

Emotional Intelligence, Parental Stress and its effects on Well Being among ADHD Caregivers

Submitted By

SHIVANI R

(21PCP017)

Supervised by

Dr. S. Srividya

A Thesis submitted to



Avinashilingam Institute for Home Science and Higher Education for Women

In Partial Fulfillment of the Requirements for the Degree of

Master of Science in Clinical Psychology

(2021-2023)

May 2023

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Signature of the Head of the Department

Signature of the Guide

CERTIFICATE

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This is to certify that the project work entitled “**Emotional Intelligence, Parental Stress and its effects on Well Being among ADHD Caregivers**”, submitted to Department of Clinical psychology, Avinashilingam Institute for Home Science and Higher Education for Woman, Coimbatore, in partial fulfilment of **Master Of Clinical Psychology**, is the record of the original project work done by **SHIVANI R (21PCP017)** during the period of her study, under my supervision and guidance.

Signature of the Guide

Signature of the Head of the Department

Submitted for the viva voice examination held on _____

Internal Examiner

External Examiner

DECLARATION

DECLARATION

I hereby declare that this project work entitled “**EMOTIONAL INTELLIGENCE, PARENTAL STRESS AND ITS EFFECTS ON WELL BEING AMONG ADHD CAREGIVERS**”, submitted to Department of Clinical psychology, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, inpartial fulfilment of the requirement for the award of the **Degree of Master of Clinical Psychology** is the bonafide record of original project work done by **SHIVANI R (21PCP017)** during the period of her study under the supervision and guidance of **Dr. S. Srividya** , Professor and Head of the Department of Clinical psychology.

Place: Coimbatore

Signature of the candidate

Date:

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ABSTRACT

Abstract

This study explores the relationship between emotional intelligence, parental stress, and their impact on the well-being of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD). The research is based on a sample of 42 caregivers who completed standardized measures of emotional intelligence, parental stress, and well-being. The results indicated that higher levels of emotional intelligence were associated with higher levels of well-being. It also indicated that higher level parental stress can lead to lower level of well being. It indicates that emotional intelligence may mitigate the negative effects of parental stress on caregiver well-being. These findings suggest that interventions aimed at improving emotional intelligence among ADHD caregivers may help to reduce parental stress and enhance well-being in this population.

Keywords: well being, emotional intelligence, parental stress, caregivers, ADHD

INTRODUCTION

Chapter I

Introduction

Attention-deficit hyperactivity disorder (ADHD) is one of the most frequent debilitating mental disorders in the pediatric population, with prevalence rates ranging from 5 to 7.1% (Harpin, 2005). ADHD core features are inattention, hyperactivity, and impulsivity symptoms, causing significant impairment to the patient and frequently persisting until adulthood. The presence of ADHD has a deep impact not only on the patients but also in their family members. For instance, having a child with ADHD increases family, marital, and parental problems, reduces parenting efficacy, and increases the level of parental stress. Parents of ADHD children have higher parental stress guilt, increased vulnerability to depression, greater alcohol consumption, and worse quality of life.

The concept of emotional intelligence, is that, describes the ability to recognize personal emotions and how emotions trigger behaviors. It possess an adequate capacity to attend to, understand, and regulate their emotions, will have better mental health, which will ultimately benefit the mental health of their partner and family. Emotional intelligence of caregivers of mentally ill patients gets affected by taking care of these patients which disturbs the coping abilities of care givers that brings stress to their lives also. Throughout the process of child development, emotions evidence a vital role. This conceptual analysis focuses on the significant position of emotional intelligence of care givers. In studies on caregiving, high levels of perceived burden are commonly considered as synonymous with poor well-being.

ADHD

Definition

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur

in the moment without thought).(APA)

Early Findings

ADHD is considered a chronic and debilitating disorder and is known to impact the individual in many aspects of their life including academic and professional achievements, interpersonal relationships, and daily functioning (Harpin, 2005). ADHD can lead to poor self-esteem and social function in children when not appropriately treated (Harpin, 2013).

Adults with ADHD may experience poor self-worth, sensitivity towards criticism, and increased self-criticism possibly stemming from higher levels of criticism throughout life (Beaton, et al., 2022).

An estimated 8.4% of children and 2.5% of adults have ADHD (Danielson, 2018; Simon, et al., 2009). ADHD is often first identified in school-aged children when it leads to disruption in the classroom or problems with schoolwork. It is more commonly diagnosed among boys than girls given differences in how the symptoms present. However, this does not mean that boys are more likely to have ADHD. Boys tend to present with hyperactivity and other externalizing symptoms whereas girls tend to have inactivity.

Symptoms and Diagnosis

Many children may have difficulties sitting still, waiting their turn, paying attention, being fidgety, and acting impulsively. However, children who meet diagnostic criteria for ADHD, differ in that their symptoms of hyperactivity, impulsivity, organization, and/or inattention are noticeably greater than expected for their age or developmental level. These symptoms lead to significant suffering and cause problems at home, at school or work, and in relationships. The observed symptoms are not the result of an individual being defiant or not being able to understand tasks or instructions.

Three Main Types of ADHD

- Predominantly inattentive presentation.
- Predominantly hyperactive/impulsive presentation.

- Combined presentation.

A diagnosis is based on the presence of persistent symptoms that have occurred over a period of time and are noticeable over the past six months. While ADHD can be diagnosed at any age, this disorder begins in childhood. When considering the diagnosis, the symptoms must be present before the individual is 12 years old and must have caused difficulties in more than one setting. For instance, the symptoms can not only occur at home.

***Inattentive Type.** Inattentive refers to challenges with staying on task, focusing, and organization. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:*

- Doesn't pay close attention to details or makes careless mistakes in school or job tasks.
- Has problems staying focused on tasks or activities, such as during lectures, conversations or long reading.
- Does not seem to listen when spoken to (i.e., seems to be elsewhere).
- Does not follow through on instructions and doesn't complete schoolwork, chores or job duties (may start tasks but quickly loses focus).
- Has problems organizing tasks and work (for instance, does not manage time well; has messy, disorganized work; misses deadlines).
- Avoids or dislikes tasks that require sustained mental effort, such as preparing reports and completing forms.
- Often loses things needed for tasks or daily life, such as school papers, books, keys, wallet, cell phone and eyeglasses.
- Is easily distracted.
- Forgets daily tasks, such as doing chores and running errands. Older teens and adults may forget to return phone calls, pay bills and keep appointments.

Hyperactive/Impulsive Type. *Hyperactivity refers to excessive movement such as fidgeting, excessive energy, not sitting still, and being talkative. Impulsivity refers to decisions or actions taken without thinking through the consequences. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:*

- Fidgets with or taps hands or feet, or squirms in seat.
- Not able to stay seated (in classroom, workplace).
- Runs about or climbs where it is inappropriate.
- Unable to play or do leisure activities quietly.
- Always “on the go,” as if driven by a motor.
- Talks too much.
- Blurts out an answer before a question has been finished (for instance may finish people’s sentences, can’t wait to speak in conversations).
- Has difficulty waiting for his or her turn, such as while waiting in line.
- Interrupts or intrudes on others (for instance, cuts into conversations, games or activities, or starts using other people’s things without permission). Older teens and adults may take over what others are doing.

Combined Type. *This type of ADHD is diagnosed when both criteria for both inattentive and hyperactive/impulse types are met.*

ADHD is typically diagnosed by mental health providers or primary care providers. A psychiatric evaluation will include a description of symptoms from the patient and caregivers, completion of scales and questionnaires by patient, caregivers and teachers, complete psychiatric and medical history, family history, and information regarding education, environment, and upbringing. It may also include a referral for medical evaluation to rule out other medical conditions.

Care Giving

Definition

The etymology of caregiving defined by the Oxford English Dictionary (2010) is as characterized by

attention to the needs of others, especially those unable to look after themselves adequately; professionally involved in the provision of health or social care; (b) n. attention to the needs of a child, elderly person, invalid, etc.

Drentea (2007) refers to caregiving as

“the act of providing unpaid assistance and support to family members or acquaintances who have physical, psychological or developmental needs”

Types of Care Givers

Family Caregiver. A family caregiver is a relative who provides emotional, financial, nursing, social, homemaking, and other services on a daily or intermittent basis for an ill or disabled loved one at home. Most family caregivers volunteer their time, without pay, to help with the care needs of a loved one.

Professional Caregiver. A professional caregiver is hired to provide care for a care recipient. These caregivers can provide medical or non-medical care in the home or a facility. Their career is to assist another person in a way that enables them to live as independently as possible. Professional caregivers work for an agency, and the care recipient hires the agency to provide care.

Independent Caregiver. The term independent caregiver is commonly used to describe a home care professional who does not work for an agency. An independent caregiver is employed directly by the family. There is no intermediary agency between the care recipient and the caregiver.

Private Duty Caregiver. A private duty caregiver can provide a broad range of services, from medical and nursing care to bill paying and transportation services. Their goal is to provide whatever the senior and their family needs for them to remain independent in their own homes. These caregivers can work for 3rd party agencies or independently.

Informal Caregiver. An informal caregiver, typically a family friend or neighbor, provides care, typically unpaid, to someone with whom they have a personal relationship. This differs slightly from a family caregiver in that an informal caregiver is typically not directly related to the care recipient.

Volunteer Caregiver. A volunteer caregiver usually works in either respite or hospice care. A volunteer provides breaks for someone who is caring for an adult with a disability, chronic illness, or frailty. They provide non-medical companionship, supervision, and a friendly new face for a person with special needs so that the caregiver has some time away. A volunteer is commonly perceived by hospice care recipients and families as ordinary members of their local community. This relationship provides a feeling of normality for them, as well as their families and friends.

Stress

Definition

In general, stress can be defined as “a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioral changes that are directed either towards altering the stressful event or accommodating to its effects” (Baum, 1990)

Stress Theories

James-Lange: Theory of Emotion. The theorists William James and Carl Lange might have separately proposed their respective theories on the correlation of stress and emotion, but they had a unified idea on this relationship - emotions do not immediately succeed the perception of the stressor or the stressful event; they become present after the body’s response to the stress. For instance, when you see a growling dog, your heart starts to race, your breath begins to go faster, then your eyes become wide open. According to James and Lange, the feeling of fear or any other emotion only begins after you experience these bodily changes. This means that the emotional behavior is not possible to occur unless it is connected to one’s brain.

Cannon-Bard: The Emergency Theory. This theory is quite the opposite of what James and Lange proposed. According to theorist Walter Cannon, emotion in response to stress can actually occur even when the bodily changes are not present. Cannon said that the visceral or internal physiologic response of one’s body is more slowly recognized by the brain as compared with its function to release emotional response. He attempted to prove his theory by means of creating the so-called “decorticated cats”, wherein the neural connections of the body are separated from the cortex in the brain of the cats. When faced with a stressful response, the decorticated cats showed emotional behavior which meant feelings of aggression and rage. This emotion was then manifested by bodily changes such as baring of

teeth, growling and erect hair.

To further enhance Cannon's theory, theorist Philip Bard expanded the ideals of Cannon by arguing that a lower brain stem structure called the thalamus is important in the production of emotional responses. According to Bard, the emotional response is released first, and then sent as signals by the thalamus to the brain cortex for the interpretation alongside with the sending of signals to the sympathetic nervous system or SNS to begin the physiologic response to stress. Therefore, this theory argues that emotional response to stress is not a product of the physiologic response; rather, they occur simultaneously.

The Schachter-Singer Theory. Theorists Stanley Schachter and Jerome Singer argued that the appropriate identification of the emotion requires both cognitive activity and emotional arousal in order to experience an emotion. Attribution, or the process wherein the brain can identify the stress stimulus producing an emotion is also proposed by [Schachter and Singer](#). The theory explains that we become aware of the reason behind the emotional response, and when the reason is not obvious, we start to look for environmental clues for the proper interpretation of the emotion to occur.

Parental Stress

Definition

“parenting stress is the discrepancy between the resources required for the parental role and the perception of being able to cope with them”.(Abidin,1995)

“parental stress” as stress that parents experience not only because of childrearing, but also due to their social and environmental circumstances, responsibilities, and everyday life. The term “parental stress” acknowledges that there is a greater context for the stress parents experience .(Belsky, 1984)

Theory of Parental Stress

Lazarus describes a classic stress model that outlines the experience of stress. The model identifies four distinct aspects of parental stress, each of which is described with an example .

Agent of Stress. Agents of stress can be anything a parent perceives as a demand that is difficult to meet (Patnaik, 2014). Balancing time between work and family, health care bills,

transportation issues, and expectations of others are all agents that can cause stress in parents. Health factors such as having a child with special needs (Ammari, Morris, & Schoenebeck, 2014), autism (Hastings et al., 2005), developmental disabilities or chronic illness (Eccleston et al., 2012) can add to financial strain and parental stress. Economic demands can also be agents of stress (Ponnet, Leeuwen, & Wouters, 2014; Wadsworth et al., 2013). Financial disagreements have been associated with divorce, and divorce alone has been shown to increase parental stress. Most parents consistently experience multiple agents of stress in their lives. Some agents of stress are more salient within specific cultures. For example, when inquiring about agents of stress in Hispanic adolescents, researchers identified unique culturally related stressors related to acculturation, discrimination, and immigration (Cervantes et al., 2014).). Cross-cultural differences were also observed between Korean and American mothers. Korean mothers reported greater parenting stress, yet experienced lower child behavior problems than American mothers; however, the American mothers associated their parenting stress with their child's behavior more than Korean mothers (Chung et al., 2013).

Appraisal of Stress .Parents vary widely in their evaluation of stressful events, depending on variables in the environment and within the person. "People are selective both in what they pay attention to and in what their appraisals take into account" . For example, if a mother was expecting a higher energy bill because she turned up the heat in the winter, she may evaluate the stress of seeing a high bill as manageable. However, if she did not expect the higher energy bill, she may evaluate it as overwhelming and stressful. Accessibility to socio-economic resources and economic strain have been linked to the appraisal of stress (Leininger & Kalil, 2014; Kulick & HeineCohen, 2011). Mothers who recently experienced divorce perceive their situation as more stressful if they have fewer social and economic resources and a lower level of education compared to mothers with more socio-economic resources and education. Leininger and Kalil (2014) discuss evidence that feelings of economic

The Agent of Stress The person or thing that instigates stress. A child whining for a piece of candy.

The Appraisal of Stress How a parent interpretes the stress (can range from postive to negative). My child is behaving this way because she's tired."

Coping Mechanisms How a parent copes with the behavior.

Deciding to speak directly with the child about exhibited behavior and expected behavior.

The Stress Reaction . Parental stress strain may come from major events such as losing a job as

much as how one appraises those events. For example, persistent worry and uncertainty about the future leads one to feel more economic strain than income loss alone (Leininger & Kalil, 2014). The appraisal of stress may also differ by racial and ethnic groups. For example, one study showed that economic strain, defined as a parent's subjective evaluation of current financial status, was significantly associated with increased behavior problems for white children, but not for black children (Leininger & Kalil, 2014). These results were present even when economic experiences and family psychosocial factors were taken into account (Leininger & Kalil, 2014).

Coping Mechanisms . The appraisal of stress influences which coping mechanism(s) a parent will use. Appraising a circumstance as tolerable can promote adaptive coping, while appraising a situation as overwhelming may lead to maladaptive coping. Parents have a range of adaptive and maladaptive coping mechanisms. Examples of adaptive coping mechanisms include problem solving, emotional regulation, and seeking of social support. Examples of maladaptive coping mechanisms include avoiding the source of stress (for example, through substance abuse), or dissociating in such a way that leads to further stress (for example, leaving a situation where parental guidance is needed). It's important to note that some coping behaviors can be adaptive in some circumstances and maladaptive in others. For example, avoiding the source of stress could be adaptive when experiencing partner abuse, yet avoiding parenting responsibilities when overwhelmed could be maladaptive. Lee and Mason observed cultural differences in coping between Korean Americans and Caucasian Americans. Although Korean-Americans showed more avoidant coping strategies than Caucasian-Americans, they also displayed more problem and emotion-focused coping than Caucasians. Coping strategies matter in parenting, and are discussed at greater length later in this review.

Stress Reaction . The process of experiencing a stressful event, evaluating that event, and choosing a coping mechanism usually happens very quickly, resulting in a stress reaction from the parent. Stress reactions are both what a person feels and how that person acts in response to the stressful event. The stress reaction is where coping behaviors are deployed. Behavioral responses to stress can range from taking a deep breath, taking a small break from a situation, yelling, using physical aggression, using substances, etc. The behavior someone exhibits in response to stress impacts the way they feel both in the moment and in the future. For example, adaptive coping strategies can lead to

positive emotional reactions and lower blood pressure while some maladaptive coping strategies have been associated with headaches and increased substance use (Patnaik, 2014). Stress reactions not only impact the way a parent acts and feels in a situation, but also can have further implications in a parent's life. For example, when adults experience conflict about finances and react by yelling, eye rolling, and other negative actions, the likelihood of divorce increases compared to couples who address conflict with calm discussion. (Dew, Britt, & Huston, 2012).

Emotional Intelligence

Definition

“The ability to monitor one's own and others' feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions”. ([Salovey & Mayer, 1990](#))

Mayer and Salovey Four-Branch Model of EI

The EI model espoused by Mayer and Salovey ([1997](#)). This model proposes that four fundamental emotion-related abilities comprise EI: (1) perception/expression of emotion, (2) use of emotion to facilitate thinking, (3) understanding of emotion, and (4) management of emotion in oneself and others.

1. Perception of Emotion. Perception of emotion refers to people's capacity to identify emotions in themselves and others using facial expressions, tone of voice, and body language. Those skilled in the perception of emotion also are able to express emotion accordingly and communicate emotional needs.

2. Use of Emotion to Facilitate Thinking. Using emotion to enhance cognitive activities and adapt to various situations is the second component of EI. People who are skilled in this area understand that some emotional states are more optimal for targeted outcomes than others. Individuals who have developed and practiced this area of EI actively generate emotions that support certain tasks or objectives.

3. Understanding of Emotion. EI also includes the ability to differentiate between emotional states, as well as their specific causes and trajectories. Feelings of sadness or disappointment can result from the loss of a person or object, such as your concert tickets. Successfully discriminating between negative emotions is an important skill related to understanding of emotion, and it may lead to more effective emotion management .

4. Management of Emotion. Emotion management includes the ability to remain open to a wide range of emotions, recognize the value of feeling certain emotions in specific situations, and understand which short- and long-term strategies are most efficient for emotion regulation.

Daniel Goleman Theory of Emotional Intelligence

The notion EI of consisting of five different components was first introduced by Daniel Goleman (1995), who expanded the four branches of Mayer et al.'s emotional intelligence model .They are: identifying emotions on a nonverbal level, using emotions to guide cognitive thinking, understanding the information emotions convey and the actions emotions generate, and regulating one's own emotions) to include emotional self-awareness, self-regulation, social skills, empathy, and motivation.

The five components of EI are :

1. Self-awareness. Self-awareness refers to the capacity to recognize and understand emotions and to have a sense of how one's actions, moods and the emotions of others take effect. It involves keeping track of emotions and noticing different emotional reactions, as well as being able to identify the emotions correctly. Self-awareness also includes recognizing that how we feel and what we do are related, and having awareness of one's own personal strengths and limitations. Self-awareness is associated with being open to different experiences and new ideas and learning from social interactions.

2. Self-regulation. This aspect of EI involves the appropriate expression of emotion. Self-regulation includes being flexible, coping with change, and managing conflict. It also refers to diffusing difficult

or tense situations and being aware of how one's actions affect others and take ownership of these actions.

3. Social skills. This component of EI refers to interacting well with other people. It involves applying an understanding of the emotions of ourselves and others to communicate and interact with others on a day-to-day basis. Different social skills include – active listening, verbal communication skills, non-verbal communication skills, leadership, and developing rapport.

4. Empathy. Empathy refers to being able to understand how other people are feeling. This component of EI enables an individual to respond appropriately to other people based on recognizing their emotions. It enables people to sense power dynamics that play a part in all social relationships, but also most especially in workplace relations. Empathy involves understanding power dynamics, and how these affect feelings and behavior, as well as accurately perceiving situations where power dynamics come into force.

5. Motivation. Motivation, when considered as a component of EI, refers to intrinsic motivation. Intrinsic motivation means that an individual is driven to meet personal needs and goals, rather than being motivated by external rewards such as money, fame, and recognition. People who are intrinsically motivated also experience a state of 'flow', by being immersed in an activity. They are more likely to be action-oriented, and set goals. Such individuals typically have a need for achievement and search for ways to improve. They are also more likely to be committed and take initiative.

