Stand up, be bold, be strong. Take the whole responsibility on your shoulders, and know that you are the creator of your destiny. All the strength and succor you want is within yourself. Therefore make your own future.

- Swami Vivekananda

Adolescence is the state of growing up from childhood to manhood or womanhood; youth, or the period of life between puberty and maturity, generally considered to be, between the life span of fourteen to twenty-one years.

Adolescence generally refers to the transitional time of development when a child moves into adulthood. Adolescence involves psychological, social and biological changes. The biological changes usually occur in girls between the ages of 10 and 14. For boys it usually occurs in the ages of 12 and 16. Some puberty related changes include growing taller, gaining weight, and growing underarm and pubic hair. Girls also begin menstruating at this time (Khanna, 2009).

Adolescence is the period of transition from childhood to adulthood. Although sometimes described as beginning in parallel with fertility or puberty and ending with maturity and independence, adolescence cannot be pinpointed in physiological terms, although it is influenced by the same sex hormones and refers to the same general period as physical sexual development. It represents a complex and sometimes distributing psychological transition, accompanying the requirement for the accepted social behaviour of the particular adult culture (Judge, 2009).

According to Max (2008) Adolescence is a period of life from puberty to adulthood characterized by marked physiological changes, development of sexual feelings, efforts toward the construction of identity, and progression from concrete to abstract thought. Adolescence is sometimes viewed as a transitional state, during which youths begin to separate themselves from their parents but still lack a clearly defined role in society. It is generally regarded as an emotionally intense and often stressful period.
Adolescence is a period of life where an individual realizes oneself fully and learns about one’s own interest and disinterest and chooses his/her life accordingly and lives life to the fullest but unfortunately many of them face a lot of hindrances in this process and suffer breakdowns, as they are unable to adjust to the demands of various phases of their lives (Coon, 2000).

Adolescence has long been described as a time of emotional turmoil. Adolescents are not constantly in a state of “storm and stress,” but emotional highs and lows do increase during early adolescence (Rosenblum and Lewis, 2003). Young adolescents can be on top of the world one moment and down in the dumps the next. In many instances, the intensity of their emotions seems out of proportion to the events that elicit them (Steinberg and Levine, 1997).

The word adolescence is Latin in origin, derived from the verb adolescere, which means “to grow into adulthood.” Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood. There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual’s behaviour, development, and relationships. These transitions usually challenge a number of changes.

The rate of change in attitudes and behaviour during adolescence parallels the rate of physical change. During early adolescence, when physical changes are rapid, changes in attitudes and behaviour are also rapid. As physical changes slow down, so do attitudinal and behavioural changes.

Hurlock (2006) proposed five almost universal concomitants of the changes that occur during adolescence:

The first is heightened emotionality, the intensity of which depends on the rate at which the physical and psychological changes are taking place. Because these changes normally occur more rapidly during early adolescence, heightened emotionality is generally more pronounced in early than in late adolescence.

Second, the rapid changes that accompany sexual maturing make young adolescence unsure of themselves, of their capacities, and their interests. They have strong feelings of
instability which are often intensified by the ambiguous treatment they receive from parents and teachers.

Third, changes in their bodies, their interests, and in the roles the social group expects them to play create new problems. To young adolescents, these may seem more numerous and less easily solved than any, they have had to face before. Until they have solved their problems to their satisfaction, they will be preoccupied with them and with themselves.

Fourth, as interests and behaviour patterns change, so do values. What was important to them as children seem less important to them now that they are near-adults. For example, most adolescents no longer think that a large number of friends are a more indication of popularity than friends of the type that are admired and respect by their peers. They now recognize quality as more important than quantity.

Fifth, most adolescents are ambivalent about changes. While they want and demand independence, they often dread the responsibilities that go with independence and question their ability to cope with these responsibilities.

The specific transitions include Biological, Cognitive, Social, and Emotional Changes.

**PUBERTY IN BOYS**

Puberty is when the body changes from a child to that of a man, an adult. Boys start puberty around 10 or 12 years old, but it can happen earlier or later. The changes happen because of sex hormones produced by the testes in boys. The time when the physical changes and emotional changes happen is called adolescence. When the body is ready to begin puberty, the pituitary releases special hormones, which can affect the emotions and moods.

The physical changes include:

- **Hairs** start growing all over the body. This is noticeable on the face, like a beard, chest, moustache or sideburns, legs, armpits and around the penis. Usually it's pretty thin at first but gets stronger and darker towards the end of puberty.

- The shoulders get wider, muscles start to get bigger, stronger and gain weight. Physically, some boys become bigger really fast. Not everyone grows at the same time or the same rate. Some people have their growth spurt really early and others really late.
Most of the boys develop the 'Adam's apple'. This is the larynx (voice box) getting larger and sticking out at the front of the throat. The voice may seem to be cracking, squeaking and deepening. This is normal. When the larynx has finished growing the voice would start sounding a bit deeper than before.

