RESILIENCE, EMOTIONAL COMPETENCE AND SELF-ESTEEM AMONG THE FLOOD VICTIMS OF KASHMIR VALLEY

ABSTRACT

SUBMITTED FOR THE AWARD OF THE DEGREE OF

Doctor of Philosophy

In

Psychology

BY

URFAIN HABIB

UNDER THE SUPERVISION OF

PROF. SHAMIM A. ANSARI

DEPARTMENT OF PSYCHOLOGY
ALIGARH MUSLIM UNIVERSITY
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ABSTRACT

The objective of present study is to investigate resilience, emotional competence and self-esteem across various demographic characteristics (age, gender, occupation, income, family structure & education) of flood victims of Kashmir valley. Most of flood related studies that have been conducted so far have mainly focused on the various pathologies that arise among the flood victims. Present study aims at investigating the positive characteristics of our personality (resilience, emotional competence & self-esteem) that act as buffer against harmful after-effects of floods. Researcher assumed that in order to get to know about the underlying mechanism of resilience, emotional competence and self-esteem, they must be studied across certain demographic characteristics. It can help in exploring whether age, gender, occupation, income, family structure and education has any impact on resilience, emotional competence and self-esteem. Therefore in the present study resilience, emotional competence and self-esteem have been treated as dependent variables, while as age, gender, occupation, income, family structure and education have been treated as independent variables.

The sample of present study consisted of the flood victims of Kashmir valley who were selected from Lal Chowk, Sonwar Bagh, Shivpora, Batwara, Pandrathan, Rajbagh, Jawahar Nagar, Gogji Bagh and Wazir Bagh of Srinagar. For measuring resilience a seven point resilience scale developed by Wagnild (2010) was used, for measuring emotional competence an emotional competence assessment scale developed by Paiva and Kumar (2009) was used and similarly self-esteem was measured by using Rosenberg self-esteem scale, developed by Rosenberg (1965). For taping information with regard to the biographical information of respondents, a biographical information blank (BIB) was prepared and used.
The analyses of data was conducted by applying independent groups t-test (in case of two groups) in order to discern the affect of gender, occupation and family structure on resilience, emotional competence and self-esteem. Whereas one way analysis of variance (One-Way ANOVA- in case of more than two groups) was conducted to discern the affect of age, income and education on resilience, emotional competence and self-esteem. The findings of the study have been presented in Chapter-IV, summarized by different tables.

The main findings of the study are presented below:

Gender does not affect the resilience and self-esteem of an individual but it does affect an individuals’ emotional competence. Females scored high on emotional competence in comparison to their male counterparts. Family structure has no influence on resilience, emotional competence and self-esteem.

Occupation influences resilience, emotional competence and self-esteem. People working in service sector scored high on resilience, emotional competence and self-esteem. Similarly income also exerts an important influence on the resilience, emotional competence and self-esteem of individuals. People in high income group scored high on resilience, emotional competence and self-esteem, followed by the people in middle income group.

Resilience, emotional competence and self-esteem of an individual are affected by his/her age. Resilience and emotional competence scores showed an increase with the age. Whereas self-esteem did not show any increase with age. Similarly education also exerts an important influence on resilience, emotional competence and self-esteem. Resilience, emotional competence and self-esteem showed an increase with the increase in education of an individual.
Resilience and self-esteem were found to be positively correlated. Similarly resilience and emotional competence as well as the self-esteem and emotional competence were also found to be positively correlated.

Conclusion, implications and suggestions have been given in the last chapter (Chapter-V) of the thesis. The conclusion has already been presented above and in describing the implications of the study it has been highlighted that the findings of the present study will provide a helping hand to the policy makers in carrying out relief measures for the flood victims. It will also help them to identify the target population and distribute the relief measures according to the needs of the people. The findings indicate that we must strengthen resilience, emotional competence and self-esteem by sending more children to school, providing monetary help to the people with low income as well as people working in business sector as well as protecting and caring for our younger ones who are more at risk.
RESILIENCE, EMOTIONAL COMPETENCE AND SELF-ESTEEM AMONG THE FLOOD VICTIMS OF KASHMIR VALLEY

THESIS

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UNDER THE SUPERVISION OF
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DEPARTMENT OF PSYCHOLOGY
ALIGARH MUSLIM UNIVERSITY
ALIGARH-202002 (INDIA)
2017
Dedicated to the

Flood Victims of Kashmir Valley

Think of any natural calamity and people affected by it...you will find people robust enough to tell their own tales...

This is how we face, we suffer...

We learn and become strong.
CANDIDATE'S DECLARATION

I, Urfain Habib, Department of Psychology, certify that the work embodied in this Ph.D. thesis is my own bonafide work carried out by me under the supervision of Prof. Shamim Ahmad Ansari at Aligarh Muslim University, Aligarh. The matter embodied in this Ph.D. thesis has not been submitted for the award of any other degree.

I declare that I have faithfully acknowledged, given credit to and referred to the research workers wherever their works have been cited in the text and the body of the thesis. I further certify that I have not willfully lifted up other's work, paragraph, text, data, result, etc. reported in the journals, books, magazines, reports, dissertations, theses, etc., or available at web-sites and included them in this Ph.D. thesis and cited as my own work.

Dated........................................ Urfain Habib
En. No. GA-6721

CERTIFICATE FROM THE SUPERVISOR /CO-SUPERVISOR

This is to certify that the above statement made by the candidate is correct to the best of my knowledge.

Prof. Shamim Ahmad Ansari
Department of Psychology
Aligarh Muslim University, Aligarh
(Supervisor)

(Signature of the Chairman of the Department with seal)
COURSE/COMPREHENSIVE EXAMINATION/PRE-SUBMISSION SEMINAR COMPLETION CERTIFICATE

This is to certify that Urfain Habib, Department of Psychology, has satisfactorily completed the course work/comprehensive examination and pre-submission seminar requirement, which is part of her Ph.D. programme.

Chairperson
Department of Psychology
Aligarh Muslim University, Aligarh
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(Urfain Habib)
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"Glory to Thee of knowledge we have none, save what Thou Hast taught us:
In truth it is Thou who art perfect in knowledge and Wisdom" (2:32).

I thank Almighty without whose blessings this work would have remained an unaccomplished task.

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Above all I would like to thank the participants of my study, Flood Victims of Kashmir Valley. Wish you to be blessed with health, happiness and hope to move on successfully in your lives.

Urfain Habib
## CONTENTS

*List of Tables*

<table>
<thead>
<tr>
<th>Chapter 1: Introduction</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale of Study</td>
<td>1</td>
</tr>
<tr>
<td>Kashmir flash floods (2014)</td>
<td>3</td>
</tr>
<tr>
<td>Resilience</td>
<td>5</td>
</tr>
<tr>
<td>Process approach to resilience</td>
<td>8</td>
</tr>
<tr>
<td>Resilience in relation to positive emotions and grit</td>
<td>11</td>
</tr>
<tr>
<td>Strength based practice of resilience</td>
<td>12</td>
</tr>
<tr>
<td>Trauma theory of resilience</td>
<td>13</td>
</tr>
<tr>
<td>Attachment theory of resilience</td>
<td>13</td>
</tr>
<tr>
<td>Emotional Competence</td>
<td>15</td>
</tr>
<tr>
<td>Ability Model of Emotional Competence</td>
<td>16</td>
</tr>
<tr>
<td>Mixed Model of Emotional Competence</td>
<td>18</td>
</tr>
<tr>
<td>Trait Model of Emotional Competence</td>
<td>27</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>28</td>
</tr>
<tr>
<td>Self-Esteem- a predictor of achievement</td>
<td>30</td>
</tr>
<tr>
<td>Contingent and Non- Contingent Self-Esteem</td>
<td>37</td>
</tr>
<tr>
<td>Self-Esteem Builders</td>
<td>39</td>
</tr>
<tr>
<td>Objectives of the Study</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 2: Review of Literature</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood related Literature</td>
<td>43</td>
</tr>
<tr>
<td>Resilience related Literature</td>
<td>47</td>
</tr>
<tr>
<td>Emotional Competence related Literature</td>
<td>58</td>
</tr>
<tr>
<td>Self-Esteem related Literature</td>
<td>63</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 3: Methodology</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>73</td>
</tr>
<tr>
<td>Description of tools</td>
<td>74</td>
</tr>
<tr>
<td>Resilience Scale</td>
<td>75</td>
</tr>
</tbody>
</table>
Chapter 4: Results and Discussion

Descriptive Statistics
Independent Groups T-Test
One-Way Analysis of Variance (One-Way ANOVA)
Tukey’s Honestly Significant Difference (HSD) Post Hoc Test
Pearson Product-Moment Correlation Coefficient (PPMCC)

Chapter 5: Conclusions, Implications and Future Research

Suggestions
Conclusions
Implications
Suggestions
Limitations

References
Appendices
Appendix A Resilience Scale
Appendix B Emotional Competence Assessment Scale
Appendix C Self-Esteem Scale

Publication
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Title</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Showing Sample break-up</td>
<td>74</td>
</tr>
<tr>
<td>3.2</td>
<td>Showing the Reliability and Co-efficient values of emotional competence assessment scale</td>
<td>76</td>
</tr>
<tr>
<td>4.1</td>
<td>Showing resilience, emotional competence and self-esteem of males and females</td>
<td>78</td>
</tr>
<tr>
<td>4.2</td>
<td>Showing resilience, emotional competence and self-esteem of people living in nuclear and joint family structure</td>
<td>80</td>
</tr>
<tr>
<td>4.3</td>
<td>Showing resilience, emotional competence and self-esteem of people working in service and business sector</td>
<td>81</td>
</tr>
<tr>
<td>4.4 (a)</td>
<td>Resilience, emotional competence and self-esteem of people belonging to low, middle and high income group</td>
<td>82</td>
</tr>
<tr>
<td>4.4 (b)</td>
<td>One-way ANOVA results of the resilience, emotional competence and self-esteem of people belonging to low, middle and high income groups.</td>
<td>82</td>
</tr>
<tr>
<td>4.4 (c)</td>
<td>Post hoc results of resilience, emotional competence and self-esteem of people belonging to low, middle and high income group</td>
<td>83</td>
</tr>
<tr>
<td>4.5 (a)</td>
<td>Resilience, emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 &amp; 41-50)</td>
<td>84</td>
</tr>
<tr>
<td>4.5 (b)</td>
<td>One-way ANOVA results for the resilience emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 &amp; 41-50)</td>
<td>85</td>
</tr>
<tr>
<td>4.5 (c)</td>
<td>Post hoc results for the resilience, emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 &amp; 41-50)</td>
<td>85</td>
</tr>
<tr>
<td>4.6 (a)</td>
<td>Resilience, emotional competence and self-esteem of people with different levels of formal education</td>
<td>87</td>
</tr>
<tr>
<td>4.6 (b)</td>
<td>One-way ANOVA results for the resilience emotional competence and self-esteem of people with different levels of formal education</td>
<td>87</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>4.6 (c)</td>
<td>Post hoc results for the resilience, emotional competence and self-esteem of people with different levels of formal education</td>
<td>88</td>
</tr>
<tr>
<td>4.7</td>
<td>Showing Correlation between resilience and emotional competence, resilience and self-esteem and emotional competence and self-esteem</td>
<td>90</td>
</tr>
<tr>
<td>5.1</td>
<td>Showing results at glance</td>
<td>98</td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

Riding high on epithet of “God’s most intelligent creation” human beings often find themselves helpless when it comes to the fury of nature. It becomes hard to believe that the nature so fragile and serene turns up to wreak havoc in our lives. Such fearful incidents are often called natural disasters or natural calamities. These incidences are the adverse conditions brought by the natural processes of earth. These events generally appear in the form of floods, volcanic eruptions, earthquakes, tsunamis and other climatic and geological processes. Natural disasters take their toll in terms of life and property. Not only are their economic ramifications devastating but equally devastating are their psychological ramifications. Keeping in view the powerful and unpredictable course of natural disasters, it becomes mandatory to learn how to cope with their adverse effects. It is an established fact that the adverse after-effects of any natural disaster are almost irreversible but all we can do is to take measures in order to minimize them.

World Economic Forum in its Global Risk Report (2014) has brought to our notice the fact that accelerating climatic and geological changes have put our world at the risk of global shocks. The shocks that do not respect natural boundaries, the shocks that are capable enough for shaking the very foundations of our institutions and societies. The report has therefore necessitated a great need to understand the seriousness, likelihood and impact of such global shocks. It has further emphasized on building communities that would be adaptable and resilient to them.

Rationale of the study

The strength of people is tested at the time of adversaries and among all adversaries natural calamity is most challenging. The reasons that render it so
challenging is its sudden occurrence and uncontrollable nature. People who have gone through such experiences often describe them as most disturbing and distressed events of their life. No matter how much painful these events might have been, people have stood up to them bravely. Think of any natural calamity and the people affected by it, we have more strong people in place to tell their tale. This is how we face, we suffer, we learn and then we become strong. But what is it that makes us strong and is it something that can be worked on? These are the questions that serve as prelude to the present study which aims at investigating resilience, emotional competence and self-esteem among the flood victims of Kashmir Valley (Flash floods, 2014). The questions are easy but answering these questions has taken decades of research to psychologists, sociologists, anthropologists, psychiatrists, counselors and many others. Although the answer to these questions is not fully understood but the change in emphasis from ‘Pathogenic to Salutogenic’ approaches, i.e. a focus on the cause of disease (the former) to a focus on the origins of health (the latter) seems to be promising in this regard (Eachus, 2014). This theoretical perspective complements needs on the empirical side to identify the population sub-groups who suffer the most devastating and longest-lasting impacts of disaster. These challenges are recognized as critical for both science and for policy makers (Linnerooth-Bayer, Mechler & Pflug, 2005; Telford and Cosgrave 2007; Buttenheim 2010; Horton 2011; Padgett & Warnecke 2011).

Present study investigates the role of gender, age, family structure, occupation, income and education in determining resilience, emotional competence and self-esteem. The rationale behind doing so is to find out whether resilience, emotional competence and self-esteem are affected by the above mentioned demographic characteristics of the participants. With the ultimate aim of getting to know about the
ways through which we could enhance the positive personality traits of resilience, emotional competence and self-esteem among the flood victims and could build societies that stand robust during and after the floods.

**Kashmir Flash Floods (2014)**

Flood is defined as an inundation of extensive land area with water for several days in continuation. Specifically, the flash floods occur within few minutes or few hours after cloud burst, tropical storms yielding heavy rainfall, dam failures and breaches in levees. It may be noted that floods are also aggravated by human activities and thus flood hazard is both natural and man-induced rather man accentuated phenomenon (S. Singh & J. Singh, 2015).

The valley of Kashmir suffered disastrous floods (Sep, 2014) across many of its districts. The cause of the floods was torrential rainfall from 2nd September, 2014 onwards, during last stage of monsoon in India (“Floods, Rains Claim 128 Lives”, 2014). 277 people in India and about 280 people in Pakistan died due to the floods (“J&K Floods: Situation Grim”, 2014). Both Jhelum and Chenab rivers were reported to flow above the danger mark by which hundreds of villages were affected. These rivers flooded into the streets causing heavy casualties and loss of property. According to the Home Ministry of India, several thousand villages across the state had been hit and 390 villages had submerged. 1225 villages were partially affected and 1000 villages were affected in Jammu (“Jammu and Kashmir Flood Toll”, 2014). In Srinagar the flood affected regions were Lal Chowk, Sonwar Bagh, Shivpora, Batwara, Pandrathan, Rajbagh, Jawahar Nagar, Gogji Bagh and Wazir Bagh (“Srinagar: People Trapped”, 2014).

This was not for the first time that the state of Jammu and Kashmir witnessed such devastating flood. The state has got its own history of floods that are more often
linked to the Jhelum River and its crossing of the danger mark. Sir Lawrence (1895) asserted that many disastrous floods are noticed in vernacular histories, but the greatest was the terrible inundation which followed the slipping of the Kadanayar Mountains below Baramulla in A.D 879. The channel of the Jhelum River was blocked and a large part of the valley was submerged. In between Sir Lawrence noted many floods in Kashmir but again the greatest according to him were floods of 1903, converting the city into a lake. Similar account of flash floods is given by Bhatt (2004). He asserted that floods of 1929, 1950 and 1957 were the greatest floods that the valley of Jammu and Kashmir has faced before 2014 flash floods.

After a brief description of Kashmir valley flash floods (2014) it would be fair enough to explain variables of the study. Variables are the touch stone of every psychological research. These are the events, conditions that can be related either with the subject (subjective variables) or with environment (situational variables). Psychological research aims at measuring some variables (dependent variables) which are being affected by some other variables (independent variables). At the same time psychologists often control or keep constant a few other variables that might influence the research outcome. The present study undertakes a non-experimental research design where resilience, emotional competence and self-esteem are treated as dependent variables and the gender, occupation, family structure, economic background, age and education of flood victims are treated as measured independent variables. The following section deals with the description of dependent variables starting with resilience, moving on to emotional competence and summing up the introductory part with the concept of self-esteem.
RESILIENCE

World without resilience would be broken into pieces, its every aspect from human beings to the various institutions that they build. Even the minor setback could have been mighty enough to set us off. But as soon as the man experiences touch of adversity he develops resilience in order to come out of it. Therefore, resilience is commonly explained and studied in context of a two dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity (Luther & Cicchetti, 2000). Resilience has stem from Latin (resiliens) and was originally used to refer to the plaint and elastic quality of a substance (Joseph, 1994). Resilience is the happy knack of being able to bungee jump through the pitfalls of life (Fuller, 1998). Over recent years there has been a shift in research and service delivery from a deficit-based approach, which focuses on factors related psychopathology and maladaptive functioning, to an approach that highlights strengths and resources that may enable adaptive functioning and positive outcomes. This focus on strength-based approach has led to a rise in research on resilience (Hunter, 2012).

Richardson, Neiger, Jensen & Kumpfer (1990) asserted that resilience is “the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event”. Although several definitions of resilience have been propounded so far, yet there is no consensus on a single one fit all definition. After the careful perusal of several definitions the following seems to be worth mentioning:
“Resilience refers to the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks” (Fergus & Zimmerman, 2005).

Early definitions made note of “invulnerable children” (Garmezy, 1974) or children appearing “Unscathed” despite exposure to adversity (Werner & Smith, 1989) but more recently researchers have come to acknowledge that there are no vulnerable children (Masten & Obradovic, 2006). Although there is a range of definitions of resilience, most agree that it involves children displaying adaptive or competent functioning despite exposure to high levels of risk or adversity. Resilience cannot occur without the presence of two factors- adaptive functioning and exposure to risk or adversity. Despite the popularity of concept there has been growing concern among the research and practice communities about the broadening meaning and use of the construct of resilience (Vanderbilt-Adriance & Shaw, 2008).

Resilience as a psychological concept came into lime light with the efforts of Garmezy (1971). The first research findings on resilience published by Garmezy (1971) identified ‘protective factors’ that now explain the whole concept of resilience. The concept gained momentum around 1960’s when researches began to investigate possible problems (drug abuse, delinquency etc) among the youth who were at risk (poverty, illness or natural disasters). It was found that the youth who were at risk actually developed themselves into healthy personalities. They could do it with the help of some protective factors (family support, perseverance, positive emotions and peer support). This tendency of developing into healthy beings with the help of some protective factors was termed as resilience by Garmezy (1971).

The scientific study of resilience as conceived by Garmezy, his peers and students has transformed the science and practice of multiple disciplines, from the
molecular level to the global ecosystem, infusing a strength based and recovery oriented approach into psychology, education, social work, and psychiatry. Current research on resilience ranges from studies of plasticity in brain development to effective planning for resilience in the context of disaster (Masten, Nuechterlein & Wright, 2011). Resilience theorists generally agree that presence of one or more protective factors can reduce affects of exposure to adversity.

