II - CHAPTER

1. Introduction with the Review of Related Literature

“Adolescence represents an inner emotional upheaval, a struggle between the eternal human wish to cling to the past and the equally powerful wish to get on with the future”

– Louis J. Kaplan

Adolescence is a unique period, in this transitional period adolescents undergo marked physical, psychological and psychosocial changes of human development that generally occur during the period from puberty to adulthood. An adolescent begins to develop a unique belief system through his or her interaction with social, familial, and cultural environments. All the above changes lead them to strive for self-identity, due to feelings of uncertainty and role ambiguity, as they are neither children nor adults. They strive for recognition and independence and when denied they become rebellious and undergo stress and tension. In addition to the above there is increased competition in school setting and the parental expectations with regard to the performance and ideal behaviour. During such a vulnerable state, adolescents require both support and direction to proceed with confidence to meet the demands from various fronts.

Adolescent period can be a stressful time for children, parents and adults who work with adolescents. These can range from relationship issues, academics, sex, and money related problems. Children have to deal with the challenges of going through puberty, meeting challenging expectations and coping with new feelings. Some have to deal with problems such as moving to high school or to a new place of residence, death of a family member. Most children meet these challenges exceptionally well but there are a few who find it difficult to cope. This could give rise to stress from within and from other social surroundings. The early years of adolescence, between 12 and
15 is often accompanied by short-term emotional instability or low self-esteem. The negative way that some adolescents cope with these stressors include substance abuse, isolation, self-harm or suicide which may result in mental health problems including depression or anxiety. Fast pace social changes, technological changes, western influences, modernized outlook in lifestyles and values have made parenting a difficult task. Parents do show a strong desire to see their children grow and excel. Children are seen as important, but lack of parenting knowledge and skills, career options, faulty approaches and attitudes towards children make parenting a challenging venture.

It is imperative therefore that parents, teachers and society gain much understanding concerning the various characteristics, needs, interests and growth potential of maturing adolescents. Every adolescent should be given an opportunity to develop wholesome, personally satisfying, socially acceptable, physical and mental status, emotional and social adjustment.

Considering the above view, the present research endeavors to intervene in the natural course of rapid and turbulent growth taking place and study the intervention effects on achievement motivation, self-esteem, anxiety, emotional maturity and parent-child relationship of adolescents. World Health Organization (2005) states that child and adolescent’s mental health is the capacity to achieve and maintain optimal psychological functioning and well-being. It is directly related to the level reached and competence achieved in psychological and social functioning. The introductory chapter is presented in such a way that there is a logical sequence to concepts presented which will help in progressive understanding of pathways to positive adolescent development and also throw light on various interventions which can be
used to help adolescents enhance their achievement motivation, self-esteem, emotional maturity, parent-child relationship and reduce anxiety.

1.1. Meaning and Definitions of Adolescence:

Adolescence is derived from the Latin verb ‘adolescere’, the literal meaning of "adolescence" is apparent: "to grow to maturity." The concept of adolescence is a period of life distinct from childhood or adulthood.

According to Stanley Hall (1904) “Adolescence is a new birth, for the higher and more completely human traits which are now born within the individual”. He also claimed that adolescents are characterized by emotional instabilities and hyper-activities, which cause them to experience storm and stress.

Stanley Hall (1916) often referred to as the Father of Adolescent Psychology, emphasized the importance of the developmental process and underplayed the effect of environmental influences on the developing individuals. Erickson (1965) opined that identity formation creates tension in the adolescents to the extent that some of them become confused about their personality.

Havinghurst (1972) states that every stage of development is accompanied by a set of social expectations, termed as ‘Developmental Tasks’. According to him, “A task which arises at or about a certain period in the life of the individual; successful achievement of which leads to happiness and success with the later tasks. While failure leads to unhappiness and difficulty with the later tasks”. This definition purports that physical maturation taking place has significant influence on the individual’s physical well-being and mental health. He delineated the following as the developmental tasks of adolescence.
• Achieving new and more mature relations with age mates of both sexes.
• Achieving a masculine or feminine social role.
• Accepting one’s physique and using one’s body effectively.
• Desiring, accepting and achieving socially responsible behaviour.
• Achieving emotional independence from parents and other adults.
• Preparing for an economic career.
• Preparing for marriage and family life.
• Acquiring a set of values and an ethical system as a guide of behaviour.

Adolescents must develop certain skills to be successful in the adopted role and achieve integration.

Lerner et al., (2001) stated that “adolescence is frequently characterized by a transformation of an adolescent's understanding of the world, the rational direction towards a life course, and the active seeking of new ideas rather than the unquestioning acceptance of adult authority”. According to Larson and Wilson (2004) adolescence is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another. World Health Organization (2005) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 years.

1.1.1. Theoretical Perspectives of Adolescence:

Adolescence is a period of special significance because it is enveloped by overlapping tensions of past childhood, present adolescence and future adulthood. The rapid changes that occur in the physical, emotional and social life of an individual, can pose a dilemma to the adolescent’s well-being. Freud (1939) considered
adolescence as turbulent, unpredictable and tormented period, because of the physical changes, psychosexual development and the need to become independent of parents. Parental attitudes, beliefs and behaviour are significant in the healthy development of the child but the perception of the child of these parental attitudes, and behaviour has a great role in it. Besides; family, peers and school environment also acts as a major factor in influencing the attitude and behaviour of the child.

Relationship problems faced by adolescents are on the rise because of the problems faced by the adolescents in varied relationships; such as amongst parents, peers, teachers and society, who have a positive or negative influence over the mindset of the adolescent. As a result of which they have serious psychological and emotional disturbances leading to psychological distress and problematic behaviours.

Confusion on the young minds increases with information overload and mixed messages from family and environment causing behavioural problems; because of lack of social support and misinformation. Thus it is important to see that adolescents should have high self-confidence, self-efficacy, low stress, emotional maturity and well managed parent-child relationship that is essential for overall well-being of an adolescent, so that they can manage challenging situations better. In order to meet these challenges they need to learn coping patterns of behaviour that will make them well equipped to meet the demands of adolescence and adulthood which is possible by gaining expert guidance.

A thorough understanding of adolescents in society is discussed by various theorists as discussed below.

Stanley Hall (1916), Erikson (1950) and Freud (1939) agreed that adolescence was inherently a time of disturbance and psychological confusion.
ERICKSON (1968) and MARCIA (1980) explained that adolescent’s acquisition of formal operations is a necessary ingredient in the process of forming an identity, which is the central developmental task of the adolescent years. It takes shape gradually and develops along several fronts. This integration takes place in the form of ego identity. Adolescents with diffused identities resort to defense mechanisms, and often feel rejected and detached from their parents. Adolescence is also a time of unrealism, these unrealistic aspirations, for themselves families and friends, are also responsible for the heightened emotionality characteristic of early adolescence.

Kohlberg (1969) stated that adolescents reach the level of moral development that includes self-accepted principles. Morality is based on respect for others rather than on personal desires.

Maslow (1970) believes that individuals are motivated by an intrinsic tendency called ‘self-actualization’, and that specific behaviours and attitudes characterize the self-actualized person.

Bandura (1977) stated that adolescents have a “belief about their own abilities and characteristics that guide responses in particular situations.” Therefore, learning to realistically accept oneself and one’s abilities is an important process during adolescence.

Vygotsky (1978) proposed that the social environment has a strong influence on the structure of one’s thinking, and cognitive skills can be enhanced by more extensive, structured, high quality interactions with others.
According to Blos (1979) the oedipal and electra conflicts recur during adolescence, and their resolution occurs in several phases, that lead them to transfer their sexual desires from adults to peers by the end of this period.

Newman (1988) and Piaget (1972) stated that it is a formal operational stage where in thinking becomes more logical, abstract, and less egocentric. Their thoughts take an abstract form that greatly influence one's future life, playing a major role in character and personality formation. Adolescents also develop hypothetico-deductive reasoning that helps them become more adept at solving verbal problems, engage in religious and political issues formerly beyond their interest or comprehension.

Hurlock (1990) opined that adolescents learn to associate positive emotions with group approved behaviour, and negative emotions with group disapproved behaviour.

According to Steinberg (1991) abstract reasoning a feature of this stage, increases the ability to think in hypothetical terms and consider a range of possibilities that helps in the formulation of arguments and counter-arguments. They are also able to use more advance reasoning and logical processes to think in terms of morality, friendships, responsibility and ideology.

Elkind (1985) and Berk (2005) suggested that cognitive distortion ‘personal fable’ and a sense of invulnerability coupled with sensation seeking tendency; that is a characteristic of this age, contribute to their risk taking behaviour, as they feel that others cannot possibly understand their thoughts and feelings.
Bandura (1999) and Mischell (1981) emphasize the importance of observational learning in shaping adolescents’ personalities. They state that adolescents are most likely to emulate the behaviour of people they value, with whom they can identify, and whom they observe receiving rewards. According to them locus of control can mediate adolescents responses to reinforcement and punishment.

1.1.2. Adolescents Emotionality:

Hurlock (1990) points out that, this is a stage of heightened emotionality as emotions are often intense, uncontrolled and seemingly irrational. There is generally an improvement in emotional behaviour with each passing year. Thus the storm and stress of the period lessens as early adolescence ends and adolescents achieve emotional maturity. Such individuals assess the situation critically before responding emotionally and finally they exhibit emotional stability.

An emotionally stable adolescent is able to do what is required of him in any given situation. Whereas emotionally unstable person has to follow a logical consequence that is necessary for making adjustments to new behaviour patterns and new social expectations. They display syndromes of irritability, stubbornness, temper tantrums, lack of capacity to dispose problems and seek help. Problems related to romance also become very real at this age; as a result they become despondent and worry about future as schooling ends.

1.1.3. Problems during Adolescence:

Adolescents face a number of challenges that make them vulnerable to anxiety, stress and depression. If not dealt with timely can lead to serious emotional problems. Adolescents are relatively inexperienced in coping with these kind of
stressedors, as they may not have developed appropriate strategies in dealing with stressful life events. Parental and financial pressure, plus exposure to their own failures, disappointments and loss of relationship with peers in school are linked to negative mood states, which may lead to sadness and depression in adolescents. In such situations, supportive environment is necessary. If family environment is conducive, then the level of anxiety and stress will reduce.

Anxiety interferes more with academic performance during adolescence. The data shows that adolescents become more anxious over their academic success and failures as they age. A minimal amount of anxiety tends to enhance academic performance, but excessive anxiety undermines academic performance. Moreover, anxiety interferes more with an adolescent's short-term memory than with long-term memory.

Aggressive behaviour appeared to be learned early in a child's life, in order to respond to sensitive aggressive cues in the environment, and are transmitted across generations within a family. According to investigators, genetic, physiological, and cultural factors may all contribute to aggression. The most influential factor that contributes to aggressive behaviour is early learning, that aggression is an effective way to solve social problems. The level of parents' involvement is a more powerful predictor of an adolescent's misbehaviour than the family's socio-economic position.

Factors affecting adolescents' misconduct are specific types of behaviours; such as tardiness, truancy, refusal to do homework, bunking class, robbery, vandalism, use of drugs or alcohol and disobedience to teachers' instructions (DiPrete, 1981). Truancy is related to variables in the adolescent's family. Some truants have
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overly protective mothers who oppose their child’s independence. Consequently, in an effort to escape this maternal over-protectiveness, the adolescent tries to establish his or her independence by defying the school attendance laws. Parents' unemployment, alcoholism, and divorce are also causes of truancy which is a manifestation of anger and depression arising from poor relationships between children and their parents.

Many of today's young people engage in behaviours that increase the likelihood of poor health, social, academic, and emotional outcomes that consequently have a negative impact on society. Evidence suggest that if adolescents feel competent and supported, then they are less likely to engage in risk-taking behaviours, motivated to maintain good health, be successful in school, overcome adversity, care about themselves and others. When the child feels unhealthy, insecure, uncomfortable in his family, he tries to take interest outside the home, with other groups which may be anti-social.

Common risk factors related to the individual include constitutional (physical or genetic) handicaps, delay in skill development, emotional difficulties, and early onset of problematic and deviant behaviours. Family risk factors include parental psychopathology, marital tension, and conflict among family members, disorganization in family structure, low social or economic status, large family size, high mobility, and insecure attachment to parents, inadequate supervision, and harsh or inconsistent parenting. Problematic peer interactions leading to multiple poor outcomes include peer rejection, negative pressure and modeling. Characteristics of communities that place young people at risk include disorganization, gang activity, accessibility to firearms, high levels of unemployment, and limited availability of resources.
Children with poor self-concepts are more likely to resort to delinquency in order to enhance their self-esteem through peer approval. Rosenberg (1978) found that low self-esteem leads to delinquency. Adolescents with low self-esteem engage in delinquency both in order to retaliate against the society which disdains them and in order to gain a much needed feeling of self-esteem. Boys with initially low self-esteem tended to be more delinquent. Patterson (1981) found correlations between delinquency and parent’s overly strict standards, rejection, poor communication, excessively lax standards, and indifference or hospitality. Unhappily married parents often create a climate of hostility, apathy, and conflict that is more likely to contribute to a child's delinquency. A close relationship with parents also diminishes the likelihood that adolescents will adopt peer values that contradict those of their parents.

1.1.4. **Relationships of Adolescents with Others:**

1.1.4.1. **Relationship with Parents:**

Parent-child relations should be harmonious for the healthy development of the child. Brown (1990) commented that adolescents and parents generally communicate and get on well. Paikoff and Brooks-Gunn (1991) state that there is an increase in parent-child conflict as adolescence progresses. Adolescents argue with parents over autonomy, authority and responsibility. They see conflicts as a result of cognitive development which enables adolescents of hypothetical reasoning. Whereas, Steinberg (1993) stated that conflicts are adaptive strategies, leading to greater autonomy and peer contact. These conflicts help young adolescents have an independent life from parents. Adolescent’s sense of identity and social cognition is linked to responsiveness in relationship with parents.
According to Baumrind (1987) Parental responsiveness and parental demandingness are identified as relatively two independent aspects of parenting, which leads to four-way classification of parenting styles-indulgent (high responsiveness, low demand), Authoritative (high responsiveness, high demand), Authoritarian (low responsiveness, high demand) and indifferent (low responsiveness, low demand). Daniel et al (1985) found that, the best adjusted adolescent is more likely to report a close relationship with their mother, is involved in family decision making and are given high levels of responsibility of the house.

Parental characteristics such as self-esteem are associated with the ability to grant autonomy to the child. Mangrulkar et al., (2001) stated that the psychological autonomy-granting, defined as the “extent to which parents encourage and permit the adolescent to develop his or her own opinions and beliefs” is crucial to adolescent’s development.

The family environment can be strong source of support for developing adolescents, providing close relationships, strong parenting skills, good communication, and modeling positive behaviours.

**1.1.4.2. Relationship with Siblings:**

Adolescents consider sibling relationship important for companionship. They argue a good deal more with siblings than they do with anyone else. Steinberg (1993) states that the closeness of the shared environment provides more opportunity for both positive and negative interactions. Child needs love and from his parents and siblings. Sibling interaction involves close interpersonal relationship over a sustained period of time that serves as close range model for each other. When such relationships are mingled with jealousy, hostility or undesirable model of
older siblings may have an adverse effect on individual’s development. On the other hand, desirable sibling models and emotionally supportive relationships with them may have beneficial effects upon the development of the child.

Sibling rivalry also affects child's home adjustment. Rivalry between siblings is more pronounced when there is competition for the parental love and affection; therefore parents need to love all the children uniformly. Sibling rivalry commonly takes the form of open hostility and a strong feeling of inferiority, rejection and neglect, particularly where one child is favoured and the unfavoured child is made to feel unworthy and ignorable.

Siblings’ position in the family affects interaction and attitudes of siblings about each other. Hostility, jealousy, competition and quarrels among siblings lead to bad interpersonal relations. Varied child rearing practices of parents for different children lead to different types of personality development. Sibling relationship is concerned with the variables like number of siblings, ordinal position and specific patterns as only child, and twins. If there is lack of cooperation, love, help and trust, it leads to hostility, jealousy and bad sibling relationship. Jones et al., (1980) found that families with large number of siblings contribute to large number of delinquents, and that delinquents who were dissatisfied with their home environment reported that their parents were highly critical and showed favoritism towards their siblings.

1.1.4.3. Relationship with Grandparents:

Grandparents often step in as care takers for the adolescent grandchildren with pleasure, especially in urban areas, where both the parents are employed due to economic necessity or due to desire and willingness to work. In some cases, they may
also take up role of parents when the children live away from their parents for educational purposes or their children have died leaving grandchild in their care. Most grandparents enjoy the experience and also share some leisure time activities with their grand children. They also express satisfaction even over long distance grand parenting. Grandparents provide maturity, knowledge, stability and unconditional love in relationship with grandchildren. These provide the child with an anchor, which stabilizes them in times of crisis and helps them gain firm footing in the course of life.

1.1.4.4. Relationship with Peers:

Adolescence period is characterized by a dramatic increase in time spent with peers and a decrease in adult supervision that leads them to consider peer groups to be important. Adolescents also associate with friends of the opposite sex much more than in childhood and tend to identify with larger groups of peers based on shared characteristics.

Peer groups offer members the opportunity to develop various social skills, such as empathy, sharing and leadership. Adolescents can experience positive and negative sway from their peers. Peer groups influence individuals; positively on issues concerning academic motivation and performance. They also contribute positively to the development of self-esteem and self-confidence among adolescents that serves as motive for group identification. But they can also influence negatively in experimentation with drugs, drinking, vandalism, and stealing. Adolescents are susceptible to peer pressure during early adolescence and declines thereafter. As adolescents grow up, their needs for social approval, affiliation, leadership, power and status increase, that are met by the peer group. As a result of this development,
individuals seek intimacy and wish to enhance their capacity to enter into close relationships with like minded people.

There is a felt need of the adolescents to be accepted by the peer group. In order to get this acceptance, they may engage in behaviours and actions that, sometimes, may not be consistent with their own beliefs, values and behaviour patterns. Adolescents often seek comfort in the company of their peers, when they are dissatisfied with the home environment. Pressures and influences from peers play a vital role in adolescent development.

In all these processes, the support and guidance of their peers become very important as different developmental elements get unfolded.

1.2. Achievement Motivation

“Keep your dreams alive. Understand, to achieve anything requires faith and belief in yourself, vision, hard work, determination and dedication. Remember all things are possible for those who believe.”

-Gail Deverse

1.2.1. Meaning and Definitions of Achievement Motivation:

According to Murray (1938) achievement motivation is associated with a range of actions which include: "intense, prolonged and repeated efforts to accomplish something difficult, to work with a single purpose towards a high and distant goal and to have the determination to win". Fear and unbelief are the main ingredients of failure, they reveal the internal struggle that causes us to quit before we see the fruit of labour and experience the joy of accomplishment. Feather (1966) suggested that achievement motivation is a combination of two personality variables: tendency to approach success and tendency to avoid failure. Bigge and Hunt(1980) defined “achievement motivation as the drive to work with diligence and vitality, to constantly achieve targets, obtain dominance in challenging and difficult tasks, as a
result of which a sense of achievement is created”. This definition consists of three elements: The stimulation of personal capabilities, constant efforts with drive and obtaining a sense of satisfaction.

Spence and Helmreich (1983) defined Achievement motivation as task-oriented behaviour; the performance of which is often compared against standards or with others for assessments. According to McClelland (1985) Need for achievement (N-Ach) refers to an individual's desire for significant accomplishment, mastering of skills, control or high standards. Achievement is liberty from the chains of fear and unbelief. It is recognition of what makes one unique and is the realization, substance and tangibility of a dream fulfilled.

Achievement motivation is a subjective and internal psychological drive, enabling individuals to pursue their work, they perceive to be valuable and prompting them to reach their goals. It is also a mentality to compete and compare with others. The word motivation is coined from the Latin word “movere”, which means to move. Motivation is defined as an internal drive that activates behaviour and gives direction. Achievement motivation results from an interaction between personality characteristics, environmental factors and competition involving a desired goal or reward that cannot be attained by all, where success is gained through competition with others, where the goal is not equally available to all, and where the results are judged against the performance of others and are not publicly known (Biggs and Moore, 1993).

Achievement motivation is generally regarded as the drive to achieve the target. The process to maintain the drive provides an important foundation to complete cognitive behaviour; such as planning, organizing, decision-making,
learning, and assessment. It is the need to perform well, strive for success or the attainment of excellence and is evidenced by persistence and effort in the face of difficulties. It is regarded as the central human motivation to succeed for varying reasons both internal and external.

1.2.2. **Theoretical Perspectives of Achievement Motivation:**

Motivation is an important factor in everyday life. It promotes our feeling of competence and self-worth as we achieve our goals. It provides us with means to compete with others in order to better ourselves and to learn, absorb and seek out new information. Individuals experience motivation in different ways, whether it is task or ego-based in nature. Some people strive to achieve their goals for personal satisfaction and self-improvement while others compete with their surrounding in achievement setting to simply be classified as the best. Motivation and the resulting behaviour are both affected by the many different models of achievement motivation.