Breasts look like they're developing a bit! (This is quite normal and usually goes away by the end of puberty)

Acne, pimples, zits, spots will start developing. The skin and hair will probably become more oily. Hair follicles (where a hair grows out of the skin) get blocked by dead skin cells, and bacteria grows. The bacteria make the skin erupt into pimples. These are usually on the face, shoulders, arms, back, and chest. They can look red, white, or black.

More sweats and stinkier sweat, are a normal part of puberty. It happens to all kids as they get older – boys. It's because of those puberty hormones again. The hormones are affecting the sweat glands, and the sweat glands are making chemicals that sometimes make it smell. There are lots of sweat glands under the arms, so the armpits might be one place a person must be bit stinky.

**PUBERTY IN GIRLS**

The pubertal landmark in girls is a menarche, the first menstrual flow. For boys, it is the production of sperm and the first ejaculation. These events occur most often around age 11 to 13 for girls and 12 to 14 for boys.

The biological transition of adolescence, or puberty, is perhaps the most observable sign that adolescence has begun. Technically, puberty refers to the period during which an individual becomes capable of sexual reproduction. More broadly speaking, however, puberty is used as a collective term to refer to all the physical changes that occur in the growing girl or boy as the individual passes from childhood into adulthood.

The timing of physical maturation varies widely. In India, menarche typically occurs around the age 12 to 18 years, although some youngsters start puberty when they are only eight or nine, others when they are well into their teens.
For many girls, menstruation is a serious concern. This is because they suffer physical discomforts such as cramps, weight gain, headaches, backaches, swollen ankles, and breast tenderness and experience emotional changes, such as mood swings, restlessness, depression, and a tendency to cry without apparent reason.

The physical changes of puberty are triggered by hormones, chemical substances in the body that act on specific organs and tissues. In boys a major change incurred during puberty is the increased production of testosterone, a male sex hormone, while girls experience increased production of the female hormone estrogen. In both sexes, a rise in growth hormone produces the adolescent growth spurt, the pronounced increase in height and weight that marks the first half of puberty.

Perhaps the most dramatic changes of puberty involve sexuality. Internally, through the development of primary sexual characteristics, adolescents become capable of sexual reproduction. Externally, as secondary sexual characteristics appear, girls and boys begin to look like mature women and men. In boys primary and secondary sexual characteristics usually emerge in a predictable order, with rapid growth of the testes and scrotum, accompanied by the appearance of pubic hair. About a year later, when the growth spurt begins, the penis also grows larger and pubic hair becomes coarser, thicker, and darker. Later still comes the growth of facial and body hair, and a gradual lowering of the voice. Around mid adolescence internal changes begin making a boy capable of producing and ejaculating sperm.

In girls, sexual characteristics develop in a less regular sequence. Usually, the first sign of puberty is a slight elevation of the breasts, but sometimes this is preceded by the appearance of pubic hair. Pubic hair changes from sparse and downy to denser and coarser. Concurrent with these changes is further breast development. In teenage girls, internal sexual changes include maturation of the uterus, vagina, and other parts of the reproductive system. Menarche, the first menstrual period, happens relatively late in puberty. Regular ovulation and the ability to carry a baby to full term usually follow menarche by several years (Heino, Kosunen and Ripela, 2003).
ADJUSTMENT IN ADOLESCENTS

Adjustment is a state in which the needs of the individual on the one hand and the claims of the environment on the other are fully satisfied. Adjustment takes the form of variation of the environment and variation in the organism through the acquisition of responses appropriate to the situation. The variation in the organism may be biological. The adjustment process is a universal sequence that can be identified in the behaviour of organism from the lowest species up to man.

Adjustment, generally, means an effective adaptation to the environment, both external and internal, including conformity to group norms, mores, ideals, values and so on. Adjustment is a continuous process of action in the life of human or an organism with a definite purpose of meeting the needs of the self, the needs of the environment and the needs of the culture or society. The ultimate end of the process of action of the adjustment is successful survival. The end result may be survival or extermination. A continuous close watch on the life of an organism or a human being may bring out many happy and unhappy events which are based upon the struggle for successful survival. Man is an interdependent creature, always expecting the help and the cooperation from other human beings and the culture or society in which he lives, for the fulfillment of his basic needs and also makes inevitable demands from them.

The concept ‘adjustment’ is used both in the common sense world and in the scientific world to indicate certain type of behaviour of an individual or a group. Though in the psychological world it refers to the behaviour of the individual it can be applied also to a group of people in a particular situation. It is an act of adjusting or adaptation for a particular purpose. It is the state of being adjusted. It is also the act of bringing something into conformity with the external requirement. In the psychological world it is stated that it is a process of establishing a satisfactory relationship between the individual and his environment. It is a process of constant successful interaction between the individual and his environment. During the course of interaction people learn to change their behaviour so as to get along with other people.

