



Relationship of social and emotional skills with stress among adolescents

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ABSTRACT

The study was conducted purposively in Haryana state and Delhi. Two institutions were selected purposively. Therefore, from the two institutions, Haryana and Delhi, list of children falling in the age group 13-19 years was prepared. From institution of Delhi, 100 adolescents equally representing both the sexes *i.e.* 50 girls and 50 boys were selected on random basis; similar procedure was used to select the institution of Haryana sample. Hence, a total of 200 adolescents constituted the sample for the study to assess the existing social and emotional skills. Two types of variable were considered in the study- the independent and dependent variable. Adolescent personal variables were taken as the independent variables and social and emotional skills of adolescents were taken as dependent variables. Life Skills Assessment Scale (LSAS) developed by Nair *et al.* (2010) was used to assess the social and emotional skills among the adolescents. Result revealed that it was found that 68.00 per cent boys and 66.00 per cent girls in institute of Delhi had average level of social skills. The data further showed that 22.00 per cent girls and 20.00 per cent boys fall in below average category. In institute of Haryana 80.00 per cent girls and 58.00 per cent boys were in average category and 16.00 per cent boys and 12.00 per cent girls were fall in below average category. Result further reflects that 86.00 per cent girls and 72.00 per cent boys of institute of Delhi were belong to average level. Only, 22.00 per cent boys and 14.00 per cent girls were in below average category. Similar, trend was found in institute of Haryana, where 82.00 per cent girls and 74.00 per cent boys fall in average category. Only 16.00 per cent girls and 14.00 per cent boys fall in below average category.

INTRODUCTION

Adolescence, a vital stage of growth and development, marks the period of transition from childhood to adulthood. It is characterized by rapid physiological changes and psychological maturation. The adolescents have the intellectual maturity to assess a situation, assess the various aspects of the situation, challenge the prescription of others, develop a repertoire of skills, make a choice of own and later come to a conclusion about the

skill and its execution. The adolescent also has the need to exercise skills to indicate and establish individuality and independence. Adolescents across world face many changes and challenges during this phase of life. It is important to equip the adolescents with the necessary skills to adopt the developmental changes and deal effectively with the demands and challenges of everyday life.

Social and emotional development is the most important aspects of each individual's development. It

refers to a balanced set of social and emotional skills and learned adaptive behaviors that enable individual to have interaction with other people, incidence of positive reactions and refrains from behaviors that have negative consequences. Skills such as co-operation, responsibility, empathy and self-restraint are counted as components of social development (Kartelj and Milbern, 2006).

Social skills are considered as most important life skills for social well being of individuals. Children who are generally disliked, who are aggressive and disruptive, who are unable to sustain close relationship with other children, and who cannot create a place for themselves in the peer group (Hartup, 1992). The social risks are many; poor mental health, dropping out of school, low achievement and other school difficulties, poor employment history. It involves a person's relationship with others and how that person communicates, interacts and socializes with other people. It can also relate to how people make friends and whether they have a sense of belonging (Anonymous, 2012). Well being includes those aspects of life that society collectively agrees are important for a person's happiness, quality of life and welfare (Koopman *et al.*, 2007). Emotional development is a never ending process of attaining mind's capabilities and their expressions as one grows in life period. It provides the capabilities and skills that one needs to function and survive in the society as well as the world. It is common to feel angry, sad, happy or frightened at different times. Problems occur when emotions are expressed inappropriately or at the wrong times.

Institutionalized adolescents are considered as highly deprived class of society. These adolescents are left helpless, abandoned, neglected due to social, economic and personal reasons by the parents or caregivers and they are deprived of one or more necessities of life. Being poor and living in worse family conditions and neighbourhood, increase the severity of institutional placement which can later on develop pitiable mental health in adolescents (Fader *et al.*, 2001). Early separation from parents, deprivation of parental care, love, affection, warmth, security, acceptance and discipline during childhood disrupts their normal socio-emotional development. Distance from the parents and family, near and dear ones, and also school problems, peer conflict and peer isolation, as stressful life conditions, may contribute to anxiety, stress and depression as well as, behavioural problems in adolescents (Aseltine *et al.*,