Garmezy (1993) asserted that the study of resilience has focused on answering two major questions: 1) what are the characteristics- risk factors- of children, families, and environments that predispose children to maladjustment following exposure to adversity? 2) What are the characteristics of protective factor that shield them from such major maladjustment? Bernard (1995) argued that resilient children usually have four attributes in common viz;

**Social Competence:** Ability to elicit positive responses from others, thus establishing positive relationship with both adults and peers.

**Problem Solving Skills:** Planning that facilities seeing oneself in control and resourcefulness in seeking help from others.

**Autonomy:** A sense of one’s own identity and an ability to act independently and exert some control over one’s environment, and

**A sense of purpose and future:** Goals, educational aspirations, persistence, hopefulness, and a sense of a bright future.

Werner and Smith (1992) explained how resilience has come to describe a person having a good track record of positive adaptation in the face of stress or disruptive change. Werner and Smith (1992) found that a resilient child is one “who loves well, works well, plays well, and expects well”. Masten (1994) contended that resilience refers to (1) people from high risk groups who have had better outcomes
than expected; (2) good adaptations despite stressful (common) experiences (when resilience is extreme, resilience refers to the patterns in recovery); and (3) recovery from trauma.

Resilience is not easily defined and involves a range of complex processes in which a child’s individual situation and context must be understood. The concept has been used interchangeably depending on the purpose of the research and the outcomes sought. Therefore there is no universal definition of resilience per se, but rather an understanding that it encompasses multiple factors and may differ depending on the context in which it is used (Hunter, 2012).

Process approach to resilience

Resilience has moved from being considered a fixed personality trait to being a temporal process. Research suggests that resilience is not static but may wax and wane over the life course (Luthar, 2006). Resilience is a heterogeneous, multilevel process that involves individual, family and community-level risk and protective factors. Individual protective factors may include self-regulation, self-efficacy and self-determination (Cicchetti, 2010). Family factors may include a close relationship with at least one caregiver and sibling attachment (NCH, 2007). Community factors may include common social assets such as schools, associations and sporting clubs, as well as feeling a sense of connectedness (Dean & Stain, 2007).

Masten (1994) explained that resilience must be viewed as a process. He asserted that resilience must be viewed as interplay between certain characteristics of an individual and the broader environment, a balance between stress and the ability to cope, and a dynamic and developmental process that is important at life transitions. There has been an immense debate regarding the fact whether to treat resilience as an innate quality/product or dynamic process.
Most researchers have found that resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. These processes can be individual coping strategies, or may be helped along by good families, schools, communities, and social policies that make resilience more likely to occur. Studies show that there are several factors which develop and sustain a person’s resilience, and these factors are not necessarily inherited but can be developed in any individual:

1. The ability to make realistic plans and being capable of taking the steps necessary to follow through with them.
2. A positive self-concept and confidence in one’s strengths and abilities.
3. Communication and problem solving skills.
4. The ability to manage strong impulses and feelings.

Masten (2001) contended that resilience is not some remarkable, innate quality but rather a developmental process that incorporates the normative self-righting tendencies of individuals. Garmezy (1993) cautioned against the use of the term invulnerable because it implies that people are incapable of being wounded or injured. Masten (2001) referred to the resilience process as “ordinary magic”, simply because a majority of individuals who undergo serious adversity “remarkably” manage to achieve normative developmental outcomes. Researchers view resilience not as a fixed attribute but as an alterable set of processes that can be fostered and cultivated (Masten, 2001; Padr’on, Waxman & Huang, 1999). Ecological systems theory, articulated by Brofenbrenner (1989), Garabino (1995), and Garmezy (1991), functioned as a way to examine the interplay between individuals and their environments and the resulting impact upon the individual’s development.
Garmezy’s (1991) triadic model of resilience provided a widely accepted ecological framework for understanding the resilience process. Multiple scholars use this framework to study resilience (Gordon & Song, 1994; Morales & Trotman, 2004; Werner & Smith, 1982). The triadic model described the dynamic interactions among risk and protective factors on three levels (individual, family, and environment). The model also emphasized that resilience is a process that empowers individuals to shape their environment and to be shaped by it in turn. Similarly, Cicchitti and Lynch’s (1993) interactive ecological-transactional model of development highlighted how certain contexts (e.g. culture, neighborhood, family) interact with each other over time to shape development and adaptation.

Implicit in the concept of resilience as a dynamic process is the understanding that resilience can grow or decline over time depending on the interactions taking place between an individual and their environment and between the risk and protective factors in an individual’s life (Borman & Rachuba, 2001; Werner & Smith, 1992). Therefore, an individual may be resilient at certain times- and not at others- depending upon the circumstances and relative strength of protective factors compared to risk factors at the given moment (Winfield, 1991).

Conclusion of the product v/s process approach of resilience is best summarized by the below findings; Seccombe (2002): the widely held view of resilience as an individual disposition, family trait, or community phenomenon is insufficient. Resilience cannot be understood or improved in significant ways by merely focusing on these individual-level factors. Instead careful attention must be paid to structural deficiencies in our society and to social policies that families need in order to become stronger, more competent, and better functioning in adverse situations. Research in resilience concludes that each person has an innate capacity for
resilience, a self-righting tendency that operates best when people have resiliency-building conditions in their lives (Bernard, 1995).

**Resilience in relation to Positive Emotions and Grit**

Enormous research is found on the relationship between positive emotions, grit and resilience. Studies show that maintaining positive emotions whilst facing adversity promote flexibility in thinking and problem solving. Positive emotions serve an important function in their ability to help an individual recover from stressful experiences and encounters. That being said, maintaining a positive emotionality aids in counteracting the physiological effects of negative emotions. It also facilitates adaptive coping, builds enduring social resources, and increases personal well-being (Fredrickson & Branigan, 2005). While some research indicates that psychological resilience is a relatively stable personality trait; new research suggests that positive emotions are critical to trait resilience. This is not to say that positive emotions are merely a by-product of resilience, but rather that feeling positive emotions during stressful experiences may have adaptive benefits in coping process of the individual (Tugade & Fredrickson, 2004).

Empirical evidence for this prediction arises from research on resilient individuals who have a propensity for coping strategies that concretely elicit positive emotions, such as benefit-finding and cognitive reappraisal, humor, optimism, and goal-directed problem-focused coping. Individuals who tend to approach problems with these methods of coping may strengthen their resistance to stress by allocating more access to these positive emotional resources (Bergeman, Bisconti & Wallace, 2006). Social support from caring adults encouraged resilience among participants by providing them with access to conventional activities. Positive emotions not only have physical outcomes but also physiological ones. Some physiological outcomes caused
by humor include improvements in immune system functioning and increases in levels of salivary immunoglobin A, a vital system antibody, which serves as the body’s first line of defense in respiratory illnesses (Mahony, Burroughs & Lippman, 2002).

Similarly researchers have found relation between grit and resilience. Grit refers to the perseverance and passion for long-term goals. This is characterized as working persistently towards challenges, maintained effort and interest over years despite negative feedback, adversity, plateaus in progress, or failure. High grit people view accomplishments as a marathon rather than an immediate goal. High grit individuals earn higher GPAs in schools, and make fewer career changes than less gritty individuals (Duckworth, Peterson, Matthews & Kelly, 2007). Grit may also influence an individual’s perception of task difficulty (Silvia, Eddington, Beaty, Nusbaum & Kwapis, 2013). Grit is highly correlated with the Big Five conscientiousness trait. Although grit and conscientiousness highly overlap in their achievement aspects, they differ in their emphasis. Grit emphasizes long-term stamina, whereas conscientiousness focuses on short-term intensity. It has been found that more educated adults tend to be higher in grit than less educated individuals of the same age (Duckworth, Peterson, Matthews & Kelly, 2007).

With regards to the theory, there is some crossover between resilience and other theories such as trauma or attachment and also with strengths-based practice (Hunter, 2012).

**Strength-based practice**

The strengths-based approach is a social work practice that, as the name suggests, focuses on the strengths (e.g., competencies, resources, personal characteristics, interests, motivations) of the individual, family or community
Introduction

(McCashen, 2005; Saleebey, 1996). Strength-based practice is built on the premise that the normal human development process is towards healthy growth and fulfillment, and that everyone has strengths that will aid them in this process (Strengths Institute, n.d.). This is in line with the finding in resilience theory that most people will do well despite exposure to great adversity (Masten, 2001).

The relationship between resilience theory and strength-based approaches is that of theory and practice. Resilience is a theory that identifies the importance of protective factors and competencies, and the strengths-based approach is in part the practical application of that theory, although strengths-based practice also encompasses other theories and broader ideas such as empowerment, and healing and wellness (Saleebey, 1996; Strengths Institute, n.d.).

Trauma Theory

Trauma theory suggests that exposure to psychological or physical trauma (such as child abuse and neglected) may have long-lasting negative consequences for children and adults (Bromfield, Lamont, Parker & Horsfall, 2010; Gordon, 2007). Trauma and exposure to high levels of adversity are similar concepts, although adversity may include things such as living in conditions of chronic poverty as well as other family and community factor. Trauma is often discussed in conjunction with resilience. Some theorists suggest that the two can co-occur and a child may exhibit signs of being highly traumatized and resilient at the same time (Harvey, 2007).

Attachment Theory

Attachment is another theory that is often discussed in conjunction with resilience and similar concepts. Secure attachment with at least one of the most common protective factors found in resilient children (Kim-Cohen, 2007). Although there is crossover between these theories, resilience differs in that it involves
protective factors beyond attachment relationship, such as those within the individual child, the family and the wider community. A strong relationship with a key adult most certainly provides protection for the child from adversity but resilience theory suggests that there is a wide range of other factors that may also be included. This may be particularly important if the child has experienced trauma related to the loss of the key attachment figure (Hunter, 2012).

Resilience researchers have also been criticized for producing long lists of risk and protective factors that are of limited practical use because a given intervention cannot address all known risk and protective factors (Luthar, 2006). Issues such as these have led some to question whether resilience is still a useful concept, particularly for practitioners working with children who face long-term chronic adversity. It has been suggested recently that rather than focusing on what makes a person resilient, it may be more helpful to focus on what particular processes tend to cultivate resilience for particular people (Harney, 2007).

From the above discussion it becomes quite evident that most of the researchers treat resilience as a process not as a product. When we study resilience as a process we basically broaden its perspective as well as scope for research. Besides one of the important outcomes of treating resilience as a process is the fact that it can be developed within the individuals. In this respect The American Psychological Association (2014) suggests “10 ways to build resilience”, which are:

1. To maintain good relationship with close family members, friends and others.
2. To avoid seeing crises or stressful events as unbearable problems.
3. To accept circumstances that cannot be changed.
4. To develop realistic goals and move towards them.
5. To take decisive actions in adverse situations.
6. To look for opportunities of self-discovery after a struggle with loss.
7. To develop self-confidence.
8. To keep a long-term perspective and consider the stressful event in a broader context.
9. To maintain a hopeful outlook, expecting good things and visualizing what is wished.
10. To take care of one’s mind and body, exercising regularly, paying attention to one’s own needs and feelings.

After presenting a detailed description of resilience it becomes imperative to introduce the other dependent variable, which is emotional competence. Therefore the following description will pertain to emotional competence.

EMOTIONAL COMPETENCE

McClelland (1973) argued that traditional academic aptitude, school grades, and advanced credentials simply did not predict how well people will perform on the job or whether they would succeed in life. Instead, he proposed a set of specific competencies including empathy, self-discipline, and initiative distinguished the most successful from those who were merely good enough to keep their jobs. Goleman (1998) has asserted that a “competence” in this tradition, is a personal trait or set of habits that leads to more effective or superior job performance. In other words, it is an ability that adds clear economic value to the efforts of a person on the job.

“A learned capability based on emotional intelligence which results into outstanding performance at work. Our emotional intelligence determines our potential for learning the practical skills based on five elements: Self-awareness, Motivation, Self-regulation, Empathy; and adeptness in relationships. Our
emotional competence shows how much of that potential we have translated into on-the-job capability”. (Goleman, 1998)

Emotional Competence is the multi-faceted ability to strategically be aware of one’s emotions and other’s emotions and to act on this awareness, so that one can negotiate interpersonal exchanges and regulate emotional experience (Saarni, 1990).

Constituent elements of emotional competence include abilities to:

1. Express and experience a broad variety of well-modulated, not incapacitating, emotions.
2. Regulate the experience and expression of emotion- when “too much” or “too little” emotional experience, or the expression of emotions, interferes with one’s intra or inter-personal goals.
3. Understand the emotions of one-self and others.

Thus, recommended assessment measures at all age periods, except infancy, include expression and experience, regulation, and understanding of emotions (Denham, 1998).

In quest of strengthening the whole concept of emotional intelligence several models have been propounded by the psychologists in order to establish a general understanding of the concept. The summary of the models is given below:

**Ability Model**

Mayer, Salovey, Caruso & Sitarenious (2003) strived to define the concept of emotional intelligence within the confines of the standard criteria for a new intelligence. Following their continuing research, their initial definition of emotional intelligence was revised to “The ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to personal growth”. However, after pursuing research, their definition of emotional intelligence evolved
into “The capacity to reason about emotions, and of emotions, to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to promote emotional and intellectual growth” (Mayer & Salovey, 1997).

The ability based model views emotions as useful source of information that helps one to make sense of and navigate the social environment (Salovey & Grewal, 2005). The model proposes that individuals vary in their ability to process information of an emotional nature and in their ability to relate emotional processing to a wider cognition. This ability is seen to manifest itself in certain adaptive behaviors. The model claims that emotional intelligence includes four types of abilities:

1. Perceiving emotions- the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts, including the ability to identify one’s own emotions. Perceiving emotions represents a basic aspect of emotional intelligence, as it makes all other processing of emotional information possible.

2. Using emotions- the ability to harness emotions to facilitate various cognitive activities, such as thinking and problem solving. The emotionally intelligent person can capitalize fully upon his or her changing moods in order to best fit the task at hand.

3. Understanding emotions- the ability to comprehend emotional language and to appreciate complicated relationships among emotions, for example, understanding emotions encompasses the ability to be sensitive to slight variations between emotions, and describe how emotions evolve over time.
4. Managing emotions- the ability to regulate emotions in both ourselves and in others. Therefore, the emotionally intelligent person can harness emotions, even negative ones, and manage them to achieve intended goals.

The current measure of ability intelligence is Mayer-salovey-Caruso Emotional Intelligence Test (MSCEIT), which is based on a series of emotion based problem solving items (Salovey & Grewal, 2005; Bradberry & Su, 2003). Consistent with the model’s claim of emotional intelligence as a type of intelligence, the test is modeled on ability based IQ test. By testing a person’s abilities on each of the four branches of emotional intelligence, it generates scores for each of the branches as well as total score. Central to the four branch model is the idea that Emotional Intelligence requires attainment of social norms. Therefore, the MSCEIT is scored in a consensus fashion, with higher scores indicating higher overlap between an individual’s answers and those provided by a worldwide sample of respondents. The MSCEIT can also be expert scored, so that the amount of overlap is calculated between an individual’s answers and those provided by a group of 21 emotion researches (Salovey & Grewal, 2005).

Mixed Model

This model has been propounded by Goleman (1998) here the focus of attention is a wide array of competencies and skills that drive leadership skills. The model has been taken as the spring-board for the concept of Emotional Competence. Goleman (1998) has enumerated the five constructs of Emotional Intelligence and each construct consists of certain competencies. Goleman asserted that emotional competencies are not innate talents, but learned capabilities that must be worked on and can be developed to achieve outstanding performance (1998).
Thus, in the words of Reiche (2012) Emotional Competencies are capabilities that can be developed based on the abilities of emotional intelligence. He has further asserted that to differentiate between the two constructs, it is worth looking into the difference between the terms of ability and capability. Ability is a word that pertains to being able enough, whereas capability refers to practical ability. Two other Emotional Consortium members Emmerling and Boyatzis (2006) argue that ‘Possession of a specific ability is not a guarantee that the ability will be demonstrated with adequate frequency or in appropriate situations which would allow it to enhance performance’.

Goleman’s definition of Emotional Competence has increased the applied utility of the concept. Emotional Intelligence is commonly seen as an ability-based concept, scoring high on the Emotional Intelligence ability test of recognizing emotions of other people does not necessarily mean that the person has a motivation to apply the skill in conflict situations. Goleman was criticized for sidelining the importance of intelligence quotient (IQ) in his book “Emotional Intelligence; why it matters more than IQ” (1998). But it became clear with the subsequent research that the emotional intelligence has immense importance as far as staying upright at the job is concerned. Emotional competence is a skill which is required while handling the real job situations and taking rational decisions with fruitful consequences.

According to Goleman (1998) every individual is born with general competencies. His framework of Emotional Competence (The Consortium for Research on Emotional Intelligence in organizations) describes five groups of competencies, with 25 underlying items. The model has been extensively researched and revised by ‘The consortium for Research on Emotional Intelligence in
Organizations’ by incorporating findings from top performance and leadership competence studies. The model has been described below;

**SELF-AWARENESS**

1. Emotional awareness: Recognizing one’s emotions and their effects. People with this competence:
   - Know which emotions they are feeling and why
   - Realize the links between their feelings and what they think, do and say
   - Recognize how their feelings affect their performance
   - Have a guiding awareness of their values and goals

2. Accurate self-assessment: Knowing one’s strengths and limits. People with this competence are:
   - Aware of their strengths and weaknesses
   - Reflective, learning from experience
   - Open to candid feedback, new perspectives, continuous learning, and self-development
   - Able to show a sense of humor and perspective about themselves

3. Self Confidence: Sureness about one’s self-worth and capabilities. People with this competence
   - Present themselves with self-assurance, have “presence”
   - Can voice views that are unpopular and go out on a limb for what is right
   - Are decisive, able to make sound decisions despite uncertainties and pressures.
SELF-REGULATION

1. Self-Control: managing descriptive emotions and impulses. People with this competence:
   - Manage their impulsive feelings and distressing emotions as well
   - Stay composed, positive, and unflappable even in trying moments
   - Think Clearly and stay focused under pressure

2. Trustworthiness: Maintaining standards of honesty and integrating people with this competence:
   - Act ethically and are above reproach
   - Build trust through their reliability and authenticity
   - Admit their own mistakes and confront unethical actions in others
   - Take tough, principled standards even if they are unpopular.

3. Conscientiousness: Taking responsibility for personal performance. People with this competence:
   - Meet commitments and keep promises
   - Hold themselves accountable for meeting their objectives
   - Are organized and careful in their work

4. Adaptability: Flexibility in handling change. People with this competence:
   - Smoothly handle multiple demands, shifting priorities and rapid changes
   - Adapt their responses and tactics to fit fluid circumstances
   - Are flexible in how they see events

5. Innovativeness: Being comfortable with and open to novel ideas and new information. People with this competence:
   - Seek out fresh ideas from wide variety of sources
• Entertain original solutions to problems
• Generate new ideas
• Take fresh perspectives and risks in their thinking

SELF-MOTIVATION

1. Achievement drive:
   • Are result-oriented, with a high drive to meet their objectives and standards
   • Set challenging goals and take calculated risks
   • Pursue information to reduce uncertainty and find ways to do better
   • Learn how to improve their performance

2. Commitment: Aligning with the goals of the group or organization people with this competence:
   • Readily make personal or group sacrifices to meet a larger organizational goal
   • Find a sense of purpose in the larger mission
   • Use the group’s core values in making decisions and clarifying choices
   • Actively seek out opportunities to fulfill the group’s mission

3. Initiative: Readiness to act on opportunities. People with this competence:
   • Are ready to seize opportunities
   • Pursue goals beyond what’s required or expected of them
   • Cut through red tape and bend the rules when necessary to get job done
   • Mobilize others through unusual, enterprising efforts
4. Optimism: Persistence in pursuing goals despite obstacles and setbacks. People with this competence:

- Persist in seeking goals despite obstacles and setbacks
- Operate from hope of success rather than fear of failure
- See setbacks as due to manageable circumstance rather than a personal flaw

SOCIAL-AWARENESS

1. Empathy: Sensing other’s feelings and perspective, and taking an active interest in their concerns. People with this competence:

- Are attentive to emotional cues and listen well
- Show sensitivity and understand other’s perspective
- Help out based on understanding other people’s needs and feelings

2. Service Orientation: Anticipating, recognizing, and meeting customer’s needs. People with this competence:

- Understand customer’s needs and match them to service products
- Seek ways to increase customer’s satisfaction and loyalty
- Gladly offer appropriate assistance
- Grasp a customer’s perspective, acting as a trusted advisor

3. Developing Others: Sensing what others need in order to develop, and bolstering their abilities. People with this competence:

- Acknowledge and reward people’s strengths, accomplishments, and development
- Offer useful feedback and identify people’s needs for development
- Mentor, give timely coaching, and offer assignments that challenge and grow a person’s skills
4. Leveraging Diversity: Cultivating opportunities through diverse people. 

