self-schema negatively (Marsh, 1986; Pelham and Swann, 1989; Moretti and Higgins, 1990; Marsh, 1986, 1990).

There are so many concepts and terms which are interchangeably used as an aspect of self-esteem. The terms are: self-love, self-confidence, self-respect, self-acceptance or rejection, self-satisfaction, self-evaluation, self-appraisal, self-worth, sense of adequacy or personal efficacy, social competence, self-ideal, congruence, ego or ego-strength. There are two self terms that seem especially important in the literature, self-esteem and self-concept. Fleming and Courtney (1984) considered self-concept to be a more gender term, which subsumes. Self-esteem in Wylie’s (1974) self-concept writing, the term self-regard is used in a more specialized sense that is self-concept; here self-regard appears to be close to our idea of self-esteem.

Coopersmith (1976) self-esteem was a global construct having to do self-appraisal or evaluation of one’s self which seem compatible with Shavelson et al. (1976) and also with Rosenberg (1965, 1979) because he recognized that a number of facts contribute to this global a general perspective though most researches in self-esteem would probably agree with the view, there are a wide range of opinions and the dimensionality issue. Self-concept on the other hand; includes pure self-descriptions which are distinguishable from self-esteem because such descriptions do not necessarily imply judgements.

Shavelson et al. (1976) used the term self-esteem and self-concept interchangeably, arguing that the distinction between the two concepts is not very clear conceptually and that such a distinction has not been demonstrated empirically.
Shepard (1979) also attempted to sort out evaluative from non-evaluative aspects he reported somewhat modest, though favourable results. However, the distinction between these constructs seems quite thoroughly deep-rooted in psychological thought, dating back to William James (1950) who is pioneer to recognize that self-awareness and self-evaluation were distinct ideas.

Self-esteem is not innate and it develops through life experiences so it varies overtime depending on the situation, which one can notice that sometimes we feel quite good about ourselves, and other times quite bad. For instance, transitions between different schools often result in lowering one’s self-esteem. Hence, when students leave elementary school and enter junior high school, their self-esteem often drops and then gradually rises again. Self-esteem even rises and falls over shorter periods. We may feel better about ourselves after learning we did particularly well on a test and worse after learning we failed (Eccles et. al., 1989; Heatherton and Polivy, 1991).

The development of self-esteem seems to be more important because it play a mediating role in assisting an individual to adjust to his/her environmental demand and to develop socially appropriate behaviours and self-regulations (Higgins, 1991). The foundations of self-esteem are laid early in life when infants develop attachments with the adults who are responsible for them. When adults readily respond to their cries and smiles, babies learn to feel loved and valued. Children come to feel loved and accepted by people they look up to. As young children learn to trust their parents and others, who care for them to satisfy their basic needs, they gradually feel wanted, valued and loved. Although self-esteem is forming, it is not measurable before the age of five or six because up until this time two functions of self-esteem - competence and worthiness operate independently of each other.
Between the age of five and eight self-esteem becomes increasingly meaningful for the children and they begin to make judgement about their self worth and competence in five areas- physical appearance, social acceptance, scholastic ability, athletic and artistic skills and behaviour. These areas make up the child's global view of his/her self. Self-esteem emerges at this point in childhood because the child is able to initiate behaviour with competence, evaluate his or her accomplishments in terms of their worthiness and experience a process or attitude between the rows. As a child's age increases so do their social contacts, life experiences and the expectations placed upon them.

A study conducted by Thomas (1989) indicated that many physically handicapped young people are likely to be isolated from their peers, and experience problems of self-esteem and self-image, the consequence being that many report considerable difficulties in social situations and social relationships.

In the process of development the child also develops an increasing awareness of those things which they feel about what is good or bad. At this stage inevitably self-esteem begins to affect their behaviour and a person attempts to maintain and protect his sense of self worth against the challenges, problems and experiences of life. Self-esteem also acts as a filter through which we judge our performances. In this way they determine how to approach their future tasks. As children pass through early to middle childhood, they still tend to be unrealistically positive in their self evaluations. Their ability to compare themselves with other remains limited, but they are better able to integrate and categorize some self-perceptions. Harter (1999) pointed out that young children tend to think in terms of absolutes (all positive or all negative). Thus, despite the tendency to be overly positive, a child may demonstrate negative self-esteem if negative life experiences has emphasized negative attributes.
In middle to late childhood (8 to 11 years), children no longer think of themselves in terms of absolutes. They perceive both positive and negative aspects of their attributes and emotions. Children begin to integrate their perceptions of their attributes to form generalizations. At this point, children can compare themselves to their peers. At the same times, the school setting allows for more comparative judgement (Harter, 1999). With increased maturity and experience, children also begin to perceive themselves in a more differentiated way (Garcia, Heart, and Johnson-Ray, 1997; Marsh, Smith and Barnes, 1985; Shavelson and Bolous, 1982; Shavelson, Hubner and Staton, 1976) i.e. they perceive themselves to be more competent or adapt in some domains in other. The extent to which their perceptions of themselves in specific domains affect their overall sense of self worth will be influenced by how important they perceive those domains to be (Harter, Waters, and Whitesell, 1998). By adulthood self-esteem has changed from a mostly reactive phenomenon to one that can be consciously acted upon to either increase or decrease feelings of self worth. As adults we are confronted by many situations that affect our level of self-esteem. It shows how self-esteem promotes goals and behaviour that facilitate productive achievement.

It has been observed that younger children ordinarily prefer to repeat tasks in which they have already succeeded, unlike older children and adults who prefer to work on tasks as yet accomplish their goal, older persons preserve, while younger children avoid humiliation by demonstrating over and over again their success on a low level of accomplishment and have difficult tasks uncompleted with no sign of embarrassment. The older person battles against outer reality to retain his self-esteem; the young in his world of pleasure prefers to old his earlier and assured success (Rosenzweig, 1933).
During childhood the individual is in the process of establishing his self-esteem and therefore repeats the tasks on which he has succeeded previously, whereas the older people with already established self-images can risk experimenting with new tasks and still retaining their self-esteem. Studies have shown that self-esteem of an individual often remains constant for several years after middle childhood and is very difficult to change in upward or downward direction (Synder, 1979). Even when faced with “objective” evidence people prefer to accept their own “subjective” view of their worthiness. This may be because of the individuals’ need for psychological consistency when dealing with the world.

Self-esteem is further divided into global self-esteem and specific self-esteem.

**Global self-esteem** refers to an overall evaluation set with wide ranging implication for self experience. Global self-esteem scores may predict behaviour across a wide range of situations, particularly when behaviour is aggregated across many situations (Epstein, 1980).

According to Rosenberg (1979), “a persons’ global self-esteem is based not solely on an assessment of the qualities that count”.

**Specific self-esteem** refers to self evaluation in narrowly defined domains (Rosenberg, 1979). Specific self-esteem scores may allow strong predication to be made in highly delimited behavioural domains (Cray, 1969; Bandura, 1982). Each of these levels of self-esteem can lead to useful predications.

In every society/culture, the teachers, administrators and parents are commonly concerned about students’ self-esteem. Its significance is often exaggerated to the extent that low self-esteem is viewed as the cause of all evil and high self-esteem as the cause of all good (Manning, Bear and Minke, 2006). Self-esteem is found to be associated with depression, anxiety, motivation and general
satisfaction with one’s life (Harter, 1986; Rosenberg, 1986). Given these associations, children and adolescents who lack self-esteem may be more dependent on their parents and have lower academic and vocational goals. Hence it is not surprising that the parents and educators want to foster self-esteem in the young people. Moreover, the belief seems to be widespread that raising an individual’s self-esteem (especially that of a child or adolescent) would be beneficial for both the individual and society as a whole.

Several studies showed that self-esteem is found to influence the academic performance (Jones and Grieneeks, 1970; Lamy, 1965; Wattenberg and Clifford, 1964). Research has also shown that self-esteem is a better predictor of academic success than measured intelligence (Wattenberg and Clifford, 1964). Keeping research aside, common sense dictates that our thoughts influence our feelings and behaviour, consequently, influences our performance. Life is essentially a self-fulfilling prophecy. In this context, common sense dictates that a student who has self-doubt and lacks self-acceptance is unlikely to attain academic excellence. The student cannot establish challenging goals if he or she lacks a sense of self-competence or self-efficacy. In the similar way, he/she cannot concentrate on studies if he/she lacks self-approval. Individuals with high self-esteem generally undertake more challenging goals than do individuals with low self-esteem (Bandura, 1989; Waschull and Kernis, 1996). Students who have strong sense of efficacy or self-competence tend to focus their attention and effort on the demands of tasks and to minimize potential difficulties (Bandura, 1986; Cauley, Linder and McMillan, 1989). Research shows that lower the children’s self-esteem, the lower their preference for challenge. Less challenging goals consequently lead to reduced effort and mediocre performance (Campbell and Fairey, 1985; Wattenberg and Clifford, 1964).
Some researchers reported that self-esteem facilitates an individual to cope up with difficult challenges when it arise and give a faith to overcome it. An individual develops his self-esteem from his/her family and can be improved through proper socialization or social support. Persons with high self-esteem perform better after and initial failure than persons with low self-esteem and more likely to persist in the face of obstacles (Brockner, 1983; Perez, 1973; Shrauger and Sorman, 1977). Indeed self-esteem is a key variable in determining resilience (Rutter, 1985; Werner, and Emmy, 1995).

A number of studies have been conducted related to goal orientation also and it has been found out that the individuals with high self-esteem generally undertake more challenging goals than do the individual with low self-esteem. People with high self-esteem are more co-operative, enthusiastic, considerate, and assertive and respectively than people with low self-esteem (Brockner, 1983; Shrauger and Sorman, 1977).

A considerable amount of research reveals that self-esteem stability has predictive value beyond the predictive value of self-esteem level. Moreover, considering self-esteem stability provides one way to distinguish fragile from secure forms of high self-esteem. This notion has been supported by a study conducted by Kernis (2005) which focused on the joint roles of stability and level of self-esteem in various aspects psychological functioning. Stability of self-esteem refers to the magnitude of short term fluctuations that people experience in their current, contextually based feelings of self-worth. In contrast, level of self-esteem refers to representations of people’s general, or typical, feelings of self-worth.

Shaalvik (1990) viewed that self-esteem is the individuals’ general feeling of doing well in school and his/her satisfaction with one’s achievements. It is generally
emphasized that self-esteem refers to an individual's overall positive evaluation to his/her self (Gecas, 1982; Rosenberg, 1990, Rosenberg et al., 1995). It is composed of two distinct dimensions i.e. competence and worth. The 'competence' dimension (efficacy based self-esteem) refers to the degree to which people see themselves as capable and efficacious. Self-competence as defined by Tafarodi and Swan (1995) in terms of generalized sense of ones own efficacy or power". The 'worth' dimensions (worth based self-esteem) refers to the degree to which individuals feel they are persons to value. Self-worth means accepting oneself unconditionally and having the feeling that one is worthy of living and attaining happiness. In the words of Branden (1992) self-esteem is "the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness. Similarly McDevitt and Ormrod (2004) have referred self-esteem as the feelings of people about their capability and worth. In another study Reasoner (2005), has defined self-esteem as the experience of being capable of meeting life challenges and being worthy of happiness.

