Chapter - 5

Discussion
The major objective of this study was to examine the various stresses in adolescents in relation to emotional intelligence and its relationship with their psychological health. An attempt was also made to study the ways of coping they adopt and also the nature of relationship between emotional intelligence and ways of coping, emotional intelligence and general health. It was considered important to examine the significance of emotional intelligence as predictor of coping and general health. As coping has differential relationship to general health, with adaptive coping the individual has better mental health as compared to maladaptive coping which leads to various mental health problems. The interpretation of the result and discussion in the light of previous research findings are presented in this present section.

**Gender Differences in Stress:**

As first objective of this research was to study the differences in male and female adolescents regarding various kinds of stresses they experience. All the adolescents experienced moderate level of stress but they experienced high level of vocational stress and there is no effect of gender except experience of financial stress ($t = 3.40$, $p < .01$), where males are more stressed than females (see fig. 01). In present educational system in India major examinations are conducted at the end of each school year.
On the basis of performance in their exams they are promoted in the next class. In 10 + 2 exams student have to appear in various competitive exams also to get admission in engineering, medical or other professional courses. The pressure to compete these examinations had a marked influence on their emotional states and mental health of adolescents.

The findings of the present study suggest that adolescents experienced high level of vocational stress; (table - 01), it may be due to very limited options of career and unavailability of such training that make adolescents assure to generate some income. In India unemployment is a biggest problem and adolescence stage is a critical period when adolescents want to make secure their career and this leads to high level of stress among them.

The present findings indicated that there was gender difference in financial stress among adolescents. Male adolescents experienced more financial stress as compared to female adolescents. There may be two possible explanations for this finding. First, because in India finance as the business of male, female may not know the 'real' financial constraint of the family. Second, male adolescents are more involved in social activities, spent large time out side of home than female adolescents and participate in other extra friendship/others than female adolescents so they need more money than female adolescents. The finding of our study consistent with the finding of Carlson and Grant (2008) who concluded that girls reported more symptoms than boys, accounted for by higher internalizing symptoms. Boys reported more stress than girls, particularly major events, controllable events, exposure to violence, and sexual stressors.
The finding of the present study did not match with the finding of Subrahmanyam (1986), Verma and Gupta (1990), McGee and Stanton (1992), Rudolph and Hammen (1999), Sajjad et al (2005), Campbell et al. (1992), Garton and Pratt (1995), who reported gender differences in experience of stress. The results of the present study suggest that the sex difference in the experience of stresses may not be a common characteristic of these adolescents and hypothesis that there would be significant gender difference in experience of stress among adolescents has been partially supported by the results.

**Gender Differences in Emotional Intelligence**

Results presented in Table - 02 reveal that there was significant gender difference regarding self-awareness \( t = 2.12, p < .05 \) score one of the dimension of emotional intelligence of adolescents. The male adolescents have scored significantly higher than female adolescents. The obtained results are consistent with the findings of Chu (2002) and Fatt and Howe (2003), who revealed that males have higher level of emotional intelligence as compared to the females. Petrides and Furnham (2000) found that correlation between measured and self-estimated emotional intelligence was lower for females than for males. On the basis of the present and earlier studies it may be concluded that gender differences in emotional intelligence cannot be generalized although, theoretical literature tends to favour of women to be more emotionally intelligence. Beyer and Bowden (1997) reported that females’ self-evaluations of performance were inaccurately low, their confidence statement were less calibrated than males’, and their response bias was more conservative than males’.
Emotional intelligence is not respecting the gender. Contrary to popular belief, women are not more emotionally intelligent than men. They are, however, emotionally intelligent in different ways. In a study thousands of men and women found that men are more self-confident, optimistic, and adaptable. Also men are able to handle stress better than women. In general, however, far more similarities exist than difference (Simmons, 2001). The hypothesis that there would be significant difference in emotional intelligence of adolescents has been partially supported by the results (See Fig. 02).

**Gender Differences in Psychological Health**

Adolescence is characterized by rapid physical and psychological development. The psychological tasks of adolescence include identity formation in relation to oneself, the family, peers, and society (Erikson, 1950). Psycho-physiological and psychosomatic problems are believed to be particularly prevalent in adolescence because of the easily disrupted balance between surging bodily growth; psychological and social development during this period (Werkman, 1974). Adolescence is a critical period for future patterns of symptom perception. It is known that there is an increase in psychological health problems during adolescence (Mechanic, 1983).

Results of present study indicate that male and female adolescents significantly differed on psychological health (i.e. anxiety and somatic symptoms) except depression and social dysfunction. Female adolescents scored significantly higher on anxiety scores ($t = 2.52$, $p < .05$) and somatic symptoms scores ($t = 2.21$, $p < .05$) than male adolescents, which implies that female adolescents have more psychological health problems as
compared to male adolescents (Table - 03). A question arise that why are female adolescents reporting more psychological health complaints than male adolescents? One possible answer may be that males are more self-aware and committed to their work than female adolescents. Gelso and Fretz (2001) argued that students high in self-knowledge are more likely to make wise career choices, and of course, it will enhance the probability of career success that related to career satisfaction, in turn, has been found to a significant inverse association with psychological health problems, such as depression and anxiety.

