

CHAPTER-II

THEORETICAL FRAMEWORK OF THE STUDY

2.1. INTRODUCTION:

A theoretical framework is an essential part of any systematic work which constitutes the conceptual overview of different aspects of the study. It helps the investigator to understand the phenomena under study and enables him/her to proceed with the investigation. As the present study deals with parent-adolescent relationship, social competence, and emotional competence, so this chapter tries to present a brief introduction to the theoretical concepts of these variables in the following way.

2.2 ADOLESCENCE

The term ‘adolescence’ is derived from the Latin verb ‘adolescere’ which means “to grow up” or “to grow to maturity”. It is a developmental period that involves the significant change in all aspects of child’s physical, mental, social, and emotional life. Adolescence is the period of transition from childhood to adulthood or from dependence on adult direction and protection to self-direction and self-determination (Crow and Crow, 1965). During adolescence, children acquire the behaviour, the skills and the knowledge to participate in adult life (Keller, 2000). Chronologically, the period of adolescence starts between the ages of 10-14 years, and it usually ends between the ages of 17-21 years (Pratt, 2005). This period can be subdivided into three developing stages: early (10-14 years), middle (14-17 years) and late (17-21 years) adolescence. The onset of puberty characterizes early adolescence, and the peak growth and physical maturation describe middle adolescence. The late adolescence is marked by the end of puberty and

the integration of all functional skills, i.e., skills in the domains such as physical, motor, visual, auditory, perceptual, language, cognitive, psycho-social, and specific integrative-adaptive (Pratt, 2005). It is important to understand the changes that take place during adolescence. Thus the following paragraphs describe the fundamental changes, such as physical, cognitive, social and emotional changes, that take place during adolescence.

The first change is biological or physical associated with maturation into adult reproductive capability and usually termed as puberty. A rapid growth resulting in increases in height and weight, the development of primary sex characteristics, the development of secondary sex characteristics, changes in the quantity and distribution of fat and muscle, and changes in the circulatory and respiratory systems that lead to increased stamina for physical activities, onset of menstruation for girls and the deepening of the voice and the occurrence of the first ejaculation for boys are some of the common manifestations of puberty (Bireda, 2013).

Adolescents also experience significant advances in the cognitive abilities. They develop the ability to think abstractly, the ability of deductive reasoning and even experience improvements in their meta-cognitive skills (Bireda, 2013). Specifically, they can develop hypotheses and then systematically deduce or conclude, and able to employ strategies to assist them in remembering information and explaining to others the cognitive strategies that they are utilizing. Adolescence also experience gains in their information processing abilities, such as advances in both selective and divided attention, increases in working and long-term memory, and an increase in the speed of information processing (Bireda, 2013).

Adolescence is a period of development of the social self. It is the period of one's identity and understanding of the self in relation to the social world (Sharma and Goswami, 2014). Adolescents are socially very conscious and active. They develop the sense of social involvement and social belongings. They strongly feel that they are part and parcel of the society, having their rights and duties for effective leadership in facing and solving the social problems. They try to understand social customs and traditions, rules and laws, faith and belief and show loyalty to them. A sense of patriotism also develops in their mind out of the social senses. Adolescence is the period of increased social relationships and contacts. They believe in making intimate friendship and attach them closely to a group and develop a strong sense of loyalty towards the group. They develop the friendship with those who conform to their standard and possess the personality traits they like (Chauhan, 2000). Adolescents do not tolerate the interference of parents and other members in selecting friends. Keller (2000) has stated four major changes that occur in the structure of adolescent social life, such as more time is spent in peer relationships, guidance from adults lessens in quality and directedness, large increase in mixed-sex interactions, and the participation in large social groups becomes important. Beyond these changes in adolescents' social life, their searches for identity and intimacy also have effects on their psycho-social development (Keller, 2000).

Adolescence is regarded as the period of heighten emotions. Adolescents experience emotional instability and intensity. Sometimes they are very happy, and at another time they are extremely sad, and all this happens in a short time (Sharma and Goswami, 2014). So there is too much uncertainty in the nature of their emotional states. Generally, children show emotional expression in relation to concrete objects, but adolescents can express their emotional feelings to objects which are abstract in

form (Chauhan, 2000). Adolescents develop the concern about the feelings of others and an increased capacity for sharing emotional experiences with others. Adolescents learn to externalize their feelings in the various situations of the external environment they move in. They can project their feelings on others. They also learn to conceal their actual emotional experience. They develop compassion, i.e., the ability to enter kinship with the feelings and impulses involved in an emotional experience, whether it be joy or sorrow (Chauhan, 2000). During this period emotions take the roots into sentiments. Self-consciousness, self-respect and personal pride are too much increased in adolescents.

The physical, cognitive, social and emotional changes in adolescents spark a transformation in the parent-child relationship. A brief description of parent-child relationship during adolescence is presented in the following section.

2.3 PARENT-CHILD RELATIONSHIP DURING ADOLESCENCE

During adolescence, significant changes take place in adolescents' relationships with parents. Adolescent boys and girls establish close relationships with others and develop increased independence from parents. To retain affection for the parents without continued dependence upon him is the desired goal of the adolescents (Garrison, 1965). Adolescents spend less time with their family, and they focus increasingly on peers and activities outside the family (Brown, 2004). They give more importance to the values and beliefs maintained by their peer groups than the advice of their parents. Adolescence is the period of increased instability, turmoil with inevitable conflicts with parents (Keller, 2000). During this period, children develop distance from their parents and parental attempts to control the children contradict the liberation

tendencies of children, who rather seek advice and guidance from their peers (Keller, 2000).

As adolescents are more aware of their identity, they begin to question authority, frequently become rebellious to authority, such as with parents, but strongly depend on parental values. They expect love and acceptance from significant adults, and they distrust relationships with adults who show lack of sensitivity to adolescent needs (Sharma and Goswami, 2014). Adolescents desperately want to break away from close parental control, yet they feel a strong need for parental guidance. They want freedom in matters, such as making plans, choosing friends, spending money, etc., but at the same time, they need the security of a close and happy home relationship (Garrison, 1965). Though adolescents are rebellious against all authority, they are still in need of parental approval and love. They may revolt against all parental suggestions, yet they love their parents immensely and crave for their affection (Dandekar, 1998).

The most obvious pressure on parent-adolescent relationships comes from the physical, social, and cognitive changes in adolescents themselves. Furthermore, adolescents have new experiences that are different from their experiences with family members. So, the importance of parents in the lives of adolescents depends less on their greater physical power and the extent of shared experiences with their children than in earlier years (Collins and Laursen, 2004). As children approach adolescence, interactions with parents typically are based more on conversation, negotiation, and joint decision making than on the parents' unilateral control of behaviour (Maccoby, 1984).

Researchers, such as Collins and Russell (1991), Collins and Laursen (2004) have explored that continuities in relationships coexist, however, with significant changes in the amount, content, and perceived meaning of interactions; in expressions of positive and negative affect between parents and adolescents. Closeness during adolescence is manifest in forms that differ from closeness in earlier parent-child relationships. For example, as children mature, the intimacy as expressed by cuddling and extensive joint interactions decreases, but the conversations in which information is conveyed and feelings are expressed increase (Hartup and Laursen, 1991 as in Collins and Laursen, 2004). Many changes in parent-adolescent relationships reflect declining dependence on parents, rather than signifying erosion in the importance of these relationships (Allen and Land, 1999). As Keller (2000) states, adolescents and their parents are generally in agreement on important issues like religion, family planning and moral issues, and in contradiction on more marginal areas like hairstyle, mode of dressing, and time for coming home at night, etc. Relationships with parents remain the most influential of all adolescent relationships and shape most of the critical decisions confronting children even as parents' authority over mundane details wanes (Steinberg, 2001; Steinberg and Silk, 2002). The increasing autonomy and individuation during adolescence lead to a temporary decrease in closeness, an increase in conflicts, and gradually more equal power (Collins and Laursen, 2004; DeGoede, Branje, and Meeus, 2009).