Competence related factors such as self efficacy; self-esteem, self confidence, negative attribution style, and self-perceived competence have often been proposed as potential moderator variables (Bandura, 1994; Hilsman and Garber, 1995; Glyshaw et al., 1989; Masten et al., 1990; Metalsky and Joiner, 1992; Metalsky, Joiner, Hardin, and Abramson, 1993; Rutter, 1985; Werner, 1990). Such factors presumably facilitate effective coping and inhibit maladaptive response to stressful life events. Consider, for example, a negative academic event such as getting a bad grade on a test. On the one hand, individuals who believe that they are academically competent may attribute the negative event to a lack of effort (rather than lack of ability), which in turn may motivate hard work in the future. On the other hand, individuals who believe that they are not academically competent may interpret the negative event as confirmation of
their belief, which in turn may engender hopelessness, reduce motivation, and potentially promote depression.

Researches have also shown that feelings of self-competence are conductive to higher levels of intrinsic motivation (Bandura and Cervone, 1983; Deci and Ryan, 1985; Harackiewicz and Larson, 1986; Harter and Jackson, 1992; Vallerand, 1983). In short students with high self-esteem tend to be more ambitious than those with low self-esteem. In contrast some research indicated that feeling worthless can be depressing (Battle, 1990; Bhatti et al. 1992; Hokanson, Rubert, Welker, Hollander and Hedden, 1989) and depression generally inhibits performance. As stated by Leary and Downs (1995), “people who feel worthy, able and competent are more likely to achieve their goals than those who feel worthless, important, and incompetent.

Self-esteem is found to be better predictor of satisfaction with one’s life than any objective characteristics of individuals such as income or age. High self-esteem has been implicated in good mental health (Baumiester, 1991; Taylor and Brown, 1988). Positive life events improve the overall health (both self-reported and objectively measured) of people with high self-esteem, possibly by disrupting their fragile identity (Brown and McGill, 1989).

Concerns about poor self-image and low self-esteem are common among the problems presented by parents of clinic-referred adolescents. Although problems with self-esteem are not recognized as a disorder or syndrome, self-related difficulties in the form of low self-worth, unstable self-image, high self-criticism, and distorted self evaluations are among the diagnostic or associated features of a wide range of disorders. Recent findings indicate that self-esteem plays a functional role in adjustment and can be changed through treatment, especially through treatments that
target it for change. Improvements in self-esteem are linked with other positive outcomes (Shirk, Burnwell and Harter, 2003).

Whether common people know it or not, everyone has self-esteem, but some have better grasps on it than others do. Most people's self-concept judgement is based on what they value, their beliefs or interests, and the attitudes that they have (Beane, 1993). Therefore, it is impossible to escape the notion that someone doesn't have self-esteem, but other have a big part in deciding as well.

People differ from one another regarding their self-esteem and everyone might occasionally or frequently go through times of low self-esteem in a situation such as after an undeniable failure, we may find some people who are chronically found low in self-esteem. In such cases, the consequences can be profound, including physical illness or psychological disturbance. As a psychologist we better understand that a person experiencing a cycle of failure in his/her life will damage his self-esteem and it becomes difficult to break- a self-fulfilling prophecy. For example- consider students with low self-esteem who are facing an upcoming test. As a result of their low self-esteem they expect to do poorly. In turn, this expectation produces high anxiety and may lead them to reduce the amount of effort they apply while studying. After all, why should people who expect to do badly bother to work very hard? Ultimately of course, the high anxiety and lack of effort produce just what was expected- failure on the test. Unfortunately the failure simply reinforces the low self-esteem, and the cycle continues.

An individual's sense of personal identity can be equated to an extent with his reality assumptions about himself which also naturally include an assessment of his assets and liabilities, successes and failures, humiliations and potentialities; they tie in
closely with his feelings of self-worth. On the basis of these assumptions he may evaluate himself as superior or inferior; worthy or unworthy, adequate or inadequate.

During early life our self-evaluation is much more dependent upon the way we are viewed by significant others including our parents. In these early years we have few standards for measuring our adequacy and worth than those supplied by the people around us. If their words and behavior label us as inadequate unworthy of love and respect, we have little choice but to accept their negative evaluation. If, on the other hand, we are warmly accepted and respected as an adequate and capable person, our self-evaluation will be probably positive and we will have a high level of self-esteem. As pointed out by Combs and Snygg (1959) that the early years evaluations of self-worth have a continuing effect on one's personality development.

As we grow older, culturally defined standards of desirability particularly peer group standards concerning physical appearance and so on increasingly provide the yardstick against which we compare ourselves. Since such standards may vary considerably from one peer group to another, our particular group memberships may have a great deal to do with our level of self-esteem.

In other cases, threats to self-esteem cause people to neglect those aspects of the self that are most painful- which produces further failure. Under many circumstances people with high self-esteem accurately judge their strengths and limitations. In fact, such people have significantly greater self-knowledge than those with low self-esteem (Baumgardner, 1990).

Recipients of help are not always so grateful for the help that they are offered. Infact, some researches suggested that recipients of aid may be psychological worse off than before they receive any help. Infact in many cases, the self-esteem of recipients drops after receiving help from others. The threat to self-esteem model
emphasizes that the way in which help is offered influences whether the help is viewed as positive or negative (Fisher, Nadler, and Whitcher-Alagna, 1981; Fisher, Nadler, and DePaulo, 1983). Several factors produce negative consequences for recipients' self-esteem. Help that emphasizes the higher ability or status of a donor is likely to produce threats to the recipients' self-esteem. For example, a classmate, who has finished her classroom project early, turns to you and offers to help you to finish your work. Instead of reacting with gratitude, you feel embarrassed and annoyed. You reject for help, with a cold response of "No thanks". Furthermore, help that prevents a recipient from reciprocating (and thereby fulfilling societal norms of reciprocity) is likely to be seen as threatening. Help that is given grudgingly or out of guilt is also viewed as threatening. Finally, people with high self-esteem typically react more negatively to help than those with low self-esteem.

Fortunately, help can be provided to individuals in several ways that don't threaten their self-esteem. Among the most non-threatening kinds of aids given to persons are the following (Fisher et al., 1982; Searcy and Eisenberg, 1992; Shell and Eisenberg, 1992):

- Aid from donors with positive characteristics and motivation.
- Aid from siblings and other relatives.
- Aid that can be reciprocated by the recipient.
- Aid that does not threaten the recipients' autonomy and sense of control.
- Aid that is offered, rather than asked for.
- Aid that comes from donors with relatively low resources or expertise.

The most effective aid then occurs when recipients feel that the donor likes and is interested in them and views them as independent and autonomous. Furthermore, a person most readily accepts help then it is clear that it will increase the
recipients' likelihood of future success. It is also observed that under certain circumstances people with particularly high self-esteem may overestimate themselves and their capabilities. This is particularly likely to happen in situations in which their capabilities are threatened (Gerrard, Kurylo, and Reis, 1991). In addition their lofty views of themselves in turn may lead them to make commitments that exceed their capabilities. In some cases, in fact, people who are high in self-esteem may resort to violence when their highly favourable views of the self are threatened by a particular person or circumstance. This phenomenon may be explained referring the extreme case of a California graduate student who, upon realizing he was in danger of failing his master's degree orals, murdered three professors (Baumiester, Heatherton, and Tice, 1993; Heatherton and Ambady, 1993; Baumiester, Smart, Boden, 1996; Perry and Malnie, 1996).

Thus the child who grows up thinking of himself as inferior to other children or as unworthy of his family because he cannot have up to their high expectations will need many experiences of success and acceptance before he begins to evaluate himself in generally positive terms. He will interpret even the small failures that are inevitable in anyone's life as adding to the already overwhelming proof of his inadequacy. The child who grows up feeling adequate and secure, on the other hand, can take considerable failure in his stride and realistically accept many personal shortcomings without altering his basic self-structure.

Self devaluation is one of the greatest handicaps to personal effectiveness. From feelings of inadequacy and unworthiness we acquire a defensive orientation that discourages growth and positive accomplishment. Such feelings usually develop from an unrealistic picture of ourselves in relation to other people. As Warters (1949)
pointed out, whether failures and personal limitations become devaluing depends upon the way we interpret them.

Often an individual thinks other people consider him inferior simply because he falls short of his own aspirations. The pattern usually includes not only unrealistic aspirations for oneself but also an idealized picture of others. We continually compare our assets, achievements, status and behavioural standards with those of other people. Such comparisons may lead to a realistic appreciation of individual differences and a more or less objective picture of our own assets and liabilities or to an exaggerated sense of inadequacy.

The latter is more likely when we use an unrealistic basis for comparison. Thus we may match ourselves against very best person in a given field and feel devaluated because we do not measure up, not realizing that the vast majority of people are perhaps worse than us and we may exaggerate the overall personality characteristics of people who have made a remarkable achievement in only one field. We fail to realize that they are much like us, make mistakes like us, have problems of their own and perhaps are actually inferior to us in some areas and that in their chosen fields they have excelled not only because of superior abilities but also because of hard work and various chance factors. Finally we may suffer devaluation when we exaggerate the importance of our own liabilities—whether these are bad complexion, a large nose, poor athletic ability, or low socio-economic status.

This tendency to perceive exaggeratedly our failures and negative points and overlook our positive points or assess them as insignificant as compared to our shortcomings defines the state of low self-esteem. In critical situations, such persons have a tendency to remember failures in comparison to people with high self-esteem who are propelled to act meaningfully and confidentially in crises as they recall their
success more clearly (Erikson, 1952). Glixman (1949) suggested that without regard to ego strength the forgetting of failures is a more efficacious defense than the remembering of successes, and therefore the former will occur when extreme condition of threat to self evaluation. It is obvious that when the expectations of failure pervade his cognitions, the individual with low self-esteem is more likely to act in ways, take up choices and options that lead to failure.

Self-Esteem and Related Studies

Yamamoto and Iowa Wiersma (1967) hypothesized that rejection of self, rejection of the handicapped, rejection of the mentally ill and Aristotelian thought orientation are related. From 33 male and 63 female students, 8 variables were obtained- self-esteem, attitude toward the disabled, tolerance of the mentally ill, help sources suggested for the mentally ill, mental illness incidence, institutionalization incidence, incarceration (confinement) incidence, sex incidence of mental illness and “is of identity”. When these variables were intercorelated, 7 of the 28 coefficients were significant at or beyond the 0.05 level, the ratio itself being significant at the 0.001 level. Regression of attitude toward the disabled on tolerance of the mentally ill and that of self-esteem on tolerance of the mentally ill were found to be nonlinear, the correlation ratios being high and significant. The former relationship was in agreement with the hypothesis of generalized attitude of rejection, while the latter ran counter to it. Several possible explanations for these findings are offered, but on the basis of the obtained results it was concluded that the hypothesis should be tentatively accepted.

