



Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/11297

DOI URL: <http://dx.doi.org/10.21474/IJAR01/11297>



RESEARCH ARTICLE

IMPACT OF FAMILY PATHOLOGY ON EMOTIONAL COMPETENCE OF COLLEGE STUDENTS

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Manuscript Info

Manuscript History

Received: 10 May 2020

Final Accepted: 15 June 2020

Published: July 2020

Abstract

A close relationship with primary caregivers of children plays a significant role in shaping their emotional as well as affective life in adulthood (2008). Saarni(2000) identified emotional competence as the ability or skill to identify, express, regulate and understand our own, as well as others' emotions. Family pathology is indicated by family discord particularly between spouses and between children and parents. The aim of this study is to measure the correlation between the level of family pathology and emotional competence of an individual. This study hypothesizes that higher family pathology has a negative correlation with emotional competence of an individual. The current study endeavoured to address a research gap in the literature regarding conflict in the family influencing emotional competence of an individual. It will also help in understanding how conflict or discord in the family can influence the emotional development of an individual from a psychological point of view. Results indicate that higher the level of family pathology lower will be the emotional competence of individuals.

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Introduction:-

Social environment is an extremely important factor in the development of an individual. It impacts the growth pattern of a person as well as their relationships from childhood to adulthood. Socialization agents are an important aspect of how individuals may acquire skills, knowledge and dispositions to function effectively in society. Parents or the family of an individual is the most important, impactful and significant of the socialization agents. There are two approaches through which we can understand how family plays a role in emotional development of an individual. One approach talks about Attachment Patterns in early stages. Paul Harris (2006) and more recently Livia Colle and Marco Guidice(2011) both talk about how attachment patterns and early child-caregiver relationship provide the child's understanding of emotions and his or her emotional functioning at every level. Attachment patterns also have a definite impact on development of emotional competence beginning from infancy, up until adulthood. Children would grow having a more emotionally stable state with increased tendency to use active problem solving techniques and coping strategies if the caregivers provide children with openness of expressivity and effective emotion regulation (2012). Another approach of how parents influence their child's development of emotional competence is by assessing parent's meta-emotion philosophies. This philosophy can be measured by examining awareness of their own and their children's emotions, examining their views about whether the negative emotions of their children provide an opportunity for bonding and teaching, examining if parents label or validate

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the emotions their children experience, and examining if parents help their children cope up with various events and situations which might lead to the production of negative emotions in them (1996). Adolescents are often seen modelling the emotional profiles of their parents and thus, contribute to greater emotional competence (2014). Recent studies contribute to the fact that parents and family play a significant role in the development and promotion of emotional competence (Kwok, 2014; Morris, Silk, Steinberg, Myers, & Robinson, 2007; Hadley, Houck, Barker, & Senocak, 2015; Singh, Singh, & Kiran, 2014; Ghosh & Chakraborty, 2017; Bandon, Calkins, & Keane, 2010). For this reason, it is important to understand what Emotional Competence actually is and how it is conceptualized. The concept of emotional competence is often confused with that of emotional intelligence. There is current debate in the psychological research area about the definitions and use of the same. Salovey and Mayer (1990) used the term 'emotional intelligence' first, and explained the same in four aspects. The four domains were knowing or being aware of our own and other's emotions, handling or managing our own and others' emotions. Recent results from studies have supported the fact that emotional intelligence can be taught (Housman, 2017)(Kotsou, Nelis, Grégoire, & Mikolajczak, 2011)(Nelis, et al., 2011) which is not the case in intelligence. Therefore, emotional competence, as a term emerged to view emotional intelligence as a skill and ability to regulate and stabilize our emotions, which can be developed and nurtured as an individual grows (2007). The two concepts are extremely overlapping, but are inherently different. Developmental psychologists view the term "intelligence" focusing only on the characteristics and talents of an individual. According to them, the term ignores contextual development in an individual. Emotional intelligence has also been challenged to have too broad a definition of every positive personality trait which result in positive outcomes (Lau & Wu, 2012). Goleman defines emotional competence as "a learned capability based on emotional intelligence that results in outstanding performance at work." (Goleman, 2001) Emotional competence is viewed from a developmental or contextual approach. According to this conceptualization, emotional competence can be developed socially and culturally through various situational contexts. Lau (2012) compiled three elements of emotional competence from the list of skills Saarni gave, to form a practical definition. The three elements include the ability to identify personal and other's feelings, ability to communicate emotions with other individuals and ability to cope with negative emotions. Similarly, Colle and Giudice(2011) recognized that emotional competence is not monolithic in nature and thus, grouped three broad elements of emotional competence as emotion recognition, emotion understanding, and emotion regulation. Therefore, it is safe to say that emotional competence is essential for many aspects of life. Subjective wellbeing is one of the most important and key areas where individuals would like to have power over. Emotional competence has known to and hypothesised to enhance the subjective wellbeing of an individual. Zeidner and Olmick-Shemesh(2010) summed up 4 reasons for this assumption. Firstly, individuals who are emotionally competent tend to be more aware about their emotional states and are better at regulating their emotions. This leads to them achieving higher levels of well-being. Second, emotionally competent people have better social connections and richer social capital and thus, have better support systems than most people. This leads to them having greater and enhanced coping strategies. Third, individuals who are emotionally competent are good at precise interpretations of the information received from the environment and emotions. Lastly, it is assumed that individuals with high emotional competence experience greater positive emotions which in turn, leads to them experiencing greater subjective wellbeing. It is clear that parents and family play an important role in the development and promotion of emotional competence of an individual. However, there isn't much literature which talks about the relationship between family pathology or family conflict and emotional competence of an individual. Family pathology is indicated by family discord particularly between spouses and between children and parents. Poor marital adjustment, low family cohesion, parent child conflict or discord, parental divorce and affectionless control can be the dimensions to assess family pathology. (Pilowsky, Wickramaratne, Nomura, & Weissman, 2006)

