The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)

Volume 5, Issue 1, DIP: 18.01.018/20170501

DOI: 10.25215/0501.018

http://www.ijip.in | October-December, 2017

**Original Research Paper** 



# Effect of Life Skills Training On Emotional Distress: A Comparative Study between Adolescent Boys and Girls

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#### ABSTRACT

Adolescence is considered as a crucial stage for emotional development. It is also seen as a time of hyper-emotionality, emotional conflict, and volatile mood states. Given that adolescents lack skills for emotional management, emotional distress during these years can hamper their immediate growth and adversely affect their transition to the next stage of life. Interventions that promote positive emotional development during adolescence are the need of the hour. Keeping this in focus, the present study investigated the Effect of Life Skills Training on Adolescent boys and girls with high Emotional Distress. The study used pre- and post-test experimental design with a control group to examine the stated objectives. 160 adolescent boys and girls (n=80), with a mean age of 16.44 years, were selected for the study using Positive and Negative Affect Schedule. Of these, 80 in the experimental group (boys=40, girls=40) were trained in life skills. Descriptive statistics, independent sample t-test and repeated measures of ANOVA were used to analyze obtained results. Major findings of the study indicate that Life Skills training has significant effect in reducing emotional distress and improving emotional health in adolescents. And the significance of it was found to be higher in girls compared to boys.

Keywords: Emotions, Adolescence, Emotional distress, Emotional Health, Life Skills

Emotions are ubiquitous and a universal feature of human nature. They are multi-component response tendencies that may be experienced as positive states of blissfulness and desirability or negative states of distress and aversion. Negative emotions, have been invariably linked to diseases and disorders of the mind and body just as positive emotions have been linked to physical health and psychological wellbeing (Fredrickson, 2000). This is because emotions represent the principle pathways connecting psychological stress to disease and disorder (Cohen & Pressman, 2006).

Adolescence is a unique and distinct period of life on the developmental continuum that is often considered as an important stage for emotional development. Seen as a time of

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Received: September 08, 2017; Revision Received: October 09, 2017; Accepted: October 30, 2017

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transition from childhood to adult life, an adolescent is expected to attain emotional awareness, regulation, autonomy, and maturity to face the demands of later years. Developing emotional competence in adolescence is seen as a protective factor for the personal and social growth of youngsters. It is also seen as a strong predictor of life success (Broderick & Jennings, 2012). It enables one to take perspective, establish realistic and coherent sense of identity, build healthy and strong relationships, learn to cope with stress and manage emotions (APA, 2002). But this is easier said than done. Emotions during adolescence are intense, frequent and volatile. The maturing body and brain coupled by socio-cultural demands to confirm can cause overwhelming emotional responses in adolescents, making it look like a time of 'heightened emotionality' and 'impulsivity'. The vast hormonal changes, increased limbic reactivity and restructuring of neural pathways in the adolescent brain amplify their sensitivity to emotional information in the environment, causing them to exhibit exaggerated emotional response (Broderick & Jennings, 2012; Curits, 2015). Since adolescents lack the needed tools for emotional management, hyper-emotionality at this phase of life can hijack adolescent behavior, causing instability and distress in their affective responses (Arnett, 1999; Guyer, Nelson & Silk, 2016; WHO, 2014).

Emotional distress during adolescence has been linked to a variety of maladaptive behaviors and difficulties in functioning for both boys and girls. These include academic failures, interpersonal difficulties, addictive behaviors, poor physical health, and proneness to mental disorders (Knopf, Park, & Mulye, 2008; Suris, Parera & Puig, 1996; Roeser, Eccles & Sameroff, 1998; WHO, 2014). Though there is no significant gender difference in the experience of emotional distress, research shows that the way boys and girls cope with it differs. Adolescent girls score high in internalizing the distress and suffer with it, while adolescent boys deal with it by acting out the symptoms through deviant behaviors (Soloski & Berryhill, 2016). The National Adolescent Health Information Center (2008) reports that "1 in 5 adolescents experience significant symptoms of emotional distress and nearly 1 in 10 are emotionally impaired. 20 to 25% of young people (10-24 years) have symptoms of emotional distress and 21.3% of teenagers between ages 12 to 17 have received some mental health treatment or counseling for emotional or behavioral problem". The report also notes that many of the mental health problems diagnosed during adult years have their onset in adolescence. When emotional distress, conflicts and negativity during adolescence is not resolved, the individual may transit with it into adulthood and continue to experience the illeffects of it through life (Froese, 1975; WHO, 2014). Since research ascertains the undisputed role of emotions in one's overall functioning, escalating strategies to build emotional competence during the developing years of life becomes a necessity than a want.