2000). So it becomes necessary to know whether institutionalized children who are devoid of family life with the emotional warmth grow up normally and how well they are able to cope and adjust to the demands of the environment around them. Institutionalized children lack sympathy, seek behaviour in negative ways, exhibit poor self-confidence, show discriminate affection toward adults, are prone to non-compliance and are more aggressive than non- institutionalized children (Makame and Grantham, 2002). Problem behaviour in children is not a disease that can be cured with one treatment. It depends on the situations changing with the child's circumstances and development (Dishion *et al.*, 1995). A variety of treatments and preventions are needed to meet the need of the individual children and families throughout the adolescent's period.

According to WHO (1996) life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. It is characterized by rapid physiological changes and psychological maturation. These are also years of risk taking, solving their own problems, taking decisions on crucial issues, peer pressures and coping with stress. Thus it is a turning point in one's life and a period of increased potential. There is a need to focus on physiological, emotional and socio-cultural dimensions of the adolescents. Moreover, the greater need is to equip adolescents with life skills, so that they can cope with the challenges and pressures. Skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. Life skills education plays a very vital role to increase the awareness among the youth about all social problems and to alleviate social evils from the society. It helps the individual to improve the ability to take everything in the right sense and also improve their contributions to the society. It aims to provide students with strategies to make healthy choices that contribute to a meaningful life. These are the abilities that help to promote mental well being and competence in young people as they face the realities of life. It helps the young people to take positive actions to protect themselves, to promote health and meaningful social relationship. Through life skill education one can move towards a more positive and holistic approaches in order to educate the new generations (Mithiya and Velumani, 2010). Life skills being psycho-social skills have been recognized world over as a basic learning need for

all people and as an important component of “quality education”. Through life skill education one can move towards more positive and holistic approaches in order to educate the new generations and through them the future generations (Siromony, 2010). Life skills include self awareness, empathy, effective communication and interpersonal relationship dimensions as a social skills and coping with emotions and coping with stress dimensions as emotional skills.

Self-awareness includes recognition of characters strengths and weaknesses, desires and dislikes. The awareness of self comes through the gradual process of adaptation to the environment (Piaget, 1969). It begins when an individual becomes aware of being a separate entity. Individuals with high self-concept tend to have confidence in their own abilities to make decision, expectations for successful outcomes and relationships that are characterized by respect and dignity (Tuttel and Tuttel, 2004). Empathy is the ability to imagine what life is like for another person, even in a situation that may not be familiar with. Affective empathy is the emotional response to others’ distress and can take two forms: personal distress or empathic concern (Cassels *et al.*, 2010). Effective communication enables to express, both verbally and non-verbally, in ways that are appropriate to cultures and situations. Interpersonal relationship skills help to relate in interaction with positive ways with the people. Coping with emotions involves recognizing emotions in ourselves and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately. Coping with stress is about recognizing the sources of stress in our lives, recognizing how this affects us and acting in ways that help to control our levels of stress. Stress can be particularly acute for students because of their stage of development. It has also been found that adolescents are more vulnerable to stress than adults and younger children. Ordinary stresses can be monumental at adolescence stage of development (Blaine, 1963).

Social and emotional skills are not only limited to adolescents with problems but for everyone, to shape them into good citizens. Adolescents who are able to display sound social and emotional skills are more likely to be accepted by their peers, be academically successful, and have more self-confidence. Conversely, students who lack these skills may experience peer rejection and academic challenges, be at-risk for dropping out, and

exhibit emotional instability (Elksnin and Elksnin, 2004). Socially competent students are less engaged in problem behaviour, are better at making friends, have more effective ways of dealing with authority and are more able in conflict resolution and problem solving than their more disruptive peers (Ogden, 2001). Social and emotional skills are an important determinant of children’s and adolescent’s healthy psychological development and adequate psychological adjustment across the lifespan (Elias, 1997).

Objectives:

- To assess the existing social and emotional skills among institutionalized adolescents
- To study the relationship of social and emotional skills with stress among institutionalized adolescents.