Review of Literature:-

A study was conducted to evaluate and implement a health education curriculum programme which was based on developing emotional and social competence in children. Researchers put emphasis on the fact that children's emotional and social skills are important in them adopting and maintaining a lifestyle. An experimental approach was adopted with an exploratory randomized controlled trial. A total of 30 children between 5 to 6 years of age participated in the study with 15 children in the experimental group and 15 children in the control group. The participants in the experimental group received the first part of the programme which focused on developing emotional knowledge expertise in daily health habits like physical exercise, sleep and hygiene. It was given through different game based techniques and also an emotional journal or diary. Participants in the control group continued with their normal school day. It hoped to measure basic social skills, emotional knowledge, and the children's' health. The research also assessed the impact and acceptance of the programme by parents as well as teachers. Data was collected pre and post intervention and also at a seven month follow up. The study concluded that the

intervention was innovative and was designed to aim at the children's healthy lifestyle holistically, by keeping in mind emotional and social competence as one of the dominant aspects of the development of children. (Bermejo-Martins, López-Dicastillo, & Mujika, 2018)

A longitudinal study with a sample of 88 mothers who have history of physical abuse was conducted to examine the relationship between parents' expression of negative and positive emotions and life changes. It studied how this relationship changed over time in the sample. The study emphasised on the notion that parents have direct influence over their children's development of emotional competence. The participants' emotional expressiveness and life changes over six months was evaluated at different time intervals- children in preschool, next when children were in kindergarten and then when children were in first grade. The results were noted and it was indicated that over time, life changes decreased, whereas emotional expressiveness of parents remained stable. Life changes were found to be unrelated to expressions of positive emotions. (Milojevich & Haskett, 2018)

A cross sectional design study was conducted on 137 cancer patients to examine the effect of interpersonal and intrapersonal emotional competence on their supportive care needs, as interceded by their depression and anxiety symptoms. The participants completed Hospital Anxiety and Depression Scale (HADS), PEC which is Profile of Emotional Competence and Supportive Care Needs Survey (short form). It was indicated that the satisfaction of their care needs and anxiety and depression symptoms were positively impacted, directly or indirectly, by emotional competence which further impacted their sexual, psychological and information needs. Depression and anxiety symptoms had a positive correlation with unmet needs. The study concluded that emotional competence should be included in health and psychosocial interventions as it satisfies the patients care needs. (Baudry, Lelorain, Mahieux, & Christophe, 2018)

One research examined the efficacy of CARE program (Cultivating Awareness and Resilience in Education) which is meant to promote and develop teacher's emotional and social competence, thereby improving the quality of interactions in the classroom. The program was evaluated through a cluster randomized trial method design with 224 teachers in 36 elementary schools in the urban area. Phone coaching and in-person training was what the program included. Teachers had to complete self-report assessments and measures of the students participating in the classroom. CLASS (Classroom Assessment Scoring System) was used to observe the classrooms. Results indicated that CARE program had a direct positive effect on mindfulness, time urgency, emotion regulation and psychological distress among teachers. It also had a positive effect on the Classroom Assessment Scoring System, especially in the domain of emotional support. The research concluded that CARE for teacher's program is effective in development and promotion of teachers' emotional and social competence and also in enhancing the quality of class room interactions. (Jennings, et al., 2017)

The aim of the study was to analyse the role of personal and interpersonal agencies in children, who are "at-risk", for their academic, social and personal wellbeing. Four at-risk groups were formed- children with emotional and behavioural disorders, children with attention-deficit hyperactivity disorder (ADHD), children with developmental disability and children with learning disability. Each group was assessed for identification of agency factors critical to their wellbeing. The results indicate that social and emotional competence through pathways of interpersonal as well as personal agency, portray a very important role and are extremely relevant to the at-risk child's wellbeing. (Martin, Cumming, O'Neill, & Strnadová, 2017)

The study examined the impact family pathology has on emotional and behavioural problems of children. A sample of 120 children, with 60 girls and 60 boys, between 9 and 12 years was taken. Data was collected from the parents of the children using Problem Behaviour Checklist questionnaire and Family Pathology Scale. General information and demographics were also taken. The data was statically analysed and results indicated that there was moderate family pathology in both girls' and boys' sample. It was evaluated that while the fathers' placed their children at mild level in the problem behaviour checklist questionnaire, the mothers' placed them at moderate levels. The results also indicated that there was a significant difference in father of girls and boys and mother of girls and boys in family pathology scale and problem behaviour checklist questionnaire. The study concluded by indicating that there was a slightly significant relationship between family pathology and the emotional and behavioural problems of children. (Ghosh & Chakraborty, 2017)

A research paper explored the differences in aggressive behaviour and degree of emotional competence. Aggressive behaviour was studied with respect to various aspects of emotional competence, gender and age of participants and professional orientation. 158 subjects participated in the study and filled an aggression questionnaire as well as an emotional competence questionnaire. The participants of the study were students studying sports and physical education, law, and philosophy. The students studying sports and physical education scored highest on majority of the domains in the instrument measuring aggression, whereas students studying law scored highest in the 'verbally aggressive' domain. However, students of sports and physical education gained a high score on emotional competence indicating that they will be able to succeed in their professional orientation. (Todorović & Mitrović, 2016)

The research aimed to study the relationship between taking charge, job satisfaction, job performance and organizational commitment. It also studied the role of emotional competence in moderating these relationships. A two wave survey involving 137 new employees was conducted. It was evident that taking charge was positively correlated with job satisfaction, but wasn't with job performance. There was a significantly moderating variable – emotional competence, which affected the relationship between job performance and taking charge. It was noted that taking charge was positively associated with job performance only when the participants had high emotional competence. (Kim & Liu, 2015)