In the past few years, many governmental and non-governmental organizations are developing and implementing programs that focus on building the strengths and skills of adolescents. One such program that has been advocated at both national and international level is the 'Life Skills Education' (Khera & Khosla, 2012; UNICEF, 2012; WHO, 2009). The World Health Organization (2009) defines Life Skills as "the ability for adaptive and

positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life". Life Skills are essentially those abilities that endorse wellbeing and competence by enabling people to translate knowledge, attitudes and values into actual abilities, i.e. 'what to do and how to do it'. They facilitate cognitive, emotional and social skills by promoting self-management, social awareness, strong relationships, and responsible decision-making (WHO, 2009). Though essential to all throughout life, life skills are usually taught to adolescents who are venturing into life, having to deal with real time issues.

Research on Life skills confirm that they can be used as preventive, protective and promotive programs in adolescence. They empower people through constructive knowledge, skills and attitude to make informed choice with awareness and insight. Life skills have proven beneficial in thwarting a host of addictive and antisocial behaviors, which in most cases, are seen as maladaptive coping to underlying emotional conflict and stress (National Institute on Drug Abuse, 2003; WHO, 2009). They have been effective in helping adolescents deal with challenges of transition (Kumar & Chhabra, 2014), reduce psychological distress (Ghasemian & VenkateshKumar, 2017) used to build emotional maturity and stress resilience (Shwetha, 2015), emotional health and self esteem (Mohammadzadeh, Hayati & Ismail, 2017), positive personal profile and emotional intelligence (Subasree, 2012), emotional competence and improving levels of functioning (Chhadva & Kacher). Thus, life skills have been advocated to address a variety of issues pertaining to adolescence, and in each case their effectiveness has been ascertained.

Most studies on adolescence emotional distress focus on evaluating mood states such as anxiety and depression. Emotional distress is equated to psychological distress and the words have been used interchangeably. In the present study, emotional distress is defined as a state of negative emotionality that causes aversive emotional experiences and reduces health enhancing positive feelings. An interactive and activity based module was developed on six of the ten core life namely - Problem Solving, Decision making, Interpersonal Skills, Communication Skills, Coping with Stress and Coping with Emotions. It was hypothesized that life skills training will have a significant effect in reducing emotional distress and the impact of intervention will have differing effects on adolescent boys and girls.

#### **METHODOLOGY**

#### Sample

160 adolescent students between the age of 10-19 years (mean age = 16.44) participated in the study. Participants selected were from different schools and colleges in Mysore city, based on initial screening and test scores i.e., individuals who scored high on negative affect and low on positive affect were taken with consent for the study. The sample consisted of equal number of adolescent boys and girls (n=80).

#### Instruments

Positive and Negative Affect Schedule (PANAS) developed by Watson, Clark and Tellegan (1988) was used to assess emotional distress. The schedule is a 20-item self-report measure that gives accurate assessment of positive and negative affect. 10 items in it measure positive affect, while the remaining 10 measure negative affect. As reported by the authors, the scale has good validity and reliability. For Positive Affect Scale, the Cronbach alpha coefficient was 0.86 to 0.90; for the Negative Affect Scale, 0.84 to 0.87. Over an 8-week time period, the test-retest correlations were 0.47-0.68 for the PA and 0.39-0.71 for the NA. PANAS also has strong reported validity with such measures as general distress and dysfunction, depression, and state anxiety.

#### **Procedure**

The study was carried out in three phases -

*Phase I* – Screening/Pre-test assessment; *Phase II* – Intervention with life skills;

*Phase III* – Post-test Evaluation.

**During Phase I**, a large population of adolescent students (n=615), were administered PANAS to assess emotional distress. The data obtained was scored and 160 students who scored high on negative emotions and low on positive emotions were selected. Of these, 80 participants were randomly assigned to the experimental and control group respectively. Each group consisted of equal number of male and female adolescents (n=40).