De Anda *et al.* (2000) observed that list of adolescent stressors is extensive and included issues unrelated to school such as body image, social issues, relationships, violence and death.

Lemerise and Arsenio (2000) concluded that affective nature of the relationship with a peer as an important factor in their model of social information processing in children. Studies of peer interaction have mainly focused on problematic or ambiguous situations such as teasing, peer rejection, provocations, aggression and conflict.

Navabi (2000) reported that most adolescents living in shelters have poor performance or poor achievement in schools. In addition, they were found to have physical, emotional, as well as social and behavioural problems as compared to adolescents living with families, and most of them have also reported maladaptive behaviour. In particular, these adolescents were found to be more sensitive, depressed, became angry very quickly, and did not care about being approved of by other people in their society.

Csoti (2001) reported that students who think poorly of their peers and school experiences and who have a general aversion to school were more likely to be less successful in their academic and social endeavors.

Ogden (2001) advocated that socially competent students are less engaged in problem behaviour, are better at making friends, have more effective ways of dealing with authority and are more able in conflict resolution and problem solving than their more disruptive peers.

Welsh *et al.* (2001) observed that a reciprocal

relationship between social competence and academic achievement in elementary school indicates that positive social behaviours are related to later academic competence over time.

Altshuler and Poertner (2002) concluded that youths living in group homes or institutions take more risks, have more threats to achievement, and have poorer peer influences.

Pearl (2002) observed that students who are rejected and less accepted in school can often be more susceptible to negative peer influence, peer group choices and affiliations, and overall social interactions.

Twenge and Nolen-Hoeksema (2002) examined relationship between age and depression among 310 children and adolescents between the ages 8 and 16. Considering the correlation between age and gender differences and depression, boys scored a high level of depression at age 12, while girls reported an increasing score of depression from ages 12 to 16.

Connor (2003) reported that institutionalized adolescents were found to be more sensitive, depressed and did not care about being approved of by other people in their society.

Sharma (2003) measured life skills of adolescents (347) in a secondary school of Kathmandu and concluded that 176 adolescents (51%) had life skill scores above the mean and was termed as having high level of life skills and 171(49%), had low level of life skills scores.

Elksnin and Elksnin (2004) studied that students who are able to display sound social and emotional skills are more likely to be accepted by their peers, be academically successful, and have more self-confidence. Conversely, students who lack these skills may experience peer rejection and academic challenges, be at-risk for dropping out, and exhibit emotional instability.

Karcher (2004) observed that connectedness, self-development, cognitive development, and life skills development are interdependent. Achievement of connectedness is dependent on the social skills and perspective-taking skills of the individuals in specific contexts.

Lafferty (2004) conducted a study on sample of 12 to 14 year-old children and found that girls scored significantly higher in the affective component of empathy and there were no gender differences in the cognitive component.

Muris *et al.* (2004) reported that low levels of

emotional warmth and high levels of rejection, control, and inconsistency are accompanied by high levels of anger and hostility.

Roy *et al.* (2004) concluded that social behaviour of primary school aged children living in a residential care setting compared with children reared in a foster family. Using caregiver reports, they found that 20 per cent of the institutionalized children, but none of the foster children reported having few or no specific friendships. They concluded that lack of social relationships with peers was related to lack of a close relationship with a specific caregiver (e.g., a parent), as opposed to interactions with multiple caregivers who worked rotating shifts.

Glennen and Bright (2005) studied social skills in a sample of 6 to 9 year-old internationally adopted children. They found that adopted children had somewhat poorer social skills, as assessed by the Social Skills Rating System, than the test norms for non-adopted children.

Nair (2005) concluded that life skill education promotes mental well-being in young people and equips them to face the realities of life. By supporting mental well-being and behavioral preparedness, life skills education equips individual to behave in a pro-social ways and it is additionally healthy living.

Veneta *et al.* (2005) examined that emotional intelligence relevance depends on the ability to predict significant life outcomes. A study of 246 predominantly first-year tertiary students investigated relationships between emotional intelligence and a number of life skills (academic achievement, life satisfaction, anxiety, problem-solving and coping). Correlations between emotional intelligence and academic achievement were small and not statistically significant, although higher emotional intelligence was correlated with higher life satisfaction, better perceived problem-solving and coping ability and lower anxiety.

