

EFFECT OF COUNSELLING ON HIGH SCHOOL INSTITUTIONALIZED CHILDREN.

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ABSTRACT

Present study is the pioneer attempt in India to help the institutionalized children (staying in orphanages) to enhance their Negative Mood Regulation Expectancies (NMR) through a specially prepared comprehensive Counselling Programme sessions given individually to each child of the Counselling Group. In this study, a sample of 40 high school, institutionalized children (20 girls, 20 boys) having problems, needed special attention between the age of 14-17 years of two orphanages of Shimla,(H.P.). Out of these 40 students, 20 students (10 girls, 10 boys) were considered for the Counselling Group and rest 20 were assigned to the Control Group. The $2 \times 2 \times 3$ (A x B x C) Factorial designs have been used with repeated measures on the third factor, factor A (Gender: Boys and Girls), factor B (conditions) Counselling Group and Control Group (no counselling has been given to the Control Group), Factor(C) trials of assessment consists of three levels:(1) pre-counselling, (2) post-counselling and (3) follow-up assessment trials, taken after one month of counselling. The effect of counselling on the changes on the negative mood scores has been analysed by Repeated Measures Analysis of variance RMANOVA three factor mixed design. All the post hoc comparisons have been made by Newman Keul's Multiple Range Test. The main finding of the present study is: "Counselling Programme is significantly effective in enhancing the negative mood regulation expectancies score from pre to post assessment trials and these changes have been maintained till the follow-up for the boys as well as the girls".

Key words: *Assessment Trials, Cotrol Group, , Counselling Group, Expectancies,institutionalized,*

I. INTRODUCTION

Orphan or deprived child is defined as any boy or girl without a parent or both parents between 0-17 years of age who has been deprived of material or moral support affection, protection of the natural family,(Saini,1982). These children are institutionalized. Institutionalization is the treatment services for some categories of problem children to overcome their problems and facilitate eventual rehabilitation. The children are mainly kept in institution with the idea of providing them the basic necessities of life, such as food, clothing and are trained in vocations so that they could become independent (Royalu & Murthy, 1989).The term childcare institution or orphanage are used interchangeably, to refer to place where normal children with no parents, one parent or destitute and neglected children are taken care of. Orphans are highly deprived class of our society. Researchers on deprivation have shown that any sort of deprivation, parental, socio-cultural etc. during early childhood have

resulted in the development of negative self, neuroticism and other negative personality traits. Studies of children brought up in child rearing institutions; reflect the development of certain negative personality traits and neuroticism (Srivastava *et al.* 1986).

“In the orphanage children become sad and many of them die of sadness”. This statement quoted in the diary of Spanish Bishop in 1760, has been reported by Spitz (1945). This reveals that recognition of the adverse effects of institutional care on children is not a recent development. But in twentieth century this problem was brought into focus by Spitz (1945). Goldfarb (1945, 1947, 1949, 1955), who perceived institutionalized to be deleterious to child development. Social environment has been found to be very much related to their mental health as well. Mental health has been defined, “a state of balance between the individual and surrounding world, a state of harmony between one self and others, a co-existence between the realities of the self and that of other people and that of environment” (Park 1997). Reddy (1989) noticed that emotional disturbance of children inevitably affects the social relationship. Youngleson (1973) found that because of lack of proper social relationship they are less adjusted than non-institutionalised children and develop the attitude of homelessness, unworthiness and guilt Reddy, 1989).

These children feel handicapped by frustration of their needs for love, security, needs for new experiences, for praise, recognition and responsibility (Udai Shanker, 1984). Garhok (1973) found that orphan showed psychoneurotic trends in the form of exhibition of more negative emotions, feelings of anxiety, inferiority, dejection, helplessness, insecurity, shyness, reserve passivity and emotional stability. Orphans seem to acquire a feeling of hostility towards authority and society. They have the negative emotions.

Perceptual and cognitive development was found very low among deprived (Sandeep & Pushpa, 1981) and deprived group was found to be less intelligent, emotionally unstable, shy and nervous. Srivastava, Awadhesh & Singh (1986) found high neuroticism in orphan children. He suggests that female orphans might be feeling more problems, uncertainty about their future and high sense of insecurity than male orphans. Mood disorders are more common in youngsters than older persons (Weisman *et al.* 1988). The persistent mood diminishes interest or pleasure in most activities and is considered to be central features of major depressive disorders. Some of the core symptoms like sleep disturbances, appetite disturbances, feeling of worthlessness very often result in irritable mood.