**During Phase II**, participants in the experimental group were trained on 6 of the 10 core life skills. Participants in the control group were not subjected to any such training. The intervention consisted of 10 sessions, each with duration of 120 minutes. Each session was divided into two sub-sessions of 60 minutes, scheduled twice a week. The intervention lasted for 10 weeks. An activity based module was prepared to impart life skills in a practical and interesting manner. Given below is the protocol for Life Skills Intervention used in the study:

	Sub-session 1	*Establishing rapport				
SESSION I		*Presenting treatment regulation				
Introduction	Sub-session 2	*Promoting an understanding of life skills				
SESSION II	Sub-session 1	*Evaluating relevant problems with regard to life skills				
Evaluation of		training				
Problem	Sub-session 2	*Developing a rationale for the training program				
		*Defining Problem and the importance of problem solving				
SESSION III	Sub-session 1	skills through activities to promote self-awareness				
Problem		*Understanding the process in problem solving				
Solving Skills						
		*Components in problem solving				
	Sub-session 2	*Obstacles to problem solving				
		*Overcoming obstacles				
		*Defining Decision making				

SESSION IV	Sub-session 1	*Understanding decision making styles					
Decision		*Steps to good decision making					
Making Skills		*Components of decision making skills					
_	Sub-session 2	*Pitfalls to good decision making					
		*Overcoming the pitfalls					
		*Defining Communication					
	Sub-session 1	*Understanding dynamics of communication					
SESSION V		*The process of communication					
Communication		*Components in communication					
Skills	Sub-session 2	*Communication styles – Assertive communication					
		*Barriers to effective communication					
		*Overcoming barriers					
		*Defining Relationship					
	Sub-session 1	*Types of relationships – Family, Friends, Intimate ties,					
		Professional					
SESSION VI		*Stages in interpersonal relationship					
Interpersonal		*Essentials of interpersonal skills					
Skills	Sub-session 2	*Patterns of interpersonal relationships					
		*Obstacles to healthy relationships					
		*Understanding interpersonal conflicts and abuse					
		*Defining Stress					
	Sub-session 1	*Understanding types, causes, and implications of stress					
SESSION VII		*Stress management – steps to coping					
Coping with		*Mechanisms in coping with stress					
Stress		*Styles and strategies in coping with stress					
	Sub-session 2	*Blocks to Coping and overcoming them					
		*Stress management – life style, relaxation, changing					
		thoughts and behavior, mindfulness					
		*Defining Emotions – understanding adolescent					
	Sub-session 1	emotionality					
SESSION VIII		*Types of emotions					
Coping with		*Coping with emotions – the process					
Emotions		*Coping with specific emotions – Anger, Fear, Sadness,					
	Sub-session 2	Jealous, Disgust					
		*Coping with positive emotions					
		*Understanding the power of words					
		*Summarizing sessions					
and a contract	Sub-session 1	*Questions and clarifications					
SESSION IX		*Discussing personal significance and benefits of					
Termination		intervention					
	g 1 · 2	*Exploring thoughts and feelings about termination					
	Sub-session 2	*Preparation for termination					
CECCION S	C-1	*Saying good-bye					
SESSION X	Sub-session 1	*Evaluating progress made					
Follow-up		*Assessing maintenance of skills					
	Cl.	*Detecting early signs of relapse					
	Sub-session 2	*Instruction for future					
		*Suggestions					

**During Phase III**, post-test evaluations were done on both the experimental and control group using the same measurement tools as in Phase I.

#### RESULTS

The analysis of data for Positive Emotions has been presented under the following tables:

Table 1 Mean pre- and post-test score on Emotional Distress (Positive Emotions) of male and female adolescents belonging to experimental and control groups

Cwarm	Gender	Pre test		Post test	Change	
Group		Mean	S.D	Mean	S.D	
Experimental	Male	24.08	3.77	39.63	2.29	15.55
	Female	22.42	4.79	42.33	3.79	19.91
	Total	23.25	4.36	40.98	3.40	17.73
Control	Male	24.93	4.77	27.70	4.32	2.77
	Female	22.83	5.48	27.38	4.82	4.55
	Total	23.88	5.21	27.54	4.55	3.66
Total	Male	24.50	4.30	33.66	6.91	9.16
	Female	22.63	5.12	34.85	8.67	12.22
	Total	23.56	4.80	34.26	7.84	10.70