De Kemp *et al.* (2007) investigated that the level of dispositional affective empathy moderated the association between parental support and antisocial behaviour in early adolescents. Higher levels of affective empathy were associated with less delinquent and aggressive behaviour.

Kosir *et al.* (2007) showed that mediating variables (well-being in school and academic engagement) do not explain the relation between social relations and academic achievement. In younger students, peer relations are related to students' academic achievement. Relations to teachers are related to students' academic outcomes in

all periods of schooling.

Abdullah and Chong (2008) indicated that there were significant differences in students' overall adjustment level based on their gender and academic achievement. Male students' overall level of adjustment was found to be higher compared to female students. Students who achieved higher grade point average were found to have higher overall level of adjustment compared to those who achieved low grade point average.

De Waal (2008) observed that empathy is an evolved mechanism that promotes altruistic behaviour. If a person sees someone in distress, for example, he may himself begin to feel distressed, this would provide a strong internal signal that the other person needs help. At that point, the feeling of distress may lead the person to think of what might make him feel better in similar situations, which may then promote helping behavior.

Saraswati and Gaonkar (2008) reported that majority of the institutional children had unsatisfactory social, emotional and educational adjustment and very few of them had good adjustment. Further, their age and academic performance had significant influence on adjustment of them. The adjustment of different types of abused children and their different periods of stay in the institution did not differ significantly.

Bos *et al.* (2009) determined that a foster care intervention, which places children in a family setting, can potentially remediate some of the negative social effects of previous institutional care and identify specific factors that play a role in this process. Second, adverse early experiences may compromise later emerging developmental processes that cannot be ascertained at very young ages, such as the profound effects of institutional rearing on executive functioning in middle childhood.

Kumar *et al.* (2009) examined self-esteem, gender and academic achievement. The findings from this study indicate that self-esteem indicates a strong significant relationship on academic achievement. A significant difference between gender and self-esteem was observed.

Lund (2009) explored the concept of self-awareness related to adolescents with shyness as an emotional and behavioural problem at school. In its extreme form shyness can be seen as an emotional and behavioural problem.

Nurmi *et al.* (2009) found that stress perception

decreased during late adolescence whereas active and internal coping increased continuously from ages 12 to 19. Adolescents' high levels of perceived stress in a particular situation were associated with a high level of active coping but a low level of internal coping in that same situation.

Stocks *et al.* (2009) concluded that empathy promotes a desire to help rather than a desire to reduce one's own negative feeling, which presumably could have been more easily accomplished by leaving situations.

Erol *et al.* (2010) examined that adolescent's self-reports of their social behaviour in a sample of 11–18 years olds living in institutional care and compared with a community sample and found that institution-reared adolescents have more social problems.

Pradhan *et al.* (2010) focused on the linkage between mind and body and its relationship with health and on the techniques for developing positive thinking to lead a healthy life. Positive thinking might provide various benefits like decreased negative stress, better coping skills, greater resistance, healthy lifestyle and improved health and well-being.

Sathyabama and Eljo (2010) indicated that majority of the respondents had low self-awareness (63.4%), feeling of empathy (63.4%) and critical thinking (65.9%), respectively. Nearly 60 per cent of the respondents had low scores in interpersonal relationship (56.5%), creative thinking (58.5%), problem solving (56%), communication (56.1%), decision making (53.6%) coping with stress (51.2%) and coping with emotions (56.2%), respectively. Moreover, 51 per cent of the respondents had low scores with regard to over all usage of life skill education. Based on the findings of the study it is suggested school mental health programmes should be organized. Life skill education should be organized to enhance the coping mechanism of the adolescent girl students. It is an essential tool for empowering the adolescent girls.

Bhat and Aminabhavi (2011) studied that adolescents with high control, social isolation and deprivation of privileges have shown significantly lower problem solving, decision making, coping with emotion, coping with stress and overall psychosocial competence. Children with high protectiveness, punishment, conformity, reward, nurturance and permissiveness have better empathy, critical thinking, self-awareness, coping with stress, interpersonal relations and effective communication as well as overall psychosocial competence.