People with this competence:

- Report and relate well to people from varied backgrounds
- Understand diverse worldviews and are sensitive to group differences
- See diversity as opportunity, creating an environment where diverse people can thrive
- Challenge bias and intolerance

5. Political Awareness: Reading a group’s emotional currents and power relationships. People with this competence:

- Accurately read key power relationships
- Detect crucial social networks
- Understand the forces that shape views and actions of clients, customers, or competitors

SOCIAL SKILLS

1. Influence: Wielding effective tactics for persuasion. People with this competence:

- Are skilled at persuasion
- Fine-tune presentations to appeal to the listeners
- Use complex strategies like indirect influence to build consensus and support
- Orchestrate democratic events to effectively make a point
2. Communication: Sending clear and convincing messages. People with this competence
   • Are effective in give-and-take, registering emotional cues in attuning their message
   • Deal with difficult issues straight-forwardly
   • Listen well, seek mutual understanding, and welcome sharing of information fully.
   • Foster open communication and stay receptive to bad news as well as good

3. Leadership: Inspiring and guiding groups and people. People with this competence:
   • Articulate and arouse enthusiasm for a shared vision and mission
   • Step forward to lead as needed, regardless of position
   • Guide the performance of others while holding them accountable
   • Lead by example

4. Conflict Management: Negotiating and resolving disagreements. People with this competence:
   • Handle difficult people and situations with diplomacy and tact
   • Spot potential conflicts bring disagreement into the open, and help de-escalate
   • Encourage debate and open discussion
   • Orchestrate win-win solution

5. Building Bonds: Nurturing instrumental relationships. People with this competence:
   • Cultivate and maintain extensive informal networks
• Seek out relationships that are mutually beneficial

• Build rapport and keep others in the loop

• Make and maintain personal friendships among work associates


People with this competence:

• Balance a focus on task with attention to relationships

• Collaborate, sharing plans, information, and resources

• Promote a friendly, cooperative climate

• Spot and nurture opportunities for collaboration

7. Team capabilities: Creating group synergy in pursuing collective goals. People with this competence:

• Model team qualities like respect, helpfulness, and cooperation

• Draw all members into active and enthusiastic participation

• Build team identity, esprit de corps, and commitment

Saarni (1990) has summarized the concept of Emotional Competence into ‘Resilience and Self-efficacy’. Being resilient might refer to one’s ability of staying robust even at the face of disruptive emotional set back. According to Saarni (1990) the very notion of Emotional competence is comprised of two elements i.e., the elements of resilience and self-efficacy.

Mixed model was created and adapted to predict the effectiveness and personal outcomes in the workplace and in organizational fields (Goleman, 1998). The model is based on several competencies, which were identified by researches conducted in hundreds of organizations; these competencies are considered characteristic of the brilliant and successful employees (Goleman, 1998). There are two measurement tools based on Goleman’s model;
1. The Emotional Competency Inventory (ECI), which was created in 1999, and the Emotional and Social Competence Inventory (ESCI), a newer edition of the ECI was developed in 2007. The Emotional and Social Competency-University Edition (ESCI-U) is also available. These tools developed by Goleman and Boyatzi provide a behavioral measure of the Emotional and Social Competencies.

2. The Emotional Intelligence Appraisal, which was created in 2001 and which can be taken as a self-report or 360-degree assessment.

**Trait Model**

A conceptual distinction between the ability based model and a trait based model of emotional intelligence has been developing over many years in numerous scientific publications (Petrides & Furnham, 2000; Petrides & Furnham, 2003). Trait Emotional Intelligence can be simply defined as an individual’s self-perceptions of their emotional abilities. This definition of Emotional Intelligence encompasses behavioural dispositions and self-perceived abilities and is measured by self-report, as opposed to the ability based model which refers to actual abilities which have proven highly resistant to scientific measurement. Trait Emotional Intelligence should be investigated within a personality framework (Petrides & Furnham, 2003). An alternative label for the same construct is trait emotional self-efficacy.

The trait model is general and subsumes the Goleman’s model of Emotional Intelligence. The conceptualization of Emotional Intelligence as a personality trait leads to a construct that lies outside the taxonomy of human cognitive ability. This is an important distinction in as much as it bears directly the operationalization of the construct and the theories and hypothesis that are formulated about it (Petrides & Furnham, 2000). There are many self-report measures of Emotional Intelligence.
including the EQ-i, Swinburne University Emotional Intelligence Test (SUEIT), and the Schutte Emotional Intelligence Model. One of the more comprehensive and widely researched measures of this construct is the Trait Emotional Intelligence Questionnaire (TEIQue), which was specifically designed to measure the construct comprehensively and is available in many languages.

In the light of above discussion, it is imperative that there is a difference between the emotional intelligence and emotional competence. Emotional Intelligence in particular refers to the cognitive part of our emotions, whereas Emotional Competence is the behavioral aspect of our emotions. Emotional Intelligence is the ability to discern one’s useful emotions from that of the futile emotions, being able to recognize the emotions of one-self and that of the others at the same time. Emotional Competence is the capability to execute one’s emotions carefully according to the situational demands. In other words it is the skill of proper utilization of one’s emotions. Being the core component of our social interaction, Emotional competence is very much required at the work place. Being emotionally competent leads to the successful interaction with our superiors, colleagues and subordinates at work place. Thus, an individual must capitalize on this important skill of Emotional Competence.

The other dependent variable of the present study is self-esteem. The following section will describe the variable of self-esteem.

SELF-ESTEEM

The concept of self-esteem has intrigued psychologists and philosophers alike. Rand (1943), in her philosophy of Objectivism considered self-esteem as the only thriving force for growth and success of an individual. On the other hand, Ellis found concept of self-esteem as essentially self-defeating and ultimately destructive (Ellis,
2005). No matter how opposing the two above contentions seem to be, the concept of self-esteem never ceases to fetch the attention of researchers.

“There is no value-judgment more important to man-no factor more decisive in his psychological development and motivation-than the estimate he passes on himself.” (Branden, 1969).

The one thing you need most in life is something only one person can give you. Only you can give yourself the most precious gift in the world, a real and genuine sense of your own value, “Self-Esteem” (Branden, 1969). In sociology and psychology, self-esteem reflects a person’s overall subjective emotional evaluation of his or her own worth. Self-esteem encompasses beliefs (for example, “I am competent”, “I am worthy”) and emotions such as triumph, despair, pride and shame. Smith and Mackie (2007) defined self-esteem by saying that “The self-concept is what we think about the self; self-esteem, is the positive or negative evaluations of the self, as in how we feel about it.”

Self-esteem has sprung out from an individual’s evaluation of his own self-concept (self related information). Franken (1994) suggests that self-esteem is related to self-concept in that, “People who have good self-esteem have a clearly differentiated self-concept. When people know themselves they can maximize outcomes because they know what they can and cannot do. Self-esteem more often is used to refer to the affective or emotional aspect of self and generally alludes to how one feels about or values him or herself. This is sometimes used as a synonym for self-worth, although some authors suggest self-worth is a more central concept (Crocker & Wolfe, 2001). James (1890) developed the following formula for the development of self-esteem:

"There is no value-judgment more important to man-no factor more decisive in his psychological development and motivation-than the estimate he passes on himself.” (Branden, 1969)."
Self-Esteem = Success/ Pretensions

The formula explains that an individual’s self-esteem is an inter-play of his behavior as well as the pretensions he as well as others hold of him. Therefore, it is not only getting good grades that might cheer up an individual rather what really matters is the fact that how far he considers getting good grades are really important for him or to impress his significant others.

How we think about ourselves, our feelings of self-worth are of fundamental importance both to psychological health and to the likelihood that we can achieve goals and ambitions in life and achieve self-actualization. Self worth may be seen as a continuum from very high to very low. A person who has high self-worth, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappiness at times, and is open with people. A person with low self-esteem may avoid challenges in life, he does not accept that life can be painful and unhappy at times, and will be defensive and guarded with other people (Rogers, 1959).

Self-Esteem- a predictor of achievement

Self-esteem is regarded as an interesting social psychological construct because researchers have conceptualized it as an influential predictor of certain outcomes, such as academic achievement, happiness, satisfaction in marriage and relationships, and criminal behavior. Self-esteem can apply specifically to a particular dimension (for example, “I believe I am a good writer and feel happy about that”) or a global extent (for example, “I believe I am a bad person, and feel bad about myself in general”). Psychologists usually regard self-esteem as an enduring personality characteristic (trait self-esteem), though normal, short-term variations (state self-
Self-esteem also exist. Synonyms or near synonyms of self-esteem include: self-worth, self-regard, self-respect, and self-integrity.

Self-esteem as a distinct psychological construct is thought to have its origins in the work of William James (1892). Multiple dimensions of self were identified with two levels of hierarchy: processes of knowing (called the ‘I-self’) and the resulting knowledge about the self (the ‘Me-self’). Observation and storage by the I-self create three types of knowledge, which collectively account for the Me-self. These are the material self, social self, and spiritual self. The social self is quite closest to self-esteem, comprising all characteristics recognized by others. The material self consists of representations and evaluative dispositions regarding the self (James, 1892). Self-esteem is today also seen as the collection of an individual’s attitudes toward oneself.

Sociologist Rosenberg (1965) defined self-esteem as a feeling of self-worth. It was he who developed the Rosenberg Self-Esteem Scale (RSES), which became most widely used scale to measure self-esteem in the social sciences (Baumeister, Campbell, Krueger & Vohs, 2003). In early 20th century with the onset of Behaviorism, the concept of self-esteem took a back seat. As a result, clinical trials on self-esteem were overlooked, since behaviorists considered the idea less liable to rigorous measurement hypothesis. It was again in the mid-20th century, that the rise of phenomenology and humanistic psychology led to renewed interest in self-esteem.

Self-esteem took a central role in personal self-actualization and in the treatment of psychic disorders. The relationship between psychotherapy and the personal satisfaction of a person with high self-esteem proved to be useful for psychology. This led to the introduction of new elements to the concept of self-esteem. This included things such as helping to understand the reasons why people
tend to feel less worthy. Other elements added to the concept of self-esteem were that of understanding why people become discouraged or unable to understand challenges by themselves.

Currently, the core self-evaluations approach includes self-esteem as one of four dimensions that comprises of one’s fundamental appraisal of oneself, along with locus of control, neuroticism, and self-efficacy. The concept of core self-evaluations as first examined by Judge, Locke, and Durham (1997), has since proven to have the ability to predict several work outcomes, specifically, job satisfaction and job performance (Judge, Locke & Durham, 1997). Self-esteem may be one of the most essential core self-evaluation dimensions because it is the overall value one feels about oneself as a person (Judge, Locke, Durham & Kluger, 1998).

The importance of self-esteem has gained endorsement from some government and non-government groups starting around the 1970s, such that one can speak of a self-esteem movement. Researchers have been championing the idea that low self-esteem was the root of the problems and dysfunctions. This movement flourished with Nathaniel (1963) who asserted that, “I cannot think of a single psychological problem—from anxiety and depression, to fear of intimacy or of success, to spouse battery or child molestation—that is not traced back to the problem of low self-esteem”. According to McLeod (2007), Rogers was an advocate of humanistic psychology, he theorized that the origin of many people’s problems to be that they despise themselves and consider themselves worthless and incapable of being loved. This is why Rogers believed in the importance of giving unconditional acceptance to a client and when this was done it could improve the client’s self-esteem. In his therapy session with clients, he offered positive regard no matter what.
Indeed, the concept of self-esteem is approached since then in humanistic psychology as an inalienable right for every person, summarized in the following sentence:

“Every human being, with no exception, for the mere fact to be it, is worthy of unconditional respect of everything else; he deserves to esteem himself and to be esteemed.”

Maslow (1943), in his theory, suggested that self-esteem is a basic human need or motivation and included it in his hierarchy of human needs. There exist two different forms of “esteem”: the need for respect from others in the form of recognition, success, and admiration, and the need for self-respect in the form of self-love, self-confidence, skill, or aptitude. If an individual’s self-esteem need is not fulfilled he is driven to seek it and unable to grow and obtain self-actualization (Maslow, 1943). Self-esteem is important because it shows ourselves how we view the way we are and the sense of our personal value. Thus, it affects the way we are and act in the world and the way we are related to everybody else.

The development of self-esteem follows a long course starting from the very childhood of an individual (Baumeister, Campbell, Krueger & Vohs, 2003). Every child has two basic needs: Positive regard from other people and self-worth (Rogers, 1951). Experiences in a person’s life are a major source of how self-esteem develops. In the early years of childhood, parents have a significant influence on self-esteem and can be considered a main source of positive and negative experiences a child will have (Raboteg & Sakie, 2014). Unconditional love from parents helps a child develop a stable sense of being cared for and respected. These feelings translate into later effects of self-esteem as the child grows older (Oslen, Breckler & Wiggins, 2008). Although studies so far have reported only a correlation of warm, supportive parenting styles (mainly an authoritative and permissive) and children having high
self-esteem, these parenting styles could easily be thought of as causal effect in self-esteem development (Coopersmith, 1967).

Childhood experiences that contribute to healthy self-esteem include being listened to, being spoken to respectfully, receiving appropriate attention and affection and having accomplishments recognized and mistakes or failures acknowledged and accepted. Experiences that contribute to low self-esteem include being ignored, ridiculed or teased or being expected to be “perfect” all the time. During school years academic achievement is the main contributor to self-esteem (Baumeister, Campbell, Krueger & Vohs, 2003). Student’s consistent achieving or failing has a strong academic effect on their individual self-esteem (Crocker, Sommers & Luhtanen).

Social experiences also contribute a lot to self-esteem. As children go through school, they begin to understand and recognize differences between themselves and their classmates. Using social comparisons, children assess whether they did better or worse than their classmates in different activities. These comparisons play an important role in shaping the child’s self-esteem and influence the positive or negative feelings they have about themselves. As children go through adolescence, peer influence becomes much important. Adolescents make appraisals of themselves based on their relationships with close friends. Successful relationships among friends are very important for the development of high self-esteem, whereas rejection from peers and loneliness brings about self-doubts and produces low self-esteem.

Adolescence shows an increase in self-esteem that continues to increase in young adulthood and middle age. A decrease is seen from middle age to old age with varying findings on whether the extent of decrease is small or large. Reasons for the variability could be because of differences in health, cognitive ability, and socioeconomic status in old age. No differences have been found between males and
females in their development of self-esteem. Multiple cohort studies have shown that there is no difference in the life-span trajectory of self-esteem between generations due to societal changes such as grade inflation in education or the presence of social media (Orth & Robins, 2014). High levels of mastery, low risk taking, and better health are ways to predict higher self-esteem. In terms of personality, emotionally stable, extroverted, and conscientious individuals experience higher self-esteem. These predictors have shown us that self-esteem has trait-like qualities by remaining stable over time like personality and intelligence. Although, this does not mean it cannot be changed (Orth & Robbins, 2014). Researchers have found that shame can contribute to low self-esteem (Ehrenreich, 2007). Feelings of shame usually occur because of a situation where the social self is devalued, such as a socially evaluated poor performance. A poor performance leads to higher responses of psychological states that indicate a threat to the social self namely a decrease in social self-esteem and an increase in shame (Gruenewald, Kemeny, Aziz & Fahey, 2004).

The concept of self-esteem has traditionally been divided into types ‘high’ and ‘low’, with high self-esteem characterized by general feelings of self-liking and self-acceptance, and low self-esteem characterized by more neutral self-feelings (Kernis, 2003). Typically individuals with high self-esteem have been said to lead happier and more psychologically healthy lives (Baumester, Campbell, Krueger, & Vohs, 2003). However, researchers have recently begun to question the notion that high self-esteem is something individuals should seek to achieve (Wood, Danu, & Foddis, 2006). It has been found that individuals with high self-esteem are also more likely to become narcissistic (Baumister et.al, 2003).

Secure high self-esteem is characterized by self-esteem that is positive, both implicitly and explicitly (Kernis, 2003). Explicit self-esteem refers to global self-
evaluations that an individual is conscious of and therefore able to report, while implicit self-esteem exists outside of consciousness (Kernis, 2003). Thus, individuals are said to have secure high self-esteem when their self-reported self evaluations (explicit self-esteem) match their implicit self-esteem (Kernis, 2003). In contrast to secure high self-esteem, fragile high self-esteem is characterized by narcissism, the dependence of high self-esteem on desired outcomes, an unwillingness to admit the possession of some negative self-feelings, and the fluctuation of feelings of self-worth (Kernis, 2003).

According to Bosson, Brown, Zeigler-Hill and Swann (2003), those with fragile high self-esteem are more likely than those with secure high self-esteem to engage in self-enhancement strategies after receiving a threat to their self-worth. Researchers found that groups with high explicit self-esteem but low implicit self-esteem were more likely to engage in activities to bolster self-worth (Bosson et al., 2003). Zeigler-Hill (2006) noted that having high self-esteem has typically been viewed as beneficial to individuals, but this view is an oversimplification and the concept of high self-esteem requires much further scrutiny.

Self-esteem should be viewed as a continuum, and can be high, medium or low, and is often quantified as a number in empirical research. It is important to note that both high and low levels of self-esteem can be emotionally and socially harmful for the individual. Indeed an optimum level of self-esteem lies in the middle of the continuum. Individuals operating within this range are thought to be more socially dominant within relationships (McLeod, 2012).

Research has shown key differences between individuals with high and low self-esteem. For example, people with high self-esteem focus on growth and levels of improvement, whereas people with low self-esteem focus on not making mistakes in
life. Low self-esteem has been shown to be correlated with a number of negative outcomes, such as depression (Silverstone & Salsali, 2003). Rosenberg & Owen (2001) has offered the following description of people with low self-esteem based on empirical research. People with low self-esteem are more troubled by failure and tend to exaggerate events as being negative. For example, they often interpret non-critical comments as critical. They are more likely to experience social anxiety and low levels of interpersonal confidence. This in turn makes social interaction with others difficult as they feel shy, awkward, conspicuous and unable to express themselves when interacting with others. Furthermore, low self-esteem people tend to be pessimistic toward people and groups within society. Guindon (2002) asked school counselors to list five characteristics that best describe students with low self-esteem. Over 1000 words were used and the most common of them were: withdrawn, shy, quiet, insecure, underachieving, negative attitude, unhappy, socially inept, anger and hostility.

According to Oswalt (2010) the benefits of a healthy self-esteem are many children who have high self-esteem come to value themselves and think of themselves as worthy partners and capable problem solvers. They develop a healthy balance of liking who they are, but also recognizing that there are ways they can continue to grow and develop with a healthy self-esteem, children feel that they have positive characteristics and skills they can offer to the people, and they also feel they are worthy of being loved and friends. They feel fundamentally deserving of their fair share of resources.

