1. INTRODUCTION
1. INTRODUCTION

"Engage more with teenagers, Kalam’s advice to parents’
According to Kalam, young people use drugs to satisfy issues related to their adolescent development. These include: taking risks; demonstrating independence; developing values distinct from parents and other authorities; signaling entry into a peer group; seeking novel and exciting experiences; and satisfying curiosity."

He said "this is the time their parents have to pour their parental love, be watchful and see and pattern change in their behaviour of the son or daughter".

-Dr. A P J Abdul Kalam (2006)

Youth represents the energy of the present and the hope of the future. It is imperative therefore that parents and educators gain much understanding as much as possible concerning the various characteristics, needs, interests and growth potentialities of maturing adolescents. Every adolescent should be given an opportunity to develop wholesome, personally satisfying and socially acceptable physical and mental status and emotional and social adjustment.
Quality of parent-child relationship is of great importance in the personality development of their child especially for adolescents as they are affected by the events of the time in which they live. If parents encourage children's moves toward self-reliance and accept as well as love their children when they make mistakes, children will learn to accept themselves and will be on their way to develop self-confidence.

So also is with the self-efficacy, which is belief about one's ability to perform specific task. It is one of the important psychological variables which is developed as a result of the social persuasions involving exposure to the verbal judgments that others provide. During adolescence phase, one has to face many stressful situations. Fraser and Tucker (1997) stated that "people who allow their children to achieve optimal levels of individualization from parents, the better -problem -solving abilities and the less stress among college students".

According to Cole (1944), the most outstanding mark of emotional maturity is ability to bear tension. Emotionally mature adolescents are stable in their emotional responses and have a philosophy of life which guides him in viewing the world around him, in planning his own future and in making the best possible contribution to his community and country.
1.1 Adolescents

During adolescence imagination is boundless. The urge toward self-perfection is at its peak. And with all their self-absorption and personalized dreams of glory, youth are in pursuit of something larger than personal passions, some values or ideals to which they might attach their imaginations.

-Louise J. Kaplan

The term adolescence comes, from the Latin word ‘adolescere’, meaning “to grow” or “to grow to maturity”. As it is used today, the term adolescence has a broader meaning. It includes physical, mental, emotional, and social maturity as well. This point of view has been expressed by Piaget when he said ‘psychologically, adolescence is the age when the individual becomes integrated into the society of adults, the age when the child no longer feels that he is below the level of his elders but equal, at least in rights. This integration into adult society has many affective aspects, more or less linked with puberty. It also includes very profound intellectual changes, these intellectual transformations typical of the adolescent’s thinking enable him not only to achieve his integration into the social relationships of adults, which is, in fact, the most general characteristic of this period of development.

Craig (1999) writes that in our culture, adolescence often extends over a period of a decade or more. Both the beginning and the end of
adolescence are often ambiguous. Children frequently begin to act like adolescents before they start to change physically. And how can we define when an adolescent truly becomes an adult? Perhaps the best indicator of adulthood is emotional maturity rather than more obvious criteria such as completing an education, earning a living, marrying, or becoming a parent (Baldwin, 1986): however, emotional maturity is difficult to define.

Despite mixed opinions about its boundaries, there is complete agreement that the prolonged transitional period from childhood to adulthood is a modern phenomenon found mainly in developed nations. Adolescence historically was a much shorter stage. This is still true in some less developed societies, where young people go through a symbolic ceremony, name change, or physical challenge at puberty. Such transition rituals are called “rites of passage”. An apprenticeship of a year or two may follow, and by age 16 or 17, the young person achieves full, unqualified adulthood. Such a relatively rapid transformation is possible because the skills necessary for adult life in less complex societies can be mastered without a lengthy education. Still, the need for some period of transition is recognized everywhere; no society demands that a child becomes an adult overnight, and no society fails to recognize the attainment of adulthood.
1.1.1 Significance of Adolescence

Young people between the age of 12 and 20 constitute more than 1/6th of the world population. Increasing birth rates indicate that this proportion will continue to grow larger. Adolescent development and adjustment are matters of serious concern not only to parents but also to school people and other adults who are interested in the welfare of young people as well as in the progress of society.

1.1.2 Adolescence Period

The period of transition from childhood to adulthood or from dependence on adult direction and protection to self direction and self determination is referred to variously as adolescence, adolescent age, or adolescent period of development.

