

Emotional Competence and Self-Concept Among Adult and Aged Women

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Abstract

In the present study have been described the factors affecting the lives of adult and aged women in their emotional competence and self-concept. The status of women affected by their emotional features or their self evaluation concept respectively. The determination of women's emotions through a stigma of their self-conception and gender perspectives. It is argues for the importance of addressing their attitude the need of women's particularly. A women in a social context is seen as parents and their roles have been demonstrated from their life within the family and society as well as. This paper draws attention to the women looking at emotionally alone and also illustrated the self-concept factors affecting the lives of women internal feelings. The study initially involved universal sample of 800 women (400 each from adult and aged women) living in Shimla city. From these two groups, 200 adult and 200 aged women were selected randomly on the basis of their age and education level. The age limit of the participants in the adult group ranged from 18 to 34 years whereas, for the aged group the age limits ranged between 35 to 58 years and the participant must be a qualified graduate in order to be a participant in the study. There are two measures applied for this research. **Mohsin Self-Concept Inventory (MSCI,1976) and Emotional competence scale (Sharma and Bhardwaj,1995):** The main findings of this study i.e. Aged women were higher on self concept than adult women. Overall emotional competence and self concept emerged as a predictor among adult women. Overall emotional competence, self concept emerged as a predictor among aged women.

Introduction

Self-concept and emotional competence among the women living with interpersonal relationship reflect in their life course. They generally feel, it is better to suffer in silence than to be separated from loved ones. They keep hoping for improvement, but it is normally observed that, without help, violence gets worse. They may also feel helpless, guilty or worthless. They may feel ashamed or the poor quality of the relationship. Dutton and Painter (1981) and Griffing et al (2002) have found that a cyclical pattern of loving behaviours (rewards) coupled with intermittent violence (assault) may actually increase the abused

partner's dependence on the abuser. Traumatic bonding is a negative outcome because it may place a battered women's persistence in the relationship and diminish her resolve to leave.

While Appel and Holden (1998) have found 30% to 60% of families where husband abuses their wives, the children are also abused, Ellsberg et al's (1999) findings confirmed that the children of battered women were more than twice as likely as other children to suffer from learning, emotional and behavioural problems and almost seven times as likely to be abused themselves physically and socially.

Gringlas and Weinraut (1995) found that neglected parents do not physically abuse their children but they abuse them psychosocially by their lack of feelings and caring. They are emotionally distant from them.

McLanahan and Sandefur (1994) found that adolescents from abused partners tend to have higher rate of drug use, premarital sexual activities, poor academic performance and higher rates of dropouts from school. This study also confirms that there is correlation between parent's academic achievement and psychosocial well being or children in family, and that children in single parent homes tend to have lower academic self-concepts.

They undergo many psychological problems like self-blaming, irritability, feeling guilty that affects their well being and mental health. This also results in specific psychological consequences like suicide or attempt to suicide, depressive disorders, display symptoms of post traumatic stress disorder, chronically fatigue, unable to sleep and eating disorders. In such a situation this study is important as it seek to explore into the psychological conditions of the women to become victims of the psychological consequences.

Epecially, women working in big organizations on high pay packages, sometime realize that the highly demanding and stressful jobs are gradually deteriorating their psychological, physical and social relationships. It decreased human ability to function in everyday life. In extreme workload situations, suicide have been occasionally reported, which reflect the presence of tension, depression and anxiety in the minds of working women. Major aim of this study is to explore the Interpersonal relationship with emotional competence and self-concept of adult and aged women.

Emotional competence, according to Dickson (2000) refers to one's ability to express or release one's inner feelings that determines one's ability to effectively and successfully lead and express. It is described as the essential social skill to recognize, interpret, and respond constructively to emotions. Anger is a reaction to aggression and gives a person the strength to repel the aggression. Grief is a reaction to abandonment or feeling unloved and it has the effect of eliciting sympathetic responses from others. Fear is a response to danger. Emotionally

competent people with express emotion appropriate to the situation and their needs and they will not seek to suppress emotions in others.

The individual learns to distinguish himself from the outer world and develop primary perceptions in the form of a self, as awareness of me”. The basic assumptions of the individual with regard to real values and possibilities are based on the realization and interpretation of physical separation, which leads him to frame a sense of the self identity, or real self and gradually develops his ideal self-that what he should be. The difference between the real and the ideal self not only leads him to serious inner conflicts but also affects his basic assumptions and makes him to develop a few consistent ways of perceiving, thinking and acting in a characteristic *modus operandi*, or life style, which happens to be the most powerful explanatory too of personality by approval or disapproval of his own behavior.

Like various other aspects of personality, emotions play a vital role in the manifestation of individual’s behavior. The emotional growth happens to be rapid during the early years and increases throughout life, (Dicaprio, 1974). The only emotion one finds in an infant is diffuse statement, (Bridges, 1932) and as the potential for emotion unfolds, both the emotions and the situations giving rise to them increase. The interactive theme- that situation stimulates and emotion not only colour but also generate situations-is reflected in evolutionary psychological approach which go as to postulate that basic emotions reflect adaptive leads of the key environmental situations, (Plutchik 1980) to achieve control over different events to related to survival. As such, emotions can be considered as ultra conservative, exemplary behavioural adaptations, (Harre and Lamb,1983) that really help in increasing the cause of survival for the individual.