**Contingent and Non- Contingent Self-Esteem**

Researchers have made another distinction between contingent (or conditional) and non-contingent (or unconditional) self-esteem. Contingent self-
esteem is derived from external sources, such as (a) what others say, (b) one’s success or failure, (c) one’s competence, or (d) relationship-contingent self-esteem. Therefore, contingent self-esteem is marked by instability, unreliability, and vulnerability. Persons lacking a non-contingent self-esteem are “predisposed to an incessant pursuit of self-value,” (Blom, 2011). However, because the pursuit of contingent self-esteem is based on receiving approval, it is doomed to fail. No one receives constant approval and disapproval often evokes depression. Furthermore, fear of disapproval inhibits activities in which failure is possible (Brown, 2012).

Non-contingent self-esteem is described as true, stable, and solid (Mruk, 1995). It springs from a belief that one is “acceptable period, acceptable before life itself, ontologically acceptable”. In his belief, as expounded by theologian Tillich (2000) acceptability is not based on a person’s virtue. It is an acceptance given “in spite of our guilt, not because we have no guilt,” (Cooper & Tillich, 2006). Psychiatrist Harris (1969) drew on Tillich for his classic “I’m OK-You’re OK” that addresses non-contingent self-esteem. Here the word acceptable was replaced with OK.

Researchers have found a positive correlation between self-esteem and academic achievement. Baumeister (2003) has warned that inflating self-esteem by itself can actually decrease grades. The relationship involving self-esteem and academic results does not signify that high self-esteem contributes to high academic results. It simply means that high self-esteem may be accomplished as a result of high academic performance due to the other variables of social interactions and life events affecting this performance.

From the above discussion, it becomes quite evident that self-esteem has an important role to play in guaranteeing us successful and happy lives. The more we
feel good about ourselves, the more we are willing to make our lives better. The more worthy we hold ourselves, the more we exert ourselves to maintain the status quo. Self-esteem is a steering force that propels us to do more, to want more and to expect more from ourselves.

Most of the psychologists consider self-esteem to be the critical determinant of a healthy personality. One of the greatest discoveries in psychology was the connection between self-esteem and self-efficacy. Now we know that the more we like ourselves the more good we are at attempting at anything. And the better we do at something, the more we like ourselves. Each feeds and reinforces the other (Tracy, n.d.)

Self-Esteem Builders

Tracy (n.d.) has further mentioned three self-esteem builders viz;

1) Determining one’s values

One should live one’s life according to the values that one holds very close to one’s heart. People who know what they value and are unable to compromise their values are more likely to respect and like themselves than those who are not clear about their values.

2) Striving for mastery

Sense of being in control of one’s life and work, i.e. feeling of mastery also boosts our self-esteem. Every increase in our feeling of effectiveness and productivity increases our self-esteem and improves our sense of personal well-being.

3) Knowing what we want

Clearly defined goals and objectives also affect our self-esteem. Not alone the goals but the activities that help us to bring closer to our goals. The more our
goals and our activities are congruent with our values the better we feel. When we work on something we believe in, and which is consistent with our natural talents and abilities, we like ourselves more, and we do better work.

Researcher has examined resilience, emotional competence and self-esteem across six demographic characteristics of participants, the description of each demographic characteristic is given below:

**Gender**: Sample consisted of 159 males and 130 females.

**Family Structure**: People living in joint and nuclear family set-up were included in the sample.

**Occupation**: People working in business and service sector were included in the sample.

**Income**: People belonging to low, middle and high groups were included in the sample.

**Age**: Sample consisted of people from 20yrs to 50yrs of age. Keeping in view the purpose of study, age was categorized into three groups (20-30, 31-40 and 41-50).

**Education**: People with four different levels of formal education were included in the sample (High school, +2, Graduation, P. G and Above P.G).

After presenting comprehensive details of the variables undertaken for the present investigation, it is imperative to describe the objectives of the present investigation. The objectives are given below:

**OBJECTIVES**

1. To assess difference in resilience of males and females.
2. To assess difference in emotional competence of males and females.
3. To assess difference in self-esteem of males and females.
4. To assess difference in resilience of people living in nuclear and joint families.
5. To assess difference in emotional competence of people living in nuclear and joint families.
6. To assess difference in self-esteem of people living in nuclear and joint families.
7. To assess difference in resilience of people working in business and service sector.
8. To assess difference in emotional competence of people working in business and service sector.
9. To assess difference in self-esteem of people working in business and service sector.
10. To assess difference in resilience across three age groups (20-30, 31-40 & 41-50).
11. To assess difference in emotional competence of people across three age groups (20-30, 31-40 & 41-50).
12. To assess difference in self-esteem of people across three age groups (20-30, 31-40 & 41-50).
13. To assess difference in resilience of people belonging to low, middle and high income groups.
14. To assess difference in emotional competence of people belonging to low, middle and high income groups.
15. To assess difference in self-esteem of people belonging to low, middle and high income groups.
16. To assess difference in resilience of people with no and different levels of formal education (High school, +2, Graduation, P. G & Above).
17. To assess difference in emotional competence of people with different levels of formal education (High school, +2, Graduation, P. G & Above).

18. To assess difference in self-esteem of people with different levels of formal education (High school, +2, Graduation, P. G & Above).


20. To assess relationship between resilience and emotional competence.

21. To assess relationship between emotional competence and self-esteem.
CHAPTER 2
LITERATURE REVIEW

The essence of every research endeavor is determined by the depth and quality of literature review that every researcher undertakes with great care and responsibility. It is the touchstone where from emanates the whole research process. It familiarizes the researcher with the vast knowledge pertaining to research topic that he/she wishes to investigate. The researcher gets the opportunity to fill the gaps if there are any in the vast array of knowledge that has been accumulated so far. Shields and Rangarajan (2013) distinguished between the process of reviewing literature and a finished work or product known as literature review. The process of reviewing the literature requires different kinds of activities and ways of thinking (Baker, 2000). With the help of literature review researcher finds a fresh and original research question, identify a heretofore, unknown gap in the literature or make surprising connections. By understanding how ways of thinking connect to the tasks of literature review, a scholar is able to be Self-reflective and bring ’Metacognition’ to the process of literature review (Shields & Rangarajan, 2013). Therefore, review of literature has been accomplished while keeping the above things in mind. As the present study attempts to analyze resilience, emotional competence and self-esteem among the flood victims of Jammu and Kashmir, it is imperative to present a relevant literature review specially related to flood victims.

Flood Related Literature

It has been found that an important mediator in assessing the psychological impact of flooding is the degree and severity of flood exposure. Disasters have been differentiated into low, moderate, and high impact events and showed convincingly that intensity of disaster exposure predicts the degree of psychological impairment
and psychopathology (Norris et al., 2002). Verger et al. (2003) found that the most common stressor besides physical presence was property damage, which affected 65.4% of the participants. In all 3.6% reported the death of a close friend or relative, 6.2% reported undergoing treatment for a medical problem related to the flood: these included traumas, fractures or wounds. Only 2 people were hospitalized because of flood. The PTSD score was significantly higher in women, in the 35-54 and 54+ years of age categories, in the category with the lowest incomes, in those with a psychiatric history than in the other respective categories.

Floods occurring in highly-resourced, “developed” nations are less likely to produce widespread PTSD and other severe psychiatric sequela compared with floods of comparable severity in developing nations (Norris, Murphy, Baker & Perrila, 2004). “Depth of flooding”, when used as a quantitative indicator of exposure, predicted both psychological distress and concomitant physical complaints (Reacher et al., 2004). Among flood survivors, women are significantly more likely than men to experience PTSD, MDD, and anxiety symptoms (Taft et al., 2009). Diagnosis of flood-associated PTSD in female survivors was found to predict poor relationship adjustment and increased relationship aggression and violence (Monson, Gradus, La Bash, Griffin & Resick, 2004).

Chae, Kim, Rhee and Henderson (2005) found that residents in the disaster-exposed group would experience higher levels of stress, anxiety, depression and post-traumatic stress disorder compared to those in the non-disaster group. Psychological problems also relate much to the degree of community vulnerability to flooding (Tunstall, Tapsell, Green, Floyd & George, 2006). Liu et al. (2006) conducted a study on the flood victims of China where PTSD was found to be the common mental
disorder among the flood victims with significant risk factors among females and elder people.

Public health consequences of floods include damage to homes leading to population displacement, damage to community infrastructure, cross-contamination of water and sewage systems, infectious disease threats, physical injury, and disruption of access to primary and specialty healthcare services (Keim, 2008; Demers, 2007). Psychological consequences of floods have been found to associate closely with the personal perceptions of “place” and home that may be fundamentally altered in the aftermath of flooding (Tapsell & Tunstall, 2008). Flood-affected citizens may also experience impaired physical and social functioning and diminished health-related quality of life (Heo et al., 2008). Human factors interplay with natural phenomena to exacerbate flood risks: examples include human settlement in flood-prone areas, dam failures, levee breaches, and water runoff from agriculture drainage systems, deforestation, and climate change with increased precipitation (Keim, 2008).

Youth who reported high levels of stress during the flooding associated with hurricane Katrina also experienced long term “serious emotional disorder-SED” (McLaughlin et al., 2010). Emphasizing the need for careful quantification of disaster-specific exposures, it was found that pregnant women with severe exposure to hurricane Katrina flood waters were more likely to experience depression, PTSD, Pre-term deliveries, and low birth weight babies (Xiong et al., 2010).

Globally among types of natural disasters, floods are the most common, affect the most people, and produce most deaths. Floods include both ‘fluvial’ events, characterized by the overflowing of rivers and streams resulting from precipitation and snowmelt, and ‘coastal’ flood events associated with hurricane, storm surge or seismically-generated tsunami (Keim, 2008; Duw, Clark & Hou, 2010). Jean et al.
(2010) conducted a study and found that nearly half of the 392 low income parents participating in the revised project had symptoms of PTSD one year after the hurricane, and the rate of other serious mental illnesses such as depression and psychosis doubled to 14%. The intensity of flood exposures such as water in the home, financial losses, and disruption of essential services predicted a range of psychological outcomes: psychological distress, anxiety and probable depression and PTSD (Paranjothy et al., 2011).

Tracy, Norris and Galea (2011) found that PTSD was directly related to hurricane/coastal flood exposure among Galreston survivors of Hurricane Ike in 2008, but that depression was associated with exposure to both acute hurricane impact and chronic post-impact life stressors. A study of women who were pregnant during the catastrophic flooding of the Red River of the North in 1997, found higher rates of medical complications, pre-term deliveries, and low birth weight infants (Tong, Zotti & Husia, 2011). The unique characterization of floods and their wide array of manifestation suggest that social vulnerabilities to floods could be distinct from other hazards. Stanke, Murray, Amlot, Nurse and Williams (2012) undertook a literature review to study effects of flooding on mental health. Most of the studies reviewed by them showed that people with the support of families and friends can overcome several mental health problems.

Shultz et al. (2013) conducted their study with two demographically-comparable communities, Fargo and Minto which faced challenging river flood threats. They found that both the communities exhibited effective coordination across community sectors. They found that across the range of factors, it was clear that successful mitigation diminishes both physical and psychological impact, thereby reducing the trauma signature of the event. Lamond, Joseph and Proverbs (2015)
examined responses from a postal survey of households flooded during the 2007 flood event across England. The results showed that household income, depth of flooding, having to move out during reinstatement and mitigating actions are related to the prevalence of psycho-social symptoms in previously flooded households.

Rufat, Tate, Burton and Maroof (2015) conducted their study focusing on the intersecting social vulnerability contexts of flood hazard, disaster phase and national level development. It was found that relative to other natural hazards, floods are nearly ubiquitous in the environment, manifesting as large regional floods, local flash floods, coastal storm surge, and urban drainage overflow. Floods can occur as both frequent and rare events, as short and long duration, and produce adverse impacts across a range of magnitudes. Human processes such as urbanization and structural defenses (e.g levees, dams, sea walls) have a large influence on the movement and severity of flooding, ameliorating impacts in some cases, but amplifying them in others. Ongoing changes in population, land use, and climate are widely believed to presage an intensification of flood disasters.

Most of the flood related studies have found PTSD quite common among the flood victims. The studies focusing on psychological ramifications of floods have found family support to be an important factor in resilience building. Community effort and resilience building measures have proved to be effective in flood risk reduction (both physical and psychological). After a careful perusal it was found that there is need to conduct extensive research in order to explore the factors that are proxy to healthy coping after various natural disasters.

Resilience Related Literature

Ferraro (2003) conducted a study and found that prior experience with natural disasters tends to protect or insulate individuals from strong emotional reaction to
future natural disasters. O’Rourke (2004) examined psychological resilience and the well-being of widowed women. It was found that the majority of older women in enduring relationship contend with conjugal bereavement. Although most experience considerable distress in the immediate aftermath of this loss, the majority adjusts over the course of time. The results suggested that psychological resilience is significantly associated with both satisfaction with life and (inversely) with psychiatric distress.

Souri & Hasanirad (2011) examined the relationship between resilience, optimism and psychological well-being. The results revealed that resilience is able to predict psychological well-being, and optimism played a minor mediation role in the relationship between resilience and psychological well-being. It was also found that psychological well-being is influenced by personal characteristics such as resilience and the individual’s optimism. Resilience neither moderated the relationship of interpersonal alienation and psychological distress nor political alienation and psychological distress. But the relationship between socio-economic alienation and psychological distress was moderated by resilience. It was concluded that initiation of resilience building programs as a form of cognitive-behavior and existential interventions may buffer the negative relationship of alienation to psychological distress.

Gudmundsdottir, Schirren and Boman (2011) conducted a study to find out the significance of individual resource factors strengthening parents’ resilience to long-term cancer-related distress. Low sense of coherence (SOC) was significantly associated with more severe distress in all dimensions of the parental psychosocial distress in cancer (PPD-C) and GHQ (General Health Questionnaire). The protective effect of SOC was indicated by it being most negatively related to general psychiatric symptoms, physical and psychological stress symptoms, anxiety and depression. The
influence of SOC varied with parents’ gender, showing a stronger modifying influence among mothers. Mothers and fathers also differed in their utilization of professional support when confronted with the child’s cancer.

Media framing of the floods was examined in order to find its effects on resilience. It was asserted that media coverage of the flood reinforces aspects of resilience by acknowledging community spirit, self-reliance and the importance of sharing experiences for learning; articulating the risk of extreme events in the changing climate; and highlighting regional management trade-offs (Bohensky & Leitch, 2011). A study examined the role of individual resilience intervention program on resilience of the victims of Typhoon Morakot in Taiwan. The findings showed that the participants scored high on resilience after completing the individual resilience intervention program, when compared to their resilience scores before receiving the intervention program (Cheng, cheng, Hsieh, Chi & Liao, 2012).

Javanmard (2013) conducted a study to investigate the relationship between function based on religious beliefs and resilience in academic students. The results indicated that there is a significant positive relationship between function based on religious beliefs and resilience in academic students. It was also found that score of resilience could be predicted by function based on religious beliefs related with resilience and could be prediction variable of resilience. Brownlee et.al (2013) undertook a systematic review of strengths and resilience outcome literature relevant to children and adolescents. The results showed that at least 11 studies provided preliminary support for the efficacy of strength and resilience based interventions.

Rodriguez-Llanes, Vos and Guha-Sapir (2013) assessed the indicators of psychological resilience and found that strong social support received after a disaster is associated with increased psychological resilience. It was further found that female
gender is connected with a decrease in the likelihood of the resilient outcome. After the south-east Asian Tsunami (2004) twenty Swedish adolescents between the ages 16-19 who had experienced the disaster participated in a study. The other 4910 Swedish adolescents and adults who had gone for the Christmas holiday during the disaster were also inducted in the study. Both the groups were studied for their reactions, life afterwards and their families. Adolescents who experienced tsunami-disaster reacted differently than others around them. Their subjective interpretation of the event and its aftermath indicated resilience, especially among the young men (Utterval, Hultman, Ekerwald, Lindman & Lundin, 2013).

Ssenyoga, Owens and Olema (2013) examined posttraumatic growth, resilience and posttraumatic stress disorder (PTSD) among refugees. Results showed that prevalence of PTSD was 61.7% with 58.6% female reporting PTSD. Female gender, low education level, and trauma load were significant predictors of PTSD. Resilience, posttraumatic growth, number of displacements and trauma load were significant predictors accounting for 6.1% of the variance in PTSD symptom severity. There were no significant differences in the resilience and posttraumatic growth of refugees with and without PTSD. The high prevalence of PTSD is partly explained by risk factors including trauma load. The findings also point to the protective role of resilience and posttraumatic growth among refugees.

Herbert, Manjula and Philip (2013) attempted to explore resilience and its correlates among the offsprings of parents with schizophrenia. The findings of the study show that majority of the offsprings reported medium (60%) resilience, 24% and 15% reported high and low resilience respectively. High and medium resilient group had internal locus of control, engaged in coping mechanisms such as acceptance, religious coping, problem solving and seeking social support. They also
had positive self concept such as ability, task accomplishment, giftedness and morality, more satisfaction with emotional support and less non utilization of support compared to low resilient group. The study showed that majority of the off-springs were resilient and that the factors associated with resilience are presence of good support system, use of problem focused coping strategies and having positive self concept. Frankenberg, Sikoki, Sumantri, Suriastini and Thomas (2013) investigated to which extent education provides protection in the face of a large-scale natural disaster. Five years after tsunami (2004), the better educated were in better psychosocial health than those with less education. In sum, education is associated with higher levels of resilience over the longer term.

Kotze and Kleynhans (2013) investigated aspects of psychological well-being and resilience as predictors of first year students’ academic performance. The results indicated burn-out (specifically emotional exhaustion and cynicism) and resilience (specifically religion) were statistically significant predictors of academic performance. Students with lower levels of cynicism, who are emotionally and cognitively more involved in their studies, seem to perform better. Surprisingly, students who reported being emotionally more exhausted performed well in their studies. Those students who seem to have strong spiritual/religious beliefs also faced better with regard to academic performance than those of lower religious faith. Strong spiritual/religious anchors and continuous cognitive and emotional involvement in academic work are valuable resources to students in their academic performance.

Bitsika and sharply (2014) investigated the effect of psychological resilience as a buffer against anxiety in a sample of 39 boys with high-functioning autism spectrum disorder (ASD). The results indicated that ability to handle problems, make good decisions, think before acting and help others were the most powerful buffers
against Generalized Anxiety Disorder (GAD), while thinking before acting significantly buffered social phobia. Believing that they were able to handle problems was significantly associated with less emotional anxiety about school, work or social activities, being irritable, unable to relax and fatigue. Robson (2014) underwent a careful literature review and found that psychological fitness constructs are related to overall health and well-being, as well as resilience and stress buffering. Among the most important psychological constructs for psychological fitness are self-regulation and coping strategies, positive and negative affect, perceived control, self-efficacy, self-esteem and optimism. After applying measurement and evaluation approach for community resilience to flood disasters, several geographic and thematic areas that needed critical intervention were identified. It was found that in order to enhance resilience, it is necessary to strengthen institutional capacity of the smallest administrative units to formulate and implement disaster risk reduction initiatives (Razafindrabe et al., 2014).

Vitali, Bortoli, Bertinato, Robazza and Schena (2014) conducted a study with a purpose to examine the role of some personal factors (perceived competence, resilience and situational variables like motivational climate) on burnout in young athletes practicing team sports. Results of the study found that Mastery (task-involving) climate correlated positively with resilience and perceived competence, and negatively with the three dimensions of burnout (emotional/physical exhaustion, reduced sense of accomplishment, and sport devaluation). In contrast, performance (ego-involving) climate related positively with three dimensions of burnout. Regression analysis results showed perceived mastery climate to significantly contribute to the amount of the variability in two burnout variables (i.e., reduced sense of accomplishment and sport devaluation). In addition, resilience and perceived
competence were shown to moderate the effects of the motivational context towards burnout.

