



## **CHAPTER –II**



## **Review of Related Literatures**

### **2.1 Refugee Studies**

A study by Terheggen et al. (2001) found that Tibetan refugee students who had experienced traumatic events in the past reported more symptoms of anxiety and depression. Anxiety and depression also seemed to increase with a length of stay among young Vietnamese refugees in Finland (Liebkind, 2000). Among the refugees, children and adolescents who were not accompanied by elders were reported to be the most vulnerable group. For instance, unaccompanied refugee children and adolescents living in Belgium showed between thirty seven percent and forty seven percent of severe or very severe symptoms of anxiety, depression and post-traumatic stress (Derluyn & Broekaert, 2007). A similar finding by Tartakovsky (2007) demonstrated that high school adolescents, immigrating from Russia to Ukraine to Israel, without parents have higher level of stress and homesickness. Besides that, immigrant adolescents also reported higher level of psychological distress and low social support than host students (Oppedal & Roysamb, 2004). Since immigrant or refugee adolescents cannot stay at home with their parents; they have to either stay in foster homes or residential schools. Adolescents who were in foster care faced an additional stress of being separated from their birth families (Salahu-Din & Bollman, 1998) and children living in residential schools were more likely to have higher rate of conduct disorders, anxiety and attention deficit disorders (Silver et al., 1992).

Therefore; It can be inferred that refugee or immigrant adolescents have greater level of stress and anxiety because of being separated from their families and staying in an entirely new cultural set up also creates additional adjustment problems.

## 2.2 Stress and Anxiety

Teachman and Allen (2007) investigated the development of social anxiety among adolescents. Adolescence is a stage where peer influence is tremendous and peer interaction and acceptance were significantly related to social anxiety. Spielberger (1966) has broadly classified anxiety into two types: state anxiety and trait anxiety. Trait anxiety was found to be the potent predictor of trait depression, low self-confidence, inferior family relationship, mental health and impulsivity among children and adolescents (Kirkcaldy & Siefen, 1998). Parental support has negative correlation with symptoms of depression among adolescents (Needham, 2007) as it was revealed that adolescents with high parental support were better adjusted and less distressed than those with low parental support (Holahan, Valentiner & Moos, 2005). Moreover, adolescents who have poor family support, maternal depression, parental separation faced greater psychological distress (McLee & Staton, 1992) whereas adolescents who were able to elicit social support, engaged in problem solving and cognitive restructuring were more likely to successfully face depressive symptoms during adolescence (Herman-Stahl, Stemmler & Petersen, 1995). Merry and Reed (1996) also found a similar research finding that problem solving ability and information-seeking coping were related to reduction in exam stress and non-exam stress among Korean students. Adolescents who were not able to cope with stress and anxiety sometimes resorted to alcohol as a coping strategy. Alva (1995) has reported in a study on 'psychological distress and alcohol use in Hispanic adolescents' where a strong association was found between psychological stress, depression and alcohol as a way of coping with conflicts in adapting the norms of expectations of the dominant and other difficult events. This finding was further

supported by Baer, Garmezy, McLaughlin, Pokorny and Wernick (1987) who examined the alcohol use among 7th grader in relation to life events, daily hassles, coping and anxiety and the result indicated that students reported more alcohol use if they reported more hassles and conflict with life. Gaylord, Kitzmann and Lockwood (2003) found that gender did moderate the association between family stressor and internalizing behaviour among children. Specifically, as the number of stressors increased, internalizing behaviour decreased among girls, but not boys. Hoffman, Levy-Shiff and Ushpiz (1993) evaluated the gender differences in relation to stressful life events and adjustment among elementary school children. They found that the frequency of life events was associated with increased anxiety and trend toward heightened withdrawal and aggression among boys, but not girls.

Therefore, it can be concluded that adolescents who have poor parental support and parental separation reported higher level of stress and they were more likely to resort to alcohol use as a means of facing psychological stress. Life skill such as problem-solving was effective in reducing depressive symptoms. Tendency of internalizing behaviour was more among girls while anxiety, withdrawal and aggression were mostly found in boys.