2.4 THEORETICAL PERSPECTIVES OF PARENT-ADOLESCENT RELATIONSHIPS

There are two main views regarding the relationships between parents and adolescents. As Collins and Laursen (2004) have stated one view emphasizes

discontinuity and change in relationships through the lifespan and the other view stresses continuity and stability in relationships throughout the lifespan. The conventional perspective mostly assumes that adolescents' physical, cognitive and social maturation produced inherently unstable relationships or undermined patterns of interaction in close relationships that were established during childhood. The common focus of this models being the relative turbulence and instability of relationships during adolescence in comparison to those during childhood. Recent models emphasize continuity and the enduring nature of bonds forged between parents and adolescents on the premise that functional properties of parent-adolescent interaction persist despite alterations in the content and form of their interactions.

Models of individual change

Theories of individual change focus on disruptions caused by adolescent maturation and their potential to destabilize parent-child relationships. These models hold that changes in adolescents provoke changes in families.

As Laursen and Collins (2009) have stated, maturationist models assume that adolescent maturation accompanies a period of diminished closeness and heightened conflict and that these perturbations continue until parent-adolescent relationship and roles are renegotiated. Once the changes of the adolescent are mostly completed, relationship roles can be successfully renegotiated.

Psychoanalytic theorist (Freud, 1958) assumed that hormonal changes at puberty give rise to unwelcome oedipal urges that foster impulse control problems and anxiety, as well as rebelliousness and distance from the family (Collins and Laursen, 2004, p. 332). Other psychoanalytic theorists (Blos, 1979; Erikson, 1968) place greater emphasis

on adolescent autonomy striving and ego-identity development, rather than impulse control. These latter models converge on the dual contentions that awareness of parental de-idealization and psychic emancipation drive a wedge between parents and children and that inner turmoil produced by adolescent hormonal fluctuations exacerbates relationship difficulties (Collins and Laursen, 2004, p. 332).

Evolutionary views also emphasize the role of puberty in transforming relationships. It proposes that change processes stem from physical and cognitive advances that enable adolescents to separate from the family to seek mates elsewhere. Heightened conflict with and diminished closeness to parents are regarded as inevitable by-products of this individuation process (Laursen and Collins, 2009).

Other maturational models emphasize the role of cognitive development in parent-adolescent relationship changes. These models view that an advances in abstract and complex reasoning foster more nuanced appreciation of interpersonal distinctions and an increasingly reciprocal view of parent-child relationships (Salman, 1980 as in Laursen and Collins, 2009). As a result, adolescents become more likely to assume equal power in their interactions with parents and consider certain issues as matters of personal volition, even though they previously were under the parental jurisdiction (Smetana, 1988). Thus parents' reluctance to transform the hierarchical relationships established in childhood into more egalitarian one creates conflict and curtails closeness, prompting renegotiation of familial roles in adolescence (Collins, 1995; Selman, 1980).

Furthermore, as Laursen and Collins (2009) have stated, the fourth group of moderated maturationist models emphasizes on four different sources of alterations in

parent-adolescent relationship. The first set of model implicates changes in parents as source of transformations in parent-adolescent relationship (Steinberg, 2001). Parents' developmental issues related to careers, personal goals and future orientation can exacerbate the difficulty of the adjustments required in parent-adolescent relationships. Re-establishing positive relationships ties may be difficult for those who experience the most disruption, particularly if parents are unable or unwilling to address factors in their own lives that exacerbated transitional turmoil.

The second set of moderated maturationist model implicates changes in parent-sibling relationships in alterations in parent-younger sibling relationships (Larson and Almida, 1999 as in Laursen and Collins, 2009). The third moderated maturationist model implicates parent and child gender in alterations in parent-adolescent relationships. The gender intensification model argues that with the onset of puberty, parents increasingly assume responsibility for the socialization of same sex offspring (Hill and Lynch, 1983 as in Laursen and Collins, 2009). The model suggests that parent-child closeness increases in same- sex dyads and decreases in other sex-dyads. Another possibility however is that same sex parent-child relationships become closer than other-sex relationships because, although absolute level of closeness decline in both, the latter deteriorates more than the former. The model also has implications for parent-child conflict: with the advent of puberty, same-sex parent-child relationships should experience greater turmoil than other-sex relationships, as conflict and role negotiation are focussed on the parent who has most of the socialization responsibilities. Notwithstanding these different interpretations, there is general agreement that by the end of the adolescent years, children should have better relations with their same-sex parent than with their other-sex parent. The fourth moderated maturationist model

implicates school and other extra familial peer settings in alterations in parent-adolescent relationships (Simon and Blyth, 1987 as in Laursen and Collins, 2009).

Models of relationship continuity and transformation

Alternative models of parent-adolescent relationships focus on forces for stability and change within the dyad, rather than the impact of individual change on the dyad. Attachment formulation is the most salient example of relationship continuity, which emphasizes the strong emotional ties between parents and adolescents (Collins and Laursen, 2004; Laursen and Collins, 2009). As a mutually regulated system, parents and adolescents work jointly to maintain the relationship in a manner consistent with cognitive representations derived from their history of interactions with significant others (Bowlby, 1969). Thus, the quality of the parent-child relationship is presumed to be inherently stable over time (Allen and Land, 1999; Collins and Laursen, 2004).

Attachment in adolescence is distinctive from attachment in earlier relationships, both in behavioural and cognitive aspects (Collins and Laursen, 2004). Strong emotional ties to parents may be indicated in subtle and very private ways, including friendly teasing and small acts of concern, as well as in more obvious forms of interdependence, such as shared activities particularly with fathers, and self-disclosure particularly to mothers. Further, cognitive advances in adolescence make possible an integrated, overarching view regarding experiences that involve care giving, caretaking, and confidence in the availability of significant others (Allen and Land, 1999). Consequently, whereas younger children view the attachment in terms that are more specific to the parent-child relationship, adolescents are increasingly attuned to both the

similarities and the differences between relationships with parents, other significant adults, friends, and eventually romantic partners and offspring (Allen and Land, 1999).

The functions of attachment relationships for adolescents, however, are parallel to those for infants. In both cases, parents serve as a secure base for exploring the environment. Security facilitates exploration of the immediate environment in infancy, whereas security affords adolescents a sense of confidence in family support for their explorations outside of the family, including the formation of new relationships with peers and other adults (Collins and Laursen, 2004, p. 334). Moreover, representations of attachments in earlier life are related to the characteristics of relationships with parents in adolescence. Attachment formulation implicates that adolescents and parents with a history of sensitive, responsive interactions and strong emotional bonds facilitate adaptation during the transitions to adolescence.

2.5 INTERPERSONAL ACCEPTANCE-REJECTION THEORY

Rohner's (1975, 1986, 2016) Interpersonal Acceptance-Rejection Theory (IPARTheory), formerly known as Parental Acceptance-Rejection Theory (PARTheory), is one of the most prominent approaches to understand the influence of perceived parental behaviours on different aspects of development of children. Interpersonal Acceptance-Rejection Theory is an evidence-based theory of socialization and life-span development. Historically, this theory focussed mostly on the effects of perceived parental acceptance-rejection in childhood and extending into adulthood. By 2000, the theory had broadened to include intimate adult relationships and other significant interpersonal relationships throughout the life span. This theory aims to predict and explain the significant consequences of parental or other interpersonal

acceptance and rejection world-wide (Rohner, 2016). Now, this theory focuses mostly on the effects of perceived interpersonal acceptance-rejection in childhood and extending into adulthood.

The interpersonal acceptance-rejection theory forms the warmth dimension or continuum of interpersonal relationships. One end of the continuum is interpersonal acceptance, which refers to the warmth, affection, care, comfort, concern, nurturance, support, or simply love that one person can express to or experience from another person. The other end of the continuum is interpersonal rejection, which refers to the absence of the significant withdrawal of these positive feelings and behaviours and by the presence of a variety of physically, and psychologically hurtful behaviours and affects. As Rohner (2016) has stated, individuals are neither entirely accepted nor rejected. Somewhat, everyone falls somewhere along the warmth dimension, experiencing varying degrees of interpersonal acceptance and rejection in their relationships with significant others.