Well Being

Definition

“Wellbeing is a term used synonymously with a wide range of concepts including self-esteem, self-efficacy, self-determination, resilience, quality of life, mood enhancement, positive mental health, life satisfaction, and worthwhileness”.(Huppert, 2017).

Theories of Well Being

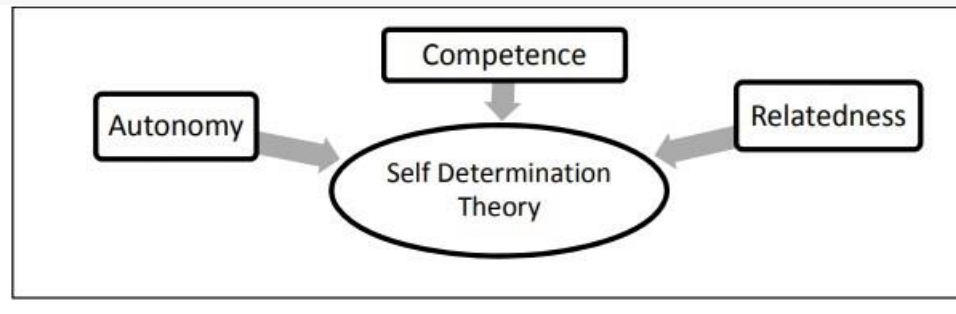
Subjective Well-being (SWB) .Subjective Well-being (SWB) theory refers to individual's dimensions of satisfaction judgement, pleasant emotion and moods (positive affect), and lack of unpleasant emotion and mood (negative affect; (Diener 1984b; Diener et al. 1985). Subjective well-being is understood to be the sum of cognitive and emotional evaluations of their lives ; whereas life satisfaction can be regarded as a more cognitive component of SWB as it refers to a cognitive judgmental process by which a person assesses her quality of life (Diener et al. 1999). On the other hand, happiness by maximizing positive affect and minimizing negative affect are regarded as an affective component of SWB (Lyubomirsky et al. 2005; Lyubomirsky et al. 2005). 6 Most studies use a single item scale to ask general evaluation using interchangeably the word "happy" or "satisfied", such as "Taking your life in general as consideration would you consider yourself to be happy or satisfied?" (Alesina et al. 2004; Binswanger 2006; Brickman et al. 1978; Cuñado & Gracia 2011; Lyubomirsky et al. 2005; Pedersen & Schmidt 2011). There are ample studies, which have validated the single item Life Satisfaction scale (Diener et al. 1985) across countries, age and gender, for well-being measurements (Arrindell et al. 1999; Clench-Aas et al. 2011; Sachs 2001; Silva et al. 2015; Tomás et al. 2015). A recent publication from Latin America on validating the Satisfaction with Life Scale across countries, gender and age, support a single-factor structure as well as the internal consistency of the scale . Results from measuring SWB in many countries show that there is a positive correlation between SWB and the wealth of nations (including having more human rights, equality, freedom, low unemployment rate, effective government, less corruption. Wealthier people tend to have higher SWB on average, and poorer people tend to have lower SWB. In countries with generous health care and healthier environment, people have higher subjective well-being .

The psychological component of well-being .The study of the psychological component of well-being is pioneered by Ryff (1989, 2014), who emphasises optimal psychological functioning for the development and self-realization of the individual. Ryff claims that happiness is a shortterm affective well-being (hedonic approach); in order to achieve sustainable well-being, one needs to shift from satisfaction with life to a sense of meaning in life, and being true to one's inner self (eudaimonic

perspective). She proposes six multiple facets of psychological functioning, as follows: 1. Self-acceptance: the knowledge and acceptance of oneself, including awareness on personal limitations; 2. Positive relations: the depth of the connections with significant others; 3. Personal growth: the continued growth and development as a person; 4. Purpose in life: the pursuit of meaningful goals and a sense of purpose in life 5. Autonomy: a sense of autonomy in thought and action; 6. Environmental Mastery: the ability to manage complex environments to suit personal needs and values. One criticism of Ryff's theory is that it gives too much emphasis on environmental mastery, which refers to the power of human beings to modify and intervene to transform the environment, while neglecting the positive functionings, such as purposeful engagement in life, realization of personal talents and capacities, and enlightened selfknowledge. Ryff revisited her theory and found that one important modality for sustainable well-being is resilience – the capacity to maintain or regain well-being in the face of hardship. Further, according to Ryff, High level of well-being is progressing parallel with the developmental tasks of adult life, although aging itself has been accompanied by declines in purpose in life and personal growth; Well-being changes as individuals negotiate challenges of adult life, such as social comparisons, community involvement, work and family life, parenting; 7 • Cultural differences on work and family influence well-being; • Increasing of health protective features of psychological well-being in reducing risk for disease and promoting length of life.

Social Well-being Theory .Unconvinced with SWB and theories detailing the psychological component of wellbeing, Keyes (1998) introduced the dimension of social well-being, pointing out that wellbeing is “the appraisal of one’s circumstance and functioning in society. Individuals remain embedded in social structures and communities, and face countless social tasks and challenges, including: 1. Social integration: the evaluation of the quality of one’s relationship to the society and community; 2. Social acceptance: the construal of society through the character and qualities of the other people as generalized category (trust others, think that others are capable of kindness; a social counterpart to self-acceptance; 3. Social contribution: the evaluation of one’s social value (belief that one is a vital member of society with something to give to the world); 4. Social actualization: the evaluation of the potential and the trajectory of society (evolution of society and potential); 5. Social Coherence: the perception of the quality, organization and operation of the social world; includes a

concern of knowing about the world. Social Well-being theory can be applied to study individual's capacity for adaptation and integration into the society, such as the case of migration, refugee or asylum seekers.



Quality of Life Theory. Veenhoven (1994; 1999; 2006; 2014), a sociologist, has devoted three decades to studying quality of life. He conducted a seminal meta-analytic literature review and summarized it in The Quality of Life Matrix model, by looking into variants of potential quality of life: outer opportunities vs inner qualities of human being in two life domains: life chances and life results. The matrix shows different ways of looking at quality of life; once individuals make use of their outer opportunities and inner qualities, their quality of life can be seen in the life result domain. The result is the reflection of one's appraisal of one's environment and value for oneself. 1. Live-ability of the environment means good living conditions, a quality of society as a whole. Economists may refer to it as welfare; ecologists see liveability in the natural environment and describe it in terms of global warming. 2. Life-ability of the person means inner life chances; how well we are equipped to cope with the problems with life. Psychologists may refer to this as self-efficacy or intelligence/potency or self-actualization; biologist refers to it as adaptive potential; medical perspective refers to this quality of life based on the absence of functional defects, such as physical and mental illness. Nussbaum and Sen (1993) introduced a similar concept called the Capability approach which stipulates that in order to achieve a quality of life, a person needs to have three factors: functioning (achievement of a person), freedom (range of choice & autonomy for judgment/measurement of quality of life) and conversion efficiency (ability of person to convert his/her resources into functioning's given his/her freedom; depends on individual, society and environment). 3. Utility of life is the external worth of life result. A good life is a meaningful life for others, such as contribution to the society, pro-social behaviour, environmentally friendly living, virtuous living, and is often presented as the essence of true happiness.

4. Appreciation of life is the inner appraisal of life result, or eminently worded as Subjective well-being, life satisfaction and happiness.

Four qualities of life Model, adapted from Veenhoven (2006)

	<i>Outer qualities</i>	<i>Inner qualities</i>
<i>Life chances</i>	<p>Live-ability of environment</p> <ul style="list-style-type: none"> • Ecological: Climate, clean air, housing • Social: Freedom, equality • Economical: Wealth, social security • Cultural, etc. 	<p>Life-ability of the person</p> <ul style="list-style-type: none"> • Physical health • Mental health • Knowledge • Skills: Intelligence, manner • Art of Living, etc.
<i>Life results</i>	<p>Usefulness of Life / Objective utility of life</p> <ul style="list-style-type: none"> • External Utility; For intimates: rearing children; For society: being a good citizen • Moral perfection: Authenticity, compassion, tolerance 	<p>Subjective appreciation of life</p> <ul style="list-style-type: none"> • Appraisal of life aspects: job Satisfaction • Prevailing moods: depression • Overall appraisals: Affective: General mood level; Cognitive: Contentment with life

Need for the study

Caregivers of children with ADHD are at a higher risk of experiencing stress and burnout due to the constant demands of caring for a child with a challenging behavior. This stress can lead to negative outcomes for both the caregiver and the child. Emotional intelligence is the ability to recognize and manage one's own emotions and those of others. Caregivers with higher levels of emotional intelligence may be better equipped to handle the stress and demands of caregiving, leading to better outcomes for both the caregiver and child.

Parental stress can have a negative impact on the well-being of caregivers, leading to physical and mental health problems. Understanding the relationship between emotional intelligence, parental stress, and well-being can inform interventions to improve the health and well-being of ADHD caregivers. Thus, a study on emotional intelligence, parental stress, and their effects on the well-being of ADHD caregivers can inform interventions to improve the health and well-being of caregivers and their children. It can also contribute to the understanding of the impact of caregiving on parental stress and well-being, which can inform policy and resource allocation for families affected by ADHD.

Objectives

- To examine the influence of emotional intelligence on well being .
- To examine the influence of parental stress on well being.

REVIEW OF LITERATURE

Chapter II

Review of Literature

It is observed that Parenting can be challenging, but it's important to remember that the parent can do the best to the child as much as possible . Taking care of the own mental health is important for both the self and the child. It is important to develop emotional intelligence can lead to greater success in both personal and professional relationships. It creates more self-awareness, empathy, and resilience, which are all key factors in achieving a fulfilling and meaningful life. Psychological and social well-being is a key part of feeling happy and being able to function day-to-day. It is important for the individual to develop healthy relationship with the family.

The objectives of the study :

Based on the above understanding, the present study has tried

- ❖ To explore the relationship on Emotional Intelligence, Parental Stress and it's effects on Well Being among ADHD Care givers .

With the above objectives, a detailed review of literature has been done on

- ❖ Emotional Intelligence
- ❖ Parental Stress
- ❖ Well Being

Parental Stress and Well Being

Fridman, Banaschewski, Sikirica, Quintero, Erder & Chen (2017) conducted a online study in the Caregiver Perspective on Pediatric ADHD survey which was fielded in ten European countries.

Analysis included children/adolescents (6–17 years) who were receiving/had received ADHD pharmacotherapy in the previous 6 months. Caregivers recorded their child's/adolescent's symptoms “on”/“off” medication. Effects of ADHD severity, comorbidities, and medication adherence on each burden outcome were assessed . In total, 2,326 caregivers were included . Caregivers reported

missed/altered work, avoiding social activity, increased parental worry/stress, poor well being and strain on family life despite using pharmacotherapy. Child/adolescent comorbidities and ADHD severity were significantly related to all burden concepts. The study showed that Caregivers have increased stress and poor well being despite using pharmacotherapy

Andrade, Geha, Duran, Suwwan, Machado & Do Rosario (2016) investigated the caregivers of ADHD children treated at the Child and Adolescent Psychiatric Unit at the Federal University of São Paulo (UPIA-UNIFESP) and the adult diabetic patients. This comparative study included 63 ADHD Caregivers and 52 diabetic patients. The subjects were assessed with the World Health Organization quality of Life-Brief Version (WHOQOL-BREF), the Beck and Hamilton depression scales, and the Adult Self-Report well being Scale. Comparatively ADHD caregivers had significantly lower scores in the social relations and environment WHOQOL domains. ADHD affects the QoL of the patient's caregiver, with a similar impairment. The QoL and well being were reduced in the caregiver of diabetic patients. These results emphasize the need for assessing the stress, QoL and well being of the caregivers as part of the treatment strategies. The study emphasizes that ADHD patient, child and adolescent psychiatric unit, adult diabetic patients affects the Well being, Quality of life and stress of the caregiver.

Lovell, Moss, & Wetherell, (2012) examined a study on the positive relationship between problem behaviours of children with additional complex needs and psychological distress, well being in their caregivers has been widely evidenced. This study examined the psychological, endocrine and health correlates of child problem behaviours in caregivers of children with autism and attention deficit hyperactivity disorder. The study sample included 18 Caregivers ($n = 18$) completed self-report measures of psychological distress, child problem behaviours and incidences of commonly occurring ailments. To capture important parameters of the basal diurnal cortisol pattern, caregivers collected saliva samples at waking, 30 min post waking, 1200 h and 2200 h on two consecutive weekdays. Data

revealed a relationship between caregivers' perceived levels of stress and well being problems with ASD and ADHD child behaviours. This study shows a relationship between caregivers perceived level of stress and well being problems faced by caregivers of ASD and ADHD caregivers

Rockhill, Violette, Stoep, Grover, & Myers (2013) conducted a study on the care givers distress. The study evaluates the additive effects of children's comorbid conditions with attention-deficit/hyperactivity disorder (ADHD) in relation to caregivers' distress, in a clinical trial conducted through telemental health (TMH). The Children's ADHD Telemental Health Treatment Study (CATTSS) trial recruited 223 children and their caregivers. Diagnoses of ADHD and comorbid oppositional defiant disorder (ODD) and anxiety disorders (ADs) were established with the Child Behavior Checklist. Caregivers' distress was assessed with the Patient Health Questionnaire-9, Parenting Stress Index, and Caregiver Strain Questionnaire. The parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, burnout and reduced well being than ADHD caregivers. The study shows that The parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, burnout and reduced well being than ADHD care givers.

Tseng, Tsai, Chen, Hsiao, Chou & Yen (2021) examined the factors related to the poor general mental health state of the caregivers of children with ADHD during the COVID-19 pandemic, including (1) difficulties of caregivers in asking their child to adopt protective behaviors against COVID-19, (2) difficulties of caregivers in managing the child's daily performance, and (3) worsened symptoms in children. In total, 161 caregivers completed an online questionnaire to provide data regarding their general mental health state and difficulties in asking their child with ADHD to adopt protective behaviors against COVID-19 and in managing the child's after-school learning, sleep routine, and internet use, as well as worsened psychological symptoms. The results of multivariate logistic regression analysis demonstrated that caregivers' difficulties in managing ADHD children's self-protective behaviors and after-school learning and the children's worsened emotional symptoms were significantly associated with

poor caregiver general mental health state. An intervention that enhances the mental health of caregivers of children with ADHD during the COVID-19 pandemic by addressing their difficulties in managing the children's behaviors. The psychological well being and stress of caregiver is warranted during covid-19 which had a adverse effects . The study shows that during covid-19, the caregivers faced difficulties in managing the children's behaviour. The psychological well being and stress of caregiver were affected among the ADHD caregivers .

Sikirica, Flood, Dietrich, Quintero, Harpin, Hodgkins, & Erder (2015) examined the study to explore the unmet needs of children with ADHD and their caregivers in eight European countries. Semi-structured interviews with 38 caregivers of children/adolescents (aged 6–17 years) with ADHD and no or less serious comorbidities and 28 adolescents (aged 13–17 years) with ADHD and no or less serious comorbidities were conducted, audio-recorded, transcribed into English, and coded for analysis. Caregivers reported their own ADHD-related issues, including making personal accommodations, such as limiting activities and spending extra time/effort caring for their child/adolescent, social impacts, and strained relationships. However, most children experience core ADHD symptoms while on medication . Adolescents often reported schoolwork difficulties and peer issues , while caregivers reported school issues ,stress ,poor well being and peer difficulties . Caregivers reported minimal ADHD education and community support. European caregivers of children/adolescents with ADHD identified multiple unmet needs, which persist despite treatment. The study claims that the caregivers reported poor well being , peer difficulties, multiple unmet needs and stress among ADHD caregivers

Cadman, Eklund, Howley, Hayward, Clarke, Findon, & Glaser (2012) conducted an observational study of 192 families caring for a young person (aged 14 to 24 years) with a childhood diagnosis of ASD or ADHD (n = 101 and n = 91, respectively) in the United Kingdom. A modified stress-appraisal

model and well being scale was used to investigate the correlates of caregiver burden, stress and well being. The results show that both disorders were associated with a high level of caregiver burden ,stress and reduced well being . This comparative study among ASD and ADHD caregiver resulted that both disorders were associated with a high level of caregiver burden ,stress and reduced well being .

Zhao, Page, Altszuler, Pelham, Kipp, Gnagy, & Pelham (2019) examined the study to estimate the burden to families of raising a child with attention-deficit/hyperactivity disorder (ADHD). Data were drawn from a longitudinal sample recruited in western Pennsylvania. When participants were between 14 and 17 years old, parents completed a questionnaire assessing economic burden over the course of raising their children. Parents of participants with ADHD were more likely to have changed their job responsibilities or been fired and reported lower work efficiency with higher stress and reduced well being . The study infers that the ADHD caregivers have been fired and reported lower work efficiency with higher stress and reduced well being due to economic burden.

Noonan & tennstedt (2017) did a multivariate study and examined the relationship between meaning in care giving – positive beliefs about the caregiving situations and the self as caregiver- and the psychological well-being of 131 informal caregivers to community – residing frail elders. Measures of well-being included depression, Stress, and role of self. Meaning in caregiving explain a significant portion of the differences in Stress and well being scores even after demographic had been controlled. Thus ,the stress and the psychological well being were negatively corelated . The conceptual parametes of meaning in caregiving disuccsed, has a directions for future research. The study claims that the psychological well being and the stress are the parameters that are related each other, infering that high stress can lead to low psychological well being

Hernández-Otero, Doddamani, Dutray, Gagliano, Haertling, Bloomfield & Ramnath (2015) designed

a survey to compare stress in parents of children/ adolescents with/without attention-deficit/hyperactivity disorder (ADHD) in six European countries and Canada when children prepare to return to school. Parents of children/adolescents (6–17 years) with/without ADHD were recruited and interviewed by a consumer research organization. Parents rated potentially stress-causing situations. The results show in Europe, 613/693 and in Canada, 102/150 parents of children with/without ADHD respectively participated in the survey. Parents in the ADHD group showed higher stress levels and reduced well being than parents in the non-ADHD group. The return to school was considered one of the most stressful events during the year. The study concludes that the parents in the ADHD group showed higher stress levels and reduced well being than parents in the non-ADHD group

Cramm & Nieboer (2011). examined that Parental stress has been identified as a major affecter of caregivers' psychological well-being and a risk increaser for unwillingly placing children with disabilities in the care of others.. This study aims to characterize caregivers of children with intellectual disabilities who are about to seek outside support and care and to identify the conditions under which psychological well-being and parental stress are affected using parental stress as a mediating factor. The results found that parental stress and the child's depressive feelings strongly affected psychological well-being of care givers . We also found an indirect relation of restricted caregiver social activities through parental stress. To protect psychological well-being of caregivers, support services should address depressive feelings among children with intellectual disabilities, facilitate caregivers' social activity, and reduce stress. The study shows that the parental stress is affected due to childs depressive feelings which indirectly affects the stress of the caregiver.

Musil, Morris, Warner, & Saeid (2013) examined whether support from care recipients' primary care providers affects the stress and health of caregivers. This twoyear longitudinal study addressed changes in caregivers' mental and physical health, both self-assessed and evaluated by professional nurse practitioners in physical examinations, and the effects of provider support on caregivers' health. Randomly selected participants from three previous studies plus a group of volunteer Alzheimer's

caregivers constituted the sample. Of 254 eligible individuals, 150 agreed to participate, but by time 2, care recipient deaths and other reasons had reduced the number of caregivers to 99. Participants showed significant increases in stress and well being and service use but declines in all areas of health and in provider support. The study infers that there is significant increases in stress and well being among Alzheimer's caregivers

Uddin, Alharbi, uddin , Hossain, Hatipoğlu, Long, & Carson (2020) examined how parenting stress mediates and family resilience moderates the associations of adverse childhood experience ACE with children's mental health and attention-deficit/hyperactivity disorder (ADHD) outcomes. Exposure to adverse child experience (ACE) has harmful consequences for care giver health and well-being. However, it is less clear how different social processes may amplify or mitigate the effects of ACE on children's mental health This secondary data analysis included 44,684 children aged 6–17 years from the 2016–17 National Survey of Children's Health (NSCH). Parenting stress and well being mediated 57% of the total effect of ACE on any mental health condition and 60% of the total effect of ACE on ADHD diagnosis. Parenting stress and well being were mediated with the total effect of ACE of children in the caregivers .

caregiver stress and child behavior problems when they controlled for other factors, such as ASD severity and intellectual functioning (Study 1 and 2). However, Study 1 indicated that when the children were very young (2:6–4:0 years), ASD severity related most strongly to parenting stress and less emotinal intelligence . In addition, both Study 1 and Study 2 indicated that parenting stress at Time 1 was a stronger predictor of child behavior problems at Time 2, rather than vice versa. The study shows that the parenting stress is the strong predictor of child behavior problems

Parental Stress and Emotional Intelligence

Finzi-Dottan, Triwitz, & Golubchik (2011) conducted a study to investigate stress-related growth in 71 parents of children with ADHD, compared with 80 parents of non-clinical children. The study investigated the contribution of emotional intelligence (individual characteristics), social support (environmental factors), parental self-efficacy, parental stress and perceptions of parenting as a challenge vs. a threat (cognitive processing). Results indicated that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children, emphasizing that this personal trait is especially relevant to coping with on-going parental strain; whereas social support made a greater contribution to growth for the parents of children with ADHD. The study indicates that emotional intelligence was the main predictor of stress-related growth among ADHD caregivers .