Harvey and Greenway (1982) conducted a study to investigate the relationship between parental attitude and the handicapped child’s self-esteem with 24 physically handicapped children with normal intelligence, aged 9-11 years. Parents were grouped
according to their responses to a Primary Mood Factors grid, and comparisons were made with their children’s responses to self-concept scale. Parents who were close together in their primary mood reactions had handicapped children who were more positive in self-esteem than those dyads who were divided in their primary mood reaction. Mothers had the most influence on their child’s self-esteem, and mothers who confronted the handicap and came to terms with it were those whose children had higher self-esteem.

Harvey and Greenway (1984) administered the Piers-Harris Self-Concept Scale for Children to 20, 9-11 year old physically handicapped children in a special school, 18 age-matched controls, and 51, 7-25 year old siblings of the handicapped and control subjects. Results showed that mean total scores were found lower for both groups of handicapped subjects than for non-handicapped controls, and mean total scores for siblings of the handicapped subjects were lower than for the siblings of the controls. The obtained results remained the same even when scores for handicapped subjects were pooled and analyzed according to diagnosis. There were few significant differences between handicapped subjects and their siblings, irrespective of their groupings. Thus, the presence of a handicap was found associated with a lower sense of self-esteem, greater anxiety, and a lesser integrated view of self.

Gleser, and Brown (1986) investigated the therapeutic application of modified judo practice with 25, 8-18 year old visually handicapped students, one-third of whom were also affected by neurological or psychiatric disorders. Students generally had low reaction times and uncoordinated movements. After 9 months, subjects experienced reduction of movement disorders, improved cardio respiratory functioning, improved coping mechanisms and more mature adaptation, and increased well-being, self-esteem, body image and social identity.
Lawrence (1991) carried out a study to examine the possible impact of physical handicap on formation of self-concept. Physical handicap affects the learning effectiveness of the handicapped individuals and also reduces the rate of self-concept formation. Significant others (parents, teachers, peers) can be great help for handicapped individuals to establish a positive self-concept.

Huurre, Komulainen and Aro (1999) assessed the self-esteem of the sighted and visually impaired adolescents and reported that the two groups did not differ significantly, but trend of the result revealed that self-esteem of visually impaired girls tended to be lower than that of fully sighted girls. Relationships with friends significantly contributed to the enhancement of the self-esteem for the entire visually impaired sample. When broken down by severity of impairment, self-esteem was related to relationship with their parents for boys who were blind (as opposed to the less severely impaired).

Hughes, Robinson-Whelen, Taylor, Swedlund, et al. (2004) conducted a study to ascertain the efficacy of a 6 week self-esteem group intervention for women with disabilities. Participants in the intervention group showed significantly greater improvement on self-esteem, self-efficacy, and depression. Groups did not differ significantly on social embeddedness. Thus on the basis of the results it was concluded that women with physical disabilities may benefit from a self-esteem group intervention.

Heimpal, Eliot, and Wood (2006) made an attempt to test hypothesis that self-esteem negatively predicts avoidance (relative to approach) personal goals, as well as the hypothesis that self-esteem mediates the link between indicators of approach and avoidance temperament and avoidance (relative to approach) personal goals. The results indicated that the self-esteem is indeed negatively related to avoidance
(relative to approach) goals, even with social desirability concerns controlled and also reported that self-esteem mediate the relation between Neuroticism (conceptualized as an indicator of avoidance temperament) and avoidance (relative to approach) personal goals and finally observed that the self-esteem was documented as a mediator of the relation between BAS and BIS sensitivity (conceptualized as indicators of approach and avoidance temperament, respectively) and avoidance (relative to approach) personal goals in the achievement domain.

The study conducted by Finzi-Dottan and Karu (2006) does not have direct relevance but so far emotional abuse is concerned the disable person seem to face in their life. So this may be related to disability too. In this study they tried to examine the course traveled from childhood emotional abuse to adulthood psychopathology. It was reported by the investigators that the psychopathological symptomatology highly exceeded the Israeli norm. Thus, it was inferred from the obtained findings that the manifest psychopathology among adults who suffered emotional abuse in childhood is produced by the detrimental effect of abuse on personality, and takes the form of immature defense organization and damaged self-representation.

Herbozo, and Thompson (2006) in their study examined both frequency and distress (effect) components of commentary. Significant correlations were found between both frequency and effect dimensions of commentary and measures of body image disturbance and self-esteem. The utility of both frequency and effect variables in predicting body image disturbance and self-esteem was demonstrated in regression analyses. This study can also be considered relevant because it is related to body image of the subjects; the same situation may be with the handicapped people.

Findings were found to show consistence with self-esteem mediating effects social support on both emotional and behavioural adjustment. Lack of balance in social support and self-esteem in the direction of stronger support and esteem from peer oriented sources predicted greater levels and rates of growth in behavioural problems. Results indicated that a need for process-oriented models of social support and self-esteem and sensitivity to patterning of sources for each resource relative to adaptive demands of early adolescence.

Alves-Martins, Pexitio, Gouveia-Pereira, Amaral, et al. (2002) analyzed strategies pursued to protect self-esteem when it is threatened by a negative self-evaluation of school competence. Significant differences were found between the self-esteem enjoyed by successful and unsuccessful students in the seventh grade; such differences in domain-specific self-evaluation. It was also found that students with low levels of academic achievement attribute less importance to school-related areas and reveal less favourable attitudes towards school.

Lipschitz-Elhawi and Itzhaky (2005) attempted to explore the relationship between internal resources (self-esteem, sense of mastery), external resources (social support) and the adjustment of adolescents living in a typical Israeli residential treatment center. All had been exposed to abuse and neglect in their family’s home. Although none of the resources was related significantly to all of the adjustment measures, various resources were related to individual adjustment measures in different ways. Peer support did not relate significantly to any of the adjustment measures. Self-esteem was related to the academic of adolescents, and a sense of mastery was related to social and personal adjustment. As for external resources, family support was found related to both academic and personal adjustment. In the regression analysis the contribution of family support to academic adjustment was
indirect and only in interaction with the distance between the residential treatment center and the family’s home.

De Mello and Imms (1999) conducted a study to find out the relationship between self-esteem, locus of control, and coping styles and their relationship to school attitudes of adolescents. They found a significant correlation between self-esteem, locus of control, and coping style. Those high on self-esteem had internal locus of control and were the greatest users of the productive “problem solving” coping style. They were significantly more likely to enjoy school to have a positive perception of their academic performance. This revealed a relationship between school attitudes and the three personality variables. There were no gender differences in scores on self-esteem, locus of control, and coping styles. However, females had a more positive attitude towards school than males.

Merwin and Ellis (2004) studied the attitudes of young adolescents with high, moderate, and low self-esteem towards violence and reasons for living. For attitude towards violence, main effects were found for both gender and self-esteem. The reasons for living, a main effect was found for self-esteem but not for gender. An inverse relationship was found between violence and reasons for living.

Donnellan, Trzesniewski, Robins, Moffit, et al. (2005) explored the controversial link between global self-esteem and externalizing problems such as aggression, antisocial behaviour, and delinquency. A robust relation was obtained between low self-esteem and externalizing problems. The effect of self-esteem on aggression was independent of narcissism, an important finding given recent claims that individuals, who are narcissistic, not low in self-esteem, are aggressive.

Mar, DeYoung, Higgins, and Peterson (2006) examined the similarities between measures of self-evaluation and self deception, and proposed a method for
discriminating between them, using personality profiles and relations to ability and achievement. It was observed that self-competence was found uniquely associated with cognitive ability and both academic and creative achievement. On the basis of observed results it was concluded that, along with self liking, self-competence is a useful form of self-evaluation which should also be measured and taken into account in research that has traditionally focused on self-esteem.

Killeen and Forehand (1998) examined the transactional model of self-esteem (TMS), emphasizes that self-esteem results from complex transactions among individual characteristics, cognitions, and behaviours of adolescents and parents. It was hypothesized that, there could be direct paths to global self-esteem from adolescents’ specific self perceptions and mothers’ positive communications, where as paths from maternal depressive symptoms and adolescent behaviour problems to self- esteem were indirect, mediated by mothers’ perceptions and behaviours.

Esposito, Kobak and Little (2005) tested the hypothesis that the self-esteem of aggressive children will be more reactive to negative interpersonal events than the self-esteem of nonaggressive children. The results revealed that aggressive children’s self-esteem was more reactive to negative peer events but less reactive to negative adult events than the self-esteem of less aggressive children.

Greenier et al. (1999) examined the extent to which level and stability of self-esteem predicted the impact that everyday positive and negative events had on individuals’ feelings about themselves. As anticipated, negative and positive events had a greater impact on the self-feelings of individuals with unstable as opposed to stable self-esteem. Additional findings indicated that event qualities (i.e., self-esteem relevance and concerns about social acceptance/rejection) could account for the unstable self-esteem/greater reactivity link for negative events, but not for positive
events. Negative, but not positive, events had a greater impact on the self-feelings of individuals with low as compared to high levels of self-esteem.

Hair and Graziano (2003) in their study attempted to explore the answers of four empirical questions: (1) Is self-esteem a better predictor of academic success and adjustment than other aspects of personality? (2) How is self-esteem related to Big-Five dimensions of personality during the transition from middle school to high school? (3) Do dispositions like Agreeableness or Openness relate to an adolescent’s adaptation and affect reactions to the self? and (4) Do sources of information about adolescents (e.g., self-rating, other rating, objective “life history”) converge? They also explored the general hypothesis that personality, self-esteem, and teachers’ ratings of adjustment during the middle school years predict later life outcomes during high school. Overall, results showed that Big Five personality characteristics were more stable than self-esteem across this transition period. Agreeableness and Openness assessed in middle school are related to later scholastic competence and behavioural conduct, academic success, and high school.

Trantwein, Ludtke, Koller, and Baumert (2006) examined the directionality of effects between global self-esteem, domain-specific academic self-concepts, and academic achievement. Special emphasis is placed on learning environments as potential moderators of the direction of these effects. According to the meritocracy principle presented here, so called bottom-up effects (i.e., self-esteem is influenced by academic self-concept) are more pronounced in meritocratic learning environments than in ego-protective learning environments. This hypothesis was examined using a three-wave cross-lagged panel design with a large sample of 7th graders from East and West Germany, a total of 5,648 who were tested shortly after German reunification. Reciprocal effects were found between self-esteem, academic self-concept, and
academic achievement. In conformance with the meritocracy principle, support for bottom-up effects was stronger in the meritocratic learning environment.

Paterson and Field (1995) examined the relative influence of adolescents’ perception of their attachment with their mothers, fathers, and friends, on 3 measures of Self-Esteem (SE). Utilization of emotional support and proximity (one of the dimensions of attachment relationship being assessed in the study) with mothers, fathers, and friends was minimally related to overall SE, coping abilities, and social competence. The quality of affect, (another dimension of attachment relationship), towards mothers and fathers was significantly related only to social competence. Results suggest that Ss’ SE is more strongly associated with quality of affect toward parents and friends than with utilization of these target figures for support or proximity.