A study aimed to examine the effect of parental monitoring (unsupervised time) and emotional competence of adolescents on sexual behaviour. 376 adolescents (ages 12-14) with emotional or behavioural difficulties, had to complete questionnaires which assessed Emotional Competence, Sexual behaviours and unsupervised time. Results were evaluated to understand the independent as well as the combined effect of emotional competency and unsupervised time on sexual behaviours. It was found out that less parental monitoring was a risk factor for all adolescents but it might be influenced by emotion regulation. Poor emotion regulation was associated with increased engagement in sexual behaviour and unsupervised time and low negativity was associated with greater sexual behaviours only amongst females. The study concluded that lack of supervision by parents was dangerous for both, female and male, adolescents who have weak emotion regulation. (Hadley, Houck, Barker, & Senocak, 2015)

The study aimed to analyse the relationship between emotional competences, perceived family functioning and suicidal ideation. It also examined the reducing role of emotional competence in suicidal ideation. Utilizing convenience sampling, a cross sectional survey was conducted by administering a questionnaire to 302 college students in Hong Kong. Through hierarchical regression analysis, it was found that emotional competence and highly perceived family functioning were negatively correlated with suicidal ideation. Upon further examination, it was noted that parental control, parental concern and using emotions creatively were compelling predictors of suicidal ideation. Moreover, the link between suicidal ideation and perceived family functioning was moderated, specifically, by the creative use of emotions. The study concluded that emotional competence is a strong factor that safeguards decreased family functioning upon suicidal ideation. The research suggested some measures to lessen suicidal ideation by increasing parental concern, lessening parental control, developing awareness, regulating and managing emotions, being empathetic towards other people's emotional expression, increasing social skills and promoting positive emotions for generating new ideas. (Kwok, 2014)

An intervention plan was developed to enhance emotional competence of second and third grade school students. The researchers hypothesized that reading and then discussing children's books which include emotional content, enhances their emotional competence. Researchers, thus, developed an intervention based on literature called 'Reading and Feeling'. The intervention was tried on 104 participants (second and third grade) in an after school center. The participants who did not participate in the program, but were enrolled in the same care center were the control group of the study. Emotional competence was assessed before intervention and then nine weeks later after the program ended. Results indicated a significant improvement in emotional knowledge, emotional vocabulary, as well as in recognition of masked feelings. Boys were greatly affected by the latter than the girls. The study concluded that literature including emotional content is a great way to develop emotional competence in late childhood. (Kumschick, et al., 2014)

A study addressed the issue of lack of measures which assesses all five core emotional competences independently for own and other's emotions. According to the authors, this dearth of measures is problematic because we are not able to understand the processes and neither is it possible to develop interventions. The authors created a self-report measure called as the Profile of Emotional Competence. It was administered on more than five thousand subjects to

reveal encouraging psychometric properties. There was satisfactory internal consistency, factorial structure and concurrent validity. (Brasseur, Grégoire, Bourdu, & Mikolajczak, 2013)

A study examined the relationship between teachers' observed and self-reported emotion socialization practices and children's emotional knowledge and observed emotion behaviour using a model which studies emotion socialization using: Modeling, Contingent Responding, and Teaching. The participants were 44 teachers and 326 pre-schoolers. It was noted that the difference in children's emotional knowledge and observed emotional behaviour scores was determined by factors within the classroom. It was concluded that teacher's use of the emotional socialization method did influence the scores of the pre-schoolers. However, it was also noted that this relationship was varying according to the child's gender and age. (Morris, Denham, Bassett, & Curby, 2013)

The study aimed to examine the relationship between toddler risk behaviour and maternal parenting with respect to children's social and emotional competence during the transition period to kindergarten. A sample of 253 children was taken and interplay of maternal behaviour and toddler risk was examined to understand the different pathways that might lead to social and emotional competence. Toddler risk was recognised as early problem behaviours directed toward external environment and insufficient emotional regulation skills. The results indicated that mother's parenting behaviour wasn't directly related with the child's social and emotional competence. Maternal control had different implications for the child's social and emotional competence which was dependent on their level of risk in early stages and positive maternal parenting. It was noted that maternal control proved to be detrimental for the child's emotional competence during the transition period to kindergarten, because children display increased levels of risk behaviour. The study concluded that there are multiple developmental avenues that lead to early social and emotional competence, depending on the maternal as well as child characteristics. (Blandon, Calkins, & Keane, 2010)

Another relevant study examined parent-reported marital conflict, parental beliefs about children's negative emotionality, child's negative emotions as well as gender, as determinants of both parent's reactions to their child's self-expressivity and negative emotions in the family. Participants were 55 parents with children in kindergarten. The results indicated that highly accepting beliefs about children's negative emotions was related to lesser non-supportive reactions. Results also indicated that increased marital conflict was related to higher negative expressiveness. If father's non-supportive reactions and mother's negative expression is present, there is a relationship between child's negative emotionality and the parental resources like accepting beliefs or ambivalence etc. Emotion socialization and parental beliefs are associated when child and parent gender is the same. (Wong, McElwain, & Halberstadt, 2009)

Method:-

Aim:

To study the impact of family pathology on emotional competence of college students

Objectives:-

1. To determine whether family pathology is related with the overall emotional competence in college students.
2. To determine whether family pathology is related with adequate depth of feeling in college students.
3. To determine whether family pathology is related with adequate expression and control of emotions in college students.
4. To determine whether family pathology is related with the ability to function with emotions in college students.
5. To determine whether family pathology is related with the ability to cope with problem emotions in college students.
6. To determine whether family pathology is related with the enhancement of positive emotions in college students

Hypotheses:

- H1 = Higher family pathology indicates lower emotional competence in college students
- H2 = Higher Family pathology indicates lower 'Adequate depth of feeling' in college students
- H3 = Higher Family pathology indicates lower 'Adequate expression and control of emotions' in college students
- H4 = Higher Family pathology indicates a lower 'Ability to function with emotions' in college students
- H5 = Higher Family pathology indicates a lower 'Ability to cope with problem emotions' in college students
- H6 = Higher Family pathology indicates inadequate 'Enhancement of positive emotions' in college students

Sample description:

Purposive sampling was used in this study to collect the data from the participants. In total, hundred college students both males, females and their respective parent(s) were taken. Age group of college students ranged between 18 to 23 years of the urban setting of Delhi and NCR. Participation was completely voluntary.