In the adolescent, physical, mental and emotional changes occurs (Gallagher, J; and harris, H.T., 1976). If adolescents are to develop into stable, mature citizen, to meet the demands of life, they must learn to cope with difficulties they experiences. Here, the elders, especially parents' role is to set a good example a helping hand to their children, when it is needed. Those boys and girls who have good relationships with both the parents feel secure. Since institutionalized children are brought up in totally different environment, Majumdar (1985) observed that fear of rejection, interference with physical activities, denial of status, friction between authority and children may lead to anxiety or anger among these children.

Due to institutionalization, children are deprived of familial protection and real childhood is lost by suffering from many physical, psychological, and social problems they have to face. This may have a negative impact on their future. Since high school stage is most decisive period for all the children because they have to take decision related to their career. At this stage institutionalised children also need to adjust with out side

community to restore their self-confidence. The problems experienced by them due to institutionalization not only interfere with their performance and proper development but also prevent them from pursuing their goals confidently. It was assumed that high school institutionalised children (both boys & girls) need more help than non institutionalised children at other age group. Especially those children who have no parents and no homes to go back to are most affected. They must learn to cope with the difficulties experienced by themselves . Here the elder's role is to set a good example of understanding, listening and to lend adolescents a helping hand when needed.

Catanzaro and Mearns (1990) defined generalized expectancies for negative mood regulation as the belief individual have, that when they are in bad mood they can do something to make themselves feel better. Rippere (1979) found that many people try to cope with depression behaviorally and cognitively in common sensual ways. The successful coppers often reported making a change in their social environment and they appear to have a belief in the coping statements they made to themselves.It was observed that some behaviour and cognition can alleviate the negative state and induce the positive one. When people have well developed belief about how to make themselves feel better such belief can be conceptualized as generalized expectancies for the success of mood regulation strategies and should predict coping effort and their outcomes (Franko et. al. 1985).Catanzaro and Mearns, (1990) and Franko, et al. (1985) posited that negative mood regulation expectancies should be related to efforts to cope with stressful events, based on the social learning theory tenet. When individuals believe that a behaviour will lead to desired outcome, such as feeling better, they are likely to engage in that behaviour (Rotter 1982).

III. METHOD

Present study is the pioneer attempt in India to help the institutionalized children (staying in orphanages) to enhance their Negative Mood Regulation Expectancies (NMR) through a specially prepared comprehensive Counselling Programme sessions given individually to each child of the Counselling Group. The present study is the pioneer attempt in India to help institutionalised children (staying in Orphanages) to regain / maintain physical, psychological and social health. As both boys and girls have similar problems, equal numbers of both boys and girls were included in the present study. In each group, there were two groups, one group was given counselling and the other group was not given any counselling and was regarded as control group. Counselling was given by the researcher herself. Who prior to this research work had done Post-Graduate Diploma in Guidance and Counselling and was well versed with the procedure. The goal of this present chapter is to clarify;

- i) Design of the study.
- ii) Instruments used
- iii) Sample selection.
- iv) Instructions.
- v) Procedure.
- vi) Statistical Analysis.

1 Design: 2 x 2 x 3 (A x B x C) Factorial designs have been used with repeated measures on the third factors, factor A (Gender) consists of two level with equal number of (A 1) Boys and (A 2) Girls, factors B (condition) consists of two levels, (B 1) counselling and (B 2) control group (no counselling has been given to the Control Group) Factor (C) trials of assessment consists of three levels (C1) pre-counselling, (C2) post-counselling and (C 3) follow-up assessment trials, taken after one month of counselling.

The purpose of the study is to see the effects of counselling (Independent Variables) on negative mood regulation expectancies scores of the students that served as dependant variables of the study. In the above mentioned design factors like type of housing conditions, examination system and course syllabus were controlled. All the subjects were taken from Government run Orphanages at Mashobra for girls and tutikandi for boys of Shimla distt. Himachal Pradesh

1(a) Counselling:

Counselling program was prepared for the institutionalised children to deal with the psychological The main focus of this program was to help the children to understand and deal with their problems mood of themselves. It was believed that mode of their thinking and behaving creates problems for them leading to lowering of their self-esteem and self-confidence and enhancing anger, negative mood and loneliness.

Through this counselling program, an effort has been made to spend a quality time with the institutionalised children. In this attempt children were encouraged to talk about their day to day life, their problems, sharing their past experiences and their future plans with the counsellor. It was hoped that this effect will help them to grow as a more responsible and self-confident persons. The effort was made to help them to recognise the negative aspects of their behaviour and they were taught better modes of behaviour that were appreciated in society so that they are able to deal with their future by making wise and thoughtful decisions for themselves.

The counselling was given in a period of 3 days for one hour per day individually in the order. To make this counselling program, interesting small stories and samples of successful people were included .