Dum (1996), examined the salutary effects of finding positive meaning in a disabling experience with special reference to being an optimist, and perceiving control over disability on two criterion of psychological well-being, namely depression and self-esteem. A main in survey on psychological adjustment to limb amputation was completed by 38 persons, with amputation. Regression analysis revealed that finding meaning following amputation was linked to lower levels of depression symptomatology but not to self-esteem. Both dispositional optimism and perceived control over disability were central for epidemiological studies depression scale and higher scores on Rosenberg’s self-esteem scale.

Paradise et al. (2002) examined the extent to which self-esteem levels and SE stability predicted scores on Ryff’s (1989) multidimensional measures of psychological well-being. Results suggest that high self-esteem was associated with greater well-being than low S.E. In addition, main effects on SE stability emerged for
the autonomy, environmental mastery, and purpose in life subscales, indicating that stable SE was associated with higher scores than was unstable SE. Finally SE levels stability interactions emerged for the self-acceptance, positive relations and personal growth subscales indicating more complex relationship between self-esteem and these aspects of well-being.

Research indicates that gender role is a good predictor of psychological adjustment. Masculine and androgynous children (a type of gender role identity in which the person scores high on both masculine and feminine personality characteristics) and adults have a higher sense of self-esteem, whereas feminine individuals often think poorly of themselves (Alpert-Gillis & Connell, 1989; Boldizar, 1991). Wyman, Cower, Work, and Kerly, (1993) examined relationship between children’s future expectations and variables reflecting self-esteem functioning with urban children exposed to high psychological risk. Results indicated that future expectations were related to affect regulation, self-representations, and school adjustment. Another study, follow up of 67 subjects showed that early positive expectations predicted enhanced socio-emotional adjustment in school and more internal focus of control, and acted as a affects of high stress on self rated competence. Findings are consistent with data showing positive expectations to be characteristics of resilient children and suggest that early positive future expectations influence later adjustment.

Garske and Gregory (1996) examined the attitudes of personal attendants towards persons with severe disabilities, their own self-esteem, and the relationship between these variables. Results showed moderately positive attitudes towards people with disabilities and positive self-esteem. Self-esteem was positively related to attitudes towards persons with disabilities.
Brendgen, and Bukowski (1998) examined whether a perceived lack of closeness with parents would be mediated by a lack of self-esteem. Results show that self-esteem mediated the relation between perceived closeness with parents.

Greenier, Kernis, McNamara, Waschul et al. (1999), examined the extent to which level and stability of self-esteem predicted the impact that everyday positive and negative events had on individuals' feelings about themselves. Negative and positive events had a greater impact on the self-feelings of individuals with unstable as opposed to stable self-esteem (although the effect for positive events was marginal). Negative events had a greater impact on the self-feeling of individuals with low as compared to high levels of self-esteem.

Furnham and Cheng (2000) examined, to what extent recalled parental rearing styles (authoritarian, authoritativeness, permissiveness), personality (extraversion, neuroticism, psychotics, lie), and self-esteem predicted self rated happiness in a normal non-clinical population of young people. Regression and path analysis showed, self-esteem to be the most dominant and powerful predictor of happiness. This finding is reiterated in another study conducted by Cheng & Furnham in (2004) which attempted to determine the relative importance of self-criticism, self-esteem and parenting styles in predicting happiness. Results indicate that self-esteem had the most dominant and powerful correlation with happiness. Maternal care was a significant correlate of both self-esteem and self criticism. Maternal care was the only direct correlate of happiness when paternal and maternal rearing styles were examined together suggesting that the warmth showed by mothers their children was particularly beneficial in increasing the offspring’s scores on self-reported happiness.

Robins, Tracy, Trzesniewski, and Potter (2001) examined the relation between self-esteem & Big Five Personality dimensions. The five personality dimensions
accounted for 34% of the variance in self-esteem. High self-esteem individuals were emotionally stable, extraverted and conscientious and were somewhat agreeable and open to experience. The relations between self-esteem and Big Five, largely cut across age, sex, social class, ethnicity, and nationality. High self-esteem individuals tended to ascribe socially desirable traits to themselves, and this tendency partially mediated relations between the big five and self-esteem.

Murray, Rose, Bellania, and Holmes, (2002) examined how needs for acceptance might constrain low versus high self-esteem people's capacity to protect their relationship in the face of difficulties. The authors led participants to believe that their partner perceived a problem in their relationship. The measurement of perception of partners' acceptance, partner's enhancement, and closeness, revealed, low but not high self-esteem participants read too much into problems, seeing them as a sign that their partner's affection and commitment might be warning. They then derogated their partner and reduced closeness. However, being less sensitive to rejection, high self-esteem participants affirmed their partners in the face of the threat. Ironically, chronic need for acceptances may result in low self-esteem people seeing signs of rejection where none exist, needlessly weakening attachments.

Di Paula and Campbell (2002) examined self-esteem, persistence and rumination in the field of failure. The manipulation of degree of failure and availability of goal alternatives revealed that, when an alternative was available high self-esteem (HSE) individuals persisted more than low self-esteem (LSE) participants, after a single failure, but less after repeated failure. When no alternative was available, no self-esteem differences in persistence emerged. Another study examined persistence and rumination for 10 personal goals across an academic year. HSE participants were better calibrated (higher within in subject correlations between
perceived process and persistence across goals) had overall levels of persistence, higher grade point averages, and lower levels of rumination than LSE participants. Although traditional views that emphasized the tenacious persistence of HSE individuals need revision, HSE people appear more effective in self-regulating goal-directed behaviour.

Yarcheski, Mohan & Yarcheski (2003), examined the relations of social support and self-esteem to positive health practices in early adolescents. Results show a correlation of 0.59 between scores of social support and scores for positive health practices and correlation of 0.44 between scores on Rosenberg self-esteem scale and scores for positive health practices.

Predictors of self-esteem were examined in pre-adolescents and adolescents with cerebral palsy, in a study conducted by Manvel, Balkrishnan, Camacho and Smith, (2003). On an average self-esteem was high, although 30% scored below cut point for low self-esteem. Self-esteem was bivariately associated with female gender, better physician-assessed functional ability, greater perception of the impact of the disability and higher perceived parent over protectiveness. In a multivariable model, only perceived impact of disability remained significant.

The two major predictors of subjective quality of life (SQOL) in adults are known to be self-esteem and a sense of primary control. Moreover secondary control is known to be an important defense strategy when primary control fails. Marriage and Cummins (2004) aimed to determine whether these relationships also apply to children. It was found that younger children use more primary control and less secondary control than older children. However, five year olds were found capable of producing secondary control strategies. Contrary to expectation, primary and
secondary did not predict either self-esteem or SQOL. However, self-esteem predicted SQOL as expected and no sex differences were found.

Makikanga, Kinnunen and Feldt (2004), aimed to investigate the relationship between self-esteem and optimism and examined the prospective relationships between these two personality constructs, mental distress, and physical symptoms. Results showed that the latent variables of optimism and self-esteem were highly interrelated, forming the core construct of personal resilience, which turned out to be stable over the one year period. Results also indicated that high personal resilience reduced mental distress.

Hughes, Robinson-Whelen, Taylor and Swedlund (2004), determine the efficacy of a 6 week self-esteem group intervention for women with disabilities, (with self-esteem, self-efficacy, social connectedness and depression, being the outcome measures). Results, showed significantly greater improvement on self-esteem. Groups however do not differ significantly on social connectedness. Women with physical disabilities may benefit from a self-esteem group intervention.

Robins (2005) opines that consensus is emerging about the way self-esteem develops across the life-span. On an average, self-esteem is relatively high in childhood, drops during adolescence (particularly for girls), rises gradually throughout adulthood, and then declines sharply in old age. Despite these general age differences, individuals tend to maintain their ordering relative to one another: Individual who have relatively high self-esteem at one point in time tend to have relatively high self-esteem years later. This type of stability (i.e. rank-order stability) is somewhat lower during childhood and old age than during adulthood, but the overall level of stability is comparable to that found for other personality characteristics.
The factorial dimensions of self-efficacy and self-esteem and associations among self-esteem and self-efficacy and scholastic achievement were explored. Five factors emerge from factorial analysis, two factors, reflected self-esteem feelings (and were respectively named as self-referential self-esteem and comparative self-esteem). The remaining three factors reflected the self-efficacy beliefs in 3 different scholastic domains (linguistic literacy logical-mathematical and technical practical). All self-efficacy scores were significantly related to scholastic achievement, while no association between self-esteem scores and scholastic performance were found. Nevertheless self-efficacy and self-esteem dimensions shared some common aspects. In particular each different self-esteem factor showed different magnitude of association with domain specific self-efficacy beliefs (D’Amico, et al., 2003).

Kernis, Brown and Brody (2000) examined children's self-esteem stability and level related to their perceptions of various aspects of parent-child communication. Compared to children with stable self-esteem, children with unstable self-esteem reported that their fathers were more critical and psychologically controlling and less likely to acknowledge their positive behaviours or to show their approval in value affirming ways. Likewise, children with low self-esteem reported that their fathers exhibited these qualities to a greater extent than did the children with high SE. In addition fathers of children with stable SE were viewed as especially good at problem solving. Children's SE level related to perceptions of mothers' communication style very similarly to how it did with the fathers'; with respect to SE stability, however, relationships were generally less consistent and frequently absent.

Bamaca, M. Y., Umana-Taylor, A. J.; Nana & Alfara, Edna C. (2005), examined the relations among parenting behaviours, adolescents' self-esteem, and neighbourhood risk. The findings suggest that boys' self-esteem is influenced by both
mothers and fathers parenting behaviours, whereas as girls’ self-esteem is influence
by mothers’ behaviours only. In addition, the findings provide partial support for the
notion that parenting influences on psychological outcomes vary based on
neighbourhood context.

Adolescents affiliating with high status peer crowds report higher self-esteem,
less loneliness (Brown and Lohr, 1987; Prinstein and La Greca, 2002), and lower
levels of depressive symptoms (La Greca and Harrison, 2005) than other adolescents.

Bishop and Inderbitzen (1995) found that with at least one reciprocal close
friend had higher self-esteem than those who had no close friends.

According to Hussong (2000) adolescents who are involved in controlling
friendships, which are characterized by peer pressure and social dominance, report
low self-esteem.

According to Prinstein et al. (2001) both overt and relational victimization
have been related to adolescents’ reports of depression, loneliness and low self-
esteeem.

Hills and Argyle (2001) studied the relationship between happiness and
extraversion and emotional stability in 244 residents of Oxfordshire. They completed
Oxford Happiness Inventory, Eysenck Personality Questionnaire, Rosenberg Self-
esteeem Scale and the Life Satisfaction Scale. It was found that emotional stability was
the larger predictor of happiness, life satisfaction and self-esteem.