Tools Used:

The following measures were administered on the participants. Family Pathology Scale was administered on the parent and Emotional Competence Scale was completed by the student.

Pathology Scale:

The family pathology scale was developed by Archana Dogra and Vimala Veeraraghavan. The scale indicates the extent to which maladaptive behaviour is present amongst family members in their interaction with each other i.e. between spouses and between parents and children. A total of 100 items were prepared in the form of statements which had to be rated on a 3-point scale with 1 indicating low/no family pathology (never), 2 indicating average family pathology (occasional) and 3 indicating high family pathology (most often). Expert psychologists were handed these 100 statements for review, which they cut down to the final 42 in the questionnaire.

The split half reliability correlation applying Spearman Brown formula was found to be $x = .70$. The test-retest reliability for Family Pathology Scale was $x = 0.79$. The face validity of FPS is fairly high as it was calculated by interviewing 300 couples on the extent of family pathology present in their respective families. Content validity was confirmed as only those items were chosen for which there was complete agreement between the expert psychologists.

A score of 3 was given when participant ticked “most often” response. A score of 2 was given when the participant ticked “occasionally” response, and a score of 1 was given when participant responded by ticking “never” option. Total score possible to obtain ranged between 42-126 with higher score indicating higher family pathology and lower score indicating the reverse. The interpretation of the scores are as follows:

Low/No Pathology	42-63
Moderate Pathology	64-98
High Pathology	99-128

Emotional Competence Scale:

The EC scale was developed by Dr. H. C. Sharma and Dr. R. L. Bhargava in 2007. The EC scale has five dimensions with a total of 30 items, namely Adequate Depth of Feeling (ADF), adequate expression and control of emotions (AECE), Ability to function with emotions (AFE), Ability to cope with problem emotions (ACPE), Enhancement of Positive Emotions (EPE).

Adequate Depth of Feeling (ADF):

This dimension is associated with the feeling of being confident and capable with assumptions in life. It includes effective judgement, personality integration and requirement of powerful participation in life.

Adequate Expression and Control of Emotions (AECE):

This dimension is associated with expressing emotions adequately and in a mature way. An individual high in this dimension does not let emotions rule him or her, and neither rejects his emotional state. Individuals scoring high in this dimension are able to control and accept his or her emotions. Individuals scoring low on this dimension usually experience disorganized and spontaneous emotionality.

Ability to Function with Emotions (AFE):

Individuals scoring high on this dimension are characterized as able to function effectively even when there is a highly emotional situation present. His or her emotional state does not influence his daily work and functioning.

Ability to cope with Problem Emotions (ACPE):

Some emotions may be detrimental to the life of an individual. They may harm the course of their daily life. Individuals scoring high on this dimension are able to understand the sensitivity and harmful effects of certain emotions and are able to resist their detrimental effects.

Enhancement of Positive Emotions (EPE): This dimension is associated with the competency of an individual to develop positive emotions in their personality to have a meaningful and integrated life.

The reliability of the scale is derived by the split half and test-retest method.

	ADF	AECE	AFE	ACPE	EPE	Total
Test retest	.78	.85	.87	.75	.90	.74
Split half	.71	.79	.82	.77	.81	.76

Validity is determined by factor A and C of 16PF questionnaire = .64 and .69 respectively.

EC scale is a five point Likert scale with five options for each item. Scoring of these items follows a system of 1,2,3,4 and 5 from upper to lower end. Item raw scores are summed up and converted into Z-scores. Adding the z-scores for the five dimensions vertically provides us with the score of emotional competence.

Procedure:

Data was collected from students studying in a private university in Delhi NCR. Family Pathology Scale (FPS) and Emotional Competence Scale (EC Scale) was distributed to the students. The participant was informed on how to fill up the questionnaires. The EC Scale had to be filled up by the student and FPS had to be filled up by a married parent. For all participants a standardized information was provided regarding the rationale of the study, their contribution in the study and the confidentiality of their participation.

Statistical Analysis:

Analysis of the data started with the summing of all raw scores for each dimension of the Emotional Competence Scale as well as summing the raw scores for Family Pathology Scale. All added raw scores were put through proper scoring method of mean, standard deviation (SD) and correlation.

Correlation is a statistic which shows the extent to which any 2 variables are related. It doesn't, however, indicate a causal relationship between the two variables. The magnitude of any correlation can range from -1.00 to +1.00.

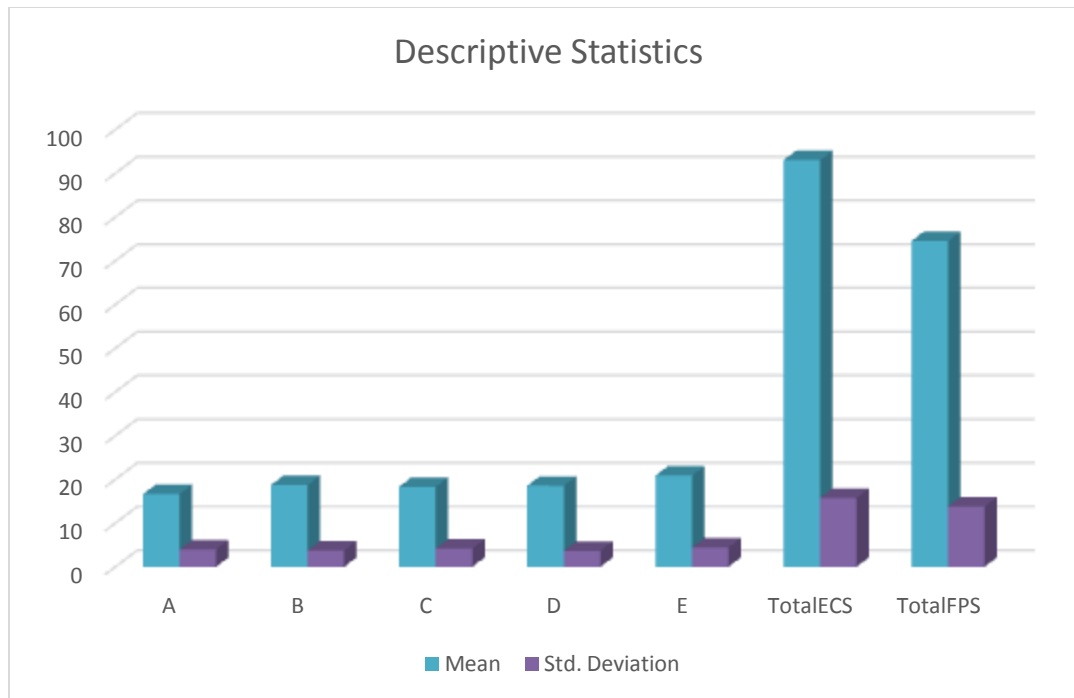
The two variables in this study are Family Pathology and Emotional Competence. Family Pathology indicates the degree of discord in the family, particularly between spouses and between children and parents. Emotional competence is the ability or skill to identify, express, regulate and understand our own, as well as others' emotions. (Saarni C. , 2000)

