Section: Mental Health

Original Research Article

RAISING EMOTIONALLY INTELLIGENT CHILDREN: THE ROLE OF PERCEIVED PARENTAL BONDING - STUDY AMONG MEDICAL STUDENTS

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Received *: 06/02/2025*
Received in revised form *: 22/03/2025*
Accepted *: 09/04/2025*

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DOI: 10.70034/ijmedph.2025.2.73

Source of Support: Nil,
Conflict of Interest: None declared

Int J Med Pub Health
2025; 15 (2); 404-410

ABSTRACT

Background: Emotional intelligence (EI) plays a crucial role in managing mental and behavioral disorders like depression and suicidal tendencies among youth particularly high-pressure environments like medical education. Parenting style is one of the factors that can influence emotional intelligence.
Objectives: 1) To assess the level of emotional intelligence, perceived parenting styles among first year undergraduates. 2)To analyse the relationship between emotional intelligence and perceived parental bonding.
Materials and Methods: Cross-sectional study among consented first year medical undergraduates. Emotional Quotient Self-Assessment scale and Parental Bonding Instrument study tools were used. Analysis was done using SPSS18. Descriptive statistics, t-test, Chi-square test, Fisher's exact test, Spearman's correlation test were applied.
Results: Out of 143 first year students 60(42.0%) were males and 83(58.0%) were females. Mean age of total participants was found to be 18.83±1.10 years. Majority of the students were having poor total EI scores and in all six domains of EI. The mean score of total EI score was 104.69±15.657, and of perceived parental bonding scores like mother care, mother protection, father care, and father protection were 27.34±7.15,14.90±5.87,25.68±8.38 and 14.63±5.99 respectively. Father and mother care scores were significantly higher among females than males (P 0.000), while Father and mother protection scores were significantly higher among males than females (P 0.000). Those with higher father protection scores had significantly lower emotional intelligence {self-awareness (P 0.017) and social competency (P 0.020)}. Males had affectionless control parenting (58.3%, 68.3% from Mother and Father respectively). Females had optimal parenting {(49.3%) from mother and affectionate constraint parenting (38.6%) from father} (P 0.000).
Conclusion: Maximum number of students had poor EI scores. Though perceived parenting style would not have much influence on overall emotional intelligence, it may impact domains like self-awareness and social competency.
Keywords: Emotional Intelligence, Parenting style, Perceived parental bonding, medical students.

INTRODUCTION

Emotional intelligence (EI) is defined as a kind of social intelligence, includes the capability of monitoring one's emotions and others' emotions and manipulating the information for managing one's thoughts and actions, and regulating emotions in self and others, and utilizing suitable emotions for

solving actively and effectively daily difficulties and obstacles.[1] Perceived parenting style is defined as an opinion of adolescents about styles of parental behaviours during their childhood. While parental influence diminishes during adolescence, longitudinal evidence suggests that early caregiving experiences create enduring patterns that influence emotional functioning well into adulthood.[2] Optimal bonding with parents characterized by high parental care and appropriate autonomy support facilitates emotional competence development. Specifically, responsive caregiving environments provide opportunities for emotional validation, modelling of effective emotion regulation, and scaffolded emotional learning.[3] EI helps in managing mental and behavioral disorders like depression and suicidal tendencies among youth particularly high-pressure environments like medical education. Emotional Intelligence has been associated with clinical competence, patient satisfaction, teamwork abilities, and reduced burnout among medical professionals.[4] Medical students, despite their advanced educational status, may carry forward emotional processing tendencies shaped by early relational experiences.