1.2.2.1. **Wieners Attribution Theory:**

According to this theory achievement has three dimensions: the locus of control, stability and controllability. People who are stable and who endure with struggles to pursue their goals, have greater levels of success compared to impulsive people who are not persistent with their goals. Achievers believe that they have a degree of control over their success.

Parents strive for their child to excel and be the highest achiever in all fields, which may not be possible. Children can relate to parental pressure in many different ways. Some become over achievers and excel in everything they try. Others become anxious and afraid to fail which may cause depression. Living up to parental
expectation can sometimes take a toll on the child, which may often discourage the child that leads to lack of confidence. Such children express their pain through self harm behaviours, depression, anxiety and substance abuse, as they feel helpless and discouraged due to constant pressure. On the other hand the child benefits with parental support and guidance which include specific career or educational suggestions as well as experiences that indirectly support career development; such as family vacations and provision of resources through books. The absence of support, guidance, and encouragement can lead to “floundering” which is the inability to develop and pursue a specific career.

The career path of the parent greatly influences an adolescent’s decision about his professional future. Teens can see the benefits and disadvantages of their parents’ careers and react accordingly. When parents choose activities for their children, they instill ideas about what is important. Extracurricular activities such as athletics, music, dance or art will have a long-lasting impact on how the child chooses a career when he/she is older.

1.2.2.2. Self-Worth Theory in Achievement Motivation:

Thompson, Davidson, and Barber (1995) state that in certain situations adolescents tend to gain by not trying and deliberately withholding effort. Lack of effort is likely to occur if poor performance is a threat to a person's sense of self-esteem, which often occurs after an experience of failure. Failure threatens an individual’s ability and creates uncertainty about the capability to perform well on a subsequent basis. This theory states that one way to avoid threat to self-esteem is by withdrawing effort as failure is often attributed to lack of effort which reduces overall risk to the value of one's self-esteem. High threat is created to the individual's intellect.
when poor performance reflects poor ability. Self-worth theory assumes that individuals have a reduced tendency to take personal responsibility for failure.

1.2.2.3. The Hierarchal Model of Achievement Motivation:

Elliot (1999) promoted a hierarchal model of approach and avoidance achievement motivation by incorporating the two prominent theories: The Achievement Motive approach and The Achievement Goal approach. The Achievement motives include the need for achievement and the fear of failure. These are the more predominant motives that direct our behaviour toward positive and negative outcomes. Achievement goals are viewed as more solid cognitive representations leading individuals toward a specific end. There are three types of achievement goals: Performance-approach goal is focused on attaining competence relative to others. Performance-avoidance goal is focused on avoiding incompetence relative to others. Mastery goal is focused on the development of competence and task mastery. Achievement motives can be seen as direct predictors of achievement-relevant circumstances thus, achievement motives are said to have an indirect or distal influence, and achievement goals are said to have a direct or proximal influence on achievement-relevant outcomes. These motives and goals are viewed as working together to regulate achievement behaviour. The hierarchal model presents achievement goals as predictors for performance outcomes.

1.2.2.4. Achievement Goals and Information Seeking:

Butler (1999) proposed that people's achievement goals affect their achievement related attitudes and behaviours. Two different types of achievement-related attitudes include task-involvement and ego-involvement. Task-involvement is a motivational state in which a person's main goal is to acquire skills and
understanding whereas the main goal in ego-involvement is to demonstrate superior abilities. Situational cues, such as the person's environment or surroundings, can affect the success of achieving a goal at any time. Task-involvement activity often results in challenging attributions and increasing effort than ego-involvement activity. Intrinsic motivation is more prevalent in individuals engaged in task-involved activities. Ego-involved individuals succeed by outperforming others, and their feelings of success depend on maintaining self-worth and avoiding failure. On the other hand, task-involved individuals tend to adopt their conception of ability as learning through applied effort. Competence moderated attitudes and behaviours are more prevalent in ego-involved activities than task-involved. People of all levels of ability seek information relevant to attaining their goal of improving mastery in task-involving conditions, whereas people in ego-involving settings are more interested in information about social comparisons, assessing their ability relative to others.

1.2.2.5. Implicit and Self-Attributed Motives:

Brunstein (2005) opined that Implicit and explicit motives are directly involved in the prediction of behaviour. Implicit motives are spontaneous impulses to act, also known as task performances, and are aroused through incentives inherent to the task. Explicit motives are expressed through deliberate choices and more often stimulated for extrinsic reasons. Individuals with strong implicit motive achieve goals that set higher internal standards, whereas others tend to adhere to the societal norms. These two motives often work together to determine the behaviour of the individual in direction and passion.
1.2.3. Techniques in Enhancing Achievement Motivation:

Following are the steps used to enhance achievement motivation, overcome obstacles and achieve great success.

- Identify your goal, being as specific as possible i.e if we want to perform well.
- Determine why you want to achieve this goal and envision the end result. Motivation has to be at first empowered in one’s own mind.
- Use creative visualization to get anything you desire. It is a very powerful process, that can help you be your best, attract things and circumstances you desire as well.
- Start to visualize, imagine, feel or picture what you want. Try to focus on visualizing what you are doing.
- Write down your goal, vision and keep it in sight as it will keep you moving toward accomplishments and lead to more successful results.
- Break down your goal into smaller steps, by being more systematic.
- Create an action plan. Look at the goals and activities you have written down and figure out what must be accomplished each day to work towards your goal.
- Look at your plan daily, acknowledge your accomplishments, and adjust as needed.
- Create an encouraging atmosphere. It is necessary to surround yourself with supportive people, environment and to stay positive.
- Laugh at the setbacks and celebrate success by taking time to recognize small achievements that you have accomplished.
- Do something kind for yourself by treating yourself to a yoga session or something relaxing.
- Stay in control of your schedule and find the resources and determination that will help you.
- Believe in the efficacy of effort, view effort in a positive way and believe in your own ability, learn and master new material, and make more constructive, mastery-oriented effort.

1.2.4. Measures of Achievement Motivation:

Achievement Motivation Scale Pratibha Deo and Asha Mohan (1971):
This is a self rating questionnaire, used for assessing the level of achievement on the adolescents sample. It has 50 items and no time limit. There are 37 positive items and 13 negative items. The reliability coefficient is reasonably high ($r=0.69$) using the test-retest method and the item validity is established by high-low discrimination method which is accepted as the validity of the whole measure.

Leistungs Motivation Test (L-M-T) Hermans et al., (1978): It is a standardized inventory. The test is a German adaptation of the Dutch original version and can be used to assess the achievement motive of the school children in the age range between 16 and 20. The questionnaire is based on different theories, developed in the domain of achievement-motivated behaviour. Fear of failure is assessed as a separate personality component of the achievement motive. L-M-T is advised to be used in school-psychological counseling and clinical psychology. It has 102 dimensions and the questionnaire contains four subscales (four subscales) namely: Striving for Achievement, Persistence and Diligence, Achievement-Stimulating Test Anxiety, and Achievement-Inhibiting Test Anxiety. The internal consistency of the
first two subscales lies between Cronbach’s $\alpha$ 0.60 and $\alpha$ 0.70, and between $\alpha$ 0.73 and $\alpha$ 0.85 for the last two subscales. The general reliability is considered satisfactory with 0.77.

Achievement Motivation Inventory (AMI) Schuler, Heinz; Thornton, George C. III; Frintrup, Andreas and Mueller-Hanson, Rose; (2002): It is a psychological test to assess a broad construct of job-related achievement motivation. There are 170 items on a 7-point-Likert-Scale. It takes approximately 30 minutes to administer the test. The test can be administrated in single and in group sessions and is available as a paper-pencil test and in a web-based format with automated scoring. Reliability (Cronbach’s $\alpha$) for the total score is $\alpha$ 0.96, and ranges from $\alpha$ 0.66 to $\alpha$ 0.83 for individual scales. Retest reliability is 0.94 for the total score ranges from 0.71 to 0.89. Construct validity ranges to 0.72. Criterion related validity is 0.22 and early academic achievements range between 0.21 to 0.36 on different scales.

1.2.5. Studies on Achievement Motivation:

1.2.5.1. Academic Achievement:

Saxena (1978) examined the relationship between academic achievement and adjustment of 350 male adolescents and found that under-achievers showed significantly poorer adjustment in home, health and school areas, as well as in the overall adjustment. Davis and Connell, (1985); Pajares, (1996) examined that gifted adolescents base their perceptions of their cognitive ability on cognitive competence cues other than academic attainment. Van Boxtel et al., (1992) found that academic achievement mediates the effects of intelligence on perceived intellectual and academic competence for gifted adolescents. Anderman (1998) research results
supported the idea that adolescents who believed they would receive some type of reward were more likely to have higher achievement motivation.

Thea Peetsma (2005) found the relations between the self-efficacy, social self-concept, time perspectives, school investment and academic achievement of 1623 adolescents, in four different European countries. Their findings revealed that Self-efficacy proved to predict academic achievement best in all adolescence periods. Sangeeta Chirag’s (2012) study indicated that college adolescents have a satisfactory level of adjustment and there is a significant relationship between academic achievement and adjustment of college adolescents.

1.2.5.2. Achievement Motivation and Science Faculty:

Sood (2006) investigated educational choice in relation to academic stress, achievement motivation and academic self-concept among 180 adolescents. Findings revealed that adolescents of science stream with academic self-concept had a high need to achieve while the commerce group showed significantly least achievement motivation. Upadhyay and Tiwari (2009) findings revealed that science students reported significantly higher achievement motivation in comparison to social science students. They also found that the reason for this interpretation has indicated that science major students look for more career opportunities and in real life condition many better opportunities are available for science faculty students in comparison to other academic majors. Chandra (2012) research finding shows significantly higher achievement motivation among science stream adolescents compared to arts adolescents. Chow Shean Jen et al., (2013) results showed that adolescents displayed a moderate level of intrinsic motivation, personal relevance, self-determination, self-efficacy, high level of extrinsic motivation and assessment anxiety in learning-
combined science. Their findings also demonstrated significant differences in motivational orientations towards learning science between boys and girls and between high and low ability adolescents. Correlation analyses showed significant positive associations between science adolescents’ motivational orientation and achievement motivation.

1.2.5.3. Achievement Motivation and Gender Differences:

Salili (1996) investigated age, sex and cultural differences in achievement motivation on British high school Chinese adolescents aged 13 and above. Results revealed that Chinese high school adolescents had significantly higher achievement scores than their British counterparts. Female subjects of both cultures had higher scores than males.

Mehrafza (2004) study found that the level of academic achievement in girls was higher than boys. Adsul et al., (2008) investigated the effects of gender, economic background and caste differences on achievement motivation possessed by college adolescents. Findings revealed that male adolescents were found to be having a high achievement motivation while female adolescents were having below average level of achievement motivation. Liu and Zhu (2009) found significant differences in achievement motivation of male and female senior high school adolescents, male adolescents had higher achievement motivation than female adolescents, the achievement motivation of adolescents studying science and arts had a significant difference. Chandra Shekhar (2012) Study investigated the gender differences and differences across academic majors on achievement motivation among male and female 80 undergraduate college adolescents. Significant difference was found
between achievement motivation among males and females, and academic majors in achievement motivation of college adolescents.

1.2.5.4. **Achievement Motivation and Peer Relations:**

Allison (2001) found that the adolescents peer group predicted changes in their liking and enjoyment of school and their achievement motivation over the school years.

Michael (2008) investigated associations among perceived peer relationships and achievement motivation on 253 adolescents. Regression analyses indicated that perceived peer relationship variables explained variance in achievement motivation. Adolescents who perceived being valued and respected by classmates were more likely to report adaptive achievement motivation and having good quality friendship.

1.2.5.5. **Achievement Motivation and Creativity:**

Borkowski (1987) study revealed that originality and divergent thinking is higher among the high achievers as compared to low achievers. Ryan (2000) found that intrinsic motivation resulted in high-quality learning and creativity. Thakur, (2002) findings revealed that parental expectation for academic achievement has always been an influential effect on the extent to which children develop achievement motivation and creativity.

Suman (2003) also revealed that high achievers scored higher on combined scores of creativity test as compared to low achiever adolescents. They also found, that the reason for these results may be attributed to high expectations from parents, which left a positive impact on life and creativity of adolescents.
Karwowski (2008) findings revealed that under achievers have low level of creative abilities as compared to over achievers. They also found that achievement level of adolescents was developed by developing their creative abilities. Sheri Coates Broussard et al., (2009) study examined the relationship between classroom motivation and academic achievement among 251 college adolescents. The findings revealed that higher levels of mastery motivation and judgment motivation were found to be related to higher grades in these adolescents.

1.2.5.6. Achievement Motivation and Parent-Child Relationships:

Crandall and Katkovsky, (1965) findings stated that parents who support their children’s ideas are related positively to achievement motivation and parents who give little feedback and uninvolved are negatively correlated with achievement motivation. Similarly Richard and David (1967) study revealed that parental involvement, support and expectation influence achievement motivation of adolescents. Parsons et al., (1982) also found that parents who value academic achievement often have children who value academic achievement as well, this association is probably due to direct transmission of values from parents to their children through modeling speech and deeds.

Esstrada (1987) research found that adolescents with high level of academic achievement differ significantly and have a perceived higher level of mother child relationship on loving, symbolic reward, indifferent, symbolic punishment, object punishment, demanding and neglecting dimensions areas of mother child relationship scores.

Alva, (1991); Gandara, (1995); Hernandez,(1993) found that family support is linked to academic resilience and achievement motivation and lower levels of or the
absence of family monitoring for adolescents may lead to lower achievement. Brown et al., (1993) indicated that specific parenting practices (monitoring, encouragement of achievement, joint decision making) were significantly associated with specific adolescent behaviours (academic achievement and self-reliance).

Similarly Suarez-Orozco (1995) found that family support was greater for adolescents from immigrant Mexican families who attained higher achievement motivation than their counterparts from non-immigrant families. Smith (2001) results also supported the predictions that supportive and involved-parenting was associated with children’s self-efficacy and achievement of rural African American youth. Flouri and Buchanan, (2003) findings also revealed that parental involvement, improved achievement motivation and school behaviour. It also increases academic motivation, and decreases the number of dropouts.

Sharma and Mahajan (2004) conducted a study to find out parent-child relationships and their effect on the achievement of adolescents. The results revealed that the parents of the achievers are more protective and less rejecting than the parents of under achievers.

Urdan et al., (2004) found that children of immigrant parents often report a sense of obligation to repay their parents for the sacrifices the parents made when immigrating to the United States for the purpose of providing greater educational and career opportunities for their children. This sense of obligation is correlated with higher educational aspirations among adolescents, more time spent doing schoolwork, and greater valuing of academic achievement.

Kaushik and Rani (2005) examined the impact of home environment and parent-child relationship on achievement motivation on adolescents. They found that
achievement motivation is higher when children perceive their home environment and parents as loving, rewarding the desired behaviour, nurturing and providing the opportunities to express their views freely. Their findings also revealed that achievement motivation is low when home environment and parents are perceived as controlling, punishing, depriving, rejecting, neglecting and indifferent.

Vijayalaxmi and Ashwini (2010) research findings revealed that higher achievers have shown significantly higher perceived parental acceptance, protection, indulgence, realistic expectation, discipline as well as favourable perceived parenting when compared to lower achievers.

Sonal Chabra and Lalita Bahago (2011) investigated the influence of achievement motivation and demographic characteristics of nomadic Fulani girls in Adamawa state. Achievement motivation was found to be influenced by parent’s level of education among these girls.

Similarly Sally Maximo (2011) studied the impact of parents communication style such as loving, assertive, aggressive and passive, have an influence on the adolescents’ attachment style, level of intimacy and achievement motivation, on 251 male and female adolescents. The findings revealed that most adolescents perceive their parents’ communication style as loving; whereas, aggressive and passive styles are less likely perceived. It was also found that males are more achievement-oriented, whereas females are more inclined for intimate connections. The findings of Kumari (2014) investigated the influence of parental encouragement on achievement motivation of 80 undergraduate adolescents. The results indicated that parental encouragement level influenced the achievement motivation in academic area and
higher the level of parental encouragement, better was the achievement motivation among adolescents.

1.2.5.7. Achievement Motivation and Counseling:

Anderson, et al., (1994) study on the effects of counseling on classroom performance found that the underachieving adolescents who received counseling improved significantly in mathematics and language grades. Daniel et al., (2002) study examined the effect of manipulating the motivational climate on achievement goal orientations, satisfaction/boredom, and perceived competence in physical education, on 40 English adolescents. Results of MANOVA and mixed factor ANOVA on the pre and post-intervention data indicated that adolescents in the mastery climate experienced significantly ($P<.05$) higher level of task orientation and perceptions of competence, and were more satisfied and less bored, in post-intervention compared to pre-intervention. The mastery climate group’s ego orientation also significantly decreased from pre to post intervention.

Martin et al., (2003) study revealed that behaviour therapy strategies that include token economies, shaping, extinction, and intermittent reinforcement, have proven effective to provide measurable levels of improvement in target behaviours and thereby increase achievement motivation.

Julia Perilla et al., (2004) findings revealed that academic competence and parent involvement were strongly related to achievement motivation among adolescents who spoke English or were born in the U.S. Intervention program focused on making them feel supported and included, besides these programs also focused on enhancing academic competence and parent involvement.
Mike Lowis and Andrew Castley (2008) studied factors affecting adolescent progression and achievement by using intervention. Both statistical and qualitative, findings indicated an improvement in adolescent progression and achievement for those receiving remedial intervention. Ketki Deshpande (2013) found that solution-focused counseling had a positive influence on the academic achievement.

The researcher’s observation from the above reviewed literature reveals that poor home environment lead to poor adjustment and low achievement motivation. Good emotional adjustment and self-efficacy predicted higher academic achievement. Science adolescents having high achievement motivation, have more career opportunities. It was also observed that there exist gender differences, and that peers have a great influence on achievement motivation. Adolescents who have educated, supporting and involved parents have higher achievement motivation. Counseling is also very essential as it enhances achievement motivation. All the above findings state that achievement motivation is related to various variables in different ways.

1.3. Self-Esteem

“Parents need to feel a child’s bucket of self-esteem so high that the rest of the world can’t poke enough holes to drain it dry”.

- Alvin Price

1.3.1. Meaning and Definitions of Self-Esteem:

Self-esteem is the positive or negative evaluations of the self. It is known as the evaluative dimension of the self that includes feelings of worthiness, pride and discouragement. It leads to appreciation of one’s own worth and importance. Self-esteem results from the size of gap between one’s self-standards and perceived performance relative to that standard. It is used to reflect a person's overall emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude
toward the self. Self-esteem encompasses beliefs and emotions such as triumph, despair, pride and shame. It begins in childhood as result of which early decisions are taken in relation to significant others.

The self-concept is what we think about the self; People with a healthy level of self-esteem firmly believe in certain values and principles, and are ready to defend themselves even when finding opposition, feeling secure enough to modify themselves in the light of experience and are able to act according to what they think to be the best choice, trusting their own judgment, and not feeling guilty when others don't like their choice.

Self-awareness is evidently the first step on the path to growth and development or to be successful in life. We cannot be a successful unless we become aware of our own self, position and status within the family, peer group and the social network with which we are associated, our strengths and weaknesses, level of knowledge and competencies, and what we can do or not. Thus it is an important prerequisite for moving forward in the path of life.

Rogers (1940) describes “acceptance of self as a tendency of the person to perceive himself as a person of worth, worthy of respect rather than condemnation”.

Rosenberg’s (1965), described it as a favourable or unfavourable attitude toward the self. It is an evaluation the individual makes and applies to self. It can express positive or negative feelings and indicate the extent to which the individual believes himself or herself to be significant, capable and worthy. An individual with high self-esteem expresses the feeling that one is 'good-enough' and is a person of worth. Low self-esteem on the other hand implies self-rejection, self-dissatisfaction and self-contempt.
Coppersmith (1967) defines “self-esteem as a personal judgment of worthiness that is expressed in the attitude the individual holds towards himself. Nurturing self-esteem in children is an important element in helping the child to achieve success. Parents form significant mirrors in the image of which, children picture their self worth”. He also stated that the positive responses of significant others; with acceptance and encouragement, or negative responses of significant others either support or undermine the development of self-esteem in the child.

Branden (1969) stated that the term “self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem is the confidence in our ability to think, to cope with the basic challenges of life and confidence in order to be successful and happy”. Self-esteem is the “experience of being competent to cope with the basic challenges of life and being worthy of happiness”. Branden includes the following primary properties in the description of self-esteem.

- Self-esteem is a basic human need, i.e. it makes an essential contribution to the life process. “It is indispensable to normal and healthy self-development, and has a value for survival.”

- Self-esteem is an automatic and inevitable consequence of the sum of individuals’ choices in using their consciousness.

- It is experienced as part of or background to all of the individuals thoughts, feelings and actions.