SELF-ESTEEM
Self-esteem is a sense of personal worth and ability that is fundamental to an individual’s identity. Family relationships during childhood are believed to play a crucial role in its development. Parents may foster self-esteem by expressing affection and support for the child as well as helping the child set realistic goals for achievement instead of imposing unreachably high standards. Horney (2008) asserted that low self-esteem leads to the development of a personality that excessively craves approval and affection and exhibits an extreme desire for personal achievement. According to Adler’s theory of personality, low self-esteem leads people to strive to overcome their perceived inferiorities and to develop strengths or talents in compensation.

Self-esteem refers to how favourably someone evaluates himself or herself. In laymen terms, self-esteem is how a person measure’s his overall worth and this can be attributed to the sum total of his own gifts and abilities versus his perceived failures. Researchers argued that self-esteem is not something to be placed on a scale, because it is a basic human need, a crucial element in human psychology and the makeup of the human personality. Everyone needs self-esteem and no one can survive without it. Another camp believes that self-esteem is something that is automatic within us, in the sense of the consciousness and the subconscious at work. Self-esteem, builds up in the subconscious, which opens up much more theories of the process of cortical and neural evolution and how it ties in with emotional maturity and processes in the brain that gravitates around personality, character, rationale and confidence.

Self-esteem is a term used to describe a person’s overall sense of self-worth or personal value. Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one’s own appearance, beliefs emotions and behaviours. (Cherry, 2010).

Self-esteem is a sense of personal worth and ability that is fundamental to an individual’s identity. Family relationships during childhood are believed to play a crucial role in its development. Parents may foster self-esteem by expressing affection and support for the child as well as by helping the child set realistic goals for achievement instead of imposing unreachably high standards. Self-esteem is the disposition to experience oneself as being competent to cope with the basic challenges of life and of being worthy of happiness. It is confidence in the efficacy of one’s mind, in the ability to think. By extension, it is confidence in the ability to learn, make appropriate choices and decisions, and respond effectively to change. It is also the experience
that success, achievement, fulfilment-happiness are right and natural for oneself. The survival-value of such confidence is obvious; so is the danger when it is missing (Christopher, 2008).

High self-esteem is an important characteristic of an adolescent’s well-being. Self-esteem refers to the global evaluation of the self. Self-esteem is also referred to as self-worth or image. For example a person may perceive that she or he is not merely a person but a good person. Therefore self-esteem refers to global self-evaluation. (Harter, 2006).

Self-esteem is not an alternative phenomenon that someone desires to have but don’t have to have. Rather an adolescent needs to have self-esteem. Good self-esteem is important because it helps to hold the head high and feel proud of oneself and enhances self-realization about what an individual is capable of. It gives courage to try new things and the power to believe in oneself. It can let one respect the self, even when she/he makes mistakes.

Having self-esteem is also the ticket for making good choices about one’s mind and body. If an individual thinks he/she is important, then the individual is less likely to follow the crowd if his/her friends are doing something dumb or dangerous. Good self-esteem can also promote enough smartness to make one’s own decisions, value one’s safety, feeling’s and health – briefly the whole self! Good self-esteem helps know that every part is worth for caring and protection.

People with high self-esteem hold a very favourable view, which usually means they consider themselves to be competent, likable, attractive and morally good people. In principle, low self-esteem would be the opposite that is general perception of the term is that people with low self-esteem would regard themselves as incompetent, ugly, unlikable, and morally wicked. In practice, however few people regard themselves in such strongly negative terms. A more common form of low self-esteem is simply the absence of strong positive views about the self. Thus, the person with high self-esteem says “I am great”. But the person with low self-esteem says “I am so-so” rather than “I am terrible”.

Adolescents with high self-esteem are more likely to believe in themselves and have a sense of importance and self-respect. Self-esteem affects how the individual approaches to new tasks or challenges and how they interact with others. Teenage children with low self-esteem may avoid challenging activities or may give up quickly, quit, or cheat when things are not going
their way. An adolescent with low self-esteem may also be bully, bossy, controlling, have a low level of self-control, and have difficulty making friends. Whereas, adolescents with high self-esteem feel a sense of trust, security and accepted by others. They understand their own self-worth, have self-control and are willing to take on challenging or difficult tasks.

**ANXIETY IN ADOLESCENCE**

Anxiety is a physiological and psychological state characterized by cognitive, somatic, emotional, and behavioural components. These components combine to create an unpleasant feeling that is typically associated with uneasiness, apprehension, or worry.

Anxiety is a generalized mood state that occurs without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an external threat. Additionally, fear is related to the specific behaviours of escape and avoidance, whereas anxiety is the result of threats that are perceived to be uncontrollable or unavoidable.