Galli and Gonzalez (2014) reviewed the literature related to resilience in sports. They found that studies of resilience in sports have either used experimental designs to investigate resilience to performance failure, or qualitative interview designs to understand the thoughts and beliefs of athletes who have successfully overcome adversity. They suggested that researchers who wish to study sport resilience in future should think carefully about how they operationalise the construct. Furthermore they suggested that the knowledge will be enhanced by the development of a sport-specific resilience measure and the use of more sophisticated qualitative approaches and advanced statistical modeling procedures. Thoren (2014) examined the concept of resilience and found that two different concepts of resilience are in play: one local, the other global. The former refers to the ability to return to some reference state after a disturbance, the latter the maintenance of some property during a disturbance.

Kim and Windsor (2015) examined work-life balance in first-line nurse managers. Results found that participants perceived work-life balance and resilience to be shaped by dynamic reflective processes. The features consisting resilience included positive thinking, flexibility, assuming responsibility and separating work and life. This perception of resilience has the potential to facilitate a shift in focus from negative to positive experiences, from rigidity to flexibility, from task-centered to person-centered thinking, and from the organization to life.

Sandvic, Hansen, Hystad, Johnsen and Bartone (2015) conducted a study to examine whether characteristics of psychological hardiness mediate the relationship between traits of psychopathy and experienced anxiety in a prison setting. Results
found that there are two important factors of psychopathy that have divergent indirect effects on anxiety. These factors are resilience and hardiness. Psychopathic traits are sometimes described as a resiliency factors against anxiety. Traits of hardiness appear to protect individuals from negative effects of stress.

Cal, De Sa, Glustak and Santiago (2015) contemplated publications conducted in the past 20 years from June 1993 to June 2013. Twelve articles were found predicting towards a negative relationship between resilience and depression, anxiety, incapacitation and somatization, and also found an inverse correlation between resilience score and the progression of illness, and an association between resilience and quality of life and health promoting behavior. It was concluded that resilience may influence the process of illness and outcome in health. The role of women in rebuilding resilience after disaster was examined. It was found that women were active in creating community cohesion through the organization of communal activities, the lobbying of politicians and others, and through their capacity to focus on community strengths (Drolet et al., 2015).

Ifeagwazi, chukwuuorji and Zaccharus (2015) adopted the radical perspective of perceived alienation in interpersonal, political and socio-economic domains of life and examined their relationships to psychological well-being. The moderator role of resilience on the relationship of the three facets of alienation and psychological well-being was also investigated. Results showed that interpersonal alienation, socioeconomic alienation and political alienation were positively associated with psychological distress while resilience was negatively related to psychological distress. Psychological distress was also predicted by alienation and resilience. Li, Chi, Sheer, Chiver and Stanton (2015) examined psychological resilience among children affected by parental HIV/AIDS. It was found that the three interactive social
ecological factors were proposed to promote the resilience process and attenuate the negative impact of parental HIV on children’s psychological development. Internal assets such as cognitive capacity, motivation to adapt, coping skills, religion/spirituality, and personality, promote resilience process. Family resources and community resources are two critical contextual factors that facilitate resilience process. Family resources contain smooth transition, functional caregivers, attachment relationship, and parenting discipline. Community resources contained teacher support, peer support, adult mentors, and affective school.

Lowe, Rhodes and Waters (2015) conducted a study in order to understand resilience and other trajectories of psychological distress, using a mixed methods study of low-income mothers who survived hurricane Katrina. Latin class growth analysis identified six trajectories of psychological distress in the quantitative sample. Qualitative analysis of in-depth interviews with 54 participants identified pre-disaster, disaster-related and post-disaster experiences that could account for the trends in the quantitative data. In particular, preexisting and gains in psychosocial resources (e.g., emotion regulation and religiosity) and positive post disaster impacts (e.g., greater neighborhood satisfaction and improved employment opportunities) were found to underlie resilience and other positive mental health outcomes. Conversely, experience of childhood trauma and pre and post disaster stressors (e.g., difficulties in intimate partner relationships) were common among participants in trajectories representing adverse psychological responses.

Kasebir, Unubol, Yaylac, Gundogar and Unubol (2015) examined the impact of childhood trauma and affective temperament on resilience in bipolar disorder. It was found that among bipolar patients 35% were CT+. Depressive, cyclothymic, and anxious temperament scores were higher in CT+ cases. However, resilience scores
were higher in CT- cases. In bipolar patients with and without childhood trauma, the relationship between temperament and resilience appears to be different. A negative relation between sexual abuse, emotional abuse, emotional neglect and anxious temperament scores and resilience scores was shown in regression analysis. Sullivan, Kempe, Edmed and Bonnano (2016) undertook a systematic review of literature exploring the relation between resilience and mild traumatic brain injury (TBI). It was found that most of the studies showed that greater trait resilience was associated with better mild TBI outcomes (fewer symptoms).

A study took into consideration the role of social capital in household perception of flood and coping with flood risk. 226 flood-prone household in two Australian Alpine municipalities, affected by riverine floods were included in the study. The results showed that the social capital increases perceived self-efficacy and provides critical support during and most notably after flood events. On contrary, social capital reduces flood risk perceptions of private household i.e the expectation of social support downplays risk, making precautionary action by household less likely (Babcicky & Seebauer, 2016). Zhong et al. (2016) conducted a study to explore the relationships among mental resilience, perceptions of parents, parenting style, depression and anxiety among community dwelling elderly adults in china. Results indicated that elderly adults whose parents preferred positive and authoritative parenting styles had higher levels of mental resilience and lower levels of depression and anxiety. Elderly adults parented in the authoritarian style were found to have higher levels of depression and anxiety, with lower mental resilience.

Thompson, McBride, Hosford and Halaas (2016) investigated resilience among medical students with special reference to role of coping style and social support. Results showed that 17% of the students had moderate to severe depression,
and 49% had burnout. Of depressed respondents, 81% were undiagnosed. When asked why depression develops, 23% responded that it was due to inability to cope. A significant greater risk of depression was associated with inadequate support from family and friends, fellow medical students. Greater use of approach-oriented coping strategies was associated with significantly decreased risk of burnout and was inversely correlated with depression. Bacchi and Licinio (2016) investigated resilience and psychological distress in psychology and medical students. It was found that medical and psychology students had similar mean resilience and psychological distress scores, and 47.9% of medical students and 55.1% of psychology students were psychologically distressed. Higher levels of resilience were associated with lower levels of distress.

Jones and Tanner (2016) conducted a study measuring subjective resilience using perceptions to quantify household resilience to climate extremes and disasters. The study explored an alternative but complementary method to measure resilience. It further advocated that the people have an understanding of the factors that contribute to their ability to anticipate, buffer and adapt to disturbance and change. Subjective household resilience therefore relates to an individual’s cognitive and affective self-evaluation of their household’s capabilities and capacities in responding to risk.

Macedo et al. (2014) undertook a systematic review of interventions in non-clinical samples of adults, in order to find out how we could build resilience for future adversity. It was found that most of the studies reported some degree of improvement in resilience like variables among those subjects exposed to resilience-promoting program. Furthermore, positive findings were more consistent among randomized controlled trails six out of seven suggested efficacy.
Emotional Competence Related Literature

The literature suggests that emotional competence is an important construct in the workplace. Studies have suggested that emotional competence is a significant aspect in predicting workplace success (Goleman, 1995). Bronstein, Briones, Brooks and Cowan (1996) examined the long term effects of the socialization of emotion in a sample of European American families. Late adolescents, whose families had been more emotionally expressive and accepting of emotions when they were in fifth grade, were more likely to report showing emotions not traditionally associated with gender roles-specifically, males reported a greater propensity for crying, and females reported a greater tendency to express anger. In late adolescence, greater tendency of showing warmth, fear or affection were associated with higher levels of social and psychological adjustment. Crying was associated with better adjustment for males and poor adjustment for females. Overall, adolescent females tended to report a higher level of emotional expressiveness and a higher level of family support of emotions than did adolescent males. However, studies by Mayer and Geher (1996) have found that women are more likely to score high on measures of emotional intelligence than men, both in professional and personal settings.

Goleman (1998) asserts that no gender differences in emotional competence exist, admitting that while men and women may have different areas of emotional competence, and their overall levels of emotional competence are equivalent. Mayer, Caruso, and Salovey (1999) pointed out that emotional competence correlated significantly with higher parental warmth and attachment style while others found that those scoring high in emotional competence also reported increased positive interpersonal relationship among children, adolescents, and adults (Rice, 1999; Rubin, 1999).
Cherriss (2000) pointed out that the impact of training employees in emotional and social competencies with programs which followed their guidelines was higher than for the other programmes, and by not implementing these programs companies were receiving less of an impact and consequently losing money. On the other side of the coin, negative relationships have likewise been identified between emotional competence and problem behaviour.

Mayer, Salovey and Caruso (2000) have found that lower emotional competence was associated with lower self-reports of violent and trouble-prone behaviour among college students. Lower emotional competence has been significantly associated with owing more self-help books, higher use of illegal drugs and alcohol, as well as increased participation in deviant behaviour. Survey of Literature has revealed the fact that considerable research in the emotional competence field has focused on leadership, a fundamental workplace quality. The result has shown that effective leadership fundamentally depends upon the leader’s ability to solve the complex social problems which can arise in organizations (Mumford, Zaccaro, Harding, Jacobs & Fleishman, 2000).

Cherriss (2000) outlines four main reasons why the workplace would be logical setting for evaluating and improving emotional competence;

1. Emotional Intelligence Competencies are critical for success in most jobs.
2. Many adults enter the workplace without the competencies necessary to succeed or excel at their jobs.
3. Employers already have the established means and motivation for providing emotional intelligence training.
4. Most adults spend the majority of their working hours at work.
Riggio (2001) suggested that this type of ability can assist employees in coordinating activities and working interdependently.

Giardini and Frese (2006) conducted a study on 84 service employees. It was found that emotional competence moderated most of the proposed relationships (1) between work characteristics and emotional dissonance, (2) between emotional dissonance and outcome variables, and (3) between work characteristics and outcome variables. Ciarrochi, Scott, Deane and Heaven (2003) conducted a study and found that the social and emotional competence measures (SEC) tend to correlate with each other and with the impact of stressful events. All of the measures (except minimizing emotion) showed incremental validity in that they predicted variance in psychological health after controlling for stressful event.

Brackett and Mayer (2003) found that female scored higher than males on emotional intelligence when measured by a performance measure. However, when using self-report measures such as the Bar-on Emotional Quotient Inventory (EQI) and Self-Report Emotional Intelligence Test (SREIT), they found no evidence for gender difference. Perhaps gender differences exist in emotional intelligence only when one defines emotional intelligence in a purely cognitive manner rather than through a mixed perspective. It has already been proved that those who are high on emotional intelligence have been saving money for their organization. Hence several studies have reported the economic value of hiring staff based on emotional intelligence.

Day, Therrien & Carroll (2005) revealed that emotional quotient was highly correlated with most aspects of personality and failed to moderate that hassles and strain relationships. Lyons and Schneiders (2005) conducted a study on “the influence of emotional intelligence on performance under stress,” and pointed out that higher
levels of emotional intelligence would promote challenge appraisals and better performance, whereas lower emotional intelligence could foster threat appraisal and worse performance. They further pointed out that it would differ in males and females.

Katyal and Awasthi (2005) studied the gender differences in emotional intelligence among the adolescents of government schools in Chandigarh. It was found that majority of the boys, girls and total sample had good followed by low emotional intelligence. Girls were found to have higher emotional intelligence than that of boys. However the difference touched only 0.10 level, hence findings are just suggestive of the trend.

Muhammad (2006) studied emotional intelligence to predict job satisfaction and found that an individual’s emotional intelligence quotient was not a significant predictor of the level of job satisfaction. Marqu´ez, Martin & Brackett (2006) conducted a study on high school students in Spain. They found that the MSCEIT (Mayer-salovey-caruso Emotional Intelligence Test) a Spanish version was discriminable from other well established Personality and Intelligence tests. The test was moderately correlated with the Social competence and predicted students’ final grades.

Laible (2007) examined whether the links between attachment security and social behavior in late adolescence were mediated by emotional competence. A path model revealed that parent and peer attachment had no direct links with social behavior. Instead, the links between parent and peer attachment and social behavior were indirect, mediated through aspects of emotional competence. Findings suggested that secure attachment relationships foster appropriate social behavior by promoting
high levels of emotional awareness, empathy, positive expressiveness, and low levels of negative dominant expressiveness.

A study was conducted by Mirabile (2010) on preschool parents and children (N=64). It was found that the parent’s emotion socialization significantly correlated with children’s emotional competence. Parent’s supportive direct emotion socialization was not statistically significantly correlated with any of the child emotional competence variable. Children’s emotional competence not significantly correlated with children’s social competence and emotional behavioural maladjustment.

Rey, Extremera and Pena (2011) conducted a study in which they found that perceived emotional dimensions particularly the mood clarity and repair showed positive associations with the satisfaction. Self-esteem also correlated positively with levels of adolescent satisfaction with life. It was found that mood clarity and emotional repair had a significant direct and indirect link (via Self-esteem) with life satisfaction in adolescents. This study has contributed to the emerging understanding of the underlying process between perceived emotion and life satisfaction.

Rivers et al. (2012) conducted their study in two stages. In the 1st stage they examined psychometric attributes of the MSCEIT-YU in a large sample of 5th to 8th grade students (N=756). In the 2nd stage of study the relationship of the MSCEIT to students and teachers reports of academic, social and personal functioning among 5th to 8th grade students (N=273) was examined. It was found that Emotional Intelligence can be reliably measured with the MSCEIT-YU and that higher scores on the test are related to healthier psychological functioning and greater social competence based on both student and teacher ratings, as well as to academic performance in English language arts.
Thakur and Kumar (2013) conducted a study to compare emotional competence of prospective teachers of science with respect to; a) Social Category b) Gender and c) Mental Health. They also compared the interactional effects of emotional competence of prospective teachers of science with respect to; a) Social Category b) Gender and C) Mental Health. It was found that the total emotional competence score of male prospective teachers of reserved category was low. Male prospective teachers were found more emotionally competent than their Female counterparts. General category prospective teachers had more emotional competence score than prospective teachers belonging to reserved category.

Self-Esteem Related Literature

In an investigation exploring the relation between self-esteem and drug dependence, 71 subjects were made to complete the semantic differential forms for their self and ideal self-concepts. Thus self-esteem was measured as the discrepancy between self and ideal self and it was found that there is considerable deficiency of self-esteem among drug-dependent patients. In addition, female addicts were especially deficient in self-esteem (Gossop, 1976). A study was designed to increase the self-esteem of slow learners in social studies classes in a number of secondary schools in British Columbia, Canada. Two research designs, the nonequivalent control group design and the one-group, pretest-posttest design employed. Students in the experimental classes and in the classes included in the one-group, pretest-posttest design employed an inquiry model to investigate a contemporary societal problem in their communities. Students in the controlled classes followed the prescribed social studies program. Aspects of the student investigations intended to affect self-esteem were a) the suitability of this approach with slow learners; b) the intellectually challenging materials and activities; and c) the anticipated positive feedback from
significant others. A statistically significant difference in favor of the experimental group was found between the adjusted mean posttest scores of the experimental and control groups on self-esteem Inventory. Students in the experimental group scored high on self-esteem (Daly & Wilson, 1983).

In a study questionnaires were distributed at the beginning and end of the semester in order to assess the self-esteem and life goals of college women enrolled in five women’s studies courses and five other related courses. The two groups were later on compared in terms of their self-esteem and goals from the beginning to the end of semester. The underclasswomen in the women’s studies courses tended to express more traditional expected career goals and lowered self-esteem in the posttest. In contrast, the upper-class women in the women’s studies courses reported increased self-esteem in the posttest (Zuckerman, 1983). An assessment of casual relationship between the self-esteem of counselor and the self-esteem of students was carried out. It was found that counselors with positive self-esteem affect positively the self-esteem of students than the counselors with low self-esteem (Wiggins & Giles, 1984).

Maxwell (1992) studied hostility, depression and self-esteem among troubled, abused, neglected and homeless adolescents. This heuristic study found evidence that suggests that the adolescent participants in the sample showed greater hostility, greater depression and lower self-esteem. Blash and Unger (1995) studied the role of perceived efficacy, parent support, and community involvement in the self-esteem and ethnic identity of 68 African-American male youth. The results provided support for the distinctiveness of ethnic identity and self-esteem. A sense of mastery was positively associated with both self-esteem and ethnic identity. Parent support was associated with self-esteem, while community involvement and an appreciation of
African-American heritage were positively related to ethnic identity. Low self-esteem has been found to be related with aggression, antisocial behavior and delinquency.

Cheng and Furnham (2004) set out to determine to what extent three recalled parental (care, discouragement of behavioral freedom, denial of psychological autonomy). Self-esteem and self-criticism predicted self-rated happiness in a normal, non-clinical population of young people in their late teens or early 20s. Regressions showed self-esteem to be the most dominant and powerful correlate of happiness. Maternal care was a significant correlate of both self-esteem and self-criticism. Maternal care was the only direct correlate of happiness when paternal and maternal rearing styles were examined together suggesting that the warmth showed by mothers towards their children was particularly beneficial in increasing the offspring’s’ scores on self-reported happiness.

On several occasions it has been suggested that an individual’s self-esteem, formed around work and organizational experiences, plays a significant role in determining employee motivation, work-related attitudes and behaviors. A study reviewed more than a decade of research on an organization-based self-esteem. In addition, organization-based self-esteem is related to job satisfaction, organizational commitment, motivation, citizenship behavior, in-role performance, and turnover intentions, as well as, other important organization-related attitudes and behaviors (Pierce & Gardner, 2004).

A cohort study using the high school and beyond sophomores, examined the relation between gender, adolescent self-esteem and three outcomes: Educational status, occupational status and income attainment. Initially a positive association between gender, self-esteem and socioeconomic outcomes was found. Taking in account the social context and individual-level factors, self-esteem in women
adolescents is not related to socioeconomic achievements, but it continues to have a positive estimated effect on men’s occupational status and income attainment (Mahaffy, 2004).

Jambor and Elliott (2005) assessed the effects of the factors related to deafness (means of communication at home, severity of hearing loss and coping styles used by the deaf in their daily life) on self-esteem. Hierarchical regression modeling showed that identification with the deaf community significantly contributed to the positive self-esteem. Deaf students with greater degree of hearing loss and with bicultural skills that help them function in both the hearing and deaf community generally have higher self-esteem. In addition, the effect of self-esteem on aggression was independent of narcissism (Donnellan, Trzesniewski, Robins, Moffit & caspi, 2005).

Self-ambivalence is defined as the co-presence of positive and negative self-evaluations. Using one established and three new measures of this construct, four studies (total N= 810) revealed markedly negative correlations between self-ambivalence and self-esteem. Further, self-ambivalence proved distinct from the related construct of self-esteem clarity. The results suggested that self-ambivalence is a common concomitant of low self-esteem (Riketta & Ziegler, 2006).

Bruin, Woertman, Bakker and Oudejans (2009) found that weight-related sport participation was significantly associated with body dissatisfaction, more weight control and lower self-esteem. Livingston, McAdoo and Mills (2010) assessed the relationship between enrollment in Black studies courses, political ideology, and self-esteem in Black college students. Preliminary analyses indicated enrollment in Black studies courses is related to nationalism and self-esteem. However, subsequent regression analysis controlling for classification indicates enrollment in Black studies
courses is not a significant predictor of self-esteem or Black Nationalism. Black Nationalism predicted self-esteem, and older African American students reported higher nationalism scores. Among the characteristics most frequently ascribed to slow learners is slow-esteem. A study was conducted to find out the role of self-esteem, locus of control, and big five personality traits in predicting hopelessness among students. The results indicated that among all other variables specifically, self-esteem was negatively correlated with hopelessness (Mutlu, Balbag & Cemrek, 2010).

A study was conducted to investigate the positive effects of mindfulness on self-esteem. It was found that mindfulness does predict self-esteem, which in turn predicted overall life satisfaction. It was further found that experimentally enhancing state mindfulness led to an increase in state self-esteem (Pepping, Donovan & Davis, 2013). Brito and Oliveira (2013) identified the association between bullying and self-esteem in relation to gender. The results suggested a negative correlation between bullying and self-esteem. In addition it was observed that among the victims males had higher statistically significant self-esteem scores when compared to females.