Table 2 Results of repeated measure ANOVA on mean pre and post test score on Emotional Distress (Positive Emotions) of male and female adolescents belonging to experimental and control groups

Source of variation	Sum of	Df	Mean	F value	P value		
Source of variation	squares		square				
Between subject effects							
Change	9148.503	1	9148.503	833.047	.001		
Change * Group	3955.078	1	3955.078	360.143	.001		
Change * Gender	187.578	1	187.578	17.081	.001		
Change * Group * Gender	33.153	1	33.153	3.019	.084		
Error(change)	1713.187	156	10.982				
Between subject effects							
Between groups	3283.203	1	3283.203	122.127	.001		
Gender	9.453	1	9.453	.352	.554		
Groups x Gender	60.378	1	60.378	2.246	.136		
Error	4193.838	156	26.884				

Repeated measure ANOVA revealed a significant increase in Positive Emotions of the sample selected irrespective of the groups (F=833.047; p=.001). In pre-test the sample had a mean score of 23.56 irrespective of the group, which has increased to 34.26 in post-test. The increase of 10.76 scores from pre- to post-test situation is found to be statistically significant. Further, when group wise increase in the scores was verified, experimental group gained significantly higher than the control group (F=360.143; p=.001). The experimental group has gained 17.73 scores (pre 23.25, post 40.98), whereas control group has gained only 3.66 scores (pre 23.88; post 27.54). Gender-wise also a significant difference was observed

(F=17.081; p=.001), where we find that female students gained more from life skills training than male students (mean gains 12.22 and 9.16 respectively). Lastly, the interaction effect between group and gender was found to be non-significant.

The analysis of data for Negative Emotions has been presented under the following tables:

Table 3 Mean pre and post test score on Emotional Distress (Negative Emotions) of male and female adolescents belonging to experimental and control groups

Croun	Gender	Pre test		Post test	Change	
Group		Mean	S.D	Mean	S.D	
Experimental	Male	31.38	3.95	18.08	5.02	13.30
	Female	34.78	4.42	15.30	4.86	19.48
	Total	33.08	4.51	16.69	5.11	16.39
Control	Male	30.80	5.03	28.50	5.48	2.30
	Female	36.10	6.04	32.45	4.81	3.65
	Total	33.45	6.13	30.48	5.50	2.97
Total	Male	31.09	4.50	23.29	7.40	7.80
	Female	35.44	5.30	23.88	9.88	11.56
	Total	33.26	5.37	23.58	8.71	9.68

Table 4 Results of repeated measure ANOVA on mean pre and post test score on Emotional Distress (Negative Emotions) of male and female adolescents belonging to experimental and control groups

Source of variation	Sum of	Df	Mean	F value	P value			
Source of variation	squares		square					
Between subject effects								
Change	7498.128	1	7498.128	399.363	.001			
Change * Group	3597.903	1	3597.903	191.630	.001			
Change * Gender	283.128	1	283.128	15.080	.001			
Change * Group * Gender	116.403	1	116.403	6.200	.014			
Error(change)	2928.938	156	18.775					
Between subject effects								
Between groups	4011.528	1	4011.528	129.498	.001			
Gender	487.578	1	487.578	15.740	.001			
Groups x Gender	371.953	1	371.953	12.007	.001			
Error	4832.488	156	30.977					

Repeated measures ANOVA revealed a significant decrease in Negative Emotions of the sample selected irrespective of the groups (F= 399.363; p= .001). In the pre-test the sample had a mean score of 32.62 irrespective of the group, which has been decreased to 23.58. The decrease of 9.68 scores from pre to posttest situation is found to be statistically significant. Further, when group wise decrease of scores was verified, experimental group obtained significantly lower scores than the control group (F= 191.630; p= .001), were we find that experimental group has gained 16.39 scores (pre 33.08, post 16.69), were as the control group has gained only 2.97 scores (pre 33.45, post 30.48). Gender-wise also, a significant

difference is noted between adolescent boys and girls (F=15.080; p=.001). This shows that female students gained more from life skills training than male students (mean gains 11.56 and 7.80 respectively). Lastly, the interaction effect between group and gender is found to be significant (F=6.200; p=.014).