It’s normal to feel anxious or worried at times. Everyone does. In fact, a moderate amount of anxiety can be good. Anxiety helps one respond appropriately to real danger, and it can help motivate any individual to excel at work and at home.

Anxiety is an emotional state in which people feel uneasy, apprehensive, or fearful. People usually experience anxiety about events they cannot control or predict, or about events that seem threatening or dangerous. For example, students taking an important test may feel anxious because they cannot predict the test questions or feel certain of a good grade. People often use the words fear and anxiety to describe the same thing. Fear also describes a reaction to immediate danger characterized by a strong desire to escape the situation.

The two major types of anxiety are Normal Anxiety and Neurotic Anxiety:

**NORMAL ANXIETY**

Sharf (2000) denotes that normal anxiety has three features that differentiate it from neurotic anxiety. First, it is appropriate to the situation that the individual deals with her life. Second, normal anxiety is not usually repressed. For example, a severe illness may make us come to terms with our death. Third normal anxiety can provide an opportunity to confront existential dilemmas, such as dying responsibility and choices.
NEUROTIC ANXIETY

In contrast, neurotic anxiety is a reaction that is blown out of proportion or inappropriate for the particular event. For example, the man who is afraid of a disease that he washes his hands several times before and during a meal is experiencing neurotic anxiety. The anxiety is out of proportion to the situation, destructive and of little value to the patient. Furthermore the patient may have repressed fears that may be a source of this anxiety.

All people experience anxiety to some degree. Most people feel anxious when faced with a new situation, such as facing a competition, or when trying to do something well, such as giving a public speech. A mild to moderate amount of anxiety in these situations is normal and even beneficial. Anxiety can motivate people to prepare for an upcoming event and can help keep them focused on the task at hand.

However, too little anxiety or too much anxiety can cause problems. Individuals who feel no anxiety when faced with an important situation may lack alertness and focus. On the other hand, individuals who experience an abnormally high amount of anxiety often feel overwhelmed, immobilized, and unable to accomplish the task at hand. People with too much anxiety often suffer from one of the anxiety disorders, a group of mental illnesses. In fact, more people experience anxiety disorders than any other type of mental illness.

According to Bufka (2001) some people may be biologically and psychologically predisposed to feel anxious, most anxiety is triggered by social factors. Many people feel anxious in response to stress, such as a divorce, starting a new job, or moving. Also, how a person expresses anxiety appears to be shaped by social factors. For example, many cultures accept the expression of anxiety and emotion in women, but expect more reserved emotional displays from men.

On the whole, Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body the individual’s personal history and memory, and the social situation. Anxiety is a uniquely human experience. Other animals clearly know fear, but human anxiety involves an ability to use memory and imagination to move backward and forward in time, that animals do not appear to have. The anxiety that occurs in posttraumatic syndromes indicates that human memory is a much more complicated mental function than animal memory. Moreover, a large portion of human anxiety is produced by
anticipation of future events. Without a sense of personal continuity over time, people would not have the “raw materials” of anxiety.

It is important to distinguish between anxiety as a feeling or experience, and an anxiety disorder as a psychiatric diagnosis. A person may feel anxious without having an anxiety disorder. In addition, a person facing a clear and present danger or a realistic fear is not usually considered to be in a state of anxiety. In addition, anxiety frequently occurs as a symptom in other categories of psychiatric disturbance.

**NEED FOR THE STUDY**

Adolescents are potential enough to achieve the maximum, if their energies are channelized towards positive growth. A fair amount of adjustment is very essential as adjustment is the basic personality make up of any individual. Poor adjustment weakens the links of an individual’s personality traits, leading to poor self-esteem, which can not only withhold a person from progression, but also can diminish his/her good qualities. The mental and emotional health problems adolescents face today challenge their sense of mental and emotional balance and without a doubt, produce a tremendous amount of anxiety. Hence it is very important to repair the negative channels of the adolescent’s by helping them become aware of, develop, and maintain positive mental and emotional health. This is a vital part of the overall responsibility of adolescent’s teachers, health educators and other health practitioners.

Positive Therapy is one of the wonderful packages available for any kind of negative behaviour and emotion. The key role of Positive Therapy is to relax the mind and facilitate clear thinking. Clear thinking can allow a person to keep discrepancies at bay and enhance positive perception. Positive Therapy is capable enough to boost the ego and increase the right level of confidence. Hence Positive Therapy is the most suitable tool to enhance adjustment by facilitating positive perception, enhance the self-esteem by improving the memory and confidence. It can manage anxiety by instilling relaxation, and also produce better academic results. Therefore, the three dimensional variables namely, Enhanced Adjustment, Self-esteem and a Well-managed Anxiety can help an adolescent narrow down the other psychological problems.