There may be some combination of age-related changes in biological functioning, cognitive functioning or social circumstances (Graham & Rutter, 1985). Male adolescents showed greater external locus of control and they had a greater concern with the quality of their familial relationship and peer group life (D'Arcy & Siddique, 1984). Female adolescents as a group function under greater stress than the males (Aro, et al., 1987). Pubertal development in girls is often an ambivalent process and accompanied with distress (Aro & Taipale, 1987). The sex-role expectations for adolescent females in our culture are often contradictory. Furthermore, reactions to stress may vary by sex: it has been suggested that females tend to react more with subjective symptoms, whereas boys more often react by behavior, e.g. delinquency or substance/alcohol use (Kandel & Davies, 1982).

Discrepancies between performance and career aspirations may produce dissonance that precipitates anxiety and depression in female adolescents. These discrepancies may be explained in part by traditional Indian values regarding the role of women in society. Traditional values,
which have existed for many centuries and persist in contemporary India, are very male-oriented. Indian female adolescents, although expected to perform at a high academic level, are confronted with many conditional gender role restraints that inhibit their career goals; they are encouraged instead to pursue femininity, modesty, dependence, and marriage. Such gender role mandates may create conflicts for female adolescents, which are manifested in increased incidence of psychological stress, psychosomatic symptoms, and tension. In contrast, Indian male adolescents have a more supportive environment; they continue to receive positive messages from parents, teachers, and schools; they are encouraged to compete for grades; and they are rewarded for successful achievement. Therefore, in most cases, they may be less likely to experience psychological distress.

Results also indicate that social dysfunction was found to be high level and moderate level of depression in both male and female adolescents. These findings similar with findings of Aro et al., (1987), as they reported in their study that girls complained more psychosomatic symptoms than boys and most of them (symptoms) were more common in girls than boys. Alfano (2007) found that girls endorsed significantly more somatic symptoms than did boys. Kingery, Ginsburg and Alfano (2007), Raust- von Wright and von Wright (1981); Rimpela et al, (1981); also reported that girls reported more psychosomatic symptoms than boys and Cauffman et al. (2007) concluded that female youth offenders demonstrate higher rates of mental health symptoms than male youth offenders.

There was no gender difference in depression among the adolescents of this study. This result is not consistent with findings reported by Ruble and colleagues (1993) and Karp and Frank (1995) who arrived at the
conclusion that women experienced higher rates of reactive depression than men. Gore et al. (1992) found the significant gender differences in aspects of stress exposure and in additive models of stress effects, but stresses and supports do not explain the significant gender difference in depressive symptoms; there is no gender difference in vulnerability to stress; Results revealed significant sex difference on anxiety and somatic symptoms, but no significant difference on depression and social dysfunction among adolescents. Hence, hypothesis that there would be significant gender difference in psychological health of adolescents has been partially supported by the results (See fig. 03).

**Gender Differences in Cognitive Appraisal**

The comparison between male and female adolescents on cognitive appraisals showed that significant difference found only on cognitive appraisal of threat ($t = 2.40, p<.05$). Scores also indicate that female adolescents appraised situation more threatened than male adolescents (Table - 04). Lazarus (1991) suggested that personal resources (such as self-efficacy, coping efficacy and optimism) and social resources (such as tangible, informational, instrumental and emotional) might alleviate or exacerbate the stress experienced on an individual basis. It is possible that gender predispositions to utilize social resources provide a possible explanation for the gender differences evidenced in the cognitive appraisal. Some research has suggested that the coping influenced by culture. In Indian culture, men are more able to utilize social support from others to develop instrumental and preventive coping strategies than females. Body changes take place rapidly at this stage and parents sensitized to female
adolescents in such way that they are not safe out of home. They are providing their girl child over care, support and security. In rural areas when ever female member going out from home at least one member be with her either father, brother or their mother/sister. These types of conditions make them more conscious about any situation. On other hand, male child free from such types of restrictions. Due to such socialization female adolescents appraised situation differently as compared to males adolescent. Society, socializes the two genders differently as has been found in studies by Duckelt and Raffalli (1989), Sandhu and Mehrotra (1999) and Singh (2002).

The findings of our investigation consistent with the finding of Lee et al. (1992) who suggested that adolescents used relatively similar coping strategies when confronted with problems. Although males and females used similar coping styles when confronted with difficulties, they differed in the frequency with which they might use a particular coping style when dealing with a particular problem. Hypothesis that there would be significant gender difference in cognitive appraisal of adolescents has been partially supported by the results (See fig. 04).

**Gender Differences in Coping Behaviour**

Finding presented in Table - 05 showed that boys and girls have almost similar coping styles. This may be due to change in societal norms towards dual standard of socialization process of male and female child. In present time male and female adolescence have equal opportunity for education, career, leisure time activities, and participation in social function. Today, most of the parents apply same child - raring procedure for both
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male and female. Government also conducts many programs for minimization of gender related inequalities in society. Government is running many schemes to facilitate and make empowered to females. Today females also have equal opportunity and social status. They contribute their role in each area of society. So, male and female adolescence developed same coping styles. Results support the findings of Shah and Thingujam (2008) who did not found gender difference in ways of coping. But not consistent with the findings of Gumakova (2000), Lim and Teo (1996), Nolen-Hoeksema (1995), Byrne (2000), Frydenberg and Lewis (1993), Copeland and Hess (1995), Ptacek, et al. (1992), Stein and Nyamathi (1999), Frydenberg and Lewis (1991), Patterson and McCubbin (1987), who found gender difference in ways of coping. Research finding of the investigations that carried out on Indian samples are not consistent with the finding of this study. Gupta and Murthy (1984) and Sahu and Misra (1995) reported gender specific coping behaviors. The reason of this inconsistency may be due to time because these studies carried out before decades but in present time of globalization social norms, economic concerns and gender role are changing very rapidly. Results of the present study do not confirm the hypothesis that there would be significant gender difference on coping styles of adolescents (See Fig. 05).