Grob et al. (1996) carried out a study with 3844 adolescents in 14 countries. It
was found that “control expectations” correlated 0.35 with positive attitude to life and
this was found uniformly in all 14 countries. Control expectations also had a high
correlation with self-esteem (0.82).
Chow (2007) conducted a study on psychological well-being among university students. He reported that those respondents who had a higher family income, showed a better physical health, expressed a higher degree of satisfaction with their relationships with family, friends and significant others, indicated a more positive self-image, and experienced less academic stress and significantly higher level of psychological well-being.

SOCIAL SUPPORT

Man is a social animal so he is always eager to live in the company of others and every healthy person cannot live in isolation. Social concern is a central issue in the life of every human being. In case if an individual is given prolonged isolation will be the severest punishment for him. We live in the midst of people which constitute man’s created social world, so everyone of us often rely on others for support, to bolster our own resources, particularly at times when our resources are depleted or inadequate. Social interaction with family, friends or society seems to be an integral element of an individual’s mental, physical and social health. The importance of one’s closeness with family members, with friends or with spouse is taken for the prediction of healthy functioning (Berkman and Syme, 1979; Jacobs and Charles, 1980; Medalie and Goldbourt 1976; Thomas and Duszynki 1974). Social support is a concept that is generally understood in an intuitive sense, as the help from other people in a difficult life situation. One of the first definitions was put forward by Cobb (1976). He defined social support as the individual belief that one is cared for and loved, esteemed and valued and belongs to a social network that provides goods, services and mutual defense at times of need or danger. It appears that most people turn to informal sources of supporting the phase of stress and not to mental health
professionals (Gourash, 1978; Veroff et al. 1981). The effects of social support on adjustment have been documented repeatedly (Gottleib, 1981; Mitchell, Billings and Moos, 1982).

The concept of social support has been used interchangeably by the researchers as Social Bonds (Henderson, 1977), Meaningful Social Contact (Cassel, 1976), Availability of Social Confidents (Brown et al., 1975) and Human Companionship (Lynch, 1977) and House and Kahn (1985) called Social Network as Structural Support.

Researchers put their efforts to define social support in a number of ways. Initially, it was defined according to the number of friends that were available to the individual. The word Social support is generally used to refer to the perceived comfort, caring, esteem or help one individual receives from others (Wallston et al., 1983). It is defined as the degree to which a person’s basic social needs are gratified through interaction with others (Kaplan, Cassel and Core; 1977) and such needs may be met by either the provision of instrumental or socio-emotional aid (Thoits, 1982). Though the social network is described in structural terms, like size, range, density, proximity, and homogeneity. Social support normally refers to the qualitative aspects of the social network. Within the context, social support is the potential of the network to provide help in situation when needed. There are essentially two ingredients of social support, “the give and take” of intimate sharing relations (Caplan, 1974; Hobfoll, 1985). It is observed that the social support may affect adjustment independently and directly, perhaps by providing social integration, which then results in heightened self-esteem (Andrews, Tennant, Hewson and Vaillant, 1978; Hirsch, 1981). Social support, assistance and comfort supplied by a network of caring, interested people, is a boon to those living under stressful circumstances.
People can provide both emotional support—such as listening sympathetically and concrete support—such as tutoring for a student who is struggling academically. The awareness that you are part of a network of relationships can ease the burdening of stress (Harlow and Cantor, 1995; Nott, Vedhara and Power, 1995; Pierce, Sarason and Sarason, 1996; Uchino, Cacioppo, and Kiecolt-Glaser, 1996).

Social support may be in the form of physical and emotional comfort given to us by our family, friends, co-workers and others. It is known fact that we are inseperable part of a community of people who love and care for us, and value and think well of us. Social support is a way of categorizing the rewards of communication in a particular circumstance. Social support refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to altruism a sense of obligation, and the perception of reciprocity.

An important aspect of support needs to clarify that a message or communicative experience does not constitute support unless the receiver views it as such. Many studies have demonstrated that social support acts as a moderating factor in the development of psychological and/or physical disease (such as clinical depression or hypertension) as a result of stressful life events. There is growing evidence to suggest that social support affects humans differently throughout life, suggesting that the need to receive and provide social support shifts across development. Social support isn’t the same as a support group. Social support is a network of family, friends, colleagues and other acquaintances you can turn to, whether in times of crisis or simply for fun and entertainment. Support groups on the other hand, are generally more structured meetings or self-help groups, often run by mental health professionals. Social support can also increase ones sense of belonging,
purpose and self-worth, promoting positive mental health. It can also help to get through a divorce, a job loss, the death of a loved one or the addiction of a child to the family.

Youngsters grow up in a multitude of social settings that shape their cognitions, feelings and behaviour through their perceptions and interpretations of theses settings. By the time they reach adolescence, the students have had many favourable and unfavourable experiences in terms of the role of family members, teachers and peers in their learning and development, which have created diverse mindsets that continue to influence their learning and development. They may either feel secure or insecure in terms of the availability of support from others, or they may feel surrounded by persons who provide for a cognitively and linguistically stimulating environment or by persons who do not care about their cognitive and linguistic competencies.

Literatures available on social support also suggest that it is an important concern in our daily lives. Generally young adolescents see parents as more important providers of social support than either peers or teachers (DuBois et al., 1992). In the context of school and well-being in school, however, the teachers' role is important, both with respect to achieving academic goals and with regard to the regulation of emotional and social processes (Berndt, Hawkins, and Jiao 1999; Furman and Buhrmester, 1992; Wentzel, 1994, 1998). Reported well-being at school is strongly related to perceived instructional and emotional support from teachers, and to a lesser extent to support from parents and peers.

Adolescent friendships are widely recognized for the emerging significance of trust, commitment, intimacy & loyal support (Douvan and Adelson, 1966; Selman, 1981; Sullivan, 1953; Berndt, 1982). Friendships in adolescence have long been
thought to have an intensity that may be unequaled (Berndt, 1982; Douvan and Adelson, 1966). These social relationships also have important mental health consequences (Hirsch and Reischl, 1985). In a national study comparing preadolescents and adolescents referred to clinics with a matched sample of non-referred children (Achenbach and Edelbrock, 1981), no other symptoms differentiated the groups more clearly than did disturbances in peer relations (Hartup, 1983).

Peers seem to be the next most potent ingredient in the social network. In fact, peer support has many advantages over spouse support and it is especially important where spouse support is unavailable or where one's partner is part of the problem. Development of such relationships is an important goal both for the individual and for interventionists interested in enhancing social networks. Having a diverse peer group will ensure that varying needs can be met and that type of help will be available when it is required. This implies the establishment and maintenance of close intimate ties as well as looser social or task-oriented relationships. It needs to emphasize that the personological characteristics may also be relevant to peer support provision. Need for affiliation has been reported to distinguish between persons who have high v/s low access to social support (Tolsdorf, 1976). It has also been found to be positively related to being entangled in an interlocking and, therefore, an intense, affective friendship network (Laumann, 1973).

Equality or balance in exchange of support is implied in peer or friendship relationship. If the exchange becomes one-sided, an inequality in the relationship would begin to exist, increasing the probability of a breakup in the relationship. That is, although friendships are expected to sustain themselves during short-term crisis experienced by an individual, a question remains as to how well the relationship will
endure if the crisis, and therefore the neediness of one of the partners continue to over a long period of time.

Social support seems to be highly valued by the students, leading to motivation, cooperation and school adjustment. Individuals differ regarding social support which they need/expect in the school to feel safe and accepted. Students' need for social support affects the significance they attach to the perceived availability of social support. Several studies (cf. Bogianno et al., 1989; Dweck, 1986; Sarason et al., 1983) showed that students who focus strongly on the outcome of their performance feel more satisfied when they can show others how successful they were without help or support. These students may object well-intended forms of instructional support, such as questioning, feedback and help, mainly because they view support as signal of low competence or low regard in general. It can be assumed that students who consider social support in relation to their schoolwork as necessary and who can rely on social support in the school environment, appraise the context as "supportive" of learning. Their satisfaction with the learning environment will be high, as reflected in their reported well-being in school. By contrast, students who perceive the school environment as non-supportive, while they feel the need for support, will report low well-being in school.

Social interaction with family and friends is an important element of mental and physical health. Health Psychologists have extensively studied the relationship between social support with mental health and physical health and found it is extremely beneficial, particularly in stressful situations. Social support has been found in various studies to positive effect on mental and physical health (Brown, Bhrolchain, and Harris, 1975; Cobb, 1976; Dean and Lin, 1977; Hirsch, 1980; Nuckolls, Cassel and Kaplan, 1972; Vanfossen, 1981; Wilcox, 1981).
The theoretical explanation and the role of social support in health status need to discuss. In this regard it is to emphasize that (1) the main effect hypothesis suggests that social support itself is beneficial and that the absence of social support is itself stressful. This suggests that social support mediate the stress-illness link, with its very presence reducing the effect of stressor and its absence itself acting as a stressor and (2) the stress buffering hypothesis suggests that social support helps individuals to cope with stress. Therefore mediating stress-illness link by buffering the individual from the stressor; social support influences the individuals' appraisal of the potential stressor. This process which has been described using the social comparison theory, suggests that the existence of other people enables individuals expose to stressor to select an appropriate coping strategy by comparing themselves with others.

Cassel (1976) was of the view that ‘the buffering hypothesis’ implies that individuals with high levels of social support, are less likely to show psychological maladjustment while under the state of stress than the individuals with low levels of social support (Mitchell and Trickett, 1980; Gottlieb, 1981). Supportive social systems are presumed to provide tangible assistance, promote more active coping & help individuals maintain their sense of self-esteem in the phase of difficulty (Heller and Swindle, 1983).

In the related social support literature, high and low stress groups are compared as to the effect social support has on resultant strain. In a typical study, for example, high vs. low life event groups were divided and compared as to the extent to which these two groups are differentially affected by some parameter of social support. If the high vs. low social support groups differ on some measure of strain (example, depression, physical illness) to a greater extent when under high stress than when under low stress, experimenter interpreted the results in favor of a “stress
buffering effect”. If instead the high social support group experiences less strain both in high and low stress conditions in comparison to the low social support group, with no interaction of stressor social support, then the experimenter discussed in favor of a “direct effect”.

Whether there is a buffering effect or direct effect of social support, there are implications for attempting to bolster social networks and consequent support among those who lack this resource, especially if they have a risk for stressful life events. However, if people who have many stressful events and who are without social support also lack other competencies or social advantages, there is a strong chance that the same factors that put them into that group also prevent their diminishing such events or benefiting from social support. Having social support may be related to preferences for styles of coping, lack of related resources, or the prior occurrence of certain life events (e.g. death of spouse). It is probable that the tendencies to have stressful events or possess social support are trait characteristics linked to a complex chain of social and sociological variables.