Emotions have been identified from infancy, (Oster and Ekman, 1978; Trevarthen, 1979) often present in consciousness by definitions, (Tomkins, 1962 and Singer, establish a direction to consciousness by organizing perception, activation learned chains of emotion and expectation (often labeled “affective-cognitive structures” or ideo-affective depending on existing beliefs of the person, (Bower, 1981). The nature of the state may be termed as psychological conditions, (Leventhal, 1980) or as a psychological condition modified by cognitive glosses, (Schachter, 1964) where physiological emerges as an essential factor, usually guided or steered by present cognitive factors of emotions of past experiences. The evaluation of stimuli and subsequent emotions are influenced by individual’s estimate of his own capabilities, (Averill, 1980) involving social psychological factors, (Goffman,1967; Averill, 1980; Sabini and Silverman, 1982).

Emotions whether pleasant or unpleasant, always sustain activity which either maintains the organism. Incongruent and devaluating experiences are perceived as threats, anxiety and force the self to take some defensive measures. Emotions as an impulse towards a definite form

of behaviour, (Drever, 1972) may sustain and direct activity and play an energizing role, (Coleman,1970) in the undaunted expression of behaviour. Activation of emotions depend on complexity, novelty and role of presenting information on one hand, (Tomkins, 1963; Singer,1961) and the evaluating mental abilities and subjective qualities or self on the other hand. Emotional competence is blending of five competencies:

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

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

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

Ability to cope with problem emotions: Certain problem emotions play a destructive role and pose a potential damage to the life orientations of the individual's course of life. Therefore, emotional competence requires an understanding of the role of sensitivity and the detrimental affects of such emotions in the beginning and also a development of the ability to resist their harmful effects thereafter.

Encouragement of positive emotions: The congenial growth of personality requires the predominance of positive emotions that show a constructive influence in the dynamics of behaviour. The growing vitality and a feeling of wholeness with a continuous capacity for intellectual and spiritual growth are associated with an experience of positive emotions. The encouragement of positive emotions refers to the ability of the person to develop a predominance of positive emotions in the personality make-up of himself to ensure a meaningful and fairly well integrated life.

According to While (1959), doing a thing is quite different from doing it well, where one can produce the type of effects, one desires may be termed as competence. Allport (1961) refers to the mastering of abilities to do a task, sufficiency of means for living, easy circumstances or, in ethical sense, a right to take cognizance which specifies the process of observation, comprehension, exploration, explanation, and manipulation of the experiences more objectively with the fullest use of an individual's normal capabilities.

Assertiveness is one the aspect of emotional competence and the other is demonstrated in self efficacy (Saarni,1999). It recognises the need to address manipulative or passive. Self-efficacy is used here to mean that the individual believes he/she has the confidence and skills to achieve a desired outcome (Bandura,1989). Desired outcomes or goals for the emotionally competent individual will, by definition, be integrated with his/her moral character (or personal integrity). Mature emotional competence, as defined here, assumes that moral character (or personal integrity). Mature emotional competence, as defined here, assumes that moral character and ethical values deeply influence one's emotional responses in ways that promote integrity. Mature emotional competence should reflect wisdom, and this wisdom carries with it the significant ethical values of one's culture.

The self's role is important in emotional competence. The self functions to coordinate and mediate in an adaptive fashion the meaningfulness of the environment for the individual (McAdams,1996). A critical consequence of the self's role is that values are assigned to the context we are engaged in. When we differentially respond to the particular context facing us because of its relative significance to us, then we are also acting in a goal-directed fashion, and to be goal-directed is to function with motives vis and vis particular context (Lazarus,1999). It is in this sense that emotions are functional.

It is noted that emotional competence is affected by the levels of frustration. Regression frustrates emotional competence in people of high socio-economic status (Aggarwal, 1991). The level of competence and its competencies may differ significantly and anxiety also affects the emotional competence as well as its competencies (Ritu,1993; Sharma,1994). In comparison to cerebral palsied children, the blind ones have greater adequate expression and control of emotions, ability to function with emotions and encouragement of positive emotions. Similarly, in comparison to normal children, the blind ones have greater adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions and ability to cope with problem emotions.

Consequences of emotional competence include effective skill in managing one's emotions, which is critical to being able to negotiate one's way through interpersonal exchanges. Other important consequences of emotional competence are a sense of subjective well-being and adaptive resilience in the face of future stressful circumstances.

Self-concept indicates how the human beings think about and evaluate themselves. William James (1910) saw no value to the self as a knower for understanding behaviour but he considered self as an object of knowledge identified as consisting of whatever the individual views as belonging to himself. To Cooley (1902) self is that which is designated in common speech by the pronouns of the first person singular i.e. I, my, me and mine.