Medical education presents unique psychological and emotional challenges, requiring students to develop not only technical expertise but also sophisticated emotional capabilities. While medical schools increasingly recognize the importance of EI in professional development, less attention has been paid to its developmental origins. Training in Emotional Intelligence is necessary to improvise the control, perception and expression of their emotions to provide better patient care and improve teamwork.[5] Emotional intelligence correlates with many of the core competencies that modern medical curriculum seeks to deliver. The potential application of EI as a pedagogical tool into medical education offers a new approach to improving both educational and clinical outcomes.[6] Family environments, particularly parenting experiences, create foundational contexts for emotional learning. Research has demonstrated that medical students with higher EI demonstrate better academic performance,[7] superior clinical reasoning,[8] enhanced communication skills,[9] and greater resilience to stress.[2] Given these associations, understanding the developmental precursors of EI becomes increasingly important for medical educators.

The current study explores whether these early relational experiences, as measured by Brown's Parental Bonding Instrument (PBI),[10] show meaningful associations with emotional intelligence capabilities, as assessed by Sterrett's Emotional Quotient Assessment Scale (EQAS),[11] among students beginning their medical education journey. Limited research has examined these relationships specifically in medical education contexts. This study addresses this gap by investigating whether perceived parenting experiences continue to show associations with emotional capabilities among young adults entering the medical profession.

Study Objectives

1. To assess the level of emotional intelligence, perceived parenting styles among first year undergraduates
2. To analyse the relationship between emotional intelligence and perceived parental bonding.

MATERIALS AND METHODS

It was a cross-sectional study done in a medical college of rural Sangareddy district, Telangana. The study population was all first-year medical students of the 2024-25 batch (150 members). Study was done over a period of 3 months i.e. from January to March 2025. All students who consented to participate were included in the study. Students who did not give consent and those who are absent for three consecutive sessions were excluded. Following the approval of institutional ethics committee, all the first-year medical students who signed informed consent (N=143) were included in the study. Students were explained about the questionnaire and following which they completed the questionnaire during a scheduled session. The questionnaire included demographic information like age and sex, the EQAS, and the PBI (maternal and paternal versions). Data was entered in Microsoft excel and analyzed using SPSS-V18 software. Descriptive statistics like mean, standard deviation and t-test, chi square test, Fisher's exact test, Spearman's correlation test was applied

In this study two tools were used to assess student's emotional intelligence and perceived parental bonding.

1. **Emotional Quotient Self-Assessment (EQAS),[11] consists of 30 statements, five each for the following six domains**

- **Self–awareness-** the knowledge and understanding of one's own character, thoughts, feelings, and actions.
- **Self–confidence-** a firm belief in one's own abilities and values.
- **Self-control-** the ability to restrain one's impulses, emotions, or actions, and to act in a deliberate and thoughtful way.
- **Empathy -** the ability to understand and share the feelings of another person
- **Motivation -** enthusiasm for doing something
- **Social competency -** the ability to interact effectively and appropriately with others in social situations.

Each question was designed based on a 5-point Likert scale scoring from 1 to 5 (never = 1 to always = 5). The total score was the sum of all 6 domain scores. The minimum and maximum scores for each domain were 5 and 25 respectively and a cut –off value for good EI is 20 in each domain, the score below which needs improvement in the respective domain. The minimum and maximum total scores

were 30 and 150 respectively and cut –off value for total good EI score is 120.This was pre-validated and tested for reliability (Cronbach's alpha=0.82).

2. Parental Bonding Instrument (PBI),[10]

The PBI (Brown, 1979) is a 25-item retrospective measure assessing perceived parenting experiences during the first 16 years of life. The instrument includes two primary dimensions:

- Care (12 items): measuring perceived parental warmth, affection, and emotional responsiveness.
- Protection (13 items): captures psychological control, intrusion, and autonomy restriction thus measuring perceived parental bonding. Through these dimensions, the PBI identifies four parenting styles:

1. Optimal bonding (high care/low protection)
2. Affectionate constraint (high care/high protection)
3. Affectionless control (low care/high protection)
4. Neglectful parenting (low care/low protection)

The scale measured for both mothers and fathers bonding separately. Each statement based on a 0-3 Likert scale of (very unlike =0 to very like=3) with reverse scoring of several items (2, 4, 14, 16, 18, 24 items in care, 3, 7, 15, 21, 22, 25 in protection).