Var *et al.* (2011) indicated that there was significant negative correlation between self esteem and problem areas. No significant difference was found in self esteem in males and females in urban and rural group. However significant difference was found between rural and urban adolescents in family, school, social and personal problems. Male and female groups differed significantly only in personal problems. Significant difference was found among all the three levels of self esteem and their personal and family problems.

Katayoon *et al.* (2012) studied the relationship between interpersonal relationship and depression among adolescents in shelters. There was significant negative relationship between level of depression and relationship with classmates, roommates, guardians, psychologists, and social workers. The results of this study showed that adolescents with lower levels of interpersonal relationship have higher levels of depression. Since adolescents living in shelters and their guardians are not the same age, they cannot share a common sense of feeling; adolescents barely establish an emotional connection with their guardians, psychologists, and social workers and therefore a close relationship can hardly be established between them.

Erozkan (2013) found that the communication skills and interpersonal problem solving skills were significantly correlated to social self-efficacy and communication skills and interpersonal problem solving skills.

MATERIAL AND METHODS

The research was conducted purposively in Haryana state and Delhi. Two institutions were selected purposively. The study was confined to young adolescents from selected institutions. Therefore, from the two institutions, Haryana and Delhi, list of children falling in the age group 13-19 years was prepared. From institution of Delhi, 100 adolescents equally representing both the sexes *i.e.* 50 girls and 50 boys were selected on random basis; similar procedure was used to select the institution of Haryana sample. Hence, a total of 200 adolescents constituted the sample for the study to assess the existing social and emotional skills. Two types of variable were considered in the study- the independent and dependent variable. Adolescent personal variables was taken as the independent variables and social and emotional skills of adolescents were taken as dependent variables. Life Skills Assessment Scale (LSAS) developed by Nair *et al.*

(2010) was used to assess the social and emotional skills among the adolescents.

OBSERVATIONS AND ANALYSIS

The findings of the present study as well as relevant discussion have been presented under following heads :

Social and emotional skills among adolescents :

The data in Table portrays the results related to the distribution of adolescents for their social and emotional skills. Institution wise comparison emphasized that higher percentage of adolescents from the Institution of Delhi had average social and emotional skills (70.00%) followed by below average (21.00%) and above average (9.00%), whereas in Institution of Haryana 67.00 per cent adolescents had average social and emotional skills followed by above average (18.00%) and below average (15.00%). As far as the status of adolescents on different dimensions of social and emotional skills in the both institutions concerned the Fig. 1 confirmed that majority of adolescents had average level of self-awareness (65.00%), empathy (70.00%), effective communication (64.00%), interpersonal relationship (68.50%), coping with emotions (77.50%) and coping with stress (76.00%) (Table 1).

Social and emotional skills of adolescents of institute of Delhi and institute of Haryana showed that adolescents were found in average category on all dimensions of social and emotional skills.

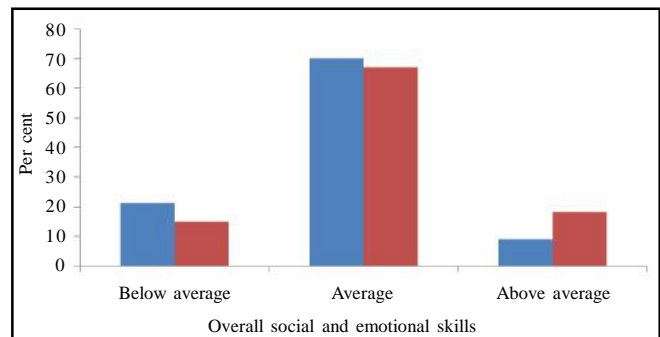


Fig. 1 : Overall social and emotional skills

Relationship between social and emotional skills and stress among adolescents :

Table 2 showed the correlation co-efficient between stress and social and emotional skills. Results indicated that stress among the adolescents had significant and

negative correlation with all the dimensions of social and emotional skills *i.e.* self-awareness ($r = -.51^*$), empathy ($-.27^*$), effective communication ($r = -.24^*$), interpersonal relationship ($r = -.15^*$), coping with emotions ($r = -.43^*$) and coping with stress ($r = -.57^*$). This depicted that high stress among adolescents leads to low self-awareness, effective communication, interpersonal relationship, coping with emotions and coping with stress.