Maslow (1970) stated that, “Self-esteem refers to a positive or negative evaluation towards oneself. Humans have a need for a stable, firmly based, high level of self respect, and respect from others. When these needs are satisfied, the person
feels confident and valuable, and if these needs are frustrated, the person feels inferior, weak, helpless and often worthless”.

Rosenberg (1978) held that Self-esteem implies self-acceptance, self-respect, and feelings of self-worth which influences the way by which people perceive themselves. It is affected by several factors such as reflected appraisals, social comparisons, self attributions and psychological centrality.

Self-esteem appears to serve as an ‘anxiety-buffer’ in one’s daily life, with research findings indicating that those with high self-esteem cope significantly better with stressful situations than those with a low self-esteem (Elton et al., 1980)

Rosenberg (1989) defines self-esteem as “totality of the individual’s thoughts and feelings with reference to himself as an object”. Further, Blascovich and Tomaka, (1991) considers self-esteem as the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects as well as evaluative or affective one.

1.3.2. Positive Self-Esteem:

Positive self-esteem results from accepting oneself for who they are. It is supported by the family, peer group, work place and community. To sustain positive self-esteem individuals need to receive nurturance from the people in their environment i.e. warmth, love and care. People with positive self-esteem have a productive personality, leadership qualities, and good self-concept. They are creative problem solvers, altruistic, and have healthy coping skills. Adolescents with good self-esteem view the future with excitement, sense of adventure and optimism.
Positive self-esteem is assumed to be crucial to mental and social well-being as it influences an individual’s aspirations, personal goals and interaction with others (Kaptein et al., 2004). Confidence, self-direction, non-blaming behaviour, awareness of personal strengths, ability to make mistakes, learn from them, and accept mistakes from others, ability to solve problems, independent and cooperative attitude, feeling comfortable with a wide range of emotions, ability to trust others, good self-care and the ability to say no are considered as signs of positive self-esteem. According to Keyes (2007) Positive self-esteem is considered as an important indicator of children’s mental health, and may also act as a buffer against psychopathology.

1.3.3. Self-Esteem is Concerned with Judgments of Self-Worth:

Number of changes such as physiological, psychological, cultural, interpersonal, biochemical, hormonal and so on, occur rapidly during adolescent period. If an individual is poorly equipped to handle these crises he/she may find it difficult to adjust to these rapidly changing events, as a result of which they may experience stress, anxiety, and adjustment problems, leading to lower self-esteem. During this period the bodily changes that occur can have an influence on their self-esteem, while comparing themselves with other peers may also lead to the development of negative self-esteem. Stanley Hall (1904) stated that adolescent period is accompanied by disturbance and emotional instability, which he attributed to psychological, physical, and physiological changes leading to confusion and poor self-esteem.

1.3.4. Factors Influencing Self-Esteem:

According to Branden (1969) “Self-Esteem has two interrelated aspects, which entails a sense of personal efficacy and sense of personal worth”. It is the integrated

1.3.5. Gender and Self-Esteem:

Rosenberg’s (1989) research findings state that, in general, women gravitate towards the worthiness component of self-esteem that is, being valued by others in terms of acceptance or rejection. Men are pulled more by the competence component, that is, success and failure.

1.3.6. Behaviours of Parents Linked to Self-Esteem:

According to Coppersmith, (1967) parental attributes related to high self-esteem in adolescents’ were expression of affection, concern about the child’s problem, harmony in the home, participation in joint family activities, availability to give competent organized help when needed, setting clear and fair rules, abiding by these rules and allowing children freedom within well-prescribed limits.


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1.3.7. Importance of Parents in Developing Self-Esteem:

- Parents play a crucial role in nurturing a child’s self-esteem. The process of socialization and the manner in which the parents interact with the children prepares them for facing the world and surviving as an adult.

- Adolescents coming from well-to-do families and having high social status demonstrate high level of self-esteem. They are more self-confident and are able to cope with life situations in a more effective way.

- Children belonging to rural areas or socially and economically deprived classes of our society suffer from low-esteem, especially when they confront unfamiliar situations.

- A child whose thoughts and emotions are appropriately acknowledged and respected by the parents tends to develop higher degree of self-acceptance and self-confidence.

- Nurturing self-esteem also means maintaining a balance between training the child in respecting certain norms of the family and giving freedom to exercise choices and making decisions that affect the future and growth of the child.

- Parent’s expectations should be in consonance with the capabilities of the child, her unique attributes and specific developmental needs, as it helps to improve self-esteem.

- A child’s right to commit a mistake, as part of learning and growing up, should be respected. As this may result in self-rejection and low self-confidence.
1.3.8. Theoretical Perspectives of Self-esteem:

According to James (1890), self-esteem is un-dimensional construct related to how a person felt about him/herself. He regarded self-esteem as the ratio of pretensions to success. People with grandiose ambition tend to fail even when accumulating considerable success. Their self-esteem is low because their pretensions are too superior for them to match. Thus, to increase self-esteem one must either increase one’s success or lower one’s expectations. James identified that pretensions are chosen from three major elements of the self. Those are the material self that refers to objects and pretensions which are considered as one’s personal property or one’s identification: Oneself, family, home etc. If one’s possessions are damaged or lost, the person feels smaller. On the contrary, if the, material sphere prospers, the individual feels enlarged. The social self is connected with a person’s reputation or share of recognition. Finally, the spiritual self is the inner or subjective being of individual. One’s recognition is related to what he or she thinks and those thoughts have continuity over time.

Mead (1934) described that, language and society are essential elements in the development of self, since individuals see themselves in the way, in which others see them during interaction. As a result of this, significant others in one’s life have a determining influence on self-esteem. The socialization process is the value, about all other aspects of the world, which give information about how others see themselves.

Horney (1942) described that an individual’s wish to value one self and to be valued by others led to either self-esteem or self-alienation. She differentiated between idealized potential and actual states of self. The person’s inherent potentialities were named as the “real self” while actual qualities were termed the
“actual self”. The idealized self is defined based on neurotically idealized image of one’s capacities and goals that is considered as a method of dealing with anxiety. Therefore the self is the core of our being, and our potential.

Neo-Freudians such as Horney (1950) stated that “low self-esteem and feelings of inferiority rooted in early childhood experiences that lead to rejection and humiliation motivate aggressiveness and delinquent behaviour”.

Rogers (1950) stated that “the growth of self can be described as distinction between private world or me and that which is not me. The self is an interaction between the direct experiences of self and the distorted interject form of environment”. Rogers believed that humans need to be regarded positively by others, and that we instinctively value positive self-regard, that is, self-esteem, self-worth, and a positive self-image. Unconditional positive regard, love, respect and acceptance from others is essential for every individual, it is achieved through interaction throughout development. He argued that, lack of unconditional positive self-regard is linked to psychological problems, including aggression. He also stated that when positive regard is given only on a “conditional” basis it leads individuals to have conditional positive self-regard. The actualizing tendency or the natural motivation found within us guides us to reach our full potential. Mental illness, criminality, and other human problems are distortions of that natural tendency. His findings also revealed that for a person to “grow”, an environment that provides them with genuineness, acceptance and empathy is needed. He believed that people will reach their potential if their environment is good enough.
Thus, these factors in humanistic theories such as unconditional positive regard, creative potential, comfortable environment, empathy, getting close to the ideal self are the probable explanations behind the increase in scores of self-esteem.

Adler (1956) believed that each person has a unique view of reality through the creative self which tries to make sense of life and to plan for achieving goals of completeness and perfection. The motivation of this creative self was named as ‘striving for superiority’ that lives within a style of life or a way of interpreting reality consistent with one’s life goals chosen early in life. Each one of us is engaged in striving for superiority toward a goal of completeness or perfection.

Maslow (1970) proposed that human beings are motivated by unmet needs, and that certain lower order needs must be met before higher order ones can be satisfied. For him, esteem need are classified into two types those are self-esteem which results from competence or mastery of a task and the desire for recognition, attention, significance and appreciation that comes from others. The significance of these esteem needs were central for one’s psychological well-being. Humans have a need for stable, firmly based, high level of self-respect and respect from others. When these needs are satisfied, the person feels self confident and valuable and when these esteem needs are frustrated, the person feels inferior, weak, helpless and often worthless. This approach also pays special attention to such phenomena as creativity, free will, growth and human potential. Maslow stated that having self-esteem is possible when the needs of safety, social acceptance, belongingness and creativity are fulfilled. Self-actualizing is a state of highest possible functioning, usually reached in later years by only a small percentage of people. He described Self-actualizing as being “fully human” including the full use and exploitation of talent, capacities,
potentialities etc. Such people seem to be fulfilling themselves and doing the best that they are capable of doing” . He believed that all these needs are inter-related.

From a clinical perspective, the enhancement of self-esteem has accorded high priority by majority of psychotherapies and used as a marker for development and success.

1.3.9. Techniques in Enhancing Self-Esteem:

Adolescence is a transitional period in a person’s life, that leads them to experience identity crisis, mood swings, instability, depression, loneliness and self-rejection. Therefore increasing their self-esteem could be a promising intervention to reduce their stress level and promote mental health. Helping adolescents to increase their self-esteem is important because it will help them in self motivation, problem solving and improve their work efficiency. If they are low on self-esteem they may display negative behaviour ranging from neurosis to pathological conditions.

Some of the following self enhancement techniques can be used to empower adolescents become emotionally stable, cope with stress and other negative feelings:

- Encourage adolescents to improve their self-awareness and self-acceptance. If they understand and value their talents and try to actualize them, they will feel better about themselves and consequently be happy.

- Comparing themselves negatively to others, needs to be discontinued as each person is unique and has strengths and weaknesses.

- Train them to have a robust sense of self-efficacy as it helps to face setbacks, frustration and adversity. Thus their performance of novel and difficult tasks will be better, and they will also be able to cope with difficulties.
They need to be encouraged to be optimistic because optimism creates hope for the future and fosters self-efficacy rather than helplessness.

Emphasis should be laid on internal locus of control. This means that they should believe that they have strengths and can control situations. They should not believe that things happen only because of luck.

Teach them to view failures as temporary. It is necessary to focus on things that have gone well rather than magnify incidents that have not gone well.

They need to be taught problem solving skills so that they can identify the problematic situation, label it and substitute a realistic response for the mistake.

Train adolescents to handle their problems using task-oriented methods and not defense mechanisms.

It is necessary to learn how to be one’s own best friends and biggest booster, as such people have a sense of positive self worth, they display poise and radiate confidence as outward signs of inner satisfaction, and are not dependent on the praise and social reinforcement of others.

Think positively of yourself, set meaningful goals that require some measure of ambition, industry, and perseverance to attain. Then, learn to evaluate your accomplishments in an honest and realistic fashion.

To increase self-esteem one must either increase one’s success or lower one’s expectations.

Harter (1999) proposed that in order to raise self-esteem levels, children should be encouraged to identify and to value domains in which they are competent,
provide emotional support and social approval, teach real skills that can aid achievement and show children how to face a problem and try to cope with it, rather than avoid it.

1.3.9.1. **Self-Esteem Building with Creative Counseling:**

Creative counseling self-esteem is how we go about building our self-esteem. When we have a strong self-esteem we value ourselves and others. Creative self-esteem is flexible with a creative edge. We look at the world differently when we solve problems creatively. Problems become opportunities to do something different with our lives. We trust that we are creative enough to work through and solve our problems and increase our self-esteem. We make peace with our positive parts, and learn to be kind and even love our negative parts of the self. When we learn to love and accept our negative parts of the self, there is an increase in self-esteem. This requires acceptance, practice, and counseling.

**Following are the requirements of building creative self-esteem:**

Belief in one self i.e accepting negative and positive parts of the self. Non-blaming behaviour leads us to appreciate and enjoy our personal strengths and use it to help others, positive self-talk is an ability to make mistakes and learn creative problem solving from them, understanding and accepting one's emotions and self-esteem, not being afraid of what others think of us, being able to laugh at our mistakes and learn from them.

Creativity sharpens the mind and expands our awareness therefore it is necessary to teach a child how to be a creative thinker as it will help them to survive,
thrive, and even rule the world. In doing so they learn the skills to become a happier person for the rest of their life.

1.3.10. Measures of Self-Esteem:

Rosenberg (1960) Self-Esteem Scale: has been designed in English to assess the level of self-esteem. It includes 10-statements assessing the degree to which respondents are satisfied with their lives and feel good about themselves. Five of these statements are worded negatively and remaining items are worded positively. Items of this scale are rated on a 5-point Likert-type scale ranging from strongly agree to strongly disagree. This scale has high reliability. Test-retest correlations coefficients range from 0.82 to 0.88 and Cronbach’s alpha for various sample ranges from 0.77 to 0.80.

Rosenberg (1965) Self-Esteem Scale (RSES): Is a 10-item scale. This scale was developed to assess global self-esteem, with the aim to predict overall feelings of self-worth or self-acceptance. The Scale has reported internal consistency of 0.88 and test-retest correlation of 0.82, which indicates that the test is highly reliable measure of self-esteem. The face validity of this scale appears to be good and its convergence with other measures of self-esteem is acceptably high ranging from 0.67 to 0.83.

Coopersmith Self-Esteem Inventory (1981): The self-esteem inventory is designed to measure evaluative attitudes towards the self in social, academic, family and personal areas of experience. There are three forms used in this inventory i.e. the school form, the school short form and the adult form, we have used the adult form in the present study. The adult form is used with persons aged between sixteen and above. It consists of twenty five items. The reliability coefficients for different samples have been reported as ranging from 0.78 to 0.85.
1.3.11. Studies Relating to Self-Esteem:

1.3.11.1. Self-Esteem and Body Image:

Mintz (1988) found a significant positive relationship between body satisfaction and self-image in both males and females, this shows that if both genders feel generally good about self is linked with positive feelings about the body, which is linked with positive feelings about the self, feeling of self-confidence and power in social situations. Simone French et al. (1995), found the relationship between self-esteem and obesity in children and adolescents. Thirteen of twenty-five cross-sectional studies clearly showed lower self-esteem in obese adolescents and children. Findings also revealed that obese had lower body esteem compared to normal weight children and adolescents. Treatment studies also showed that weight loss treatment programs appear to improve self-esteem. Findlay et al., (2009) also found levels of the physical competence and appearance of self-concepts as well as of global self-esteem to be higher among competitive athletes than among non-athletes adolescent. Similarly Jaya Rajagopalan (2013) research suggests that person’s positive or negative feelings towards his or her body have been found to affect his or her well-being. The results also showed that body image dissatisfaction was significantly related to self-esteem, and resilience fully mediated the relationship between body image dissatisfaction and self-esteem. Alona Tiunova (2015) results suggested that body image in the consciousness of a teenager defines his personal characteristics, level of self-esteem, the scope of internal conflicts and specific features of emotional reactions on the environment.
1.3.11.2. **Self-Esteem and Adjustment:**

Locke et al., (1981) findings revealed that those with high self-esteem are more likely to accept challenging goals, perform better on complex tasks, have greater job satisfaction and are well adjusted. Carver et al., (1989) correlated subject’s reliance on various coping strategies with self-esteem, they found that some productive coping patterns, involving active problem-solving, were associated with relatively high self-esteem. Lyon et al., (1992) found that self-esteem serves as an ‘anxiety-buffer’ in one’s daily life, and those with high self-esteem are well adjusted and cope significantly better with stressful situations than those with a low self-esteem.


Torres et al., (1995) found that high self-esteem has been associated with emotional stability and adjustment to life demands, subjective well-being happiness, life satisfaction and resilience to stress and healthy behaviours.

Furnham and Cheng, (2000) found that self-esteem has been the most dominant and powerful predictor of happiness. Positive self-esteem, internal standards and aspirations actively seem to contribute to ‘well-being’, while low self-esteem leads to maladjustment.

Crocker et al., (2003) study of college adolescents showed that the more adolescents based their self-esteem on academic performance, the more their self-esteem and adjustment tended to drop on days they received a worse-than-expected
grade on an exam or paper, that resulted in increased depressive symptoms over the 3 weeks of the study, especially among adolescents who were initially high in depressive symptoms.

Dhawan Amit (2006) conducted a study on self-esteem and adjustment of adolescents in relation to their locus of control, and found a statistically significant and high positive correlation between self-esteem and adjustment of boys and girls both internal and external locus of control.

1.3.11.3. Self-Esteem and Behavioural Problems:

Greenberg et al., (1986) found that individuals with high level of self-esteem have reduced anxiety and anxiety-related defensive behaviour. High levels of self-esteem eliminate the effect of reminders of mortality on both self-esteem striving and the accessibility of death-related thoughts. These findings also suggest that self-esteem enhancement leads to adolescent's psychological adjustment.

Harter and Marold (1992) found that low self-esteem manifests itself in both behavioural as well as emotional problems among adolescents.

Sprott and Doob (2000) found that first-year college adolescents with relatively low self-esteem were more likely to show many behavioural problems than those with higher self-esteem. Similarly Donnellan et al., (2005) research revealed that low self-esteem is related to aggression, anti-social behaviour and delinquency. Pataki (2005) findings suggested that, how much an individual idealizes may be predicted by their self-esteem and integration levels. Trzesniewski et al., (2006) also found that low self-esteem during adolescence predicts poor mental health, criminal behaviour and limited economic prospects during adulthood.
Fergusson and Horwood (2008) found relationships between low self-esteem and a range of behaviours, including mental illness, substance abuse, social and adjustment problems, high levels of anxiety and adjustment problems, high levels of anxiety, and suicidal ideation and attempts.

Kyungeun, Julie Lee (2012) examined the inter-related development of self-esteem and delinquency across three years on 3449 Korean high school adolescents. Results showed that there were linear growth in self-esteem and delinquency. Moreover, there were significant individual differences in initial level of self-esteem and delinquency, and rate of change in self-esteem and delinquency.

Orth and Robins, (2013) examined that low level of self-esteem has been linked to behavioural problems, poor school performance, and serious behavioural problems as suicidal tendencies and maladjustment. Kostas Fanti, et al., (2014) study investigated longitudinal association, between self-esteem and narcissism with bullying and peer victimization on 1,416 adolescents. Results from the Hierarchical Linear Regression analyses suggested that the combination of low self-esteem with high narcissism may contribute to the continuation of both bullying and victimization. Low self-esteem is more strongly associated with bullying for narcissistic youth. Eunju J. Lee, (2014) results indicated that the state component of self-esteem, not the trait component, had a significant association with aggressive behaviours. When controlling the trait component, the state component was positively related to reactive aggression and negatively related to proactive aggression.

1.3.11.4. Self-Esteem and Gender differences:

Osecka and Liduska (1993) found that predictors of self-esteem were different for men and women. Men were highly self-confident when they rated themselves as
perfect, worthy, strong, morally straight, and successful. Women with high self-esteem rated themselves as interesting, strong, correct, conspicuous and callous. Thus, the findings revealed that self-esteem of men is based on their capability of self-assertion experienced as a feeling of competence. The responses for women show that they define themselves more in terms of their social environment. Fertman and Ross (1997) indicated that in early adolescence boys tend to have higher global self-esteem than girls. Similarly Kling et al., (1999) found that adolescent boys have higher self-esteem than girls. Quatman and Watson (2001) found gender differences in self-esteem and that women generally have lower self-esteem. Their finding also revealed that gender difference in self-esteem converges with increasing age. Anandita Ghosh et al., (2013) study on gender identity, self-esteem and autonomy in young adults also revealed that women with stronger traditional sex-role identity have lower self-esteem and sense of autonomy, when compared to men who scored higher in self-esteem and autonomy overall.

1.3.11.5. Self-Esteem and Mental Health:

Preusser et al., (1994) investigated whether self-esteem mediates the association between perfectionism and depression in 43 male and 124 female undergraduates. Results revealed that Self-esteem played a mediating role when examining the effects of self-oriented perfectionism on depression for women.

Soar (2003) Individuals with low self-esteem see the world through a more negative filter, and their dislike for themselves shows their perception about everything around them. They also found that those who feel ostracized or rejected experience a variety of negative reactions, including physical illness, emotional problems, and negative affective states.
Kaptein et al., (2004) found that high self-esteem is assumed to be crucial to mental and social well-being as it influences an individual’s aspirations, personal goals and interaction with other.

Robins et al., (2005) found that self-esteem is relatively high in childhood, drops during adolescence, rises gradually throughout adulthood, and declines during old age. They also found that males and females do not differ in self-esteem.

Trzesniewski et al., (2006) found that low self-esteem during adolescence predicts poor mental health, criminal behaviour and limited economic prospects during adulthood. Their findings also revealed that the level of self-esteem and stress does not remain constant in a person and depends on his coping skills and environmental factors. Therefore they stated that helping adolescents to deal with stress and increase their self-esteem is a promising intervention to promote their mental health.