Assignment to "high" or "low" categories is based on the following cut-off scores:

For mothers' bonding, a care score of 27.0 and a protection score of 13.5.

For fathers' bonding, a care score of 24.0 and a protection score of 12.5.

The PBI has been used in hundreds of studies across various populations and has consistently demonstrated good internal consistency[12]. This was pre-validated and tested for reliability (Cronbach's alpha=0.85).

RESULTS

Out of 143 first year students 60 (42.0%) were males and 83 (58.0%) were females. The mean age of males was 18.66 years (SD 1.17) and that of females was 18.96 years (SD 1.04). Mean age of total participants was found to be 18.83 years (SD 1.10).

Female students were having higher (105.56±15.27) total emotional intelligence score when compared to that of males (103.46±16.21) but the difference was not statistically significant in overall emotional intelligence (P 0.443). Father and mother care scores were significantly higher among females than males (P 0.000), while Father and mother protection scores were significantly higher among males than females (P 0.000) (Table1).t-Test was used to analyse the data.

Majority of the students were having poor total EI scores including both males and females and in all six domains of EI. Males were poorer in self-awareness, motivation and social competency domains, while female students were poorer in self-confidence, empathy, and self-control domains. But was not statistically significant (P 0.821) when chi-square test was applied (Table 2).

Ten students out of 24 students (41.7%) with good emotional intelligence had perceived affectionate constraint parenting from mother and had perceived affectionless control parenting from father respectively. 7 out of 24 (36.1% and 29.2%) students with good emotional intelligence had optimal parenting from mother and father respectively, but was not statistically significant {mother- (P 0.059), father- (P 0.668)}by Fisher's exact test (Table.3).

Those with high father protection had significantly poorer emotional intelligence, particularly in self-awareness 80(72.7%) (P 0.017) and social competency 87(71.9%) (P 0.020) domains when chi-square test was applied. There was no significant statistical difference in any of six emotional intelligence domains and the other three PPB quadrants (mother care, mother protection, father care) (Table.4).

There was no significant correlation when Spearman's correlation was applied between perceived parental bonding scores and individual emotional domains nor total emotional intelligence domain scores (Table.5).

Sixty-two (74.7%) and Sixty-three (75.9%) female students had significantly high care from mother and father respectively (P 0.000) while 49 (81.7%) male students had significantly high protection from mother and father respectively (P 0.000) when chi-square test was applied (Figure.1).

Thirty-five (58.3%) and Forty-one (68.3%) male students had perceived affectionless control parenting from mother and father respectively. 41 (49.3%) female students had perceived optimal parenting from mother and 32(38.6%) female students had perceived affectionate constraint parenting from father. These were highly statistically significant (P 0.000): Fisher's exact test (Figure. 2).

Table 1: Gender wise Emotional Intelligence (EI) and Perceived Parental bonding mean scores of students

EI Domains & PPB quadrants	Gender wise Mean scores (SD)		Total Mean scores (SD)	P value (t-Test)
	Male	Female		
Self-awareness	17.90(3.11)	17.94(3.56)	17.92(3.37)	*P 0.945*
Self confidence	17.07(2.85)	16.95(2.74)	17.00(2.78)	*P 0.808*
Self-control	16.80(3.59)	16.77(3.00)	16.78(3.25)	*P 0.958*
Empathy	17.73(3.59)	18.67(3.03)	18.28(3.30)	*P 0.093*
Motivation	17.48(3.42)	18.14(3.73)	17.87(3.61)	*P 0.282*

Social competency	16.48(3.17)	17.08(3.52)	16.83(3.38)	*P 0.296*
Total Scores	103.46(16.21)	105.56(15.27)	104.69(15.65)	*P 0.443*
Mother care	23.75(6.16)	29.95(6.70)	27.34(7.15)	***P 0.000***
Mother protection	16.98(4.85)	13.40(6.11)	14.90(5.87)	***P 0.000***
Father care	21.66(6.72)	28.59(8.30)	25.68(8.38)	***P 0.000***
Father protection	17.08(5.11)	12.86(5.97)	14.63(5.99)	***P 0.000***