Age and gender of adolescents were found to be significantly associated with social and emotional skills. Both boys and girls were average to below average in social and emotional skills. Abdullah and Chong (2008) revealed that there were significant differences in students' overall adjustment level based on their gender

and academic achievement. Students who achieved higher grade point were found to have average level of overall adjustment as compared to those who achieved low grade point and have average level of adjustment.

The findings from this study revealed that self-esteem indicates a strong significant relationship on academic achievement. A significant difference between gender and self-esteem was observed. Shahid *et al.* (2008) reported significant association between child psychopathology and long duration of stay in the orphanage and loss of parents before age of four years. Slobodskaya *et al.* (2005) studied that gender was not a significant factor on emotional problems. Findings supported the general tendency in the literature that males are more

Table 1 : Social and emotional skills among adolescents

Sr. No.	Social and emotional skills	Institutions		
		Institution of Delhi (n=100)	Institution of Haryana (n=100)	Total (n=200)
1.	Overall social and emotional skills			
	Below average	21(21.00)	15(15.00)	36(18.00)
	Average	70(70.00)	67(67.00)	137(68.50)
	Above average	9(9.00)	18(18.00)	27(13.50)
2.	Dimensions of social and emotional skills			
	Self-awareness			
	Below average	20(20.00)	16(16.00)	36(18.00)
	Average	65(65.00)	65(65.00)	130(65.00)
	Above average	15(15.00)	19(19.00)	34(17.00)
	Empathy			
	Below average	18(18.00)	18(18.00)	36(18.00)
	Average	68(68.00)	72(72.00)	140(70.00)
	Above average	14(14.00)	10(10.00)	24(12.00)
	Effective communication			
	Below average	25(25.00)	16(16.00)	41(20.50)
	Average	56(56.00)	72(72.00)	128(64.00)
	Above average	19(19.00)	12(12.00)	31(15.50)
	Interpersonal relationships			
	Below average	21(21.00)	17(17.00)	38(19.00)
	Average	67(67.00)	70(70.00)	137(68.50)
	Above average	12(12.00)	13(13.00)	25(12.50)
	Coping with emotions			
	Below average	18(18.00)	20(20.00)	38(19.00)
	Average	81(81.00)	74(74.00)	155(77.50)
	Above average	1(1.00)	6(6.00)	7(3.50)
	Coping with stress			
	Below average	19(19.00)	15(15.00)	34(17.00)
	Average	74(74.00)	78(78.00)	152(76.00)
	Above average	7(7.00)	7(7.00)	14(7.00)