Using the Norbeck Social Support Questionnaire (NSSQ) as a measure of social support, Kang, Coe, Karaszewski, and McCarthy (1998) found that social support buffered stress among 133 well managed middle class asthmatic teens. Observations in a variety of settings have led to the idea that social support provides a buffer against the psychological consequences of exposure to stressful life events (Cohen and Wills, 1985; Kessler, McLeod, and Wethington, 1985). This moderating impact is known as the stress buffering effect. Moreover, there are a number of mediator effects that characterize the mechanisms through which social support operates in the stress and coping process, or by which social support is established and maintained. “Social support as a buffer is often described as if it were an invisible
shield, like fluoride for teeth, except applied to those areas of the psyche and soma otherwise vulnerable to stress" (Schaefer, 1982). Lack of social support has been associated with risks of emotional problems, excessive worry, self preoccupation and stress proneness (Blager, 1982; House et al., 1982). Social support which means turning to other people for support in times of personal crisis is one of the most often used coping strategies.

Social support can have powerful effects on stress reduction. Just as social support can help an individual withstand pressure and stress; it can also enhance people's ability to follow a treatment regimen. Social support from friends and family can help people adhere to medical advice, as well as helping them to cope with stress brought about illness (Dunkel-Schetter, Folkman and Lazarus, 1987; Taylor, Buunk and Aspinwall, 1990; Croyle and Hunt, 1991; Belgrave and Lewis, 1994).

When family members participate in the medical regiments of patients, compliance increases. Participation can range from simply helping patients, remember when to take their medicine to actually administering certain kinds of medical treatment or procedures. Social support can also help patients avoid certain behaviours. For instance, refraining from serving a rich dessert to a dieter helps to ensure that they will succeed. In contrast urging a dieter to sample a piece of cake because it tastes so good just makes it more likely that the dieter will ultimately fail. The social support of concerned family and friends can also help prevent the patient from relapsing to unhealthy habits once the health problem has been overcome.

Although many have found that social support is a mediator of stress, others (William, Ware, and Donald, 1981) observed that social support acted independently in its effect on psychological health. Cassel (1976) contributed to both to find ways in identifying individuals at risk and to determine the forms of their social networks that
should be strengthened in order to protect them from negative outcomes of stressful life experiences. Cohen and McKay (1984) have proposed a specificity model of social support that suggests that stressors create specific needs & when social support meets those needs, that support will buffer the impact of the stressor.

Stress researchers have defined and measured social support in a variety of ways. However, the common defining element appears to be that the stressed encouragement and/or practical assistance from others such as family, friends, professionals or institutions. The ability of social support systems to both buffer stress responses and to increase an individual’s ability to cope has received support in a variety of studies (Johnson and Sarason, 1979). Cohen and McKay (1984) suggested that different stressors will place different demands on an individual. Those forms of support are more specific and appropriate to the stressed persons’ needs will the most valuable, and will be most successful in mediating the effects of the stressor. This ‘specificity model’ proposes that not all support is of equal value in every stressful situation. Whether social support is mediating the stress of a life crisis or of a life high point, the goal is to increase an individual’s ability to cope. In a life crisis social support can make a bad situation bearable, and in a life highpoint, it can optimize pleasure and satisfaction.

Cognitions take place throughout the utilization of social support and other resources and an understanding of this factor may be integral to an understanding of the “nuts & bolts” of how these resource “potentials” are transferred into “kinetic” effects on the psychological level. Beginning with the stress event, individuals have to become aware of the threat that confronts them. The properties of the stressor must be considered (Lazarus, 1977). Following this awareness individual must consider what resources are available to them. They may then imagine what the benefit and side
effects would be of meeting the threat with a given resource or combination of
resources. Assuming that social support is decided upon as one of the resources which
may be effective they must decide from whom to request support. After the network
responds, moreover, new decisions must be made about the adequacy of the support
received. These decisions are based on evaluations of the efforts carried out in our
behalf.

If intervention efforts are to be effective, attention must be paid to how
individuals perceive help, friendship, family and support. Certainly, non-cognitive
factors play a role in social support. Being loved may be appreciated because it meets
the needs and desires to provide satisfaction, and makes us feel cared for and safe.
Cognitions are important in these processes too, and affecting them may be easier
than affecting needs or personality traits.

Looking across the studies it is apparent that social support's first source is the
family and especially one's spouse or partner. Whether because of time constraints,
social norms, or western lifestyle, spouse or partner can be the greatest contributor to
our feeling of being valued and our central provider of love, affection and esteem.

While there has been considerable social science interest recently in the
relationship of social support to mental health, few reports have examined sex
differences in receiving such support. Rather, the research has by and large
emphasized one of two ways in which social support may be related to well-being: (1)
social support networks may intervene between stressful life events and psychological
distress (Myers, Lindenthal, and Pepper, 1975; Rabkin and Streming, 1976; Dean and
Lin, 1977; Gore, 1978; Nuckolls, Cassel and Kaplan, 1972); (2) social support may
have an independent beneficial effect on emotional effect make up (Williams, Ware
Social institutions are stable patterns of behaviour, values and role expectations that have developed around the basic activities each society must undertake in order to survive, such as creating and distributing goods, and reproducing the species. Individual well-being is greatly affected by the individuals' particular relationship to these institutions. Much of our internal orientations to our lives, our assessment of who we are and where we are going, grows out of the significant contacts and ties we have with a few other persons, members of our family, colleagues or friends. Their treatment and attitude towards us affect our view of ourselves, our sense of mastery, and our conceptions of where we belong in the social order. We constantly try to protect our sometimes fragile view of ourselves from self depreciation and shame, and we may be helped by those who are close to us. Calamities can be softened by the sympathetic assessments offered by the significant others in our lives.

Most of the literature and prior research on social support has focused heavily on the value of having a confident, a sympathetic listener. Affirmation is the kind of support a person can give to another by helping the other become the kind of person she or he wants to be, or by appreciating what she or he already is. Antonovosky (1979) suggested that resources such as social support can increase a person's resistance to stress. A moderating effect is achieved when a "third variable affects the zero order correlation between two other variables". Hurley-Wilson (1993) studied that moderators are antecedent conditions that interact with a stressor to affect the outcome. The moderating effect is best tested through ANOVA. In this model, social support is thought to protect the individual from the potentially harmful effects of
exposure to a stressor. It is unclear whether it works through influencing the individuals’ appraisal of a potential stressor. Pearlin (1989) supported the idea that forms a shield that insulates the individual from stress exposure. Chan and Ward (1993) suggested that social support acts to reduce the risk of illness reducing harmful stress appraisal. Oxman and Hull (1997) examined the ability of social support to mediate the relationships between activities of daily living and depression before and after heart surgery. Three measure of social support were used: The Social Network Questionnaire (SNQ; Seeman and Berkman, 1988), the Inventory of Socially Supportive Behaviours (ISSB; Barrera and Ainsley, 1983), and the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet and Farley, 1988). The importance of the perceived adequacy of social support was supported.

There have been fewer studies specifically focused on children apart from family contexts than those with adult population. Grossman and Rowat (1995) examined how social support mediated the relationship between stress from divorce and well-being among 244 adolescents. The ISSB (Barrera, 1986) was used as the measure of social support when family status (married vs divorced) was controlled, the perceived quality of the parental relationship contributed significantly to an explanation of the variance in anxiety, life satisfaction and a sense of future. Frey (1989) studied diabetic children within a family focus.

There is empirical evidence that differences in the benefit of social support are perceived on the basis of category of provider (Carveth and Gottlieb, 1979; Dunkel-Schetter, 1984; Lederman, Lederman, Work, and McCann, 1979; Peck and Boland, 1977; Underwood, 1986). Sources of support, however, may be viewed differentially with respect to the forms of support they are able to provide. Support from family and friends may be valued, but may not be the best resources for information needed to
facilitate effective coping in a given situation. Therefore professional sources may at times play a more prominent role.

Weiss (1974) specified six dimensions- attachment, social integration, nurturance, reassurance of worth, and reliable alliance with kin. This conceptualization focused exclusively on emotional aspects of important relationships.

Gottleib (1978) added elements of physical intervention to the conceptualization of social support. His inductively derived categorization of the forms of support included emotionally sustaining behaviours, problem solving behaviours, indirect personal influence, and environmental action.

Kahn (1979) and Kahn and Antonucci (1980) delineated three forms of social support: Aid (direct assistance- things, money, and information), Affect (expression of caring, respect & love), and Affirmation (acknowledgment of the appropriateness of acts or statements). House (1981) divided the dimension of Aid into two components: instrumental or direct help and informational support. Affect and Affirmation were labeled emotional and appraisal support, but they were conceptually the same. Barera (1981) built on the work of Gottleib proposed a conceptualization that incorporated six elements with notable similarities to theses as reported by House (1981): maternal aid, physical assistance, intimate interaction, guidance, feedback, & social participation. Barrera (1986) suggested that social support be divided into the following categories:

(i) Social embeddedness: referring to the structural elements of social support and the connections that individuals have within their social environment.

(ii) Enacted support & perceived availability: actions that are performed to provide help to another and the perception that assistance is available.
(iii) Satisfaction with social support: perceived adequacy of supportive ties.

Enacted support seems to reflect two dimensions, whereas satisfaction as described appears to relate to social embeddedness. An alternative format might contain two categories i.e. (1) Social currency would focus on the support network, including structural elements, quality of social ties, and perceived availability of general support. (i2) Perceived enacted support would reflect satisfaction with what was provided by whom and the cost of obtaining support in a specific situation perceived as threatening or challenging. Net satisfaction with enacted support would factor in cost. Models that hypothesize and test the main effect of social support propose that there is a direct relationship between social support and outcome variables such as well-being. The main effects of social support have supported in many studies.

Social Support has also been studied in different forms; those researchers who studied human relationships in other forms and have suggested that there are several types and functions of social support (Cohen and McKay, 1984; Cohen and Wills, 1985; Cutrona and Russell, 1990; House, 1981; Schafer et. al., 1981; Wills, 1984):

(i) **Emotional support:** It is what people most often think of when they talk about social support. People are emotionally supportive when they tell us that they care about us and think well of us. It involves the expression of sympathy, caring, and concern towards the person. It provides the person with a sense of comfort, reassurance, belongingness, and of being loved in times of stress. For example, if one has separated from ones partner or lost ones job, a close friend might call everyday for the first few weeks afterwards just to see how the person is doing and to let him know that he or she cares. Talking over
a problem, providing encouragement or positive feedback, such support frequently takes the form of non-tangible types of assistance.

(ii) **Esteem Support**: Esteem support occurs through people's expression of positive regard for the person, encouragement and agreement with the individual's ideas or feelings, and positive comparison of the person with others, such as people who are less able or worse off, other people increase ones self-esteem. This kind of support required to build the individual's feeling of self-worth, competence, and of being valued. Esteem support is especially useful during the appraisal of stress, such as when the person assesses whether the demands exceed his or her personal resources.

(iii) **Tangible or Instrumental Support or Functional Support**: This type of support involves various types of tangible help that others may provide such as direct assistance, physical or practical help such as when people give or lend money or food, housekeeping, child care, or help moving house, or help out at the times of stress. This kind of support helps to complete the basic tasks of day to day life.