Early adolescence extends roughly from thirteen to sixteen or seventeen years, and late adolescence covers the period from then until eighteen, the age of legal maturity, late adolescence is thus a very short period. Early adolescence is usually referred to as the “teens”, sometimes even the “terrible teens”. Although older adolescents are, strictly speaking, “teenagers” until they reach twenty years of age, the label teenager, which has become popular associated with the characteristic pattern of behavior of young adolescents, is rarely applied to older adolescents.
Instead, they are usually referred to “young men” and “young women” or even “youths” indication that society recognizes a maturity of behavior not found during the early years of adolescence.

Stanley Hall (1916) often referred to as the Father of Adolescent Psychology, regarded adolescence as a period of “Storm and Stress”. He emphasized the importance of the developmental process and underplayed the effect of environmental influences on the developing individuals.

1.1.3 Adolescence is a Transition Period

Transition does not mean a break with or a change from what has gone before but rather a passage from one stage of development to another. This means that what has happened before will leave its mark on what happens now and in the future. Osterrieth (1969) has explained that “the psychic structure of the adolescent has its roots in childhood and many of its characteristics that are generally considered as typical of adolescence appear and are already present during late childhood”.

During any transitional period, the individual’s status is vague and there is confusion about the roles the individual is expected to play. The adolescent, at this time, is neither a child nor an adult. On the other hand, the ambiguous status of today’s adolescents is advantageous in that it gives
them time to try out different life styles and decide what patterns of behavior, values, and attitudes meet their needs best.

1.1.4 Adolescence is a Period of Change

The rate of change in attitudes and behavior during adolescence parallels the rate of physical change. During early adolescence, when physical changes are rapid, changes in attitudes and behavior are also rapid. As physical changes slow down, so do attitudinal and behavioral changes. There are five almost universal concomitants of the changes that occur during adolescence. The first is heightened emotionality; second, the rapid changes that accompany sexually maturing make young adolescents unsure of themselves, of their capacities, and of 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 behavior pattern changes, so do values. 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.
1.1.5 Adolescence is a Problem Age

While every age has its problems, those of adolescence are often especially difficult for boys and girls to cope with. The two reasons for this: First, throughout childhood, their problems were met and solved, in part at least, by parents and teachers. As a result, many adolescents are inexperienced in coping with problems alone; second, because adolescents want to feel that they are independent, they demand the right of coping with their own problems, rebuffing attempts on the part of parents and teachers to help them. Thus many adolescents find that the solutions do not always come up to their expectations.

1.1.6 Adolescence is a Time of Search for Identity

In the early years of adolescence, conformity to the group is still important to boys and girls. Gradually they begin to crave for identity and are no longer satisfied to be like their peers in every respect, as they were earlier. Erickson (1951) has explained how their search for identity affects the adolescent’s behavior: “In their search, for a new sense of continuity and sameness, adolescents have to re fight many of the battles of earlier years, even though to do so they must artificially appoint perfectly well-meaning people to play the roles of adversaries; and they are ever ready to install
lasting idols and ideals as guardians of a final identity. The integration now taking place in the form of ego identity is more than the sum of childhood identifications.

In Erik Erickson's view, identity formation is the central developmental task of the adolescent years. From all the separate roles that the adolescent plays- as son or daughter, sibling boy friend or girl friend, athlete, student, and so on- he or she must struggle to emerge with a clearly defined sense of self. Identity takes shape gradually, and it develops along several fronts. The adolescent's acquisition of formal operations seems to be a necessary ingredient in this process of forming on identity (Rowe and Marcia 1980). With formal operations, the adolescent can try out new ideas, think about possibilities, and think about himself in a contemplative way. The rapid physical changes and sexual awakening of adolescence often lead young people to be confused about the continuity between their past and present. It is no wonder, then that many adolescents fail to establish a clear identity and instead experience what Erikson calls as "role confusion". Indeed, recent research suggests that the most extensive advances toward forming a clear sense of identity do not take place until the college years (Waterman, 1982).
Despite the great influence of friends, parents still have a strong influence on teenagers' attitudes and values. For example, on teenagers report themselves to be more influenced by parents when it comes to religion, moral values, and such personality traits as thrift and responsibility (Lerner and Spanier, 1980). In fact, teenagers and their parents seldom differ greatly on important values, and more often than not teenagers select the sorts of friends who share their parents' standards about such matters as the importance of school achievement (Offer and Offer, 1975).

Despite all the talk about adolescent rebellion, such rebellion is a response by a relatively small number of adolescents, often in cases where parents do not provide the sort of support and guidance that the adolescent needs (Block, 1982).