Interpersonal acceptance-rejection theory reveals that interpersonal rejection can be experienced by any combination of four ultimate expressions: cold versus warm, and unaffectionate versus affectionate; hostile and aggressive; indifferent and neglecting; and undifferentiated rejection. Warmth/closeness, hostility, and indulgence refer to internal, psychological states of individuals. People may perceive significant others to be warm (or cold and unloving) or to be hostile, angry, bitter, irritable, impatient, or antagonistic toward them. Alternatively, individuals may perceive significant others to be unconcerned and uncaring about them or to have a restricted interest in their overall well-being. Undifferentiated rejection refers to individuals' beliefs that significant

others do not care about, want, appreciate or love the individual without necessarily having clear behavioural indicators that the significant other is unaffectionate, aggressive or neglecting toward them.

The interpersonal acceptance-rejection theory stresses that individuals have an enduring biologically-based emotional need for the positive response from the people most important to them. The need for positive response includes an emotional wish, desire, or yearning (whether consciously recognized or not) for comfort, support, care, concern, nurturance and the like (Rohner, 2016). The personality sub-theory of interpersonal acceptance-rejection theory postulates that when children do not get this need satisfied adequately by their primary caregivers-or adults do not get this need satisfied by their attachment figures- they are predisposed to respond both emotionally and behaviourally in specific ways. Individuals who feel rejected by significant others are likely to be anxious, insecure and more dependent. Parental rejection leads to other personality outcomes such as hostility, aggression, passive aggression, or psychological problems with the management of hostility and aggression. It also leads to emotional responsiveness, immature dependence or defensive independency depending on the form, frequency, duration and intensity of perceived rejection and parental control, impaired self-esteem, impaired self-adequacy, emotional instability, and negative worldview (Rohner, 2016).

Rohner and his associates have explored the association between the perceived parental acceptance and rejection and the adolescents' psychological adjustment, academic achievement, school conduct, depressive symptom, etc. (Ali, Khaleque, and

Rohner, 2015; Khaleque and Rohner, 2011; Khan, Haynes, Armstrong, and Rohner, 2010; Parmer and Rohner, 2010; Rohner and Britner, 2002).

Rohner's theory emphasizes the influence of perceived interpersonal acceptance and rejection on different aspects of the personality of the individual. The present study attempts to explore the influence of various dimensions of the parent-adolescent relationship on the social and emotional competence of adolescent boys and girls. Moreover, the dimensions of the parent-adolescent relationship include both positive as well as the negative behaviour of parents, and the parents' behaviours are assessed as experienced by the adolescents. Hence, the present study is grounded on the interpersonal acceptance-rejection theory.

2.6 DIMENSIONS OF PARENT-ADOLESCENT RELATIONSHIP

In the present study, parent-adolescent relationships have been conceptualised as the characteristic behaviour of parents towards their children as experienced or perceived by the adolescent boys and girls. The following dimensions of parent-adolescent relationship have been included in the present study.

1. Protecting: Protecting is the defending attitude of parents overtly expressed in the acts of guarding, sheltering and shielding the child from situations or experiences perceived to be hostile, oppressing and harmful. Adolescents perceive parental protection when parents express some specific behaviours towards the adolescents, such as help them all the time, protect them from accidents, make sure that they are safe, keep away them from unpleasant situations, do not refuse them, etc. Evidence shows that parents' protection has a significant contribution towards career maturity (Palit and Neogi, 2015) and achievement motivation (Das and Sriranjana, 2014) of adolescents.

However, protecting behaviour of mothers and fathers negatively related to the social maturity (Khan, 2014) and emotional maturity (Matheen, 2011) of adolescents.

2. Rejecting: It refers to the behaviour evident in renouncing the child in aversion. The disposition is indicated in being disdainful and in outright refusal of the child. Adolescents perceive parental rejection when parents express some specific behaviours towards adolescents, such as refuse to involve in their problems and troubles, do not spend much time with them, dislike their interest and hobbies, knowingly hurts their feelings, etc. Evidence shows that the rejecting dimension of the parent-child relationship has a negative effect on the locus of control (Ram et al., 2015) and academic achievement (Sing, 2013). Rejecting behaviour of mothers and fathers are positively related to the social maturity (Khan, 2014), emotional maturity (Matheen, 2011) and emotional stability (Arora and Kour, 2014) of adolescents.

3. Demanding: It is the expression of authority and claims with imperious command over the child, executed in the exercise of overall control. Adolescents perceive their parents as demanding when parents express some specific behaviours towards the adolescents, such as do not tolerate their small misbehaviour, press them to do better than others in everything, strictly enforces the rules to them, want complete control over them, etc. The demanding dimension of the parent-child relationship is positively related to the emotional stability (Arora and Kour, 2014) and emotional maturity (Matheen, 2011) of adolescents. However, demanding behaviour of mothers and fathers are negatively related to the academic achievement (Sing, 2013).

4. Indifferent: It is the expression of unconcerned apathetic, passive and impartial behaviour and functioning of parents without either importance or interest in the child.

Adolescents perceive their parents as indifferent when parents express some specific behaviours towards the adolescents, such as set very few rules for them, let them escape when they do small wrongs, not aware of what they are doing in school, let them do whatever they like, do not question about going out or coming in home, let off them when they do not obey rules, etc. Existing literature reveals that the indifferent behaviour of mothers and fathers are positively related to the emotional stability (Arora and Kour, 2014) and social maturity (Khan, 2014) of adolescents.

5. Loving: It is the expression of fondness, devoted attachment, and amiableness of parents shown to the child. Adolescents perceived their parents as loving when parents show interest in their affairs, make them feel wanted, talk warmly and affectionately, willingly help in their works, enjoy listening to their experiences, etc. Evidence shows that parents' love has a significant contribution towards career maturity (Palit and Neogi, 2015) and academic achievement (Sing, 2013) of adolescents. However, loving behaviour of mothers and fathers negatively related to the social maturity (Khan, 2014).

6. Neglecting: It is a careless slighting treatment indicated in accustomed omission and deliberate disregard towards the child which might leave the child to devalue himself. Adolescents perceive parental neglect when parents express some specific behaviours towards adolescents, such as keep forgetting important things to do for them, do not bother to know about their work, do not care who their friends are, do not know what their needs are, etc. Existing literature shows that neglecting behaviour of parents is positively related to the social maturity (Khan, 2014) and emotional maturity (Matheen, 2011) of adolescents.

7. Symbolic reward: It is the symbolic expression of appreciation for emotional, psychological security of the child. Adolescents perceive parental symbolic reward when parents express some specific behaviours, such as encourage to keep their work, compare favourably with other children, praise them, show more affection when they are right, give special attention, make them happy and proud, etc. Evidence shows that symbolic reward is positively related to the emotional stability (Arora and Kour, 2014), and negatively related to the social maturity (Khan, 2014) and emotional maturity (Mathen, 2011) of adolescents.

8. Object reward: It is the physical, tangible, concrete action of warmth for emotional, psychological security of the child. Adolescents perceive parental object reward when parents express some specific behaviours, such as take out them to a cinema or other places, give dresses or storybooks, allows to stay with friends for a longer time, give a surprise gift, etc. Existing literature shows that parents' object reward is positively related to the emotional stability (Arora and Kour, 2014), and negatively related to the social maturity (Khan, 2014) and emotional maturity (Mathen, 2011) of adolescents.

9. Symbolic Punishment: It is the symbolic means by which parents show their temporary annoyance with the child. Adolescents perceive parental symbolic punishment when parents express some specific behaviours, such as complaint about them, scold them, frighten or threaten them, do not looking at or talking to them, etc. Evidence shows that symbolic punishment is positively related to the emotional maturity (Matheen, 2011) and emotional stability (Arora and Kour, 2014) of adolescents.