Lam, (2007) found that positive mental health such as life satisfaction and well-being of an individual is strongly predicted by collective self-esteem and distress. Similarly Bhattacharjee Deb, (2007) found that low level of self-esteem leads to psychological problems such as depression, social anxiety, loneliness and alienation. Carr, (2008) study also revealed that Low self-esteem is found to be associated with frustration, hopelessness and depression, resulting into possibilities of self-harm behaviour. Similarly Fergusson and Horwood (2008) also stated that low self-esteem has been closely related to mental illness and psychopathology such as depression, anxiety and eating disorders.
Jadhav (2010) study revealed that adolescents in high self-esteem were intimated to be higher in emotional maturity and good mental health than adolescents with low self-esteem.

Ispita Chatterjee (2013) findings revealed that higher levels of self-esteem and connectedness are associated with positive mental health and well-being.

Widaman andConger (2014) found that self-esteem as well as collective self-esteem has been linked with depression and other problems.

Charlotte S. Barendregt, et al., (2015) investigated the longitudinal relation between general well-being and self-esteem of 172 male adolescents with severe psychiatric disorders. Results indicate that the relation between general well-being and self-esteem differed for both groups.

1.3.1.6. Self-Esteem and Parent-Child Relationship:

Loeb et al., (1980) found that high self-esteem was associated with parents who offered suggestions but left the child some freedom of choices, rather than with a directive style, in which parents told the child what to do. In contrast, parents with children with low self-esteem set few and poorly defined limits, and were autocratic, dictatorial, rejecting and uncompromising in their methods of control. Similarly Fischer and Lazerson, (1984) research indicates that parents’ lack of interest in their child or rejection is closely correlated with low self-esteem. Parental rejection affects his/her sense of security, increases sense of helplessness and undermines him/her self, which may lead to various kinds of antisocial behaviours like aggression, cruelty and stealing. Baumarind, (1991) findings revealed that Parental efforts to engage their adolescent in joint decision making seem to foster self-confidence and self-esteem.
Barber et al. (1992) research on adolescents of United States also found that parental support and control were significantly and positively related to self-esteem among United States’ adolescents.

Kernis and Goldman (2003) found that parents who are harsh and derogatory, developed low self-esteem in their children as they did not establish or enforce guidelines for their children, were apt to use punishment rather than reward, and tended to stress force and loss of love, as compared to those whose parents developed high self-esteem in their children.

Parker and Benson, (2004) research demonstrated the importance of Parental monitoring that involves knowing children’s whereabouts after school, friends and activities combined with parental support, have been shown to be positively related to higher adolescent self-esteem, and greater academic success.

Han, (2004) findings revealed that adolescents who reported that their parents participated in educational and recreational activities with them reported higher self-esteem. Dhal et al., (2007) found that parents can encourage adolescents by approving their efforts to have an effect on the environment and simultaneously, letting them know that they are there if he/she needs them. Time spent together, participation in activities and interest in the adolescents, has also been linked to self-esteem.

Bolme-Lake, (2007) found that family support has been proved effective to enhance the self-esteem. Kanter et al., (2007) found that college adolescents often set goals based on the perceptions of their parents’ expectations, which may be related to their self-esteem and adjustment. Correlation results revealed that college adolescents report experiencing lower levels of self-worth and adjustment when higher expectation discrepancies are present between themselves and their parents. Findings
suggested that teaching assertive communication skills to college adolescents and their parents may serve as a means of promoting positive outcomes for college adolescents.

Milevsky et al. (2007) examined variations in adolescent adjustment as a function of maternal and paternal parenting styles. Authoritative mothering was found to relate to higher self-esteem and life-satisfaction and to lower depression. Self-esteem was reported to be associated with attachment to fathers, but not to mothers. Similarly Betsur et al., (2010) found that parental attachment in adolescents seems to be an important indicator of self-esteem, and high self-esteem has shown to have a positive effect on psychological, social and academic adjustment among adolescents and young adults.

Emana (2011) found that self-esteem of adolescents from authoritative parenting style is significantly higher than self-esteem of adolescents from authoritarian, indulgent and neglectful parenting style.

Irena Stojkovic (2013) investigated the relationship between pubertal timing self-esteem and parent-child relationship, on 526 adolescents, they found that the relationship between girls perceived pubertal timing and self-esteem is mediated through the following variables such as, closeness to mother and father, and conflict with mother. In boys, mediators of the relationship between perceived pubertal timing and self-esteem are body-image and excessive control by mother. The results imply that interventions aimed to improve early maturing girls self-esteem should focus on the interaction with their parents.

Naama Atzaba, et al., (2015) findings revealed how maternal and paternal negativity are related to children’s self-esteem during middle childhood in English
and Indian families living in Britain. For the Indian children, higher levels of paternal negativity were related to lower self-esteem, whereas, for the English children, higher levels of maternal negativity were related to lower self-esteem.

1.3.11.7. Psychological Interventions Applied to Enhance Self-Esteem:

Leung et al (1981) stated that high self-esteem has been associated with emotional stability and adjustment to life demands, subjective well-being, happiness, life-satisfaction and resilience to stress and healthy behaviours.

Ishiyama, (1990) found that western therapies tend to focus on self-reflection, insight, control of symptoms, and support of self-esteem. Hankin and Abramson (2001) reported that cognitive-behavioural therapy focuses on identifying and modifying an individual’s dysfunctional attitude and negative attributional style, thereby enhancing self-esteem.

Moller and Stell (2002) found the effects of rational emotive behaviour therapy with survivors of childhood sexual abuse. Their findings revealed that self-esteem increased and adolescents reported recovery.

Bennett and Levy (2003) found that the use of behavioural experiments in cognitive behavioural therapy helped adolescents with low self-esteem to test the validity of their negative thinking and predictions and consequently, re-evaluate their thoughts and raise their level of self-esteem.

Soloman and Haaga, (2004) findings revealed that cognitive behaviour therapy includes cognitive techniques as well as behavioural components. The former emphasizes on recognizing and challenging negative thoughts and maladaptive beliefs while the latter involves graded task assignments, pleasant events scheduling as well
as other skills training such as relaxation skills, communication skills, assertiveness skills and problem solving skills that is effective in enhancing self-esteem. Similarly, Trudeau (2004) findings revealed that cognitive behavioural therapy is a type of psychotherapy that is efficacious in the treatment of adolescent depression and low-self-esteem.

Sharma (2006) research on effective behaviour management and relaxation techniques indicates that relaxation technique provide effective relief from stress, enhance self-esteem, emotional maturity and any kind of physiological, psychological and cognitive disorders.

Bernard, (2008) found that rational emotive behaviour therapy has been useful in improving self-esteem, and deal with childhood disorders. This therapy makes the child think more rationally, accept one-self, to have a high frustration tolerance and accept others.

Sinha et al., (2008) found that cognitive behavioural therapy helps people to distinguish between problems that can and cannot be resolved and develop better coping skills. They also found that Cognitive behavioural therapy has proved to be effective without negative side effects in improving self-esteem.

Suresh et al., (2010) results indicated that intervention group showed significant improvement in mid and post assessment on psychological well-being, internal locus of control and self-esteem.

Freda et al., (2013) studied the influence of self-esteem and emotional intelligence on achievement motivation in enhancing the potential of adolescents, and their results revealed that adolescents with low self-esteem and low emotional
intelligence were found to have low achievement motivation. The study also found that counseling has helped adolescents feel more confident and attain their maximum potential, thus making their lives more enriched and fulfilled, thereby enhancing high self-esteem.

Sayali et al., (2013) found the effect of efficacy of theatre intervention in enhancing the self-esteem of adolescent girls belonging to low socio-economic status.

Veena (2014) found that intervention enhances self-esteem and promotes mental health among adolescents.

Shraddha et al., (2015) research revealed the effectiveness of behavioural intervention program in enhancing the self-esteem and collective self-esteem among adolescents in the age range of 17-20 years. Pre and post-test design, Wilcoxon Signed Rank test was applied to test the significance of difference between pre and post-intervention scores of self-esteem and collective self-esteem. The results showed that there was significant difference observed at 0.01 level, between pre-and post-intervention and collective self-esteem scores. The results proved the effectiveness of interventional program in enhancing self-esteem and collective self-esteem.

The following observations were derived by the researcher from the above reviewed literature, which reveals that positive body image leads to high self-esteem and overall well-being. Individuals with high emotional maturity and self-esteem are well adjusted, this in turn makes them psychologically happy and healthy. Those with poor self-esteem have behavioural problems and poor mental health. Studies also revealed that women generally have low self-esteem. It is also observed that parental involvement and motivation leads to high self-esteem. Various counseling therapies
such as rational emotive therapy, cognitive behaviour therapy, behaviour management and relaxation have been found to be effective in enhancing self-esteem.

1.4  Emotional Maturity

“The price of living includes an occasional hurt or disappointment. The mature person expects it, accepts it and realizes its worth”.

- Eva Pierrokos

1.4.1. Meaning and Definitions of Emotional Maturity:

Emotional Maturity is the awareness of one’s feelings and emotions, both positive and negative, and the ability to manage the expression and experience of these emotions, for the benefit of oneself and others. The term ‘maturity’ describes a state in which a person is considered fully developed physically, emotionally, socially, and intellectually. The balance between all these characteristics is not always achieved simultaneously (Rice 1987). Emotional maturity is the ability to bear tension and develop high tolerance for disagreed circumstances. Emotional Maturity is an effective determinant to shape the personality, attitude and behaviour of the adolescents into accepting responsibility, making decision, teaming with groups, developing healthy relationship and enhancing self worth. Emotional maturity is defined as “how well we are able to respond to situations, control emotions and behave in an adult manner when dealing with others”. Emotional maturity is shaped by our upbringing and life experience.

Emotional maturity refers to emotional patterns of an adult who has progressed through the inferior emotional stages, characteristic of infancy, childhood and adolescence and is fit to deal successfully with reality and in adult love relationships without emotional strain. Emotionally matured people are mentally healthy, well adjusted and high on emotional intelligence. The performance
development of any area requires integrated personality of society. Therefore it is necessary that every individual must enlarge positive attitude and self concept. Research shows that there is a progressive change in emotionality with age.

Anderson, (1942) states that as the person moves to maturity, he becomes less susceptible, less responsive and more critical and gains control over his emotions, this phenomenon is described as maturity.

Cole (1954) says that “The chief index of emotional maturity is the ability to bear tension”. Dosanjh (1956) states that “emotional maturity means a balanced personality”. It means the ability to govern disturbing emotions, show steadiness and endurance under pressure and to be tolerant and free from neurotic tendencies. Emotional Maturity means controlling our emotions rather than allowing our emotions to control us.

Jersild (1963) says that emotional maturity means the degree to which a person has realized his potential for richness of living and has developed his capacity to enjoy things, relate himself to others, love and laugh; his capacity for whole hearted sorrow, when an occasion arises and show fear when frightened occasion occurs.

Walter and Smitson (1974) defined emotional maturity as, “a process in which the individual’s personality is continually striving for greater sense of emotional health, both intra-psychically and intra-personally”. In brief emotional maturity can be called as the process of impulse control through the agency of “self” or “ego”.

Sheila Keene (2010) stated that Emotional maturity means taking responsibility for our lives, adopting better attitudes that are harmonious, peaceful, and life enhancing. All these factors can be achieved through counseling.
1.4.2. Characteristics of Emotional Maturity:

According to Crow and Crow (1962) “emotionally mature or stable individual regardless of his age, is the one who has the ability to overcome tension, disregard certain emotional stimulators that affect the young and view him objectively, as he evaluates his assets and liabilities and strive towards an improved integration of his thought, emotional attitude and overt behaviour”. Geoghagen et al., (1963) says that a person is considered emotionally mature when his responses to a situation are: Appropriate to his degree of development and proportionate to the demands of the situation.

Emotional maturity prepares an individual for better adjustment, as it implies proper emotional control, which means neither repression nor violent expression. Emotionally matured person has the ability to recognize, empathize, and respect the feelings and needs of others. They also have the ability to delay the immediate satisfaction of needs, so that they may attend to other more pressing needs and actions. They can adapt flexibly and actively to life’s changing circumstances and conditions. They channel their positive and negative energy, into constructive contributions to themselves, others and the community. They are able to relate comfortably and freely with others, to like and be liked by others and to maintain healthy and mutually satisfying relations. They have the ability to choose and develop relationships that are healthy and nurturing. An emotionally matured person has in his possession almost all types of positive or negative emotional qualities and is able to express them at appropriate time in appropriate degree. Emotionally mature adolescents suffer less emotional symptoms.
An Emotionally matured person is one who is able to keep a lid on feelings; he can suffer in silence, is not subject to mood swings and is not volatile. He expresses emotions decently, with moderation, and in good order.

In the opinion of Murray (1938), an emotionally matured person has the following characteristics:

- The ability to give and receive alone
- The ability to face reality and deal with it
- The capacity to relate positively to life experiences
- The ability to learn more experience
- To ability to express frustration
- The ability to handle hostility constructively
- Relative freedom

Need for emotional security is fundamental and basic for all types of human relationships.

Hurlock (1990) stated that accepted children always feel emotionally secure, and rejected ones shows signs of emotional insecurity. Early emotional social deprivation is associated with later psychological disturbance and emotional problems among children. Functions of emotions include positive and negative emotions, emotion regulation and emotional competence. Warm people are likely to get along better with others than those who are rather cold or indifferent to others. In a relationship warmth is reflected in a pleasant and cordial demeanour. Establishing bonds
especially requires understanding the perceptions of the other person as objectively as possible without attempting to bring your own context into play.

Emotional stability or instability is the most important factor in the personality pattern. Behaviour which is contradictory, unsocial or abnormal is characterized as emotionally unstable behaviour. Emotional instabilities are often recognizable in early childhood by irritability, temper tantrums and the lack of courage. Cyril Burt (1925) refers emotional stability as persons whose general emotionality has been developed to an exceptional degree and are designated as stable. Emotionally mature adolescents suffer less emotional symptoms as they are well adjusted.

1.4.3. Importance of Emotional Maturity:

An emotionally mature person has full control over the expression of his feelings. However, he/she behaves according to the accepted social values and ideals. During adolescence one gets excited very fast. Adolescents burst out into laughter on flimsy things or quickly loose temper. As one grows to maturity, his emotional stability, depth of social adjustment, vocational and professional aptitude, life’s ambitious etc. go on developing. A person who is emotionally stable will have better adjustment with himself/herself as well as with others.

1.4.3.1. Effects of Immaturity:

Behaviour which is contradictory, unsocial or abnormal is characterized as emotionally unstable behaviour. Adolescents who realize that others consider them incapable of handling the adult role successfully may develop inferiority complexes and may be considered immature. Such individuals are confused as to what they want
to be and what they think of themselves that leads to experience a sense of dissatisfaction and self-rejection. Such individuals become maladjusted and unhappy, as a result of which they become social isolates.

1.4.4. Emotionality during Adolescence:

Hurlock (1990) pointed out that though heightened emotionality during adolescence is a product of ongoing growth, she says that it slows down after a period of time and factors such as social pressures and changed roles and expectations contribute to emotional instability. Emotional instability is a logical consequence necessary for making adjustments to new patterns of behaviour and to new social expectations. Problem related to romance become very real at this age, as a result they become despondent. They also worry about future as schooling is coming to an end.

While adolescent emotions are often intense, uncontrolled, and seemingly irrational, there is generally an improvement in emotional behaviour with each passing year. Gesell et al., (1956) have reported that fourteen-year olds are often irritable, and are easily excited, and “explode” emotionally instead of trying to control their feelings. Sixteen-year-olds, by contrast, say they “don’t believe in worrying”. Thus the storm and stress of the period lessens as early adolescence draws to close. By the end of adolescence boys and girls are said to have achieved emotional maturity, if they do not “blow up” when others are present. Secondly, they assess the situation critically before responding emotionally and finally they exhibit emotional stability instead of swinging from one emotion to another.
1.4.5. Family Environment and Emotional Maturity:

Family environment is an important factor which can have a marked effect on the child’s emotional development. The family plays a key role, in articulating feelings and emotions of an adolescent, who is generally sensitive to values, self and social expectations, norms of family and the society. The manner in which an individual expresses emotions is guided by these factors. Because of these inhibiting factors, some adolescents can be very restrained in putting across their feelings. If proper guidance is not available, this can, sometimes, lead to serious emotional problems. Many of the problems of early adolescence are linked to the overly controlled or impulsive expression of emotions. It is important that parents are aware of this and extend help and opportunities to the adolescent children to give vent to their emotions in a healthy and constructive manner. Since emotions are learned, the adolescent should be guided in the development of desirable emotional patterns, thus enabling one to avoid the inefficiency, embarrassment and annoyance that uncontrolled emotions can produce. Emotional development is closely related to self-concept which involves physical appearance and emotional growth in which the contribution of parents is essential.

Emotional stability of the parents is also an important aspect which can affect family environment of the child. Delinquent behaviour problems among adolescents have been found to be directly related with disturbances and emotional instability, in one or both the parents. Family is important in shaping the behaviour of adolescents, the actual breaking up of the home is preceded by much disruption, disorganization and tension produced in the relationship between parents. Lack of parental affection during childhood is likely to result in the development of a weak superego that is unable to control antisocial impulses. (Arun, 2010)
If rejected child does not find love and affection as well as support at home, he will resort to deviant group outside the family. Parental rejection, and father’s absence, has a great impact on the child, that can ultimately lead to delinquent behaviour problems. Adolescents that grow up in an environment where they are exposed to violence, parental tension, and neglect are at higher risk of encountering difficulties in emotional adjustment. Researchers revealed that parental support contributes to adjustment among adolescents. Apparently parents play a crucial role in preventing all aspects of emotional adjustment problems.

1.4.6. Techniques Used to Enhance Emotional Maturity:

Emotional Literacy as Prevention

- Emotional awareness lessons include how to monitor what they and those around them are feeling, and how to recognize when someone is actually hostile. One of the most important lessons is anger management.

Emotional Self-awareness

- Improvement in recognizing and naming emotions.
- Better able to understand the cause of feelings.
- Recognizing the difference between feelings and actions.

Managing Emotions

- Better frustration tolerance and anger management
- Fewer verbal put-downs, fights, and classroom disruptions
- Better able to express anger appropriately, without fighting
ACHIEVEMENT MOTIVATION, SELF-ESTEEM, EMOTIONAL MATURITY, PARENT-CHILD RELATIONSHIP AND ANXIETY OF GOAN ADOLESCENTS: IMPACT OF PSYCHOLOGICAL INTERVENTION

- Fewer suspensions and expulsions
- Less aggressive or self-destructive behaviour
- More positive feelings about self, school, and family
- Better at handling stress
- Less loneliness and social anxiety

Handling Relationships

- Increased ability to analyze and understand relationships
- Better resolving conflicts and negotiating disagreements
- Better at solving problems in relationships
- More assertive and skilled at communicating
- More popular and outgoing; friendly and involved with peers
- More sought out by peers
- More concerned and considerate
- More “pro-social” and harmonious in groups
- More sharing, cooperation, and helpfulness
- More democratic in dealing with others.

The art of soothing ourselves is a fundamental life skill. Handling emotions in someone else, is the fine art of relationships that requires the ripeness of two other
emotional skills that is self-management and empathy. Emotional literacy programs improve children’s academic achievement scores and school performance.

1.4.7. Measures of Emotional Maturity:

**Emotional Maturity Scale Willoughby (1932):**

This scale consists of 60 short descriptions of behaviour situations, from which a rater is to choose those characteristic of the subject. The degree of emotional maturity displayed by each description has been estimated by 101 judges, and from these ratings a scale value is derived. When applied to a group of 70 college adolescents, the scores obtained from each of two raters of the same subject gave a correlation of 0.56. Self-ratings from 123 cases gave a test-retest reliability of 0.71 when retested after six weeks.

**Emotional Stability Test for Children A.K Singh and A. Sengupta (1985):**

Developed for school going pupils of class 6th and 7th in Hindi. It is used to find out the emotional stability in children for their better development. It has 15 items testing emotional stability included in this test. Test-retest method was computed for a sample of 150 pupils with 14 days gap, correlation co-efficient was found to be 0.70. The reliability co-efficient by split-half method is 0.55. As far as validity is concerned, the test has been correlated with other two tests such as Neuroticism and Singh and Singh’s DPS Scale which resulted in the co-efficient as 0.53 and 0.61 respectively.

**Emotional Maturity Scale, Yashvir Singh and Bhargav, Mahesh (1971):**

It has been translated into english by Sudha and Satyanarayana. It has 48 items arranged into five areas such as emotional instability, emotional regression,
social maladjustment, personality disorganization and lack of independence. It has test-retest reliability coefficient of 0.75 and the inter correlations among the sub-tests to the total test range from 0.42 to 0.75.

1.4.8. Studies on Correlates of Emotional Maturity:

Emotions are of great importance because they organize and energize behaviour, but when acute, they disrupt behaviour. Maturity is the expression and control of emotion that seems to play a vital role in the formation of personality.

Pastey and Aminabhavi (2006) examined the impact of emotional maturity on stress and self-confidence of adolescents. Results revealed that adolescents with high emotional maturity have significantly higher self-confidence as well as low stress.