02 Instruments Used:

Negative Mood Regulations Expectancies: Catanzaro and JackMearns' (1990): The negative mood scale was developed by Salvatore J. Catanzaro and JackMearns'(1990). The scale measures the generalised expectancies for the negative mood regulations. The construct was defined as the expectancy that some behaviour or cognition will alleviate a negative mood state.

The scale consisted of 30 items. In this measure 15 items are positively recorded and 15 items are negatively recorded. The respondents respond on a five point rating scale ranging from strongly disagree to strongly agree, high score indicates less negative mood. **Reliability of Negative Mood Regulation Scale:** Catanzaro and Mearns reported alpha co-efficient ranging from .86 to .92. Test -retest reliability for six months was .65 (Mearns, 1991).

Scoring:

Negative Mood regulation Expectancies (NMR): Scoring of negative scale has been done on a fine point rating scale .i.e. strongly agree, agree, disagree, equal, disagree and strongly disagree. The negative worded items are 3,5, 8, 9, 11, 14, 18, 19, 21, 22, 24, 25, 27, 28, and 30. The scores of such items are reversed. The total scores of the negative mood scale are obtained by adding up the scores given to each item.

3 Sample:

In the present purpose a sample of 40 high school, institutionalised children (20 girls, 20 boys) having problems, needed special attention between the age of 14-17 years of two orphanages at Shimla district (H.P. were selected with the help of caretakers. Out of these 40 students, 20 students (10 girls, 10boys) were considered for the counselling and rest 20 were assigned to no treatment control condition.

It was assumed that since these supervisors are in close contact with these children. They are in a better position to accurately identifying those who need help. The children were selected from similar socio-economical and educational background, having no parent or one parent.

4 Instructions:

The instructions given on each of the questionnaire were read loudly to the subjects according to their choice of language. Researcher assisted them in their task. Efforts were made to answer all the questions raised by them.

5 Procedure: After Selecting the Sample:

Subjects were called individually for counselling for 3 days with the gap of 2 days in between each session. Prior to the counselling, in the first session, after establishing rapport, the information on all the questionnaires was collected from the participants. Counselling sessions given after that. After the completion of all the sessions, all the questionnaires were again filled by the participants.

During the counselling sessions, the staff supervisors of the orphanages were requested to notice effect of counselling on the subjects. Follow-up assessment was again carried out on all the dependant variable measures after one month.

The subjects of control group were treated like the treatment group with the only difference that they were not exposed to the counselling program. On the first day pre-assessment questionnaires were filled. The control group was met only in one month. After one month subjects were met to fill past assessment questionnaires and after another month follow-up assessment questionnaires were filled by them.

6 Statistical Analysis:

Following statistical procedure are employed to analyse the data.

- (i) **t-test:** t-test was carried out on the pre-treatment data of the dependant variable **Negative Mood Regulations Expectancies** separately for boys and girls in counselling as well as in control conditions. This analysis was performed to see if any group differences existed prior to treatment.
- (ii) **Repeated Measure Analysis of Variance:** From the findings of t-test it was apparent that treatment as well as control groups were comparable on all the dependant variables prior to treatment. Therefore, treatment related changes from pre to post and post to follow-up trials were further analysed by three factors repeated measures analysis of variance (Mixed) design for the dependant variable, (Bruning & Kintz, 1987) with repeated measures taken over trials.
- (iii) **Newman Keul's Multiple Range Test:** The post-hoc comparisons among all means were made by Newman Keul's Multiple Range Test Bruning & Kintz, 1987).

RESULTS

The effectiveness of counselling has been analysed on the Negative Mood Regulations (dependent variables). Treatment related changes have been analysed by comparing pre-counselling, post-counselling and follow-up scores of negative mood regulations. First of all, t-test was performed on the pre-intervention data of all the dependent variables scores, separately for males as well as females of both counselling and control-group to see if between any group differences existed prior to the counselling on these measures so that effective measures could be taken to control such effects and (ii) one could state with confidence that pre to post and post to follow-up changes on these scores were solely due to the manipulation of independent variables and not due to any other relevant variable existing prior to the intervention. The findings of the t-test revealed that the mean scores of both counselled as well as control-group were comparable on the dependent variable prior to the intervention, for both males as well as females. Table 1 and Table 2 present the pre counselling scores for male and female institutionalised children respectively. All the dependent variable scores have been further analysed by three factor repeated measure analysis of variance (mixed design) i.e. gender x condition x assessment trials with repeated measure on one factor (trial) (see Bruning & Kintz, 1987). All the post-hoc comparisons among means have been made by Newman Keul's Multiple Range Test (Bruning and Kintz, 1987).