### **2.3 Coping**

Although the coping process and appraisal have been widely investigated in the adult literature; however interest in the coping mechanism of children and adolescents has also been growing rapidly (Fanshawe& Burnett, 1991; Tyszkowa, 1990, Seiffge-Krenke, 1995; Dumont & Provost, 1998). Adolescents used relatively similar coping

strategies when confronted with problems (Lee, Chan & Yik, 1992). The coping style of avoidance blaming was consistently found to be a strong predictor of psychological distress. Between the two coping styles, approach copers reported a fewest symptoms of depression whereas avoidant copers reported the most. Subjects who changed overtime from approach to avoidant copers evidenced a significant increase in depressive symptoms whereas subjects who switched from avoidant to approach coping displayed a significant decrease in depression (Stable, Stemmer & Petersen, 1994). Steiner, Erickson, Hernandez and Pavelski (2000) investigated a link between coping styles, health problems and health risk behaviours among high school students. The findings revealed that approach coping also correlated negatively with the indicators of health risk behaviours while avoidance coping correlated positively with these domains. Coping skills consisting of support networking, cognitive restructuring, problem solving and stress management were key mediating variables that determine the course and emotional intensity of the life transitions (Brammer, 2006). Youth who used active coping response to controllable stressors had fewer externalizing problems and higher social competence (Clarke, 2006). In addition to that, avoidance coping strategies were strong predictor of alcohol use and adolescents who have strong family support have a lower alcohol use (Mansour, Puskar & Sereika 2006).

A study done by Hirokawa, Yagi and Miyata (2004) examined the effect of stress management program for college students of social work on their perception of mental stress and stress-coping strategies. Students in stress management group were trained on received progressive muscle, cognitive behavioural skills and assertive training. Their life events, stress symptoms and stress-coping skills (active & passive skills) were

evaluated. Result showed that passive coping skills of students in the stress management group had decreased after the program. Therefore, school based prevention program such as modelling and optimistic thinking skills are effective in increasing coping resources in preadolescents and reducing the use of non productive coping strategies (Cunningham et al., 2002). Reijntjies, Stegge and Terwogt (2006) studied children's coping with peer rejections. The most highly used coping strategies like behavioural distraction, problem-focused behaviour and positive reappraisal were largely unaffected by gender. However, girls reported higher levels of anticipated sadness than boys in response to the rejection. Females chose to engage in an emotion-related task significantly more often than males, even when this led them to focus on an existing sad mood. Another study by Seiffge-Krenke and Klessinger (2000) found that adolescents with an approach-oriented coping style reported the fewest depressive symptoms whereas avoidant copers reported the most. Higher level of depressive symptoms two years later were found in all adolescents who used avoidant coping.

Taking above studies into consideration, it can be concluded that there was a significant link among coping styles, health problems and psychological distress. Adolescents predominantly use alcohol as a way of coping with daily life events. Active or approach coping style was found to be more favourable in facing stresses than passive or avoidance coping strategies. Life skills such as stress management, problem solving, and assertiveness were found to be effective in strengthening coping strategies among adolescents. Though female tend to use emotion- focused coping style but in many studies, there was not much gender differences in using coping strategies.

## 2.4 Self-confidence

Pastey and Aminbhavi (2005) studied the impact of emotional maturity on stress and self-confidence of adolescents. A result revealed that the adolescents with high emotional maturity have significantly high stress and self-confidence when compared to those with low emotional maturity. Ethnic identity also has a positive impact on adolescents' well-being. A study by Martinez and Dukes(1997) showed that adolescents who have greater ethnic identity have higher self-esteem, purpose in life and self-confidence. Pott, Aufklarung and Hassel Roth (2002) investigated that reasons which led to the demand for addictive substances during adolescents were due to failure in important developmental task e.g. coping with physical development, creating friendship, separation from parental home, lack of self-confidence and insufficient self-awareness. Therefore, an intensive psychological training was very essential to improve one's self-confidence in an ability regarding key psychological behaviour(Smith et al., 2007).

There has not been much research work done on self-confidence among adolescents especially refugee adolescents. But it can be reported that adolescents who have low self-confidence are more likely to resort to alcohol use and adolescents who are emotionally matured are more self-confident. Psychosocial training such as life skill training has positive outcome on adolescents' self- confidence.

## 2.5 Emotional Intelligence

Emotional intelligence [EI] and social and emotional learning provided the necessary skills to be acquired by students which helped the prevention of emotional and behavioural difficulties in school (Poulou, 2005).