Table 2: Gender wise distribution of students based on Emotional Intelligence domain scores and Total EI scores

Emotional intelligence domains	Category	Gender			P value (chi-square test)
		Male (%)	Female (%)	Total (%)	
Self-Awareness	**Good**	13(21.7%)	20(24.1%)	33 (23.1%)	*P 0.841*
	Poor	47(78.3%)	63(75.9%)	110(76.9%)	
Self Confidence -1	**Good**	6(10.0%)	6(7.2%)	12(8.4%)	*P 0.761*
	Poor	54(90.0%)	77(92.8%)	**131(91.6%)**	
Self-Control -2	**Good**	7(11.7%)	8(9.6%)	15(10.5%)	*P 0.785*
	Poor	53(88.3%)	75(90.4%)	**128(89.5%)**	
Empathy	**Good**	18(30.0%)	24(28.9%)	42(29.4%)	*P 0.888*
	Poor	42(70.0%)	59(71.1%)	101(70.6%)	
Motivation	**Good**	13(21.7%)	20(24.1%)	33(23.1%)	*P 0.841*
	Poor	47(78.3%)	63(75.9%)	110(76.9%)	
Social Competency (3)	**Good**	6(10.0%)	16(19.3%)	22(15.4%)	*P 0.162*
	Poor	54(90.0%)	67(80.7%)	**121(84.6%)**	
Total EI score	**Good**	11(18.3%)	13(15.7%)	24(16.8%)	*P 0.821*
	Poor	49(81.7%)	70(84.3%)	**119(83.2%)**	

Table 3: Distribution of the students based on Emotional Intelligence (EI) categories & Perceived parenting style

	Perceived parenting style	EI categories (n) & Percentage (%)			P value (Fisher's exact test)
		Good	Poor	Total	
Mother	Affectionate constraint	10(41.7%)	25(21.0%)	35(24.5%)	*P 0.059*
	Affectionless control	5(20.8%)	47(39.5%)	52(36.4%)	
	Neglectful parenting	2(3.4%)	4(8.3%)	6(4.2%)	
	Optimal parenting	7(36.1%)	43(29.2%)	50(35.0%)	
Total		24(16.8%)	119(83.2%)	143(100%)	
Father	Affectionate constraint	5(20.8%)	35(29.4%)	40(28.0%)	*P 0.668*
	Affectionless control	10(41.7%)	46(38.7%)	56(39.2%)	
	Neglectful parenting	2(8.3%)	5(4.2%)	7(4.9%)	
	Optimal parenting	7(29.2%)	33(27.7%)	40(28.0%)	
Total		24(16.8%)	119(83.2%)	143(100%)	

Table 4: Gender wise distribution of students based on EI Domains, Total EI categories to that of Perceived Parental Bonding Quadrants

EI Domains and Total EI	Categories	Parental Quadrants								
		Mother Care*		Mother Protection*		Father Care*		Father Protection		
		High(%)	Low(%)	High(%)	Low(%)	High(%)	Low(%)	High(%)	Low(%)	P value(chi-square test)
Self-awareness	**Good**	21(63.6)	12(36.4)	20(60.6)	13(39.4)	20(60.6)	13(39.4)	16(48.5)	17(51.5)	***P 0.017***
	Poor	64(58.2)	46(41.8)	67(60.9)	43(39.1)	60(54.5)	50(45.5)	**80**(72.7)	30(27.3)	
Self confidence	**Good**	5(41.7)	7(58.3)	9(75.0)	3(25.0)	4(33.3)	8(66.7)	9(75.0)	3(25.0)	*
	Poor	80(61.1)	51(38.9)	78(59.5)	53(40.5)	76(58.0)	55(42.0)	87(66.4)	44(33.6)	
Self-control	**Good**	10(66.7)	5(33.3)	10(66.7)	5(33.3)	7(46.7)	8(53.3)	8(53.3)	7(46.7)	*
	Poor	75(58.6)	53(41.4)	77(60.2)	51(39.8)	73(57.0)	55(43.0)	88(68.8)	40(31.3)	