Table – 1

Table of t-test on pre-counselling scores of all the dependent variable for the male institutionalized children

	t-value	SE of difference	P
Negative Mood Regulations	-.24	7.43	NS

Table – 2

Table of t-test on pre-counselling scores of all the dependent variable for the female institutionalized children

	t-value	SE of difference	P
Negative Mood Regulations	-.45	5.73	NS

5.3 The Effect of Counselling in Enhancement in their Generalized Expectancies with regard to Negative Mood Regulation of Institutionalized Children.

The treatment related changes on the negative mood scores have been analysed by Repeated Measure Analysis of variance RPMANOVA three factors mixed design. All the post-hoc comparisons have been made by Newman Keul's Multiple Range Test. The summary of RPMANOVA is reported in Table 3.

Table – 3

Summary of RPMANOVA for the effect of Counselling on Negative Mood Regulation Expectancies with Repeated Measure on Trials.

Source	SS	df	MS	F	P
Total	27751	119	-	-	-
Between Subjects	27302	39	-	-	-
Condition (Treat/Control)	28	1	28	.036	NS
Gender (Male/Female)	1749	1	1749	2.46	NS
Condition x Gender	12	1	12	.015	NS
Error b	25513	36	708.69	-	-
With in Subjects	449	80	-	-	-
Trials	236	2	118	55.39	<.01
Trial x Condition	28	2	14	6.57	<.01
Trial x Gender	2	2	1	.46	NS
Trial x Condition x Gender	10	2	5	2.34	<.01
Error w	145	72	2.13	-	-

(A) Between Group Differences:

As is clear from Table 5. Neither the main effect of condition or of gender nor their interaction with each other (condition x gender) has turned out to be significant.

(B) Within Group Change:

Treatment related changes overtime have been measured by taking repeated measures over trials. As is clear from the Table 4 The main effect of trials have been turned out to be significant with $df = 2/72$, $F = 55.39$, $p < .01$. Post-hoc comparisons have been made by Newman and Keul's Multiple Range Test. The mean of Negative Mood Regulations expectancies taken at pre-assessment, post- assessment and follow-up assessment trials are reported in Table 4.

Table – 4

Pre Counselling, Post Counselling and Follow-up Means of Negative Mood Regulations Expectancies

Grouping	Mean	N	Trials
	61.9	40	Pre assessment
	65.25	40	Post assessment
	62.9	40	Follow-up

Within group changes based on Newman and Keul’s Multiple Range Test show that while a significant increase is evident ($p < .01$) in the mean scores of Negative Mood Expectancies from pre to post assessment trials. A significant decrease from post to follow-up mean scores ($p < .05$) is evident. However these follow-up scores are significantly higher than the pre-assessment scores ($p < .01$). Thus the effect of counselling has been maintained till the follow-up assessment trials. Two way interaction between trial x condition also turned out to be significant with $df 2/72, F=6.57, p < .01$.

Further the three way interaction between trial x condition x gender also turned out to be significant with $df 2/72, F = 2.34, p < .01$. In order to observe the direction of significant differences among the mean scores of (Trial x Condition x Gender), interaction effect, the post-hoc comparisons have been made by applying Newman Keul’s Multiple Range test. The means of Negative Mood Regulation Expectancies scores at two levels of gender (boys & girls), two levels of condition (treatment & control) and there assessments of trial have been reported in Table -5 and Fig. 1.

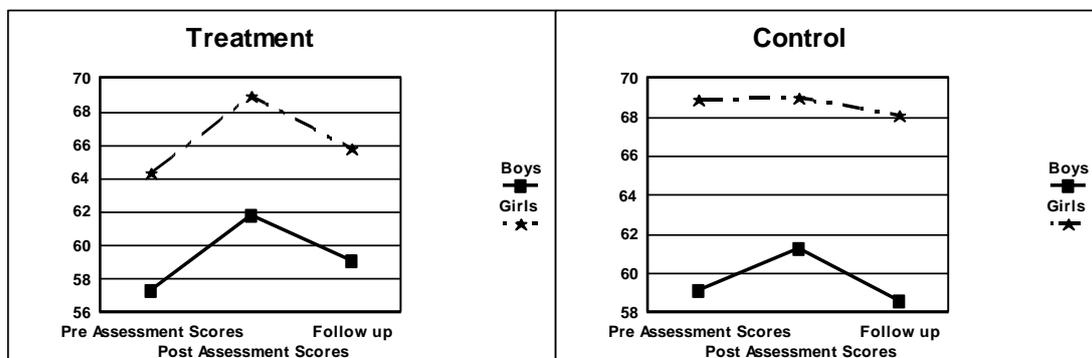
Table – 5

Pre Counselling, Post Counselling and Follow-up Means of Negative Mood Regulation Expectancies Scores under two conditions (Counselling/Control) two level of gender (Male/Female) on these assessment trials

Trials	Treatment		Control	
	Boys	Girls	Boys	Girls
Pre Assessment Scores	57.3	64.3	59.1	68.9
Post Assessment Scores	61.8	68.9	61.3	69.0
Follow-up	59.1	65.8	58.6	68.1

Fig. 1

Interaction between two condition and three assessment trials.