Florine (2012) found that adolescents who are unable to handle their emotions and feelings are ill equipped to face challenges of life. It is their impulsive emotions that overwhelm them and the root cause of this is lack of emotional maturity.

Yogesh (2013) conducted a comparative study on emotional maturity and self-actualization in graduate and post-graduate adolescents. A significant difference was observed which shows that post-graduate adolescents were more emotionally matured compared to graduate adolescent.

Masaud Ansari (2015) studied impact of Emotional Maturity on Stress among 150 Undergraduate adolescents. Findings revealed that a significant impact of Emotional Maturity was found on Stress among undergraduate adolescents, and a significant negative correlation was found between Emotional Maturity and Stress.
1.4.8.1. Emotional Maturity and Academic Achievement:

Research conducted by Lipton et al. (1975) on medical professional adolescents emotional maturity revealed that; emotional maturity was a major factor, especially as a predictor of academic success among medical professional adolescents.

Nita (2008) found that Adolescents who had high academic scores also had a high emotional maturity and high significance in stress management. Similarly Jadhav (2010) findings reported that a relationship existed between emotional maturity, self-esteem and academic achievements of adolescents. Adolescents high in self-esteem were initiated to be higher in emotional maturity than adolescents with low self-esteem.

1.4.8.2. Emotional Maturity and Adjustment:

Research conducted by Wintre and Ben-Knaz (2000) among normative adolescents indicates a correlation between low level of emotional maturity, high level of stress, anxiety, depression. They also found that emotional maturity contributed to adjustment, and that emotionally matured adolescents suffer less emotional symptoms. Haynes and Love (2004) found that those who engaged in a more problem-focused style of coping, such as active coping were found to be better adjusted than those who engaged in more emotion-focused styles of coping.

Therefore it necessary that a child should have a healthy emotional development. Similarly Armin Mahmoudi (2012) conducted a study to see the adjustment level of the post graduate adolescents. High Positive correlation was obtained between emotional maturity, academic achievement and overall adjustment. The findings also reported that emotional maturity is very intimately related to the
individual’s health, adjustment and behaviour. So it becomes necessary that a child should have a healthy emotional development.

1.4.8.3. Emotional Maturity and Gender Differences:

Chouhan et al., (2003) results revealed that gender difference exists in emotional maturity, as adolescent males had higher emotional maturity than females. However, females were more skillful and had a high degree of emotional quotient in the expression of their emotions than their male counterparts. Similarly Subbarayan et al., (2011) study on the emotional maturity of college adolescents, revealed that, there is a significant difference observed between male and female adolescents and males were emotionally matured compared to females. Vinita (2014) also found that boys have more emotional maturity than girls and boys are well adjusted than girls.

1.4.8.4. Emotional Maturity and Parent-Child Relationship:

Garnefski et al., (1996) research study revealed that adolescents of single parent and step-parent had emotional difficulties and were more prone to suicide as compared to the adolescents of intact families.

Kaur, (2001) found significant relationship between emotional maturity and parental encouragement. The relationship between various factors of emotional maturity i.e. emotional instability, emotional regression, lack of independence and parental encouragement was found to be significant and negative in adolescents. Similarly study by Amminabhavi et al., (2004) was undertaken to examine the impact of parent-child relationship of adolescents in their self-efficacy and emotional maturity. The results revealed that those who have more favorable relationship with
both parents showed significantly higher emotional maturity than those who had less favorable parent-child relationship.

Lengua (2004) study revealed that child’s irritability predicted greater inconsistent discipline. Child fearfulness and positive emotionality predicted greater maternal acceptance. Maternal inconsistent discipline predicted greater fearfulness and irritability. They also found that inconsistent discipline increased negative emotionality in children and child irritability evoked inconsistent discipline by parents.

Neeru (2005) study observed that majority of parents showed a moderate degree of approval towards their children. Most of the adolescents of low and high social economic status group were emotionally unstable and had attained moderate self-actualization.

Hangal and Aminabhavi (2007) assessed the impact of maternal employment on the self-concept and emotional maturity of adolescents, the results revealed that the adolescents of homemakers have significantly higher self concept, and children of employed mothers have higher emotional maturity.

Ruiz et al., (2007) found that a close and supportive relationship existed between grandparents and grandchildren which is an important factor of children’s emotional well-being and psychological benefits.

Vinita (2014) examined the impact of perceived maternal acceptance and rejection on level of emotional maturity of college girls. Results showed that maternally accepted girls have high level of emotional maturity in comparison to the
maternally rejected girls. On the basis of obtained result it was also concluded that emotional maturity is affected by parental behaviour.

Ratnottar (2014) findings indicated that significant difference existed between adolescents belonging to intact and broken homes, on certain component of emotional maturity such as emotional instability, social maladjustment and personality disintegration. He also found that adolescents belonging to intact had higher emotional maturity compared to those of broken homes.

1.4.8.5. Emotional Maturity and Demographic Factors:

Chaudhary et al., (1996) studied achievement motivation in relation to emotional maturity of adolescents studying at home and orphanage. Results showed that adolescents studying at home had higher level of achievement motivation and great degree of emotional maturity as compared to their counterparts staying in orphanages.

Visalapatnam et al., (2003) study on emotional maturity and its influencing factors in urban and slum school-going 120 children. Significant positive correlation were found between urban children’s emotional maturity and their chronological age, ordinal position, abilities, size and type of family, parenting, and academic performance, number of friends as well as their parental age, education and employment. However, in the case of children from slum, no significant correlation was found between their emotional maturity and their background variables.

Aminabhavi et al., (2006) investigated emotional maturity, achievement motivation and self-efficacy of the ‘only child and children with siblings’, on 100
adolescents. The results revealed that the two groups differed significantly in emotional instability, emotional regression as well as overall emotional maturity.

Sharma (2006) research findings revealed that destitute girls were emotionally unstable due to socio-cultural deprivation and parental deprivation, compared to their counterparts.

**1.4.8.6. Emotional Maturity and Maladaptive Behaviour:**

Ciarrochi (2001) examined the relationship between emotional competence and willingness to seek help for emotional problems and suicidal ideation in 30 male and female undergraduates. They reported that those who were feeling less skilled at managing emotions were less willing to seek help from family and friends.

Katyal (2005) endeavoured to compare self-concept, emotional maturity and personality in delinquency prone and non-delinquency prone adolescents. The result revealed that majority of delinquency-prone subjects were average on self-concept, extremely unstable, moderate in neuroticism and highly extrovert, compared to their counterparts.

The result revealed that majority of delinquency-prone subjects was average on self-concept, extremely unstable, moderate in neuroticism and highly extrovert, compared to their counterparts.

**1.4.8.7. Emotional Maturity and Counseling:**

Havalappanavar (2000) compared emotional maturity of individuals who practiced Yoga with those who did not. Significantly higher emotional maturity was found in those practicing Yoga compared to their counterparts.
Clarke and Goosen (2009) found that cognitive behaviour therapy was suggested to control emotion-focused coping behaviours of self-blame, wishful thinking and avoidance. Also supported by Smita Syal (2010) whose findings revealed that cognitive behaviour therapy either in combination with medication or when applied alone is more effective in improving self-esteem, adjustment, seeking social support, problem solving, self control and managing emotions effectively.

Subhrada (2010) findings revealed that cognitive behaviour therapy has been effectively used as a short term treatment for a wide range of emotional disorders and problems.

Roja (2013) found that Counseling and psychological interventions enhances emotional maturity and self concept, it is also used a tool for promoting adolescents mental health and psychological well-being.

Himani (2014) research measured the effects of prayer and meditation on emotional maturity and psychological well-being of female university adolescents. Results revealed that there is a significant effect of prayer and meditation on emotional maturity and psychological well-being. They also found that regular practice of prayer and meditation pacified aggression, frustration, tension and defused turbulent emotions, mind feels calm and at peace, and these changes affects the thinking and behaviour of a person. These practices strengthen the positive aspects of human personality, which is important for mental as well as physical health.

Veerabhadra Swamy (2014) conducted research on prevalence of emotional maturity level among professional adolescents and determined the effectiveness of counseling on emotional maturity. Results revealed that there was statistically significant \( P \leq 0.001 \) reduction in the mean scores of emotional maturity among the
subjects from the pre intervention to immediate posttest assessment. The findings also revealed that counseling was very effective in improving the emotional maturity level of the adolescents and counseling intervention is needed for professional adolescents to overcome the problems such as anxiety, fear of future, hopelessness and adjustment issues to lead a fruitful life.

Knill et al., (2015) found that integrated art therapy foster awareness, encourage emotional growth, and enhance relationships with others.

Mitchell (2015) findings revealed that children, adults, and families in sand tray therapy experience emotional release through symbolization and sublimation, through the projection onto the tray and miniatures.

The above stated studies have explicitly shown that child-rearing pattern, maternal attitude and behaviour towards her offspring, family social economic status, residential area etc. have differential impact on emotional maturity. From the findings it can be stated that Emotional maturity is negatively related to maladaptive behaviour.

1.5. Parent-child Relationship

“The parenting journey holds the potential to be a spiritually regenerative experience for both the parent and the child. Where every moment is a meeting of spirits and both parent and the child appreciate that each dances on the spiritual path that’s unique holding hands and yet alone”.

-Dr. Shefali Tsabary

1.5.1. Meaning and Definitions of Parenting:

‘Parenting’ may be defined as purposive activity aimed at ensuring the survival and development of children. It derives from the Latin verb ‘parere’- ‘to bring forth, develop or educate’ (Hoffmann, 2002). The word ‘parenting’, from its root, is
more concerned with the activity of developing and educating. In modern parlance, however, ‘parent’ denotes the biological relationship of a mother or father to a child. We qualify it by such words as ‘adoptive’ or ‘foster’ parents, ‘parent surrogates’ or ‘careers’ to keep the biological relationship distinct. Parenting is an activity that normally involves the children, parents and other family members in life-long interaction.

Parent-child relations act as a major factor in influencing the attitude and behaviour of the child. The early socialization process and the personality is the important requirement of a family. The nature of parent-child relationship depends upon three principles that is the parent’s general nature, mode of behaviour towards their children and the nature of discipline for the general development of the child.

Erikson (1950) emphasized that the child faces psychosocial conflict of industry versus inferiority during the late childhood stage. Successful resolution of these conflicts demand involvement and guidance of parents. The quality of the parent-child relationship is of crucial importance in the personality development and satisfactory adjustment of the child. When parental behaviour is not in accordance with the children’s expectations, it may further lead to unfavourable parent-child relationships.

The different dimensions of parent-child relationship are based on acceptance-rejection, dominance-submission, encouragement, love-hate, democracy, authoritativness, trust-distrust, reward-punishment, and tolerance-hostility are considered to be the dimensions of Parent-child relationship. Sameroff (1975) defined the parent-child relationship as an interaction between the parents and the child. Hurlock (1990) stated that the relationship of parents and adolescents deteriorates as
adolescence progresses. These problems occur as a result of parental refusal to modify their faulty concepts.

Taylor et al., (1993) and Papalia et al., (1975) describe that the behaviour of an individual is influenced by the family and the environment in which he or she finds him or herself.

Kuczynski (2003) stated that parent-child interactions are the building blocks of the parent-child relationship, and two main principles that provide the basis for the interactional component of parent-child relationships, are:

- Parent-child relationships develop through interaction, and are distinctive in its accumulation of interactions.

- Relationships are an accumulation of past interactions between parents and children, which provide the context for present interactions as well as anticipations of interactions that will occur in future. Therefore relationships are based on present, past and future interactions.

Symonds (1939) stated that the quality of parent-child relationships during adolescence is linked to the quality of relationship during childhood. They also view parental acceptance and rejection as two poles of a continuum. Acceptance is defined “as the warmth, affection, care, comfort, concern, nurturance, support, or simply the love that children can experience from their parents and other caregivers”. Rejection refers to the “absence of significant withdrawal of these feelings and behaviours and by the presence of a variety of physically or psychologically hurtful behaviours and affects”.

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Ainsworth, (1989) stated that attachment theorists have focused on the role of both the parent and the child in the process of constructing the emotional tie. Similarly, research on the context of control has focused on interactions in which the parents attempt to influence the children’s behaviour by means of requests, commands, prohibitions, threats, and punishment, with the object of securing children’s compliance or cooperation with the parent’s agenda.

1.5.2. Importance of Parenting:

The key objective of sound parenting is to foster in the children, norms of behaviour that will assist in their growing up and help them become an active and proud member of the family, this is a part of the process of socialization. The unparallel bond in terms of age, attitude, values, experience, and perspective, is important for the growth and development of children, as well as for the sustainance of the family as a vibrant and healthy unit. It is a bond in which emotions and feelings are the dominant elements. When parent adolescent relationship is based on warmth, understanding of each other’s needs and mutual care, fulfillment of expectations is the natural payoff. This is a key element of good parenting and determines the attitude of the children towards their parents and vice versa. The extent to which each recognizes the framework (of action and behaviour) of the other determines the quality and nature of this relationship. Whatever parents do with children to achieve this goal is broadly known as parenting.

Parenting is also partly linked to expectations about parenting outcomes and child’s behaviour. Parenting behaviour is specific, goal-directed action, which has certain direct consequences for the child, such as playing with the child, disciplining, teaching, caring for child’s physical needs, and establishing a pleasant emotional
environment. A contemporary and holistic view is that parenting is a series of reciprocal interaction between the parents and their children with the behaviour of each participant affecting the behaviour of the other (Chamberlain et al., 1960).

Parenting is a complex activity that includes many specific behaviours that work individually and together to influence the developing child. Parents have several roles to play, the most important of which are providing love, care, and acceptance, teaching social responsibility, inculcating values, specifying limits and enforcing discipline all geared towards the super-ordinate goal of guiding children to mature adulthood. A critical task of parenting is to manage the child’s behaviour so that the child can grow up safely, competently and securely. The tasks of parenting holds a responsibility that is demanding as well as challenging.

Another area is of discriminatory practice followed in some families that may sometimes create tensions between parents, siblings and children, who find the behaviour of parents partisan. If the children are always criticized by their parents, they can develop a personality that is bereft of self-confidence and self-esteem, which may lead them to become resentful and even hostile towards the parents and seek love and affection elsewhere. They can come under the influence of peers and if the company is not good, fall into a trap of deviant behaviour. It is important that parents become a partner in the pursuit of their children to achieve higher grades. Healthy and harmonious relationship between parents sends positive and pleasant signals to the children and generates genial environment in the family.

1.5.2.1. Emotional Bonds in Parenting:

Emotional bonds between parents and children apparently survive the changes of adolescence, and parents continue to influence development during the second
decade of life. Interactions change notably during adolescence, but relationships remain relatively stable. Both parents and adolescents report less frequent expressions of positive emotions, feelings of closeness and more frequent expression of negative emotions between them.

Although interactions with parents involve expressions of both positive and negative emotions, research shows that mothers and adolescents express both more positive and negative emotions toward each other than do fathers and adolescents do (Cowan-1994). Thus, for many adolescents, interactions with mothers provide more pleasure and affection, as well as more conflict, than do interactions with fathers (Larson-2004).

1.5.3. Nature of Parent-Child Relationship:

The relationship between parent and the child needs to be of mutual affection and respect. Interpersonal relationship within the family constitutes complex phenomena of behaviour. Those parents who love one another, as well as their child have an excellent chance of seeing the child become a well adjusted adult. In such an atmosphere the child, feels wanted and secure, shares with his parents the sense of well-being which is essential for satisfactory personality development.

The nature of parent-child relationship depends upon three principles, discussed below:

- Parent’s general nature and mode of behaviour towards their children.
- The nature of discipline as enforced by the parents for the general development of children.
The child’s conscious or unconscious behaviour patterns, characteristics and attitudes of the father or mother, in other words the child’s attempts at his identification with his father or mother.

1.5.3.1. Dimensions of Parenting:

Parenting processes are defined as activities that are specifically aimed at promoting the child’s welfare. In turn, this can be subdivided into parenting activities, i.e. the core elements necessary and sufficient for parenting, such as functional areas, that involves the main aspects of child’s functioning on which they focus, and prerequisites which include what they need in order to do their job. The core activities that are necessary and sufficient for ‘good enough parenting, fall into three groups: care, control and development. Each of these has two facets:

- The prevention of adversity and anything that might harm the child.
- The promotion of the positive and anything that might help the child.

Care: Comprises a cluster of activities aimed at meeting the survival needs of children. The ‘needs of children’, constitute physical needs emotional and social needs. The outcome of good parenting care, leads to a healthy and thriving child, attachment of the child to the parent, and the development of a firm and positive sense of self. This is the core foundation of self-esteem. A well-cared for child will be, healthy, emotionally resilient and socially competent, with the capacity to explore new opportunities. Thus, ‘care’ increases the child’s resilience in the face of adversity and promotes positive development. Both systemic problems (poverty) and poor parenting practices result in significant proportions of children not receiving adequate physical care, and protection.
Control: Comprises the range of activities concerned with setting and enforcing boundaries for the child, in an age and culturally appropriate manner. Control activities are guided by a complex, interaction of parents’ personal predisposition and cultural expectations. Increasing physical and social maturity, greater sense of self and increasing autonomy renders adolescents to be more problematic to control. These issues become most acute in adolescence when peer influences are at a peak. Parents with a harsh childhood history may adopt the idea of behaving similarly towards their own children. Setting and enforcing boundaries for children involves shaping their behaviour (Patterson 1981).

Development: The most important parental task in developing their children is the inculcation of values inquisitiveness, temperance and respect for the equal worth of others, irrespective of their differences. Good developmental opportunities for children result in their capacities being fully explored through experience and expression.

1.5.4. Parenting Styles:

Parenting typologies, which capture variations in parental responsiveness and demandingness, closely reflect the interactional nature of parenting dynamics. Competent parenting is related to warmer, more accepting, and more helpful styles of parenting. Thus depending upon the sociocultural milieu, parental belief systems and child’s temperament, different contexts of interaction are created in which parents adopt suitable strategies to socialize with children. Since these strategies remain fairly consistent across situations, they are generally referred to as “parenting styles”. Different parenting styles result in different kinds of relationship between parents and children.
Baumrind (1991) work on parenting was based on the dimension of parental control to form three different parenting styles, which included authoritative, authoritarian, and permissive. Parental control is defined as “the claims parents make on children to become integrated into the family as a whole, by their maturity demands, supervision, and disciplinary efforts and willingness to confront the child who disobeys”. High levels of demandingness can be described as structure and control. Parenting behaviours included in this dimension include parental monitoring and parental discipline practices. According to Baumrind parenting style predicted individual’s well-being in several domains of development. Parents share the responsibility of bringing up their children in a manner so that as adults they become effective members of the respective society. Parenting practices that include positive reinforcement, open displays of warmth or affection, involvement in and active monitoring of children’s activities and consistent but not overly harsh disciplinary strategies tend to relate to various measures of adaptive psychosocial adjustment. In contrast, parenting that is passive inconsistent, overly harsh, or emotionally vacant has deleterious effects. Baumrind found that authoritative parenting style is the most appropriate, as these parents are warm and involved, but firm and consistent in establishing and enforcing guidelines, limits, and developmentally appropriate expectations. They are more open to give and take with their children, make greater use of explanations and tend to be high on psychological control. Another added dimension that is important to adolescents is the extent to which parents encourage and permit their children to develop their own opinions and beliefs called “psychological autonomy granting” (Steinberg, 1993).

Parenting styles capture two important dimensions of parenting. Parental acceptance (parental warmth or supportiveness), that refers to the extent to which
parents intentions foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands. Parental control (parental demandingness or behavioural control) which refers to the claims parents make on children to become integrated into the family by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys. Both these dimensions are equally important for the healthy growth and development of the child. They stated that parental responsiveness is another dimension of parenting. Parenting behaviours that measure parental responsiveness include parental warmth, support, and involvement. Uninvolved parenting is another additional style of parenting.

Developmental psychologists stated that adolescents who are raised by authoritative parents fare better than peers who are raised in other types of households. Authoritative parenting is more effective as it does three things:

- Nurturance and parental involvement makes the child more receptive to parental influence, and enables them to be more effective and efficient in socialization,
- The combination of support and structure facilitates the development of self-regulatory skills, which enable the child to function as responsible and competent individuals
- The verbal give and take characteristic of parent-child exchanges in authoritative families engages the child in a process that fosters cognitive and social competence, thereby enhancing the functioning of the individual outside the family.
The determinants of parenting shape childrearing, which in turn influence child development. Parental personality and psychological functioning have been found to influence parenting practices, beliefs, and expectations. The relationship between parents and children is improved, when there is more intimacy and better communication in their marriage. Belsky model of parenting determinants suggests three broad domains of influence that are believed to affect parenting:

- Personal psychological resources of parenting that include self-esteem, sociability, introversion/extraversion, personal attitudes, knowledge, and skill.

- Social-contextual characteristics which include issues related to marital relationship, family interactions, social network and support.