Snyder (2009) examined a study which focussed on empathic communication and burnout . Specifically, it explored the role of social support in reducing the likelihood of burnout among 112 caregivers from a human-services organization. The results revealed that social support helps caregivers provide better treatment to clients and reduces symptoms of burnout. Specifically, coworker support enhanced caregiver communicative responsiveness and supervisor support reduced caregiver perceptions of depersonalization. In addition, caregivers who reported high levels of emotional exhaustion indicated a desire to leave the organization. Care givers have faced higher level of stress and they had heavy emotional exhaustion during the work time . The study shows that the Care givers have faced higher level of stress and they had heavy emotional exhaustion which leads to low emotinal intelligence .

Van der Oord, Prins, Oosterlaan & Emmelkam (2006) examined informant agreement in children with ADHD and the association between parental depressed mood, parenting stress, emotinal intelligence and agreement in the ratings of ADHD, ODD and CD symptoms. The study sample

included 65 parents, completed questionnaires on ADHD behavior of their child, parenting stress and depressed mood, emotional intelligence that the teachers reported on ADHD behavior. The results shows that Low agreement was found for hyperactive and moderate agreement for inattentive, ODD and CD symptoms. It concluded that Parenting stress, but not parental depressed mood and emotional intelligence was associated with the disagreement between parents and teachers on both ADHD and ODD. These results emphasize the importance of considering parenting stress in diagnosing ADHD and comorbid ODD symptoms. These results emphasize the importance of considering parenting stress and emotional intelligence in diagnosing ADHD and comorbid ODD. The comparative study concluded that Parenting stress, but not parental depressed mood and emotional intelligence was associated with the disagreement between parents and teachers on both ADHD and ODD.

Theule, Wiener, Tannock & Jenkins (2013) conducted a meta analyses to examine findings on the association between parenting stress, emotional intelligence of ADHD. Predictors comprising child, parent, and contextual factors, and methodological and demographic moderators of the relationship between parenting stress and ADHD, were examined. Findings from 22 published and 22 unpublished studies were included. Results confirmed that parents of children with ADHD experience more parenting stress and emotional exhaustion than parents of nonclinical controls and that severity of ADHD symptoms was associated with parenting stress. Child co-occurring conduct problems and parental depressive symptomatology predicted parenting stress. Parents of children with ADHD experienced no more parenting stress than parents of other clinically referred children. Little difference in parenting stress was found between mothers and fathers, but child gender was a significant moderator of parenting stress, with lower stress levels in samples with higher proportions of girls. The study shows that the parents of children with ADHD experience more parenting stress and low emotional intelligence than parents of nonclinical controls

Yang, Jong, Hsu, & Tsai (2007) conducted a study to evaluate whether there are attention deficit/hyperactivity disorder (ADHD) subtype differences regarding psychiatric features, comorbidity pattern parenting stress and emotional intelligence profiles in an Asian population. A total of 182 ADHD children and their primary caretakers recruited from a university-affiliated hospital were surveyed. Subjects were two groups of preadolescent (6 to 12 years old) ADHD children: children with ADHD-inattentive subtype (n = 58) and ADHD-combined subtype (n = 124). Various information was collected and compared, including the child's characteristics and the primary caretaker's characteristics, and profiles obtained with the Parenting Stress Index (PSI). The results concluded that parents of children of the combined subtype experienced higher parenting stress and low emotional intelligence. They felt their children displayed qualities that made it difficult for them to fulfill their parenting roles and had low emotional intelligence. The study concluded that that parents of children of the combined subtype experienced higher parenting stress and low emotional intelligence.

Gupta (2007) conducted a research to show that parents of children with special health care needs experience more parenting stress than parents of typically developing children, but the relation between the type of disability and parenting stress, emotional intelligence is far from clear. To explore the relation between the type of disability and parenting stress, parenting stress data on the Parenting Stress Index (PSI) and emotional intelligence. The demographic information were collected from convenience samples of parents of four cohorts of children: children with ADHD, children with developmental disabilities, children with HIV infection and children with asthma, and typically developing children. Level of stress in parents of children with special needs is determined by overall nature of the disorder, with the parents of children with ADHD and developmental disorders reporting higher levels of parenting stress and low emotional intelligence than children with HIV infection, asthma, and healthy controls. The study infers that parents experience more parenting stress and Low emotional intelligence in childrens with special health care need.

Ogg, Shelleby, Santuzzi, Wendel, Alfonso, Corning & Rogers (2022) has examined the associations between child ADHD symptoms and parent involvement and has generally relied on the use of parents' retrospective reports of parent involvement and ADHD symptoms. Data were collected daily from 26 parent participants over a 2-week period. Daily surveys asked parents to report on child ADHD symptoms, parental self-efficacy, parental time/energy, and home-based involvement quality. Results indicated that parental self-efficacy mediated the association between children's inattentive symptoms and parental home-based involvement quality. These results suggest that parental self-efficacy and emotional intelligence is an important factor in explaining how children's inattention is associated with stress involvement. In addition, the association between parental time/energy and home-based involvement quality was lower when parents perceived their child to have higher levels of symptoms. The study infers that the parental emotional intelligence, parental self efficacy were associated with stress involvement.

Parental stress

Osborne & Reed (2009) examined the interaction between parenting or caregiver stress and behavior problems in children with autistic spectrum disorders (ASDs) in a two different periods. The study sample included 137 participants. Study 1 focused on very young children, and Study 2 employed a wider range of child ages; both studies assessed these factors at 2 points in time. The researchers noted a strong association between parenting or caregiver stress and child behavior problems when they controlled for other factors, such as ASD severity and intellectual functioning (Study 1 and 2). However, Study 1 indicated that when the children were very young (2:6–4:0 years), ASD severity related most strongly to parenting stress and less emotional intelligence. In addition, both Study 1 and Study 2 indicated that parenting stress at Time 1 was a stronger predictor of child behavior problems at Time 2, rather than vice versa. The study shows that the parenting stress is the strong predictor of child behavior problems

Kulkarni, Kulkarni, Ghooi, Bhatwadekar, Thatte, & Anavkar (2014) conducted a study on Stress among care givers, the impact of nursing a relative with cancer. The study involves collecting data from the cancer patients. A close-ended questionnaire that had seven sections on different aspects of caregivers' stress was developed and administered to 137 participants and purpose of conducting the survey was explained to their understanding. Data was collected in the questionnaires and was quantitatively analyzed. The study results showed that nearly 62% of caregivers were ready to ask for professional help from nurses, medical social workers and counselors to cope up with their stress and well being. Stress among caregivers ultimately affects quality of care and well being provided to the patient . The study infers that the Stress among caregivers ultimately affects quality of care and well being provided to the patient

Parental Stress

Alves, Monteiro, Bento, Hayashi, Pelegrini & Vale (2019). studied whether stressful work environment of ICUs can lead to burnout and stress .Observational survey of all caregivers from 74 of the 92 Swiss ICUs, measuring the prevalence of stress among the dementia caregivers in the work place and the pre-specified center-, patient and caregiver-related factors influencing its prevalence. The findings of opened a new frontier concerning burnout and stress in ICUs, highlighting the importance of team composition. The study infers that the prevalence of stress among dementia caregivers were high in the work place .

Leitch, Sciberras, Post, Gerner, Rinehart, Nicholson & Evans (2019) conducted a Qualitative research aimed at understanding the stress of parents of children with ADHD is limited and few interventions have been designed to directly target their stress. The study aim was to explore the stress of parents of children with ADHD using qualitative methodology. The sample size included 13 parents of children with ADHD participated in two focus groups. Parents also completed the Parenting Stress Index–Short Form. The results conclude that parents attribute their high stress to their children's

behaviour, unmet needs for support, and social stigma. Parents request support to enable them to cope and appear to represent a clinical population who require mental health care and support themselves. Future interventions directly targeting the stress of parents of children with ADHD may provide wide-ranging benefits for their children and families. The study claims that the parental stress was high among ADHD caregivers and the future interventions may benefit the caregivers .

Well Being

Hebert, Weinstein, Martire & Schulz (2016) did a research on informal caregiver well-being is a burgeoning area of investigation; 37% of the articles were published in the last five years. Evidence for the effects of caregiver were clear; the preponderance (n = 71, 86%) of studies found no or a mixed association (i.e., a combination of positive, negative, or non-significant results) between caregivers and well-being. These ambiguous results are a reflection of the multidimensionality of the informal caregiver and the diversity of well-being outcomes examined a poor well being. The study examined that there is relation in the diversity of poor well being among informal caregivers .

Werner & Shulman (2013) conducted a study to examine the association via comparison between caregivers of individuals with different developmental disabilities in addition to examining the influence of psychosocial protective factors. The study sample included Family caregivers (N = 176) of individuals with autism spectrum disorders (ASD), intellectual disabilities (ID), and physical disabilities (PD). Results showed that SWB of family caregivers was below the average normative level and especially low for caregivers of individuals with ASD. Findings from this study point the importance of supporting caregivers across the life-span in order to decrease stigma, improve social support and self-esteem and improve SWB. The study claims that the subjective well being was poor among ASD caregiver.

Mundal, Laake, Mezzich, Bjørkly & Lara-Cabrera (2021) examined to brief generic Multicultural Quality of Life of ADHD Caregivers .It is a culturally informed self-report 10-item questionnaire used

to measure health-related quality of life (QoL). Attention Deficit Hyperactivity Disorder (ADHD) in children might negatively influence the parents' QoL. **The study sample** Included a cross sectional study, 128 parents of children with ADHD were recruited to do the World Health Organization Well-being Index (WHO-5). The Results from this study shows that the stress and support of the quality of life and well being in parents of children with ADHD is affected. The Caregiver of ADHD influence the parents' QoL, well being. The study infers that the Results from this study shows that the stress and support of the quality of life and well being in parents of children with ADHD is affected

Emotional Intelligence and Well Being

Navaie-Waliser, Feldman, Gould, Levine, Kuerbis, & Donelan (2002) examined the characteristics, activities, and challenges of high-risk informal caregivers. The methods included Telephone interviews and was conducted with a nationally representative cross-section of 1002 informal caregivers.

Vulnerable caregivers with poor health or a serious health condition were compared with nonvulnerable caregivers. The results shows that Thirty-six percent of caregivers were vulnerable. Compared with nonvulnerable caregivers, vulnerable caregivers were more likely to have difficulty providing care, to provide higher-intensity care, to report that their physical health had suffered since becoming a caregiver, to be aged 65 years or older, to be married, and to have less than 12 years of education. The conclusions show that Reliance on informal caregivers without considering the caregiver's ability to provide care can create a reduced emotional intelligence, well being and potentially unsafe environment for the caregiver and the care recipient. The study claims that the ability to provide care can create a reduced emotional intelligence, well being and potentially unsafe environment for the caregiver and the care recipient.

Kontrimiene, Sauseriene, Blazeviciene, et al. (2021) conducted a Qualitative research of informal caregivers' personal experiences caring for older adults with dementia in Lithuania. The present study aimed to determine the personal experiences of such caregivers, which could be instrumental for developing the emotional intelligence and there is means of improving the quality of care and well being for both care receivers and their informal caregivers. The methods included Five semi-structured focus-group and discussions were held. The participants (n = 31) were all informal caregivers of older adults with dementia. This study revealed, among the informal caregivers, a variety of experiences, contradicting feelings, and problem-solving strategies relating to the care of older adults with mental disorders. Becoming an effective caregiver involves professional and psychological development. Developing caregiving skills, supportive environment and positive attitude can help facilitate providing care. Caregiving largely impacts the emotional, physical, and social wellbeing of the person. The study infers that the emotional intelligence is positively related with the impacts of the emotional, physical, and social wellbeing and the emotional intelligence of the person.

Stjernswärd & Hansson (2020) conducted a Qualitative Study of Caregivers' Experiences, Motivation and Challenges Using a Web-Based Mindfulness Intervention. Caregivers report experiences of stress and burden that can affect their health negatively. Web-based mindfulness interventions have shown beneficial health effects in clinical and non-clinical populations, including caregivers. The study's aim was to explore the experiences of a web-based mindfulness program, including motivation and challenges to use, in caregivers of a person with somatic illness. Ten participants were interviewed. Data was analyzed with content analysis, resulting in four categories illustrating the participants' experiences of the program, including motivations and barriers to training. The findings illuminate the importance of emotional intelligence and well being adherence to such interventions, with the potential for enhanced beneficial outcomes. The study illuminates the importance of emotional intelligence and well being adherence to mindfulness interventions, with the potential for enhanced beneficial outcomes.

Blinka, Liu, Sheehan, Rhodes & Roth (2022) conducted a study on Family caregivers emphasise patience and personal growth, a qualitative analysis from the Caregiving Transitions Study. This study aimed to better understand caregivers' perception of their experiences through qualitative analysis. The study sample included 150 caregivers .

participants were from the Caregiving Transitions Study (CTS). The study analysed responses from 150 caregivers to an open-ended question at the end of the CTS telephone interview concerning additional information about their caregiving experiences . The results show that Male caregivers more often indicated that their motivation for taking on this role was their sense of duty towards family, while female caregivers focused on the challenges and burden of caregiving that they experienced . Thus the male family caregivers shared both positive and challenging experiences as they have increased emotional intelligence and reduced well being. The comparative study infers that the male family caregivers shared both positive and challenging experiences as they have increased emotional intelligence and well being than female caregivers.

Isa, Ishak, Rahman, Saat, Din, Lubis, & Ismail (2016) examined a study to know that there is considerable variation in how caregivers of children with disabilities adapt to their caregiving demands and stressors. The different adaptations to the children with disabilities may cause different impacts on the health and well-being of caregivers. The literature search was carried out using PsychINFO, ScienceDirect, ProQuest, and MEDLINE electronic databases accessed through the library system of The National University of Malaysia Most of the studies were quantitative studies. Factors discussed that impact on caregivers' health and quality of life include the caregivers' sociodemographic background and child's disability-related factors. Several mediators and moderators including coping strategies, social support, self-esteem and self-efficacy are described in this paper The study infers that the emotional intelligence is positively related with the well being of the caregivers.

According to research , ADHD being a chronic and debilitating mental disorder ,it widely affects the mental health of the parents which in turn affects the daily well being of the family and experience parental stress . According to few studies ,Care givers undergone several parental stress and reduced well being ,despite using pharmacotherapy Most of the studies on parental stress conclude that caregivers are reported with missed/altered work, avoiding social activity, increased parental worry/stress, reduced well being and strain on family life. Apparently ADHD caregivers had significantly lower scores in the social relations ,well being, emotional intelligence and environment WHO Quality of life domains. It is also evidenced the positive relationship between emotional intelligence and psychological distress in their caregivers . One of the study revealed that parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, and reduced well being. Apparently one of the study examined the factors related to the poor general mental health state and decreased emotional intelligence of the caregivers of children with ADHD during the Covid-19 pandemic, including difficulties of caregivers in asking their child to adopt protective behaviors against Covid-19. The Caregivers were significantly associated with poor general mental health state and reduced emotional intelligence . Few studies claimed that both ASD and ADHD both are associated with a high level of caregiver burden and stress .Mostly the Parents of children with ADHD were more likely to have changed their job responsibilities or been fired and reported with lower work efficiency.It becomes a full time job to take care of the child especially the motherhood who faces tremendous amount of stress and seems to be exhausted.Few studies included emotional intelligence as the main predictor to handle stress .The Results indicated that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children, emphasizing that this personal trait is especially relevant to coping with on-going parental strain; whereas social support made a greater contribution to growth for the control group than for parents of children with ADHD. Similarly the parents of ADHD children who are working for the betterment of family finances reports with high levels of emotional exhaustion indicated a desire to leave the organization. Few studies concluded that there is Parenting stress, but not parental depressed mood,

among ADHD and ODD parents and teachers. Few comparative studies included that there is a little difference in parenting stress, was found between mothers and fathers, but child gender was a significant moderator of parenting stress, with lower stress levels in samples with higher proportions of girls. A study found that the parents of children of the combined subtype experienced higher parenting stress and felt their children displayed qualities that made it difficult for them to fulfill their parenting roles. Apparently the parents of children with ADHD and developmental disorders reporting higher levels of parenting stress than children with HIV infection, asthma, and healthy controls. The Exposure to adverse childhood experience (ACE) has harmful consequences for children's health and well-being. One of the study concluded that Parenting stress and well being mediated 57% of the total effect of ACE on any mental health condition and 60% of the total effect of ACE on ADHD diagnosis. Almost 62% of caregivers were ready to ask for professional help from nurses, medical social workers and counselors to cope up with their stress. Stress among caregivers ultimately affects quality of care that is being provided to the patient. Few studies concluded that the high stress can lead to burnout. Most of the studies and the results conclude that parents attribute their high stress to their children's behaviour, unmet needs for support, and social stigma. Parents request support to enable them to cope and appear to represent a clinical population who require mental health care and support themselves. Future interventions directly targeting the stress of parents of children with ADHD may provide wide-ranging benefits for their children and families. Few results found that parental stress, the child's depressive feelings strongly affected psychological well-being of care giver. To protect psychological well-being and emotional intelligence of caregivers, support services should address depressive feelings among children. Few studies included that caregiving largely impacts the emotional, physical, and social wellbeing of the person. Thus, comprehensive approaches are needed to prevent stress and associated social disadvantages.

As based on the above literature reviews and an understanding the present study has tried to find the relationship between Parental stress and well being, Parental stress and Emotional intelligence, Emotional intelligence and well being among the ADHD Caregivers.

METHOD

Chapter III

Method

A brief understanding of the concepts of Parental stress ,Emotional intelligence and Well being showed that ADHD caregivers reported missed/altered work, avoiding social activity, increased parental worry/stress, poor well being and strain on family life despite using pharmacotherapy. It was also understood that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children..The emotional intelligence is positively related with the impacts of the emotional, physical, and social wellbeing . The present study was undertaken with the objectives

- a. To examine the influence of emotional intelligence on well being ,
- b. To examine the influence of parental stress on well being.

HYPOTHESES

Based on the study made by Fridman, Banaschewski, Sikirica, Quintero, Erder & Chen (2017), Uddin, Alharbi, Hossain, Hatipoğlu, Long & Carson (2020) and Kontrimiene, Sauseriene & Blazevidiene (2021) ,the following hypothesis has been made

H 1: There will be a significant influence of Emotional Intelligence on Well Being of ADHD Caregivers.

H1.a : There will be a significant influence of intrapersonal dimension of emotional intelligence on Well Being of ADHD Caregivers.

H1.b : There will be a significant influence of interpersonal dimension of Emotional intelligence on Well Being of ADHD Caregivers.

H1.c :There will a significant influence of stress management of emotional intelligence on well being of ADHD Caregivers .

H1.d : There will be a significant influence of affect dimension of emotional intelligence on Well

Being of ADHD Caregivers.

H2 :There will be significant influence of parental stress on well being of ADHD caregivers.

The present study was conducted in the Coimbatore district. The setting for the study chosen was Nithiliyam Special school & Adelaide Rehabilitation centre,Coimbatore, were selected to conduct the research . The reasons for selecting this area are :

- Availability of the required number of subjects
- Permission and cooperation provided by the management
- Easy accessibility

Sample

Forty Two ADHD Care givers , 21 male and 21 female were chosen from the particular school Named Nithiliyam Special school & Adelaide Rehabilitation centre ,Coimbatore. The age range of Care giver was from 18 – 50 years . They were selected by convenience sampling starts with a purpose in mind and the sample is thus selected to include people of interest .