Lee and Yen (2014) conducted a study to examine the associations between body weight and mental health indicators including depression, social phobia, insomnia, and self-esteem among Taiwanese adolescents in Grades 7-12. After controlling for the effects of sociodemographic characteristics, both overweight and obese adolescents had a lower level of self-esteem than did those of average weight; however no significant difference was found between the two above groups when compared in terms of depression, social phobia and insomnia.

Park and Park (2014) studied the effects of a self-esteem improvement program on self-esteem and peer attachment in elementary school children with observed problematic behaviors. With 47 participants, a nonequivalent control group
pretest-post-test design was used. The self-esteem improvement program was provided for 45 minutes once a week; a total of 12 sessions were conducted for the experimental group. The results suggested a great deal of enhancement in the self-esteem of experimental group than the control group. Peer attachment scores in the experimental group were significantly higher than the control group.

Salome, Almeida and Silveira (2014) investigated the quality of life and self-esteem in patients with intestinal stoma. Most participants were older than 60 years and attended support groups. It was concluded that individuals with intestinal stoma participating in the survey showed impaired self-esteem/quality of life. A study was conducted to investigate the effects of self-esteem and parental distress on adolescent psychological distress. Positive self-esteem was found to be associated with diminished initial levels of adolescent psychological distress and ameliorated psychological distress over time. In contrast, parental distress was not significantly associated with initial measurements of adolescent distress, but parental distress did exacerbate adolescent distress over time (Ksobiech, Chiao & Yi, 2014).

A study explored the influence of self-esteem on body dissatisfaction among adolescent females. It was concluded that self-esteem does influence the body dissatisfaction among female adolescents from Juiz de Fora, MG. Girls with low self-esteem exhibit high levels of body dissatisfaction (Fortes, Cipriani, Coelho, Paes & Ferreira, 2014). Reilly, Dhingra and Boduszek (2014) found that teaching self-efficacy, perceived stress and self-esteem predicted job satisfaction among the teachers. However, only perceived stress was found to explain unique predictive variance, with high levels of occupational stress related to low levels of job satisfaction.
Siah (2015) examined parents’ sex discrimination through the perspectives of their children and its relationship to their children and its relationship to their daughter’s happiness and self-esteem. The results showed that perceived parental sex discrimination was negatively correlated with happiness and self-esteem. Importantly, this relationship only occurred among female but not male respondents. Doinita (2015) assessed the correlation between the types of adult attachment, self-esteem level and emotional intelligence development. The results showed that individuals with secure attachment reported higher global self-esteem than adults with avoidant and anxious/preoccupied attachment (lower global self-esteem).

The tendency to evaluate ourselves depends a great deal on our own self-reflections as well as the social feedback that we receive from others. Neural activities in our brain support the above assertion. 25 college students were scanned using functional MRI during evaluation of oneself or evaluation of social feedback. Trait self-esteem was measured using the Rosenberg self-esteem scale after scanning. Whole-brain regression analyses revealed that trait self-esteem was associated with the bilateral orbitofrontal activity during evaluation of one’s own positive traits but with activities in the medial prefrontal cortex, posterior cingulated, and occipital cortices during positive evaluation of positive social feedback. The findings suggested that trait self-esteem modulates the degree of both affective processes in the orbitofrontal cortex during self-reflection and cognitive processes in the medial prefrontal cortex during evaluation of social feedback (Yang, Xu, Chen, Shi & Han, 2016). A study was conducted to explore the effect of rejection sensitivity, self-esteem and social support on social anxiety. Stratified cluster sampling was used and it was found that social anxiety is positively related to rejection sensitivity, higher social anxiety indicates lower self-esteem and lower perceived social support (Li, n.d).
After a careful perusal of literature review it was found that most of the studies that have been conducted so far dealt with the pathologies which often arise after the floods. Be it PTSD, Depression, Stress and several other medical and psychological issues. There is a dearth of studies that focus on the positive aspects and attributes of individual personalities, which are required in order to withstand the negative after affects of natural calamities, specifically floods. There is also a paucity of literature on flood victims of Kashmir Valley. Therefore there was no option except to formulate null hypotheses for empirical testing. In the light of objectives and literature review of the present study, following hypotheses were framed for empirical testing.

Generally null hypotheses are formulated when there is dearth of studies describing the relationship among the variables to be investigated or when an exploratory study is planned to be entertained. Therefore the following null hypotheses were framed for the present study.

**HYPOTHESES**

H01: There is no difference in resilience of males and females.

H02: There is no difference in emotional competence of males and females.

H03: There is no difference in self-esteem of males and females.

H04: There is no difference in resilience of people living in nuclear and joint families.

H05: There is no difference in emotional competence of people living in nuclear and joint families.

H06: There is no difference in self-esteem of people living in nuclear and joint families.

H07: There is no difference in resilience of people working in business and service sector.
H₀₈: There is no difference in emotional competence of people working in business and service sector.

H₀₉: There is no difference in self-esteem of people working in business and service sector.

H₀₁₀: There is no difference in resilience of people across three age groups (20-30, 31-40 & 41-50).

H₀₁₁: There is no difference in emotional competence of people across three age groups (20-30, 31-40 & 41-50).

H₀₁₂: There is no difference in self-esteem of people across three age groups (20-30, 31-40 & 41-50).

H₀₁₃: There is no difference in resilience of people belonging to low, middle and high income groups.

H₀₁₄: There is no difference in emotional competence of people belonging to low, middle and high income groups.

H₀₁₅: There is no difference in self-esteem of people belonging to low, middle and high income groups.

H₀₁₆: There is no difference in resilience of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

H₀₁₇: There is no difference in emotional competence of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

H₀₁₈: There is no difference in self-esteem of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

H₀₁₉: There is no correlation between resilience and self-esteem.

H₀₂₀: There is no correlation between resilience and emotional competence.

H₀₂₁: There is no correlation between self-esteem and emotional competence.
CHAPTER 3
METHODOLOGY

Methodology in simple terms means the method or the procedure used by the researcher to accomplish the purpose of research. It is a crucial step in any research and has its importance in scientific investigation because objectivity of any research investigation cannot be obtained unless it is carried out in a very systematic and planned manner. That is why methodology is called the backbone of any research. Redman & Mory (1923) in explaining ‘research’ contented that it is “a systematized effort to find out the solution of the problem”. Methodology is sum of these techniques being carried out by an investigator in order to find out the real dynamics operating for any problem. Mounton and Marais (1993) viewed methodology as “the logic of the applications of scientific methods to the investigation of the phenomena.”

It is a kind of decision making process in which researcher has to select the most suitable and appropriate model, sampling techniques, measuring instruments/tools and data analysis methods suitable for selected problem. However, the objectivity of scientific investigation is contingent upon the accuracy of research methodology adopted by the researcher. It is a kind of appropriate architecture prepared in advance by the investigator with minimum expenditure of time, cost and other requirements. According to Mohsin (1984) “research design contains a built-in system of checks against all factors that might affect the validity of the research outcomes”. Scientific investigation involves careful and proper adoption of research design, use of standardized tools and tests, identifying adequate sample by using appropriate sampling techniques, sound procedure for collecting data, and then after careful scrutiny, tabulation of the data and the use of appropriate statistical techniques for analyzing the data. The above steps are necessary in carrying out research and
enhance the value of findings. The detailed description of the participants, tools and statistical tests used for the analyses of data is given below.

Participants

In behavioral science researches, sample is a fraction of population. It is impossible to take the whole population for investigation. Mohsin (1984) contended that sample is a small part of total existing events, objects or the information. Kerlinger (1983) believes that “sampling is taking any portion of a population or universe as representative of that population or universe”. Thus, sampling is a process through which a small portion of population selected for observation. By making observations on the appropriate sample, it is possible to draw reliable and valid inferences or make generalizations on the population as a whole from where the sample is drawn.

The sample size of the present study consisted of two hundred eighty nine flood victims (N=289; Male = 159 & Female = 130), between age 20 to 50 yrs. The data were collected from Lal Chowk, Sonwar Bagh, Shivpora, Batwara, Pandrathan, Rajbagh, Jawahar Nagar, Gogji Bagh and Wazir Bagh of Srinagar (Kashmir Valley). The respondents were selected by using non-probability purposive sampling technique.
### Table 3.1

**Showing Sample break-up**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Sub-Groups</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Males</td>
<td>56.01%</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>44.98%</td>
</tr>
<tr>
<td>Family Structure</td>
<td>Nuclear</td>
<td>40.35%</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>59.64%</td>
</tr>
<tr>
<td>Occupation</td>
<td>Service</td>
<td>45.77%</td>
</tr>
<tr>
<td></td>
<td>Business</td>
<td>54.22%</td>
</tr>
<tr>
<td>Income</td>
<td>Low</td>
<td>33.56%</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>34.25%</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>32.17%</td>
</tr>
<tr>
<td>Age</td>
<td>20-30</td>
<td>46.71%</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>26.29%</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>26.98%</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>34.94%</td>
</tr>
<tr>
<td></td>
<td>+2</td>
<td>26.29%</td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td>29.41%</td>
</tr>
<tr>
<td></td>
<td>P.G &amp; Above P.G</td>
<td>9.34%</td>
</tr>
</tbody>
</table>

### Description of Tools

In behavioral sciences measurements have always been considered a very complex task but an inevitable means to understand human experiences and behavior. Various psychological tests have been developed to understand human behavior objectively. There is no single psychological test which can tell about all aspects of human behavior because of its intricacy and instability. Therefore, every psychological test is developed for some specific objective and purpose. Among the
various methods used for testing the various aspect of human behavior, the questionnaire method has been considered as the most convenient and favorable instrument to collect data. Pertaining to questionnaire, it is imperative to mention that without ascertaining the efficacy of the tools, reliable results cannot be obtained; therefore, standardization of the psychological tools is necessarily a prerequisite. In this regard, it is equally important to mention that in quest of studying the present problem the standardized psychological tools were administered. The description of the tools used in the present research study follows:

**RESILIENCE SCALE**

Resilience scale (RS-14) is a seven point measure, consisting of fourteen items. The scale was originally developed by Wagnild (2010) and its shorter version was developed by Wagnild and Young (1993). The nine items that were excluded from the previous scale (RS-25) were those that showed an inter-item correlation above $r = .40$ in the authors’ previous studies (Wagnild, 2010).

Cronbach’s alpha reliability of the scale was $r = .93$. The RS-25 and RS-14 were strongly correlated ($r = .97, p < .001$). By now the shorter version(RS-14) has shown a reliable convergent validity as well as an invariant factor structure (Nishi.et al., 2010).

**EMOTIONAL COMPETENCE ASSESSMENT SCALE (ECAS)**

The scale has been developed by Paiva and Kumar in the year 2009, with total 35 items and eight dimensions, each dimension consisting of 5 items. The eight dimensions of the scale are; Happiness, Love, Interest, Sympathy, Fear, Anger, Sadness and Jealousy. It is a four point scale where subject has to choose the statement from four categories of responses namely; Always, Sometimes, Rarely and Never. Reliability of the scale has been shown in the following table (Table 3.2).
Table 3.2

**Showing the Reliability and Co-efficient values of the Scale**

<table>
<thead>
<tr>
<th>Methods of Reliability Analysis</th>
<th>Reliability Co-efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation between forms</td>
<td>0.712</td>
</tr>
<tr>
<td>Equal length Spearman-Brown</td>
<td>0.721</td>
</tr>
<tr>
<td>Guttman Split-half</td>
<td>0.719</td>
</tr>
<tr>
<td>Unequal-length Spearman-Brown</td>
<td>0.719</td>
</tr>
</tbody>
</table>

**SELF-ESTEEM SCALE**

Rosenberg self-esteem scale was developed by Rosenberg in 1965. It is a four point scale consisting of ten items. Internal consistency of the scale is 0.77, minimum Coefficient of Reproducibility is \( r = 0.09 \) (Rosenberg, 1965). Test-retest reliability for the 2-week interval is calculated at \( r = 0.85 \), the 7-month interval was calculated at \( r = 0.63 \) (Silber & Tippet, 1965; Shorkey & Whiteman, 1978).

**Biographical Information Blank**

To know the information about biographies of the respondents, a biographical-information blank (BIB) was prepared that included Gender, Age, Education, Occupation, Monthly Income and Family Structure. The respondents were requested to furnish this information too.

**Statistical Analyses**

The purpose of research was to study resilience, emotional competence and self-esteem across six different demographic variables (Gender, Occupation, Age, Education, Income and Family Structure) of the flood victims of Kashmir valley, and to see if there exists any correlation between resilience and self-esteem, resilience and emotional competence and self-esteem and emotional competence. Hence, independent groups t-test was used to assess whether the difference between two
groups (in case of gender, occupation and family structure) is statistically significant. One Way ANOVA (analysis of variance) was used to analyze whether the difference between more than two groups (in case of age, income and education) is statistically significant. Tukey's honestly significant difference (HSD) post hoc test was conducted in order to assess which group is different from the other, in case of more than two groups. Finally, Pearson product-moment correlation coefficient (PPMCC) was used to assess the relationship between resilience and self-esteem, resilience and emotional competence and self-esteem and emotional competence. After data analyses, results were obtained and described and discussed in Chapter-IV, which is given subsequently.
CHAPTER 4

RESULT AND DISCUSSION

The following section pertains to the result and discussion of present study. It provides a glimpse of descriptive and inferential statistics. The data thus obtained have been summarised in the tables given below. Each table is followed by a detailed description and interpretation of the data given in the table. Descriptive statistics thus provided, provide information about the mean and standard deviation of the groups under investigation. Inferential statistics have been summarised by independent group t-test tables depicting the difference between two groups. Similarly, analysis of variance (ANOVA) test highlights the significance of difference between more than two groups. Tukey’s honestly significant difference (HSD) post hoc test depicts which group actually differs from the other group. At the end of this section, correlations between resilience and emotional competence, resilience and self-esteem and emotional competence and self-esteem are given.

Table 4.1

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>Males</td>
<td>159</td>
<td>75.96</td>
<td>13.08</td>
<td>.46</td>
<td>.64</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>130</td>
<td>75.28</td>
<td>11.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Males</td>
<td>159</td>
<td>70.77</td>
<td>9.80</td>
<td>3.68</td>
<td>0.00*</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>130</td>
<td>78.80</td>
<td>12.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>Males</td>
<td>159</td>
<td>18.91</td>
<td>5.39</td>
<td>.30</td>
<td>0.76</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>130</td>
<td>18.72</td>
<td>5.69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.
Table 4.1 depicts a statistically significant difference in the emotional competence of males and females ($t = 3.68, p = 0.01$). Females scored high on emotional competence ($M = 78.80, SD = 12.46$) than their Male counterparts ($M = 70.77, SD = 9.80$). Ashmore and Del Boca (1979) found that women are emotionally more expressive than men. Being emotionally expressive is an integral part of emotional competence. Habib and Ansari (2016) found that female adolescents scored high on emotional competence.

Table 4.1 failed to show statistically significant difference in the resilience and self-esteem of males and females. But it is evident from the mean scores provided in Table 4.1 that both males and females scored high on resilience and self-esteem. Previous researches have shown that ‘risk and resilience’ thrive together. Because of terrorism people of Kashmir Valley are frequently exposed to violent circumstances. These violent circumstances often put people at the brink of risk, making them quite uncertain regarding their lives. They witness violence and keep wrestling with such circumstances by developing and exhibiting resilience in order to survive. Fighting for their survival in such a manner provides them a sense of self-efficacy, which in turn is an important determinant of self-esteem. It might be the reason for both males and females scoring high both on resilience and self-esteem without showing any statistically significant difference.
Table 4.2

Showing resilience, emotional competence and self-esteem of people living in nuclear and joint family structure

<table>
<thead>
<tr>
<th>Family Structure</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>115</td>
<td>75.73</td>
<td>12.44</td>
<td>.41</td>
<td>0.68</td>
</tr>
<tr>
<td>Joint</td>
<td>170</td>
<td>75.12</td>
<td>11.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>115</td>
<td>71.46</td>
<td>11.59</td>
<td>.97</td>
<td>0.32</td>
</tr>
<tr>
<td>Joint</td>
<td>170</td>
<td>70.02</td>
<td>12.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>115</td>
<td>18.66</td>
<td>5.88</td>
<td>-0.14</td>
<td>0.88</td>
</tr>
<tr>
<td>Joint</td>
<td>170</td>
<td>18.75</td>
<td>5.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Table 4.2 failed to show statistically significant difference in the resilience of people living in nuclear and joint families \( (t = .41, p = 0.68) \). The results further failed to show any statistically significant difference in the emotional competence \( (t = .97, p = 0.32) \) and self-esteem \( (t = -0.14, p = 0.88) \) of people living in nuclear and joint families.

Kashmiris are known for their sense of comradeship and hospitality. The ongoing violent circumstances within the Valley have further bonded people together and rendered them more empathetic for one another. People living in nuclear family set-up have their social network intact and can count on it. Thus, the concept of nuclear and joint family set-up does not make any difference in terms of the resilience, emotional competence and self-esteem of the people.
Table 4.3

Showing resilience, emotional competence and self-esteem of people working in service and business sector

<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>130</td>
<td>80.23</td>
<td>11.62</td>
<td>5.80</td>
<td>0.00*</td>
</tr>
<tr>
<td>Business</td>
<td>154</td>
<td>72.24</td>
<td>11.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>130</td>
<td>74.12</td>
<td>11.57</td>
<td>4.43</td>
<td>0.00*</td>
</tr>
<tr>
<td>Business</td>
<td>154</td>
<td>67.84</td>
<td>12.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>130</td>
<td>20.98</td>
<td>4.95</td>
<td>6.43</td>
<td>0.00*</td>
</tr>
<tr>
<td>Business</td>
<td>154</td>
<td>17.03</td>
<td>5.31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*<p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.

Table 4.3 depicts a statistically significant difference in the resilience of people working in service and business sector \((t = 5.80, p = 0.01)\). People working in service sector scored high on resilience \((M = 80.23, SD = 11.62)\) than those working in business sector \((M = 72.24, SD = 11.48)\).

Similarly a statistically significant difference is found in the emotional competence of people working in service and business sectors \((t = 4.43, p = 0.01)\). People working in service sector scored high on emotional competence \((M = 74.12, SD = 11.57)\) than those working in business sector \((M = 67.84, SD = 12.16)\). A significant difference is also found in the self-esteem of people working in service and business sectors \((t = 6.43, p = 0.01)\). People working in service sector scored high on self-esteem \((M = 20.98, SD = 4.95)\) than those working in business sector \((M = 17.03, SD = 5.31)\).

People in service often experience certain outcomes that guarantee predicted satisfaction level. That might be the reason for their better scoring on resilience, emotional competence and self-esteem. Whereas people in business sector are often
uncertain regarding the outcome of their business, they gain high profits but these profits are the results of the risks that they take. The more one indulges in risk taking, the more stress he/she experiences, affecting the resilience, emotional competence and self-esteem of an individual.