Emotional Intelligence and Stress

The results of the investigation indicate that emotional intelligence was significantly negatively related with academic stress ($r = -.28, p<.01$), financial stress ($r = -.16, p<.01$), vocational stress ($r = -.15, p<.01$), family stress ($r = -.18, p<.01$), social stress ($r = -.23, p<.01$), and emotional
stress ($r = -.27, p<.01$)) and total stress score ($r = -.27, p<.01$). There was no significant correlation to be found between emotional intelligence and financial stress, family stress and social stress score among male adolescents and vocational stress among female adolescents (Table - 06). Gohm et al. (2005) suggested that emotional intelligence may help some individuals, but not others. The potential usefulness of emotional intelligence would seem to be high for this type of person: intense, confused, and stressed. They were average in emotionally intelligent and showed range of levels of emotional intelligence. But they do not have confidence in their emotional intelligence ability. So, some times the more emotionally intelligent person also did not report lower stress. They do not trust that their knowledge is accurate or that their emotional reactions tend to be appropriate. Individuals who were intense and confused about their emotions appeared not to benefit from emotional intelligence, presumably because they do not trust their ability, or they think that emotional influences are beyond their control.

The results of the investigation are consistent with the finding of Hunt and Evans (2004) and Adeyemo (2007), who concluded that high emotional intelligence, lowered the levels of stress, means emotional intelligence negatively correlated with stress. It seems to be a protective factor for stress. The hypothesis that emotional intelligence would be negatively correlated with stress in adolescents has been confirmed by the results.

**Emotional Intelligence and Cognitive Appraisal**

Results of present study reveal that there was significant negative correlation between emotional intelligence and cognitive appraisal of threat ($r = -.25, p<.01$) and loss ($r = -.21, p<.01$). It implies that higher the emotional intelligence lower the perception of stressful situation as
threatened. Same was regarding the cognitive appraisal of loss. Emotional intelligence was found to be significantly positively related with cognitive appraisal of controllable ($r = .20, p<.05$) in male respondents only. Feeling of control in confronting situation was positively correlated with emotional intelligence means boys who have high emotional intelligence found to be more confident to handle confronting situation. Emotional intelligence and cognitive appraisal of changeable ($p<.01$) was positively and significantly correlated in both boy and girl adolescents. A number of researchers (Palfai & Salovey, 1993; Shah & Thingujam, 2008) have argued that emotions create different mental sets that are more or less adaptive for solving certain kinds of problems. Individuals adopt different information processing methods for different emotions. Happy moods facilitate a mental set that is useful for creative tasks in which one must think intuitively or expansively in order to make new associations. Sad moods generate a mental set in which problems are solved more slowly with particular attention to detail using more focused and deliberate strategies. Adolescents scoring high on emotional intelligence components may tend to use planful problem solving to cope with stressors. However, little is known about whether emotional intelligence correlates with use of healthier and more adaptive coping strategies in adolescents. The hypothesis that assumes emotional intelligence would be associated with cognitive appraisal among adolescents, supported by the result.

**Emotional Intelligence and Coping Behaviour**

Reviews of literature revealed that emotional intelligence help people work with stressful situations and peer dynamics. So, investigation about the relationship between emotional intelligence and coping behaviour is
meaningful among adolescents. The process of coping includes ways in which an individual manages emotions, thinks constructively, regulates and acts on the social and non-social environments to change the sources of stress. Results of this study indicate that emotional intelligence significantly positively related with coping strategy of problem-solving \((r = .26, p<.01)\) and significantly negatively related with coping strategy of aggression \((r = -.17, p<.01)\), distracting \((r = -.16, p<.01)\) and self-criticism \((r = -.21, p<.01)\) (Table - 08). Results indicate that coping strategy of problem-solving has positive relationship with emotional intelligence in males as well as in females adolescents. The theory of emotional intelligence provides a framework for understanding individual differences in managing and regulating emotions. According to the framework of emotional intelligence, one must be competent at understanding one's emotions (including negative emotions) to be able to process emotional information accurately and efficiently, and must have the insight to skillfully use emotions and manage them (Mayer and Salovey, 1997). The results of our investigation supported by the previous results obtained by Shah and Thingujam (2008) who concluded that coping behaviour of aggression and self-criticism were negatively correlated with emotional intelligence in both males and females. Results indicate that less emotionally intelligent person will make greater use of coping strategy of aggression and self-criticism. Coping strategy of distracting \((r = -.19, p<.05)\) (thinking about other thing, something fun or trying to forget the stressor, keeping busy or playing game) and emotional intelligence was significantly negatively correlated only in male adolescents of this study. This result was supported by Brackett, et al., (2004), Salovey and Grewal, (2005) and Chan (2003),
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who found that adolescents high on emotional intelligence concentrate on the problem make plan to action and follow it, doing something to change the adverse situation. They also concluded that coping strategy of problem-solving was used more frequently by male adolescents than female adolescents.

There is some preliminary evidence to suggest that some forms of emotional intelligence may protect people from stress and lead to better adaptation. For example, emotional intelligence is positively associated with skill at identifying emotional expression and it is positively associated with mood management (Ciarrochi, et al., 2000). Other research has suggested that emotional intelligence was related to coping. Components of emotional intelligence, including social skills and managing emotions were found to be related to coping strategies, such as social support and involvement in activities in adolescents (Ciarrochi, Chan and Bajgar, 2001; Swiatek, 1995, 2001). This evidence suggests that individuals high in emotional intelligence would be expected to have greater ability to plan and decide on coping resources that reduce harmful effects of stress.