10. Object punishment: It is the physical means by which parents show their temporary annoyance with the child. Adolescents perceive parental object reward when parents express some specific behaviours, such as take away their playthings or reading books, slaps or hits them, give extra works, do not permitted to play, etc. Evidence shows that object punishment is negatively related to the social maturity (Khan, 2014), whereas positively related to the emotional maturity (Matheen, 2011) and emotional stability (Arora and Kour, 2014) of adolescents.

2.7 IMPORTANCE OF HEALTHY PARENT-ADOLESCENT RELATIONSHIPS

Parent-adolescent relationships are regarded as the critical social and emotional resources well beyond the childhood years (Collins and Laursen, 2004). Positive parent-adolescent relationships develop positive personality and positive outcomes such as mental and emotional well-being, adjustment, self-competence, and self-esteem (Kafle and Thakali, 2013). Positive relationship experiences, such as companionship, satisfaction, approval, support, etc., predict increases in security, and negative experiences, such as pressure, and criticism, etc., predict decreases in security (Ruhl, Dolan, and Buhrmester, 2015). Secure attachment is associated with less engagement in high-risk behaviours, fewer mental health problems, healthy adjustment and enhanced social skills (Kobak et al., 1993). Parent-child interaction, level of involvement, secure attachment, etc., are some of the parameters which provide the foundation for optimism and social competence (Sharma, 2015).

Parents who are exposed positively oriented in their styles make their adolescents socially competent and goal-directed (Okorodudu, 2010). Parents who exerted control and monitored adolescent activities and promoted self-autonomy are

found to have the most positive effects on adolescents' behaviour. Uninvolved parents and also nonresponsive to adolescents needs have negative impact on their behaviour (Okorodudu, 2010). Adolescents who describe their parents as authoritative are psychologically mature, more academically competent, and less prone to externalizing problems than their peers, whereas adolescents who describe their parents as neglectful are less mature, less competent and more troubled (Steinberg, Blatt-Eisengertand and Cauffman, 2006). Authoritative parenting style is correlated positively with adolescents' pro-social behaviour (Padilla-walker et al., 2012), social competence (Sweta, 2010; Vijila et al., 2013), subjective well being (Sweta, 2010) and self-efficacy (Tam et al., 2012), while authoritarian parenting is correlated negatively with social competence and subjective well being (Sweta, 2010), and self-efficacy (Tam et al., 2012).

Researchers also reported that parental acceptance is significantly related to psychological adjustment, school conduct (Ali, Khaleque, and Rohner, 2014) and pro-social competence (Chen, 1994). Parents' love and protection have a significant contribution towards the career maturity of the adolescents (Palit and Neogi, 2015). Favourable parent-adolescent relationship leads to lesser aggression and high self-confidence in adolescents (Nidhi and Kotnala, 2014). Symbolic punishment, object punishment, demanding, indifferent, and symbolic reward are significantly and positively related to the emotional stability of adolescents (Arora and Kour, 2014).

Positive parental behaviour is conducive to academic achievement (Singh, 2013; Turley, Desmand, and Bruch, 2010). Loving and symbolic reward behaviour patterns of parents are significantly related to academic achievement of adolescents, while protecting, rejecting and demanding behaviour patterns of parents are negatively related

to academic achievement (Singh, 2013). Loving and object reward dimensions of parent-child relationship are positively related to locus of control, whereas punishment, rejecting and neglecting dimensions are negatively related to locus of control (Gupta et al., 2014; Ram et al., 2015) of adolescents.

Parental rejection is associated with adolescents' depression (Crook, Raskin, and Eliot, 1981; Naz and Kausar, 2013) and maladjustment (Naz and Kausar, 2013). Higher perceived parental rejection predicts increases in internalizing and externalizing behaviour problems and decreases in school performances and prosocial behaviour (Putnick et al., 2015).

Adolescents' relationships with their parents are strongly associated with the development of such social skills as conflict resolution and intimacy (Hair et al., 2002). Also, good parent-child relationships appear to influence the development of other social relationships, such as relationships with friends and romantic partners and also affect adolescents' psychological and psycho-social development (Hair et al., 2002).

2.8 CONCEPT OF SOCIAL COMPETENCE

Social competence is an essential attribute of the members of a progressive onward moving society. It is one of the components of the social behaviour, acquired through social interaction and cultural integration in different socio-cultural settings (Sharma, Shukla, and Shukla, 1992). The success of an individual in the society depends mainly upon the extent to which he/she has acquired the richness and potency of social competence desirable for his/her self-actualization, growth and development (Sharma, Shukla, and Shukla, 1992).

According to Wikipedia, “Social competence is a complex, multidimensional concept consisting of social, emotional (e.g., affect regulation), cognitive (e.g., fund of information, skills for processing/acquisition, perspective taking), and behavioural (e.g., conversation skills, prosocial behaviour) skills, as well as motivation and expectancy sets (e.g., moral development, self-efficacy) needed for successful social adaptation.”

According to Encyclopedia of Children’s Health, “Social competence is the condition of possessing the social, emotional, and intellectual skills and behaviours needed to succeed as a member of society” (www.healthofchildren.com). That means social competence refers to the social, emotional and cognitive skills and behaviours that children need for successful social adaptation. A child’s social competence depends upon a number of factors including the child’s social skills, social awareness, and self-confidence. Children who have a wide repertoire of social skills and who are socially aware and perceptive are likely to be socially competent.

Researchers have defined social competence in different ways.

According to McFall (1982), “social competence is the quality or adequacy of a person’s overall performance in a particular task” (p.12).

Attili (1989) defines social competence as the ability to manage those particular relationships that are important at a specific age of development, in a certain environment, to maximize the individual’s short-and long-term benefits (i.e., survival, reproduction, and inclusive fitness). Attili (1989) also considers social competence as an organisational construct that may be defined as the ability to coordinate resources to reach adaptive goals (p.295).

Semrud-Clikeman (2007) defines social competence as ability to take another's perspective concerning a situation and to learn from past experience and apply that learning to the ever-changing social landscape. It is the foundation upon which expectations of future interactions with others are built and upon which children develop perceptions of their own behaviour.

Rani (2010) states that social competence is not a single attribute or ability which is present within individual to varying degrees; rather it is a constellation of knowledge, understanding, skills and emotional responses, all of which interact differently according to the situation the individual live in. Rani (2010) also states that social competence involves the ability to establish, maintain and develop constructive social relationships with other people, the ability to understand others point of view when different from one's own, knowledge of how to interpret other people's emotional responses in favour of more carefully considered responses in social situations and the ability to adjust ones behaviours to make it acceptable or rewarding to others.

Sweta (2010) conceptualizes social competence as an organizational construct that reflects the child's capacity to integrate behavioural, cognitive, and effective skills. It also demonstrates the child's capacity to adapt flexibly to the diverse social context and demands, develop good relationships, be successful in a task involving others, and use specific skills to attain social objectives or to control or regulate a social environment.

Lang (2010) defines social competence as the capacity to engage effectively and appropriately in social interaction and by extension to navigate the social world successfully, to hold a functional place in the society and the culture, and to be

accessible to ongoing socialization throughout life. Social competence is socially learned through a continuous socialization process throughout life in successive social situations acquired in the context of significant family, peer-group, and other relevant primary relationships (Lang, 2010).

Sharma, Shukla, and Shukla (1992) defines social competence as the social ability and interpersonal skill of an individual in effectively meeting a ‘person-situation interaction’ or successfully dealing with “an individual environmental factor”. It is the mastery and potentiality of the individual in social skills and social behaviour. Kaur (2018) conceptualizes social competence as possessing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes.