To be aware of oneself is to have a concept of oneself. The term self-concept is a general term used to refer to how someone thinks about or perceives themselves. Franken (1994) states that self-concept is, perhaps, the basis for all motivated behavior. It is the self-concept that gives rise to possible selves, and it is possible selves that create the motivation for behavior. Mead (1934) noted that self concept arises in social interaction as an outgrowth of the individual's concern about how others react to him. In order to anticipate other people's reactions so that he can behave accordingly, the individual learns to perceive the world. Sullivan (1953) emphasized that the interaction with significant others forms the self-concept. Lecky (1945) identified the self-concept as the nucleus of personality and defined personality as an organization of values that are consistent with one another.

Self concepts are qualities in one self. One assesses these qualities through estimates rather than measurement. Hilgard (1949) noted that the existence of defence mechanism provides strong evidence for self-concept as in order for there to be a defense mechanism, there has to be some aspect of self. Going further, Carl Rogers (1959) believes that the self concept has three different components:

Self-image : the view one have of oneself.

Self-esteem : how much value one place on oneself.

Ideal-self : what one wish one were really like.

Roser (1951) considers that self is an organized fluid but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or 'me' together with the value attached to these concepts. Allport (1955) preferred to note that this consists of those aspects which one regards as of central importance and which contribute to a sense of inward unity. Lewis (1990) suggests that development of a concept of self has two aspects:-

Existential Self: This is the most basic part of the self-scheme or self-concept, which refers to the sense of being separate and distinct from others and the awareness of the constancy of the self. Persons realize that they exist as a separate entity from others and that they continue to exist over time and space. According to Lewis awareness of the existential self begins as young as two to three months old and arises in part due to the relation the child has with the world. For example, the person smiles and someone smiles back, or the person touches a mobile and sees it move.

The Categorical Self: Having realized that he or she exists as a separate experiencing being, the person next becomes aware that he or she is also an object in the world. Just as others objects including people have properties that can be experienced (big, small, red, smooth and so on) so the person is becoming aware of him or herself as an object which can be experienced and which has properties. The self too can be put into categories such as age, gender, size or skill.

Kuhn (1960) investigated the self-image by using the twenty statements test. He asked people to answer the question- who am I? in 20 different ways. He found that the responses could be divided into physical description, social roles, personal traits and existential statements.

Self image, as Coon (1994) has defined is the total subjective perception of oneself, including an image of one's body and impressions of one's personality, capabilities and so on. Several other psychologist says that one's

self image is one's mental picture, one's physical appearance, and the integration of one's experience, desires, and feelings. According to Myers (1993) self concept is one's self identity, a schema consisting of and organized collection of beliefs and feeling about oneself. Bernstein et al (1990) have defined this as one's sense of 'me' i.e. cognitive appraisal of our physical, social and academic competence, so it is inferred that one's self concept is one's self image.

The other aspect of self-concept is self-esteem and self-worth. In the high self-esteem, self acceptance, confidence in abilities, optimism is reflected. However, in low self esteem, reverse of this happens. Morse and Gergen (1970) showed that in uncertain or anxiety situations self-esteem may change rapidly and level of self-esteem affects performances. Miller and Roser (1975) showed that people who believe that they had socially desirable characteristics continued in the belief when the experiment tried to get them to believe opposite. Michael Argyle (2008) says that the reaction of others, comparison with others, social roles and identification also influence the development of self-esteem. Markus and Kunda (1986) coined the terms 'working self concept' convey the idea that only a portion of the self cognitions are active in working memory at any point of time and Showers (1992) showed that characteristics of the way information about the self is organized in memory also plays an important role in shaping self-esteem.

There has been a long standing recognition of self-concept in regulating health behaviours. Stein (1995) argues that person's beliefs, feelings, expectation about the self play a fundamental role in shaping health outcomes. Historically, research on the self-concept in anorexia nervosa and bulimia nervosa has focused on three types of self-concept defects: deficits in identity formation, distortions in body image, and body dissatisfaction and low self-esteem. These three lines of research have been pursued independently and how the various

components of the self-concept function together to cause the eating disorders has not been considered.

Ellis et al (2003) reviewed the records of 136 juveniles (aged 12-17 yrs) to test the hypothesis that sexual abuse, low levels of family support, and low levels of support from friends would predict self-directed violence more effectively among females than among males. Logistic regression models correctly classified 71% of the girls and 76.06% of the boys. The model for girls identified 79.49% (9.59% improvement) of the non-mutilators and 57.69% (16.62% improvement) of the mutilators. The model for boys predicted non-mutilation with 100% accuracy (25% improvement), but did not correctly classify any mutilators (23.61% decrease in predictive capacity).

Hawke et al (2003) examined the relationships among experiences of childhood abuse, psychiatric disorders, self-reported victimization, and violent behavior, with a focus on gender differences. Data were obtained from treatment entry and 5 yr post-treatment interviews of 446 adolescent clients. Multivariate logistic regression analyses revealed that victimization in the post treatment period was the most significant factor associated with violent behavior, and pretreatment childhood abuse experiences and psychiatric disorders were not significantly related to the odds of violent behavior. There were significant gender differences in self-reported victimization and violent behavior. The findings suggest that violence in young adulthood for males is related to increasing involvement in violent lifestyles that include drug trafficking, while violence among females is associated with the social and psychological consequences of drug involvement and victimization.

Callahan et al (2003) conducted a study on the well being of 190 high schools student in the age group of 13 to 19 years. For all victimization were related to lower levels of life satisfaction and higher level of anxiety, depression, and posttraumatic stress even after controlling for other variables.