Shah and Thingujam (2008) concluded that emotional intelligence was found to be negatively related with coping strategy of detaching, which involves wishful thinking and behavioral efforts to escape or avoid the problem; it differs from distancing which suggests detachment. This types of coping typically work against people rather than to their advantage; however, it may be an effective way to cope with short-term stressors. Over all emotional intelligence negatively correlated with certain coping styles, such as behavioral disengagement and alcohol-drug engagement.
and managing emotions was positively correlated with certain other coping styles, such as, seeking social support - emotional, seeking social support - instrumental and religious coping styles.

On the basis of above findings it can be concluded that girls cognitively appraised the situation as more threatening and it was negatively correlated with emotional intelligence. Appraising the situation as controllable has positive relationship with emotional intelligence in male respondents only. Coping strategy of problem - solving was found to be positively related with emotional intelligence in both male and female of respondents. On the other hand coping strategy of aggression and self - criticism have negative relationship with emotional intelligence. It implies that individuals with low emotional intelligence would make greater use of these coping strategies and less use of coping strategy of problem - solving. The hypothesis that emotional intelligence would be associated with coping strategy among adolescents has been confirmed by the result.

**Emotional Intelligence and Psychological Health:**

Results of this study reveal that emotional intelligence scores have highly significant negative correlation with psychological health problems. Emotional intelligence scores of male adolescents have no significant correlation with dimensions of psychological health except anxiety \( r = -.17, p<.05 \). Emotional intelligence scores of female adolescents were highly negatively correlated with all dimensions of psychological health and over all psychological health scores. This finding of the study was consistent with Fernandez - Berrocal, et al. (2006), who found that emotional intelligence was negatively related to levels of depression and anxiety.
Result of this study emphasizes that emotional intelligence have greater impact on psychological health of female adolescents than male adolescents. There is some preliminary evidence to suggest that some forms of emotional intelligence may protect people from stress and lead to better adaptation. For example, an objective measure of emotional management skill has been associated with a tendency to maintain an experimentally induced positive mood (Ciarrochi, et al., 2000), which has obvious implications for preventing depressive states.

Some studies (Mathew & Zeidner, 2001; Snyder & Dinoff, 1999; Goham, et al., 2005) suggest that successful coping with stressful encounters is central to emotional intelligence. Successful coping forms the very bedrock of good mental health and physical health. It is through the coping process that we are able to survive the many challenges that life brings and to flourish as people. Emotional intelligence is potentially useful in reducing stress for some people, but irrelevant or unnecessary for others. Specially, higher emotional intelligence was correlated with lower stress for only those individual who are high in attention to emotion, clarity to emotion and emotional intensity.

Result of this study is easily explainable bearing in mind that emotional intelligence competence, such as ability to regulate one’s feeling, problem - solving, interpersonal and intrapersonal skills are highly influential to psychological health. For instance, a student who is adept in emotional management could use such skill to ward off stress and anxiety (Adeyemo, 2007).
The relationship between emotional intelligence and psychological adjustment variables such as depression, anxiety, and overall physical and mental health has been well documented in adult samples. For instance, individuals who pay greater attention to their own emotions, individuals who score lower on emotional clarity, and individuals who report an inability to regulate their own emotional states show poor emotional adjustment on a number of measures (Salovey, 2001; Fernandez-Berrocal, et al. 2005). Conversely, individuals reporting greater emotional clarity and a greater ability to repair their own emotional states report higher levels of self-esteem, another important indicator of mental health (Salovey et al., 2002). Emotional repair is also associated with the ability to control intrusive and ruminative thoughts that often accompany stressful situations (Salovey et al., 1995). Malterer, Glass and Newman (2008) reported that primary psychopathic individuals were less adept than controls at shifting their focus of attention to repair negative emotions. Individuals with primary psychopathy are both less likely to attend to emotion cues and able to revise their mood states once emotions are experienced.

Finding of the study supported by findings of Nolen-Hoeksema (2000); Reinherz, et al. (2003); Rusting et al. (1998); Salmon, et al. (1998); Shoham and Rhourbaugh, (1997); Wegner, (1994, 1997); Wegner and Zanakos, (1994); Wenzlaff and Wegner, (2000); Fernandez-Berrocal, et al. (2006), who reported that adolescents higher on ability to discriminate clearly among feeling and to regulate emotional states showed less anxiety.
and depression, independent of the effects of self-esteem and thought suppression. This finding confirms and extends previous results with university students to a more representative sample as adolescents. Williams, et al. (2004) who argued about framework to study individual differences in peoples' capacity to reason about emotions and to use emotions in reasoning. Their hypothesis was that the use of these emotional capacities would have differential effects on variable related to mental, social and physical health. The results of their study confirm these individual differences and, therefore, underscore the positive relation between emotional capacities and mental and physical health. Individuals who have high emotional intelligence would tend to have low rates of aggressiveness and violent crime as well as other mental health problems. In addition, given that chronic negative affect has a profound effect on morbidity and mortality, comparable to that of traditional risk factors such as smoking (Booth-Kewley and Friendman, 1987; Cohen and Herbert, 1996).