(iv) **Informational Support**: Informational support happens when individuals in a person's social network are available to offer advice when supply needed. It includes giving advice, directions, suggestions or feedback about how the person is doing. For instance, if a co-worker provided the needed information to accomplish a particular task, then he would be given informational support. For example a person who is ill might get information from family or a physician on how to treat the illness.

(v) **Network Support or Structural Support**: It provides a feeling of membership in a group of people who share interests and social activities.
Recently social support has also been classified into two categories—**Perceived support** and **received support**. **Perceived support** generally refers to one’s anticipation of social support in the future when in times of need (such as, there are people whom I can rely upon when I need care). It is the psychological sense of support derived from feeling of loved, valued, and part of a network of reliable and trusted social relationships (Gottlieb, 1985). It is more stable overtime because it is not context dependant. **Received support**, on the other hand, refers to one’s retrospective assessment of actual behaviour (such as, friends or relatives have cared for me when I was ill). It represents concrete instances of helping derived from one’s social network, with this help or ‘provisions’ usually being categorized as emotional support, instrumental support, appraisal support, and informational support (House and Kahn, 1985). Some authors have used the term ‘enacted’ support in the place of received support in the place of received support (Barrera, 1986; Tardy, 1985).

Other forms of support may be in the form of:

(a) **Social companionship**, which involves support through activities.

(b) **Personal feedback** is information about the individual receiving the support. Some individuals require such information directly but others will tell us story about themselves as a way of eliciting personal feedback. What is supportive about personal feedback is that the recipient regards the information as honest and believes the sender of the feedback is intending to help.

The type of support a person needs and receives depends upon the stressful life events. For example, instrumental or structural support may be more important for friends and family members. Emotional and informational support may be particularly important for people who are seriously ill.
An explanation that may shed light on the differential effect of instrumental & emotional support (including a confiding relationship) is offered by Andrews, Tennant, Hewson, and Vaillant (1978). They postulated that the quality of a supportive emotional relationship rather than the quantity of the help available is the principle determinant of well-being. Thus, it may be argued that sharing feelings about a stressful experience & every day hassles mitigates detrimental impact. At the same time, while instrumental support makes life more comfortable and it is not related to mental health.

Lack of emotional support may also have an effect somewhat similar to that of the separate effect of stress. Henderson and Bostock (1977) maintain the individuals require a minimal level of emotional support to maintain well-being. When the social environment does not meet these “attachment needs”, it not only fails to facilitate coping shells but also contributes to psychopathology.

Furthermore, individuals who exhibit emotional disorders may have a “negative network orientation” a term coined by Tolsdorf (1976) that describes a situation where individuals are unwilling to utilize network resources in time of need. Their coping styles are inefficient and self defeating.

Finally the association between emotional support and psychiatric disorder may be related to the fact that these two variables are often confounded. In this regard two situations are frequently described: (1) Depressed individuals may have a negative perspective of their social world and thus falsely underestimate the extent of support available to them; and (2) the relationship between social supports may be a long term consequence of mental illness. Specifically, a deterioration of social ties may be a result of a gradual disease process.
Social Support and Related Studies

Hobfoll and London (1982) studied personality resources of self-esteem and sense of mastery and social support resources of intimacy with friends/family and amount of actual support received during the current period in respect to psychological distress—state depression and anxiety, of women whose loved one were mobilized during the first week of the recent Lebanon war. It was predicted that women with greater personality resources would experience less distress than women possessing lesser personality resources. It was further predicted that greater social support would also be related to less psychological distress. Social support was actually found to have a negative impact on psychological distress. Women who had greater intimacy with friends and who reported receiving greater amounts of support during the events were more state anxious and state depressed than women who had less intimate friends and who received less actual support.

Demaray and Malecki (2002) investigated the relationships among perceived social support and academic, behavioral, and social indicators of 1,711 students in grades 3 to 12. Results showed significant, positive relationships among perceived social support and a variety of positive indicators (for example, social skills, self-concept and adaptive skills). In addition, significant, negative relationships among perceived social support and a variety of problematic behavioral indicators (for example, internalizing and externalizing behaviours) were found. Students with low perceived support scored significantly higher scores on problematic behaviour indicators and significantly lower scores on positive behaviour indicators than the students with average or high perceived support. Only student rated social skills and self-concept were significantly higher for the high vs. the average level of perceived support.
Chang and Schaller (2000) investigated the perceptions of 4 male and 8 female 14-20 year olds with visual impairments on the social support they receive from their parents. Data were generated from in-depth interviews, field notes, a reflexive journal, informal observations, and time lines of life events. Emerging themes illustrated processes by which participants received emotional, informational and tangible support. A recurring theme was a feeling of being valued. The results showed that parents may need support from professionals before they can provide that support for their children.

Mullis, Hill, and Readdick (1999) examined relationships between adolescent’s perceptions of attachment to their mothers and fathers and their perceptions of different sources of social support. More of the sample reported satisfaction with their mothers than with their fathers. These results lend support for the validity of attachment theory and confirm that perceived social support from friends and relatives is associated with perceived attachment to the mother, especially for younger adolescents.

Kef (2002) reported that the social support of peers was found important to adolescents with visual impairments. The differences between visually impaired and sighted adolescents proved to be small, but statistically significant.

Markward, McMillan, and Markward (2003) surveyed that youth perceive family/friends as the primary sources of social support, even though family/friends provide no more problem-solving examples than do other sources support. Also, there are significant associations between gender and the social support youth want and receive. The findings provide insight into the social capital youth need to become competent adults.
Seligman, Goodwin, Pascal, Applegate, et. al. (1997) conducted a study to explore the perceptions of 42 mothers of children with disabilities of the amount of instrumental and psychological support offered by her child's maternal and paternal grandparents. Results showed that grandmothers were perceived to be more supportive than grandfathers, the paternal grandmothers were less supportive than maternal grandmothers, and the mother's parents were judged to be more supportive than the father's parents.

Findler (2000) examined the structural and functional dimensions of perceived social support with particular emphasis on the importance of grandparents as support providers to the mothers of children with special needs. 47 mothers of 3-7 year olds with cerebral palsy and 43 mothers of children without such a disability (comparison group) were interviewed in their homes. Differences between the two groups were found only in the structural dimension of network size. However, no differences in the analysis of the functional dimension and satisfaction from support were revealed. In both research groups, grandparents were highly ranked in comparison with mothers were perceived to be the most important figures providing more emotional than instrumental support and scored highest in terms of satisfaction.

Hamre, and Pianta (2005) conducted a study to find out ways in which children's risk of school failure may be moderated by support from teachers. By the end of first grade, at-risk students placed in first-grade classrooms offering strong instructional and emotional support had high achievement scores and student-teacher relationships commensurate with their low risk peers; at-risk students placed in less supportive classrooms had lower achievement and more conflict with teachers.

Yarcheski, Mahon, and Yarcheski (2003) attempted to find out relations of social support and self-esteem to positive health practices in early adolescents. A
correlation of .59 was found between scores on social support and scores on the self-esteem scale and scores for positive health practices.

Lee, Gazmarian, and Arozullah (2006) examined health literacy, social support, and their relations to health status and health care use among older adults. It was found that compared to the high health literacy group, enrollees with low health literacy were more likely to receive medical information support and health reminder support were associated with lower physical health and mental health status. Tangible support was associated with more doctor visits and a lower likelihood of hospitalization in the high health literacy group.

Neely, Lakey, Cohen, Barry, et. al. (2006) investigated the extent to which the link between perceived social support recipients’ trait perceived support as well as three distinct social processes- the objective supportiveness of providers, the unique relationships among recipients and providers that were stable over occasions, as well as the relationships that varied across occasions. Ten recipients interacted with each of the same four providers on five separate occasions, for a total of 200 interactions. Recipients and independent observers rated recipient affect and provider support. Greater perceived support was related to greater positive affect for recipient’s trait perceived support, as well as for relationships that were stable over occasions and relationships that varied across occasions. No social support effects were found for negative effect.

Demaray, Malecki, Davidson, Hodgson, et. al. (2005) examined relationship between social support and student adjustment behaviours overtime. Specifically, support from parents was related to clinical maladjustment and emotional symptoms one year later. In fact, parent support was still related clinical maladjustment one year later even after students’ earlier levels of clinical maladjustment were taken into
account. Parent support was also related to personal adjustment in the short term (6 months). Classmate support was related to students' emotional symptoms one year later.

Chou (2005) conducted a study to assess the relationship between everyday competence and depressive symptoms and to test whether sense of control and social support mediate and moderate the impact of deterioration in everyday competence on depressive symptoms. They found that everyday competence was significantly and negatively related to depressive symptoms after adjusting the age, gender, marital status, years of education, self-rated health status, and number of chronic illnesses. Moreover, both sense of control and social support were mediators in the linkage between everyday competence and depression. Findings suggest that both sense of control and social support play important roles in the relationship between everyday competence and depression.

Nezlek, and Allen (2006) in a study found that daily well-being was positively related to the number of positive events that occurred each day and was negatively related to the number of negative events. Relationships between well-being and positive events were stronger than the less depressed participants and relationships between well-being and negative events were found weaker for those participants who perceived more support from friends than for those who perceived less support. Depression was unrelated to the strength of relationships between negative events and well-being, and the social support from friends was unrelated to relationships between positive events and well-being. Surprisingly, relationships between negative events and well-being were stronger for participants who perceived more support from family members than for those who perceived less support.
Verma, and Asthana (2004) reported that the girls availing higher social support had a better quality of life.

Rueger, Malecki, and Demaray (2008) attempted to investigate early adolescents' perceptions of social support from parents, teachers, classmates, and close friends, and how that support is related to measures of students' adjustment on a range of behavioral indices. Girls reported significantly more support from close friends than any other source, whereas boys reported significantly less support from classmates than any other source. Finally, results demonstrated gender differences in the relationship between social support and several indices of student adjustment.

Malecki, and Demaray (2003) gathered the responses of students and they were asked-What types of support (emotional, informational, appraisal, and instrumental) do students perceive from the sources of support (parents, teachers, classmates, and close friends)? And Are types of social support more related to students' social, behavioral, and academic outcomes? Gender differences in perceptions of support were also investigated. Early adolescent boys and girls perceived similar levels of all types of support from their parents and teachers; girls perceived more support of most types from classmates and friends. Emotional and informational support were the most highly reported type of support from parents, informational support was most highly reported from teachers, and emotional and instrumental support scores were highest from classmates and close friends. Supportive behaviors from parents contributed to students' adjustment. Emotional support perceived from teachers was a significant and sole individual predictor of students' social skills and academic competence. Supportive behaviors from teachers also predicted students' school maladjustment.
Social support is beneficial in times of stress and it is effective regardless of the kind of coping strategies that are used (Frazier et al., 2000).

Nathawat & Rathore (1996) examined the effects of gender hardiness and social support, in 100 male and 100 female upper middle class elderly aged 60-70 years retired from government jobs. Male subjects disclosed higher positive affect and life satisfaction than female and scored lower on negative affect and hopelessness. A similar trend of superior well-being was observed in high hardy, aged than low hardy aged, also in aged with high social support than in aged with low social support. Two way interactions of gender hardiness, hardiness – social support and gender-social support influenced some of the measures of well-being. The measures were not influenced by 3-way interactions.