Result Analysis:-

The result analysis is presented on a sample of college students (N=100). The following result section is presented under Descriptive Statistics and Inferential Statistics to test the hypothesis

Table 1:- Descriptive Statistics.

	Mean	Std. Deviation
Adequate Depth of Feeling (ADF)	16.6	3.948
Adequate Expression and Control of Emotions (AECE)	18.71	3.742
Ability to Function with Emotions (AFE)	18.3	4.144
Ability to cope with Problem Emotions (ACPE)	18.54	3.668
Enhancement of Positive Emotions (EPE)	20.85	4.385
Total Emotional Competence Scale	92.99	15.739
Family Pathology Scale	74.53	13.799

**Graph 1:-**

The mean and standard deviation was measured for each of the five dimensions of emotional competence scale as well as overall emotional competence and family pathology (N=100). The mean and standard deviation for the first ECS dimension i.e. adequate depth of feeling was measured at 16.6 and 3.948 respectively. The mean and SD for the second ECS dimension i.e. adequate expression and control of emotions was measured at 18.71 and 3.742 respectively. For the third dimension of ECS i.e. ability to function with emotions, mean and SD were measured at 18.3 and 4.144 respectively. The fourth dimension of ECS i.e. ability to cope with problem emotions measured mean and SD at 18.54 and 3.668 respectively. The last dimension of ECS i.e. enhancement of positive emotions measured its mean and SD at 20.85 and 4.385 respectively. The mean and SD of overall emotional competence was measured at 92.99 and 15.739 respectively. The mean and SD of family pathology was measured at 74.53 and 13.799 respectively.

Table 2:- Correlations between Family Pathology Scale and each dimension of Emotional Competence Scale.

		Total Emotional Competence Scale	Family Pathology Scale
Adequate Depth of Feeling (ADF)	Pearson Correlation	.769**	-.236*
	Sig. (2-tailed)	0	0.019
Adequate Expression and Control of Emotions (AECE)	Pearson Correlation	.868**	-.318**
	Sig. (2-tailed)	0	0.001
Ability to Function with Emotions (AFE)	Pearson Correlation	.801**	-.363**
	Sig. (2-tailed)	0	0
Ability to cope with Problem Emotions (ACPE)	Pearson Correlation	.845**	-.340**
	Sig. (2-tailed)	0	0.001
Enhancement of Positive Emotions (EPE)	Pearson Correlation	.692**	-.346**
	Sig. (2-tailed)	0	0

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

* . Correlation is significant at the 0.05 level (2-tailed).

Pearson's correlation (2- tailed) was used and it was found to be significant at both 0.01 and 0.05 level. Dimension A i.e. adequate depth of feeling was found to have a significant negative correlation at -.236 at 0.01 level. Dimension B i.e. Adequate Expression and Control of Emotions was found to have a significant negative correlation at -.318 at 0.05 level. Dimension C i.e. Ability to Function with Emotions was found to have a significant negative correlation at -.363 at 0.05 level. Dimension D i.e. Ability to cope with Problem Emotions was found to have significant negative correlation at -.340 at 0.05 level. Dimension E I.e. Enhancement of Positive Emotions was found to have a significant negative correlation at -.346 at 0.05 level.

Table 3:- Correlation between total Family Pathology Scale and Total Emotional Competence Scale.

		Total Emotional Competence Scale	Family Pathology Scale
Total Emotional Competence Scale	Pearson Correlation	1	-.406**
	Sig. (2-tailed)		0
Family Pathology Scale	Pearson Correlation	-.406**	1
	Sig. (2-tailed)	0	

Total FPS was also found to have to significant negative correlation at -.406 at the 0.05 level.

Discussion:-

Emotional competence, as a term emerged to view emotional intelligence as a skill and ability to regulate and stabilize our emotions, which can be developed and nurtured as an individual grows (2007). The two concepts are extremely overlapping, but are inherently different. Goleman defines emotional competence as “a learned capability based on emotional intelligence that results in outstanding performance at work.” (Goleman, 2001) Emotional competence, as a construct, is viewed from a developmental perspective which can be developed socially and culturally through various situational contexts. Saarni(2010) supported this distinction between emotional intelligence and emotional competence and stated that emotional competence to be seen as a set of developed abilities; that emotionally competent individuals react to emotion evoking environments with skills and emotionally intelligent individuals only respond to the same with the traits they inherit; that personal integrity has a major contribution for mature, emotionally competent functionality. A paper in a peer reviewed journal throws light at the fundamental concept of emotional competence and its prerequisite: emotional intelligence. The paper essentially describes the symbiotic relationship between the two (Vaida & Opre, 2014).