Empathy	**Good**	28(66.7)	14(33.3)	26(61.9)	16(38.1)	23(54.8)	19(45.2)	25(59.5)	47(40.5)	*
	Poor	57(56.4)	44(43.6)	61(60.4)	40(39.6)	57(56.4)	44(43.6)	71(70.3)	30(29.7)	
Motivation	**Good**	22(66.7)	11(33.3)	19(57.6)	14(42.4)	20(60.)	13(39.4)	21(63.6)	12(36.4)	*
	Poor	63(57.3)	47(42.7)	68(61.8)	42(38.2)	60(54.5)	50(45.5)	75(68.2)	35(31.8)	
Social competency	**Good**	17(77.3)	5(22.7)	11(50.0)	11(50.0)	15(68.2)	7(31.8)	9(40.9)	13(59.1)	***P 0.020***
	Poor	68(56.2)	53(43.8)	76(62.8)	45(37.2)	65(53.7)	56(46.3)	**87**(71.9)	34(28.1)	
Total EI	**Good**	**17(70.8)**	7(29.2)	15(57.1)	9(37.5)	12(50.0)	12(19.0)	15(57.1)	9(37.5)	*
	Poor	**68(57.1)**	51(42.9)	72(66.1)	47(39.5)	68(57.1)	51(81.0)	81(81.4)	38(31.9)	

***P>0.05**

Table 5: Spearman's correlation between EI Domains and PPB Quadrants

	Self-awareness	Self confidence	Self-control	Empathy	Motivation	Social competency	Total Scores
MOTHER							
Care	-0.021	-0.022	0.013	0.11	0.16	0.146	0.094
Protection	-0.038	-0.019	-0.026	-0.105	-0.153	-0.132	-0.119
FATHER							
Care	-0.021	-0.038	-0.012	0.129	0.105	0.127	0.079
Protection	-0.079	-0.009	-0.029	-0.142	-0.093	-0.093	-0.104

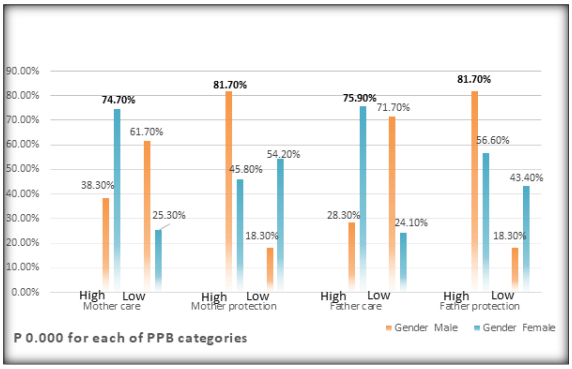

Figure 1: Gender wise distribution of students based on PPB Categories

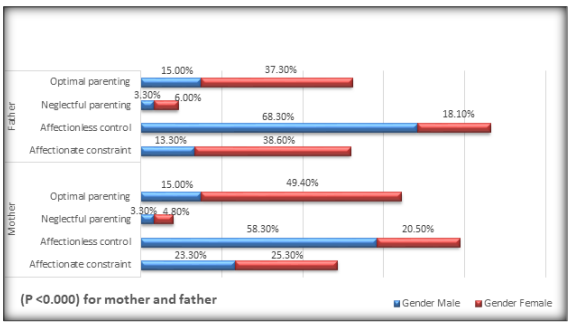

Figure 2: Gender wise distribution of students based on Perceived parenting styles