High emotional intelligence involves high social competence, individuals high in emotional intelligence are prone to have better social support networks in general, which ample evidence has shown to have a strong inverse association with mental health problems such as depression, anxiety, and hostility and strong positive association with physical health as well as longevity (Cohen and Syrme (1985); House, et al. (1988); Vander-Voort (1999). The results of present study indicate that hypothesis that emotional intelligence would be correlated with psychological health in adolescents, has been supported by the results of study.
**Stress and Psychological Health**

The stressful events as causes of illness have a long tradition in human history. In current societies, stresses of one or the other kind have become a common source of threat to mental and physical health and well-being of the people. They have become common characteristic feature of modern life. The empirical study of stress and health has been undertaken within biological and psychological frameworks with little attention at integration of the two (Misra & Varma, 1999). Relationship of stress and psychological health moderated by coping behaviors, personality traits, socio-cultural experiences and some other demographical variables. India is currently facing the problem of coping with diseases of underdevelopment as well as the life-style diseases. The stress arising from the rapid changes, competition, scarcity of resources, uncertainties, time pressure etc. are being experienced with increasing frequency and intensity. All this in-depth scientific studies of stress and related health problems in the Indian context, especially in adolescent population because they are more vulnerable (Sinha, 1988).

Correlation between various kinds of stresses and over all psychological health and dimensions of psychological health (Table - 10) reveal that over all stress scores significantly positively associated with over all psychological health scores ($r = .52, p<.01$) and dimensions of psychological health [anxiety ($r = .45, p<.01$), depression ($r = .47, p<.01$), somatic symptoms ($r = .39, p<.01$) and social dysfunctions ($r = .23, p<.01$)]. Academic stress, financial stress, vocational stress, family stress, social stress, emotional stress also significantly positively related with anxiety ($p<.01$), depression ($p<.01$), somatic symptoms ($p<.01$), social dysfunctions ($p<.01$) and over all psychological health scores ($p<.01$) among adolescents.
Discussion

With reference to the relationship between stress and adolescents' psychological well-being, a higher level of stress was generally related to poor adolescent psychological health. To conclude, it may be stated that all adolescents are exposed to some level of stress as an ongoing part of development. This includes normative daily stresses and hassles, as well as more major events such as the transition to a new college. It has been demonstrated in many studies that stress most notably the accumulation of daily stresses and hassles was to be related to psychological symptoms during adolescence.

Findings of this study consistent with prior research showing positive relationship between stress and poor psychological health. Means who experienced higher stress also reported greater anxiety and depression. Caspi et al. (1987) found that daily stress increased the likelihood of mood disturbance for at least the day following the occurrence by the stressor. Psychologist believe that depression, anxiety and physical symptoms (headaches, vomiting and diarrhea etc) as signs of high psychological stress. DeLongis, et al., (1988) also found that trait anxiety, along with academic hassles (e.g. time pressure, academic alienation, academic challenge, assorted annoyances), contribute to the prediction of perceived students stress. Zeidner (1994) concluded that students who were more strained by academic hassles in their immediate environments also tended to be more anxious in various situations. Therefore hypothesis that stress would be positively correlated with psychological health problems in adolescents, has been confirmed by the results of the study.
Cognitive Appraisal and Psychological Health

Correlation between cognitive appraisal and psychological health indicates that the psychological health problems significantly positively related with cognitive appraisal of threat ($r = .25, p<.01$) and loss ($r = .21, p<.01$) in adolescents. Psychological health problems significantly negatively correlated with cognitive appraisal of changeable ($r = -.16, p<.01$). There was no significant relationship between psychological health problems and cognitive appraisal of challenge and controllable in both male and female adolescents. Result also indicates that cognitive appraisals of changeable, controllable and changeable have not significant correlation with psychological health problems in male adolescents. Cognitive appraisal of loss and changeable were significantly negatively associated with psychological health among female adolescents. Inadequate responses to coping with stress in adolescents contribute to range of psychological problems, including poor academic performance, conduct problems, anxiety, depression, suicide, eating disorders and violence. The finding of this study are consistent with the finding of Shek (2002) who reported that higher levels of economic stress related to lower levels of existential well-being, life satisfaction, self-esteem, and mastery as well as higher levels of general psychiatric morbidity and substance abuse in adolescents. Relative to current economic stress perceived by adolescents, future economic worry perceived by adolescents was more strongly related to the psychological health. Compas et al. (1986) reported that negative life events were significantly correlated with symptoms of a variety of psychological problems (depression, anxiety, and obsessive-compulsiveness, interpersonal sensitivity, and somatization) while
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positive and neutral events were not correlated. Hypothesis has been confirmed by the results of the study. It was found that psychological health problems would be significantly correlated with cognitive appraisal of threat and loss and significantly negatively correlated with changeable cognitive appraisal in both male and female adolescents.

Coping Behaviour and Psychological Health

Observation of Table - 12 results reveal that psychological health problems found to be significantly positively correlated with coping strategy of detaching, distracting, aggression and self-criticism and significantly negatively related with coping strategy of problem-solving. Coping strategies of seeking support and change of thoughts were not correlated in total sample. Results also indicate that coping strategies of detaching, seeking support, problem-solving and change of thoughts were not found to be significantly correlated with psychological health problems of male adolescents. Results reveal that coping strategies of seeking-support and change of thoughts not found to be significantly correlated with psychological health problems among female adolescents.