Social competence is a product of socio-cultural environment and social interactions (Shukla, 1989). It is essential social skills which provide motivational forces to the individuals for being and becoming a successful citizen of the country, strongly deepen into democratic practices in thought and action. An individual’s social competence is designed and shaped by his distinctive cultural pattern which subsequently determines his unique mode and pattern of behaviour; regulates his beliefs, values, and norms. In coping with these common problems, the individual in society makes every effort to adopt the social system as the cultural heritage. Social competence is developed as a consequence of social interaction and cultural expressions (Shukla, 1989). Cultural practices and social customs observed in the family provide enormous opportunities to the children for their social expression. Besides the rich cultural plurality, the distinctive religious traditions observed by all members of the family at different occasions in a different way provide the rich opportunities for social

learning experiences that have a deeper impact upon the acquisition of social competence. Parents contribute the key source for intrinsic motivation to the children in learning various social skills. Social competence, is thus, acquired by the children in different social settings through repeated social interactions and encounters (Shukla, 1989).

Social competence and social skills are not identical constructs. Social skills are the specific behaviours that an individual exhibits to perform competently on a task. In contrast, social competence represents an evaluative term based on judgments (given certain criteria) that a person has performed a task adequately (McFall, 1982; Oppenheimer, 1989). These judgements may be based on opinions of significant others (e.g., parents and teachers), comparison to explicit criteria (e.g., number of social tasks correctly performed in relation to some criterion), or comparisons to some normative sample (Gresham, 1986). That means the classification of social behaviours or outcomes as socially competent or incompetent is based on the standards, norms, and values prevalent in a particular society (Oppenheimer, 1989).

High-quality parent-child relationships and other interpersonal relationships, such as supportive and close peer relationships, are strong contributors to the acquisition and ongoing development of social skills (Smart and Sanson, 2003). Further, parental rejection, children's temperament, gender, etc., also affect the social competence of children (Sweta, 2010).

2.9 COMPONENTS OF SOCIAL COMPETENCE

Social competence is a collection of specific social behaviours such as differential self-concept, consolidation of identity, habits of personal maintenance and

care consistent with common peer group standards, differentiations of feelings and implications, positive and affectionate personal relationships, appropriate regulations of anti-social tendencies, curiosity and active exploration of the environment, control of attention as a function of situational or task requirements, perceptual skills, fine motor dexterity, language skills, memory flexibility in the application of information processing, strategies, quantitative and rational concepts, understanding and skills, general knowledge of health, social environment, consumer behaviour etc., competence motivation, problem solving skills, some positive attitudes towards learning and educational experiences (Anderson and Messick, 1974).

Rani (2010) has mentioned various components of social competence such as effective communication in various social relationships, social problem solving and decision-making ability, constructive resolution of conflicts, effective use of basic social skills, accurate identification and understanding of the social cues present in one's social environment, self-control and self-monitoring of one's behaviour and how it impacts others' perception of self-efficacy, a belief in the capacity of influence social environment, respect for individual difference based on gender and ethnicity, ability to solicit and utilize social support, effective coping ability, future orientation, e.g., sitting and working towards goals, sincere interest in the well being of others shown through socially responsible behaviour, empathy and perspective taking ability, ability to initiate and maintain relationship, maintaining an attachment to school, ability to distinguish between positive and negative peer influences etc.

Sharma, Shukla, and Shukla (1992) have reported that social competence consists of several elements such as social sensitivity, social maturity, social skills,

social relations, social commitment, social-appreciation ability, socio-emotional integrity, social involvement, social respectability, social leadership, social cooperation and compliance, social acceptability, social tolerance, social competition, social authority, adult-resource exploitability, social participation, and pro-social attitude.

A brief description of the components of social competence included in the present study has been given below:

- **Social sensitivity:** It is the personal ability to perceive, understand, and respect the feelings and viewpoints of others. It is an empathic ability to understand other feelings and thoughts correctly and to be acquainted with the general knowledge of social rules and norms. Kumari (2017) conceptualizes social sensitivity as that proficiency at which an individual can identify, perceive, and understand cues and context in social interactions along with being socially respectful to others. It is an important social skill and having high level social sensitivity can make an individual more well-liked and successful in social relationships.
- **Social maturity:** According to Dictionary of Education of C.V. Good, “Social maturity is a state of development in which the attitudes, understandings, feelings and skills of the individual with respect to human relationships, social tools, and social institutions are those which tend to be typical of the adult. Social maturity is a term commonly used in two ways, with reference to the behaviour that conforms to the standards and expectations of the adults and secondly, with reference to the behaviour that is appropriate to the age of the individual under observation (Khan, 2014).

- **Social skill:** According to Encyclopedia of Children’s Health, “the term social skills describes the person’s knowledge of and ability to use a variety of social behaviours that are appropriate to a given interpersonal situation and that are pleasing to others in each situation. The capacity to inhibit egocentric, impulsive, or negative social behaviour is also a reflection of a child’s social skills” (www.healthofchildren.com). Kumari (2017) conceptualizes social skill as any skill facilitating interaction and communication with others.
- **Social relation:** A social relation is a relationship between two or more people. It is an action which solicits a reaction from the other person or people and is the underpinning for society and the social structure. Kumari (2017) has stated that social relations are a blanket term for interactions between two or more people, groups, or organizations. Individual social relationships are composed of an immense number of social, physical, and verbal interactions that create a climate for the exchange of feelings and ideas.
- **Social leadership:** Social leadership means to devote one’s life and talents to improving society regardless of social standing, wealth or privilege.
- **Social tolerance:** Social tolerance is the ability of a person to act with civility among other members of society in social, public environments accepting the differences of each person living in that society.
- **Social competition:** Social competition is the striving of individuals to attain the most favourable position in a system of social cooperation (Sanchez, 2017). People

compete with each other for acquiring a high status, popularity, name and fame in society (<http://www.yourlibrary.com>).

- **Prosocial attitude:** Prosocial attitude is a mind set of a person to behave in a prosocial way. It is an attitude to act for the benefit of other people or the society as a whole.

2.10 MODELS OF SOCIAL COMPETENCE

Researchers have developed various models of social competence that represent the nature and organization of social competence. Brief descriptions of basic models of social competence have been presented in the following way.

Goldfried and D'zurilla's model

Goldfried and D'zurilla (1969) developed a five-step behavioural-analytical model of social competence. The steps are- situational analysis, response enumeration, response evaluation, measure development and evaluation of the measure.

Situational analysis is a critical situation defined by specific criteria, which include occurs with some frequency, presents a problematic response decision, and results in a range of possible responses in a given population. Situation identification and analysis are accomplished through a variety of methods, including direct observation by self or others, interviews, and surveys. The sampling of possible responses to each situation is obtained in response enumeration. Procedures for generating response alternatives include direct observation, role plays, and simulations in video or written formats. The enumerated responses are judged for effectiveness by significant others in the environment. An essential element is that a consensus must

emerge or the particular item is removed from future consideration. In fourth and fifth steps a measure for assessing social competence is developed and evaluated.

Greenspan's model

Greenspan (1981) has distinguished three general approaches for understanding social competence. These are the outcome-oriented, content-oriented and skill-oriented approach.

The outcome-oriented approach concerns the individual's ability to attain desired social objectives. Within this approach, a distinction is made between various related abilities, such as the ability to deal with the changing world, to interact effectively with the environment, to adequately respond to the complexity of living in a society, to learn alternative behavioural responses or courses of action to attain a given goal, and to accomplish the desired affects to one's action. The various abilities will result in the particular interpersonal outcome, such as popularity, success or failure in different social roles (e.g., as a friend, lover, or parent), performance in school, and success or failure in dating and marriage. The outcome-oriented approach is a practical approach which serves as an indicator of the individual's social status.

The content-oriented approach focuses on behavioural traits that may contribute to socially successful outcomes. This strategy involves four global characteristics or competencies: physical health and growth, cognitive ability, educational achievement, and motivational and emotional variables.

Finally, the skill-oriented approach refers to the individual's social awareness. Social awareness is defined by the individual's skills, abilities and processes to gain his or her objectives, for instance, and to master the social environment. It is the ability to

engage effectively in complex interpersonal interactions and to use and understand people effectively that is social cognition. Greenspan (1981) distinguishes three different aspect of social awareness: social sensitivity (i.e., role taking and social inference), social insight (i.e., social comprehension, psychological insight and moral judgement), and social communication (i.e., referential communication and social problem solving).

