The adolescent years are a critical developmental phase as children become adults. During adolescence, preteens and teens going through puberty become increasingly conscious of their body image. They develop their sexual, gender, and ethnic identities. Peer relationships become increasingly important. School responsibilities increase and some teens get a job. Many teens experiment with drugs and alcohol. The teen years have unique stresses and pressures. Teens may not always let on but parents and other caring adults play a vital role in providing support and helping teens achieve their best on their way to adulthood (Fredrick, 2009).

The objectives of the research were as follows:

- To find out the relation between Adjustment, Self-esteem and Anxiety in Adolescents.
- To identify the level of Adjustment in Adolescents
- To identify the level of Self-esteem in Adolescents
- To identify the level of Anxiety in Adolescents
- Positive Therapy helps the Adolescents to enhance the Adjustment, Self-esteem and manage the Anxiety.

From various zones of Coimbatore 5 schools were selected for the study. The students from class XI were selected to serve as the sample. The sample consists of 394 adolescents comprising 200 boys and 194 girls. All the schools were in Coimbatore, Tamil Nadu.

The Case Study Schedule was used to obtain information from the subjects individually. The information gathered includes the demographic details, symptoms and negative emotions. Bells Adjustment Inventory, Rosenberg Self-esteem Scale and Manifest
Results and Discussion

Anxiety Inventory. The subjects were provided Positive Therapy for 30 sessions; each session lasted for about one hour, over a period of 6 weeks. The subjects were given counselling to change their recurring negative thoughts and their life style positively, educate them in coping skills and to face the problems boldly and successfully without any negative thoughts. The subjects were assessed with the same tools after Positive therapy and follow-up was done after four months.

Positive therapy is a package evolved by Hemalatha (2004) based on Eastern techniques of Yoga and Western Techniques of Cognitive Behaviour Therapy. It has 4 strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. Relaxation Therapy involves three steps, Deep Breathing Practice, Relaxation Training and Autosuggestion. Counselling consists of Rational Emotive Therapy, Thought Stopping, Symptom Stopping, Cognitive Restructuring, and Assertiveness Training. In the present study, Rational Emotive Therapy, Thought Stopping and Cognitive Restructuring were used. The Exercises included Tension Releasing Exercise, Smile Therapy and Laugh Therapy. Behavioural Assignments were given to encourage the students to study well and have positive perceptions. The students were also encouraged to continue the practice of Positive Therapy.

Three hundred adolescent were selected by purposive sampling technique to serve as the subjects for the study from various schools from Coimbatore namely KPM Matriculation Higher Secondary School, John Bosco Matriculation Higher Secondary School, Carmel Garden Matriculation Higher Secondary School, Nehru Vidyalaya Higher Secondary School and Avinashilingam Higher Secondary School, Coimbatore, Tamil Nadu.

To begin with, Case Study Schedule, Bell’s Adjustment Inventory, Rosenberg Self-esteem and Manifest Anxiety Inventory were administered to 394 adolescents and those with Unsatisfactory Adjustment/ Very Low Self-esteem/ High Anxiety were selected for the action research. All the subjects were given the psychological intervention named, Positive Therapy.

The adolescents were provided Positive Therapy; each session lasted for about one hour, over a period of 6 weeks. The subjects were asked to practice the same at home.
After 30 sessions of Positive Therapy, the students were reassessed using the Case Study Reassessment Schedule, Bell’s Adjustment Inventory, Rosenberg Self-Esteem and Manifest Anxiety Inventory. The follow-up was done after four months using the same.

CONCLUSIONS

✓ After Positive Therapy, majority of the Adolescents Adjustment level enhanced to ‘Good’/’Excellent’ levels

✓ The most important causes of poor adjustment were lack of clear understanding and healthy support from the family members

✓ The effects of poor adjustment were lack of active participation at school, frustration etc.

✓ After Positive Therapy, majority of the Adolescents Self-esteem had drastically enhanced to ‘High Self-esteem’

✓ After Positive Therapy, majority of the Adolescents Anxiety level reduced to ‘Low’/’Very Low’ levels

✓ After Positive Therapy, majority of the Adolescents Academic Achievement had improved drastically

✓ Physiological, Emotional, Cognitive and Behavioural Symptoms of Anxiety among the Adolescents had reduced drastically

✓ There is a correlation between the Adjustment and Self-esteem, Anxiety and Self-esteem, Adjustment and Anxiety before Positive Therapy

RECOMMENDATIONS

✓ Since Positive Therapy was found to be very effective in enhancing Adjustment, Self-esteem and reducing Anxiety among the Adolescents, it can be recommended in other educational institutions

✓ A Psychologist/Counsellor can be appointed in the Institutions to facilitate sound physical and mental health for the students
Results and Discussion

✓ Workshops on Positive Therapy to enhance Adjustment, Self-esteem and reduction of Anxiety can be conducted for the Adolescent students, teachers, and parents

✓ Research applying the same variables as well as other psychological variables can be conducted for the teachers in Educational Institutions

LIMITATIONS

Any research is subjected to have its own merits and limitations. The limitations of the present study are as follows:

➢ The Intervention Programme was carried out well until the research period, but unfortunately, the researcher did not have any track with the research sample to identify whether the individuals are continuously practicing the relaxation techniques and following the counselling strategies in the long run for an uninterrupted healthy living.

➢ Other Therapeutic Techniques were not involved to alleviate the problems of the Adolescents

➢ Access with the parents and siblings of the Adolescents were not sufficient enough

➢ The Adolescents with the age range of 14-15 years were included to benefit the therapy