Chapter – 6

Summary & Conclusion
Stress among adolescents has been demonstrated in many studies, but very few empirical studies are conducted on stress, coping and psychological health in relation to emotional intelligence in the Indian sample. The transactional model of stress and coping proposed by Lazarus states that experience of stress is related to cognitive appraisal of stressors and the kind of coping strategies the person utilizes in dealing with that particular kind of stressors. On the other hand, psychological health is related to experience of stress and experience of stress is related to emotional intelligence. In the present study an attempt has been made to examine stress, coping behavior and psychological health in relation to emotional intelligence among adolescents. An attempt has also been made to explore the impact of gender and family structure on emotional intelligence, stress, coping behavior and psychological health of adolescents.

OBJECTIVES OF THE STUDY

The specific objectives of the proposed study were:

(1) To examine gender difference regarding the level of stress, coping behavior, psychological health and emotional intelligence among adolescents.

(2) To examine the nature of relationship of emotional intelligence with various stresses, coping behaviors (cognitive appraisal and coping strategies), psychological health among adolescents.
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(3) To study the nature of relationship of psychological health with various stresses and coping behavior (cognitive appraisal and coping strategies) among adolescents.

(4) To examine the main effect and interactive effects of gender and family structure on the level of stress, psychological health and emotional intelligence among adolescents.

(5) To study significance of emotional intelligence in predicting stress, psychological health and coping behavior (cognitive appraisal and coping strategies) among adolescents.

(6) To study significance of stress in predicting psychological health among adolescents

HYPOTHESES

Following hypotheses were formulated for the present study to meet aforesaid objectives:

H-1: There would be significant gender difference in experience of stress among adolescents.

H-2: There would be significant gender difference in emotional Intelligence of adolescents.

H-3: There would be significant gender difference in psychological health of adolescents.

H-4: There would be significant gender difference on cognitive appraisal of adolescents.

H-5: There would be significant gender difference on coping styles of adolescents.
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H-6: Emotional intelligence would be negatively correlated with stress in adolescents.

H-7: Emotional intelligence would be associated with cognitive appraisals among adolescents.

H-8: Emotional intelligence would be associated with coping strategy among adolescents.

H-9: Emotional Intelligence would be negatively correlated with psychological health problems in adolescents.

H-10: Stress would be positively correlated with psychological health problems in adolescents.

H-11: There would be significant relationship between cognitive appraisal and psychological health among adolescents.

H-12: There would be significant relationship between coping strategy and psychological health among adolescents.

H-13: There would be no significant effect of gender, family structure and their interaction on stress among adolescents.

H-14: There would be no significant effect of gender, family structure and their interaction on psychological health of adolescents.

H-15: There would be no significant effect of gender, family structure and their interaction on emotional intelligence of adolescents.

H-16: There would be significant contribution of emotional intelligence in predicting stress among adolescents.

H-17: There would be significant contribution of stress in predicting psychological health among adolescents.
H-18: There would be significant contribution of emotional intelligence in predicting psychological health among adolescents.

H-19: Emotional intelligence would be significant predictor of cognitive appraisals among adolescents.

H-20: Emotional intelligence would be significant predictor of coping strategies among adolescents.

METHOD

Sample:

The present study was conducted on a sample of 300 adolescents in which 150 male adolescents and 150 female adolescents was selected they belonged to age group ranging from 14 to 19 years with mean age of 16.5 years. Adolescents were purposively selected from school / college of Varanasi.

Measures:

Following measures were employed in the present investigation to assess the variables.

1. Student's Stress Scale (SS Scale)
2. Ways of Coping with Stress Questionnaire (WCSQ)
3. Emotional Intelligence Scale (EIS)
4. Hindi adaptation of General Health Questionnaire (GHQ - 28)

(1) **Student's Stress Scale (SS Scale):**

Constructed and standardized by Bhatia and Pathak (1999). It consists of 30 items with five point rating scale. This scale measures different types of stress of an individual: Academic stress, financial stress,
vocational stress, family stress, social stress and emotional stress. The total score for each area of stress ranges from 5 to 25, whereas, the grand total of the stress ranges from 30 to 150. Higher scores on scale reveal the greater degree of stress. The reliability and validity of the scale is 0.79 and 0.75 respectively.

(2) **Ways of Coping with Stress Questionnaire (WCSQ):**

WCSQ is based on the model of stress and coping proposed by Lazarus and Folkman (1984). The WCSQ was developed by Singh (2000) for research purpose. These scenarios covered by WCSQ - Academic work pressure, preparation for exam and books are not available, could not change the subject of interest and studying another subjects, language problem, no individual interaction with teacher, school problem, career insecurity, economic problems feeling lonely, social in interaction problem. Item- total correlation of each scale was ranged from 0.35 to 0.77. The alpha coefficient for each sub- scale was ranged from 0.73 to 0.90.