Figures in parentheses denote percentages

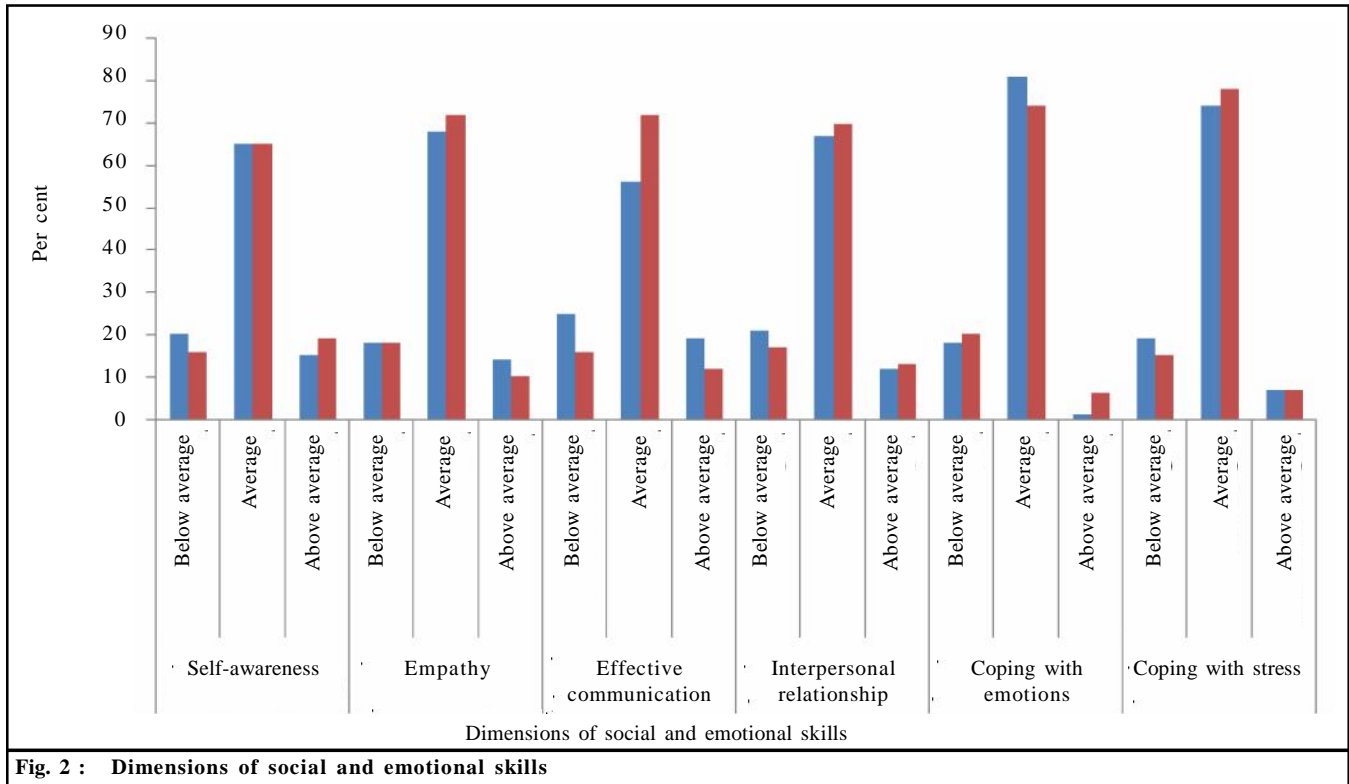


Fig. 2 : Dimensions of social and emotional skills

Sr. No.	Dimensions of social and emotional skills	Correlation co-efficients
1.	Self-awareness	-.51*
2.	Empathy	-.27*
3.	Effective communication	-.24*
4.	Interpersonal-relationships	-.15*
5.	Coping with emotions	-.43*
6.	Coping with stress	-.57*

* indicates significance of value at P=0.05

likely to possess inappropriate assertiveness and overconfidence and display externalizing difficulties while females are more likely to possess appropriate social skills and display emotional difficulties and prosocial strengths. Similarly, although there was a decrease of social and emotional skills manifestation and an increase of emotional and behavioural difficulties turned out to be a significant factor. Saraswati and Gaonkar (2008) also supported that age and academic performance had significant influence on adjustment. Results further revealed that academic achievement and exposure to mass media were not significantly associated with social and emotional skills of adolescents.

Results also depicted that, adolescents who were academically good, average and poor also performed

average in social and emotional skills. M' Murithi (2007) investigated that there were significant differences in the academic achievement of students who were taught by teachers who had received specialized critical thinking skills training and who had not received such training which predicted no significant differences in the academic achievement of the experimental and control groups of sixth-grade students. Adolescents who had medium access to exposure to mass media had average level of social and emotional skills. Further, relationship with peers and relationship with teachers were significantly associated with social and emotional skills. Kumar *et al.* (2009) examined although self-esteem indicates a strong significant relationship on academic achievement, a significant difference between gender and self-esteem

was also observed.

Results interpreted that adolescents who had good, average and poor relationship with peers had an average level of social and emotional skills. Daulta (2008) studied the impact of environment on the scholastic achievement of children and found that good quality of environment had significant positive correlation with 'high' level of scholastic achievement.

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