DISCUSSION

Majority of the medical students were females in this study which follows the current trend of more female medical admissions. This study found that majority of the students were having poor total EI scores including both males and females and in all six domains of EI. Female students were having higher total emotional intelligence scores when compared to that of males but there was no statistical significance. This is similar to the study done in Nigeria by Aniemeka O et.al,[13] and unlike to the study done by Neeta Austin,[14] where the male students had good emotional intelligence mean scores than female students. Focus on inclusion of tools of emotional intelligence like social emotional learning (SEL) for the medical students on war footing is needed.[15] Education, training, counselling on EI is needed for all the students.

Father and mother care scores were significantly higher among females than males, while Father and mother protection scores were significantly higher among males than females. High care giving parenting pattern like warmth, affection, and emotional responsiveness were perceived by females from their parents than males and overprotective parenting pattern like psychological control, intrusion, and autonomy restriction were perceived by males than females from both the parents. This is unlike to the study done in Texas by Meredith Ashley,[16] where the care was more from mothers while protection was more from father towards children regardless of gender. "Teaching Children to Recognize Their Emotions", "Offering Guidance Rather Than Removing Obstacles", "Regulating Emotions Instead of Reacting Impulsively", "Creating A Safe Space for Emotional Expression" are the four key pillars that are to be included in early to adolescent parenting to nurture emotional intelligence in growing children.[17]

No significant association between perceived parenting experiences and emotional intelligence among first-year medical students was found. 41.7% of students with good emotional intelligence had perceived affectionate constraint parenting (high care/high overprotection) from mother and affectionless control parenting (low care/high

overprotection) from father respectively. On the other hand, only 36.1% and 29.2% of good emotional intelligent students had optimal parenting (high care /low overprotection) from mother and father respectively. This is unlike the developmental theory[2] where optimal parenting was associated with higher emotional intelligence across all measured domains.

Those with high father protection scores had significantly lower emotional intelligence, particularly in self-awareness and social competency domains. The strong connection between parental protection dimensions and domains of emotional intelligence (self-awareness and social competency) suggest that early experiences of emotional atonement may facilitate the development of social-emotional capabilities crucial for effective patient care. This aligns with attachment theory propositions that responsive caregiving provides a secure base for exploring emotional experiences and developing empathic understanding.[18] This also agrees with the study done by Valiente et.al.[19]

There was no significant correlation between perceived parental bonding scores and medical student's emotional intelligence scores. This implies that the respondents' ability to understand own emotions, control emotions and manage relationships are not affected by their paternal bonding style. This finding agrees with the study by Kopko(2007),[20] that a cooperative, motivated, and responsible teen may be more likely to have parents who exercise an authoritative parenting style.

Limitations: This was one-time cross-sectional study done among first year medical students using self-assessment emotional intelligence scales. Parenting experiences may be subjected to recall bias.

Recommendations: Further research on the relationship between emotional intelligence and parental bonding on the larger student population would be needed. There is a need for imparting emotional intelligence components into medical education through personal counselling sessions and through curriculum. Education to parents on rearing and caring for children is needed to create emotionally strong future citizens and clinicians

CONCLUSION

Majority of students had poor emotional intelligence regardless of domains and gender. Male students were poorer in self-awareness, motivation and social competency, while female students had poor self-confidence, empathy and self-control. Females had care and males had overprotection from both the parents. Though perceived parenting style would not have much influence on overall emotional intelligence, it may likely impact on development in some of the domains of emotional intelligence like self-awareness, and social competency. Early life experiences are more impactful on medical students in becoming emotionally intelligent clinicians and overcoming poor psychological states like stress, depression, suicidal tendencies. There is a need to incorporate the four key pillars of parenting to nurture the emotional intelligence in growing children.

Acknowledgment

The authors wish to thank all the medical students for their participation in the study.

Funding

Self-funded or Not Applicable.

Conflict of Interest

The authors declare that there is no conflict of interest.

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