#### **DISCUSSION**

The study hypothesized the significant impact of life skills training on emotional distress in adolescents students i.e., life skills training will reduce negative emotions, thereby decrease emotional distress and increase positive emotions, thereby increasing emotional health and competencies. Life skills training was given to adolescents students who scored high on negative emotions and low on positive emotions. The data analyzed from the pre and post test scores clearly indicate the effectiveness of life skills training on reducing emotional distress, i.e., the participants in the experimental group showed a significant decrease in negative emotions and increase in positive emotions post intervention. Thus, the hypothesis of the study is accepted. The study also sought to evaluate if there is a difference in the effectiveness of life skills training depending on gender group. The results in this direction confirms the hypothesis i.e., adolescent girls in the group have a significantly higher mean value post intervention when compared to adolescent boys indicating that they have gained more from life skills training than boys. The results on positive and negative emotions in terms of interaction effect between group and gender show different trends. On positive emotions, there is no significant interaction effect between gender and group, while this is found to be significant for negative emotions.

The subjective report of the intervened group indicated improvement in their ability to recognize emotions, tolerate discrepancies in emotional expressions, cope with stressful situations, communicate better in interpersonal interactions, handle day-to-day issues and solve problems more effectively, make appropriate decisions based on realistic evaluations and appraisals, and perform better in challenging situations. The participants also reported better competency in dealing with negative emotions and consciously affirming positive experiences that helped them to maintain a positive mood state. As is the motto of life skills, the knowledge imparted to adolescents about emotionality and its effects on health and behavior during the intervention proved useful in enabling them to build insight about subtle aspects of functioning which hitherto they were unaware of. The result of the study confirms the findings of previous research investigations on the effectiveness of life skills intervention in building emotional competence, reducing emotional stress and helping adolescents deal with transitional challenges that in themselves cause emotional conflict and stress (Subasree, 2012; Chhadva & Kacher, 2013; Shwetha, 2015; Mohammadzadeh et. al., 2017; Ghasemian & VenkateshKumar, 2017).

#### CONCLUSION

Life skills are those abilities that help people to make the most out of life and live up to one's full potential. They can be used as coping skills, adaptive skills, management skills,

negotiating skills, organizing skills or functional abilities that allow those who posses them to accomplish the impossible. Since life skills are generic skills they can be used as individual components or in combination or as a whole to deal with specific life issues. As previous studies indicate, this does not decrease their value or effectiveness. The essence of these skills lies in their simplicity and realistic approaches that can be tailored to suite any person and any life situation. The flexibility they provide in building knowledge about life, the experience and practice gained through them let people easily groom their skills to make life productive and meaningful. Teaching life skills early in life is beneficial as they permit an individual to make informed choices and learn to take responsibility for it. This can in turn prevent emotional and behavioral complications that hinder positive personal growth. Many professional endorse that life skills are best when taught in adolescence. Adolescence is a critical time for introspection and self-development. Instilling essential skills of life during this stage can facilitate self-awareness, better behavior, healthy attitude, and competencies in the upcoming generations. Though there is growing consideration about the necessity of developing adolescent life skills, more needs to be done in implementing skill-based educational programs. Sensitizing adolescents, parents, teachers and the society in general about the usefulness of life skills needs attention. There is a need for policy makers, trained professionals and facilitators who can carry out this task satisfactorily to make a difference in the world of adolescents.

#### Acknowledgements

The help rendered to me by my guide, family and colleagues during my research is gratefully acknowledged. I also thank all the students who volunteered and participated in the intervention program. Without their support and enthusiasm, this study would not have been possible. My special gratitude to the school/college authorities and teachers who obliged and permitted me to work with students in their institution.

*Conflict of Interests:* The author declared no conflict of interests.

#### REFERENCES

- American Psychological Association. (2002). *Developing adolescents: A reference for professionals*. Washington DC: Author.
- Arnett, J., J. (1999). Adolescent storm and stress recommended. *American Psychologist*, 54(5), 317-326.
- Broderick, P., & Jennings, P. A. (2012). Mindfulness for adolescents: A promising approach to supporting emotion regulation and preventing risky behavior. In Malti, T. (Ed.). Adolescent emotions: Development, morality, and adaptation. *New Directions in Youth Development*, 136, 111–126.
- Chhadva, D., & Kacker, P. (2013). Effectiveness of life skills education on adolescents. *International Journal of Research in Education Methodology*, 3(1), 213-220.
- Cohen, S., & Pressman, S., D. (2006). Positive affect and health. *Current Direction in Psychological Science*, 15(3): 122-125.