**Table 4.4 (a)**

*Resilience, emotional competence and self-esteem of people belonging to low, middle and high income group.*

<table>
<thead>
<tr>
<th>IG</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Low</td>
<td>97</td>
<td>67.03</td>
<td>8.02</td>
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<tr>
<td>Middle</td>
<td>99</td>
<td>73.43</td>
<td>9.80</td>
</tr>
<tr>
<td>High</td>
<td>93</td>
<td>87.02</td>
<td>9.20</td>
</tr>
<tr>
<td>EC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>97</td>
<td>71.36</td>
<td>10.43</td>
</tr>
<tr>
<td>Middle</td>
<td>99</td>
<td>64.66</td>
<td>14.15</td>
</tr>
<tr>
<td>High</td>
<td>93</td>
<td>76.70</td>
<td>7.89</td>
</tr>
<tr>
<td>SE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>97</td>
<td>15.08</td>
<td>4.95</td>
</tr>
<tr>
<td>Middle</td>
<td>99</td>
<td>17.56</td>
<td>4.11</td>
</tr>
<tr>
<td>High</td>
<td>93</td>
<td>24.08</td>
<td>2.46</td>
</tr>
</tbody>
</table>


**Table 4.4 (b)**

*One-way ANOVA results of resilience, emotional competence and self-esteem of people belonging to low, middle and high income groups.*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>Between Group</td>
<td>19717.89</td>
<td>9858.95</td>
<td>120.46</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>23407.18</td>
<td>81.84</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43125.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Between Group</td>
<td>7002.59</td>
<td>3501.29</td>
<td>27.94</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>3583.1</td>
<td>125.28</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>42834.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>Between Group</td>
<td>4089.71</td>
<td>2044.85</td>
<td>127.66</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>4580.97</td>
<td>16.01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8670.69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.
Table 4.4 (c)  

*Post hoc results of resilience, emotional competence and self-esteem of people belonging to low, middle and high income group.*

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Groups</th>
<th>Mean Difference</th>
<th>Std. Error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>Low</td>
<td>Middle</td>
<td>-6.40</td>
<td>1.59</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>High</td>
<td>-13.58</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
<td>19.99</td>
<td>1.62</td>
</tr>
<tr>
<td>EC</td>
<td>Low</td>
<td>Middle</td>
<td>6.69</td>
<td>1.29</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>High</td>
<td>-12.04</td>
<td>1.30</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
<td>5.34</td>
<td>1.31</td>
</tr>
<tr>
<td>SE</td>
<td>Low</td>
<td>Middle</td>
<td>-2.48</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>High</td>
<td>-6.52</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
<td>9.00</td>
<td>.58</td>
</tr>
</tbody>
</table>

*p <.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.

Table 4.4 (b) depicts a statistically significant difference in the resilience ($F = 120.46, p = .01$), emotional competence ($F = 27.94, p = .01$) and self-esteem ($F = 127.66, p = .01$) of high, middle and low income groups.

Table 4.4 (c) depicts statistically significant difference in the emotional competence of low and middle income groups ($p <.05$), middle and high income groups ($p <.05$) and low and high income groups ($p <.05$).

Similarly a statistically significant difference is found in the resilience of low and middle income groups ($p <.05$), middle and high income groups ($p <.05$) and low and high income groups ($p <.05$).

Similarly a statistically significant difference is found in the self-esteem of low and middle income groups ($p <.05$), middle and high income groups ($p <.05$) and low and high income groups ($p <.05$).
Mean scores from Table 4.4 (a) indicate that people in high income groups scored high on resilience (M = 87.02, SD = 9.20) followed by people in middle income group (M = 73.43, SD = 9.80) and low income group (M = 67.03, SD = 8.02). Similarly, people in high income group scored high on emotional competence (M = 76.70, SD = 7.89) followed by people in low income group (M = 71.36, SD = 10.43) and middle income group (M = 64.66, SD = 14.15). People in high income group also scored high on self-esteem (M = 24.08, SD = 2.46) followed by middle income group (M = 17.56, SD = 4.11) and low income group (M = 15.08, SD = 4.95).

People who earn more are better protected against shocks either through some formal or informal insurance or through greater diversification of their livelihoods as well as their financial assets and social support (Strauss & Thomas, 2008). Drago (2011) conducted a longitudinal study and found that there is a positive association between self-esteem and earnings. It might be possible that people who are financially stable are less stressed, are better situated in terms of job and business, thus able to manage their emotions quite well.

Table 4.5 (a)

Resilience, emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 & 41-50)

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>20-30</td>
<td>135</td>
<td>74.57</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>76</td>
<td>73.40</td>
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<td></td>
<td>41-50</td>
<td>78</td>
<td>79.71</td>
</tr>
<tr>
<td>EC</td>
<td>20-30</td>
<td>135</td>
<td>71.66</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>76</td>
<td>63.94</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>78</td>
<td>75.93</td>
</tr>
<tr>
<td>SE</td>
<td>20-30</td>
<td>135</td>
<td>19.88</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>76</td>
<td>16.88</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>78</td>
<td>18.91</td>
</tr>
</tbody>
</table>

RS = Resilience, EC = Emotional Competence, SE = Self-esteem
Table 4.5 (b)

One-way ANOVA results for resilience emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 & 41-50)

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>Between Group</td>
<td>1828.00</td>
<td>914.00</td>
<td>6.33</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>41297.08</td>
<td>144.39</td>
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<tr>
<td></td>
<td>Total</td>
<td>43125.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Between Group</td>
<td>5727.65</td>
<td>2863.82</td>
<td>22.07</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>37106.46</td>
<td>129.74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>42834.12</td>
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<td></td>
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<tr>
<td>SE</td>
<td>Between Group</td>
<td>438.28</td>
<td>219.14</td>
<td>7.61</td>
</tr>
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<td></td>
<td>Within Group</td>
<td>8232.41</td>
<td>28.78</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8670.69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.

Table 4.5 (c)

Post hoc results for resilience, emotional competence and self-esteem of people belonging to different age groups (20-30, 31-40 & 41-50)

<table>
<thead>
<tr>
<th></th>
<th>Comparison Groups</th>
<th>Mean Difference</th>
<th>Std. Error</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>20-30 31-40</td>
<td>1.16</td>
<td>1.72</td>
<td>.77</td>
</tr>
<tr>
<td></td>
<td>20-30 41-50</td>
<td>-5.14</td>
<td>1.70</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>31-40 41-50</td>
<td>-6.31</td>
<td>1.93</td>
<td>.00*</td>
</tr>
<tr>
<td>EC</td>
<td>20-30 31-40</td>
<td>7.71</td>
<td>1.63</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>20-30 41-50</td>
<td>-4.26</td>
<td>1.62</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>31-40 41-50</td>
<td>-11.98</td>
<td>1.83</td>
<td>.00*</td>
</tr>
<tr>
<td>SE</td>
<td>20-30 31-40</td>
<td>2.99</td>
<td>.76</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>20-30 41-50</td>
<td>0.97</td>
<td>.76</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>31-40 41-50</td>
<td>-2.02</td>
<td>.86</td>
<td>.05*</td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.
Table 4.5 (b) depicts a statistically significant difference in the resilience ($F = 6.33, p = .01$), emotional competence ($F = 22.07, p = .01$) and self-esteem ($F = 7.61, p = .01$) of people belonging to different age groups (20-30, 31-40 & 41-50).

Table 4.5 (c) depicts a statistically significant difference in the resilience of people belonging to age groups 20-30 and 41-50 ($p < .05$) as well as between age groups 31-40 and 41-50 ($p < .05$). But no statistically significant difference is found in the resilience of people belonging to age groups 21-30 and 31-40.

Similarly, a statistically significant difference is found in the emotional competence of people belonging to age groups 21-30 and 31-40 ($p < .05$), 20-30 and 41-50 ($p < .05$) and 31-40 and 41-50 ($p < .05$). A statistically significant difference is also found in the self-esteem of people belonging to age groups 20-30 and 31-40 as well as in the age groups 31-40 and 41-50. But no statistically significant difference is found in the self-esteem of age groups 20-30 and 41-50.

Mean scores from Table 4.5 (a) indicate that people in age group 41-50 scored high on resilience ($M = 79.71, SD = 13.63$) followed by people in age group 20-30 ($M = 74.57, SD = 12.70$) and 31-40 ($M = 73.40, SD = 8.45$). Similarly, people belonging to age group 46-55 scored high on emotional competence ($M = 75.93, SD = 8.99$) followed by people belonging to age group 20-30 ($M = 71.66, SD = 11.11$) and 30-41 ($M = 63.94, SD = 13.99$). Gooding, Hurst, Johnson and Tarrier (2012) conducted a study and found that older individuals were more resilient, especially in relation to emotional regulation and solving problems. It has been also found that using resilience scale (Wagnild & Young, 1965) the data from thousands of respondents strongly suggest that as one ages, scores on resilience increases (The Resilience Centre).
People belonging to age group 20-30 scored high on self-esteem (M = 19.88, SD = 6.13) followed by people belonging to age group 41-50 (M = 18.91, SD = 6.13) and 36-45 (M = 16.88, SD = 4.68).

Table 4.6 (a)

Resilience, emotional competence and self-esteem of people with different levels of formal education

<table>
<thead>
<tr>
<th>Education</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS High School</td>
<td>101</td>
<td>69.14</td>
<td>7.80</td>
</tr>
<tr>
<td>+2</td>
<td>76</td>
<td>66.14</td>
<td>5.98</td>
</tr>
<tr>
<td>Graduation</td>
<td>85</td>
<td>87.00</td>
<td>7.91</td>
</tr>
<tr>
<td>P.G &amp; Above</td>
<td>27</td>
<td>91.07</td>
<td>4.42</td>
</tr>
<tr>
<td>EC High School</td>
<td>101</td>
<td>67.42</td>
<td>12.71</td>
</tr>
<tr>
<td>+2</td>
<td>76</td>
<td>68.13</td>
<td>11.88</td>
</tr>
<tr>
<td>Graduation</td>
<td>85</td>
<td>74.67</td>
<td>10.78</td>
</tr>
<tr>
<td>P.G &amp; Above</td>
<td>27</td>
<td>78.62</td>
<td>8.04</td>
</tr>
<tr>
<td>SE High School</td>
<td>101</td>
<td>17.28</td>
<td>4.88</td>
</tr>
<tr>
<td>+2</td>
<td>76</td>
<td>16.11</td>
<td>5.03</td>
</tr>
<tr>
<td>Graduation</td>
<td>85</td>
<td>21.25</td>
<td>4.89</td>
</tr>
<tr>
<td>P.G &amp; Above</td>
<td>27</td>
<td>24.59</td>
<td>2.54</td>
</tr>
</tbody>
</table>


Table 4.6 (b)

One-way ANOVA results for resilience emotional competence and self-esteem of people with different levels of formal education

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>Between Group</td>
<td>28509.05</td>
<td></td>
<td>18.30</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>14616.03</td>
<td></td>
<td>51.28</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>43125.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>Between Group</td>
<td>4619.67</td>
<td></td>
<td>11.48</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>38214.45</td>
<td></td>
<td>134.08</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>42834.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>Between Group</td>
<td>2197.96</td>
<td></td>
<td>32.24</td>
</tr>
<tr>
<td></td>
<td>Within Group</td>
<td>6473.43</td>
<td></td>
<td>22.71</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8670.69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem.
Table 4.6 (c)

Post hoc results for resilience, emotional competence and self-esteem of people with different levels of formal education

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Groups</th>
<th>Mean Difference</th>
<th>Std. Error</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS</td>
<td>High school +2</td>
<td>3.00</td>
<td>1.08</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>+2 Graduation</td>
<td>-20.85</td>
<td>1.13</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>Graduation P.G/Above P.G</td>
<td>-4.07</td>
<td>1.58</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>-17.85</td>
<td>1.05</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school P.G/Above P.G</td>
<td>21.91</td>
<td>1.55</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>+2 P.G/Above P.G</td>
<td>-24.92</td>
<td>1.60</td>
<td>.00*</td>
</tr>
<tr>
<td>EC</td>
<td>High school +2</td>
<td>-6.53</td>
<td>1.82</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>+2 Graduation</td>
<td>-3.95</td>
<td>2.55</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>Graduation P.G/Above P.G</td>
<td>-7.24</td>
<td>1.70</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>-1120</td>
<td>2.50</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school P.G/Above P.G</td>
<td>-10.49</td>
<td>2.59</td>
<td>.00*</td>
</tr>
<tr>
<td>SE</td>
<td>High school +2</td>
<td>1.16</td>
<td>.72</td>
<td>.37</td>
</tr>
<tr>
<td></td>
<td>+2 Graduation</td>
<td>-5.14</td>
<td>.75</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>Graduation P.G/Above P.G</td>
<td>-3.33</td>
<td>1.05</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school</td>
<td>-3.97</td>
<td>.70</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>High school P.G/Above P.G</td>
<td>-7.30</td>
<td>1.03</td>
<td>.00*</td>
</tr>
<tr>
<td></td>
<td>+2 P.G/Above P.G</td>
<td>8.47</td>
<td>1.06</td>
<td>.00*</td>
</tr>
</tbody>
</table>

*p<.05, RS = Resilience, EC = Emotional Competence, SE = Self-esteem, +2 = Senior Secondary, P.G = Post Graduation.

Table 4.6 (b) depicts a statistically significant difference in the resilience ($F = 18.30, p = .01$), emotional competence ($F = 11.48, p = .01$) and self-esteem ($F = 32.24, p = .01$) of people with different levels of formal education.

Table 4.6 (c) depicts a statistically significant difference in the resilience of people with high school and +2 level formal educations ($p<.05$), similarly a statistically significant difference is found in the resilience of people with following levels of formal education +2 and Graduation ($p<.05$), Graduation and P.G/AboveP.G ($p<.05$), high school and P.G/Above P.G ($p<.05$) and +2 and P.G/Above P.G ($p<.05$).
A statistically significant difference is found in the emotional competence of people with +2 and Graduation level formal educations \((p<.05)\), High School and P.G/Above P.G \((p<.05)\) and +2 and P.G/Above P.G \((p<.05)\) level of formal educations. But no statistically significant difference is found in the emotional competence of the two pairs of groups which are High School and +2 \((p = .97)\) and Graduation and P.G/Above P.G \((p = .41)\).

A statistically significant difference is also found in the self-esteem of people with following levels of formal education +2 and Graduation \((p<.05)\), Graduation and P.G/Above P.G \((p<.05)\), High School and Graduation \((p<.05)\), High School and P.G/Above P.G \((p<.05)\) and +2 and P.G/Above P.G \((p<.05)\). No statistically significant difference is found in the self-esteem of people with High School and +2 levels of formal education \((p = .37)\).

Mean scores from Table 4.6 (a) indicate high scores of resilience among people with P.G/Above P.G level education \((M = 91.07, SD = 4.42)\) followed by people with Graduation \((M = 87, SD = 7.91)\), High School \((M = 69.14, SD = 7.80)\) and +2 \((M = 66.14, SD = 5.98)\). Similarly people with P.G/Above P.G level education scored high on emotional competence \((M = 78.62, SD = 8.04)\) followed by people in Graduation \((M = 74.67, SD = 10.78)\), +2 \((M = 68.13, SD = 11.88)\) and High School \((M = 67.42, SD = 12.71)\). People with P.G/Above P.G level education also scored high on self-esteem \((M = 24.59, SD = 2.54)\) followed by people in Graduation \((M = 21.25, SD = 4.89)\), High School \((M = 21.25, SD = 4.88)\) and +2 \((M = 16.11, SD = 5.03)\).

It has been found that better educated tend to earn more, have greater wealth, and live longer and healthier lives (Lutz & Samir, 2011). A study conducted by Frankenberg, Sikoki, Sumantri, Suriastini and Thomas (2013) found that being better
educated is associated with high levels of resilience over the longer term. Emotional competence is a set of competencies that are learned by an individual over a period of time (Goleman, 1995). Formal education prepares an individual for the job market, thereby imbibing in him the core competencies that are needed on the job. People with better education learn well to harness these competencies.

Table 4.7

*Showing Correlation between resilience and emotional competence, resilience and self-esteem and emotional competence and self-esteem*

<table>
<thead>
<tr>
<th></th>
<th>Resilience</th>
<th>Emotional Competence</th>
<th>Self-esteeem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Competence</td>
<td>.301**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Self-esteeem</td>
<td>.612**</td>
<td>.612**</td>
<td>1</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**

Table 4.7 depicts a statistically significant positive correlation between resilience and self-esteem ($r = .61, p<0.01$), resilience and emotional competence ($r = .30, p<0.01$) and self-esteem and emotional competence ($r = .30, p<0.01$) among the victims of Kashmir Flash Floods (Sep, 2014).

Saarni (1999) further concluded that we demonstrate emotional competence when we emerge from an emotion eliciting encounter with a sense of having accomplished what we set out to do. As one develops the skills of emotional competence, one feels better, which serves to reinforce or validate one's self esteem and confirms one’s competence. She further asserted that psychologically resilience in conjunction with emotional competence yields greater gains or growth following the recovery from adversity or trauma.
Murphy and Moriarity (1976) followed a number of children from birth to early adulthood. They found that seemingly vulnerable infants began to develop abilities in the Pre-school years to increase their capacity for maintaining integrity in the face of pressures or threats to their adaptive functioning. Those children who were effective tended to progress through their childhood and adolescence with resilience. They were the “good copers”, and in many respects what they demonstrated was emotional competence.
CHAPTER 5
CONCLUSION, IMPLICATIONS, SUGGESTIONS AND LIMITATIONS

Conclusion

Following conclusions were drawn from the results of the study:

It was found that males and females did not show any statistically significant difference in terms of their resilience and self-esteem scores. But both differ significantly on their emotional competence scores. Thus, in case of present study gender failed to show any impact on resilience and self-esteem scores of the participants.

Family structure also failed to show any impact on the resilience, emotional competence and self-esteem scores of participants.

Occupation emerged to have a major influence on the resilience, emotional competence and self-esteem of participants. People working in service sector exhibited greater resilience, emotional competence and self-esteem.

Similarly resilience, emotional competence and self-esteem scores were influenced by the family income of participants. Participants in high income group also scored high on resilience and self-esteem, followed by the participants in middle income groups and low income groups. It was found only in case of emotional competence that participants in high income groups scored high and were followed by participants in low income groups then subsequently by middle income groups.

Age also emerged to be an important factor in determining the resilience, emotional competence and self-esteem of participants. Participants in 41-50 age group scored high on both resilience and emotional competence, followed by participants in 20-30 age group and participants in 31-40 age group subsequently. Participants in 20-
30 age group scored high on self-esteem, followed by the participants in 41-50 age group and participants in 31-40 age group.

For the present study, education turned out to be an important factor in determining the resilience, emotional competence and self-esteem of participants. Participants with post-graduation and above post-graduation levels of education scored high both in terms of their resilience, emotional competence and self-esteem, followed by the participants with graduation, high school and +2 levels of education.

Positive correlation was found between resilience and emotional competence, resilience and self-esteem and emotional competence and self-esteem.

**Major Conclusions**

1. There is no statistically significant difference in the resilience of males and females.
2. There is statistically significant difference in the emotional competence of males and females.
3. There is no statistically significant difference in the self-esteem of males and females.
4. There is no statistically significant difference in the resilience of people living in nuclear and joint families.
5. There is no statistically significant difference in the emotional competence of people living in nuclear and joint families.
6. There is no statistically significant difference in the self-esteem of people living in nuclear and joint families.
7. There is statistically significant difference in the resilience of people working in business and service sector.
8. There is statistically significant difference in the emotional competence of people working in business and service sector.

9. There is statistically significant difference in the self-esteem of people working in business and service sector.

10. There is statistically significant difference in the resilience of people across three age groups (20-30, 31-40 & 41-50).

11. There is statistically significant difference in the resilience of people belonging to age groups 20-30 and 41-50.

12. There is statistically significant difference in the resilience of people belonging to age groups 31-40 and 41-50.

13. There is statistically significant difference in the emotional competence of people across three age groups (20-30, 31-40 & 41-50).

14. There is statistically significant difference in the emotional competence of people belonging to age groups 20-30 and 31-40.

15. There is statistically significant difference in the emotional competence of people belonging to age groups 20-30 and 41-50.

16. There is statistically significant difference in the emotional competence of people belonging to age groups 31-40 and 41-50.

17. There is statistically significant difference in the self-esteem of people across three age groups (20-30, 31-40 & 41-50).