Baldry et al (2004) investigated the independent impact of direct victimization at home (parental severe scolding and physical harming) and at school (i.e. exposure to inter-parental violence), and at school (exclusion, spreading rumors) on the development of internalizing symptoms in a sample of 661 Italian youngsters. Results revealed that the strongest risk factor for both boys and girls for all forms of internalizing symptoms is being indirectly victimized at school; for girls another significant risk factor is exposure to mother's violence against the father (for withdrawal); whereas for boys it is father's violence against the child predicting somatic complaints.

Jonzon and Frank (2006) investigated the relationships between risk and protective factors and health outcome in a sample of adult females who had been victims of child sexual abuse. Self-esteem and social support were strong predictors of health in the regression models. The

relationships between risk and protective factors and health may be different in different groups of victims of child sexual abuse. Self-esteem was closely related to health outcome displaying the importance of this concept in clinical practice.

Littleton et al (2006) investigated the coping strategies that a victim of a rape. The present study utilized structural path analysis to identify predictors of avoidance coping following rape and examined factors in the assault itself (e.g., self-blame, loss of self-worth), and social support as potential direct and indirect predictors of avoidance coping. From a sample of 1,253 university women, the responses of 216 women who endorsed an experience of rape were examined. Results suggested that sequelae of the assault such as feelings of self-blame and negative reactions received from others are potentially important predictors of avoidance coping. Implications of the results for future rape recovery research are discussed.

Macym et al (2006) contextualized women's coping with acquaintance sexual aggression (n=202). Multivariate regression analyses showed that assailant actions accounted uniquely and cumulatively for women's responding. Rape avoidance and resistance training programs can benefit by using a two-pronged approach: by targeting factors that impede and promote women's assertion and by helping women anticipate and respond to assailant actions.

McMullin and White, (2006) conducted a study on long term effects of labeling a rape experience. They have found that approximately half of women who report an experience that meets the legal definition of rape do not label it rape. Results showed that there were negative effects of being raped, such as more psychological distress and increased alcohol use; however, few differences were found at either assessment based on rape victims labeling of the experience.

In addition, the role of moral disposition is also indicated (Campbell & Christopher, 1996). Personal integrity comes with a life lived in accord with one's moral sense or disposition, and concomitantly, such a life reflects emotional competence. Blasi (1983) had earlier described as characteristic of a moral self or identity, wherein one's self-concept is centrally defined by moral commitment. A moral self, entailing as it must a commitment to moral understanding and action, is synonymous with moral character.

Role of developmental history plays a pivotal role in shaping emotional competence (Carpendale, 1997). Our unique social history includes our immersion in our culture's beliefs, attitudes, and assumptions, our observation of important others, and the patterns of reinforcement from those with whom we are significantly involved. All of these factors contribute to our learning what it means to feel something and then do something about it. The concepts we assign to emotional experience are saturated with nuance and context-dependent meaning, including the social roles we occupy, such as gender and age roles. It is this feature of

constructivism that differentiates it from the more commonly encountered term, social construction of emotions (Armon-Jones, 1986).

Emotional competence is reflected in skills of the individual. This involves, firstly awareness of one's emotional state, including the possibility that one is experiencing multiple emotions, and at even more mature levels, awareness that one might also not be consciously aware of one's feelings due to unconscious dynamics or selective inattention. Secondly, ability to discern others' emotions, based on situational and expressive cues that have some degree of cultural consensus as to their emotional meaning. Thirdly, ability to use the vocabulary of emotion and expression terms commonly available in one's (sub-culture) and at more mature levels to acquire cultural scripts that link emotion with social roles. Fourth skill is capacity for empathic and sympathetic involvement in others emotional experiences. Fifth indicates the ability to realize that inner emotional state need not correspond to outer expression, both in oneself and in others, and at more mature levels the ability to understand that one's emotional expressive behaviour may impact on another and to take this into account in one's self-presentation strategies. Sixthly, capacity for adaptive coping with aversive or distressing emotions by using self-regulatory strategies that ameliorate the intensity or temporal duration of such emotional states (e.g., stress hardiness).

To achieve a feeling of adequacy, the individual has to acquire a few workable assumptions about the world, where need for competence emerges as most of the fundamental motives of life. Humans survive through competence, grow through competence and actualize themselves through competence. Many factors such as intellectual, emotional and physical competencies play a part to acquire skill and knowledge and the individual begins to develop two important virtues - **method and competence** - in the congenial growth of personality. Therefore, emotional competence is efficiency to deal effectively with several dissociable but related processes is a blending of competencies.

The motivation to be emotionally competent is concerned more with product of abilities rather than their sheer exercise and works as a constructive force in shaping the individual's behavior, while inefficiencies may cause serious consequences in the dynamics of human behaviour. The way an individual handles his emotions is a question of immense importance in explaining his papers.

Objectives

Major aim of this study is to explore the role of socio-demographic conditions, psycho-social factors of adult and aged women leading to emotional competences and self-concept and as well to see the factors responsible making them non-responsive sufferers personality.