- Curtis, C., A. (2015). Defining Adolescence. *Journal of Adolescent and Family Health*, Vol. 7(2).
- Fredrickson, L., B. (2000). Cultivating Positive Emotions to Optimize Health and Well-Being. *Prevention and Treatment*, *3*, 1
- Froese, A., P. (1975). Common emotional problems of adolescence. *Can Fam Physician*, 21(3), 69–72
- Ghasemian, A., & VenkateshKumar, G. (2017). Effects of life skills training on psychological distress among male and female adolescent students. *Indian Journal of Health and Wellbeing*, 8(4), 279-282
- Guyer, E., A., Silk, S., J., & Nelson, E., E. (2016). The neurobiology of the emotional adolescent: From the inside out. *Neuroscience & Biobehavioral Reviews*, 70, 74-85. DOI:10.1016/j.neubiorev.2016.07.037
- Khera, S., & Khosla, S. (2012). A study of core life skills of adolescents in relation to their self concept developed through yuva school life skill program. *International Journal of Social Science & Interdisciplinary Research*, *I*(11), 115-125
- Knopf, D., Park, M. J., & Mulye, T. P. (2008). *The Mental Health of Adolescents: A National Profile*, 2008. San Francisco, CA: National Adolescent Health Information Center, University of California, San Francisco
- Kumar, J., & Chhabra, A. (2014). Life skill education for adolescents: Coping with challenges. *Scholarly Research Journal for Humanity Science and English Language*, 1 (2), 181-190
- Mohammadzadeh, M., Awang, H., Hayati K., S., & Ismail, S. (2017). The effects of a life skills- based intervention on emotional health, self-esteem and coping mechanisms in Malaysian institutionalized adolescents: Protocol of a multi-centre randomized controlled trial. *International Journal of Educational Research*, 83, 32-42
- National Institute on Drug Abuse. (2003). *Preventing drug use among children and adolescents. A research based guide for parents, educators and community leaders* (2<sup>nd</sup> ed.). National Institute of Health; US Department of Health and Human Services. Maryland: Author
- Poole, S., Erika, & Peyton, Tamara. (2013). Interaction design research with adolescents: methodological challenges and best practices. *IDC 2013*. New York. NY, USA
- Roeser, R., W., Eccles, S., J., & Sameroff, J., A. (1998). Academic and emotional functioning in early adolescence: Longitudinal relations, patterns, and prediction by experience in middle school. *Development and Psychopathology*, 1998(10), 321–352
- Shwetha, B., C. (2015). The role of life skills training in developing emotional maturity and stress resilience among adolescents. *International Journal of Indian Psychology*, 2 (4), 193-203
- Soloski L., K., & Berryhill M., B. (2016) Gender differences: Emotional distress as an indirect effect between family cohesion and adolescent alcohol use. *Journal of Child and Family Studies*, 25, 1269–1283. DOI 10.1007/s10826-015-0311-7
- Subasree, R. (2012). Promoting Personal Profile of Adolescents through Life Skills Training Programme. *Indian Journal of Positive Psychology*, *3* (3), 224-228

- Surís, Joan-Carles, Parera, Nuria, & Puig Conxita. (1996). Chronic illness and emotional distress in adolescence. Journal of Adolescent Health, 19(2), DOI:10.1016/1054-139X(95)00231-G
- United Nations International Children's Emergency Fund. (2012). Global evaluation of life skills Education Programs. Evaluation Report. New York: Author
- World Health Organization. (2009). Violence prevention: The evidence. Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Geneva, Switzerland: Author
- World Health Organization. (2014). Health for world's adolescents: A second chance in the second decade. WHO Document Production Services, Geneva, Switzerland

How to cite this article: Hita C R & G Venkatesh (2017). Effect of Life Skills Training On Emotional Distress: A Comparative Study between Adolescent Boys and Girls. International Journal of Indian Psychology, Vol. 5, (1), DIP: 18.01.018/20170501, DOI: 10.25215/0501.018