Recent studies contribute to the fact that parents and family play a significant role in the development and promotion of emotional competence (Kwok, 2014; Morris, Silk, Steinberg, Myers, & Robinson, 2007; Hadley, Houck, Barker, & Senocak, 2015; Singh, Singh, & Kiran, 2014; Ghosh & Chakraborty, 2017; Blandon, Calkins, & Keane, 2010). However, there isn't much literature which talks about the relationship between family pathology or family conflict and emotional competence of an individual. Family pathology is indicated by family discord particularly between spouses and between children and parents. Poor marital adjustment, low family cohesion, parent child conflict or discord, parental divorce and affectionless control can be the dimensions to assess family pathology. (Pilowsky, Wickramaratne, Nomura, & Weissman, 2006).

The aim of the current study was to understand the relationship between family pathology and emotional competence of college students. To measure the same, Family Pathology Scale and Emotional Competence Scale was used respectively. The Emotional Competence Scale has five dimensions which measure emotional competences of an individual. The main objectives of the study were to determine a relationship between family pathology and overall emotional competence, adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, enhancement of positive emotions of college students. There were six hypotheses in the present study on the basis of the objectives.

To test the hypotheses, data was collected from college students of a private university in Delhi NCR (N=100) and their respective parents using purposive sampling. Standardized information was provided regarding the rationale of the study, their contribution in the study and the confidentiality of their participation to all participants. General

instructions regarding both the questionnaires was given and it was specified that the Family Pathology Scale has to be filled by a parent.

After the process of data collection, all scores were totalled for each questionnaire as well as for each dimension of the Emotional Competence Scale. Subsequently, the means of the scores were calculated and thereafter correlated using Pearson's r correlation. SPSS 20 was used to analyse the results.

To test the first hypothesis, Pearson correlation method (2 tailed) was conducted and the results indicate that there is a significant negative correlation between family pathology and overall emotional competence of the individual at -0.406 at the 0.05 level. This means that if the family pathology of an individual is high, the individual would lack the ability to understand, ability to express and ability to regulate his or her emotions as well as others' emotions.

The results to study the second hypothesis using Pearson correlation indicated that family pathology has a significant negative correlation with adequate depth of feeling at -0.236 at the 0.01 level. Adequate depth of feeling includes an individual feeling confident, having effective judgement and personality integration as well as powerful participation in events. A significant negative correlation with family pathology means that an individual will experience lower confidence levels, ineffective judgement and personality integration when there is high levels of family discord or conflict. Amato and Sobolewski's study supports this hypothesis in their 17 yearlong longitudinal research, where they examined the effects of marital discord and divorce on the psychological health of their children. They found out that poor parent-child relationships and marital discord are associated with lower self-esteem and general unhappiness among their children. (Amato & Sobolewski, 2001)

The third hypothesis was that family pathology has a negative correlation with adequate expression and control of emotions i.e. expressing emotions maturely and being able to control and regulate own emotions at -0.318 significant at the 0.05 level. Result analysis clearly indicates that the two variables have a significant negative correlation. This indicates that an individual will experience difficulty in expressing emotions and regulating emotions if family pathology is high. Same is supported by a study done by Gallegos, M. I., et al (2017) where it was found that co-parenting conflict and emotional withdrawal by fathers was negatively correlated with effective emotion regulation in children. Another study found that parental attachment mediated the relationship between inter-parental conflict and emotional regulation, where low resolution of parental conflict had a negative correlation with emotion regulation. (Gong & Paulson, 2017)

The fourth hypothesis purported that family pathology would have a negative correlation with ability to function with emotions i.e. ability to function effectively in an emotional situation and the ability to retain life functioning even in an emotional state. The results explain that both these variables have a significant negative correlation at -0.363 at the 0.05 level. This indicates that if there is conflict in the family, an individual would have ineffective functioning in an emotion laden situations and that emotional state would be detrimental to his or her life functioning. A longitudinal study examining parental relationships and its implications on emotional functioning found that individuals who have consistently low parental attachment show decline in emotional functioning. (Holt, Mattanah, & Long, 2018)

The fifth hypothesis was that family pathology or discord is negatively correlated with the ability to cope with problem emotions. Meaning, if there is a negative correlation between the two variables an individual would lack the ability to understand sensitivity and the harmful effects of certain emotions. The results indicate to the same at -0.340 significant at the 0.05 level. Studies support this hypothesis with one study finding that individuals who have experienced divorce in the family have difficulty in conflict resolution in their adult life. (Billingham & Notebaert, 1993)

The last hypothesis proposed that family pathology and enhancement of positive emotions is negatively correlated. The results point towards the same i.e. there is a significant negative correlation between the two variables in this hypothesis at -0.346 significant at the 0.05 level. This means that an individual with high familial conflict will lack the ability to develop positive emotions in his or her personality. Many studies support this hypothesis. One such study done by Adam Kayfitz(2011) found that destructive marital conflict was related with increased levels of emotion negativity and aggression.

All six hypotheses are thus proved as the results show a significant negative correlation of family pathology with each of the five dimensions of the emotional competence scale as well as a significant negative correlation with the overall emotional competence of an individual.

Future Implications:

This topic of study is essential to understand the emotionality of individuals and how it is affected by family and parents. Achieving emotional competence is an essential part of effective functioning in society. It enables an individual to understand his or her own emotions as well as others' emotions which helps him or her achieve effective and important interpersonal relationships. It also enables one to express their emotions in a functional and regulated manner. This ability of expressivity and regulation of emotions contributes in better well-being and better relationships with other individuals. Future implications of the current study include studying about various other aspects of family which might affect emotional competence of an individual. Investigating aspects of family which may develop and promote emotional competence should also be done. Lastly, making people aware of the results of the current study might help families in acting in a way which promotes emotional competence and avoid behaviours and actions which might be detrimental in promotion and development of the same. Studies in this area can also have a deep impact in the classroom setting as emotional competence has shown to affect academic achievement to a great extent. Further study might also influence how we deal with mental illnesses and physical illnesses effectively.