Based on the review of related literature it is observed that the nature and type of the major interest of the study is to get insight into the psycho- social factors responsible for non-response and making them timid sufferer. The women are safe. In such a situation this study is important as it seek to explore into the psychological conditions of the women. This would also seek to clarify the psychological reasons making them silent sufferers.

It is observed that the nature and type of emotional competence is specific to socio-demographic conditions. As such, the prime concern of the study is to explore the socio-demographic conditions leading the specific kind of features in general personality traits. The second objective of the study is to investigate the direction and magnitude of the relationship among emotional competency and self concept. To explore the differences between adult and aged women on the variables viz emotional competency and self concept. To investigate the synergistic influence of emotional competency and self concept among adult and aged women.

Method

Emotional competence scale (Sharma and Bhardwaj,1995): Emotional competence inventory (EC) developed by Sharma and Bhardwaj (1995) was used in the present study to assess the emotional competency of the participants. The scale consists of 30 items. This measure is based upon the model of emotional competence. It is five point scale, and its coefficient of reliability in test, retest and split-half are .74 and .76 respectively. There are four dimensions of emotional competence as per this model which are as:

1. Adequate depth of feeling (ADF)1,6,11,16,21,26.
2. Adequate expression and control of emotions (AEC)2,7,12,17, 22,27
3. Ability to function with emotions (AFE)3,8,13,18,23,28
4. Ability to cope with problem emotions (ACPE)4,9,14, 19,24,29
5. Encouragement of positive emotions (EPE)5,10,15,20, 25,30

Scoring

It is a five-point scale having five alternatives to each item. The scoring of these five alternatives follows a system of 1,2,3,4 and 5 from upper to lower end. The score of emotional competence is obtained by summing up the score of all items. Higher score means higher emotional competence.

Mohsin Self-Concept Inventory (MSCI,1976): This scale consists of 48 items consisting of positively and negatively pharsed statements about abilities and strengths

pertaining to the cognitive, affective, and conative areas. The entire inventory is intended to measure variation in self regard. Reliability: Two halves reliability of the MSCI was found to be .57 half and .73 for the full inventory.

Scoring

Number of ticks yes/no are counted and constitute the self-concept score of that particular individual at the time to assess their self-efficacy and self-regard etc, person what think about yourself at that time.

Procedure

Firstly, the human resource women were requested to arrange interaction session with the adult and aged women respectively. In this session the participants were given a brief overview of the concepts of emotional competence and self-concept.

After getting the list of participants who were randomly selected on the basis of age and education and who have given their consent to participate in the study, were contacted individually by the investigator and were assured that the information given by them would be kept confidential. The standard instruction with reference to each scale was administered to each participant. After establishing a good rapport with the subjects, the tester ought to read instructions, while subjects do read them silently along with her. The subjects are asked to respond any one alternative of each item by marking a tick. They were again assured that the data so collected should only be used for academic purpose.

Statistical Analysis

After collecting all the questionnaires, scoring was done as per the instruction given in the scoring manuals of each variable of emotional competence, and self-concept following test were applied to the data obtained :

Person product moment coefficient was carried out to determine the nature and magnitude of relationship of emotional competence and self-concept among adult and aged women.

To determine differences between high and low performing women viz emotional competence and self-concept t-test was performed.

Multiple regression analysis was performed to determine any causal relationship between the emotional competence and self-concept among adult and aged women.

Area of study

The study has been carried out in the Shimla city of Himachal Pradesh. This is the capital of State and the largest urban area. The total population of Himachal Pradesh is 60,70,305

(census, 2001) out of which rural population is 5475424, 50% of which are females. The urban population is 594881 in which 44.35% are females. The ratio of rural to urban female is 10.

Results

Correlations Analysis of Adult Women (n=200):

The correlations of over all emotional competence ($r=.44^{**}, p<.01$) and its sub factors, adequate depth of feeling ($r=.31^{**}, p<.01$), the adequate expressions and control of emotional ($r=.32^{**}, p<.01$), ability to function with emotion ($r=.37^{**}, p<.01$), ability to cope with problem emotion ($r=.32^{**}, p<.01$) and encouragement of positive emotions ($r=.32^{**}, p<.01$), are also significantly and positively correlated with self concept among adult women.

Correlational Analysis of Aged Women (n=200).

The correlations of over all emotional competence ($r=.57^{**}, p<.01$) and its sub factors, adequate depth of feeling ($r=.53^{**}, p<.01$), the adequate expressions and control of emotional ($r=.38^{**}, p<.01$), ability to function with emotion ($r=.38^{**}, p<.01$), ability to cope with problem emotion ($r=.45^{**}, p<.01$) and encouragement of positive emotions ($r=.38^{**}, p<.01$), are also significantly and positively correlated with self concept among aged women.

In nutshell, the results of the present study indicate that the emotional competence and its sub-factors positively correlated with self-concept among adult and aged women in whole sample.

t- Test Analysis

In order to study the difference between adult and aged women t-test was applied on the scores of **emotional competence** and its factors (adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, encouragement of positive emotions) and **self concept**.