18. There is statistically significant difference in the self-esteem of people belonging to age groups 20-30 and 31-40.

19. There is statistically significant difference in the self-esteem of people belonging to age groups 31-40 and 41-50.
20. There is statistically significant difference in the resilience of people belonging to low, middle and high income groups.
21. There is statistically significant difference in the resilience of low and middle income groups.
22. There is statistically significant difference in the resilience of middle and high income groups.
23. There is statistically significant difference in the resilience of low and high income groups.
24. There is statistically significant difference in the emotional competence of low, middle and high income groups.
25. There is statistically significant difference in the emotional competence of low and middle income groups.
26. There is statistically significant difference in the emotional competence of middle and high income groups.
27. There is statistically significant difference in the emotional competence of low and high income groups.
28. There is statistically significant difference in the self-esteem of low, middle and high income groups.
29. There is statistically significant difference in the self-esteem of low and middle income groups.
30. There is statistically significant difference in the self-esteem of middle and high income groups.
31. There is statistically significant difference in the self-esteem of low and high income groups.
32. There is statistically significant difference in the resilience of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

33. There is statistically significant difference in the resilience of people with high school and +2 level educations.

34. There is statistically significant difference in the resilience of people with +2 and graduation level educations.

35. There is statistically significant difference in the resilience of people with graduation and P.G/Above P.G level educations.

36. There is statistically significant difference in the resilience of people with high school and graduation level educations.

37. There is statistically significant difference in the resilience of people with high school and P.G/Above P.G level educations.

38. There is statistically significant difference in the resilience of people with +2 and P.G/Above P.G level educations.

39. There is statistically significant difference in the emotional competence of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

40. There is statistically significant difference in the emotional competence of people with +2 and graduation level educations.

41. There is statistically significant difference in the emotional competence of people with high school and P.G/Above P.G level educations.

42. There is statistically significant difference in the emotional competence of people with high school and graduation level educations.
43. There is statistically significant difference in the emotional competence of people with +2 and P.G/Above P.G level educations.

44. There is statistically significant difference in the self-esteem of people with different levels of formal education (High school, +2, Graduation, P. G/Above P.G).

45. There is statistically significant difference in the self-esteem of people with +2 and graduation level educations.

46. There is statistically significant difference in the self-esteem of people with graduation and P.G/Above P.G level educations.

47. There is statistically significant difference in the self-esteem of people with high school and graduation level educations.

48. There is statistically significant difference in the self-esteem of people with high school and P.G/Above P.G level educations.

49. There is statistically significant difference in the self-esteem of people with +2 and P.G/Above P.G level educations.

50. There is positive correlation between resilience and self-esteem.

51. There is positive correlation between resilience and emotional competence.

52. There is positive correlation between self-esteem and emotional competence.
Table 5.1 Showing results at glance

<table>
<thead>
<tr>
<th>IVs</th>
<th>DVs</th>
<th>Resilience</th>
<th>Emotional Competence</th>
<th>Self Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>INSIGNIFICANT</td>
<td>*</td>
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</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Family Structure</td>
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<td></td>
<td>Joint</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Service sector</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Business sector</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Income</td>
<td>Low</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>31-40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Education</td>
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<td>*</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>+2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P.G</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*= Significant, IVs = Independent Variables, DVs = Dependent Variables.

Implications

Resilience, emotional competence and self-esteem are the factors that render us robust while facing any natural calamity. The progress of these factors depends a great deal upon the age of an individual, his/her level of education, occupation as well as gender. Resilience, emotional competence and self-esteem have often been studied
in the realm of positive psychology and have been treated as traits which could be harnessed among people through proper guidance and training.

Our education curriculum must focus on the development of resilience, emotional competence and self-esteem of children. In order to minimize the catastrophic impacts of natural disasters, more children are to be sent school. Educating people, developing and harnessing their personalities should be the focus of schools, specifically teachers.

One of the major problems, after flash floods strike, is to find out the target population which requires immediate help. Our target should be people who are not educated enough to take care of themselves in such circumstances. We must look for people who are not secure in terms of their jobs and are often at stake of losing more to the floods, like the people who work in business sector. We should be equally considerate to our young population which is easily frustrated due to the lack of emotional stability.

Distribution of relief fund or any forms of tangible and intangible help should be carried out while taking the above mentioned factors into consideration. It is not alone the monetary help that can heal the wounds of victims. Therefore, policy makers should also set up such relief measures in flood affected regions that would focus on the psychological well-being of affected individuals. This is possible through involving psychologists in disaster management both at local and national level. Western societies have already set up an example by seeking psychological intervention at various levels of disaster management but unfortunately in India psychologists are yet to establish their footing in National Institute of Disaster Management as well as in Indian Red Cross Society for the same purpose. Flood affected people should be encouraged to make strong social support groups where
they can relate themselves with other flood victims and lighten up their emotional burdens.

**Suggestions**

Future researches might focus on studying resilience, emotional competence and self-esteem among the victims of Earthquake, Tornados, Tsunami etc.

Studies should be conducted to explore the factors that enhance the resilience, emotional competence and self-esteem of the people.

Whether urban or rural background plays any role in the development of resilience, emotional competence and self-esteem should be explored.

Researchers might keep on exploring the factors that make us strong during and after the natural calamities.

A comparative study of the victims of flash floods belonging to different cultures and places should be carried out.

**Limitations**

Researches conducted in the domain of social sciences are not foolproof or do not guarantee the absoluteness of findings. This is the fact wherefrom emanates the basic principle of any social scientific study known by the name of ‘skepticism’, stating that there is always a scope for pointing out weaknesses in the generality of research findings. Having said that, researcher is of the firm conviction that all the proper steps have been taken in carrying out the present piece of research.
REFERENCES


References


(Eds.) *Handbook of positive psychology assessment*. Washington, DC.

American Psychological Association.


Dear Respondent,

Questions given below are divided into three sections (Section I, II & III). You are required to respond according to the instructions preceding each section. All of the responses would be kept confidential and would be utilized only for the research purpose.

**SECTION I:**

Please respond each question on a 7 point scale. Your responses might range from **Strongly Disagree** i.e. (1) to **Strongly Agree** i.e. (7). Feel comfortable to choose any of the responses by putting a tick mark against it.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I usually manage one way or another.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
<td></td>
</tr>
<tr>
<td>2. I feel proud that I have accomplished many things in life.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
<td></td>
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<tr>
<td>3. I usually take things in stride.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
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<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
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<tr>
<td>4. I am friends with myself.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
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</tr>
<tr>
<td>5. I feel that I can handle many things at time.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
<td></td>
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<tr>
<td>6. I am determined.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
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<tr>
<td>7. I can get through difficult times because I have experienced difficulty before.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
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<tr>
<td>8. I have self-discipline.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
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<tr>
<td>9. I keep interested in things.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
<td></td>
</tr>
<tr>
<td>10. I can usually find something to laugh about.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>( ) ( ) ( ) ( ) ( ) ( ) ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
</tr>
<tr>
<td>11. My belief in myself gets me through.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>12. In an emergency I am someone people can rely on.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>13. My life has meaning.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>( ) ( ) ( ) ( )</td>
</tr>
<tr>
<td>14. When I am in a difficult situation, I can usually find my way out of it.</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>( ) ( ) ( ) ( )</td>
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</tbody>
</table>

❖ Please re-check that you have answered each and every question before moving on to Section II.
SECTION II:
This section consists of questions that are to be answered on four point scale. There are four categories of responses viz; Strongly Agree, Agree, Disagree and Strongly Disagree. Please put a tick mark against the response which suits you best.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
1. I feel that I am a person of worth, at least on an equal plane with others. ( ) ( ) ( ) ( ) ( )
2. I feel that I have a number of good qualities. ( ) ( ) ( ) ( ) ( )
3. All in all I am inclined to feel that I am a failure. ( ) ( ) ( ) ( ) ( )
4. I am able to do things as well as most other people. ( ) ( ) ( ) ( ) ( )
5. I feel I do not have much to be proud of. ( ) ( ) ( ) ( ) ( )
6. I take a positive attitude toward myself. ( ) ( ) ( ) ( ) ( )
7. On the whole I am satisfied with myself. ( ) ( ) ( ) ( ) ( )
8. I wish I could have more respect for myself. ( ) ( ) ( ) ( ) ( )
9. I certainly feel useless at times. ( ) ( ) ( ) ( ) ( )
10. At times I think I am no good at all. ( ) ( ) ( ) ( ) ( )

Please re-check that you have answered each and every question before moving on to Section III.
SECTION III:

Similarly, few statements have been given below and you have to respond on a four point scale. The four response categories are ‘Always’, ‘Sometimes’, ‘Rarely’ and ‘Never’. Please put a tick mark against the response which suits you best.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. After success, I express my happiness according to the environment.</td>
<td></td>
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<tr>
<td>2. Seeing my friend after a long time, I express my happiness</td>
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<tr>
<td>3. After achieving goal and getting respect or appreciation, I act politely.</td>
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<tr>
<td>4. If my team wins the game, I won’t discourage and use abusive words</td>
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<tr>
<td>5. I love my family members without partiality.</td>
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<tr>
<td>6. I behave politely with ill people and won’t Verbally hurt them.</td>
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<td></td>
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<tr>
<td>7. I shower my love towards friends without any expectations.</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>8. I act for the development of others without any motive of self interest.</td>
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<td></td>
<td></td>
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<tr>
<td>9. I am not interested in doing things that might hurt other people.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. I am interested to remove social partiality and misconceptions.</td>
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<td></td>
<td></td>
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<tr>
<td>11. I am interested in wearing the dress that is in fashion.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. I am interested to do the social work.</td>
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<td></td>
<td></td>
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<tr>
<td>13. After identifying disabled people I try to help them best.</td>
<td></td>
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<td></td>
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<tr>
<td>14. I help those who have lost their basic goods in the disaster.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. I help mentally disabled and socially deprived people.</td>
<td></td>
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<tr>
<td>16. I try to preserve nature.</td>
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</tr>
</tbody>
</table>
17. I help people who have gone through the road accident.

18. I won’t develop unwanted fear among others.

19. I won’t accept and follow the words of thief.

20. I would like to be creative without any fear.

21. **I express my anger when human rights are abused**

22. I won’t express anger that mentally hurt others.

23. I won’t use unwanted abusive words when I am very angry.

24. I indulge in such activities that can control my anger.

25. When I see the social disparity in spite of getting angry I try to find out the solutions.

26. **I don’t find any reasons to be sad**.

27. I don’t become sad after failure rather I try to search the way to succeed.

28. I don’t feel inferior for my skills but I try to develop them.

29. I use unnecessary gossip in order to motivate myself.

30. When I struggle to achieve, it doesn’t depress me.

31. **When my friend succeeds in a competition, I don’t get jealous**.

32. I don’t get jealous of other’s development but I concentrate on my own.

33. Due to jealousy I don’t hurt other people.

34. I try to help others for their development without any jealousy.

35. I don’t drag the name of other people in complicated issues even after being myself in trouble.

▶ Please, re-check that you have answered each question.
Please furnish the below information:

Age: _______________  Education _____________________

Gender ____________  Occupation _____________________

Family Structure (Nuclear/Joint) _______________________________

Family Income (Monthly): ________________

❖ THANK YOU

URFAIN HABIB
Research Scholar
Department of Psychology
AMU, Aligarh
URFAIN HABIB
A MANMADE URBAN DISASTER CAUSED A CHILD DEATH: EXPERIENCE AND LESSONS LEARNT FROM A TRAGIC CASE STUDY IN BANGLADESH
Volume 7, Issue 08, Page no.19379-19382, August, 2015

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SHYAMALA, L.
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Volume 08, Issue 11, Page no.42371-42373, November, 2016

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INTERNATIONAL JOURNAL OF CURRENT RESEARCH
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"CORRELATIONAL STUDY OF RESILIENCE, EMOTIONAL COMPETENCE AND SELF ESTEEM"
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EDITOR-IN-CHIEF
2016
RESILIENCE, SELF ESTEEM, EMOTIONAL COMPETENCE

*Urfain Habib, Dr. Omar Habib and Prof. Shamim A. Ansari
Department of Psychology, Aligarh Muslim University (India)

The purpose of study was to explore correlation if there exists any between resilience and self esteem, resilience and emotional competence and emotional competence and self esteem. 289 victims of Kashmir Flash Floods (2014) served as participants, who were selected through purposive sampling. 14-item resilience scale (RS-14) developed by Wagnild (2010) was used to assess the resilience of participants. Rosenberg’s self esteem scale (1965) was used to assess the self esteem of participants and emotional competence assessment scale (ECAS) developed by Paiva and Kumar (1999) was used to assess the emotional competence of participants. Results revealed a positive correlation between resilience and emotional competence, resilience and self esteem and emotional competence and self esteem.

INTRODUCTION

Psychologists have shifted their approach of looking at things from a pathologists’ view-point to be the life coaches of people around the globe. Instead focusing on different pathologies alone, they are now exploring the positive force within people or the ‘healing touch within’. They are busy in finding out the reasons that make us strong even when everything seems to blow in our face. Although the task is not easy but the change in emphasis from ‘Pathogenic to Salutogenic’ approaches, i.e. a focus on the cause of disease (the former) to a focus on the origins of health (the latter) seems to be promising in this regard (Eachus, 2014). This theoretical perspective complements needs on the empirical side to identify the population sub-groups who suffer the most devastating and longest-lasting impacts of disaster. These challenges are recognized as critical for both science and for policy (Linnerooth-Bayer, Meckher & Pfugg 2005; Telford and Cosgrave 2007, Buttenheim 2010, Horton 2011, Padgett and Warnecke 2011). The present study has been conducted with the same quest. Resilience, Self esteem and Emotional competence are the traits that can be learned and inculcated within the people. To understand their underlying mechanism, it’s necessary to see if there exists some connection between them.

Resilience

The scientific study of resilience as conceived by Garmezy, his peers and students has transformed the science and practice of multiple disciplines, from the molecular level to the global ecosystem, infusing a strength based and recovery oriented approach into psychology, education, social work, and psychiatry. Current research on resilience ranges from studies of plasticity in brain development to effective planning for resilience in the context of disaster (Masten, Nuechterlein & Wright, 2011). Resilience theorists generally agree that presence of one or more protective factors can reduce affects of exposure to adversity. Garmezy (1993) asserted that the study of resilience has focused on answering two major questions: 1) what are the characteristics- risk factors- of children, families, and environments that predispose children to maladjustment following exposure to adversity? 2) What are the characteristics of protective factor that shield them from such major adjustment? Werner and Smith (1992) explained how resilience has come to describe a person having a good track record of positive adaptation in the face of stress or disruptive change. Werner and Smith (1989) found that a resilient child is one “who loves well, works well, plays well, and expects well”. Masten (1994) explained that resilience must be viewed as a process. Masten (1994) asserted that resilience must be viewed as interplay between certain characteristics of an individual and the broader environment, a balance between stress and the ability to cope, and a dynamic and developmental process that is important at life transitions.
There has been an immense debate regarding the fact whether to treat resilience as an innate quality/product or dynamic process. Resilience is not easily defined and involves a range of complex processes in which a child’s individual situation and context must be understood. The concept has been used interchangeably depending on the purpose of the research and the outcomes sought. Therefore there is no universal definition of resilience per se, but rather an understanding that it encompasses multiple factors and may differ depending on the context in which it is used (Hunter, 2012).

**Emotional competence**

McClelland (1973) argued that traditional academic aptitude, school grades, and advanced credentials simply did not predict how well people will perform on the job or whether they would succeed in life. Instead he proposed a set of specific competencies including empathy, self-discipline, and initiative distinguished the most successful from those who were merely good enough to keep their jobs. Goleman (1998) has asserted that a “competence” in this tradition, is a personal trait or set of habits that leads to more effective or superior job performance. In other words it an ability that adds clear economic value to the efforts of a person on the job.

“A learned capability based on emotional intelligence which results into outstanding performance at work. Our emotional intelligence determines our potential for learning the practical skills based on five elements: Self-awareness, Motivation, Self-regulation, Empathy; and adaptivity in relationships. Our emotional competence shows how much of that potential we have translated into on-the-job capability”. (Goleman, 1998)

Emotional Competence is the multi-faceted ability to strategically be aware of one’s emotions and other’s emotions and to act on this awareness, so that one can negotiate interpersonal exchanges and regulate emotional experience (Saarni, 1990). Constituent elements of emotional competence include abilities to:

(i) Express and experience a broad variety of well-modulated, not incapacitating, emotions.

(ii) Regulate the experience and expression of emotion—when “too much” or “too little” emotional experience, or the expression of emotions, interferes with one’s intra or inter-personal goals.

(iii) Understand the emotions of one-self and others.

Thus, recommended assessment measures at all age periods, except infancy, include expression and experience, regulation, and understanding of emotions (Denham, 1998).

**Self-esteem**

The concept of self-esteem has intrigued psychologists and philosophers alike. Rand (1943), in her philosophy of Objectivism attached greater importance to the concept of self-esteem. On the other hand, one of the famous Psychoanalyst Ellis considered the concept of self-esteem as essentially self-defeating and ultimately destructive (Ellis, 2005). No matter how opposing the two above contentions seem to be, the concept of self-esteem never ceases to fetch the attention of researchers.

“There is no value-judgment more important to man—no factor more decisive in his psychological development and motivation—than the estimate he passes on himself.” (Branden, 1969).

The one thing you need most in life is something only one person can give you. Only you can give yourself the most precious gift in the world, a real and genuine sense of your own value, “Self-Esteem” (Branden, 1969). In sociology and psychology, self-esteem reflects a person’s overall subjective emotional evaluation of his or her own worth. Self-esteem encompasses beliefs (for example, “I am competent”, “I am worthy”) and emotions such as triumph, despair, pride and shame. Smith and Mackie (2007) defined self-esteem by saying that “The self-concept is what we think about the self; self-esteem, is the positive or negative evaluations of the self, as in how we feel about it.” Self-esteem has sprung out from an individual’s evaluation of his own self-concept (self related information. Franken (1994) suggests that self-esteem is related to self-concept in that, “People who have good self-esteem have a clearly differentiated self-concept. When people know themselves they can maximize outcomes because they know what they can and cannot do. Self-esteem more often is used to refer to the affective or emotional aspect of self and generally alludes to how one feels about or how values him or herself. This is sometimes used as a synonym for self-worth, although some authors suggest self-worth is a more central concept (Crocker & Wolfe, 2001). James (1890) developed the following formula for the development of self-esteem:

**Self-Esteem = Success/ Pretensions**

The formula explains that an individual’s self-esteem is an inter-play of his behavior as well as the pretensions he as well as others hold of him. Therefore it is not only getting good grades that might cheer up an individual rather what really matters is the fact how far he consider getting good grades are really important for him or to impress his significant others.

**RESULTS AND DISCUSSION**

Table 4.7 depicts a statistically significant positive correlation between resilience and self esteem (r = .61, p<0.01), resilience and emotional competence (r = .30, p=0.01) and self esteem and emotional competence (r = .30, p=0.01) among the victims of Kashmir Flash Floods (Sep, 2014). Saarni (1999) further concluded that we demonstrate emotional competence when we emerge from an emotion eliciting encounter with a sense of having accomplished what we set out to do.

<table>
<thead>
<tr>
<th>Table 1. Correlation between resilience and emotional competence, resilience and self esteem and emotional competence and self esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resilience</strong></td>
</tr>
<tr>
<td>Resilience</td>
</tr>
<tr>
<td>Emotional Competence</td>
</tr>
<tr>
<td>Self Esteem</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).**
As one develops the skills of emotional competence, one feels better, which serves to reinforce or validate one’s self-esteem and confirms one’s competence. She further asserted that psychologically resilience in conjunction with emotional competence yields greater gains or growth following the recovery from adversity or trauma. Murphy and Moriaty (1976) followed a number of children from birth to early adulthood. They found that seemingly vulnerable infants began to develop abilities in the Preschool years to increase their capacity for maintaining integrity in the face of pressures or threats to their adaptive functioning. Those children who were effective tended to progress through their childhood and adolescence with resilience. They were the “good copers”, and in many respects what they demonstrated was emotional competence.

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