Finding of the study are consistent with results of Nolen-Hoeksema (1995), who noted that difference occur in women response to depression; they focus on negative emotions while men use distracting responses to cope with depression and women use self-focused coping. Their aruminative style is seen as providing a general link to women tendency to have longer and more severe depressive episodes. Herman-Stahl, Stemmler, and Petersen, 1995; Seiffge-Krenke, 2000; Seiffge-Krenke and Klessinger, (2000)
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reported that approach-oriented copers reported the lowest number of symptoms of depression, whereas avoidant copers reported the highest. When adolescents are troubled or have problems, adolescents may turn to peers because they believe that they will be able to provide emotional support (Hartup and Stevens, 1997). However, some evidence has been obtained to indicate that peer-oriented social activities may be associated with poorer health outcome and increased problem behavior (Seiffge-Krenke, 2004).

Lee et al. (1992) found that the coping style of avoidance was consistently found to be a significant and moderately strong predictor of psychological distress in four different problem areas relating to academic difficulties, conflicts with elders, conflicts with friends, and future concerns. Lee and Larson (1996) found that problem-solving and information-seeking coping were to be related to reduction in depression; however, emotional-discharge coping was related to increase in physical symptoms. Ireland et al. (2005) explored the role of coping styles as a predictor of poor psychological health among adolescent offenders and reported that rational coping predicted a decrease in overall psychological distress and was found across all symptoms. Detached coping predicted a decrease in overall psychological distress; across symptoms it only predicted social dysfunction. Increased rational coping was also found to predict decreased depression. Hypothesis that psychological health problems would be significantly correlated with coping behaviour in adolescents has been supported by results of the study.

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Effect of Gender, Family Structure and their Interaction on Stress

The obtained 'F' values (table 13 to 19) obviously indicate that the main effect of gender was found to be significant only on financial stress ($F = 10.98, p<.01$) and family structure on social stress ($F = 4.13, p<.05$). The interactive effect of gender and family structure on overall stress and stress areas was not significant. The Hypothesis that there would be no significant effect of sex, family structure and their interaction on stress among adolescents has been confirmed by results of the study. The finding is consistent with finding of Ruble and colleagues (1993) who reported that parents have different expectations for girls and boys, including belief that girls will be more nurturing and concerned with social evaluations of others and boys will be more independent. According to this theory, stereotypical gender socialization leads to a lower sense of mastery and control and a higher concern for external evaluation in girls than boys.

The way of expression and experience of stress is totally different in males and females. Generally, males present themselves as less open and sociable. But evaluate the problem situation more optimistically and do not withdraw resigningly from a situation as frequently as females do. They only tackle problems when they are imminently present, not putting themselves emotionally under as much pressure as females do. However, if a serious problem occurs which is not easily solved, they try more often to forget it with alcohol or drugs (Seiffge-Krenke, 1995). On other hand, females seek advice, help, comfort or sympathy from others more often then males, regardless of the nature of the problems. Regardless of the type of problems, females address problems immediately, talk about them much
more frequently with others then males, and usually try to solve the problems with the person concerned. In addition they worry a lot about the problems think about the possible solutions and expect negative consequences much more frequently then boys. Due to these fearful anticipations, they seem to be additional stressed (Seiffge - Krenke, 1993).

**Effect of Gender, Family Structure and their Interaction on Psychological Health**

Results obtained on these variable indicate that the main effect of gender was found to be significant on anxiety (F = 6.70, p<.05) and somatic symptoms (F = 5.09, p<.05). There was no significant effect of family structure on psychological health. The interactive effect of gender and family structure on psychological health was not found to be significant (Table 20 to 24). This results are consistent with finding of WHO (2002) reported that US women reported higher levels of distress than did men, and were more likely to perceive having an emotional problem than men who had a similar level of symptoms. Alfano (2007) found that girls endorsed significantly more somatic symptoms than did boys; Aro, et al. (1987) reported that girls experienced more psychosomatic symptoms than boys through - out the study, but there was an increase in symptoms among both sexes during the follow - up and most symptoms were more common in girls than in boys. Higher levels of psychosomatic symptoms were observed in students with non - intact family structure and in those with poor school performance.

Results of this study are inconsistent with findings of the study by Mckeown et al. (1997) who argued that depressive symptoms in young adolescents may be more strongly affected by the perception of emotional
bonding in the family than by particular family structure. Apparent effects of family structure are likely to be confounded by and a reflection of the level of perceived emotional bonding. The strength of these associations varies across race and gender groups, perhaps reflecting differences in external events, extended family structures, and stress. Ghufran (2003) revealed that self-esteem to be a moderating factor for depression in women. Also, depression scores of the young and the old groups of women are differently affected by the structure of the family so that the young group from nuclear families experienced less depression while older women from the same family type experienced greater depression. While some researchers concluded that a joint family provides greater amount of stress and gives rise to stress disorder (e.g., Sampurna, et al. 1983), others found that the persons belonging to nuclear families have significantly more psychiatric problems (e.g., Chaturvedi, 1983). Carstairs and Kapur (1976) did not find significant differences in mental disorders between people living in joint family and in nuclear family settings. The role of the Indian joint family for directly affecting the amount of stress or well-being experienced as well as in buffering the relationship between daily hassles and health has not been adequately explored. Hypothesis that assumes no significant effect of sex, family structure and their interactive effect on psychological health of adolescents has been partially confirmed by the results of the study.