The result of the t-test analysis showed the significant differences between adult and aged women on their scores of overall emotional competence ($t=23.62, p<.01$) and as well as on its sub factors i.e., adequate depth of feeling ($t=.16.92, p<.01$) adequate expression and control of emotions ($t=15.28, p<.01$) ability to function with emotions ($t=14.14, p<.01$) ability to cope with problem emotions ($t=19.06, p<.01$) encouragement of emotions ($t=20.36, p<.01$). The mean scores of aged women were higher than the mean scores of adult women on their emotional competence ($M(ad.)= 191.85/M(ag.)= 278.78$) and as well on the scores of its sub factors i.e., adequate depth of feeling ($M(ad.)=38.28 / M(ag.) = 55.76$) adequate expression and control of emotions ($M(ad.)=36.88 / M(ag.) = 53.44$) ability to function with emotions $M(ad.)= 38.82/M(ag.) =54.18$) ability to cope with problem emotions ($M(ad.)= 40.95 / M(ag.) = 58.41$) and encouragement of positive emotions ($M(ad.)= 37.69 / M(ag.) = 56.99$).

The significant differences have also emerged between adult and aged women on their scores of self concept ($t=.8.73, p<.01$) the mean scores of adult women is lesser than the mean scores of aged women on their scores of self concept ($M(ad.)=28.47/ M(ag.) =33.89$).

In nutshell, the results show that the significant difference among adult and aged women in whole sample on these variables i.e. emotional competence and self concept. The mean score of overall emotional competence in case of adult women is less than aged women whereas the score of self concept of aged women is higher than adult women in whole sample.

Regression Analysis among adult:

Lastly, step wise regression analysis has been performed in order to see the synergetic influence of overall emotional competence, and its sub factors, i.e., adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions, and self concept to examine the predicting relationship of emotional competence self concept among adult and aged women separately. Independent variables have been arranged in order of magnitude of their correlation with the dependent variable and stepwise regression is performed.

It is obvious that the variance to be explained by the sub factors of emotional competence and self concept have been taken care by self concept and overall emotional competence which have been entered respectively in the step wise regression. Moreover the inter correlation of overall emotional competence their sub factors are quite high. Therefore, overall emotional competence and self concept have taken care the variance to be explained the sub factors of emotional competence, adequate depth of feeling, adequate expression and control of emotion, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions.

Emotional competence and self concept explain 31% and 35% of variance in violence respectively. It clearly indicates the significant role of emotional competence and self concept play in relations among adult women. Beta weight too indicates the emotional competence and self concept .46 and .22 have relatively more important than other variables.

Regression Analysis among aged women:

Lastly, step wise regression analysis has been performed in order to see the synergetic influence of emotional competence, and its sub factors, i.e., adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions and self concept to examine the predicting relationship of emotional competence and self concept among aged women. Independent variables have been arranged in the order of magnitude of their correlation with the dependent variable and stepwise regression is performed.

It is obvious that the to be explained by the sub factors of emotional competence and self concept have been taken care by self concept and overall emotional competence which have been entered respectively in the step wise regression. Moreover the inter correlation of overall emotional competence and with their sub factors are quite high. Therefore, overall emotional competence and self concept have taken care the variance to be explained the sub factors of emotional competence, adequate depth of feeling, adequate expression and control of emotion, ability to function with emotions, ability to cope with problem emotions and encouragement of positive emotions.

Emotional competence and self concept explain 48%, and 51% of variance respectively. It clearly indicates the significant role of emotional competence and self concept play in relations to among aged women. The beta weight too indicates the emotional competence and self concept .48, and .23 have relatively more important than other variables.

In nutshell, the results revealed that the significant difference among on these variables. The value of emotional competence and self concept in case of adult is less than aged women in whole sample.

Findings

Aged women were higher on overall emotional competence level and its sub-factors adequate depth of feeling, adequate expression and control of emotions, ability to function with emotions, ability to cope with problem emotions, and encouragement of positive emotions than adult women.

Aged women were higher on self concept than adult women.

Overall emotional competence and self concept emerged as a predictor among adult women.

Overall emotional competence, self concept emerged as a predictor among aged women.

Implications of the Present Study

The findings of the present study has revealed that aged women having higher emotional competence as compared to adult women. It implies that the understanding of aged women is better than adult women in this society. Reason behind it, the adult women have no stability, patience, and capability to cope with problem emotions for better understanding. Whereas the aged women were more stable or developed and have relevant skills for the assessment of reality. It is also implies that effort to improve emotional competence with the help of various training program, improve their self concept in adequately.

The present study has also revealed that aged women are higher on self concept as compared to their counterparts, meaning there by that developing the self concept with the help them to find meaning and purpose of life.

Simultaneously efforts should be made to improve psychological status of women through various training programs on motivation, stress management, counselling, mentoring and recreational activities. Further, effort should also be made to improve the relationship among women in this society by creating any environment of trust, respect and understanding resultantly improving their harmonious functioning, performance as well as sorting out their interpersonal conflicts.

Finally, the study has also indicated a negative correlation among emotional competence and self concept among adult and aged women. These efforts should be made to improve all these variables. It is further argued that development of emotional competence will sufficient for higher assisted by self concept.