Conclusion:-

Family plays an important and key role in the overall development of an individual. It particularly plays an important part in the emotional development of an individual. Conflict or discord in the family might influence the effective development of emotional competence of individuals. Conflict or discord in the family can be identified as poor marital adjustment, low family cohesion, parent child conflict or discord, parental divorce and affectionless control. (Pilowsky, Wickramaratne, Nomura, & Weissman, 2006). Emotional competence is described as the ability to express, understand and regulate own's emotions as well as others' emotions.

The present study purported to find a relationship between family pathology and emotional competence of an individual. The results indicate a significant negative correlation between family pathology and overall emotional competence as well as a significant negative correlation between family pathology and all five dimensions of the emotional competence scale.

The study concludes that conflict or discord in the family does play a significant role in influencing the emotional competence of an individual in a negative manner.

References:-

1. Amato, P. R., & Sobolewski, J. M. (2001). The Effects of Divorce and Marital Discord on Adult Children's Psychological Well-Being. *American Sociological Association*, 66(6), 900-921.
2. Baudry, A. S., Lelorain, S., Mahieuxe, M., & Christophe, V. (2018). Impact of emotional competence on supportive care needs, anxiety and depression symptoms of cancer patients: a multiple mediation model. *Supportive Care in Cancer*, 26(1), 223-230.
3. Bermejo-Martins, E., López-Dicastillo, O., & Mujika, A. (2018). An exploratory trial of a health education programme to promote healthy lifestyles through social and emotional competence in young children: Study protocol. *Journal of Advanced Nursing*, 74(1), 211-222.
4. Billingham, R. E., & Notebaert, N. L. (1993). Divorce and Dating Violence Revisited: Multivariate Analyses Using Straus's Conflict Tactics Subscales. *Psychological Reports*, 73(2), 679-684.
5. Bandon, A. Y., Calkins, S. D., & Keane, S. P. (2010). Predicting Emotional and Social Competence during early childhood from toddler risk and maternal behaviour. *Development and Psychopathology*, 22(1), 119-132.
6. Boyatzis, R. E., Goleman, D., & K. Rhee. (1999). Clustering competence in emotional intelligence: insights from the Emotional Competence Inventory (ECI). In R. Bar-On, J. D. Parker, & Eds., *Handbook of Emotional Intelligence* (pp. Jossey-Bass). San Francisco, California, USA: Jossey-Bass.
7. Brasseur, S., Grégoire, J., Bourdu, R., & Mikolajczak, M. (2013). The Profile of Emotional Competence (PEC): Development and Validation of a Self-Reported Measure that Fits Dimensions of Emotional Competence Theory. *PLoS ONE*, 8 (5).

8. Campos, J. J., Mumme, D., Kermoian, R., & Campos, R. G. (1994). A Functionalist Perspective on the Nature of Emotion. *The Japanese Journal of Research on Emotions*, 2(1), 1-20.
9. Carvalho-Filho, M., Schaafsma, E. S., & Tio, R. (2018). ebriefing as an opportunity to develop emotional competence in health profession students: Faculty, be prepared! *Scientia Medica*, 28(1).
10. Cassidy, J., & Shaver, P. R. (2008). *Handbook of attachment: Theory, research and clinical applications* (2 ed.). New York: Guilford.
11. Ciarrochi, J., Scott, G., Deane, F. P., & Heaven, P. C. (2003). Relations between social and emotional competence and mental health: a construct validation study. *Personality and Individual Differences*, 35(8), 1947-1963.
12. Colle, L., & Giudice, M. D. (2011). Patterns of Attachment and Emotional Competence in Middle Childhood. *Social Development*, 20(1), 51-72.
13. Gallegos, M. I., Murphy, S. E., Benner, A. D., Jacobvitz, D. B., & Hazen, N. L. (2017). Marital, parental, and whole-family predictors of toddlers' emotion regulation: The role of parental emotional withdrawal. *Journal of Family Psychology*, 31(3), 294-303.
14. Gerli, F., Bonesso, S., & Pizzi, C. (2015). Boundaryless career and career success: the impact of emotional and social competencies. *Frontiers in Psychology*, 6, 1304.
15. Ghosh, D. A., & Chakraborty, P. (2017). Impact of Family Pathology on Behavioural and Emotional. *The International Journal of Indian Psychology*, 10-21.
16. Goleman, D. (2001). An EI-based theory of performance. In E. C. Cherniss and D. Goleman, *The Emotionally Intelligent Workplace: How to Select for, Measure, and Improve Emotional Intelligence in Individuals, Groups, and Organizations*, (pp. 27-44). San Francisco, California, USA: Jossey-Bass.
17. Gong, X., & Paulson, S. E. (2017). Effect of family affective environment on individuals' emotion regulation. *Personality and Individual Differences*, 117, 144-149.
18. Gottman, J. M., Katz, L. F., & C, H. (1997). *Meta-emotion: How families communicate emotionally*. Mahwah, NJ: Lawrence Erlbaum.
19. Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: theoretical models and preliminary data. *Journal of Family Psychology*, 10, 243-268.
20. Gregl, A., Kirigin, M., Ligutić, R., & Bilać, S. (2014). Emotional competence of mothers and psychopathology in preschool children with specific language impairment (SLI). *Psychiatria Danubina*, 26(3), 261-270.
21. Hadley, W., Houck, C. D., Barker, D., & Senocak, N. (2015). Relationships of parental monitoring and emotion regulation with early adolescents' sexual behaviors. *Journal of Developmental & Behavioral Pediatrics*, 36(5), 381-388.
22. Halberstadt, A. G., Denham, S. A., & Dunsmore, J. C. (2001). Affective social competence. *Social Development*, 10(1), 79-119.
23. Harris, P. L. (2006). Individual differences in understanding emotion: The role of attachment status and psychological discourse. *Attachment & Human Development*, 1(3), 307-324.
24. Hernández, M. M., Eisenberg, N., Valiente, C., VanSchyndel, S. K., Spinrad, T. L., Silva, K. M., . . . Southworth, J. (2016). Emotional Expression in School Context, Social Relationships, and Academic Adjustment in Kindergarten. *Emotion*, 16(4), 553-566.
25. Holt, L. J., Mattanah, J. F., & Long, M. W. (2018). Change in parental and peer relationship quality during emerging adulthood: implications for academic, social, and emotional functioning. *Journal of Social and Personal Relationships*, <https://doi.org/10.1177/0265407517697856>.
26. Housman, D. K. (2017). The importance of emotional competence and self-regulation from birth: a case for the evidence-based emotional cognitive social early learning approach. *International Journal of Child Care and Education Policy*, 11-13.
27. Jennings, P. A., Brown, J. L., Frank, J. L., Doyle, S., Oh, Y., Davis, R., . . . Greenberg, M. T. (2017). Impacts of the CARE for Teachers program on teachers' social and emotional competence and classroom interactions. *Journal of Educational Psychology*, 109(7), 1010-1028.
28. Katz, L., & Woodin, E. (2002). Hostility, hostile detachment, and conflict engagement in marriages: effects on child and family functioning. *Child Development*, 73(2), 636-651.
29. Kayfitz, A. (2011). *Marital Conflict, Emotional Security, and Young Children's Emotional and Social Competence*. Electronic Theses and Dissertations, 476.
30. Kim, T.-Y., & Liu, Z. (2015). Taking charge and employee outcomes: the moderating effect of emotional competence. *The International Journal of Human Resource Management*, 28(5), 775-793.
31. Kingston, E. (2008). Emotional competence and drop-out rates in higher education. *Education + Training*, 50(2), 128-139.