Inclusion criteria

- Care givers aged 18 – 50 years were chosen for the sample.
- Both males and females are included.
- Care givers from Coimbatore, Tamil Nadu were selected.
- Care givers who were interested and willing to cooperate for the study were only chosen as samples.

Exclusion criteria

- Care givers aged below 18 years were excluded.
- Care givers who were not interested were excluded.

Tools

The following set of tools has been used for the present study

Emotional Intelligence Scale

The Emotional intelligence scale is a self-assessment scale and was developed by Zeng and Miller (2003) and can be used to measure the Emotional Intelligence of the individual. It contains 48 items used in a four-point response with four dimensions: Intrapersonal, interpersonal, stress management, and affect. Responses for each item range from (Strongly agree, inclined to agree, inclined to disagree, and strongly disagree). The range of scores is between 47-108. The score ranges according to the response (Strongly agree = 3, Inclined to agree = 2, Inclined to disagree = 1, Strongly disagree = 0). The item scores are then summed. The higher the score, the higher the measured level of Emotional intelligence. The reliability coefficient is significantly high. The content validity and concurrent validity of the test is high.

Parental Stress Scale

The Parental Stress Scale (PSS) was developed by Judy Berry and Warren Jones (1995) and can be used to assess outcomes of interventions designed to support parenting efficacy of mothers, fathers, and/or carers of children across a wide age range. It is an 18-item self-report scale – items represent positive (e.g. emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood. Respondents agree or disagree in terms of their typical relationship with their child or children: 5-point scale; strongly disagree, disagree, undecided, agree, strongly agree. The parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored. The item scores are then summed. The higher the score, the higher the measured level of Parental stress. Zelman & Ferro (2018) reported that the PSS has evidence of internal consistency, with an alpha coefficient of 0.84. Test-retest reliability of the English version of the PSS was analysed in the US after a six-week interval with a subset of 61 parents with one to five children. They reported a test-retest correlation of 0.81. It also reported positive correlations between the Parental Stress Scale and the Parenting Stress Index IV Short form with a sample of 334 parents ($r=0.49$, $p < 0.001$).

Well Being

The mental well-being scale developed by Warwick Edinburgh (2006) is a 14-item scale of positively worded statements. This scale is used to measure the feeling and functioning aspects of the

mental well being .The 14- item statements have five response categories ranging from (none of the time ,rarely, some of the time ,often and all the time).Caregivers are asked to describe their experiences over the past two weeks. The scores range from 14-70 and are scored from 1-5 .The higher the score indicates greater positive mental well being.The score ranging below 40 could indicate the high risk of depression .The congeneric reliability of the WEMWBS is 0.85.

Procedure

The research topic was explored and the hypotheses and objectives were framed. Caregivers fitting the inclusion criteria were approached and invited to participate in the study. From the pool of people who were willing and interested to participate in the study, the purposive Sampling method was used to choose the participants. Participants were debriefed about the research and consent was sought. The participants were given the questionnaires of Emotional intelligence scale ,Warwick Edinburgh Mental Well being scale and Parental stress scale and were asked few questions regarding demographic details. Participants were assured that the data collected would be kept confidential and only be used for research purposes. The scoring was done according to the scoring key and the scores were interpreted using the norms provided by the authors.

Analysis of data

The data was analyzed using Statistical Package for the Social Sciences (SPSS - 29).The data was analyzed using Pearson Product Moment Correlation test .

Institutional Human Ethics Committee

As the study involves human subjects, all procedures described in the study were reviewed and approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore. The approval number for the research purpose is **AUW/IHEC/CP-22-23/XPD-09**.

RESULTS AND DISCUSSION

Chapter IV

Result and Discussion

The psychological and subjective Well being notably changes over the course of the caregiver. Emotional intelligence (EI) is the ability to recognize, understand, and regulate one's own emotions as well as the emotions of others. The higher levels of EI can have a positive impact on mental, physical and psychological well-being. The emotional intelligence is a key factor in promoting overall well-being of caregiver. Parental stress can have a significant impact on the well-being of the caregiver and their family. The parental stress can affect parents emotional, behavioural, and physical health of the caregiver. The parental stress can have a negative impact on the parent's well-being. Parents who are experiencing stress should seek out support and resources to help manage their stress levels, which in turn can help to improve the well-being of the caregivers . To examine the influence of emotional intelligence on well being ,(b).To examine the influence of parental stress on well being.

The results of the study titled “ Emotional Intelligence ,Parental stress and on its effect on well being among ADHD caregivers” are given below. The sample consists of 42 ADHD caregivers between the age range of 18 to 50 years of age. The data was analyzed using pearson Product moment correlation to find the relationship between Intrapersonal dimension of Emotional Intelligence and Well Being, Interpersonal dimension of Emotional Intelligence and Well Being, Stress Management dimension of Emotional Intelligence and Well Being , Affect dimension of Emotional Intelligence and Well Being, Parental stress and Well Being.

Table 1

Demographic data of the samples in terms of Gender among ADHD Caregiver.

Gender	N	Percentage%
Male	21	50%
Female	21	50%
Total	42	100

Table 1 shows the demographic data of the responses ADHD caregivers . In this study, out of 42 samples, 50% of the total sample are male and 50% of the total sample were female.

Table 2

Demographic data of the samples in terms of area among ADHD Caregiver.

Area	N	Percentage%
Urban	22	52%
Rural	20	48%
Total	42	100

Table 2 shows the demographic data of the responses of ADHD caregiver. In this study, out of 42 samples, 52% of the total sample were from urban area and 48% of the total sample were from the rural area.

From the above tables, it may be inferred that there is equal representation of gender in ADHD caregiver. Further, there is somewhat equal representation of area among the ADHD caregiver. It may also be understood that well-being plays a vital part in the daily basis of the caregivers. Hence the present sample is deemed to be fit for the present study.

In order (a) To examine the influence of emotional intelligence on well-being, (b) To examine the influence of parental stress on well-being, a Pearson product-moment correlation was done. The following table presents the results of the same.

Table 3*Correlation between Intrapersonal emotional intelligence and Well Being among ADHD caregiver .*

Variables	N	Well Being	Intrapersonal emotional intelligence
Intrapersonal emotional intelligence	42	.450**	
Well being	42		.450**

**.

Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Intrapersonal emotional intelligence and well being among ADHD caregiver. There was a positive correlation between Intrapersonal emotional intelligence and well being among ADHD caregiver , which is statistically significant ($r= 0.450$, $n=42$, $p=0.01$).

The positive correlation between Intrapersonal emotional intelligence and well being is inferred as it facilitates the capacity for motivation, resilience, empathy and reasoning in oneself and the ability to understand ones mental modes and self concept. It also navigates a clear perception to handle the social situations and conflicts .Individuals who experience positive feelings about their self may be more likely to experience increased quality of life and well being, which can interfere with the ability to concentrate on the self improvement and perform manually knowing the behaviours they exhibit to lead a healthy well being.

“H1a There will be an influence of Intrapersonal emotional intelligence and Well Being among ADHD caregiver” **has been accepted.**

Table 4*Correlation between Interpersonal emotional intelligence and Well Being among ADHD caregiver .*

Variables	N	Well being	Interpersonal emotional intelligence	**.
Interpersonal emotional intelligence	42	.650**		
Well Being	42		.650**	

**Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Interpersonal emotional intelligence and Well Being among ADHD caregiver. There was a positive correlation between Interpersonal emotional intelligence and Well Being, which is statistically significant ($r= 0.650$, $n=42$, $p=0.01$).

The interpersonal emotional intelligence facilitates the ability to establish and maintain mutually satisfying relationships which are characterized by giving and receiving affection. It involves establishing meaningful and close relationships with empathetic perspective , self monitoring in the relationship satisfaction . It is seen that the individual who experience positive relationship with the society and closedones may be more likely to lead a good quality of life. The good communication skills with the closedones operates well in building the relationships more deeper .

“H1b There will be an influence of Interpersonal emotional intelligence and Well Being among ADHD caregiver” has been accepted.

Table 5

Correlation between Stress management of emotional intelligence and Well Being among ADHD caregiver .

Variables	N	Well Being	Stressmanagement of emotional intelligence
Stressmanagement of emotional intelligence	42	.127**	
Well Being	42		.127**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Stress management of emotional intelligence and Well Being among ADHD caregiver .There was a positive correlation between Stress management of emotional intelligence and Well Being among ADHD caregiver, which is statistically significant (r= 0.127, n=42, p=0.01).

There are several potential explanations for why these two variables may be positively correlated .The positive relationship between Stress management of emotional intelligence and Well Being leads to a enhanced self-esteem, less likelihood of depression and overall improvement in the quacity of life and well being. The dealing with the behavioural problems of the society may also leads to a poor quality of life and well being ,which in turn one must acquire the stress management skills to lead a healthy life. Thus the stress management skills leads to the increased quality of life and well being.

“H1c There will be an influence of Stress management of emotional intelligence and Well Being among ADHD caregiver ” has been accepted.

Table 6

Correlation between Affect dimension of emotional intelligence and well being among ADHD caregivers

Variables	N	Well being	Affect of emotioanl intelligence
Affect of emotioanl intelligence	42	.238**	
Well being	42		.238**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Affect dimension of emotional intelligence and well being among ADHD caregivers. There was a positive correlation between Affect dimension of emotional intelligence and well being among ADHD caregivers, which is statistically significant ($r= 0.238, n=42, p=0.01$).

There are several potential explanations for why these two variables may be positively correlated. The Affect dimension of emotional intelligence generally includes the optimism, happiness, motivation and change management. The optimism exerts an indirect influence in the quality of life and well being. Thus the optimism, happiness and motivation may significantly influence the mental and physical well being by promoting a healthy life style and well being. Optimistic individuals are more resilient to stress and subjected to have more protective attitudes in life.

“H1d There will be an influence of Affect dimension of emotional intelligence and well being among ADHD caregivers” has been accepted.

Table 7

Correlation between Parental stress and well being among ADHD caregivers .

Variables	N	Well being	Parental stress
Parental stress	42	-.268**	-
Well being	42	-	-.268**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Parental stress and well being among ADHD caregivers. There was a negative correlation between Parental stress and well being among ADHD caregivers, which is statistically significant ($r= 0.268$, $n=42$, $p=0.01$).

There are several potential explanations for why these two variables may be negatively correlated. For instance, parenting is a complex and demanding task where in the additional stress can cause a significant impact on the overall well being, including their physical and mental health .The individuals with higher levels of parental stress may experience poor well being and quality of life. Parents who experience high levels of stress may be more likely to experience behavioral and emotional problems, including anxiety, depression, and aggression. Parents who experience high levels of stress may also be more likely to engage in unhealthy coping mechanisms, such as smoking, drinking, or overeating which leads to worsened physical health and poor well being.

“H2a There will be an influence of Parental stress and well being among ADHD caregivers.” **has been accepted.**

SUMMARY AND CONCLUSION

Chapter v

Summary and Conclusion

Caregivers of children with ADHD can face a challenging and demanding task.. One of the main challenges for caregivers is managing the behavioral symptoms of ADHD. Caregivers of children with ADHD may experience increased stress levels, which can have negative effects on their own health and wellbeing .The stress and well-being of ADHD caregivers can be influenced by various factors, including the severity of the child's symptoms, the presence of comorbid conditions, the level of social support, and the caregiver's coping strategies.The emotional intelligence of care givers can be demanding and emotinally challengable. Emotional intelligence (EI) is the ability to recognize, understand, and regulate one's own emotions as well as the emotions of others.The high levels of EI can have a positive impact on mental and physical well-being Individuals with higher levels of EI tend to experience higher levels of psychological well-being, including lower levels of anxiety, depression, and stress. The present study was conducted to assess the relationship between Emotional Intelligence ,Parental stress and on its effect on well being among ADHD caregivers een . The study was undertaken with the following objectives

- (a) To examine the influence of emotional intelligence on well being
- (b) To examine the influence of parental stress on well being.

The study included a total sample of 42 (21 male ADHD caregiver and 21 female ADHD caregiver) Adults. The age range of the individual was between 18 to 50 years. The data were collected from the individuals according to the inclusion and exclusion criteria. Purposive sampling method was used to collect the data. The Emotional intelligence scale is an self assessment scale developed by Gerald Miller(2003), The Parental stress scale was developed by Judy Berry and Warren Jones (1995) and the mental well being scale developed by Warwick Edinburgh (2006), were used for data collection. The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The data was analysed statistically using SPSS version 29.0.0.0 (Statistical Package for the Social

Sciences). Correlation was used to find the relationship between Dimensions of emotional intelligence and well being , the relationship between parental stress and well being was computed. The positive correlation between Intrapersonal emotional intelligence and well being is inferred as it facilitates the capacity for motivation, resilience, empathy and reasoning in oneself and the ability to understand ones mental modes and self concept. It also navigates a clear perception to handle the social situations and conflicts .Individuals who experience positive feelings about their self may be more likely to experience increased quality of life and well being, which can interfere with the ability to concentrate on the self improvement and perform manually knowing the behaviours they exhibit to lead a healthy well being.

The interpersonal emotional intelligence facilitates the ability to establish and maintain mutually satisfying relationships which are characterized by giving and receiving affection. It involves establishing meaningful and close relationships with empathetic perspective , self monitoring in the relationship satisfaction . It is seen that the individual who experience positive relationship with the society and closedones may be more likely to lead a good quality of life. The good communication skills with the closedones operates well in building the relationships more deeper .

The positive relationship between Stress management of emotional intelligence and Well Being leads to a enhanced self-esteem, less likelihood of depression and overall improvement in the quacity of life and well being. The dealing with the behavioural problems of the society may also leads to a poor quality of life and well being ,which in turn one must acquire the stress management skills to lead a healthy life. Thus the stress management skills leads to the increased quality of life and well being.

The Affect dimension of emotional intelligence generally includes the optimism, happiness, motivation and change management. The optimism exerts a indirect influence in the quality of life and well being. Thus the optimism , happiness and motivation may significantly influence the mental and physical well being by promoting a healthy life style and well being. Optimistic individuals are more resilient to stress and subjected to have more protective attitudes in life.

In terms of the emotional intelligence and well being , the four dimensions of emotional intelligence (Intrapersonal, Interpersonal, stress management and affect) are positively correlated with the well being .Thus, it may be concluded from the findings that high level emotional intelligence will tend to have to have high level of well being among ADHD caregivers .

In terms of parental stress and well being , it is concluded that the individuals with higher levels of parental stress may experience poor well being . Parents who experience high levels of stress may be more likely to experience behavioral and emotional problems, including anxiety, depression, and aggression. Parents who experience high levels of stress may also be more likely to engage in unhealthy coping mechanisms, such as smoking, drinking, or overeating which leads to worsened physical health and poor well being.

Limitations of the study

The study is not devoid of limitations. As the time frame of the study was limited, the sample size of the study was restricted. Further there were consent issues which limits the generalisability of the study. The study is limited in terms of the tools used which is not developed for this particular investigation. Though the constructs of the study are interrelated in terms of theoretical propositions and related literature, the scales used limited the scope of the study. Hence future research studies to understand the theoretical constructs using a larger sample and tool devised accordingly. The study can also be validated through other research designs such as a qualitative study to triangulate the studies.

Scope for Further Research

- The research can be expanded to diversified and cross-cultural samples that can compare the emotional intelligence and well being of the individual
- Intervention studies can also be used to increase the coping skills of the parental stress which in turn lead to the increased well being of the caregiver.
- Future studies can also be done to understand whether emotional intelligence , parental stress and well being are interrelated .

There are greater possibilities and necessities for further research on emotional intelligence, parental stress and its effects on well being toward Seeking Professional Psychological Help among caregivers . The scope of these areas would heighten in upcoming years.

- This study would serve as background data for further research.
- Exploring the impact and influence of emotional intelligence and parental stress shed light on the underlying mechanisms that influence the development of well being .
- Studying the relationship between emotional intelligence and well being could provide insight into the impact and influence of emotional intelligence on well being. It also shows the relationship between parental stress and well being. Parents who experience

high levels of stress may be more likely to experience poor well being.

- The research findings will benefit adults, counselors, therapists, etc. to develop programs about Parenting Style and Altruism among addicted and non-addicted adults.

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Appendices

Annexure I Consent Form

I (Shivani R) am pursuing my Master's degree in Clinical Psychology and I would like to have your participation in this academic research. I assure confidentiality with the details provided by you and it will be used only for the academic purpose. Thank you for the same.

Study Procedure

You will be given two questionnaires in form type along with socio demographic profile. You need to respond to all items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your response to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to decide to whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving a reason. There is no cost to you for your participation in this study.

Consent

“By signing this consent form, I confirm that I have and understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.”

Name of the participant:

Signature:

Place:

Date:

Annexure II

Socio-Demographic Status Profile

NAME :

AGE :

GENDER : M/F

OCCUPATION :

I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Annexure III
Avinashilingam Institute for Home Science
And Higher Education for Women
Coimbatore – 641043, India

CONFIDENTIALITY STATEMENT

I **Shivani r**, pursuing my **II M.Sc. Clinical Psychology** from the Department of Psychology in Avinashilingam Institute for Home science and Higher Education for Women, Coimbatore-43, is assigned to do a thesis as a part of the curriculum to complete my course. In this connection, I am going to collect the information from adults (18-50 years), as my topic is **“Emotional Intelligence, Parental Stress and its effects on the Well Being among ADHD Caregivers”**. I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Place:

Date:

Signature of the Researcher

Annexure IV

Self-Report Altruism Scale

Rushton (1980)

Read Each of the following carefully and please select the category that conforms the frequency with which you have carried out the following acts.

1= Never, 2= Once, 3= More than once, 4= Often, 5 =Very Often

- 1.) I have helped push a stranger's car that was broken down or out of gas.
- 2.) I have given directions to a stranger.
- 3.) I have made change for a stranger.
- 4.) I have given money to a charity.
- 5.) I have given money to a stranger who needed it (or asked me for it).
- 6.) I have donated goods or clothes to a charity.
- 7.) I have done volunteer work for a charity.
- 8.) I have donated blood.
- 9.) I have helped carry a stranger's belongings (books, parcels, etc).
- 10.) I have delayed an elevator and held the door open for a stranger.
- 11.) I have allowed someone to go ahead of me in a line up (in the supermarket, at a copy machine, at a fast-food restaurant).
- 12.) I have given a stranger a lift in my car.
- 13.) I have pointed out a clerk's error (in a bank, at the supermarket) in undercharging me for an item.
- 14.) I have let a neighbour whom I didn't know too well borrow an item of some value to me (eg, a dish, tools, etc).
- 15.) I have bought 'charity' holiday cards deliberately because I knew it was a good cause.
- 16.) I have helped a classmate who I did not know that well with an assignment when my knowledge was greater than his or hers.
- 17.) I have, before being asked, voluntarily looked after a neighbour's pets or children without being paid for it.
- 18.) I have offered to help a handicapped or elderly stranger across a street.
- 19.) I have offered my seat on a bus or train to a stranger who was standing.
- 20.) I have helped an acquaintance to move households.

Response sheet for Self-Report Altruism Scale

Rushton (1980)

Read Each of the Following in Questionnaire carefully and please select the category that conforms the frequency with which you have carried out the following acts.

1= Never, 2= Once, 3= More than once, 4= Often, 5 =Very Often

s.no	Never	once	More than once	Often	Very often
1					
2					
3					
4					
5					
6					
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INTRODUCTION

CHAPTER I

INTRODUCTION

Attention-deficit hyperactivity disorder (ADHD) is one of the most frequent debilitating mental disorders in the pediatric population, with prevalence rates ranging from 5 to 7.1% (Harpin, 2005). ADHD core features are inattention, hyperactivity, and impulsivity symptoms, causing significant impairment to the patient and frequently persisting until adulthood. The presence of ADHD has a deep impact not only on the patients but also in their family members. For instance, having a child with ADHD increases family, marital, and parental problems, reduces parenting efficacy, and increases the level of parental stress. Parents of ADHD children have higher parental stress, guilt, increased vulnerability to depression, greater alcohol consumption, and worse quality of life.

The concept of emotional intelligence, which describes the ability to recognize personal emotions and how emotions trigger behaviors. It is the capacity to attend to, understand, and regulate their emotions, which will ultimately benefit the mental health of their partner and family. Emotional intelligence of caregivers of mentally ill patients gets affected by taking care of these patients which disturbs the coping abilities of caregivers that brings stress to their lives also. Throughout the process of child development, emotions evidence a vital role. This conceptual analysis focuses on the significant position of emotional intelligence of caregivers. In studies on caregiving, high levels of perceived burden are commonly considered as synonymous with poor well-being.