References

- Armon-Jones, C. (1986), *The thesis of constructionism* , In R. hare (Ed.) *The social Construction of Emotions* (pp.32-56) u. K.: Basil Blackwell.
- Averill, J. (1980), *A constructive view of emotion*. In *Emotion theory, research and experience*, (eds.) R. Plutchik and H. Kelleman. New York: Academic press.
- Baldry, A. C. (2004), *The impact of direct and relational bullying on the mental and physical health of Italian youngsters*. *Aggressive Behaviour* Vol. 30(2) 343-35.
- Bandura, A.(1989), *Human agency in social cognitive theory*. *American Psychologist*, Vol. 44(1), 1175-1184.
- Bernstien D. A, Alison C.S., Roy E. L., Srull T.K. and Wickens C. D. (1994), *Psychology*, 3rd ed. Pp 505-90. Princeton: Houghton Mifflin Co.
- Blasi, A. (1983), *Moral cognition and moral action: A theoretical Perspective*. *Developmental Review*. Vol.3(1), 178-210.
- Bower, G. H.(1981), *Mood and Memory*. *American Psychologist* Vol.36 (1) 129-48.
- Brackett Marc A., Susan E. R. rivers, Peter Salovey (2011), *Emotional intelligence: Implications for personal, social, academic, and workplace success*. *Social and Personality Psychology Compass*: Vol. 22(1) 88-103.

Brewin, C.R. Andrews, B., Valentine, J. D. (2000), *Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. Journal of Consulting and Clinical Psychology* Vol. 68(2) 748-66.

Bridges, K.M. (1932), *Emotional development in early infancy, Child Development*, Vol. 3 (1) 324-41. Brown, Chris; Linnemeyer, Rachel M.; Dougherty, Whitney L.; Coulson, Jaime C. (2005), *Battered women;s precess of leaving: Implications for career counselling. Journal of career Assessment* vol. 13(4) 452-475.

Callahan, Richard, Tolman and Daniel G. (2003), *Adolescent dating Violence Victimization and psychological Well-being. Journal of Adolescent Research*, Vol. 18(6) 664-81.

Campbell, L. Wasco, S.M. Arens, C.E., Self, T., Barws, H.E. (2001), *Preventing the second rape: Rape survivors' Experiences with Com),1-47.*

Coleman (1970): *Abnormal psychology and Modern Life; Bombay: D.B. Taraporevala sons &Co.Pvt.Ltd.*

Coon, D. (1994), *Essentials of psychology, 6th ed. Los Angeles:West*

Dicaprio N.S. 91974), *personality theories: Guide to Living, Philadelphia: Saunders Co.*

Dutton, D.G., Painter, S.L. (1981), *Traumatic bonding: The development of emotional attachments in battered women and other relationships of intermittent abuse Victimology* Vol. 6(1-4), 139-55.

Ellis, Rodney A.; Gormley, Mary; Ellis, Gary D. Sowers, Karen, M.(2003), *harm by her own hand: A study of internalized violence among female juveniles. Journal of Human Behaviour in Social Environment* Vol. 6(3), 75-90.

Ellsberg, M.C. Pena, R., Herrera, A., Liljestraud, J., and Winkvist, A.; (1999). *Ladies in hell: Women's experience of violence in Nicaragua. Journal of Social Science and medicine* Vol. 9(5), 130-35.

Franken, R. (1994), *human Motivation (3rd ed.) Pacific Grove: Brooks/Cole Punlishing Co.*

Goffman, E. (1967): *Interaction Ritual, New York: Anchor.*

Gringlas, M. And Weinraub, M. (1995), *The more things change single parenting revisited. Journal of Family Issues*, Vol. 16(1), 29-52.

Hawke, Josephine M.; jainachill, Nancy, De Leon, George (2003), *past treatment victimization and violence among adolescents following residential drug treatment. Journal of the American Professional Society on the Abuse of Children* Vol. 8(1), 58-71.

- Hilgard, E. R. (1949), *Human motives and the concept of the self*. *American Psychologist* Vol. 4, 374-382.
- .Horne, S. (1999), *Domestic Violence in Russia*. *American Psychologist*, Vol. 54, 55-61.
- Jonzon, Eva, Lindblad, Frank (2006), *the relationships between risk and protective factors and health outcome in a sample of adult females who had been victims of child sexual abuse*. *Child Abuse and Neglect* Vol. 30(2), 127-143.
- Kuhn, M. H. (1960), *Self-Attitudes by age, sex and professional training*. *Sociology Quarterly*, Vol. 1, 39-56.
- Lecky, P. (1945), *self-consistency: A theory of personality*. Long Island: N.Y. Island Press.
- Leventhal, H. (1980), *Toward a comprehensive theory of emotion*. In *Advances in experimental social psychology* New York: Academic Press.
- Littleton, Heather; Breitkopf, Carmen Radecki (2006), *The coping strategies of a Victim of a rape*. *Psychology of Women Quarterly*, Vol. 30(1), 106-116.
- Macmillan, Ross; Hagan, John (2004), *violence in the transition to adulthood: Adolescent victimization, education, and socioeconomic attainment in later life*. *Journal of Research Adolescence* Vol. 14(20), 127-158.
- Macym, Rebecca J.; Nurius, Panla S.; Norrin Jeanette (2006), *Contextualized women's coping with acquaintance sexual aggression*. *Violence Against Women* Vo. 12(5), 478-500.
- Markus, H.; Kunda, Z. (1986), *Stability and malleability in the self-concept in the perception of others*. *Journal of Personality and social Psychology*, vol.51,1-9.
- McAdams, D. P. (1996), *Personality, modernity, and the storied self: A contemporary framework for studying persons*. *Psychological Inquiry*. Vol.7, 295-325.
- McLanahan, S., and Standefur, G.: (1994), *Growing up with a single parent: what hurts, What helps*. Harvard University Press: Cambridge, MA.
- Mcmullin, Darcy; White, Jacquelyn W. (2006), *A Study on long term effects of labelling a rape experience*. *Psychology of Women Quarterly*, Vol. 30(1), 96-105.
- Mead, G. H. (1934), *Mind, Self, and Society*. Chicago: University of Chicago Press.
- Malan, Stephanic; Lewis, Jessica; Ethier, Kathleeni; Kershaw, Trace (2005), *Psychology of Women Quarterly* Vol. 29(3), 302-12.