Gresham and Elliot's model

Gresham (1986) conceptualizes social competence as the selection and use of behaviours that predict essential, positive social outcomes. Gresham and Elliott (1987) divided social competence into two sub-domains: Social skills and Adaptive behaviour.

The first sub-domain, social skills, represents behaviours which predict important social outcomes for children and adults in specific situations. The behaviours that make up the social skills sub-domain include interpersonal behaviours, self-related behaviours, academic-related skills, assertion, peer acceptance, communication skills.

The second sub-domain, adaptive behaviours, deals with the effectiveness and degree to which an individual meets social and cultural standards of personal independence and social responsibility. The skills that the adaptive behaviour sub-domain comprises of independent functioning, physical development, self-direction, personal responsibility, economic-vocational activity, functional academic skills.

Gresham and Elliot (1990) later revised their model defining social competence as socially acceptable, learned ways of behaving that enable a person to interact effectively with other people and refers to individual's repertoire of socially appropriate responses and behaviours. They identified various behaviours as social skills which

predict important social outcomes; and proposed cooperation, assertion, self-control, responsibility and empathy as dimensions of social competence.

Cavel's model

Cavel (1990) suggests a Tri-component model of social competence. The most advanced level is called social adjustment. It is defined as the extent to which an individual achieves society's developmentally appropriate goals. The next level is social performance or the degree to which an individual's responses to relevant social situations meet socially valid criteria. The lowest level is social skills, which are defined as specific abilities allowing for the competent performance within social tasks.

Felner, Lease, and Phillips's model

Felner, Lease, and Phillips's (1990) quadripartite model emphasize the essential core elements of competence which consists of four sets of skills, abilities, and capacities. These are cognitive skills and abilities, behavioural skills, emotional competencies and motivational and expectancy sets.

Cognitive skills and abilities are cultural and social knowledge necessary for effective functioning in society, i.e., academic and occupational skills and abilities, decision-making ability, and the processing of information.

Behavioural skills are knowledge of behavioural responses and the ability to enact them, i.e., negotiation emotional competencies, role or perspective-taking, assertiveness, conversational skills and pro-social skills.

Emotional competencies are the affect regulation and affective capacities for facilitating socially competent responding and forming relationships.

Motivational and expectancy sets are an individual's value structure, moral development and sense of efficacy and control.

Crick and Dodge's model

Crick and Dodge (1994) have proposed a social information processing model for understanding social competence. There are six steps in this model that are important in the processing of social interactions. The difficulty at any step in these skills translates into problem relating to others.

The first step is observation and encoding of relevant stimuli – the child must pay attention to and encode non-verbal and verbal social cues, both external and internal.

The second step is interpretation and mental representation of cues – the child must understand what has happened during the social encounter, as well as the cause and intent underlying the interaction.

The third step is the clarification of goals – the child determines what he/she wants from the interaction and how to put forth an understanding of those goals.

The fourth step is the representation of the situation is developed – the child needs to compare the experience to previous situations and recall his/her reaction to those situations as well as what was the result of the interactions.

The fifth step is the response decision or selection – responses are chosen based on the perception of the event and skills in the child's repertoire.

The last step is the behavioural enactment and evaluation – the child acts, and the success of the act is evaluated.

Rose-Krasnor's Model

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

The middle level referred to as the index level is divided into self and other domains. The self-domain consists of aspects of social competence in which the individual's own needs take priority. The other domain includes aspects of competence which involve interpersonal connectedness. Both these domains facilitate positive interactions.

The bottom section of the prism is the skills level, which includes the social, emotional and cognitive abilities and motivations associated with social competence. The elements contained in the skills level resides primarily within the individual; and taken together, these behaviours and motivations comprise the 'building blocks' of interactions, relationships, and group status (Rose-Krasnor, 1997).

Rose-Krasnor (1997) identified four approaches to the operational definition of social competence. One is social skill approach, which uses behaviours as a guideline. Behaviours that demonstrate social skills are compiled and are collectively identified as

social competence. The peer status approach considers being popular or well-liked by peers as a measure of social competence. This approach employs socio-metric assessments. The relationships approach considers the quality of one's relationships and the ability to form relationships. The last one is the functional approach, which is context-specific and concerns with the identification of social goals and tasks. This approach also focuses on the outcomes of social behaviour and the processes leading to these outcomes. Information-processing models of social skills are important here and based on the idea that social competence results from social cognitive processes.

2.11 IMPORTANCE OF SOCIAL COMPETENCE

The development of appropriate social competencies during childhood and adolescence is crucial for adjustment, satisfaction and opportunities later in life as well as fostering well being (Merrell, 2002; Park, 2004). Individuals who are socially competent can elicit positive responses from others, interact effectively with peers and adults, and are adept at forming close relationships (Smart and Sanson, 2003). On the other hand, individuals with low levels of such skills tend to be less adroit socially and may more often experience adjustment difficulties, are aggressive and show oppositional defiant behaviour (Sanson and Smart, 2003). Further, social competence in interpersonal relationships has a significant long-term influence on psychological, academic and adaptive functioning (Elliot, 2001). Social competence is also thought to be a significant protective factor for children, buffering them from stressors and helping to prevent serious emotional and behaviour problems later in life (Garmezy, 1991). It is an important asset that can facilitate a child's successful adjustment to school (Bates et al., 2003). It promotes social acceptance by peers, positive self-esteem and self-confidence (Lund and Merrell, 2001).

An adolescent's level of social competence is also associated with a variety of other desired outcomes. It is related positively to adolescent's level of self-efficacy and self-esteem (Hair et al., 2001). Social competence, also, plays an integral part in how well a young person transitions into adulthood. Children and adults must display appropriate social skills within the rules of their culture to maintain relationships that will help them to be independent and successful. High-level social competence helps an adolescent in successful interpersonal interaction (Sharma, Shukla, and Shukla, 1992).

Deficits in social skills and social competence lead to many emotional and behavioural disorders of childhood and adolescence (Spence, 2003). Poor social competence is linked to dropouts, juvenile delinquency, job termination, suicide, substance abuse, sexual offending, police contacts and dishonourable discharges from the military (Reugg, 2003). Without necessary social competence, a person may experience trouble in areas of employment, daily living skills, independent living and participating in the community (Reugg, 2003).

2.12 CONCEPT OF EMOTIONAL COMPETENCE

Like various other aspects of personality, emotions play a vital role in the manifestation of the individual's behaviour. Emotions whether pleasant or unpleasant, always sustain activity which either maintains or enhances the organism. How an individual handle his emotions, whether competently or incompetently, is of immense importance in explaining the growth of personality. What turns doing anything into doing it well is essentially a display of competence, and whenever this aspect of personality related to emotions, it shall be deemed as emotional competence which

happens to be an efficiency that an individual acquires to deal with emotional situations effectively (Sharma and Bharadwaj, 2007).

Wikipedia defines emotional competence as one's ability to express or release one's inner feelings (emotions). It implies an ease around others and determines one's ability to effectively and successfully lead and express. It is described as the essential social skills to recognize, interpret, and respond constructively to emotions in self and others. The concept of emotional competence is rooted in understanding emotions as normal, useful aspects of being human, for example, grief is a reaction to abandonment or feeling unloved, and it has the effect of eliciting sympathetic responses from others. Emotionally competent people do express emotions appropriate to the situation, to their needs and others, and they attempt not to suppress appropriate emotions, reactions and communications of feelings by others.

The term "emotional competence" was popularised by Daniel Goleman (1995, 1998) and Saarni (1999). According to Goleman (1998), "Emotional competence is a learned capability based on emotional intelligence that results in outstanding performance at work." For star performance in all jobs, in every field, emotional competence is twice important as purely cognitive abilities (Goleman, 1998).