32. Kotsou, I., Nelis, D., Grégoire, J., & Mikolajczak, M. (2011). Emotional plasticity: conditions and effects of improving emotional competence in adulthood. *The Journal of Applied Psychology*, 96(4), 827-839.
33. Kumschick, I. R., Beck, L., Eid, M., Witte, G., Klann-Delius, G., Heuser, I., . . . Menninghaus, W. (2014). READING and FEELING: the effects of a literature-based intervention designed to increase emotional competence in second and third graders. *Frontiers in Psychology*, 5, 1448.
34. Kwok, S. (2014). The moderating role of emotional competence in suicidal ideation among Chinese university students. *Journal of Advanced Nursing*, 70(4), 843-54.
35. Lamothe, M., McDuff, P., Pastore, Y. D., Duval, M., & Sultan, S. (2018). Developing professional caregivers' empathy and emotional competencies through mindfulness-based stress reduction (MBSR): results of two proof-of-concept studies. *BMJ Open*, 8(1), 8.
36. Lau, P. S., & Wu, F. K. (2012). Emotional Competence as a Positive Youth Development Construct: A Conceptual Review. *The Scientific World Journal*, 8 pages.
37. Lazarus, R. S. (1991). *Emotion and adaptation*. New York, New York, USA: Oxford University Press.
38. Martin, A., Cumming, T., O'Neill, S., & Strnadová, I. (2017). Social and emotional competence and at-risk children's wellbeing: The roles of personal and interpersonal agency for children with ADHD, emotional and behavioral disorder, learning disability, and developmental disability. *Social and emotional learning in Australia and the Asia Pacific*, 123-145.
39. Nozaki, Y. (2015). Emotional competence and extrinsic emotion regulation directed toward an ostracized person. *Emotion*, 15(6), 763-74.
40. Paradiso, S., Beadle, J., Raymont, V., & Grafman, J. (2017). Suicidal thoughts and emotion competence. *Journal of Clinical and Experimental Neuropsychology*, 38(8), 887-899.
41. Pilowsky, D., Wickramaratne, P., Nomura, Y., & Weissman, M. M. (2006, April). Family Discord, Parental Depression, and Psychopathology in Offspring: 20-Year Follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(4), 452-460.
42. Pollak, S. D., Cicchetti, D., Hornung, K., & Reed, A. (2000). Recognizing emotion in faces: Developmental effects of child abuse and neglect. *Developmental Psychology*, 36(5), 679-688.
43. Pollastri, A. R.-H., Cardemil, J. N., Addis, E. V., & E., M. (2018). Social context, emotional expressivity, and social adjustment in adolescent males. *Psychology of Men & Masculinity*, 69-77.
44. Singh, B., Singh, A. R., & Kiran, M. (2014). Family pathology and social support in relapse among Bipolar Affective Disorder and Schizophrenia Patients. *International Journal of Enhanced Research in Medicines & Dental Care*, 1(8), 1-6.
45. Stichter, J. P., Herzog, M. J., Kilgus, S. P., & Schoemann, A. M. (2017). Exploring the Moderating Effects of Cognitive Abilities on Social Competence Intervention Outcomes. *Behavior Modification*, 84 - 107.
46. Telzer, E. H., Qu, Y., Goldenberg, D., Fuligni, A. J., Galván, A., & Lieberman, M. D. (2014). Adolescents' emotional competence is associated with parents' neural sensitivity to emotions. *Frontiers in Human Neuroscience*, 8, 558.
47. Todorović, D., & Mitrović, M. (2016). Various modalities of aggressive behaviour and emotional competence among students of sport and physical education and students of other faculties – a pilot study. *Facta Universitatis: Physical Education and Sport*, 14(3), 389-398.
48. Vaida, S., & Opre, A. (2014). Emotional intelligence versus emotional competence. *Journal of Psychological and Educational Research*, 22(1), 26-33.
49. Verbeke, W., Belschak, F., & Bagozzi, R. P. (2004). Exploring Emotional Competence: Its Effects on Coping, Social Capital, and Performance of Salespeople. *ERIM Report Series*, Reference No. ERS-2004-014-ORG.
50. Wong, M. S., McElwain, N. L., & Halberstadt, A. G. (2009). Parent, family, and child characteristics: associations with mother- and father-reported emotion socialization practices. *Journal of Family Psychology*, 23(4), 452-463.
51. Zeidner, M., & Olnick-Shemesh, D. (2010). Emotional intelligence and subjective well-being revisited. *Personality and Individual Differences*, 48, 431-435.