Effect of Gender, Family Structure and their Interaction on Emotional Intelligence

The 'F' values recorded in Table 25 to 35 reveal that the main effect of gender was found to be significant only on self-awareness (F = 4.67, p<.05), a factor of emotional intelligence. Finding of this investigation
similar with finding of study by Simmons (2001) who argued that emotional intelligence is not respecting the gender. Opposite to popular belief, women are not more emotionally intelligent than men. They are, however, emotionally intelligent in different ways. In a study thousands of men and women found that men are more self-confident, optimistic, and adaptable. Also men are able to handle stress better than women. In general, however, far more similarities exist than difference. The interactive effect of gender and family structure on emotional intelligence and their areas was also not significant. The hypothesis that there would no significant effect of sex, family structure and their interactive effect on emotional intelligence of adolescents has been partially supported by the results.

**Role of Emotional Intelligence in Predicting Stress**

Some forms of emotional intelligence may protect people from stress and lead to better adaptation. Emotional intelligence is positively associated with skill at identifying emotional expressions and it is positively associated with mood management. Results of study also suggested that adolescents higher in emotional intelligence were more likely to use adaptive coping strategies when faced with stressful situations and that this approach would related to lower levels of psychological distress Ciarrochi, et al. (2000). Results in Table - 36 indicate that emotional intelligence found to be a significant predictor and accounted for 7.9% of variance in academic stress scores, 2.3% of variance in financial stress scores, 2.3% of variance in vocational stress scores, 3.3% of variance in family stress scores, 5.4% of variance in social stress scores, 7.4% of
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variance in emotional stress scores, 7.1% of variance in total stress scores. Goham et al. (2005) reported that emotional intelligence was not associated with stress (feeling of inability to control life events) nor was attention. Clarity was associated with lower stress and intensity with greater stress. They found that clarity and intensity contribute uniquely, changes in $R^2 = .08$, $F(1, 155) = 16.66$, $p<.001$, and $R^2=.11$, $F(1, 155) = 21.17$, $p<.001$, respectively. They also argued that emotional intelligence did not predict lower stress over all, emotional intelligence predicted stress for some individuals, but not others. It was found that prediction of stress by emotional intelligence moderated by personality and some others variables. Managing the emotional experiences resulting from stressful situations is crucial for adaptive coping (Lazarus and Folkman, 1984; Mayer and Salovey, 1977).

These finding are consistent with research by Furnham et al. (2002) and Pelliteri (2002). However, emotional competence had no direct relationship with psychological distress which is contrary to the bulk of previous studies (Ciarrochi, et al., 2000; Ciarrochi, et al., 2002; Mayer, et al., 1999; Schutte et al., 1998), although Spence et al., (2004) found that emotional intelligence did not correlate with psychological distress. Maladaptive coping was strongly related to psychological distress. Matthew and Zeidner (2001) suggested that successful coping with stressful encounters is central to emotional intelligence. Successful coping forms the very bedrock of good mental and physical health. Mayer, Salovey and Caruso (2002) found that over all emotional intelligence was potentially useful in reducing stress for some person, but irrelevant or unnecessary for
Hypothesis that there would be significant contribution of emotional intelligence in predicting stress of adolescents has been confirmed by the results of study.

**Role of Stress in Predicting Psychological Health**

Findings presented in Table - 37 indicate that stress made a significant contribution and accounted for 20.1% of variance in anxiety, 22.4% of variance in depression, 15.1% of variance in somatic symptoms, 5.4% of variance in social dysfunction, and 27.2% of variance in total psychological health scores. Results imply that stress scores significant predictor of psychological health in adolescents.

Over last two decades, considerable evidence has accumulated suggesting that stressful life events are linked to low psychological well-being or ill health (Bhatti and Channabasann, 1985; Sharma, 1988; Pestonjee, 1992). Although the stress-illness relation is well established, it is also obvious that not all individuals respond with health or well-being problems when exposed to major life changes. The magnitude of the stress-illness association is often low, with stress typically accounting for rarely more than 10 percent of the variance in the illness indicators (Leventhal and Tomarken, 1987).

Stress reduces body's immune efficacy, sets in certain psychological reactions, like increase in blood pressure, heart rate and skin conductivity, and also increase secretion of acids harmful to health in the long run. The affective and cognitive consequences of stressful experiences are found to be as varied as depression, anxiety, denial, morbid thoughts, inability to concentrate, withdrawal and performance impairment (Selye, 1966, 1976;
Lazarus, 1984). Taylor (1991) found that moderate level of stress lead to adaptive response, but stress above a threshold point will have debilitating health consequences.

A number of literature reviews and models of stress have explained that one or more moderator variables contribute to that unaccounted for variance. Complex moderator models which assume that stressful experience have a deleterious impact on psychological health only under specific personal or situational conditions. Several moderators have been suggested such as coping style, optimism, Type A Behavior Patterns, Hardiness, social support and family support system in the Indian context (Sharma, 1999)). The hypothesis that there would be significant contribution of stress in predicting psychological health of adolescents has been confirmed by the results.

**Role of Emotional Intelligence in Predicting Psychological Health**

A perusal of Table - 38 indicates that emotional intelligence made a significant contribution and accounted for 4% of variance in anxiety, 3.9% of variance in depression, 3.9% of variance in somatic symptoms, 4.3% of variance in social dysfunction, 6.4% of variance in total psychological health scores among adolescents. The findings of our study confirmed that emotional intelligence was a significant predictor for psychological health among adolescents.

In a study posited that emotional intelligence are predictors of adjustment because they are highly correlated with stable traits measured by common personality measures. Saklofske, Austin, and Minski (2003) reported that self-reported emotional intelligence accounted for variance in
happiness and well-being above and beyond personality measures. Emotional intelligence related to emotional adjustment. Specifically, adolescents reporting higher ability to discriminate clearly among feelings and to regulate emotional states showed less anxiety and depression (Fernandez-Berrocal, et al. 2006).