According to Saarni (1999), "Emotional competence is the capacity for self-efficacy in emotion-eliciting social transactions." It includes an awareness of one's emotional state, ability to discern others' emotions, ability to use vocabulary of emotion and expression terms commonly available in one's culture, capacity for empathic and sympathetic involvement in others' emotional experiences, ability to realise that inner emotional state need not correspond to outer expression, capacity for adaptive coping

with aversive or distressing emotions, adaptive emotional communication within relationships, and capacity for emotional self-efficacy (Saarni, 1999). Saarni (2001) also describes that emotional competence reflects a set of integrated skills; for example, one does not apply one's awareness of one's own emotional state without also assessing emotional-laden language or one does not consider strategies of how to manage one's emotional expressive behaviour without also taking into account how to understand the emotional experience of others.

Verbeke, Belschak, and Bagozzi (2004) describe emotional competence as a person's domain-specific working model about how one can appropriately manage one's emotion within the interpersonal situation. They conceived emotional competence as the integration of seven seemingly unrelated proficiencies: perspective taking, strategic self-presentation of emotions, helping targets of communication, accept one's genuine emotional reactions, lack of guilt when using emotions strategically, fostering self-authenticity, developing an ironic perspective, and incorporating one's moral code into the self-regulation of emotions. Thus, emotional competence is configurations of emotional skills. If people are to achieve emotional competence within their social domain, they need to be integrated these contradictory emotional skills.

Lemerise and Harper (2014) define emotional competence as the ability to accurately perceive and identify emotions, regulate emotional arousal, and enact appropriate behavioural responses during emotion-eliciting events.

Tolegenova et al. (2015) considered emotional competence as an ability to process information containing in emotions, such as to define value of emotions, their connections with each other, to use emotional information as a basis for thinking and

decision making, openness of the person to the emotional experiences, emotional literacy, ability to distinguish emotions of other people, ability to express own emotions and to operate them, awareness of emotions and management of them in relation to itself and in relation to another.

Emotional competence can also be described as the ability to understand, manage and express the emotional aspect of one's life in ways that enable the successful management of life tasks, such as learning, forming relationships, solving everyday problems and adapting to the complex demands of growth and development (Sarita and Sonia, 2016, p.280).

As reported by Equilibrium Dynamics, emotionally competent people have the capability of skilful coordinating of feelings, thinking, judgement and action to get the result they want.

Emotional competence encompasses the development of regulation/coping skills, expressive behaviour skills, and relationship-building skills (Saarni, 1999; Rosenblum and Lewis, 2003). Children must progressively build skills in these areas to achieve successful developmental outcomes. By the end of middle childhood, normally adjusted children have achieved many significant milestones in the development of emotional competence (Saarni, 1999; Rosenblum and Lewis, 2003).

Emotional competence as a set of affect-oriented behavioural, cognitive and regulatory skills that emerge over time as a person develops in a social context (Saarni, 1999, 2011). Aspects of emotional competence that develop through the lifespan include emotional expression and experience, understanding emotions of self and others, and emotional regulation (Denham and Burton, 2003). Individual factors, such

as cognitive development and temperament do indeed influence the development of social competencies; however, the skills of emotional competence are also influenced by past social experience and learning, including an individual's relationship history as well as the system of beliefs and values in which the person lives (Saarni, 1999, 2011). Kind of support receives from the parents, parent-child conflict, nature of attachment relationship formed with the parent, etc., are to a large extent responsible for variations in emotional competence (Schaffer, 2004).

According to Saarni (1999), the primary contributors to emotional competence include one's self or ego identity, one's moral sense or character, and one's developmental history. Parenting emerged as a most important factor in the development of emotional competencies, and other variables that affect the emotional competencies are frustration, anxiety, gender, religious affiliation, socioeconomic status, etc. (Sharma and Bharadwaj, 2007). Although biological factors such as temperament play a role, many components of emotional competence develop within the contexts of relationships (Lemerise and Harper, 2014).

2.13 EMOTIONAL COMPETENCIES

Emotional competence as an efficiency to deal effectively with several dissociable but related processes is a blending of five competencies (Coleman, 1970), such as adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, and enhancement of positive emotions (Sharma and Bharadwaj, 2007). These competencies may be understood as explain herewith.

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

- **Adequate expression and control of emotions:** Generally the appropriate reaction to certain situation is not expressed adequately in emotional reactions, and a mature person accepts as a part of himself, neither allows them to rule over him nor rejects them as aligned to his nature and is not at all worried because he accepts them and has an adequate control over them. Emotional competence requires both an adequate expression and their control which may be regarded as natural, dynamic ability of an individual to express and control emotions spontaneously as demanded by the situation.

Adequate expression and control of emotions refer to a tendency marked by adequate emotional expressiveness based on fulsome expression and control of emotions. Any form of inadequacy in either expression or control of emotions may lead to uncontrolled and disorganized emotionality.

- **Ability to function with emotions:** It is sometimes difficult to carry out even routine work when one finds himself face to face with a highly emotional situation. Emotional competence requires that the individual should develop a characteristic pattern of emotional reactivity which should not let him be influenced in his adequate mode of functioning that helps him in performing actions of daily routine properly.

- **Ability to cope with problem emotions:** Certain problem emotions play a destructive role and pose a potential damage to the life orientations of the individual's course of life. Therefore, emotional competence requires an understanding of the role of sensitivity and the detrimental effects of such emotions in the beginning and also a development of the ability to resist their harmful effects thereafter.
- **Enhancement of positive emotions:** The healthy growth of personality as well as adjustment with the environment requires the presence of certain positive emotions like love, affection, joy, etc., that shows a constructive influence in the dynamics of human behaviour. Man is basically good and would like to deal with positive orientedness in most of the interactive situations of life. The growing ability and a feeling of wholeness with a continuous capacity for intellectual and spiritual growth are the basic ingredients with an experience of positive emotions.

Enhancement of positive emotions refers to the competency of the person to develop a predominance of positive emotions in the personality make-up of him to ensure a meaningful and fairly integrated life.

2.14 EMOTIONAL INTELLIGENCE AND EMOTIONAL COMPETENCE

Emotional intelligence and emotional competence are closely linked concepts. In general, emotional intelligence is the ability to recognize, understand, and manage emotions in others and ourselves. Mayer and Salovey (1992) define emotional intelligence as the ability to monitor one's own and others' feelings and emotions, to discriminate between them and to use this information to guide one's thinking and actions. They have listed four branches of emotional intelligence, namely, perception appraisal and expression of emotion, emotional facilitation of thinking, understanding

and analyzing emotions, and reflective regulation of emotions to promote emotional and intellectual growth. Goleman (1995) defines emotional intelligence as the ability to recognize successfully to manage our emotion as well as those of others.

Goleman (1995, 1998) has explored emotional competence as a learned ability based on emotional intelligence that results in outstanding performance at work. One's emotional intelligence determines his/her potential for learning the emotional competencies, and our emotional competence shows how much of that potential he/she has translated into on-the-job capabilities. Merely being high in emotional intelligence does not guarantee a person will have learned the emotional competencies that matter for work; it only means that they have excellent potential to acquire them. Therefore, it may be considered that emotional intelligence is the underlying foundation for emotional competence, and the emotional competence is an expression of emotional intelligence.

Abraham (2004) claims that emotional intelligence is indeed a predictor of performance when it acts through emotional competencies. Wakeman (2006) suggests that emotional competencies cannot exist without the factors of emotional intelligence, which supports the development of these competencies. The level of a person's emotional intelligence can be evaluated to a certain degree by assessing the emotional competencies developed in that person. In this view, emotional competencies are regarded as a result of several factors including emotional intelligence.

Vaida and Opre (2014) suggest that there is an obvious distinction between these two concepts, i.e., emotional intelligence is a set of innate factors, while emotional competencies can be developed.

2.15 THE EMOTIONAL COMPETENCE FRAMEWORK

Goleman (1995, 1998) has developed the emotional competence framework which includes five domains of emotional intelligence and twenty-five emotional competencies. Emotional competence is primarily categorized as Personal competence and Social competence in the framework.