(3) **Emotional Intelligence Scale (EIS):**

The scale constructed by Hyde, Pethe & Dhar (2002). It constituted 34 items. Ten factors of Emotional Intelligence included in this scale that are Self-awareness, Empathy, Self - motivation, Emotional stability, Managing relations, Integrity, Self - development, Value orientation, Commitment and Altruistic behavior. The reliability and validity of the scale is 0.88 and 0.93 respectively.
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(4) Hindi Adaptation of General Health Questionnaire (GHQ-28):

The GHQ is constructed by Goldberg and Hollies (1979). Hindi adaptation of GHQ-28 was done by Singh (2000) for research purpose. This is a measure of pure state that measures how much a subject feels that his/her present state, and unlike his/her usual state. It consists of 28 items which were divided into four sub-scales such as anxiety, depression, somatic symptoms and social dysfunction. This is a four-point rating scale. Each item is scored from 1 to 4. The lower scores on each sub-scale indicate the level of anxiety, depression, somatic symptoms and social dysfunction. Item-total correlation of each sub-scale was ranged from 0.40 to 0.85 and the alpha coefficient was ranged from 0.75 to 0.84.

FINDING OF THE STUDY

Data of the present investigation were analyzed in the term of t-test, two-way ANOVA, coefficient of correlation and multiple regression analysis. The major findings of the study are given below:

1. The results showed that there was no significant difference between male and female adolescents in experiencing stress except financial stress on which male adolescents scored higher as compared to female adolescents.

2. The comparison of male and female adolescents carried out on various dimensions of emotional intelligence indicates that male adolescents scored higher than female adolescents on self-awareness i.e. first dimension of emotional intelligence.
3. The comparison of male and female adolescents indicated that female adolescents scored higher on psychological health problems as compared to male adolescents.

4. There was no significant difference between male and female adolescents regarding use of cognitive appraisal of situation and coping behaviours except cognitive appraisal of threat on which female adolescents scored significantly higher than male adolescents.

5. The coefficient of correlation was computed to examine the nature of relationship of emotional intelligence with various stresses, coping behaviours and psychological health. The results indicated that emotional intelligence was found to be significantly negatively correlated with stress among adolescents.

   Emotional intelligence was found to be significantly positively correlated with cognitive appraisal of changeable and coping strategy of problem-solving and negatively associated with cognitive appraisal of threat and loss and coping strategy of aggression, distracting and self-criticism among adolescents.

   Emotional intelligence was found to be significantly negatively correlated with psychological health problems (anxiety, depression, somatic symptoms, and social dysfunction) and overall psychological health problems of adolescents.

6. The coefficient of correlation was performed between psychological health problems and stress, and psychological health problems and coping behaviour. Psychological health problems were found to be significantly positively associated with various stresses of adolescents.
Psychological health problems were found to be significantly positively associated with cognitive appraisal of threat and loss and coping behavior of detaching, distracting, aggression and self-criticism. Psychological health problems were found to be significantly negatively correlated with cognitive appraisal of changeable and coping strategy of problem-solving among adolescents.

7. The main effect of gender was found to be significant for financial stress, anxiety, somatic symptoms and self-awareness. Remaining variables were unaffected by the effect of gender.

The main significant effect of family structure was found to be only on social stress score of adolescents. The effect of joint and nuclear family on other variables of the study was not found to be significant.

There was not found to be significant interaction effects of gender and family structure on any variable of the study.

8. Multiple regression analysis was performed for accountability of emotional intelligence in predicting stress, psychological health and coping behavior.

Emotional intelligence accounted for 7.1% of variance in total stress scores and 6.4% of variance in psychological health of adolescent.

Emotional intelligence 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.
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Emotional intelligence accounted for 2.6% 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 and 4.6% of variance in coping strategy of self-criticism score of adolescents.

9. Multiple regression analysis was also performed for accountability of stress in predicting psychological health of adolescents.

Stress 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 overall psychological health problems of adolescents.

Limitations of Study

Every investigation is planned with an intention to study a problem thoroughly from every aspect, but despite this certain aspects may be overlooked inadvertently. Following limitation observed in this study are this study had been conducted only on 300 urban adolescents of Varanasi city, so generalizability of the finding of this study may be limited. Present investigation examined only the effect of gender and family structure and ignored the education of parent, residential back ground and socio-economical status which may influence, stress, emotional intelligence and coping behavior and their psychological health.

Suggestion for Future Research

During the process of investigation limitations observed and omission create the background for future research. Role of personality factor may be taken to study coping behavior, psychological health among adolescents. In addition other demographic characteristics may be taken
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i.e. locale, birth order and socio-economic status to study stress among adolescents and also the management of stress. Study may be conducted to examine relationship between emotional intelligence and academic performance. Study may also be planned to investigate the effect of family size on psychological health of adolescents.