A person's inner well-being and external performance often mutually influence one another. High emotional intelligence appears to influence positive relationship and other outcomes, it enhance a person's overall psychological health. High emotional intelligence involves high social competence, individuals high in emotional intelligence are supposed to have better social support networks which has been shown to have a strong inverse association with mental health problems such as depression, anxiety, and hostility and a strong positive association with physical health as well as longevity (Cohen and Syme, 1985; House, Landis and Umberson, 1988; VanderVoort, 1999). From a macro perspective, one would expect that a society comprised of individuals high in emotional intelligence would tend to have low rates of aggressiveness and violent crime as well as a variety of other mental health problems. In addition, given that chronic negative affect has a profound effect on morbidity and mortality, comparable to that of traditional risk factors such as smoking (Booth-Kewley and Friendman, 1987; Cohen and Herbert, 1996).

The finding of the study are consistent with the finding of Fernandez-Berrocal, et al., (2006), who reported that emotional intelligence accounted for 29% of the variance in depression and 54% of the variance in anxiety. The factors of emotional intelligence, Emotional Clarity and
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Emotional Repair predict better psychological and physical adjustment. People with high scores in these factors reported lower levels of anxiety and depression. Person with high on Emotional Attention reported more anxious and depressive symptomatology. The hypothesis that there would no significant contribution of emotional intelligence in predicting psychological health of adolescents has been confirmed by the results.

**Role of Emotional Intelligence in Predicting Cognitive Appraisal**

The results found in this study have confirmed that emotional intelligence is a critical factor influencing cognitive appraisal of confronting situation among adolescents. This has strengthened previous findings concerning emotional intelligence as a vital factor affecting cognitive appraisal Menil and Luminet, (2007). The results presented in Table - 39 reveal that emotional intelligence made a significant contribution and accounted for 6.1% of variance in cognitive appraisal of threat, 4.3% of variance in cognitive appraisal of loss and 3.5% of variance in cognitive appraisal of changeable among adolescents. Ochsner and Gross (2004) focused on the cognitive appraisals of stressful events. Indeed, one particularly powerful stress regulation strategy involves "changing the way we think in order to change the way we feel". The way we appraise or interpret a potentially stressful situation shapes the way we respond to it (Lazarus and Folkman, 1984).

Mikolajczak and colleagues (2006) have provided preliminary evidence that trait emotional intelligence might influence the cognitive appraisal of a stressor (i.e. exams session). That is, they found higher trait emotional intelligence scores associated with less threatening appraisal and higher self
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- efficacy to pass academic exams. Mikolajczak and Luminet, (2008) found that high trait emotional intelligence individuals tend to evaluate the task as a challenge whereas low trait emotional intelligence individual tend to appraise it as a threat. They also found preliminary evidence that trait emotional intelligence moderates the cognition of stressful events and of one's ability to cope. Mikolajczak, et al., (2006, 2007) arrived at conclusion that trait emotional intelligence moderated individual's psychological responses when actually confronted to the stressor. Hypothesis that emotional intelligence would be significant predictor of cognitive appraisal of adolescents has been confirmed by the results.

Role of Emotional Intelligence in Predicting Coping Behaviour

One purpose of our study was to explore the relationship between emotional intelligence and ways of coping among adolescents. Results given in Table - 40 reveal that emotional intelligence scores significantly predicated and accounted for 2.5% of variance in coping strategy of distracting, 6.7% of variance in coping strategy of problem-solving, 2.8% of variance in coping strategy of aggression, 4.6% of variance in coping strategy of self-criticism among adolescents. These results reveal that emotional intelligence was a significant predictor for coping strategy of distracting, problem-solving, aggression and self-criticism. The process of coping includes ways in which an individual manages emotions, thinks constructively, regulates and directs behavior, controls autonomic arousal and acts on the social and non-social environments to manage the emotional experiences resulting from stressful situations. It is crucial for adaptive coping. However, little is known about whether emotional intelligence can predict the use of coping strategies in adolescents. Very little empirical researches have explored the relationship between emotional
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Managing the emotional experiences resulting from stressful situations is crucial for adaptive coping (Lazarus and Folkman, 1984; Mayer and Salovey, 1977). Mikolajczak and Luminet, (2008) found preliminary evidence that trait emotional intelligence moderates the cognitive of stressful events and of one’s ability to cope. Hypothesis that emotional intelligence would be significant predictor of coping strategies of adolescents has been confirmed by the results.

Emotional intelligence has been related to healthy coping behaviors (Jorden and Troth, 2002). The skills of regulating / controlling emotions and their expression could be associated with increased capacity for coping in stressful situations, as this regulatory process can facilitate reduction of the frequency, intensity, and duration of distressing state (Mayer and Salovey, 1997). Some researches have suggested that emotional intelligence is related to coping. Components of emotional intelligence, including social skills and managing emotions were found to be related to coping strategies, such as social support and involvement in activities in adolescents (Ciarrochi, et al., 1995, 2001). Researchers have also suggested that deficiencies in managing emotions appropriately are related to involvement in risk taking behaviors (e.g., Compass et al., 2001; Goleman, 1995). Furthermore low emotional intelligence has been correlated with excess amounts of alcohol consumption, tobacco use, illegal drug use, and involvement in deviant behavior (Brackett, Mayer and Warner, 2004; Trinidad and Johnson, 2001). Campbell and Ntobedzi (2007) reported that there was no relationship of emotional intelligence to maladaptive coping.