- Miller, D. T., & Ross, M. (1975), *Self-serving biases in the attribution of causality: Fact or fiction?* *Psychological Bulletin*, Vol.82, 213-225.
- Modestin, Jiri; Furrer, Roman & Malti, Tina (2005), *different traumatic experiences are associated with different pathologies.* *Psychiatric Quarterly* Vol. 76(1), 19-32.
- Mohsin, S. M.(1976), *Mohsin Self Concept Inventory.* Rupa Psychological Centre, Varanasi.
- Morse, S.J.; Gergen, K.J. (1970), *Social comparison, self-consistency and the concept of self.* *Journal of Personality and Social Psychology*, Vol.16, 148-56.
- Myres, J. E., (1993), *Commentary: A Call for forensically relevant research Child Abuse Neglect.* Vol. 17, 573-79.
- Oberg, P., & Tomstam L. (1999), *Body images among men and women of different ages.* *Ageing and Society*, vol.19,629-44.
- Oster, H. And Ekman, P, (1978), *Facial behavior in child development.* In *Minnesota Symposia on child psychology* ed. W. A. Collins. Hillsdale, N. J; Laurence Erlbaum Associates.
- Rogers, C. R. (1951), *Client-Centre Therapy.* New York: Houghton Mifflin.
- Rogers, C. R. (1959), *A Theory of Therapy, personality and interpersonal relationships as developed in the client-centred framework*, In (ed.) S. Koch, *Psychology. A study of a science: formulations of the person and the social context.* New York: McGraw Hill.
- Saarni, J. And Silverman (1982), *moralties of every day life.* New York: Oxford University Press.
- Schachter, S. (1964), *interaction of cognitive and psysiological determinants of emotional state*, *Advances in experimental social psychology*, (ed.) L. Berkowitz (pp 49-80) New York and London: Academic Press.
- Sharma, Harish; Bhardwaj, Rajivlochan (1995), *Emotional Competence Scale*, Mapan Bal Niwas: Agra.
- Sheridan, L.P. Blaauw, E., & Davies, G.M.(2003), *Stalking: Known and Unknowns.* *Trauma Violence and Abuse*, Vol.4, 148-162.
- Short, L.M. McMahon, P.M., Chervin, D.D., Shelley, G.A., Lezin, N., Showers, C. (1992), *Compartmentalization of positive and negative self-knowledge: keeping bad apples out of the bunch.* *Journal of Personality and Social Psychology* Vol.62, 1036-1049.
- Spitzberg, B. (2002), *The Tactical Topography Of Stalking Victimization and Management.* *Trauma, Violence and Abuse*, Vol. 30, 261-88.

Sprecher, S. (2001), *Equity and social Exchange in Dating Couples: Associations with satisfaction, commitment, and stability*. *Journal of Marriage and Family*, Vol.63,599-613.

Stawarth S. (1995), *Working with a radical agenda: The Musasa Project*. Zimbabwe. *Gender and development Women and Culture*, Vol.3(1), 30-35.

Sullivan, H. S. (1953), *The interpersonal theory of psychiatry* New York: Norton.

Sullivan, P.M. & Knutson J.F. (1998), *The association between child maltreatment and disabilities in a hospital-based apidemiological study*. *Child Abuse & neglect*, Vol. 22, 271-88.

Travers, Peter, sue Richardson, (1993), *Material Well-being and human Well-being*. Summary in Ackerma

n pp. 26-29.

Trevarthen, C. (1979), *Communication and cooperation in early easy infancy: A description of primary inter subjectivity*. In *Before speech: The Beginning of interpersonal communication*, (ed.) M. Bullowa: Cambridge University Press.

Umberson, Debra; Anderson, Kristin L.; Williams, kristl & Chen, Meichu D. (2003), *Relationship dynamics, emotion state, and domestic violence: A stress and masculinities perspective*. *Journal of Marriage and Family* Vol. 65(1), 233-47.

White, R. W. (1959), *Motivation reconsidered: The concept of competence* *Psychological Review*, Vol. 66, 297-833.

William James (1910), *Psychology,,: The Briefer course*. New York: Holt.

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