ADHD

Definition

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought).(APA)

Early Findings

ADHD is considered a chronic and debilitating disorder and is known to impact the individual in many aspects of their life including academic and professional achievements, interpersonal relationships, and daily functioning (Harpin, 2005). ADHD can lead to poor self-esteem and social function in children when not appropriately treated (Harpin, 2013).

Adults with ADHD may experience poor self-worth, sensitivity towards criticism, and increased self-criticism possibly stemming from higher levels of criticism throughout life (Beaton, et al., 2022).

An estimated 8.4% of children and 2.5% of adults have ADHD (Danielson, 2018; Simon, et al., 2009). ADHD is often first identified in school-aged children when it leads to disruption in the classroom or problems with schoolwork. It is more commonly diagnosed among boys than girls given differences in how the symptoms present. However, this does not mean that boys are more likely to have ADHD. Boys tend to present with hyperactivity and other externalizing symptoms whereas girls tend to have inactivity.

Symptoms and Diagnosis

Many children may have difficulties sitting still, waiting their turn, paying attention, being fidgety, and acting impulsively. However, children who meet diagnostic criteria for ADHD, differ in that their symptoms of hyperactivity, impulsivity, organization, and/or inattention are noticeably greater than expected for their age or developmental level. These symptoms lead to significant suffering and cause problems at home, at school or work, and in relationships. The observed symptoms are not the result of an individual being defiant or not being able to understand tasks or instructions.

Three Main Types of ADHD

- Predominantly inattentive presentation.
- Predominantly hyperactive/impulsive presentation.
- Combined presentation.

A diagnosis is based on the presence of persistent symptoms that have occurred over a period of time and are noticeable over the past six months. While ADHD can be diagnosed at any age, this disorder begins in childhood. When considering the diagnosis, the symptoms must be present before the individual is 12 years old and must have caused difficulties in more than one setting. For instance, the symptoms can not only occur at home.

Inattentive Type. Inattentive refers to challenges with staying on task, focusing, and organization. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:

- Doesn't pay close attention to details or makes careless mistakes in school or job tasks.
- Has problems staying focused on tasks or activities, such as during lectures, conversations or long reading.
- Does not seem to listen when spoken to (i.e., seems to be elsewhere).
- Does not follow through on instructions and doesn't complete schoolwork, chores or job duties (may start tasks but quickly loses focus).
- Has problems organizing tasks and work (for instance, does not manage time well; has messy, disorganized work; misses deadlines).
- Avoids or dislikes tasks that require sustained mental effort, such as preparing reports and completing forms.
- Often loses things needed for tasks or daily life, such as school papers, books, keys, wallet, cell phone and eyeglasses.
- Is easily distracted.
- Forgets daily tasks, such as doing chores and running errands. Older teens and adults may forget to return phone calls, pay bills and keep appointments.

Hyperactive/Impulsive Type. Hyperactivity refers to excessive movement such as fidgeting, excessive energy, not sitting still, and being talkative. Impulsivity refers to decisions or actions taken without thinking through the consequences. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:

- Fidgets with or taps hands or feet, or squirms in seat.
- Not able to stay seated (in classroom, workplace).

- Runs about or climbs where it is inappropriate.
- Unable to play or do leisure activities quietly.
- Always “on the go,” as if driven by a motor.
- Talks too much.
- Blurts out an answer before a question has been finished (for instance may finish people’s sentences, can’t wait to speak in conversations).
- Has difficulty waiting for his or her turn, such as while waiting in line.
- Interrupts or intrudes on others (for instance, cuts into conversations, games or activities, or starts using other people’s things without permission). Older teens and adults may take over what others are doing.

Combined Type. This type of ADHD is diagnosed when both criteria for both inattentive and hyperactive/impulse types are met.

ADHD is typically diagnosed by mental health providers or primary care providers. A psychiatric evaluation will include a description of symptoms from the patient and caregivers, completion of scales and questionnaires by patient, caregivers and teachers, complete psychiatric and medical history, family history, and information regarding education, environment, and upbringing. It may also include a referral for medical evaluation to rule out other medical conditions.

Care Giving

Definition

The etymology of caregiving defined by the Oxford English Dictionary (2010) is as characterized by attention to the needs of others, especially those unable to look after themselves adequately; professionally involved in the provision of health or social care; (b) n. attention to the needs of a child, elderly person, invalid, etc.

Drentea (2007) refers to caregiving as

“The act of providing unpaid assistance and support to family members or acquaintances who have physical, psychological or developmental needs”

Types of Care Givers

Family Caregiver. A family caregiver is a relative who provides emotional, financial, nursing, social, homemaking, and other services on a daily or intermittent basis for an ill or disabled loved one at home. Most family caregivers volunteer their time, without pay, to help with the care needs of a loved one.

Professional Caregiver. A professional caregiver is hired to provide care for a care recipient. These caregivers can provide medical or non-medical care in the home or a facility. Their career is to assist another person in a way that enables them to live as independently as possible. Professional caregivers work for an agency, and the care recipient hires the agency to provide care.

Independent Caregiver. The term independent caregiver is commonly used to describe a home care professional who does not work for an agency. An independent caregiver is employed directly by the family. There is no intermediary agency between the care recipient and the caregiver.

Private Duty Caregiver. A private duty caregiver can provide a broad range of services, from medical and nursing care to bill paying and transportation services. Their goal is to provide whatever the senior and their family needs for them to remain independent in their own homes. These caregivers can work for 3rd party agencies or independently.

Informal Caregiver. An informal caregiver, typically a family friend or neighbor, provides care, typically unpaid, to someone with whom they have a personal relationship. This differs

slightly from a family caregiver in that an informal caregiver is typically not directly related to the care recipient.

Volunteer Caregiver. A volunteer caregiver usually works in either respite or hospice care. A volunteer provides breaks for someone who is caring for an adult with a disability, chronic illness, or frailty. They provide non-medical companionship, supervision, and a friendly new face for a person with special needs so that the caregiver has some time away. A volunteer is commonly perceived by hospice care recipients and families as ordinary members of their local community. This relationship provides a feeling of normality for them, as well as their families and friends.

Stress

Definition

In general, stress can be defined as “a negative emotional experience accompanied by predictable biochemical, physiological, cognitive, and behavioral changes that are directed either towards altering the stressful event or accommodating to its effects” (Baum, 1990)

Stress Theories

James-Lange: Theory of Emotion. The theorists William James and Carl Lange might have separately proposed their respective theories on the correlation of stress and emotion, but they had a unified idea on this relationship - emotions do not immediately succeed the perception of the stressor or the stressful event; they become present after the body’s response to the stress. For instance, when you see a growling dog, your heart starts to race, your breath begins to go faster, then your eyes become wide open. According to James and Lange, the feeling of fear or any other emotion only begins after you experience these bodily changes. This means that the emotional behavior is not possible to occur unless it is connected to one’s brain.

Cannon-Bard: The Emergency Theory. This theory is quite the opposite of what James and Lange proposed. According to theorist Walter Cannon, emotion in response to stress can actually occur even when the bodily changes are not present. Cannon said that the visceral or internal physiologic response of one's body is more slowly recognized by the brain as compared with its function to release emotional response. He attempted to prove his theory by means of creating the so-called "decorticated cats", wherein the neural connections of the body are separated from the cortex in the brain of the cats. When faced with a stressful response, the decorticated cats showed emotional behavior which meant feelings of aggression and rage. This emotion was then manifested by bodily changes such as baring of teeth, growling and erect hair.

To further enhance Cannon's theory, theorist Philip Bard expanded the ideals of Cannon by arguing that a lower brain stem structure called the thalamus is important in the production of emotional responses. According to Bard, the emotional response is released first, and then sent as signals by the thalamus to the brain cortex for the interpretation alongside with the sending of signals to the sympathetic nervous system or SNS to begin the physiologic response to stress. Therefore, this theory argues that emotional response to stress is not a product of the physiologic response; rather, they occur simultaneously.

The Schachter-Singer Theory. Theorists Stanley Schachter and Jerome Singer argued that the appropriate identification of the emotion requires both cognitive activity and emotional arousal in order to experience an emotion. Attribution, or the process wherein the brain can identify the stress stimulus producing an emotion is also proposed by Schachter and Singer. The theory explains that we become aware of the reason behind the emotional response, and when the reason is not obvious, we start to look for environmental clues for the proper interpretation of the emotion to occur.

Parental Stress

Definition

“Parenting stress is the discrepancy between the resources required for the parental role and the perception of being able to cope with them”.(Abidin,1995)

“Parental stress” as stress that parents experience not only because of childrearing, but also due to their social and environmental circumstances, responsibilities, and everyday life. The term “parental stress” acknowledges that there is a greater context for the stress parents experience .(Belsky, 1984)

Theory of Parental Stress

Lazarus describes a classic stress model that outlines the experience of stress. The model identifies four distinct aspects of parental stress, each of which is described with an example .

Agent of Stress. Agents of stress can be anything a parent perceives as a demand that is difficult to meet (Patnaik, 2014). Balancing time between work and family, health care bills, transportation issues, and expectations of others are all agents that can cause stress in parents. Health factors such as having a child with special needs (Ammari, Morris, & Schoenebeck, 2014), autism (Hastings et al., 2005), developmental disabilities or chronic illness (Eccleston et al., 2012) can add to financial strain and parental stress. Economic demands can also be agents of stress (Ponnet, Leeuwen, & Wouters, 2014; Wadsworth et al., 2013). Financial disagreements have been associated with divorce , and divorce alone has been shown to increase parental stress. Most parents consistently experience multiple agents of stress in their lives. Some agents of stress are more salient within specific cultures. For example, when inquiring about agents of stress in Hispanic adolescents, researchers identified unique culturally related stressors related to acculturation, discrimination, and immigration (Cervantes et al., 2014).). Cross-cultural differences were also observed between Korean and American mothers. Korean mothers reported greater parenting stress,

yet experienced lower child behavior problems than American mothers; however, the American mothers associated their parenting stress with their child's behavior more than Korean mothers (Chung et al., 2013).

Appraisal of Stress .Parents vary widely in their evaluation of stressful events, depending on variables in the environment and within the person. "People are selective both in what they pay attention to and in what their appraisals take into account" . For example, if a mother was expecting a higher energy bill because she turned up the heat in the winter, she may evaluate the stress of seeing a high bill as manageable. However, if she did not expect the higher energy bill, she may evaluate it as overwhelming and stressful. Accessibility to socio-economic resources and economic strain have been linked to the appraisal of stress (Leininger & Kalil, 2014; Kulick & HeineCohen, 2011). Mothers who recently experienced divorce perceive their situation as more stressful if they have fewer social and economic resources and a lower level of education compared to mothers with more socio-economic resources and education. Leininger and Kalil (2014) discuss evidence that feelings of economic

The Agent of Stress The person or thing that instigates stress. A child whining for a piece of candy.

The Appraisal of Stress How a parent interpretes the stress (can range from postive to negative). My child is behaving this way because she's tired."

Coping Mechanisms How a parent copes with the behavior. Deciding to speak directly with the child about exhibited behavior and expected behavior.

The Stress Reaction . Parental stress strain may come from major events such as losing a job as much as how one appraises those events. For example, persistent worry and uncertainty about the future leads one to feel more economic strain than income loss alone (Leininger & Kalil, 2014). The appraisal of stress may also differ by racial and ethnic groups. For example, one study showed that economic strain, defined as a parent's subjective evaluation of current financial status , was significantly associated with increased behavior problems for white children, but not for black

children (Leininger & Kalil, 2014). These results were present even when economic experiences and family psychosocial factors were taken into account (Leininger & Kalil, 2014).

Coping Mechanisms . The appraisal of stress influences which coping mechanism(s) a parent will use. Appraising a circumstance as tolerable can promote adaptive coping, while appraising a situation as overwhelming may lead to maladaptive coping. Parents have a range of adaptive and maladaptive coping mechanisms. Examples of adaptive coping mechanisms include problem solving, emotional regulation, and seeking of social support. Examples of maladaptive coping mechanisms include avoiding the source of stress (for example, through substance abuse), or dissociating in such a way that leads to further stress (for example, leaving a situation where parental guidance is needed). It's important to note that some coping behaviors can be adaptive in some circumstances and maladaptive in others. For example, avoiding the source of stress could be adaptive when experiencing partner abuse, yet avoiding parenting responsibilities when overwhelmed could be maladaptive. Lee and Mason observed cultural differences in coping between Korean Americans and Caucasian Americans. Although Korean-Americans showed more avoidant coping strategies than Caucasian-Americans, they also displayed more problem and emotion-focused coping than Caucasians. Coping strategies matter in parenting, and are discussed at greater length later in this review.

Stress Reaction . The process of experiencing a stressful event, evaluating that event, and choosing a coping mechanism usually happens very quickly, resulting in a stress reaction from the parent. Stress reactions are both what a person feels and how that person acts in response to the stressful event. The stress reaction is where coping behaviors are deployed. Behavioral responses to stress can range from taking a deep breath, taking a small break from a situation, yelling, using physical aggression, using substances, etc. The behavior someone exhibits in response to stress impacts the way they feel both in the moment and in the future. For example, adaptive coping strategies can lead to positive emotional reactions and lower blood pressure while some maladaptive

coping strategies have been associated with headaches and increased substance use (Patnaik, 2014). Stress reactions not only impact the way a parent acts and feels in a situation, but also can have further implications in a parent's life. For example, when adults experience conflict about finances and react by yelling, eye rolling, and other negative actions, the likelihood of divorce increases compared to couples who address conflict with calm discussion. (Dew, Britt, & Huston, 2012).

Emotional Intelligence

Definition

“The ability to monitor one's own and others' feelings and emotions, to discriminate among them and use this information to guide one's thinking and actions”. (Salovey & Mayer, 1990)

Mayer and Salovey Four-Branch Model of EI

The EI model espoused by Mayer and Salovey (1997). This model proposes that four fundamental emotion-related abilities comprise EI: (1) perception/expression of emotion, (2) use of emotion to facilitate thinking, (3) understanding of emotion, and (4) management of emotion in oneself and others.

1. Perception of Emotion. Perception of emotion refers to people's capacity to identify emotions in themselves and others using facial expressions, tone of voice, and body language . Those skilled in the perception of emotion also are able to express emotion accordingly and communicate emotional needs.

2. Use of Emotion to Facilitate Thinking. Using emotion to enhance cognitive activities and adapt to various situations is the second component of EI. People who are skilled in this area

understand that some emotional states are more optimal for targeted outcomes than others. Individuals who have developed and practiced this area of EI actively generate emotions that support certain tasks or objectives.

3. Understanding of Emotion. EI also includes the ability to differentiate between emotional states, as well as their specific causes and trajectories. Feelings of sadness or disappointment can result from the loss of a person or object, such as your concert tickets. Successfully discriminating between negative emotions is an important skill related to understanding of emotion, and it may lead to more effective emotion management .

4. Management of Emotion. Emotion management includes the ability to remain open to a wide range of emotions, recognize the value of feeling certain emotions in specific situations, and understand which short- and long-term strategies are most efficient for emotion regulation.

Daniel Goleman Theory of Emotional Intelligence

The notion EI of consisting of five different components was first introduced by Daniel Goleman (1995), who expanded the four branches of Mayer et al.'s emotional intelligence model .They are: identifying emotions on a nonverbal level, using emotions to guide cognitive thinking, understanding the information emotions convey and the actions emotions generate, and regulating one's own emotions) to include emotional self-awareness, self-regulation, social skills, empathy, and motivation.

The five components of EI are :

1. Self-awareness. Self-awareness refers to the capacity to recognize and understand emotions and to have a sense of how one's actions, moods and the emotions of others take effect. It involves keeping track of emotions and noticing different emotional reactions, as well as being able

to identify the emotions correctly. Self-awareness also includes recognizing that how we feel and what we do are related, and having awareness of one's own personal strengths and limitations. Self-awareness is associated with being open to different experiences and new ideas and learning from social interactions.

2. Self-regulation. This aspect of EI involves the appropriate expression of emotion. Self-regulation includes being flexible, coping with change, and managing conflict. It also refers to diffusing difficult or tense situations and being aware of how one's actions affect others and take ownership of these actions.

3. Social skills. This component of EI refers to interacting well with other people. It involves applying an understanding of the emotions of ourselves and others to communicate and interact with others on a day-to-day basis. Different social skills include – active listening, verbal communication skills, non-verbal communication skills, leadership, and developing rapport.

4. Empathy. Empathy refers to being able to understand how other people are feeling. This component of EI enables an individual to respond appropriately to other people based on recognizing their emotions. It enables people to sense power dynamics that play a part in all social relationships, but also most especially in workplace relations. Empathy involves understanding power dynamics, and how these affect feelings and behavior, as well as accurately perceiving situations where power dynamics come into force.

5. Motivation. Motivation, when considered as a component of EI, refers to intrinsic motivation. Intrinsic motivation means that an individual is driven to meet personal needs and goals, rather than being motivated by external rewards such as money, fame, and recognition. People who are intrinsically motivated also experience a state of 'flow', by being immersed in an activity. They are more likely to be action-oriented, and set goals. Such individuals typically have a need for

achievement and search for ways to improve. They are also more likely to be committed and take initiative.

Well Being

Definition

“Wellbeing is a term used synonymously with a wide range of concepts including self-esteem, self-efficacy, self-determination, resilience, quality of life, mood enhancement, positive mental health, life satisfaction, and worthwhileness”.(Huppert, 2017).

Theories of Well Being

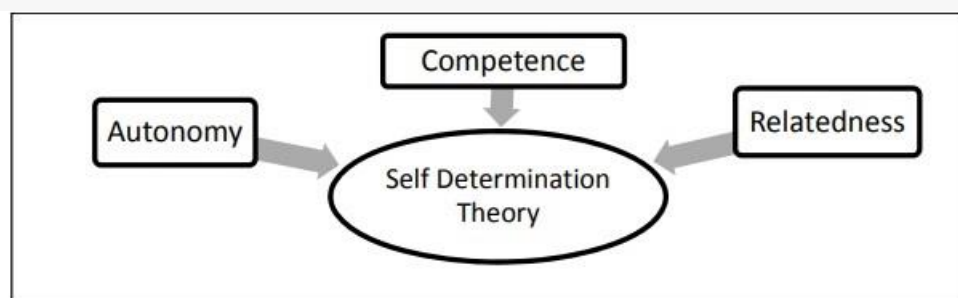
Subjective Well-being (SWB) .Subjective Well-being (SWB) theory refers to individual’s dimensions of satisfaction judgement, pleasant emotion and moods (positive affect), and lack of unpleasant emotion and mood (negative affect; (Diener 1984b; Diener et al. 1985). Subjective well-being is understood to be the sum of cognitive and emotional evaluations of their lives ; whereas life satisfaction can be regarded as a more cognitive component of SWB as it refers to a cognitive judgmental process by which a person assesses her quality of life (Diener et al. 1999). On the other hand, happiness by maximizing positive affect and minimizing negative affect are regarded as an affective component of SWB (Lyubomirsky et al. 2005; Lyubomirsky et al. 2005). 6 Most studies use a single item scale to ask general evaluation using interchangeably the word “happy” or “satisfied”, such as “Taking your life in general as consideration would you consider yourself to be happy or satisfied?” (Alesina et al. 2004; Binswanger 2006; Brickman et al. 1978; Cuñado & Gracia 2011; Lyubomirsky et al. 2005; Pedersen & Schmidt 2011). There are ample studies, which have validated the single item Life Satisfaction scale (Diener et al. 1985) across countries, age and gender, for well-being measurements (Arrindell et al. 1999; Clench-Aas et al. 2011; Sachs 2001;

Silva et al. 2015; Tomás et al. 2015). A recent publication from Latin America on validating the Satisfaction with Life Scale across countries, gender and age, support a single-factor structure as well as the internal consistency of the scale . Results from measuring SWB in many countries show that there is a positive correlation between SWB and the wealth of nations (including having more human rights, equality, freedom, low unemployment rate, effective government, less corruption. Wealthier people tend to have higher SWB on average, and poorer people tend to have lower SWB. In countries with generous health care and healthier environment, people have higher subjective well-being .