In a similar study done by Liao, Liao, Teoh and Liao (2003) on the effect of emotional intelligence on problem behaviours in Malaysian secondary school students. It was found that emotional intelligence was negatively related to internalizing and externalizing problem behaviours. Students who were low in managing others' emotions have greater suicidal ideation and those who were high in emotional perception (Ciarrochi, Deane & Anderson, 2002). Emotional intelligence not only helped in reducing social anxiety and better interpersonal adjustment (Summerfeldt, Kloosterman, Antony & Parker 2005) but also in decreasing smoking because adolescents who were high in emotional intelligence perceived more social consequences associated with smoking (Trinidad, Onger, Chou & Johnson, 2005). Development of emotional intelligence is also important to ease the transition from primary to high school because pupil with high/average level of EI coped better with transition in terms of grade point average, self-worth, school attendance and behaviour than pupil with low E.I. (Qualter, Whiteley, Hutchinson & Pope, 2007). Chan (2003) also found emotional intelligence and social coping strategies of gifted adolescents' social skills to be the most important component of emotional intelligence, predicting the use of strategies of valuing peer acceptance and involvement in activities. Santesso, Dana, Schmidt and Segalowitz (2005) studied the relation among emotional intelligence and externalizing behaviour. Result showed that boys have significantly lower emotional intelligence than girls, and



low emotional intelligence was associated with significantly high externalizing behaviour. On the other hand, in a study by Fatt and Howe (2004), they showed that males have higher emotional intelligence scores than that of females. Nonetheless, a study by Petrides and Furnham (2000) found that females scored higher than males on the “social skill” factor of measured trait of emotional intelligence. However, when the 15 facets of self estimated were combined into a single reliable scale and the participant’s measured trait emotional intelligence score were held constant, it was demonstrated that males had higher emotional intelligence than females.

Thus, it can be reported that adolescents having high emotional intelligence score have fewer behavioural problems, low smoking tendency, less social anxiety, greater interpersonal relationship and positive coping strategies as compared with students with low emotional intelligence.

## **2.6 Life Skills Education**

W.H.O. (1999) in their “Guidelines; Life skills education curricula for school Canada” stated that to develop self-confidence and self-esteem, children and adolescents need opportunities to practice life skills in meaningful situations and positive reinforcement for their behaviour. Life skill intervention program called ABLE (attribution, behaviour, life skills education) has shown significant increased in adolescents’ self-concept, physical appearance and total self-concept (Hay, Byrne & Butler, 2000).

Intensive psychosocial training improved self-confidence (Smith et al. 2007). Better social skills were predictive of decrease in depression, loneliness and social

anxiety whereas poor social skills were believed to make people vulnerable to psychosocial problems (Segrin & Flora, 2000). Vinnick and Erickson (2005) have investigated the relationships among stressful lifetime life events, social skills and behaviour problems in children. They found that social skill serves as a stress protective factor.

LST can generate significant reduction in alcohol consumption among adolescents (MacKillop, Ryabchenko & Lisman, 2006), effective in reducing substance use among high risk youth (Springer, Sale, Hermann, Sambrano, Kasim, & Nistler, 2004) and also helps in preventing the onset of smoking among adolescents. School based prevention approach such as life skill which was previously found to prevent tobacco, alcohol and illicit drug use can also prevent violence and delinquency among adolescents (Botvin, Griffin & Nichols, 2006). Moreover, life skills such as assertiveness, decision- making and effective communication were seen as one of the young people's principal protection against HIV/AIDS (Buczkiewicz & Carnegie, 2001).

Hence, taking above studies into an account, it can be reported that life skills education helps an adolescents in abstaining from substance abuse, protecting against HIV/AIDS, boosting self- confidence, managing stress and strengthening interpersonal relationships.

## **2.7 Research Gap and Rationales of the Study**

1. There has not been much research work done on the problems and issues of the Tibetan refugee adolescents.

2. As reviewed earlier, many studies have revealed that immigrant and refugee adolescents face undue stress, (Oppedal & Roysamb, 2004; Tartakovsky, 2007) anxiety, (Terheggen et al., 2001; Leibkind, 2000; Rey, 1998) emotional and behavioural problems (Chan, 2003; Silver et al., 1992). Although behavioural and mental health problems have been extensively studied, there have been a very few studies where intervention strategies have been planned and executed to help them cope with problems. Therefore, a present research focuses on applying an adapted life skills training module for Tibetan refugee adolescents.
3. A review on life skills education showed that life skills training has been found to be very effective in reducing substance abuse such as cigarette, illicit drugs, alcohol etc.(Botvin et al., 2004., Byrene & Mazanov, 2005; MacKillop et al., 2006), protecting against AIDS and HIV(Buczkievicz & Carnegie, 2001) reducing stress, anxiety, and depression (Sergin & Flora, 2000; Vinnick & Erickson, 2005) preventing violence and improving behaviour (Vinnick & Erickson, 2005; Botvin et al., 1998, 2006), and enhancing self-confidence and self-esteem (WHO, 1999; Hay et al., 2000). However, the application of life skills education has not been extended to the promotion of mental well-being among adolescents.