- Child characteristics include age, birth order, sex and temperament of the child.

Steinberg (1991) stated that authoritative parenting style creates a context in which parents encourage their children’s independence and individuality, provide opportunities for children to be involved in family decision making, expect high standards for their children, and have warm relationships with their children. Thus the emotional climate created by the authoritative parenting style is conducive to higher levels of achievement motivation

1.5.5. Importance of Parent-Child Relationships:

Parents and children both contribute to the formation of the relationship through their interactions. In a parent-child relationship, the parent and the child have expectations about how they will behave in particular situation. Interaction experience in the past becomes represented in the present, allowing parents and children to
interact not only with immediate concrete behaviours but also with the memory of past interactions. Thus, attachment classifications such as “avoidant,” “anxious” or “secure” are assumed to represent the nature of children’s expectancies of the relationship, which are based on actual interactions in situations that are ambiguous or distressing for the child.

Parent-child relations are distinctive because they are “closed” relationships that are non-voluntary, stable, and permanent. A consequence of being in an enduring, closed relationship is that both the child and the parent can assume that there will be a future to their relationship. The longer the parent-child relationship, the more defined is the past and the more predictable is the future.

1.5.6. **Mother-Child and Father-Child Relationships:**

Mothers and fathers initiate interaction with their children with equal frequency, and children’s initiation toward each parent are similar. Fathers are involved relatively more in physical/outdoor play interactions, whereas mothers interact more frequently in connection with care giving and household tasks. Observational studies report that both parents, that is fathers and mothers get engaged in care giving to a similar degree. Both mothers and fathers reported increased attention to school achievement and homework during middle childhood. In general, mothers and children spend more time together than fathers and children do. Both positive and negative emotional expressions and conflictual interactions are more likely in mother-child relationships.

Studies demonstrate that a strong and secure parent-child relationship, occurs when the child is able to confide in the parents, voluntarily discloses his whereabouts to them, and seeks guidance and support from the parents can significantly reduce the
risk of substance abuse, delinquency, and psychopathology during this stage (Stattin et al., 2000). Secure parent-child relationship also helps adolescents in striving for and achieving their age appropriate developmental goals.

1.5.7. Therapy for Improving Parent-Child Relationships:

A family has body, mind and spirit. It has a heart that throbs with the pulse of life. It builds a façade, a mask. If the mask is striped off, the glimpses of the inner being and the stream of conflicting experience of the family, which derives from the unconscious psyche, buried conflicts, feelings, and fantasies that are repressed, denied, displaced and projected can be discovered. Family psychotherapy may be combined with other forms of therapy. It can be employed in phase of critical change in family relationships and is a useful form of intervention. It can break the impact of resistance to progress, influenced by the secondary gains of illness and can reintegrate an individual with his family. Family psychotherapy is an effective means of penetrating and reducing the secondary gains of emotional illness. It can be of value for disturbances at all stage of the life cycle: childhood, adolescence, adulthood, and old age. It is, however, uniquely effective with marital disorders and with disturbances involving the relations of children or adolescents with the family.

In the family therapy approach, the basic premise is that there is a shift in the pattern of parent-child interaction. It frees the child to work through residues of conflict in the ongoing processes of family interactional therapy and the emphasis is on direct alleviation of the child’s intrapsychic conflict. Weissman et al., (1994) found that parent training focuses on factors that interfere with social relations. This treatment focuses on the behaviours and social interactions a patient has with the
family. The primary goal of this therapy is to improve communication skills, relationships and increase self-esteem during a short period of time.

Family intervention by Josephson (2008) defined as “A coordinated set of clinical practices which attempts to alter family interaction, family environment, and parental executive function”. Its goals include optimizing the development of all family members and mitigating the risks associated with the inset of child and adolescent mental disorders. The intervention maximizes existing family strengths and is implemented collaboratively with parents. Various family therapies are discussed below;

**Structural Family Therapy Minuchin (1974):**

This therapy operates in three related areas-family, presenting problem, and the process of change, which examines the related aspects of the problem. The primary goal of structural therapist is to bring about changes in the family structure. This therapy also teaches the parents how to reduce stress as much as possible and modify aggressive communication between them. This is accompanied by better self-management techniques, which facilitate coping with stress and use of assertive behaviour. Anger management and ‘attributional retraining’ has been shown to improve outcomes for parents at risk of child mal-treatment. Parenthood education is also given as it provides skill training in child-rearing behaviours, which allows for realistic practice and social reinforcement in the training setting.

**Parent Management Training (PMT) Kazdin, (1997):**

This is a parent-based intervention strategy for altering the negative developmental trajectory of aggressive children. This therapeutic strategy trains
parents to use skills for managing children’s problem behaviour. It involves behaviour modification techniques that therapists used in re-engineering children’s social environment. This curriculum involves training parents to issue clear commands, extinguish minor misbehaviours, reinforce desirable behaviours, and punish serious misbehaviours. Parent management training can be used effectively to treat children who may be at greatest risk for the negative consequences of childhood aggression. These intervention programs offer skill training opportunities for children as well as parents. Parent-based interventions produce therapeutic change that involves programs which indirectly addresses issues of modelling by encouraging parents to establish clear rules and to use non-violent forms of discipline.

**Responsive Parent Therapy, (RPT):**

The chief goal of this therapy is to help parents and aggressive children establish and maintain a socializing relationship characterized by emotional acceptance, behavioural containment and pro-social values. The challenge is to find a way inorder to accomplish that goal given the characteristics of the parent, child and the child-rearing context.

**Behavioural Approaches:**

The approaches that include social-cognitive and behavioural parenting have their therapeutic effectiveness. This therapy utilizes the concepts of modelling, positive reinforcement, time out and contingency contracting. The aim is to increase positive behaviours through a variety of rewards, whilst reducing unwanted behaviours.
Solution Focused Brief Therapy (SFBT):

Shazer et al., (1980) stated that the components of this therapy are: problem identification and motivation, the miracle question, possibility/hope, goal formation, coping, strengths, and feedback. It is aimed at adolescent’s problem solution rather than focusing on the problem.

Parent Training Programme:

Patterson et al., (1982) stated that this program is used to alter the pattern of exchanges between parent and child so that, pro-social and co-operative, rather than coercive and disruptive, behaviour is directly reinforced and supported within the family. These programs focus on play and other relationship-enhancing activities. These programs are effective as it brings a significant improvement in parental mental health, depression and improved anger-management skills following parent training. Parenting programs enhance both child and maternal mental health.

 Bowen Systems (1990):

Focus of this therapy is on differentiation or distinguishing one's thoughts from emotions and oneself from others. Techniques in this approach focus on ways to create an individuated person with a healthy self-concept that can interact with others and not experience undue anxiety every time the relationship becomes stressful. Ways of achieving this goal include assessment of self and family in a number of ways, one of which is multi-genetional genogram, which is a visual representation of a person's family tree. Genograms include information related to a family and its members', their relationships with each other over at least three generations. A genogram helps people gather information, hypothesize and track
relationship changes in the context of historic and contemporary events. It also develops strategies to deal with them.

**Experiential Family Therapy:**

Virginia Satir (1991) and Carl Whitaker (1988) focus on how best a therapist can help family members to evaluate their feelings, communicate openly with each other and focus on positive rather than negative behaviour. It is a flexible therapy and the sessions vary as per the needs of the family.

**Narrative Therapy:**

According to (White 2002) this therapy originates from clinical work with children. It is defined as a process that assists people to re-examine the narratives or stories that underpin how they have lived their lives through 're-authoring' or 're-storing' conversations.

**Cognitive Behaviour Therapy (CBT):**

Goldenberg (2008) stated that this therapy makes the members aware of the situation and sorting out the issues. The major types of family therapies included in the behavioural therapy are: Behavioural Couple Therapy (BCT), Integrative Behavioural Couple Therapy (IBCT), Behavioural Marriage Therapy (BMT) and Multi-Dimensional Family Therapy (MSFT)

**Multi-Systemic Therapy (MST):**

This is a form of family therapy which is a home-based model. It aims to overcome obstacles which people may face to access service. It is a holistic intervention which involves educational, vocational systems, peers and
neighbourhood. The role of the therapist is to identify treatment goals in consultation with family members, to assign the tasks and monitor the progress.

**Family Problem Solving:**

Trotter (2010) stated that this model has been utilized by social workers, psychologists, family support workers and family therapists working with adolescents in a wide array of settings. This model encompasses role clarification, problem survey, problem ranking, problem exploration, setting goals, developing a contract, developing strategies and a review process.

**Iowa Strengthening Families Program:**

This therapy includes training programs to teach parents behaviours such as appropriate limit-setting, encouraging good behaviour, communication skills and how to access community resources. Adolescents are also taught techniques in goal-setting, appreciating parents and dealing with peer pressure and stress. Together, parents and adolescents are trained in conflict resolution and family values.

**Brief Models Intervention:**

This model can also benefit parents of children with more severe behaviour problems. They can also be implemented where more intensive interventions, though desirable, may not be immediately available.

**Community-Based Interventions:**

These are universal programs, provided in the community, engender a collaborative approach to the practice of positive parenting. It also builds strong and supportive parent communities and partnerships with schools.
The ‘Basic’ parenting Programme:

Webster-Stratton et al., (1994) stated that this programme is designed for parents, to promote modeling effects for parents by creating positive feelings, after watching the videotape models. The videotapes show parents and children of different ages, cultures, socio-economic back-grounds and temperaments, so that parents perceive at least some of the models as similar to themselves and their children, and therefore bring a change in their relationship. This approach emphasizes a coping and interactive model of learning, which enhances parents’ confidence in their own ideas and ability to analyze different situations with their children, and select an appropriate parenting strategy. There are two other parenting programs such as the ‘Advance’ programme that emphasizes adult interpersonal skills, such as effective communication skills, anger management, problem-solving between adults, and ways to give and get support. ‘Supporting Your Child’s Education’ programme emphasizes parenting approaches that promote children’s academic skills, which include fostering reading skills, setting up predictable homework routines, and building collaborative relationships with teachers and others.

The parenting intervention program is highly useful and effective in significantly improving parental attitudes and parent-child interactions. Parenting programs have also been delivered in a variety of formats including television programs, with videotapes, individual consultations and in groups. Some programs focus specifically on social skills deficits such as friendship and play skills, whereas others have relied more on cognitive-behavioural methods to teach child problem-solving, self-control and positive ‘self-talk’.
1.5.8. Measures of Parent-Child Relationship:

**Parental Acceptance Rejection Questionnaire Sherman and Donovan, (1991):**

This Questionnaire is developed in a scalar form. It consists of questionnaires for mother, father and child. In the parent questionnaire, 16 items were given for rating on a 4-point scale that ranged from “Almost never true” to “Almost always true”. The adolescent questionnaire consisted of 24 items, 10 items measure acceptance, 8 items measure rejection and 6 items are given for control. Reliabilities for the two sub-scales of the short version are fairly high (Chronbach’s alpha=0.91).

**Quality of Parent-Child Relationship Furman and Buhrmester (1985):**

It includes a network of relationship to assess a variety of aspects in the relationship of adolescents with parents, peers, relatives and teachers. It includes items of intimacy, conflict and perceived admiration, in order to examine the quality of parent-child relationship. Each dimension comprises of 3 items each to be rated for its applicability on a 5-point scale ranging from ‘Never’ to ‘Always’. The internal consistency of the present scale is high with the value of correlations ranging between 0.77 and 0.87.

This scale is developed to measure Parent-Child Relationship, it has 100 items. All the items of this tool are classified into 10 different dimensions namely Protecting, Symbolic Punishment, Rejecting, Object Punishment, Demanding, Indifferent, Symbolic Reward, Loving, Object Reward and Neglecting. The test retest reliability coefficient ranged from 0.770 to 0.871 for boys and 0.772 to 0.873 for girls sample. All the coefficients of correlations are statistically significant at a level of confidence greater than 0.01. The construct validity ranged from 0.289 to 0.578. All the coefficients of correlation ranging from 0.328 to 0.457 were found to be significant at 0.05 level or above.

1.5.9. Studies on Impact of Parent-Child Relationship on Adolescents:

There are several studies showing the influence of parent-child relationship on adolescent’s cognitive and emotional variables such as achievements’ motivation and anxiety etc, some of which are discussed below;

Richards (1967) found that parents and adolescents interact less frequently during adolescence than in earlier life periods.

Bell et al., (1977) found that parents and children both contribute to the formation of the relationship through their interactions, and that family circle is the most vital social unit in which both childhood and adult personality are rooted and nourished. Montemayor et al., (1982) found that both parents and adolescents report less frequent expressions of positive emotions and feelings of closeness, and more frequent expression of negative emotions between them, during adolescence.
Elder (1985) studied the impact of parents personality on adolescents and concluded that parents’ personality had a significant influence on the adolescents. Similarly Kandel et al., (1987) investigations have found that if parents model deviant behaviour or fail to maintain close relationships with their teenager, the child is more likely to drift into deviant peer groups and as a consequence, be more involved in drug use. Similar findings are found in Collins (1990) research which states that parental monitoring of adolescent peer environments has a strong influence on their children’s engagement in a range of other risky behaviours, including delinquency, risky sexual behaviour, substance use and low school achievement.

Amato and Keith (1991) research revealed that family stress has been found to predict unhealthy behaviours such as smoking and drug use, as well as poor psychological adjustment in adolescence. If parent-child relationships are good before adolescence, they generally remain good throughout adolescence, and a positive attitude is observed in their children. Adolescents in dysfunctional families may have problems with inappropriate behaviour, running away, aggression and drug abuse.

Steinberg et al., (1991) found that parental encouragement and involvement had a much stronger impact when parents were authoritative. They also found that parental rejection makes children fearful, insecure, attention seeking, jealous, aggressive, hostile and lonely.

Steinberg (1991) research findings suggests that adolescents perceived parental monitoring, knowledge and quality of parent-child relationship, each of them act independently to buffer adolescents against negative consequences of substance use among adolescents. Buchanan et al (1992), found that high level of support from parents have been associated with socially valued characteristics and adjustment.
Magen, (1992) study indicated that adolescents whose parents demonstrate warmth, engage in discussion concerning academic and intellectual matters, and have high expectations for academic performance, do better in school compared with their peers whose parents are less warm and involved.

McNeal (1999) found that parents’ educational level reduces behavioural problem among adolescents, and their past interactions influence the future behaviour among the children.

Simmons et al., (2000) research examined the link between corporal punishment and adolescent antisocial behaviour. Their results indicate that the level of parental warmth/control (support, monitoring, and inductive reasoning) was the strongest predictor of adolescent conduct problems. Dusek and Danko, (2002) investigated adolescents coping styles to parental rearing practices, and found that those in indulgent and authoritative parenting groups used more problem focused coping, while those in indulgent and neglectful groups used more cognitive coping. Perceiving the parents as warm and supportive was related to greater problem focused coping whereas, perceiving the parents as high in firmness and monitoring was related to lower emotion focused and cognitive coping.

A study by Aminabhavi and Pastey (2004) examined the impact of parent-child relationship of adolescents on their self-efficacy and emotional maturity. The results revealed that the adolescents who had more favourable parent-child relationship had significantly higher self-efficacy. Arria et al., (2008) revealed that higher levels of parental monitoring and supervision were associated with less alcohol consumption in college adolescents, regardless of adolescents’ sex, race or religion.
Hair et al., (2008) research has also shown that parents who tailor their relationship to accommodate change in adolescents’ development over time can improve the quality of parent-child relationship.

Parker (2004) research indicates that close-knit, adaptable families with open communication patterns and good problem-solving skills are better able to weather stressful events and have good social support systems. Researchers have found that parental encouragement has an important bearing on college adjustment and performance. Thus, the findings revealed that role of parent-child relationship in development of children’s personality as well as on their adjustment were highly important.

Singh and Mishra (2008) findings of the study revealed that parental control, help and teaching strategies played a significant role in determining children level of psychological differentiation. There was greater differentiation for children whose parents used less positive utterances, and negative utterances did not influence children’s level of differentiation in any significant manner.

Robert John (2011) study analyzed the influence on the adolescents’ attachment style, and level of intimacy on parents’ communication styles such as loving, assertive, aggressive and passive. Findings revealed that aggressive and passive communication styles are related to insecure attachments. Assertive style is related to dismissing attachment instead of a secure attachment. Males are more secure while females are more fearful in their attachments.

Levesque, (2013) found that higher levels of connectedness with parents is associated with positive mental health and well-being among adolescents.
Novrattan Sharma (2014) conducted a study on parental style and depression among adolescents. The results showed that authoritarian parenting style has significant positive correlation with depression, while permissive parenting style has significant negative correlation with depression.

1.5.9.1. Studies on Father-Child Relationship:

Taylor, (1993) findings revealed that being the provider was the most important role of the father.

Lather et al., (1998) indicated that drug-abusers perceived their father to be less democratic, less positive and less harmonious compared to non drug-abusers.

White and Klein, (2002) study found that, fathers are a role model for their children, which means that fathers act according to the way they were thought by the role model. Whereas symbolic interactionism, states that if fathers had bad role models when they were growing, they can choose not to be like them by looking at their example, so that their children are not affected.

Parker et al., (2004) studies show that Latino fathers compared to other ethnicities are more involved with their children. These fathers have strong family values that influence their involvement with their family.

1.5.9.2. Studies on Mother-Child Relationship:

Cowen (1994) research shows that mothers and adolescents express both, more positive emotions and more negative emotions toward each other than do fathers and adolescents.
Neitzel et al., (2004) found that mothers with higher levels of education were more attentive to the needs of overactive, hesitant and easily frustrated children. Mc Neely (2008) studied mother-child relationship and child fearfulness. Findings revealed that resistant and highly aroused children were more fearful than avoidant and less aroused children.

Nishi (2010) results indicated that the adolescent girls of employed mothers of middle and higher socio economic group have moderate to high degree security levels in all respective areas of security.

Estrada et al., (2012) findings also revealed that boys develop a lower level of mother-child relationship on symbolic-punishment and object-punishment areas of parent-child relationship as compared to girls.

Sudha Keerthi (2014) research findings revealed that mothers influence the children in terms of physical, emotional, psychological and social well-being through expressive and affective behaviours including warmth and nurturance. Similarly Zeenat (2014) findings revealed that maternal education, paternal occupation, family type, parent-child rearing attitude and adolescent’s interpersonal relationship were significantly associated with adolescent’s aggression.

1.5.9.3. Parent-child Relationship and Counseling:

Loebe et al., (1980) reported that behavioural parent training is effective in ameliorating children behavioural problems leading to improvement in behaviour of children. They also found that Parent training teaches the parents to use behaviour therapy techniques with their child. Study also revealed that parents who underwent
training were able to address issues that hinder the effectiveness of parents such as poor self-confidence, depression, social isolation and marital difficulties.

Homeyer and Sweeney, (1998) research findings revealed that Sandtray therapy empowers adolescent or family to experience control, following any personal or family trauma that has been disempowering.

Hoffman (2000) found that family therapies are very successfully applied for pervasive conduct problems, drug abuse, in improving psychological, educational and family adjustment in adolescents.

Soloman and Haaga, (2004) findings revealed that cognitive behaviour therapy can be conducted with individuals, families or groups. This technique includes cognitive as well as behavioural component. The former emphasizes on recognizing and challenging negative thoughts and maladaptive beliefs while the latter involves graded task assignments, pleasant events scheduling as well as other skills training such as relaxation, communication, assertiveness and problem solving skills, which in turn helps maintain better relationship. They also found that parent-child intervention therapy would increase optimism in mothers that relates to better coping with problem behaviours in children, and improves child’s adaptive and social functioning.

In a study conducted by Sharma (2006) on “counseling for adolescents and parents-need of the hour” it was found that adjustment problem within them is a major problem. Counseling is necessary or both the groups, so that especially parents will be more supportive with their children while providing structure and setting expectations.
Solomon (2008) found that Parent-Child intervention therapy would increase optimism in mothers that relates to better coping with problem behaviours in children, and improves child’s adaptive and social functioning.

Parents should have an idea of different ways in which parenting styles as well as specific arts and expectations can influence the child’s later standards, his anxieties, degree of self-reliance, school achievements and productiveness for society. This influence of research studies well indicates the importance of parents’ role in child’s development, and help gain insight for parents to adopt the best style suitable to the particular situation. Counseling parents and children will further improve the parent-child relationship as reviewed in the above literature. A good many number of attempts have been made to explore the intricate parent-child relationship perceptions and its ensuing effects upon the child by many western as well as some Indian researchers.

1.6 Anxiety

“Everybody today seems to be in such a terrible rush, anxious for greater developments, riches and so on, so that children have very little time for their parents. Parents have very little time for each other and in the home begun the disruption of peace of the world”.