(a) Personal Competence: It deals with how people manage themselves. It consists of the following dimensions:

(i) Self-awareness: It means knowing one's internal states, preferences, resources, and intuitions which includes

- Emotional awareness - recognizing one's emotions and their effects;
- Accurate self-assessment - knowing one's strengths and limits, and
- Self-confidence - a strong sense of one's self-worth and capabilities.

(ii) Self-regulation: It refers to managing one's internal states, impulses, and resources.

It contains

- Self-control - keeping disruptive emotions and impulses in check;
- Trustworthiness - maintaining standards of honesty and integrity;
- Conscientiousness - taking responsibility for personal performance;
- Adaptability - flexibility in handling change, and
- Innovation - being comfortable and open to novel ideas and new information.

(iii) Motivation: It is the emotional tendencies that guide or facilitate reaching goals. It comprises of

- Achievement drive - striving to improve or meet a standard of excellence;
- Commitment - aligning with the goals of the group or organization;
- Initiative - readiness to act on opportunities, and
- Optimism - persistence in pursuing goals despite obstacles and setbacks.

(b) Social Competence: It determines how effective we are in relationships or how people handle relationships. It consists of the following dimensions:

(i) Empathy: It means awareness of others feelings, needs, and concerns which contains

- Understanding others - sensing others' feelings and perspective, and taking an active interest in their concerns;
- Developing others - sensing others development needs and bolstering their abilities;
- Service orientation - anticipating, recognizing, and meeting customers' needs;
- Political awareness - reading a group's emotional currents and power relationships, and
- Leveraging Diversity - cultivating opportunities through different kinds of people.

(ii) Social skills: It deals with adeptness at inducing desirable responses in others. It contains

- Influence - wielding effective tactics for persuasion;
- Communication - listening openly and sending convincing messages;
- Conflict management - negotiating and resolving disagreements;
- Leadership - inspiring and guiding individuals and groups;

- Building bonds - nurturing instrumental relationships;
- Collaboration and cooperation - working with others toward shared goals, and
- Team capabilities - creating group synergy in pursuing collective goals.

The framework represents that emotional competencies cluster into groups, each based on a common underlying emotional intelligence capacity. The underlying emotional intelligence capacities are vital to learn the emotional competencies.

2.16 SKILL-BASED APPROACH OF EMOTIONAL COMPETENCE

Saarni (1999) has stated that emotional competence is made up of eight principal components, each one representing a skill that children need to master on the road to maturity. These are:

- **Skill: 1:** Awareness of one's own emotional state, including the possibility that one is experiencing multiple emotions, and at even more mature levels, the awareness that one might also not be consciously aware of one's feelings due to unconscious dynamics or selective inattention.
- **Skill: 2:** Ability to discern and understand other emotions, using situational and expressive cues that have some degree of cultural consensus as to their emotional meaning.
- **Skill:3:** Ability to use the vocabulary of emotion and expression terms commonly available in one's (sub)culture and at more mature levels to acquire cultural scripts that link emotion with social roles.

- **Skill: 4:** Capacity for empathic and sympathetic involvement in others emotional experiences.
- **Skill: 5:** Ability to differentiate internal subjective emotional experience from external emotional expression i.e., ability to realize that inner emotional state need not correspond to outer expression, both in oneself and in others, and at more mature levels the ability to understand that one's emotional - expressive behaviour may have an impact on another and to take this into account in one's self-presentation strategies.
- **Skill: 6:** Capacity for adaptive coping with aversive emotions and distressing circumstances, using self-regulatory strategies that ameliorate the intensity or temporal duration of such emotional states.
- **Skill: 7:** Awareness of emotional communication within relationships, i.e., an awareness that the structure or nature of relationships is in part defined by both the degree of emotional immediacy or genuineness of expressive display and by the degree of emotional reciprocity or symmetry within the relationship.
- **Skill: 8:** Capacity for emotional self-efficacy: The individual views herself or himself as feeling, overall, the way she or he wants to feel; that is, emotional self-efficacy means that one accepts one's emotional experience, whether unique and eccentric or culturally conventional, and this acceptance is in alignment with the individual's beliefs about what constitutes desirable emotional "balance".

All these skills are needed to be self-efficacious, mainly when individuals are in emotion-eliciting social transactions. The skills of emotional competence do not

develop in isolation from each other. Each skill builds on subsequent skills. Mastery of the skills ultimately leads to exhibit emotional competence even during highly-charged situations.

2.17 EMOTIONAL COMPETENCE AND SOCIAL COMPETENCE

Emotional competence is closely linked to social competence, and especially so because skill in dealing with one's own and others' emotions is central in social interactions (Schaffer, 2004). It becomes particularly obvious concerning peer interaction, where popularity and friendships depend to a considerable extent on the success with which a child can sensitively link his or her own emotions to those of others (Schaffer, 2004). Children's emotional behaviour and their interpersonal relationships are closely connected. Whether children are popular or unpopular, whether they have friends or not, whether they have a constructive or destructive influence on group functioning etc., are influenced by how children manage their emotions. Children characterized by intense emotionality and by poor control over the expression tend to have a disruptive influence; they are more likely to stir up conflict and are at greater risk of being rejected by the peer group than children who have developed the ability to manage their own emotional reactions (Schaffer, 2004). Denham and Burton (2003) have mentioned that it can be tough to disentangle emotional competence from social competence. Almost every behaviour involved in maintaining social interactions and relationships involves emotional experience and expressiveness, understanding of emotion, emotion regulation, or some combination of the three. Semrud-Clikeman (2007) has stated that social experiences are intimately connected to emotional competence. Saarni (1999) has also emphasized that the emotion-eliciting encounter derives its meaningfulness from the social context in which we have grown up, and thus

the emotional experience is developmentally embedded in social experience; indeed, the two are reciprocally influential. Each of the broad organizing themes, such as regulation/coping, expressive behaviour, and relationship building, assumes that social context is an inherent feature of emotional development. For the age period adolescence (13+years), the developmental milestones or noteworthy markers of emotional development in relation to social interaction are emotional regulation or coping, awareness of one's own emotional cycle, integration of moral character and personal philosophy in dealing with stress and subsequent decisions.

Semrud-Clikeman (2007) has stated that several skills of emotional competence, such as, the ability to express one's feelings and the ability to be aware of one's and other's feelings, are very important in social competence. In addition, the ability to communicate feelings and desires is highly important for appropriate social exchanges. Thus, emotional competence and social competence are overlapping concepts.

2.18 IMPORTANCE OF EMOTIONAL COMPETENCE

Emotional competence is very much essential for a happy, healthy and successful life. It enhances the emotional management, self-esteem and adaptive resilience during the stressful circumstances (Saarni, 1999). Emotional competence helps children and adolescents cope effectively in particular circumstances. It serves as a protective factor that diminishes the impact of a range of risk factors (Saarni, 2011). Emotional competence is inversely related to adolescent risky behaviours, such as hard drug use, sexual partners, behaviour problems (Hessler and Katz, 2010). Emotional competence is central to children's abilities to interact with others and form relationships (Denham and Burton, 2003). It also contributes to children's social

competence and well-being along with school readiness and mental health (Denham, 1998; Saarni, 1999). People may experience a variety of positive transformation in their life because of increase in emotional competence. Emotional competence can transform people from confused to confident; from clueless to comprehending and enlightened; from fragmented to coherent; from shallow to deep; from cold to passionate and from oppressed to liberate as they become their authentic self (www.emotionalcompetency.com).

A lack of emotional competence causes different emotional issues which in turn lead to a suppression of emotions (Wise Geek website). Emotional suppression can also leads to depression. Additionally, relationship with other people may suffer because emotional incompetence causes a lack of emotional sharing and response. Lack of emotional competency also leads to frustration, anxiety, conflict, aggression, lack of adaptability, depression, psychosomatic disorders, etc., (Desai, 2006, p.16).

In the next chapter, a detailed account of the review of the related literature has been provided.