The psychological component of well-being .The study of the psychological component of well-being is pioneered by Ryff (1989, 2014), who emphasises optimal psychological functioning for the development and self-realization of the individual. Ryff claims that happiness is a shortterm affective well-being (hedonic approach); in order to achieve sustainable well-being, one needs to shift from satisfaction with life to a sense of meaning in life, and being true to one's inner self (eudaimonic perspective). She proposes six multiple facets of psychological functioning, as follows: 1. Self-acceptance: the knowledge and acceptance of oneself, including awareness on personal limitations; 2. Positive relations: the depth of the connections with significant others; 3. Personal growth: the continued growth and development as a person; 4. Purpose in life: the pursuit of meaningful goals and a sense of purpose in life 5. Autonomy: a sense of autonomy in thought and action; 6. Environmental Mastery: the ability to manage complex environments to suit personal needs and values. One criticism of Ryff's theory is that it gives too much emphasis on environmental mastery, which refers to the power of human beings to modify and intervene to transform the environment, while neglecting the positive functionings, such as purposeful engagement in life, realization of personal talents and capacities, and enlightened selfknowledge. Ryff revisited her theory and found that one important modality for sustainable well-being is resilience – the capacity to maintain or regain well-being in the face of hardship. Further, according

to Ryff, High level of well-being is progressing parallel with the developmental tasks of adult life, although aging itself has been accompanied by declines in purpose in life and personal growth; Well-being changes as individuals negotiate challenges of adult life, such as social comparisons, community involvement, work and family life, parenting; 7 • Cultural differences on work and family influence well-being; • Increasing of health protective features of psychological well-being in reducing risk for disease and promoting length of life.

Social Well Being theory. Unconvinced with SWB and theories detailing the psychological component of wellbeing, Keyes (1998) introduced the dimension of social well-being, pointing out that wellbeing is “the appraisal of one’s circumstance and functioning in society. Individuals remain embedded in social structures and communities, and face countless social tasks and challenges, including: 1. Social integration: the evaluation of the quality of one’s relationship to the society and community; 2. Social acceptance: the construal of society through the character and qualities of the other people as generalized category (trust others, think that others are capable of kindness; a social counterpart to self-acceptance; 3. Social contribution: the evaluation of one’s social value (belief that one is a vital member of society with something to give to the world); 4. Social actualization: the evaluation of the potential and the trajectory of society (evolution of society and potential); 5. Social Coherence: the perception of the quality, organization and operation of the social world; includes a concern of knowing about the world. Social Well-being theory can be applied to study individual’s capacity for adaptation and integration into the society, such as the case of migration, refugee or asylum seekers.



Quality of Life Theory. Veenhoven (1994; 1999; 2006; 2014), a sociologist, has devoted three decades to studying quality of life. He conducted a seminal meta-analytic literature review and summarized it in The Quality of Life Matrix model, by looking into variants of potential quality of life: outer opportunities vs inner qualities of human being in two life domains: life chances and life results. The matrix shows different ways of looking at quality of life; once individuals make use of their outer opportunities and inner qualities, their quality of life can be seen in the life result domain. The result is the reflection of one's appraisal of one's environment and value for oneself.

1. Live-ability of the environment means good living conditions, a quality of society as a whole. Economists may refer to it as welfare; ecologists see liveability in the natural environment and describe it in terms of global warming.
2. Life-ability of the person means inner life chances; how well we are equipped to cope with the problems with life. Psychologists may refer to this as self-efficacy or intelligence/potency or self-actualization; biologist refers to it as adaptive potential; medical perspective refers to this quality of life based on the absence of functional defects, such as physical and mental illness. Nussbaum and Sen (1993) introduced a similar concept called the Capability approach which stipulates that in order to achieve a quality of life, a person needs to have three factors: functioning (achievement of a person), freedom (range of choice & autonomy for judgment/measurement of quality of life) and conversion efficiency (ability of person to convert his/her resources into functioning's given his/her freedom; depends on individual, society and environment).
3. Utility of life is the external worth of life result. A good life is a meaningful life for others, such as contribution to the society, pro-social behaviour, environmentally friendly living, virtuous living, and is often presented as the essence of true happiness.
4. Appreciation of life is the inner appraisal of life result, or eminently worded as Subjective well-being, life satisfaction and happiness.

Four qualities of life Model, adapted from Veenhoven (2006)

	<i>Outer qualities</i>	<i>Inner qualities</i>
<i>Life chances</i>	Live-ability of environment <ul style="list-style-type: none"> • Ecological: Climate, clean air, housing • Social: Freedom, equality • Economical: Wealth, social security • Cultural, etc. 	Life-ability of the person <ul style="list-style-type: none"> • Physical health • Mental health • Knowledge • Skills: Intelligence, manner • Art of Living, etc.
<i>Life results</i>	Usefulness of Life / Objective utility of life <ul style="list-style-type: none"> • External Utility; For intimates: rearing children; For society: being a good citizen • Moral perfection: Authenticity, compassion, tolerance 	Subjective appreciation of life <ul style="list-style-type: none"> • Appraisal of life aspects: job Satisfaction • Prevailing moods: depression • Overall appraisals: Affective: General mood level; Cognitive: Contentment with life

Need for the study

Caregivers of children with ADHD are at a higher risk of experiencing stress and burnout due to the constant demands of caring for a child with a challenging behavior. This stress can lead to negative outcomes for both the caregiver and the child. Emotional intelligence is the ability to recognize and manage one's own emotions and those of others. Caregivers with higher levels of emotional intelligence may be better equipped to handle the stress and demands of caregiving, leading to better outcomes for both the caregiver and child.

Parental stress can have a negative impact on the well-being of caregivers, leading to physical and mental health problems. Understanding the relationship between emotional intelligence, parental stress, and well-being can inform interventions to improve the health and well-being of ADHD caregivers. Thus, a study on emotional intelligence, parental stress, and their effects on the well-being of ADHD caregivers can inform interventions to improve the health and well-being of caregivers and their children. It can also contribute to the understanding of the impact of caregiving on parental stress and well-being, which can inform policy and resource allocation for families affected by ADHD.

Objectives

- A. To examine the influence of emotional intelligence on well being .
- B. To examine the influence of parental stress on well being.

REVIEW OF LITERATURE

Chapter II

REVIEW OF LITERATURE

It is observed that Parenting can be challenging, but it's important to remember that the parent can do the best to the child as much as possible . Taking care of the own mental health is important for both the self and the child. It is important to develop emotional intelligence can lead to greater success in both personal and professional relationships. It creates more self-awareness, empathy, and resilience, which are all key factors in achieving a fulfilling and meaningful life. Psychological and social well-being is a key part of feeling happy and being able to function day-to-day. It is important for the individual to develop healthy relationship with the family.

The objectives of the study :

Based on the above understanding, the present study has tried

- ❖ To examine the influence of emotional intelligence on well being.
- ❖ To examine the influence of parental stress on well being.

With the above objectives, a detailed review of literature has been done on

- ❖ Emotional Intelligenc
- ❖ Parental Stress
- ❖ Well Being

Parental Stress and Well Being

Fridman, Banaschewski, Sikirica, Quintero, Erder & Chen (2017) conducted a online study in the Caregiver Perspective on Pediatric ADHD survey which was fielded in ten European countries. Analysis included children/adolescents (6–17 years) who were

receiving/had received ADHD pharmacotherapy in the previous 6 months. Caregivers recorded their child's/adolescent's symptoms "on"/"off" medication. Effects of ADHD severity, comorbidities, and medication adherence on each burden outcome were assessed. In total, 2,326 caregivers were included. Caregivers reported missed/altered work, avoiding social activity, increased parental worry/stress, poor well being and strain on family life despite using pharmacotherapy. Child/adolescent comorbidities and ADHD severity were significantly related to all burden concepts. The study showed that Caregivers have increased stress and poor well being despite using pharmacotherapy.

Andrade, Geha, Duran, Suwwan, Machado & Do Rosario (2016) investigated the caregivers of ADHD children treated at the Child and Adolescent Psychiatric Unit at the Federal University of São Paulo (UPIA-UNIFESP) and the adult diabetic patients. This comparative study included 63 ADHD Caregivers and 52 diabetic patients. The subjects were assessed with the World Health Organization quality of Life-Brief Version (WHOQOL-BREF), the Beck and Hamilton depression scales, and the Adult Self-Report well being Scale. Comparatively ADHD caregivers had significantly lower scores in the social relations and environment WHOQOL domains. ADHD affects the QoL of the patient's caregiver, with a similar impairment. The QoL and well being were reduced in the caregiver of diabetic patients. These results emphasize the need for assessing the stress, QoL and well being of the caregivers as part of the treatment strategies. The study emphasizes that ADHD patient, child and adolescent psychiatric unit, adult diabetic patients affects the Well being, Quality of life and stress of the caregiver.

Lovell, Moss, & Wetherell, (2012) examined a study on the positive relationship between problem behaviours of children with additional complex needs and psychological distress, well being in their caregivers has been widely evidenced. This study examined the psychological, endocrine and health corollaries of child problem behaviours in caregivers of children with autism and attention deficit hyperactivity disorder. The study sample included

18 Caregivers ($n = 18$) completed self-report measures of psychological distress, child problem behaviours and incidences of commonly occurring ailments. To capture important parameters of the basal diurnal cortisol pattern, caregivers collected saliva samples at waking, 30 min post waking, 1200 h and 2200 h on two consecutive weekdays. Data revealed a relationship between caregivers' perceived levels of stress and well being problems with ASD and ADHD child behaviours. This study shows a relationship between caregivers perceived level of stress and well being problems faced by caregivers of ASD and ADHD caregivers.

Rockhill, Violette, Stoep, Grover, & Myers (2013) conducted a study on the caregivers distress. The study evaluates the additive effects of children's comorbid conditions with attention-deficit/hyperactivity disorder (ADHD) in relation to caregivers' distress, in a clinical trial conducted through telemental health (TMH). The Children's ADHD Telemental Health Treatment Study (CATTS) trial recruited 223 children and their caregivers. Diagnoses of ADHD and comorbid oppositional defiant disorder (ODD) and anxiety disorders (ADs) were established with the Child Behavior Checklist. Caregivers' distress was assessed with the Patient Health Questionnaire-9, Parenting Stress Index, and Caregiver Strain Questionnaire. The parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, burnout and reduced well being than ADHD care givers . The study shows that The parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, burnout and reduced well being than ADHD care givers.

Tseng, Tsai, Chen, Hsiao, Chou & Yen (2021) examined the factors related to the poor general mental health state of the caregivers of children with ADHD during the COVID-19 pandemic, including (1) difficulties of caregivers in asking their child to adopt protective behaviors against COVID-19, (2) difficulties of caregivers in managing the child's daily performance, and (3) worsened symptoms in children. In total, 161 caregivers completed an

online questionnaire to provide data regarding their general mental health state and difficulties in asking their child with ADHD to adopt protective behaviors against COVID-19 and in managing the child's after-school learning, sleep routine, and internet use, as well as worsened psychological symptoms. The results of multivariate logistic regression analysis demonstrated that caregivers' difficulties in managing ADHD children's self-protective behaviors and after-school learning and the children's worsened emotional symptoms were significantly associated with poor caregiver general mental health state. An intervention that enhances the mental health of caregivers of children with ADHD during the COVID-19 pandemic by addressing their difficulties in managing the children's behaviors. The psychological well being and stress of caregiver is warranted during covid-19 which had a adverse effects . The study shows that during covid-19, the caregivers faced difficulties in managing the children's behaviour. The psychological well being and stress of caregiver were affected among the ADHD caregivers .

Sikirica, Flood, Dietrich, Quintero, Harpin, Hodgkins, & Erder (2015) examined the study to explore the unmet needs of children with ADHD and their caregivers in eight European countries. Semi-structured interviews with 38 caregivers of children/adolescents (aged 6–17 years) with ADHD and no or less serious comorbidities and 28 adolescents (aged 13–17 years) with ADHD and no or less serious comorbidities were conducted, audio-recorded, transcribed into English, and coded for analysis. Caregivers reported their own ADHD-related issues, including making personal accommodations, such as limiting activities and spending extra time/effort caring for their child/adolescent, social impacts, and strained relationships. However, most children experience core ADHD symptoms while on medication . Adolescents often reported schoolwork difficulties and peer issues , while caregivers reported school issues ,stress ,poor well being and peer difficulties . Caregivers reported minimal ADHD education and community support. European caregivers of children/adolescents with ADHD identified multiple unmet needs, which persist despite treatment. The study claims that the caregivers

reported poor well being , peer difficulties, multiple unmet needs and stress among ADHD caregivers.

Cadman, Eklund, Howley, Hayward, Clarke, Findon, & Glaser (2012) conducted an observational study of 192 families caring for a young person (aged 14 to 24 years) with a childhood diagnosis of ASD or ADHD (n = 101 and n = 91, respectively) in the United Kingdom. A modified stress-appraisal model and well being scale was used to investigate the correlates of caregiver burden, stress and well being. The results show that both disorders were associated with a high level of caregiver burden ,stress and reduced well being . This comparative study among ASD and ADHD caregiver resulted that both disorders were associated with a high level of caregiver burden ,stress and reduced well being .

Zhao, Page, Altszuler, Pelham, Kipp, Gnagy, & Pelham (2019) examined the study to estimate the burden to families of raising a child with attention-deficit/hyperactivity disorder (ADHD). Data were drawn from a longitudinal sample recruited in western Pennsylvania. When participants were between 14 and 17 years old, parents completed a questionnaire assessing economic burden over the course of raising their children. Parents of participants with ADHD were more likely to have changed their job responsibilities or been fired and reported lower work efficiency with higher stress and reduced well being . The study infers that the ADHD caregivers have been fired and reported lower work efficiency with higher stress and reduced well being due to economic burden.

Noonan & tennstedt (2017) did a multivariate study and examined the relationship between meaning in care giving – positive beliefs about the caregiving situations and the self as caregiver- and the psychological well-being of 131 informal caregivers to community – residing frail elders. Measures of well-being included depression, Stress, and role of self.

Meaning in caregiving explain a significant portion of the differences in Stress and well being scores even after demographic had been controlled. Thus ,the stress and the psychological well being were negatively corelated . The conceptual parametes of meaning in caregiving disuccsed, has a directions for future research. The study claims that the psychological well being and the stress are the parameters that are related each other, infering that high stress can lead to low psychological well being.

Hernández-Otero, Doddamani, Dutray, Gagliano, Haertling, Bloomfield & Ramnath (2015) designed a survey to compare stress in parents of children/ adolescents with/without attention-deficit/hyperactivity disorder (ADHD) in six European countries and Canada when children prepare to return to school. Parents of children/adolescents (6–17 years) with/without ADHD were recruited and interviewed by a consumer research organization. Parents rated potentially stress-causing situations. The results show in Europe, 613/693 and in Canada, 102/150 parents of children with/without ADHD respectively participated in the survey. Parents in the ADHD group showed higher stress levels and reduced well being than parents in the non-ADHD group .The return to school was considered one of the most stressful events during the year. The study concludes that the parents in the ADHD group showed higher stress levels and reduced well being than parents in the non-ADHD group.

Cramm & Nieboer (2011). examined that Parental stress has been identified as a major affecter of caregivers' psychological well-being and a risk increaser for unwillingly placing children with disabilities in the care of others.. This study aims to characterize caregivers of children with intellectual disabilities who are about to seek outside support and care and to identify the conditions under which psychological well-being and parental stress are affected using parental stress as a mediating factor.The results found that parental stress and the child's depressive feelings strongly affected psychological well-being of care givers . We also found

an indirect relation of restricted caregiver social activities through parental stress. To protect psychological well-being of caregivers, support services should address depressive feelings among children with intellectual disabilities, facilitate caregivers' social activity, and reduce stress. The study shows that the parental stress is affected due to child's depressive feelings which indirectly affects the stress of the caregiver.

Musil, Morris, Warner & Saeid (2013) examined whether support from care recipients' primary care providers affects the stress and health of caregivers. This two-year longitudinal study addressed changes in caregivers' mental and physical health, both self-assessed and evaluated by professional nurse practitioners in physical examinations, and the effects of provider support on caregivers' health. Randomly selected participants from three previous studies plus a group of volunteer Alzheimer's caregivers constituted the sample. Of 254 eligible individuals, 150 agreed to participate, but by time 2, care recipient deaths and other reasons had reduced the number of caregivers to 99. Participants showed significant increases in stress and well-being and service use but declines in all areas of health and in provider support. The study infers that there is significant increases in stress and well-being among Alzheimer's caregivers

Uddin, Alharbi, Uddin, Hossain, Hatipoğlu, Long, & Carson (2020) examined how parenting stress mediates and family resilience moderates the associations of adverse childhood experience (ACE) with children's mental health and attention-deficit/hyperactivity disorder (ADHD) outcomes. Exposure to adverse childhood experience (ACE) has harmful consequences for caregiver health and well-being. However, it is less clear how different social processes may amplify or mitigate the effects of ACE on children's mental health. This secondary data analysis included 44,684 children aged 6–17 years from the 2016–17 National Survey of Children's Health (NSCH). Parenting stress and well-being mediated 57% of the total effect of ACE on any

mental health condition and 60% of the total effect of ACE on ADHD diagnosis. Parenting stress and well being were mediated with the total effect of ACE of children in the caregivers .

Caregiver stress and child behavior problems when they controlled for other factors, such as ASD severity and intellectual functioning (Study 1 and 2). However, Study 1 indicated that when the children were very young (2:6–4:0 years), ASD severity related most strongly to parenting stress and less emotional intelligence . In addition, both Study 1 and Study 2 indicated that parenting stress at Time 1 was a stronger predictor of child behavior problems at Time 2, rather than vice versa. The study shows that the parenting stress is the strong predictor of child behaviour problems.

Parental Stress and Emotional Intelligence

Finzi-Dottan, Triwitz, & Golubchik (2011) conducted a study to investigate stress-related growth in 71 parents of children with ADHD, compared with 80 parents of non-clinical children. The study investigated the contribution of emotional intelligence (individual characteristics), social support (environmental factors), parental self-efficacy ,parental stress and perceptions of parenting as a challenge vs. a threat (cognitive processing). Results indicated that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children, emphasizing that this personal trait is especially relevant to coping with on-going parental strain; whereas social support made a greater contribution to growth for the parents of children with ADHD. The study indicates that emotional intelligence was the main predictor of stress-related growth among ADHD caregivers.

Snyder (2009) examined a study which focussed on empathic communication and burnout . Specifically, it explored the role of social support in reducing the likelihood of burnout among 112 caregivers from a human-services organization. The results revealed that social support helps caregivers provide better treatment to clients and reduces symptoms of

burnout. Specifically, coworker support enhanced caregiver communicative responsiveness and supervisor support reduced caregiver perceptions of depersonalization. In addition, caregivers who reported high levels of emotional exhaustion indicated a desire to leave the organization. Care givers have faced higher level of stress and they had heavy emotional exhaustion during the work time . The study shows that the Care givers have faced higher level of stress and they had heavy emotional exhaustion which leads to low emotinal intelligence .

Van der Oord, Prins, Oosterlaan & Emmelkam (2006) examined informant agreement in children with ADHD and the association between parental depressed mood, parenting stress, emotinal intelligence and agreement in the ratings of ADHD, ODD and CD symptoms. The study sample included 65 parents ,completed questionnaires on ADHD behavior of their child, parenting stress and depressed mood, emotional intelligence that the teachers reported on ADHD behavior. The results shows that Low agreement was found for hyperactive and moderate agreement for inattentive, ODD and CD symptoms. It concluded that Parenting stress, but not parental depressed mood and emotional intelligence was associated with the disagreement between parents and teachers on both ADHD and ODD . These results emphasize the importance of considering parenting stress in diagnosing ADHD and comorbid ODD. symptoms. These results emphasize the importance of considering parenting stress and emotional intelligence in diagnosing ADHD and comorbid ODD. The comparative study concluded that concluded that Parenting stress, but not parental depressed mood and emotional intelligence was associated with the disagreement between parents and teachers on both ADHD and ODD.

Theule, Wiener, Tannock & Jenkins (2013) conducted a meta analyses to examine findings on the association between parenting stress, emotinal intelligence of ADHD. Predictors comprising child, parent, and contextual factors, and methodological and

demographic moderators of the relationship between parenting stress and ADHD, were examined. Findings from 22 published and 22 unpublished studies were included. Results confirmed that parents of children with ADHD experience more parenting stress and emotional exhaustion than parents of nonclinical controls and that severity of ADHD symptoms was associated with parenting stress. Child co-occurring conduct problems and parental depressive symptomatology predicted parenting stress. Parents of children with ADHD experienced no more parenting stress than parents of other clinically referred children. Little difference in parenting stress was found between mothers and fathers, but child gender was a significant moderator of parenting stress, with lower stress levels in samples with higher proportions of girls. The study shows that the parents of children with ADHD experience more parenting stress and low emotional intelligence than parents of nonclinical controls.