1.1.7 Adolescence is a Time of Unrealism

Adolescents have a tendency to look at life through rose-tinted glasses. They see themselves and others as they would like them to be rather than as they are. This is especially true of adolescent aspirations. These unrealistic aspirations, not only for themselves but also for their families and
friends, are, in part, responsible for the heightened emotionality characteristic of early adolescence. The more unrealistic their aspirations are, the more angry, hurt and disappointed they will be when they feel that others have let them down or that they have not lived up to the goals they set for themselves.

1.1.8 Predisposing Psychosocial Factors of Adolescents’ Mental Problems

Chandrasekhar (1998) identified childhood maladjustment and painful experiences, separation from the parents, age of parents, deviant families and disturbed families, physical disability, long drawn physical illness, minimal brain damage, mental retardation and unhealthy social factors as predisposing psychological factors of adolescents’ mental problems.

Conduct disorder for youth under the age of 18 ranges from 6% to 16% for males and from 2% to 9% for females. Parents have a strong influence on teenager’s attitudes and values despite the great influence of friends. Infact, teenagers and their parents seldom differ greatly on important values, and more often than not teenagers select the sorts of friends who share their parent’s standards about such matters as the importance of school achievement (Offer and Offer, 1975). Rebellion against parents is a
response by a relatively small number of adolescents, often in cases where parents do not provide the sort of support and guidance that the adolescent needs (Block, 1982). In most, parents continue to be important sources of support, guidance, and affection throughout the teenage.

Commonly seen psychological problems in adolescents are academic stress, depression, adjustment problems, suicidal behavior, addiction, summarization or hysterical reactions.

Teenagers and young adults are an extremely stressed out lot. Out of every three cases of suicide reported every 15 minutes in India, one is committed by a youth in the age group of 15 to 29. Youngsters today are going through testing times in relationships, education and trying to create an identity for themselves. Today, with growing competition, they are continuously under pressure from various dimensions. As a result, many youngsters see suicide as the only way out.

1.1.9 Cognitive Changes in Adolescence

During adolescence there is normally an expansion in the capacity and style of thought that broadens the young person's awareness, imagination, judgment, and insight. These enhanced abilities lead to a rapid
accumulation of knowledge that opens up a range of issues and problems that can enrich and complicate adolescent’s lives.

Cognitive development during adolescence is defined by increased abstract thinking and use of metacognition. Both exert a dramatic influence on the scope and content of the adolescent’s thoughts and on his or her ability to make moral judgments.

Piaget characterized the abstract thinking of the adolescent as the hallmark of the final stage of cognitive development. Theorists are still arguing about whether the onset of abstract thinking is dramatic and sudden or part of a gradual, continuous process.

1.1.10 Formal Operational Thought

In Piaget’s developmental theory, the final stage is ‘formal operational thinking’. This new form of intellectual processing is abstract, speculative, and independent of the immediate environment and circumstances. It involves thinking about possibilities as well as comparing reality with things that might not be. Whereas younger children are more comfortable with concrete, observable events, adolescents show a growing inclination to treat everything as a mere variation on what could be (Keating,1980). Formal operational thought requires the ability to formulate,
test, and evaluate hypotheses. It involves manipulation not only of known, verifiable events but also of things that are contrary to fact.

Adolescents also show increasing ability to plan and think ahead. A certain level of intelligence seems to be necessary for formal, particularly educational level, also play a role (Neimark, 1975). The observation that not all individuals achieve formal operational thought has led some psychologists to suggest that it should be considered an extension of concrete operations rather than a stage in its own right.

Perhaps better language skills and more experience with the world, instead of new cognitive capability per se, are responsible for the appearance of these abilities in adolescents.

### 1.2 Self-Confidence

#### 1.2.1 Meaning and Definition of Self-Confidence

The noun ‘confidence’ means freedom from doubt, belief in yourself and your abilities or ‘a state of confident hopefulness that events will be favorable’.

From Wikipedia, the free encyclopedia the socio-psychological concept of self-confidence relates to “self-assuredness in one’s judgment, ability, power, etc”. Lack of self-confidence is called timid ness or timidity,
being afraid of failure is a sign of this. It refers to belief in one’s worth and likelihood of succeeding. Self-confidence is a combination of self-esteem and self-efficacy.

Raj Persaud (2008) stated that true self-confidence comes from an attitude where you promise yourself, no matter how difficult the problem life throws at you. Self-confidence is generally perceived as “the willingness to try something new, the willingness to go against what others are thinking or doing, the ability to comfortably do something one thought he could not do and / or the willingness to explore what has not been explored”. Self-confidence is “all about believing and feeling good about oneself” (Hema Kumar, 2004). Confidence represents our ‘faith in ourselves, our self-worth & self esteem’. Confidence is the key to take the world on (Manjunath, 2004).