Between group row wise comparisons figure in Table 5 & Fig. 1 demonstrates that:

- (i) Institutionalized children (both male/female) who were given counselling show significant ($p < .01$) increase in Negative Mood Regulations Expectancies scores from pre to post- treatment. While a non-

significant reduction is evident from post to follow-up assessment trials, but follow-up scores remain significantly ($p < .01$) higher from pre-treatment scores.

- (ii) Institutionalized children (Male) under control conditions also report a significant ($p < .01$) increase in pre to post-scores and a significant reduction in the follow-up scores, but females under control condition do not report such increase. Further, column wise comparisons show that the pre-assessment, post-assessment and follow-up trials, Negative Mood Regulation Expectancies score of male institutionalized children are significantly lower than female counterparts in the treatment as well as control-group ($p < .01$).

Thus it is concluded that:

- (i) Counselling has been significantly effective in increasing the Negative Mood Regulation Expectancies scores from pre to post-assessment trials and these changes have been maintained till the follow-up for both boys and girls. Thus hypothesis 2 a has been supported in this regard.
- (ii) While a significant pre to post-assessment increase in Negative Mood Regulation Expectancies has been observed for boys in control-group. As expected changes in the Negative Mood Regulation scores are not evident in pre to post and follow-up assessment trials. Thus hypothesis 2 b is supported only for girls.

VI. DISCUSSION

6.1 The effect of the Counselling on the Negative Mood Regulation of the Institutionalized Children.

Negative Mood Regulation (NMR) expectancies represent people's level of confidence that they can terminate their negative moods. People with strong NMR expectancies believe that they can make themselves feel better when they are in a bad mood. People with weak NMR expectancies feel relatively powerless to affect their negative mood states (Mearns & Cain 2003). Much research relates NMR expectancies to coping strategies and affective and health outcomes of stress (Catanzaro & Mearns 1999). In general NMR expectancies predict the use of more adaptive and active coping strategies, as well as lower incidents of the negative consequences of stress, such as anxiety, depression, physical health problems (Catanzaro et al, 2000, Kassel, et al, 2000 and Mearns & Cain, 2003).

In view of above in the present study an attempt has been made to alter the generalized expectancies for negative mood regulation and institutionalized children through counselling. The major findings with regard to negative mood regulation are:

- (i) Counselling has been significantly effective in increasing the negative mood regulation expectancies score from pre to post assessment trials and these changes have been maintained till the follow-up for both the boys as well as girls.

- (ii) While a significant pre to post-assessment increase in negative mood regulation expectancies has been observed for boys in control group.
- (iii) As expected changes in the negative mood regulation scores are not evident in pre to post and follow-up assessment trials for girls.

In the present study, the counselling included the strategies of dealing with negative mood. Institutionalized children were told to have a positive outlook towards life by trying to appreciate the good points in others, trying to adjust to change by appreciating the benefits provided by these changes. Rather than feeling angry should try to look at events as passing phase of life and deal with them sensibly and effectively. Perhaps since the effort was made in the present study to enhance their negative mood regulation expectancies, the positive result in the enhancement of negative mood regulation is evident from the pre to post and post to follow-up scores. Further these changes have also been regardless of gender differences. Both genders have turned out to be equally successful coping with negative mood due to the counselling.

A significant pre to post increase in negative mood regulation expectancies has also been observed for boys in control group, who were not given any counselling in this regard. This highlights that perhaps this change in their expectancies might have resulted because of their interaction with their colleagues during the time period of when they were not given any counselling and their counterparts were undergoing counselling. Since the post scores of both treatment and control groups were taken after the completion of counselling.

While this process controlled for the amount time gap between pre and post-assessment trials. The possible control for the interaction between treatment and control subjects, during this period could not be maintained. Hence for further research such a control is absolutely essential. However with regard to females in control group as expected no changes in their negative mood regulation expectancies were observed from pre to post and from post to follow-up assessment trials. Perhaps no such interaction took place between the females of control and counselling group. However, without further research, no firm counselling can be drawn in this regard.

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