Yang, Jong, Hsu, & Tsai (2007) conducted a study to evaluate whether there are attention deficit/ hyperactivity disorder (ADHD) subtype differences regarding psychiatric features, comorbidity pattern parenting stress and emotional intelligence profiles in an Asian population. A total of 182 ADHD children and their primary caretakers recruited from a university-affiliated hospital were surveyed. Subjects were two groups of preadolescent (6 to 12 years old) ADHD children: children with ADHD-inattentive subtype ($n = 58$) and ADHD-combined subtype ($n = 124$). Various information was collected and compared, including the child's characteristics and the primary caretaker's characteristics, and profiles obtained with the Parenting Stress Index (PSI). The results concluded that parents of children of the combined subtype experienced higher parenting stress and low emotional intelligence. They felt their children displayed qualities that made it difficult for them to fulfill their parenting roles and had low emotional intelligence. The study concluded that that parents of children of the combined subtype experienced higher parenting stress and low emotional intelligence.

Gupta (2007) conducted a research to show that parents of children with special health care needs experience more parenting stress than parents of typically developing children, but the relation between the type of disability and parenting stress, emotional intelligence is far from clear. To explore the relation between the type of disability and parenting stress, parenting stress data on the Parenting Stress Index (PSI) and emotional intelligence. The demographic information were collected from convenience samples of parents of four cohorts of children: children with ADHD, children with developmental disabilities, children with HIV infection and children with asthma, and typically developing children. Level of stress in parents of children with special needs is determined by overall nature of the disorder, with the parents of children with ADHD and developmental disorders reporting higher levels of parenting stress and low emotional intelligence than children with HIV infection, asthma, and healthy controls. The study infers that parents experience more parenting stress and Low emotional intelligence in children with special health care need.

Ogg, Shelleby, Santuzzi, Wendel, Alfonso, Corning & Rogers (2022) has examined the associations between child ADHD symptoms and parent involvement and has generally relied on the use of parents' retrospective reports of parent involvement and ADHD symptoms. Data were collected daily from 26 parent participants over a 2-week period. Daily surveys asked parents to report on child ADHD symptoms, parental self-efficacy, parental time/energy, and home-based involvement quality. Results indicated that parental self-efficacy mediated the association between children's inattentive symptoms and parental home-based involvement quality. These results suggest that parental self-efficacy and emotional intelligence is an important factor in explaining how children's inattention is associated with stress involvement. In addition, the association between parental time/energy and home-based involvement quality was lower when parents perceived their child to have higher levels of symptoms. The study

infers that the parental emotional intelligence ,parental self efficacy were associated with stress involvement .

Parental stress

Osborne & Reed (2009) examined the interaction between parenting or caregiver stress and behavior problems in children with autistic spectrum disorders (ASDs) in a two different periods. The study sample included 137 participants . Study 1 focused on very young children, and Study 2 employed a wider range of child ages; both studies assessed these factors at 2 points in time. The researchers noted a strong association between parenting or caregiver stress and child behavior problems when they controlled for other factors, such as ASD severity and intellectual functioning (Study 1 and 2). However, Study 1 indicated that when the children were very young (2:6–4:0 years), ASD severity related most strongly to parenting stress and less emotional intelligence . In addition, both Study 1 and Study 2 indicated that parenting stress at Time 1 was a stronger predictor of child behavior problems at Time 2, rather than vice versa. The study shows that the parenting stress is the strong predictor of child behavior problems.

Kulkarni, Kulkarni, Ghooi, Bhatwadekar, Thatte, & Anavkar (2014) conducted a study on Stress among care givers, the impact of nursing a relative with cancer. The study involves collecting data from the cancer patients. A close-ended questionnaire that had seven sections on different aspects of caregivers' stress was developed and administered to 137 participants and purpose of conducting the survey was explained to their understanding. Data was collected in the questionnaires and was quantitatively analyzed. The study results showed that nearly 62% of caregivers were ready to ask for professional help from nurses, medical social workers and counselors to cope up with their stress and well being. Stress among caregivers ultimately

affects quality of care and well being provided to the patient . The study infers that the Stress among caregivers ultimately affects quality of care and well being provided to the patient .

Parental Stress

Alves, Monteiro, Bento, Hayashi, Pelegrini & Vale (2019). studied whether stressful work environment of ICUs can lead to burnout and stress .Observational survey of all caregivers from 74 of the 92 Swiss ICUs, measuring the prevalence of stress among the dementia caregivers in the work place and the pre-specified center-, patient and caregiver-related factors influencing its prevalence. The findings of opened a new frontier concerning burnout and stress in ICUs, highlighting the importance of team composition. The study infers that the prevalence of stress among dementia caregivers were high in the work place .

Leitch, Sciberras, Post, Gerner, Rinehart, Nicholson & Evans (2019) conducted a Qualitative research aimed at understanding the stress of parents of children with ADHD is limited and few interventions have been designed to directly target their stress. The study aim was to explore the stress of parents of children with ADHD using qualitative methodology. The sample size included 13 parents of children with ADHD participated in two focus groups. Parents also completed the Parenting Stress Index–Short Form. The results conclude that parents attribute their high stress to their children’s behaviour, unmet needs for support, and social stigma. Parents request support to enable them to cope and appear to represent a clinical population who require mental health care and support themselves. Future interventions directly targeting the stress of parents of children with ADHD may provide wide-ranging benefits for their children and families. The study claims that the parental stress was high among ADHD caregivers and the future interventions may benefit the caregivers .

Well Being

Hebert, Weinstein, Martire & Schulz (2016) did a research on informal caregiver well-being is a burgeoning area of investigation; 37% of the articles were published in the last five years. Evidence for the effects of caregiver were clear; the preponderance ($n = 71$, 86%) of studies found no or a mixed association (i.e., a combination of positive, negative, or non-significant results) between caregivers and well-being. These ambiguous results are a reflection of the multidimensionality of the informal caregiver and the diversity of well-being outcomes examined a poor well being. The study examined that there is relation in the diversity of poor well being among informal caregivers .

Werner & Shulman (2013) conducted a study to examine the association via comparison between caregivers of individuals with different developmental disabilities in addition to examining the influence of psychosocial protective factors. The study sample included Family caregivers ($N = 176$) of individuals with autism spectrum disorders (ASD), intellectual disabilities (ID), and physical disabilities (PD). Results showed that SWB of family caregivers was below the average normative level and especially low for caregivers of individuals with ASD. Findings from this study point the importance of supporting caregivers across the life-span in order to decrease stigma, improve social support and self-esteem and improve SWB. The study claims that the subjective well being was poor among ASD caregiver.

Mundal, Laake, Mezzich, Bjørkly & Lara-Cabrera (2021) examined to brief generic Multicultural Quality of Life of ADHD Caregivers .It is a culturally informed self-report 10-item questionnaire used to measure health-related quality of life (QoL). Attention Deficit

Hyperactivity Disorder (ADHD) in children might negatively influence the parents' QoL. The study sample included a cross-sectional study, 128 parents of children with ADHD were recruited to do the World Health Organization Well-being Index (WHO-5). The results from this study shows that the stress and support of the quality of life and well being in parents of children with ADHD is affected. The Caregiver of ADHD influence the parents' QoL, well being. The study infers that the results from this study shows that the stress and support of the quality of life and well being in parents of children with ADHD is affected.

Emotional Intelligence and Well Being

Navaie-Waliser, Feldman, Gould, Levine, Kuerbis, & Donelan (2002) examined the characteristics, activities, and challenges of high-risk informal caregivers. The methods included Telephone interviews and was conducted with a nationally representative cross-section of 1002 informal caregivers. Vulnerable caregivers with poor health or a serious health condition were compared with nonvulnerable caregivers. The results shows that Thirty-six percent of caregivers were vulnerable. Compared with nonvulnerable caregivers, vulnerable caregivers were more likely to have difficulty providing care, to provide higher-intensity care, to report that their physical health had suffered since becoming a caregiver, to be aged 65 years or older, to be married, and to have less than 12 years of education. The conclusions show that Reliance on informal caregivers without considering the caregiver's ability to provide care can create a reduced emotional intelligence, well being and potentially unsafe environment for the caregiver and the care recipient. The study claims that the ability to provide care can create a reduced emotional intelligence, well being and potentially unsafe environment for the caregiver and the care recipient.

Kontrimiene, Sauseriene, Blazeviciene, et al. (2021) conducted a Qualitative research of informal caregivers' personal experiences caring for older adults with dementia in Lithuania.

The present study aimed to determine the personal experiences of such caregivers, which could be instrumental for developing the emotional intelligence and there is means of improving the quality of care and well being for both care receivers and their informal caregivers. The methods included Five semi-structured focus-group and discussions were held. The participants (n = 31) were all informal caregivers of older adults with dementia. This study revealed, among the informal caregivers, a variety of experiences, contradicting feelings, and problem-solving strategies relating to the care of older adults with mental disorders. Becoming an effective caregiver involves professional and psychological development. Developing caregiving skills, supportive environment and positive attitude can help facilitate providing care. Caregiving largely impacts the emotional, physical, and social wellbeing of the person. The study infers that the emotional intelligence is positively related with the impacts of the emotional, physical, and social wellbeing and the emotional intelligence of the person.

Stjernswärd & Hansson (2020) conducted a Qualitative Study of Caregivers' Experiences, Motivation and Challenges Using a Web-Based Mindfulness Intervention. Caregivers report experiences of stress and burden that can affect their health negatively. Web-based mindfulness interventions have shown beneficial health effects in clinical and non-clinical populations, including caregivers. The study's aim was to explore the experiences of a web-based mindfulness program, including motivation and challenges to use, in caregivers of a person with somatic illness. Ten participants were interviewed. Data was analyzed with content analysis, resulting in four categories illustrating the participants' experiences of the program, including motivations and barriers to training. The findings illuminate the importance of emotional intelligence and well being adherence to such interventions, with the potential for enhanced beneficial outcomes. The study illuminates the importance of emotional intelligence and well being adherence to mindfulness interventions, with the potential for enhanced beneficial outcomes.

Blinka, Sheehan, Rhodes & Roth (2022) conducted a study on Family caregivers emphasise patience and personal growth, a qualitative analysis from the Caregiving Transitions Study. This study aimed to better understand caregivers' perception of their experiences through qualitative analysis. The study sample included 150 caregivers. Participants were from the Caregiving Transitions Study (CTS). The study analysed responses from 150 caregivers to an open-ended question at the end of the CTS telephone interview concerning additional information about their caregiving experiences. The results show that Male caregivers more often indicated that their motivation for taking on this role was their sense of duty towards family, while female caregivers focused on the challenges and burden of caregiving that they experienced. Thus the male family caregivers shared both positive and challenging experiences as they have increased emotional intelligence and reduced well being. The comparative study infers that the male family caregivers shared both positive and challenging experiences as they have increased emotional intelligence and well being than family caregivers.

Isa, Ishak, Rahman, Saat, Din, Lubis, & Ismail (2016) examined a study to know that there is considerable variation in how caregivers of children with disabilities adapt to their caregiving demands and stressors. The different adaptations to the children with disabilities may cause different impacts on the health and well-being of caregivers. The literature search was carried out using PsychINFO, ScienceDirect, ProQuest, and MEDLINE electronic databases accessed through the library system of The National University of Malaysia. Most of the studies were quantitative studies. Factors discussed that impact on caregivers' health and quality of life include the caregivers' sociodemographic background and child's disability-related factors. Several mediators and moderators including coping strategies, social support, self-esteem and self-efficacy are described in this paper. The study infers that the emotional intelligence is positively related with the well being of the caregivers.

According to research , ADHD being a chronic and debilitating mental disorder ,it widely affects the mental health of the parents which in turn affects the daily well being of the family and experience parental stress . According to few studies ,Care givers undergone several parental stress and reduced well being ,despite using pharmacotherapy Most of the studies on parental stress conclude that caregivers are reported with missed/altered work, avoiding social activity, increased parental worry/stress, reduced well being and strain on family life. Apparently ADHD caregivers had significantly lower scores in the social relations ,well being, emotional intelligence and environment WHO Quality of life domains. It is also evidenced the positive relationship between emotional intelligence and psychological distress in their caregivers . One of the study revealed that parents of children with multiple comorbid conditions experienced the highest levels of depression, stress, and reduced well being. Apparently one of the study examined the factors related to the poor general mental health state and decreased emotional intelligence of the caregivers of children with ADHD during the Covid-19 pandemic, including difficulties of caregivers in asking their child to adopt protective behaviors against Covid-19. The Caregivers were significantly associated with poor general mental health state and reduced emotional intelligence . Few studies claimed that both ASD and ADHD both are associated with a high level of caregiver burden and stress .Mostly the Parents of children with ADHD were more likely to have changed their job responsibilities or been fired and reported with lower work efficiency.It becomes a full time job to take care of the child especially the motherhood who faces tremendous amount of stress and seems to be exhausted.Few studies included emotional intelligence as the main predictor to handle stress .The Results indicated that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children, emphasizing that this personal trait is

especially relevant to coping with on-going parental strain; whereas social support made a greater contribution to growth for the control group than for parents of children with ADHD. Similarly the parents of ADHD children who are working for the betterment of family finances reports with high levels of emotional exhaustion indicated a desire to leave the organization. Few studies concluded that there is Parenting stress, but not parental depressed mood, among ADHD and ODD parents and teachers. Few comparative study included that there is a little difference in parenting stress, was found between mothers and fathers, but child gender was a significant moderator of parenting stress, with lower stress levels in samples with higher proportions of girls. A study found that the parents of children of the combined subtype experienced higher parenting stress and felt their children displayed qualities that made it difficult for them to fulfill their parenting roles. Apparently the parents of children with ADHD and developmental disorders reporting higher levels of parenting stress than children with HIV infection, asthma, and healthy controls. The Exposure to adverse childhood experience (ACE) has harmful consequences for children's health and well-being. One of the study concluded that Parenting stress and well being mediated 57% of the total effect of ACE on any mental health condition and 60% of the total effect of ACE on ADHD diagnosis. Almost 62% of caregivers were ready to ask for professional help from nurses, medical social workers and counselors to cope up with their stress. Stress among caregivers ultimately affects quality of care that is being provided to the patient. Few studies concluded that the high stress can lead to burnout. Most of the studies and the results conclude that parents attribute their high stress to their children's behaviour, unmet needs for support, and social stigma. Parents request support to enable them to cope and appear to represent a clinical population who require mental health care and support themselves. Future interventions directly targeting the stress of parents of children with ADHD may provide wide-ranging benefits for their children and families. Few results found that parental stress, the child's depressive feelings strongly affected psychological well-being of

care giver . To protect psychological well-being and emotional intelligence of caregivers, support services should address depressive feelings among children .Few studies included that caregiving largely impacts the emotional, physical, and social wellbeing of the person. Thus, comprehensive approaches are needed to prevent stress and associated social disadvantages.

As based on the above literature reviews and an understanding the present study has tried to find the relationship between Parental stress and well being, Parental stress and Emotional intelligence, Emotional intelligence and well being of ADHD Caregivers .

METHOD

CHAPTER III

METHOD

A brief understanding of the concepts of Parental Stress ,Emotional Intelligence and Well Being showed that ADHD caregivers reported missed/altered work, avoiding social activity, increased parental worry/stress, poor well being and strain on family life despite using pharmacotherapy. It was also understood that emotional intelligence was the main predictor of stress-related growth, particularly for parents of ADHD children..The emotional intelligence is positively related with the impacts of the emotional, physical, and social wellbeing . The present study was undertaken with the objectives

- a. To examine the influence of Emotional Intelligence on Well Being ,
- b. To examine the influence of Parental Stress on Well bBeing.

Hypotheses

Based on the study made by Fridman, Banaschewski, Sikirica, Quintero, Erder & Chen (2017), Uddin, Alharbi, Hossain, Hatipoğlu, Long & Carson (2020) and Kontrimiene, Sauseriene & Blazeviene (2021) ,the following hypothesis has been made

H 1: There will be a significant influence of Emotional Intelligence on Well Being of ADHD Caregivers.

H1.a : There will be a significant influence of intrapersonal dimension of emotional intelligence on Well Being of ADHD Caregivers.

H1.b : There will be a significant influence of interpersonal dimension of Emotional intelligence on Well Being of ADHD Caregivers.

H1.c : There will a significant influence of stress management of emotional intelligence on well being of ADHD Caregivers .

H1.d : There will be a significant influence of affect dimension of emotional intelligence on Well Being of ADHD Caregivers.

H2 : There will be significant influence of parental stress on well being of ADHD caregivers.

The present study was conducted in the Coimbatore district. The setting for the study chosen was Nithiliyam Special school & Adelaide Rehabilitation centre, Coimbatore, were selected to conduct the research . The reasons for selecting this area are :

- Availability of the required number of subjects
- Permission and cooperation provided by the management
- Easy accessibility

Sample

Forty Two ADHD Care givers , 21 male and 21 female were chosen from the particular school Named Nithiliyam Special school & Adelaide Rehabilitation centre ,Coimbatore. The age range of Care giver was from 18 – 50 years . They were selected by convenience sampling starts with a purpose in mind and the sample is thus selected to include people of interest .

Inclusion criteria

- Care givers aged 18 – 50 years were chosen for the sample.
- Both males and females are included.
- Care givers from Coimbatore, Tamil Nadu were selected.
- Care givers who were interested and willing to cooperate for the study were only chosen as samples.

Exclusion criteria

- Care givers aged below 18 years were excluded.
- Care givers who were not interested were excluded.

Tools

The following set of tools has been used for the present study.

Emotional Intelligence Scale

The Emotional Intelligence scale is a self-assessment scale and was developed by Zeng and Miller (2003) and can be used to measure the Emotional Intelligence of the individual. It contains 48 items used in a four-point response with four dimensions: Intrapersonal, interpersonal, stress management, and affect. Responses for each item range from (Strongly agree, inclined to agree, inclined to disagree, and strongly disagree). The range of scores are between 47-108. The score ranges according to the response (Strongly agree = 3, Inclined to agree = 2, Inclined to disagree = 1, Strongly disagree = 0). The item scores are then summed. The higher the score, the higher the measured level of Emotional intelligence. The reliability coefficient is significantly high. The content validity and concurrent validity of the test is high.

Parental Stress Scale

The Parental Stress Scale (PSS) was developed by Judy Berry and Warren Jones (1995) and can be used to assess outcomes of interventions designed to support parenting efficacy of mothers, fathers, and/or carers of children across a wide age range. It is an 18-item self-report scale where items represent positive (e.g. emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood. Respondents agree or disagree in terms of their typical relationship with their child or children: 5-point scale; strongly disagree, disagree, undecided, agree, strongly agree. The parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored. The item scores are then summed. The higher the score, the higher the measured level of Parental stress. Zelman & Ferro (2018) reported that the PSS has evidence of internal consistency, with an alpha coefficient of 0.84. Test-retest reliability of the English version of the PSS was analysed in the US after a six-week interval with a subset of 61 parents with one to five children. It reported a test-retest correlation of 0.81. It also reported positive correlations between

the Parental Stress Scale and the Parenting Stress Index IV Short form with a sample of 334 parents ($r=0.49$, $p < 0.001$).

Well Being Scale

The Mental Well Being scale developed by Warwick Edinburgh (2006) is a 14 item scale of positively worded statements. This scale is used to measure the feeling and functioning aspects of the mental well being. The 14- item statements have five response categories ranging from (none of the time ,rarely, some of the time ,often and all the time). Caregivers are asked to describe their experiences over the past two weeks. The scores range from 14-70 and are scored from 1-5. The higher the score indicates greater positive mental well being. The score ranging below 40 could indicate the high risk of depression. The congeneric reliability of the WEMWBS is 0.85.

Procedure

The research topic was explored and the hypotheses and objectives were framed. Caregivers fitting the inclusion criteria were approached and invited to participate in the study. From the pool of people who were willing and interested to participate in the study, the purposive Sampling method was used to choose the participants. Participants were debriefed about the research and consent was sought. The participants were given the questionnaires of Emotional intelligence scale ,Warwick Edinburgh Mental Well being scale and Parental stress scale and were asked few questions regarding demographic details. Participants were assured that the data collected would be kept confidential and only be used for research purposes. The scoring was done according to the scoring key and the scores were interpreted using the norms provided by the authors.