On the back drop of these existing research, the present study wants to testify the effectiveness of LST (which includes 10 core skills: decision-making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship, self-awareness, empathy, coping with emotions and coping with stress) in reducing stress and anxiety, strengthening coping

strategies, boosting self-confidence and enhancing emotional intelligence among Tibetan adolescents.

## **2.8 Objectives**

The major objectives of the study are as follow:

1. To study the level of stress, anxiety, self-confidence and emotional intelligence among Tibetan refugee adolescents and to understand the preferred coping strategies used by them.
2. To understand whether Tibetan refugee adolescents differ on the level of stress, anxiety, coping, self-confidence and emotional intelligence because of their different demographic characteristics e.g. duration of stay in India, gender, privilege of vacation and frequency of family contact.
3. To understand the effectiveness of the intervention package adapted from WHO life skills module on the Tibetan refugee adolescents identified with high stress and anxiety; low coping, self-confidence and emotional intelligence.
4. To investigate the individual contribution of life skill components in reducing stress and anxiety, enhancing coping, self-confidence and emotional intelligence among Tibetan refugee adolescents.
5. To investigate whether there is any significant difference between Tibetan refugee adolescents and Indian adolescent on the level of stress, anxiety, coping, self-confidence and emotional intelligence.

## 2.9 Hypotheses

**H<sub>1</sub>:** There is no significant mean difference between Tibet born and exile born in

- a) Stress
- b) Anxiety
- c) Coping
- d) Self-confidence
- e) Emotional Intelligence

**H<sub>2</sub>:** There is no significant mean difference between males and females in

- a) Stress
- b) Anxiety
- c) Coping
- d) Self-confidence
- e) Emotional intelligence

**H<sub>3</sub>:** There is no significant mean difference between adolescent with privilege of vacation and adolescents without privilege of vacation in

- a) Stress
- b) Anxiety
- c) Coping
- d) Self-confidence
- e) Emotional intelligence

**H<sub>4</sub>:** There is no significant mean difference among students who meet family in different time intervals viz once a year, once in 2 years and once in 3 years) in:

- a) Stress
- b) Anxiety
- c) Coping
- d) Self-confidence
- e) Emotional intelligence

**H<sub>5</sub>:** Experimental and control group will vary significantly on the level of

stress, anxiety, coping, self-confidence and emotional intelligence

in their post- intervention test scores.

- a) Experimental group will have lower stress related to school, future, home, leisure, peers, opposite sex and self as compared with control group.
- b) Experimental group will have lower state and trait anxiety as compared with control group.
- c) Experimental group will have higher active and internal coping, and lower withdrawal coping as compared with control group.
- d) Experimental group will have higher self-confidence as compared with control group.
- e) Experimental group will have higher emotional intelligence as compared with control group.

**H<sub>6</sub>:** Life skill components such as decision making, problem solving, creative

thinking, critical thinking, self-awareness and coping with stress will

significantly reduce stress and anxiety among Tibetan refugee adolescents.

- H<sub>7</sub>:** Life skill components such as problem solving, critical thinking, self-awareness and coping with stress will significantly enhance coping strategies among Tibetan refugee adolescents.
- H<sub>8</sub>:** Life skill components such as effective communication, interpersonal relationship, coping with stress will significantly develop self-confidence among Tibetan refugee adolescents.
- H<sub>9</sub>:** Life skill components such as decision making, empathy, self-awareness and coping with emotions will significantly improve emotional intelligence among Tibetan refugee adolescents.
- H<sub>10</sub>:** There will be a significant difference between Tibetan refugee adolescents and Indian adolescents on the level of stress, anxiety, coping, self-confidence and emotional intelligence.
- H<sub>11</sub>:** There will be no significant correlation found between stress and psychosocial parameters among Tibetan and Indian adolescents.
- H<sub>12</sub>:** There will be no significant correlation found between anxiety and psychosocial parameters among Tibetan and Indian adolescents.
- H<sub>13</sub>:** Emotional intelligence, self-confidence and coping will significantly predict stress among Tibetan and Indian adolescents.
- H<sub>14</sub>:** Emotional intelligence, self-confidence and coping will significantly predict anxiety among Tibetan and Indian adolescents.