It has been suggested that the mental health of school children can be undermined by repeated bullying at school and further exacerbated by having inadequate social support. Rigby (2000) evaluated effects of peer victimization in schools and perceived social support on adolescent well-being. Analysis indicated that both sexes frequent peer victimization and low social support contributed significantly and independently to relatively poor mental health.

Meeus (2003) conducted two studies (i) to report on age related changes in parental and peer support and identity development, and (ii) predict psychological well-being by parental and peer support and identity. Results showed parental support to decrease as adolescents grow older while peer support increases. In general, peer support catches up with parental support, but doesn’t take over. Compared to peer support, parental support is the better indicator of psychological well-being in early and middle adolescence.
Coping with stressful life events can be facilitated by personal and social resources, such as perceived self-efficacy and social support. This applies also to the adaptation to surgical stress and to severe diseases. Study conducted by Schwarzer and Shroder (1997) examined the presurgical personal and social resources as predictors of readjustment after heart surgery. Analysis identified an interaction between the two resources, underscoring the existence of the well known support buffer effect. Covariance structure analysis revealed that perceived self-efficacy was a better predictor of recovery than social support.

Parker and Benson (2005) examined parental support and monitoring as they relate to adolescent outcomes. It was hypothesized that support and monitoring would be associated with higher self-esteem and less risky behaviour during adolescence. Both high parental support and parenting monitoring were related to greater self-esteem and low risk behaviours.

Lara, Leader and Klein (1997) found that the social support significantly predicted both severity of depression and recovery from depression.

Stice, Ragan and Randall (2004) found that support decreases the risk for depression but suggests that this effect may be specific to parental support during adolescence. They also found that depression promotes support erosion but imply that this effect may only occur with peer support during this period.

In a study by Helson et al. (2000) parent support remained the best indicator of emotional problems during adolescence. Infact a friend's support appeared to depend slightly on the level of perceived parental support, with the high parental support group showing a slightly positive effect of friend support and low parent support showing a negative effect of friend support.
A study revealed that social support from significant others is of greater importance in coping with important life events to eliminate the adverse consequences of these events upon health or well-being (Cohen and Wills, 1985; Sarason, Sarason and Pierce, 1990; Coyne and Downey, 1991).

Brissette, Schier and Carver (2002) reported that adolescents with higher level of cognitive restructuring and optimism, exhibit improved psychological well-being and better adjustment to stressful life events, both as a result of their ability to general supportive social networks and because of the coping strategies they use.

Carpenter (2002) found out associations among social support from institutional peers and staff as well as family members, psychological well-being and motivation to participate in treatment in 32 patients (male, aged 50-85 years). A majority described peer and staff support networks that were as large as or larger than family support network. Subjective perceptions of support, but not size of network was associated with well-being. Perceived support from peers was associated with less depression, greater positive effect and greater motivation. Perceived support from staff and family was less consistently associated with well-being and motivation. Results suggest that peer and staff support contribute to the well-being of older adults and may complement family support during inpatient admissions or residential stays.

Zainab and Maqbool (2003) conducted a study on subjective well-being and social support among bronchial asthma and hypertensive patients. Results revealed significant positive correlation between subjective well-being and social support among bronchial asthma and hypertensive patients indicating that social support of family members and friends is an integral element of physical and mental health.

Van et al. (2000) conducted a study to investigate the changes in the parental bond and well-being of adolescents and young adults in Netherlands. The results
showed that adolescents and young adults maintain a rather good and reasonably stable relationship with their parents. Parents also prove to be of lasting importance for the psychological well-being of their children, daughters in particular.

Love and Murdock (2004) conducted a study to evaluate attachment to parents as a possible explanation for discrepancies in psychological well-being. The results confirmed that attachment was a significant predictor of well-being. It was found that attachment was (operationalized as maternal and paternal care) partially mediated the relationship between family type (intact biological family vs step family) and psychological well-being.

Some studies emphasized parental support as a predictor of well-being while some emphasized peer support as more important. In a study of two groups of persons coming from favourable and unfavourable environments of home respectively, Powers and Witmers (1974) found that all boys who turned out, had parents whose attitude towards them rated “favourable” and almost all who were neurotic and delinquent had parents whose relationships with them were “unfavourable”.

Jain (1998) examines the influence of parental acceptance on a child’s mental health as measured by emotionality, timidity, apprehension and tension, that is factors C, H, O and Q4 of Cattel’s 16 PF Test. Results reveal that the less accepted groups was significantly more emotionally insatiable, timid, apprehensive and tense than the highly acceptable group.

Ohamnession, McCauley, Richard, Lerner and Von Eye (1998) examined relationship between perceived parental acceptance and adolescent self-competence in 214 sixth and seventh grade students by both adolescents and parental gender. Specific measure of adolescent self-competence focused on academic, athletic and social competence as well as physical appearance and self-worth. Results indicate that
for boys parental but not maternal acceptance significantly predicted self-competence, while the opposite pattern was found for girls. In addition self-worth significantly predicted maternal and parental acceptance for both boys and girls.

Shirali and Bhardwaj (1994) studied family communication and adjustment as indices of family’s well-being. Family being the centre of socialization lays the foundation for mental health and well-being. Thus family, communication can be used as an index of family social support which helps in the storm and stress of adolescence. 100 college girls (15-18 years) were divided into two groups on the basis of maternal employment. Group I (N=62) whose mothers were employed and Group II (N=38) whose mothers were house bound. The results revealed no effect of maternal employment on daughter-father communication. But significant differences were found in the daughter-mother communications.

Chowdhury and Muni (1995) explored the role of parental support in children’s need satisfaction and academic achievement in a sample of 50 children (mean age 13.5 years). Results reveal that girls required more support from their parents and their needs were more as compared to boys and parental support has a positive effect on children’s academic achievement.

A study conducted by Milevsky (2005) to examine how the compensatory effects of social support from siblings relate to several indicators of well-being in emerging adulthood.Sibling support was associated with lower loneliness and depression and with higher self-esteem and life satisfaction. Sibling support is intersecting aspects of social support siblings reflect the component of family because of generational commonality; they also reflect some aspect of peer relationships. It is therefore not surprising that sibling support was found to compensate for low parental and peer support.
McCamish-Svenson et al. (1999) examined the relationship between family and friend support, health and life satisfaction for a single cohort of 212 (80 year old) living in Lund, Sweden. Results indicate that subjects who remained in the study were healthier and score higher on life satisfaction when compared with those who either dropped out or died prior to the age of 83. Even though well integrated with family and friends, the number of friends decreased significantly from 80-83 years. However, for those with close friends, contacts with friends increased with age. A correlational analysis indicates that neither child nor friend support is related to life satisfaction at earlier 80 or 83 years. However, health measures and satisfaction with sibling contact are related to total life satisfaction.

Markward et al. (2003) conducted a study on 89 students who were surveyed to determine their perceptions about the frequency and need for social support from family friends/peers and other authority figures. Findings show that youth perceive family and friends as the primary sources of social support. Also there are significant associations between gender and the social support youth want and receive.

The relation between parental and friends social support was studied, specifically with regard to emotional problems in a sample of 2918 adolescents aged 12-24 years by Helson et al. (2000). Results indicate that parental and friends support seems to be relatively independent support systems. Although the degree of perceived support changes with parental support decreasing and friends support increasing during early adolescence, parental support still remains the best indicator of emotional problems during adolescence. The effect of friends support appeared to depend slightly on the level of perceived parental support with the high parental support group showing a slightly positive effect of friend’s support, and the low parental
support showing a negative effect of friend's support. Thus in this study parental support emerged as a crucial factor, on which the impact of peer support depended.

A study conducted by Vedder et al. (2005) to ascertain the relationship between early adolescents' evaluation of the availability of instructional social support from parents, teachers and peer on a sample of 245 Dutch and Turkish students. Dutch youngsters reported more instructional support from the parents than their teachers, whereas Turkish youngsters also reported more instructional support from their parents. On the basis of results obtained it was discussed that parents were seen as the primary providers of emotional support for both Dutch and Turkish Students.

Research Objectives

The main objective of the study was to find out whether emotional competence, self-esteem and social support predict the need achievement of visually and physically challenged students. In order to achieve a better understanding of these groups of students a control group (viz. normal students) from the similar background was also included in this study. Further the visually and physically challenged students and normal students group should be compared.

Our research objectives may therefore be stated as follows:

1. To study emotional competence and its dimensions as predictors of need achievement among visually challenged students.

2. To study self-esteem as a predictor of need achievement among visually challenged students.

3. To study social support and its dimensions as predictors of need achievement among visually challenged students.
4. To study emotional competence and its dimensions as predictors of need achievement among physically challenged students.

5. To study self-esteem as a predictor of need achievement among physically challenged students.

6. To study social support and its dimensions as predictors of need achievement among physically challenged students.

7. To study emotional competence and its dimensions as predictors of need achievement among non-disabled i.e. normal students.

8. To study self-esteem as a predictor of need achievement among non-disabled i.e. normal students.

9. To study social support and its dimensions as predictors of need achievement among non-disabled i.e. normal students.

10. To study whether need achievement of visually challenged, physically challenged and non-disabled i.e. normal students differ in terms of emotional competence and its components, self-esteem and social support and its components.

On the basis of earlier researches and theoretical framework, the following research questions were formulated by the investigator.

**Research Questions:** Attempt will be made to answer the following research questions.

1. Do emotional competence and its dimensions predict need achievement of visually challenged students?

2. Does self-esteem predict need achievement of visually challenged students?

3. Do social support and its dimensions predict need achievement of visually challenged students?
4. Do emotional competence and its dimensions predict need achievement of physically challenged students?

5. Does self-esteem predict need achievement of physically challenged students?

6. Do social support and its dimensions predict need achievement of physically challenged students?

Keeping in view the objectives of this study in mind it is desirable to have an explicit picture of the phenomenon in the non-disabled i.e. normal group of students of almost similar socioeconomic background and educational qualification for a better understanding of the disabled groups, the following research questions were also formulated to be verified.

7. Do emotional competence and its dimensions predict need achievement of non-disabled i.e. normal students?

8. Does self-esteem predict need achievement of non-disabled i.e. normal students?

9. Do social support and its dimensions predict need achievement of non-disabled i.e. normal students?

To identify the predictors the research questions were taken into consideration. Further it was felt necessary to compare these three groups in terms of emotional competence and its dimensions, self-esteem and social support and its dimensions. For this purpose certain research hypotheses were formulated and to be tested:

1. Whether the visually challenged, physically challenged and non-disabled i.e. normal students differ in terms of emotional competence and its dimensions.

2. Whether the visually challenged, physically challenged and non-disabled i.e. normal students differ in terms of self-esteem.
3. Whether the visually challenged, physically challenged and non-disabled i.e. normal students differ in terms of social support and its dimensions.