Analysis of data

The data was analyzed using Statistical Package for the Social Sciences (SPSS - 29). The data was analyzed using Pearson Product Moment Correlation test to find the relationship.

Institutional Human Ethics Committee

As the study involves human subjects, all procedures described in the study were reviewed and approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore. The approval number for the research purpose is **AUW/IHEC/CP-22-23/XMT-16**.

RESULTS AND DISCUSSION

Chapter IV

Results and discussion

The psychological and Subjective Well being notably changes over the course of the caregiver. Emotional Intelligence (EI) is the ability to recognize, understand, and regulate one's own emotions as well as the emotions of others. The higher levels of EI can have a positive impact on mental, physical and psychological well-being. The emotional intelligence is a key factor in promoting overall well-being of caregiver. Parental stress can have a significant impact on the well-being of the caregiver and their family. The parental stress can affect parents emotional, behavioural, and physical health of the caregiver. The parental stress can have a negative impact on the parent's well-being. Parents who are experiencing stress should seek out support and resources to help manage their stress levels, which in turn can help to improve the well-being of the caregivers. The objectives were a) To examine the influence of Emotional Intelligence on Well Being b) To Examine the influence of Parental Stress on Well Being.

The results of the study titled “ Emotional Intelligence, Parental stress and on its effect on well being among ADHD caregivers” are given below. The sample consists of 42 ADHD caregivers between the age range of 18 to 50 years of age. The data was analyzed using Pearson Product moment correlation to find the relationship between Intrapersonal dimension of Emotional Intelligence and Well Being, Interpersonal dimension of Emotional Intelligence and Well Being, Stress Management dimension of Emotional Intelligence and Well Being, Affect dimension of Emotional Intelligence and Well Being, Parental stress and Well Being.

Table 1

Demographic data of the samples in terms of Gender among ADHD Caregiver.

Gender	N	Percentage%
Male	21	50%
Female	21	50%
Total	42	100

** . Correlation is significant at the 0.01 level (0.01).

Table 1 shows the demographic data of the responses ADHD caregivers . In this study, out of 42 samples, 50% of the total sample are male and 50% of the total sample were female. From the above table it may be inferred that there is equal participation of both male and females as responsible for the present study.

Table 2

Demographic data of the samples in terms of area among ADHD Caregiver.

Area	N	Percentage%
Urban	22	52%
Rural	20	48%
Total	42	100

** . Correlation is significant at the 0.01 level (0.01).

Table 2 shows the demographic data of the responses of ADHD caregiver . In this study, out of 42 samples, 52% of the total sample were from urban area and 48% of the total sample were from the rural area.

From the above tables, it may be inferred that there is equal representation of gender in ADHD caregiver. Further, there is somewhat equal representation of area among the ADHD caregiver. It may also be understood that well being plays a vital part in the daily basis of the caregivers . Hence the present sample is deemed to be fit for the present study.

In order (a) To examine the influence of emotional intelligence on well being, (b) To examine the influence of parental stress on well being, a Pearson product-moment correlation was done. The following table presents the results of the same.

Table 3

Correlation between Intrapersonal Emotional Intelligence and Well Being among ADHD Caregiver .

Variables	N	Well Being	Intrapersonal emotional intelligence
Intrapersonal emotional intelligence	42	.450**	
Well being	42		.450**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Intrapersonal emotional intelligence and well being among ADHD caregiver. There was a positive correlation between Intrapersonal emotional intelligence and well being among ADHD caregiver , which is statistically significant ($r= 0.450$, $n=42$, $p=0.01$).

The positive correlation between Intrapersonal emotional intelligence and well being is inferred as it facilitates the capacity for motivation, resilience, empathy and reasoning in oneself and the ability to understand ones mental modes and self concept. It also navigates a clear perception to handle the social situations and conflicts .Individuals who experience positive feelings about their self may be more likely to experience increased quality of life

and well being, which can interfere with the ability to concentrate on the self improvement and perform manually knowing the behaviours they exhibit to lead a healthy well being.

“H1a There will be an influence of Intrapersonal emotional intelligence and Well Being among ADHD caregiver” has been accepted.

Table 4

Correlation between Interpersonal Emotional Intelligence and Well Being among ADHD Caregiver .

Variables	N	Well being	Interpersonal emotional intelligence
Interpersonal emotional intelligence	42	.650**	
Well Being	42		.650**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Interpersonal emotional intelligence and Well Being among ADHD caregiver. There was a positive correlation between Interpersonal emotional intelligence and Well Being, which is statistically significant ($r= 0.650$, $n=42$, $p=0.01$).

The interpersonal emotional intelligence facilitates the ability to establish and maintain mutually satisfying relationships which are characterized by giving and receiving affection. It involves establishing meaningful and close relationships with empathetic perspective , self monitoring in the relationship satisfaction . It is seen that the individual who experience positive relationship with the society and closedones may be more likely to lead a good quality of life. The good communication skills with the closedones operates well in building the relationships more deeper .

“H1b There will be an influence of Interpersonal emotional intelligence and Well Being among ADHD caregiver” has been accepted.

Table 5

Correlation between Stress Management of Emotional Intelligence and Well Being among ADHD Caregiver .

Variables	N	Well Being	Stressmanagement of emotional intelligence
Stressmanagement of emotional intelligence	42	.127**	
Well Being	42		.127**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Stress management of emotional intelligence and Well Being among ADHD caregiver .There was a positive correlation between Stress management of emotional intelligence and Well Being among ADHD caregiver, which is statistically significant ($r= 0.127$, $n=42$, $p=0.01$).

There are several potential explanations for why these two variables may be positively correlated .The positive relationship between Stress management of emotional intelligence and Well Being leads to a enhanced self-esteem, less likelihood of depression and overall improvement in the quacity of life and well being. The dealing with the behavioural problems of the society may also leads to a poor quality of life and well being ,which in turn one must

acquire the stress management skills to lead a healthy life. Thus the stress management skills leads to the increased quality of life and well being.

“H1c There will be an influence of Stress management of emotional intelligence and Well Being among ADHD caregiver ” **has been accepted.**

Table 6

Correlation between Affect dimension of Emotional Intelligence and Well Being among ADHD Caregivers .

Variables	N	Well being	Affect of emotioanl intelligence
Affect of emotioanl intelligence	42	.238**	
Well being	42		.238**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Affect dimension of emotional intelligence and well being among ADHD caregivers. There was a positive correlation between Affect dimension of emotional intelligence and well being among ADHD caregivers, which is statistically significant ($r= 0.238$, $n=42$, $p=0.01$).

There are several potential explanations for why these two variables may be positively correlated. The Affect dimension of emotional intelligence generally includes the optimism, happiness, motivation and change management. The optimism exerts a indirect influence in the quality of life and well being. Thus the optimism , happiness and motivation may significantly influence the mental and physical well being by promoting a healthy life style and well being. Optimistic individuals are more resilient to stress and subjected to have more protective attitudes in life.

“H1d There will be an influence of Affect dimension of emotional intelligence and well being among ADHD caregivers” has been accepted.

Table 7

Correlation between Parental Stress and Well Being among ADHD Caregivers .

Variables	N	Well being	Parental stress
Parental stress	42	-.268**	-
Well being	42	-	-.268**

** . Correlation is significant at the 0.01 level (0.01).

A Pearson product-moment correlation was run to determine the relationship between Parental stress and well being among ADHD caregivers. There was a negative correlation between Parental stress and well being among ADHD caregivers, which is statistically significant ($r= 0.268$, $n=42$, $p=0.01$).

There are several potential explanations for why these two variables may be negatively correlated. For instance, parenting is a complex and demanding task where in the additional stress can cause a significant impact on the overall well being, including their physical and mental health .The individuals with higher levels of parental stress may experience poor well being and quality of life. Parents who experience high levels of stress may be more likely to experience behavioral and emotional problems, including anxiety, depression, and aggression. Parents who experience high levels of stress may also be more likely to engage in unhealthy coping mechanisms, such as smoking, drinking, or overeating which leads to worsened physical health and poor well being.

“H2a There will be an influence of Parental stress and well being among ADHD caregivers.” **has been accepted.**

SUMMARY AND CONCLUSION

Chapter V

Summary and Conclusion

Caregivers of children with ADHD can face a challenging and demanding task. One of the main challenges for caregivers is managing the behavioral symptoms of ADHD. Caregivers of children with ADHD may experience increased stress levels, which can have negative effects on their own health and wellbeing. The stress and well-being of ADHD caregivers can be influenced by various factors, including the severity of the child's symptoms, the presence of comorbid conditions, the level of social support, and the caregiver's coping strategies. The emotional intelligence of caregivers can be demanding and emotionally challenging. Emotional intelligence (EI) is the ability to recognize, understand, and regulate one's own emotions as well as the emotions of others. The high levels of EI can have a positive impact on mental and physical well-being. Individuals with higher levels of EI tend to experience higher levels of psychological well-being, including lower levels of anxiety, depression, and stress. The present study was conducted to assess the relationship between Emotional Intelligence, Parental stress and on its effect on well being among ADHD caregivers. The study was undertaken with the following objectives

- To examine the influence of emotional intelligence on well being
- To examine the influence of parental stress on well being.

The study included a total sample of 42 (21 male ADHD caregiver and 21 female ADHD caregiver) Adults. The age range of the individual was between 18 to 50 years. The data were collected from the individuals according to the inclusion and exclusion criteria. Purposive sampling method was used to collect the data. The Emotional intelligence scale is a self assessment scale developed by Gerald Miller (2003), The Parental stress scale was developed by Judy Berry and Warren Jones (1995) and the mental well being scale developed by Warwick Edinburgh (2006), were used for data collection. The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The data was analysed statistically using SPSS version 29.0.0.0 (Statistical Package for the Social

Sciences). Correlation was used to find the relationship between Dimensions of emotional intelligence and well being, the relationship between parental stress and well being was computed. The positive correlation between Intrapersonal emotional intelligence and well being is inferred as it facilitates the capacity for motivation, resilience, empathy and reasoning in oneself and the ability to understand ones mental modes and self concept. It also navigates a clear perception to handle the social situations and conflicts .Individuals who experience positive feelings about their self may be more likely to experience increased quality of life and well being, which can interfere with the ability to concentrate on the self improvement and perform manually knowing the behaviours they exhibit to lead a healthy well being.

The interpersonal emotional intelligence facilitates the ability to establish and maintain mutually satisfying relationships which are characterized by giving and receiving affection. It involves establishing meaningful and close relationships with empathetic perspective , self monitoring in the relationship satisfaction . It is seen that the individual who experience positive relationship with the society and closedones may be more likely to lead a good quality of life. The good communication skills with the closedones operates well in building the relationships more deeper .

The positive relationship between Stress management of emotional intelligence and Well Being leads to a enhanced self-esteem, less likelihood of depression and overall improvement in the quacity of life and well being. The dealing with the behavioural problems of the society may also leads to a poor quality of life and well being ,which in turn one must acquire the stress management skills to lead a healthy life. Thus the stress management skills leads to the increased quality of life and well being.

The Affect dimension of emotional intelligence generally includes the optimism, happiness, motivation and change management. The optimism exerts a indirect influence in the quality of life and well being. Thus the optimism , happiness and motivation may significantly influence the mental and physical well being by promoting a healthy life style and well being. Optimistic individuals are more resilient to stress and subjected to have more protective attitudes in life.

In terms of the emotional intelligence and well being , the four dimensions of emotional intelligence (Intrapersonal, Interpersonal, stress management and affect) are positively correlated with the well being .Thus, it may be concluded from the findings that high level emotional intelligence will tend to have to have high level of well being among ADHD caregivers .

In terms of parental stress and well being , it is concluded that the individuals with higher levels of parental stress may experience poor well being . Parents who experience high levels of stress may be more likely to experience behavioral and emotional problems, including anxiety, depression, and aggression. Parents who experience high levels of stress may also be more likely to engage in unhealthy coping mechanisms, such as smoking, drinking, or overeating which leads to worsened physical health and poor well being.

Limitations of the study

The study is not devoid of limitations. As the time frame of the study was limited, the sample size of the study was restricted. Further there were consent issues which limits the generalisability of the study. The study is limited in terms of the tools used which is not developed for this particular investigation. Though the constructs of the study are interrelated in terms of theoretical propositions and related literature, the scales used limited the scope of the study. Hence future research studies to understand the theoretical constructs using a larger sample and tool devised accordingly. The study can also be validated through other research designs such as a qualitative study to triangulate the studies.

Scope for Further Research

- The research can be expanded to diversified and cross-cultural samples that can compare the emotional intelligence and well being of the individual

- Intervention studies can also be used to increase the coping skills of the parental stress which in turn lead to the increased well being of the caregiver.
- Future studies can also be done to understand whether emotional intelligence , parental stress and well being are interrelated .

Implications

There are greater possibilities and necessities for further research on emotional intelligence, parental stress and its effects on well being toward Seeking Professional Psychological Help among caregivers . The scope of these areas would heighten in upcoming years.

- This study would serve as background data for further research.
- Exploring the impact and influence of emotional intelligence and parental stress shed light on the underlying mechanisms that influence the development of well being .
- Studying the relationship between emotional intelligence and well being could provide insight into the impact and influence of emotional intelligence on well being. It also shows the relationship between parental stress and well being. Parents who experience high levels of stress may be more likely to experience poor well being.
- The research findings will benefit adults, counselors, therapists, etc. to develop programs about Parenting Style and Altruism among addicted and non-addicted adults.

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Appendices

Annexure I Consent Form

I (Shivani R) am pursuing my Master's degree in Clinical Psychology and I would like to have your participation in this academic research. I assure confidentiality with the details provided by you and it will be used only for the academic purpose. Thank you for the same.

Study Procedure

You will be given two questionnaires in form type along with socio demographic profile. You need to respond to all items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your response to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to decide to whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving a reason. There is no cost to you for your participation in this study.

Consent

“By signing this consent form, I confirm that I have and understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.”

Name of the participant:

Signature:

Place:

Date:

Annexure II
Socio-Demographic Status Profile

NAME :

AGE :

GENDER : M/F

OCCUPATION :

I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Annexure III

**Avinashilingam Institute for Home Science
And Higher Education for Women
Coimbatore – 641043, India**

CONFIDENTIALITY STATEMENT

I **Shivani r**, pursuing my **II M.Sc. Clinical Psychology** from the Department of Psychology in Avinashilingam Institute for Home science and Higher Education for Women, Coimbatore-43, is assigned to do a thesis as a part of the curriculum to complete my course. In this connection, I am going to collect the information from adults (18-50 years), as my topic is **“Emotional Intelligence, Parental Stress and its effects on the Well Being among ADHD Caregivers ”**.I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Place:

Date:

Signature of the Researcher

Annexure IV

Emotional Intelligence Scale

Zeng and Miller (2003)

Read each other forty eight statements below and decide to what extent it applies to you. For each statement , tick on the response that best applies ,using the following scale

S.No	Description	Strongly Agree = 3	Inclined to Agree = 2	Inclined to Disagree = 1	Strongly Disagree = 0
1.	I understand myself and hold insights into the reasons for my own behaviour				
2.	I am aware of, understand, and appreciate the feeling of others				
3.	When I am faced with a dilemma, I stop and reflect before acting				
4.	I have the ability to set high but attainable goals				
5.	I am able to set - observe that is, I can internally observe my own behaviours, motives and patterns				
6.	I am sensitive to the feelings ,needs and sufferings of others				
7.	In general, I handle stressfull situations without becoming anxious				
8.	I would describe myself as a "can do" person				
9.	I accept my strengths and weekness as part of who I am				

10.	I really care what happens to others and am able to feel empathy for them				
11.	I view problem situations as "challenges", not as obstacles				
12.	I am highly motivated individual				
13.	I openly express thoughts, beliefs and feelings in a non destructive manner				
14.	My close relationships are characterized by intimacy and the giving and receiving of affections				
15.	I have the ability to resist or delay an impulse or drive				
16.	I am flexible when responding to change				
17.	I consider myself to be free of emotional dependency				
18.	My friendships mean a great deal to me and to my friends				
19.	I can resist the temptation to act on an impulse				
20.	I smoothly manage the demands of a changing environment				
21.	I am self-directed and self-controlled in my thoughts and actions				
22.	It is easy for me to keep destructive emotions and impulses in check				
23.	It is easy for me to keep destructive emotions and impulses in check				
24.	I am willing to make sacrifices to further a needed change				

25.	I respect and accept myself as basically being a good person				
26.	I believe we are all our " brothers keepers."				
27.	I would describe myself as a person ready to seize oppertunities				
28.	I have the ability to satisfied with my life				
29.	I have good self- regard and self - respect				
30.	I would never take advantage of someone, even if the person deserves it				
31.	I will cut through or go around red tape, when necessary, to achieve desired results				
32.	I get enjoyment from being alive				
33.	I have the ability to access my personal strengths and the weekness realistically				
34.	I am a co-operative, contributing and constructive member of society				
35.	I anticipate and prepare for events rather than react to situations				
36.	I have the ability to enjoy myself and others and to have fun				
37.	I focus on the development of my individual and unique potential and abilities				
38.	I have the ability to realize that I operate in an interdependent world rather than act				

	independently				
39.	In conflict situations, I can disagree reasonably without attacking others				
40.	I am optimistic about most things in life				
41.	I am involved in pursuits that lead to a meaningful, rich and full life				
42.	I would describe myself as a co-operative and collaborative person				
43.	I listen to differences of opinion with an open mind				
44.	I can maintain a positive attitude, even in the face of adversity				
45.	I try to make my life as meaningful and purposeful as possible				
46.	I work toward mutual, collaborative teamwork and consensus				
47.	I seek solutions that will be a "win-win" for all concerned				
48.	I have the ability to look at the brighter side of life				

Annexure V

Parental Stress Scale (PSS)

Judy Berry and Warren Jones (1995)

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	

4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	. Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	. It is difficult to balance different responsibilities because of my child(ren).	
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	
14	. If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	

17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

Annexure VI

Mental Well Being Scale

Warwick Edinburgh
(2006)

This scale consists of 14 statements .The statements describe the well being of the individual.
Read the statements carefully and tick the response that suits you the best.

None of the time =1 ,Rarely= 2, Some of the time= 3 ,Aften=4 , All the time=5

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I have been feeling optimistic about the future					
I have been feeling useful.					
I have been feeling relaxed .					
I have been feeling interested in other people.					
I have had energy to					

spare.					
I have been dealing with problems well.					
I have been thinking clearly.					
I have been feeling good about myself.					
I have been feeling close to other people.					
I have been feeling confident .					
I have been able to make up my own mind about things.					
I have been feeling loved.					
I have been interested in new things .					
I have been feeling cheerful .					

INSTITUTIONAL HUMAN ETHICS COMMITTEE



Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be university under Category 'A' by MHRD, Estd. u/s 3
of UGC Act 1956) Re-accredited with 'A++' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore- 641043, Tamil Nadu, India

06.01.2023

Chairman

Dr. Sudha Ramalingam
Director – Research and Innovation
Professor- Community Medicine,
PSG Institute of Medical Sciences
& Research, Coimbatore

Member Secretary

Dr. A Thirumani Devi
Professor
Department of Food Science and
Nutrition

Members

Mr. K. Arulmoli (Legal Expert)
Dr. Subashini K. Sripathi
Dr. A Saraswathy (Medical Officer)
Ms. D. Kavitha
Dr. A R Sudamani Ramasamy
Dr. G. Victoria Naomi
Dr. Judith Justin
Dr. Anitha Subash
Dr. K. Sampath Rani

To
Ms. Shivani, R.
Department of Clinical Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore- 641043

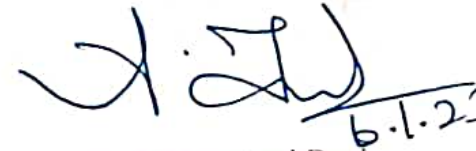
Dear Shivani,

Ref: Your proposal No. IHEC/22-23/CP-16 entitled
“Emotional Intelligence, Parental Stress and its Effect on Wellbeing
among ADHD Caregivers” submitted for approval of IHEC on
19.11.2022.

The Institutional Human Ethics Committee of our
University hereby grants approval to your research proposal
No. IHEC/22-23/CP-16 entitled “Emotional Intelligence, Parental
Stress and its Effect on Wellbeing among ADHD Caregivers”
submitted by you. The Approval number for the same is
AUW/IHEC/CP-22-23/XMT-16.

We wish you all the best in your research endeavours.

Regards


6.1.23

Dr. A Thirumani Devi
Member Secretary