-Mother Teresa

1.6.1. Meaning and Definitions of Anxiety:

Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive and behavioural components. It is a force that motivates the individual to perform and is a general energizing drive. May (1977) argues that normal anxiety may be healthy and motivational and can help people change.
It is also an uncomfortable feeling of fear and concern, in either presence or absence of psychological stress and it can create feelings of fear, worry, uneasiness, and dread. Anxiety is a special variety of fear experience in response to an anticipated threat to existence and self-esteem. It is the subjective experience of the individual which means painful and uneasiness of mind. This emotional condition becomes a problem when it persists over a long period of time or reoccurs with such intensity as to anticipate an individual for daily living.

Freud (1936) stated that anxiety was important mainly because it served as the cue or signal of danger, triggered by the defensive effort to cope with it, followed by the immediate interposition of the repressive defense. Barlow, (2002) stated that anxiety is a negative mood state characterized by bodily symptoms of physical tension and apprehension about future. Anxiety in humans is a subjective sense of uneasiness, a set of behaviours (looking worried, anxious and fidgeting) or a physiological response orienting in the brain and reflected in elevated heart rate and muscle tension. He also stated that there are three common characteristics of people suffering from chronic anxiety, which he characterized as "generalized biological vulnerability," "generalized psychological vulnerability," and "specific psychological vulnerability. When the original fearful event, is traumatic, anxiety may become strongly conditioned to stimuli surrounding the fearful event on the basis of a single instance. Conditions producing the experience of anxiety may seriously disrupt the person’s organized perception of himself and result in a feeling of helplessness and disorganization.

The subjective experience of anxiety is used to refer to similar unpleasant emotional tensions which occur in the absence of any objective, adequate stimulus for the fear reaction. The anxiety response may be chronic, when it is experienced
repeatedly in many situations that have resulted from unrealistic, perfectionist strivings, with accompanying symptoms of irritability, hostility, chronic insomnia etc. Mild manifestations of chronic anxiety occur quite frequently, which can be noted when an individual speaks or when the person is hypersensitive or oversensitive to criticism. Irrational fears attached to specific cues are called phobias. Although phobias are relatively rare, when they occur they are likely to be impressive, as the individual is thrown into a severe anxiety attack.

Anxiety is learned by verbal instruction as it is solely based on verbal cues which lead to emotional disturbance. Verbalizations of the parents such as direct form of criticism, discipline, or instruction produce anxiety. The frequent overhearing of parental quarrels appears to be especially bad for children. Along with exposure to angry words, parental dissension and possible loss of support, the child himself in some way, may lead to stress and anxiety. Most of our anxieties are learned responses to social situations implying competition, criticism, rejection, hostility, guilt and many other possible threats to our self-esteem. Minor defensive patterns such as attention-getting, unruly conduct, displaced aggression or compulsive stealing, sometimes serve to protect the individual from anxiety associated with feeling of worthlessness, rejection and inferiority. These behaviours may be associated with relatively minor and temporary frustrations.

Anxiety has a special role in the adjustive process of the human organism, both as an indicator of response to stress and a precursor of further stress responses. Anxiety mounts when the ineffectiveness of the psychological and physiological organism becomes clearer. At higher levels of anxiety, adequate behaviour, psychological efficiency and somatic functions are profoundly disturbed. Anxiety is often associated with paralysis as well. However, milder anxiety is a great
significance as a signal or threat for it precedes or accompanies active preparation for adjustment.

1.6.2. Anxiety and Parent-Child Interaction:

A number of researchers agree that genesis of anxiety lies in parent-child interaction and childhood family environment. Anxiety develops as a result of overly strict upbringing practices, parental unrealistic expectations of a child’s performance, sustained negative feedback, punitive behaviour towards the child, particularly in a performance evaluation situation. The school environment, the cumulative experience of success, failure and classroom climate is also a contributory factor (Sharma and Sud, 1990).

Two broad domains of parenting behaviours have emerged as relevant in the child’s anxiety such as acceptance/rejection, and autonomy-granting/control (McLead et al., 2007). Parental control has been operationally defined in different ways, but the essential construct includes parenting behaviours that limit the child’s exposure to developmentally appropriate autonomous experiences and self-guided problem solving (Bögels et al., 2006). Controlling parenting behaviours leads to increase in anxiety, by reducing the child’s experience of mastery of challenges in his or her environment. If the child is prevented from facing problems without parental intervention, he or she is unable to learn adaptive coping skills or develop reality-based expectancies of situational outcomes, leading to a lack of perceived control over his or her affairs that leads to anxiety. Additionally, parental control may communicate doubt in the child’s competence, thereby discouraging independent attempts to seek out mastery-building experiences.
Hudson et al., (2008) emphasize the ‘‘transactional and cyclical’’ nature of the relationship between parental control and child’s anxiety where in the parent takes action for the child, in order to relieve the child’s distress, which is temporarily effective, but ultimately leads to the child feeling anxious in more situations. Parents may deny the child, the opportunity to effectively cope with anxious feelings by intervening in situations in which the child experiences anxiety. Lack of experience in managing anxiety may lead the child to perceive that he or she is not capable of controlling negative affective states, which in turn may increase anxiety.

Parental rejection refers to behaviours conveying disapproval from parent to child, such as criticism, arbitrary blame or punishment and withholding of warmth. It has been theorized that parental rejection teaches children that positive outcomes (parental warmth and approval) are not dependent on one’s actions, and that this uncertainty leads to anxiety. Similarly, Researchers have suggested that parents’ disapproval or withdrawal from their children’s expressions of negative affect may interfere with children’s development of emotion management skills, leading to increased anxiety.

1.6.3. Theoretical Perspectives of Anxiety:

Some thinkers are of the opinion that the present era is the century of fears, or the age of anxiety. Freud (1926) suggested that anxiety is a painful experience and that adjustments to it represent efforts to eliminate or reduce this painful condition and to prevent it from becoming overwhelming. He also stated that being flooded by anxiety takes place only when all other adjustments have completely failed. Freud (1936) stated that when danger is signaled by anxiety, it is implied that the individual must be informed by his own affective reaction that there is some threat to his
welfare. He differentiated between anxiety and fear, and used the term “neurotic anxiety” that is a pathological condition, and “objective anxiety” which is a normal, healthy reaction to real dangers that beset people, to differentiate between being threatened because of internal conflict and being threatened by objective, external dangers. Fear is distinguished by the existence of an object of which the individual is frightened and by the impulse to flee from that object.

Horney, (1950) examined that guilt, is another form of anxiety, that is moral anxiety, a transmuted fear of being punished because of moral transgression. She also stated that psychiatrists say that guilt is one of the feelings that can generate anxiety. Thus guilt proneness is a special form of anxiety.

Grinker, (1959) identified anxiety as an effect in interpersonal behaviour that is objectively experienced by an individual and communicated by him to an observer. Such anxiety is experienced as an inexplicable foreboding of danger or disintegration. Welsh (1960) revealed that highly anxious people are found to be pessimistic, lack confidence, be hesitant, less accurate, more uncertain and get easily upset in social situations.

According to Mandler, (1962) the difference between emotion of anxiety and guilt may be the situational variables which leads us to label the two situations differently. The guilty person ruminates in his guilt, which we would describe as persistent attempts to complete a sequence of undoing, and the guilty person may feel better after confession, which we would describe as a response substitute for undoing.

According to Tolle (2001) we often have access to anxiety when we concentrate on a thing of future. It is caused by being “here” but wanting to be “there”, of being in the present, but wanting to be in the future.
Davisson et al., (2010) stated that anxiety is a mood state characterized by marked negative affect and bodily symptoms of tension, in which a person apprehensively anticipates future danger and misfortune. Anxiety involves feelings, behaviours, and physiological responses and it tends to be regarded as the single response which activates all coping or adjustive processes.

1.6.4. Techniques Used to Reduce Anxiety:

Yoga: Chitta-Vrtti-Nirodhah which means yoga is the inhibition (Nirodhah) of the modification (Vrtti) of the mind (Chitta). It also means yoga is restraining the mind stuff from taking various forms. According to Patanjali “Yoga essentially consists of meditation practices culminating in attaining a state of consciousness free from all modes of active or discursive thought and of eventually attaining a state where consciousness is unaware of any object external to itself, that is only aware of its own nature as consciousness is unmixed with any other object ”.

T’ai Chi Ch’uan:

This therapy is called the softest of the martial arts, bringing the mind and the body into unity with the chi or life force in the natural world around us. T’ai chi ch’uan is a powerful tool for centering, holding steadily and calm under pressure, and flowing with rather than against external threat and resistance. Widespread practice in the East suggests it can have profound value in the quest for health, well-being and steadiness under life’s pressures.

Relaxation Therapy (Jacobsen, 1940):

This therapy stated that deep muscle relaxation inhibits anxiety. This technique is mainly used in behaviour therapy. Relaxation may be used as the anxiety-inhibitor to overcome phobia. This is one of the most effective anxiety management
procedures. It has been used to treat problems such as insomnia, headaches, back pain, menstrual cramps, mild forms of depression and generalized anxiety.

Strategies for reducing anxiety focus primarily on five methods systematic desensitization, self controlled relaxation including yoga and biofeedback cognitive restructuring including attentional-skills training, participant modeling and study-skills training.

**Cognitive Behaviour Modification (CBM):**

This therapy is effective in the treatment of childhood anxiety disorders, including social anxiety, as it focuses on modifying or eliminating cognitions associated with poor performance. Cognitively focused treatments are found consistently successful in reducing anxiety, worry and components of emotionality.

**Relabeling:**

Is another cognitive procedure that appears to be effective in influencing perception of behaviour, which involves the replacement of inappropriate maladaptive labels with appropriate adaptive ones attributed to one's own behaviour or characteristics or that of others with whom one interacts. Emotionally-focused treatments that include cognitive elements such as detailed instructions on how to use relaxation or biofeedback techniques reduces emotionality.

Multifaceted treatment/intervention package of cognitive and affective interventions through the process of counseling are simultaneously used to reinforce adolescents in dealing with anxiety.

The techniques which have been explained in title of psychological interventions can also be applied to reduce the anxiety.
1.6.5. Measures of Anxiety:

Revised Children’s Manifest Anxiety Scale (RCMAS) Reynolds and Richmond (1978): Participants’ anxiety levels were measured using RCMAS which is a 37 item self-report measure that was intended for use with youth in the age group of 6-19 years. It is divided into four scales: physiological anxiety, worry/oversensitivity, social concerns/concentration, and the lie scale. A total anxiety score is derived from these items relating to anxiety, which was used as an indicator of anxiety. Items on the RCMAS are presented in the form of declarative statements. This scale has a strong factor structure and strong evidence of reliability and validity, Cronbach’s alpha for the current study was 0.86.

Beck Anxiety Inventory (BAI) (Beck et al., 1998): is a self-report questionnaire to measure anxiety in adolescence and adults. It provides high validity and reliability, the coefficient of internal consistency (alpha coefficient) is 0.92, five types of validity: content, concurrent, construct, factor and diagnostic validity assessed and showed high efficacy of tools in measuring severity of anxiety.

Sinha’s Comprehensive Anxiety Test (1971): has been designed in English to assess the level of anxiety on the adolescent sample. It includes 90-statements incorporating a variety of anxiety indices proposed by different investigators. The criterion of coefficient of correlation is significant at .001 level. The coefficient of reliability was determined by using two methods, i.e, the test retest reliability of the measure is 0.85, Spearman Brown reliability is 0.92 and validity coefficient reported is 0.62, which is significant beyond .001 level of confidence.
1.6.6. Studies on Correlates of Anxiety:

Fisk et al., (1996) examined the impact of state anxiety, arousal and learning, on performance in an associated learning task. Their observation revealed that arousal level was negatively related to learning performance.

Yvonne Forsell, Bengt Winblad (1998) studied that anxiety disorders have been reported to decrease with age, while anxiety feelings have been reported to be common among adolescents and strongly associated with anxiety and depressive disorders.

Parker, (2004) also found that acculturative stress leads to negative emotional states such as anxiety and depression, and has been linked to depressive symptoms and sometimes to more anxiety symptoms.

Morris et al., (2005) found the significant negative relationship may be observed between social anxiety indices and alcohol use levels among adolescents. Trigo et al., (2005) findings revealed that negative emotions like hostility, frustration, anger and anxiety are recognized as predisposing factor to coronary heart disease. Similarly Randall, (2009) found that addicts with fear of negative evaluation had higher depression, generalized anxiety and psychological distress.

Davisson et al., (2010) found that people who continually appraise life events and experiences as exceeding their resources may have high anxiety that adversely affects their health. Anxiety and depression is higher in substance abusers by growing age and increasing consumption of substance abuse.
1.6.6.1. Gender Differences in Anxiety:

Sharma (1990) found gender differences within similar or diverse cultures with female adolescents reporting higher (test) anxiety than their male counterparts.

D’Souza, (2003) found that shyness leads to higher level of anxiety and decreased level of happiness among female adolescents. Geisner et al., (2004) found that men exhibited stronger associations than women between alcohol related negative consequences and somatisation, anxiety, hostility, phobic anxiety and paranoid ideation.

Gurpreet (2014) research study on personality, gender differences and relationship between workload and anxiety, revealed that anxiety was greater for type A personality persons as compared to type B. Findings also revealed that females were three times more likely to develop depression in response to stress and anxiety as compared to males.

1.6.6.2. Anxiety and Academic Achievement:

Sarason, (1980) research revealed that failure in academic achievement and evaluation by others lead to test anxiety provoking condition among adolescents.

Kumari (2014) study on relationship among vocational interest, level of anxiety, self-actualization needs and achievement motivation of arts, science and commerce college adolescents, The study revealed that the science group had a significant positive relationship, compared to arts and commerce group.

Aadi Garg (2015) found significant difference between anxiety level as well as depression level of able children and LD children. Level of anxiety and depression was significantly higher in LD children.
1.6.6.3. Anxiety and Parent-Child relationship:

Jankins (1968) found that children characterized as "Over-anxious" were likely to have an overprotective mother, were anxious, insecure, low in self-esteem, jealous, attention seeking, aggressive, hostile, lonely and slow in conscience development.

Sud, (1990) found that test anxiety develops a result of overly strict upbringing practices, parents unrealistic expectations of a child’s performance level, sustained negative feedback, punitive behaviour toward child, particularly in a performance evaluation situation.

Steinberg et al., (1994) found that adolescents from authoritative homes achieve more in school, report less depression and anxiety, score higher on measures of self reliance and self-esteem, and are less likely to engage in antisocial behaviour, including delinquency and drug use.

Maqsood (2000) study found that high anxiety, depression and peer association with deviants, lack of goal, disturbed parental relation, broken home effects, separation of parents and lack of parental supervision lead toward drug addiction among adolescents. Similarly Anjana Murthy (2014) found that psychological imbalance occurred mainly in the home environmental, and communication gap between parents and children, made them highly anxious and frustrated.
1.6.6.4. Anxiety and Counseling:

Ishiyama (1986) findings revealed that both morita therapy and behaviour therapy treatments showed improvement rates of 95% for individuals with obsessive-compulsive disorder and with anxiety neuroses.

Pelletier (1993) study showed that when deep relaxation is produced once or twice a day for 10 to 20 minutes over periods of weeks or months, a host of positive benefits occur that combine and help in reducing anxiety, stress control, and health enhancement.

Broona and Sanghvi, (1994) found a multifaceted intervention package of (test) anxiety that involves components of cognitive and affective interventions simultaneously reinforced by counseling reduced anxiety among adolescents.

Benson (1996) found that art, drama and play therapies show promise in the amelioration of posttraumatic stress, anxiety and the expression of traumatic memories. Music, art and dance/movement may be helpful in tapping the body's relaxation response, which helps in maintaining a calm and confident state of being associated with perceptions of health, wellness and happiness.

Bengt Winblad (1998) findings revealed that problem solving, cognitive interventions and relaxation techniques are widely used to combat stress and anxiety among adolescents. Similarly Hofman, (2000) found that acceptance and commitment therapy encourages adolescents to focus on practicing mindfulness techniques, rather than changing their environment, in managing anxiety.

Ritchie, Holmes, and Dan, (2001) found that suryanamaskar evokes R-States like physical relaxation, mental quite, at ease/peace, rested and refreshed, strength and
awareness. It can work as a relaxation technique for college adolescents. Along with physiological changes, there are psychological benefits at a “state” level, it can also work as anxiety and stress reduction strategy for college adolescents.

Adler (2003) findings revealed that when people lose touch with the body’s expressiveness and have difficulty releasing feelings, stress, anxiety or tension, dance/movement therapy helps individuals to capitalize on strengths and imparts a sense of connectedness and joy in their lives through both short and long-term intervention.

Rozum and Malchiodi (2003) suggest that blending art tasks with cognitive-behavioural therapy, in interventions helps adolescents release negative feelings, anxiety and improve negative behaviours. Similarly Donahue (2004) found that morita therapy counseling was applied in treating adolescents with shyness and anxiety. The treatment focused on helping the adolescent experience accomplishment and be productive despite anxiety symptoms.

Angelena Krebsbch, (2007) found that play therapy decreased behavioural and emotional difficulties that interfere significantly with a child’s normal functioning. Communication and understanding between the child and his parents improved, thereby anxiety and frustration is reduced and capacity to trust and to relate to others has improved.

Blanco et al., (2010) found that combination therapy may work better than monotherapy because some patients may respond to psychotherapy and others to medication, and therefore if patients receive both therapies, the probability of response is higher in reducing anxiety and any other psychological problems. Their
findings revealed that it is actually that the effect of one therapy that adds to the effect of the other.

Indu Bal Krishna (2010) found significant decrease in anxiety in post test sessions, when compared to pre-test, mid-test and post-test responses of yoga practice.

Sukhminder Kaur (2010) found that flute instrumental music therapy significantly decreases in anxiety in the experimental group as compared to the control group.

Zuroff et al., (2010) found that patients whose therapists provided high average levels of perceived Rogerian conditions i.e. conditions of positive regard, empathy and genuineness experienced more rapid reductions in both overall maladjustment and vulnerability to anxiety disorders.

Sonika Kulkarni (2013) investigated differences in personality and anxiety between dancers and non-dancers. Results indicated significant difference between dancers and non-dancers on personality and anxiety, and that non-dancers had higher level of anxiety compared to dancers.

Raina and Vedamurthachar (2010) research results indicated that art of living corporate workshop has significant impact on adolescents in reducing anxiety and improved stress coping skills. Similarly Punam (2014) research results indicated that those adolescents who received training of tratak in yoga showed significant decrease in the symptoms of stress and anxiety than those who did not receive tratak training in yoga.

Zeenath (2014) research results indicated that poetry therapy lifts the soul from the “fret and fever” of the world and lends them into the world of imagination. It
would try to unfold the charisma of the poems which relieve the nerves with their sterring, inspirational and musical rhythms that have been providing to the solace of the disturbed mind and thereby reduce anxiety.

Immanuel Thomas et al., (2015) study focused on the role of hypnotic intervention in managing anxiety states and maintaining a general state of relaxation. The result revealed that there is a significant difference between control and experimental group; this proves that, hypnotic interventions are found to be helpful in regulating manifest anxiety levels and maintaining a general state of relaxation among experimental group compared to control group adolescents. Similarly Mohanta (2015) found that stress management techniques such as yoga, breathing exercise, meditation, mindfulness, self-hypnosis, listening to relaxing music and physical exercises are intended to equip a person with effective coping mechanisms for dealing with stress and anxiety. The findings also reveal that forgiveness, positive affirmations, emotional awareness, perseverance, internal locus of control, optimism, perspective and spirituality can help in coping with stress and anxiety.

Jayashree et al., (2015) findings revealed that package of intervention consisting of ego-state analysis, transactional analysis, stroke, attachment therapy and relaxation technique is effective for the management of anxiety among adolescent girls arising out of conflict with parents.

Priya Roy, (2015) study determined the presence of depression, anxiety and stress among first year 200 undergraduates male and female medical college adolescents and the impact of interventions, to relieve stress, anxiety and depression. Relaxation programs for highly stressed adolescents were provided for their well-
being and better academic performance. Results revealed that stress scores differed significantly in male and female adolescents after interventions.

Cedila (2015) conducted a study on adolescents who were introduced to music therapy and yoga program as an intervention tool to reduce stress, anxiety and improve mental health. Significant improvement in mental health and reduction in stress and anxiety level was noticed with adolescents of the experimental group who underwent the intervention program. Similarly Rashmi Vyawaharkar (2015) findings indicated that integration of music with creative constructive art therapy has been found to be stimulating and thereby reduced stress and anxiety.

Pankaj Singh (2015) found that stress and anxiety is common among adolescents in professional courses and brings out the need to include stress and anxiety management techniques as a part of their curriculum. The findings also revealed that there was a reduction in scores following the intervention which was very highly significant (p<0.001). The findings of this study also revealed that anxiety in mathematics for the adolescents was developed due to various causes, and they were treated with behaviour modification techniques, adappakalam and super brain yoga for four weeks that reported successful results.

Similarly Immanuel Thomas (2015) found that hypnotic interventions were helpful in regulating manifest anxiety level and maintaining a general state of relaxation.

The researchers observation reveals that anxiety is a cause of various physiological and psychosomatic problems, and counseling is the need of the hour in reducing anxiety for the over all psychological well-being. Therefore institutions need
to introduce therapeutic sessions in helping adolescents manage themselves effectively.

1.7 Psychological Interventions

“Have courage to think differently, courage to invent, to travel the unexplored path, courage to discover the impossible, to conquer the problems and succeed. These are great qualities that we must work towards”.

-Dr. Abdul Kalam

1.7.1. Meaning and Definitions of Psychological Interventions:

Counseling as a psychological intervention is able to modify the behaviour of the adolescents through proper diagnosis followed by therapy. Numerous psychological interventions are available to deal with adolescents’ problems. It has been got convinced that counseling is one of the best therapeutic aids provided to the adolescents.

Counseling deals with wellness, personal growth, career, and pathological concerns. These areas include intra-and-interpersonal concerns related to finding meaning and adjustment in such settings as schools, families and careers. Adolescent counseling helps adolescents alter maladjusted behaviour, gain an insight into the origins and development of emotional difficulties, leading to an increase in their capacity in order to take rational control over their feelings and behaviour. The relationship between the therapist and the adolescent is clearly an important factor in the process and outcome of therapy. According to Bugental (1978) the therapist’s ability and willingness to be fully attentive to the adolescent encourages trust and openness of the adolescent. Pedneault, (2010) stated that a strong therapeutic alliance is evident when the adolescent feels comfortable with the therapist, has a sense of
common goal with the therapist, feels a sense of safety and trust in the therapeutic process.

Psychological wellness (Cowen, 1994) is considered a crucial objective for social intervention and planning. Zeiss et al., (1979) proposed that in any psychological treatment, the therapy should provide training in skills that the adolescent can utilize to feel more effective in handling his or her daily life.

Since from the beginning several approaches to counseling have been developed by different psychologist to help the adolescents hence an attempt is made here to explain few of them.

1.7.2 1. Cognitively Oriented Counseling Therapies:

Cognitive counseling therapies focus on mental processes and their influences on mental health and behaviour. Cognitions are thoughts, beliefs, and internal images that people have about events in their lives. Theories such as Rational Emotive Behavioural Therapy (REBT), Reality Therapy (RT), Cognitive Behaviour Therapy (CBT) and Cognitive Therapy (CT) have a cognitive base; they emphasize both cognitions and behaviours.

1.7.2.1 Trait-Factor Counseling Williamson (1967):

Trait-factor counseling is the method of choice when the problem faced can be resolved by rational decision making and when the level of emotional complication is low. This approach is the most common method for assisting people with educational and vocational choices. It is highly used in career counseling, educational, business and government settings. The counselor uses his or her expert skills to help the adolescent objectively assess various traits that have
implications for problem solving and decision making. Williamson described the counseling process as a six-step sequence including analysis, synthesis, diagnosis, prognosis, counseling and follow-up. Through the counseling process the adolescent is helped to take steps that will bring about adjustment or readjustment, that include conforming with societal expectations, changing environments, selecting new environments, learning new skills and changing attitudes. Trait-factor counseling is used to deal with developmental and decision-making problems. The information, often stored in and sorted by computer, is fed into the adolescent's decision-making process.

1.7.2.2 Cognitive Behavioural Therapy (CBT) (Beck, 1995):

A principal goal of this collaborative process is to help people effectively define problems and gain skills in managing these problems. Cognitive behavioural therapy is a psychotherapeutic approach, that helps promote positive change in individuals, alleviate emotional distress and addresses a myriad of psychological, social and behavioural issues. Therapists identify and treat difficulties arising from an individual's irrational thinking, misperceptions, dysfunctional thoughts and faulty learning. The therapy can be conducted with individuals, families or groups. CBT integrates the cognitive restructuring approach of cognitive therapy with the behavioural modification techniques of behavioural therapy, this includes cognitive techniques that emphasizes on recognizing and challenging negative thoughts and maladaptive beliefs while the behavioural components involves graded task assignments, pleasant events scheduling as well as other skills training such as relaxation skills, communication skills, assertiveness skills and problem solving skills. Cognitive techniques are designed to increase adolescents' awareness of thoughts,
challenge them by evaluating their basis in reality and providing more adaptive and realistic alternative thoughts.

1.7.2.3 Cognitive Therapy (CT):

This therapy stated that dysfunctional behaviour is caused by dysfunctional thinking. If beliefs do not change, there is no improvement in a person's behaviours or symptoms and if beliefs change, symptoms and behaviours also change. The goals of CT center around examining and modifying unexamined and negative thoughts. All-or-nothing thinking, negative prediction, overgeneralization, labeling of oneself, self-criticism, and personalization. The objective is to help adolescents be more mindful and accept things that cannot be easily changed and live, lives worth living. CT has been used in dealing with a wide range of disorders, including depression and anxiety.

1.7.2.4 Rational Emotive Behaviour Therapy (REBT) Albert Ellis (2008):

This approach is highly didactic, very directive and concerned with thinking as much with feeling. It is based on the assumption that cognitions, emotions and behaviours interact significantly and have a reciprocal cause-and-effect relationship. It is aimed at providing adolescents with the tools to restructure their philosophical and behavioural styles. The basic hypothesis is that our emotions stem from our beliefs, evaluations, interpretation and reactions to life situations. REBT also assumes that people are "inherently rational and irrational, sensible and crazy". Irrational thinking may include the negative upsetting and disturbing thoughts.

In the REBT approach, counselors are active and direct, they are instructors who teach and correct the adolescent's cognitions, they also help people change
self-defeating habits of thought or behaviour. One way this is accomplished is through teaching adolescents the A-B-C-D-E model of REBT: A signifies the activating experience; B represents how the person thinks about the experience; C is the emotional reaction to B. D is disputing irrational thoughts, usually with the help of a REBT counselor, replaces them with E effective thoughts, and hopefully gain a new personal philosophy that will help adolescents achieve great life satisfaction. People have predispositions for self-preservation, happiness, thinking and verbalizing, loving, communication with others, and growth and self-actualization. Adolescents learn to separate their rational beliefs from their irrational ones, modify their thinking and abandon their irrational ideas in the process of counseling.

These techniques are applied to the treatment of a range of common clinical problems such as anxiety, depression, anger, marital difficulties, poor interpersonal skills, parenting failures, personality disorders, obsessive/compulsive disorders, eating disorders, psychosomatic disorders, addictions and psychotic disorders, and track down the absolutistic "should" and "musts" that are a part of their internalized self-messages. REBT practitioners use a variety of procedures, including unconditional acceptance, rational-emotive role playing, modeling, rational-emotive imagery and shame-attacking exercises.

1.7.2.5 Reality Therapy (RT) William Glasser (1925):

This therapy focuses on consciousness. Human beings operate on a conscious level and the four primary psychological needs include:

- Belonging-the need for friends, family and love
• Power-the need for self-esteem, recognition and competition

• Freedom-the need to make choices and decisions

• Fun-the need for play, laughter, learning and recreation

The primary goal of reality therapy is to help adolescents become psychologically strong and rational, and realize they have choices in the ways they treat themselves and others. It also helps adolescents clarify what they want in life. The aim of this therapeutic system is to provide conditions that will help adolescents develop the psychological strength to evaluate their present behaviour and if it does not meet their needs, to acquire more effective behaviour.

Reality therapy is applicable to individual counseling, marriage and family therapy, group counseling, social work, education, crisis intervention, corrections and rehabilitation, institutional management and community development. It is a popularly used in schools, hospitals, substance-abuse centers and military clinics that treat drug and alcohol abusers.

An observation of above mentioned counseling approaches clearly reveal that they are unidirectional the use of these counseling approaches individually might not be able to provide help from various dimensions. Thus to tackle the adolescents problem from multiple ways eclectic counseling was found to be more relevant.

1.7.2.6. Eclectic Approaches Frederick C. Thorne (1945):

The concept of “Eclectic” which means to select, to choose appropriate methods from various sources or systems. The eclectic believes that a single orientation is limiting and that procedures, techniques and concepts from many sources should be utilized to serve the needs of the person seeking help. From his
knowledge of perception, development, learning and personality, the eclectic counselor develops a repertoire of methods and selects the most appropriate for the particular problem and specific individual. Thorne has attempted to analyze the contributions of all existing schools of counseling and to fit them together into an integrated system, retaining the best features in each. The methods are used as the “art of clinical practice”.

Eclecticism requires a global evaluation of an individual in respect to his past history, present situation, and future possibilities. This evaluation utilizes methods of understanding personality development contributed by the biological and social sciences. It requires the counselor to possess direct and intimate knowledge of the individual in all manifestations and activities. Counseling is viewed as a process of reeducation, treatment and is conceptualized as training the individual. The goal of therapy is to replace emotional-compulsive behaviour with deliberate rational adaptive behaviour based on the highest utilization of intellectual resources. Thorne believes that an individual’s personality is formed and reflected as he interacts with his environment. It is characterized as a process of changing or becoming. From the eclectic viewpoint personality development is regarded as a struggle to transcend affective-impulsive-unconscious determination of behaviour by learning and perfecting rational-logical-voluntary control over behaviour.

Eclectic counseling is indicated for persons whose difficulties don’t require medical or psychiatric care, and whose personality resources are sufficient so that some solution can be worked out. Eclectic counseling is based upon a rational plan which involves appropriate measures for opening the relationship, dealing with causes and symptoms and terminating therapy. Freud, Jung, Emil Kraepelin and Karl Jaspers (1912) observed that all the above mentioned eclectic approaches could be used as
aids in understanding psychopathology and the ideas expressed have an important place in psychiatric evaluation and treatment.

1.7.2.7 Behaviour Therapy:

This therapy requires the ability to operationalize behaviour, conduct a functional analysis to determine antecedents, resultant behaviour, consequences, and select socially important behaviour goals that are codetermined with the adolescent.

Behavioural approaches are also useful in addressing difficulties associated with anxiety, stress, assertiveness, parenting, and social interaction. The focus of the therapy is on ‘here and now’. This approach assumes that all behaviour is learned. Behavioural counselors help adolescents make good adjustments to life circumstances and achieve personal and professional objectives. Thus, the focus is on modifying or eliminating the maladaptive behaviours that adolescent’s display, while helping them acquire healthy, constructive ways of acting.

1.7.2.7.1 Relaxation Training Wolpe and Lazarus (1989):

Adolescents who enter counseling or therapy have many physical body tensions. Simply teaching people the mechanics of systematic relaxation techniques has been sufficient to alleviate many seemingly complex problems. Adolescents can move on to solve many, complex other personal difficulties as they learn to control their bodies. Relaxation is an important part of assertion training.

1.7.2.7.2 Systematic Desensitization (SD) (Wolpe, 1961):

This technique is useful to solve more complex personal issues surrounding anxiety and tension. It involves training in relaxation, and applied behavioural analysis of the antecedents, resultant behaviour, and consequences relating to the
problems. It consists of three primary steps: i) training in systematic deep muscle relaxation, ii) construction of anxiety hierarchies, iii) matching specific objects of anxiety from the hierarchies with relaxation training. This technique pairs imagined scenes of anxiety-provoking situations with deep muscle relaxation. These scenes are usually presented by a therapist to the adolescent, who is in a relaxed state from the least anxiety-producing to the most anxiety producing event. The main emphasis in SD is on reducing emotional reactions during examinations, desensitization technique also involves cognitive processes that direct a adolescent to attend to and rehearse relaxation cues while they imagine they are in a test situation. Systematic desensitization also has been used successfully in dealing with phobias, speech problems, somatic complaints, emotional aberrations and many other disorders. It has proven effective with as varying anxieties as those about snakes, heights, death, sexual difficulties, and examinations. Examination anxiety is particularly appropriate for desensitization, as the procedure has proven useful with innumerable adolescents in many academic institutions.

1.7.2.7.3 Modeling:

Behavioural psychologists have found that watching films or video-tapes of people engaging in successful behaviour is sufficient for adolescents to learn new ways of coping with difficulties. It is one of the most simple and obvious ways to teach adolescents new behaviours, seeing and hearing directly. Modeling can be combined with relaxation, assertion training and other behavioural techniques.

1.7.2.7.4 Positive Reinforcement:

Positive reinforcers and rewards maintain behaviour. Its use of positive reinforcement with human beings has been often used for manipulative. The
predominant mode in behavioural counseling modifies the behaviour of children, prisoners, couples, athletes, overeaters, smokers, alcoholics, drug addicts, and many others. At the most sophisticated level, elaborate token economies have been developed in prisons, psychiatric hospitals, schools, and other settings, where tangible reinforcers in the form of tokens are given for desired acts, immediately after they have performed the desired behaviour.

1.7.2.7.5. **Assertiveness training Alberti and Emmons (2001):**

This training states that a person should be free to express thoughts and feelings appropriately without feeling undue anxiety. The technique consists of counter conditioning anxiety and reinforcing assertiveness. An adolescent is taught that everyone has the right of self-expression. The adolescent then learns the differences among aggressive, passive, and assertive actions.

1.7.3. **II. Affectively Oriented Counseling Therapies:**

1.7.3.1. **Psychoanalytic Therapy. Freud (1939):**

The primary goal is to help the adolescents become more aware of the unconscious aspects of his or her personality and to work through current reactions that may be dysfunctional, thus they can cope with the demands of the society in which they live. Psychoanalysis stresses environmental adjustment. The focus is on strengthening the ego so that perceptions and plans become more realistic. The central function of the analyst is to teach adolescents the meaning of these processes so they are able to achieve insight into their problems, increase their awareness of ways to change, and thus gain more rational control over their lives.
Important features of psychoanalytic therapy include the use of supportive interventions such as reassurance, expressions of empathy and support, and suggestions and of self-disclosure by the therapist. The therapy proceeds from the adolescent's talk, to catharsis, to insight, to working through unconscious material. This work is done to attain the goals of intellectual and emotional understanding and re-education, which leads to personality change. The six basic techniques of psychoanalytic therapy are: Maintaining the analytic framework, Free association, Interpretation, Dream analysis, Analysis of resistance and Analysis of transference.

1.7.3.2. Adlerian Counseling developed by Alfred Adler (1937):

The goals revolve around helping people develop healthy, holistic lifestyles which means educating or reeducating adolescents about lifestyles and helping them overcome feelings of inferiority. These feelings might stem from being born with a physical or mental defect, being pampered by parents, or being neglected. The feelings must be corrected and inappropriate forms of behaviour must be stopped. The counselor concentrates on an analysis of the adolescent's lifestyle, including examination of the family constellation, early memories, dreams, and priorities.

1.7.3.3. Adolescent Centered Therapy Rogers (1940):

This therapy is based on concepts of humanistic psychology known as non-directive counseling. Non-directive counselors focused mainly on reflecting and clarifying with the verbal and nonverbal communications of adolescents. Roger's basic assumptions were that people are essentially trustworthy, that they have a vast potential for understanding themselves and resolving their own problems without direct intervention on the therapist's part.
In Rogers's view the aim of therapy is to assist adolescents in their growth process, so that they can better cope with problems they face and are able to deal with future problems. This therapy provides a climate conducive to helping the individual become a fully functioning person. The basic goal of person-centered therapist is to encourage individuals to be actualized in having openness to experience, trust in themselves, an internal source of evaluation, and a willingness to continue growing. The important areas of application include education, family life, leadership and administration, organizational development, health care, cross-cultural, international relations and interracial activity.

1.7.3.4. Existential Therapy Rollo May (1994) and Victor Frankl (1967):

These are two of the most influential professionals in the field of existential counseling. May deal extensively with anxiety. Rollo May stated that the existential approach disclaims the deterministic view of human nature and emphasizes the freedom that human beings have to choose what to make of their circumstances. According to Frankl (1962), the “meaning of life always changes but it never ceases to be”. His theory, known as logotherapy, states that meaning goes beyond self-actualization and exists at three levels: (a) ultimate meanings (b) meaning of the moment and (c) common, day-to-day meaning. The main objective of logotherapy was to facilitate clients’ quest for meaning and empower them to live meaningful, responsible life, regardless of their life circumstances. The therapist help the client experience subjective feelings, gain clearer self-understanding and move toward the establishment of a new way of being in the world. Existential therapy accepts the premise that our choices are limited by external circumstances. It is based on the assumption that we are free and therefore responsible for our choices
and actions. Existential counselors focus on person-to-person relationships that emphasize mutuality, wholeness and growth.

According to the existential approach, the basic dimensions of the human condition are: capacity for self-awareness, freedom and responsibility, creating one's identity and establishing meaningful relationships with others, search for meaning, purpose, values and goals, anxiety as a condition of living, and awareness of death and non-being. The therapist directs clients to bring the fantasy “here” and strive to relive the feelings they experienced earlier in the form of unfinished business, unexpressed feelings such as resentment, rage, hatred, pain, anxiety, grief, guilt, abandonment, and so on which may be associated with distinct memories and fantasies.

1.7.3.5. Gestalt Therapy Fritz Perls, (1969):

This therapy is a school of thought that stresses perception of completeness and wholeness. Gestalt therapy emphasizes how people function in their totality; they believe that human beings work for wholeness and completeness in life. From a Gestalt perspective, person is a whole than a sum of their parts. The therapist focuses on the client's feelings, awareness at the moment, body messages, energy, avoidance and blocks to awareness. The therapist's job is to challenge clients so that they learn to use their senses fully and get in touch with body messages, this helps the client make the transaction from external to internal support and this is done by locating the impasse. According to Perls most people become stuck and are unable to get through the impasse, blocking their possibilities of growth. In order for individuals to achieve psychological maturity, adult personality must strip off layers or neurosis. These superimposed growth disorders are i) the phony, ii) the phobic, iii) the impasse, iv) the implosive, and v) the explosive.
Gestalt therapeutic experiments can take many forms: imagining a threatening future encounter; setting up a dialogue between a client and some significant person in his or her life; dramatizing the memory of a painful event reliving a particularly profound early experience in the present; focusing on gestures, posture, and other nonverbal signs of inner expression; or carrying on a dialogue between two conflicting aspects within the person.

1.7.3.6. Transactional Analysis (TA) (Berne, E., 1961):

This therapy places faith in the person's capacity to rise above habit patterns and to select new goals and behaviour. Transactional analysis delineates three distinct patterns of behaviour, or ego states: Parent, Adult, and Child (P-A-C). The Parent part of the personality is an introject of the parents and parental substitutes. The Adult ego state is the processor of data. It is the objective part of the person, which gathers information about what is going on. The Child ego consists of feelings, impulses, and spontaneous acts. The child in each of us can be the 'Natural Child' the "Little Professor", or the "Adapted Child". The theory of TA integrates the following concepts; children grow up with injunctions, and on the basis of these parental messages they make early decisions. These early decisions are aimed at receiving parental strokes, as well as at ensuring basic survival. Games develop as a way of supporting one's early decisions. Rackets are familiar bad feelings that person save up. All of these elements fit in to the life script, which includes our expectations of how our life drama will be played out.
1.7.4. Expressive Therapies:

Latest Therapies are Expressive therapies that have unique properties and roles in the therapeutic work, they are defined as the use of art, music, dance/movement, drama, poetry/creative writing and play used within the context of psychotherapy, counseling, rehabilitation, or health care. These therapies are a means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem. They are also used to bring about positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems.

The above introduction with the reviewed literature provides conceptual clarity of concepts and variables used as well as the existing picture of addicted adolescents. However there is a felt need to undertake a research to understand and identify the different psychological aspects of adolescents related problems and the impact of psychological interventions in managing these problems. In view of this the present study is taken to provide new insights and open new vistas in order to help adolescents to manage themselves effectively by enhancing their achievement motivation, self-esteem, emotional maturity, parent-child relationship and reducing anxiety.

1.8. Importance of the Study:

The researchers experience in the field of counseling has given a broad spectrum of the various problems faced by adolescents of Goa. These problems include adjusting to peers, college, and parental demands with regards to lack of freedom with respect to social interactions, sense of dressing, lack of trust, lack of communication,
favouritism towards male or female child, constant conflicts, and influence of western culture because of influx of tourist in Goa, which also leads them to get involved in deviant behaviour problems. All the above facts might be responsible for their low achievement motivation, self-esteem, unstable emotional maturity, unfavourable Parent-child relationship, and high anxiety among Goan adolescents.

As the young generation of Goa are often facing many problems due to their exposure to western culture, there is a felt need to study the impact of psychological intervention in helping the adolescents to improve their relationship with parents in order to improve their general well-being, as adolescents are considered to be the future leaders of our nation.

In view of this there is felt need to help these youngsters with psychological interventions. Thus the present study is taken up to verify to what extent the psychological intervention in the form of counseling will be helpful to improve the perceived parent-child relationship, achievement motivation, self-esteem, emotional maturity, and reduce anxiety among Goan adolescents.

The findings of the study may suggest the strategies to be adopted by the parents at home and teachers, as well as other authorities at college level, to enhance the overall well-being of youngsters in the state of Goa.