Self-confidence is ‘a positive attitude of one self towards one’s self-concept’. In the words of Basavanna (1975) self-confidence refers to “an individual’s perceived ability to act effectively in a situation to overcome obstacles and to get things go alright”.

Self-confidence is considered as ‘one of the motivators and regulators of behaviors in an individual’s everyday life’ (Bandura, 1986). Self confidence ‘is a positive attitude of oneself towards one’s self concept’.
personality pattern is a unified multidimensional structure in which the concept of self is the core or centre of gravity (Breckenridge & Vincent, 1965).

The self is a composite of a person's thoughts and feelings, strivings and hopes, fears and fantasies, his view of what he is, what he has been, what he might become, and his attitudes pertaining to his worth. Self-confidence is an attribute of perceived self. It refers to a person's perceived ability to tackle situations successfully without leaning on others and to have a positive self-evaluation. A self-confident person perceives himself to be socially competent, emotionally mature, intellectually adequate, successful, satisfied, decisive, optimistic, independent, self-reliant, self-assured, forwards-moving, family assertive and having leadership qualities.

1.2.2 How Is Self-Confidence Initially Developed

Many factors affect the development of self confidence. The parents' attitude is curial to the child's feelings about itself. When parents provide acceptance, from the initial years of the child he receives a solid foundation for good feelings about himself. If one or both parents are excessively critical or demanding, or if they are over protective and discourage independence, children may come to behave they are incapable, inadequate
or infection. However, if parents encourage children’s moves towards self reliance and accept and love their children when they make mistakes, children will learn to accept themselves and will be on their way to develop self confidence.

Surprisingly, lack of self confidence is not necessarily related to lack to ability. Instead it is often the result of focusing too much on the unrealistic expectations or standards of others, especially parents and society.

1.2.3 Effects of Self-Confidence

People, who lack confidence, depend excessively on the approval of others in order to feel good about them. They avoid taking risks, as they fear failure. Self confident people on the other hand are willing to risk the disapproval of others because they generally trust their own abilities. They accept themselves and don’t feel the necessity to please others in order to be accepted. All individuals have some areas of their lives where they are quite confident, it could be academics, athletics, or extra-curricular activities. Feeling low emotionally and losing faith in oneself are results of low confidence. Believing in ourselves is the first step to success. Loss of self confidence depletes our resources, both physical and psychological.
1.2.4 Self-Confidence and Performance

Self confidence is considered one of the most influential motivators and regulators of behavior in people's everyday lives (Bandura, 1986). A growing body of evidence suggests that one's perception of ability or self confidence is the central mediating construct of achievement strivings (e.g. Bandura, 1977, Erickson et al, 1993; Harter, 1978; Kuhl, 1992; Nicholls, 1984).

Self confidence is not a motivational perspective by itself. It is a judgment about capabilities for accomplishment of some goal, and therefore, must be considered within a broader conceptualization of motivation that provides the goal context. Kanfer (1990 a) provides an example of one cognitively based framework of motivation for such a discussion. She suggests that motivation is composed of two components; goal choice and self-regulation. Self regulation, in turn, consists of three related sets of activities: self-monitoring, self-evaluation, and self-reactions. Self-monitoring provides information about current performance, which is then evaluated by comparing that performance with one's goal. The comparison between performance and goal results in two distinct types of self-reactions: self-satisfaction or dissatisfaction is an affective response to past actions;
self-confidence expectations are judgments about one's future capabilities to attain one's goal. This framework allows a discussion of self-confidence as it relates to a number of motivational processes, including setting goals and causal attribution.

1.2.4 Measures of Self-Confidence

Self-Confidence Scale: This scale developed by Joe Cardot (1995) is one of the measures of self-confidence. It has 10 items with five answer categories ranging from Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) to Strongly Disagree (SD). The item numbers such as 1,2,4,5,6, and 7 are scored positively (SA=5, A=4, N=3, D=2 and SD=1) whereas the remaining items such as 3,8,9 and 10 are scored in a reverse manner (SA=1, A=2, N=3, D=4 and SD=5). Further the total scores 30 and below indicate low confidence and the scores of 40 and above indicate high confidence. The reported reliability coefficient is 0.80.

Self-Confidence Inventory: This is developed by Pandey DD in Hindi to measure self-confidence of students of tenth grade. It consists of 60 items with two response categories 'Yes' or 'No'. This has 9 dimensions viz, 1. Social and Emotional maturation 2. Intellectual adequateness 3. Satisfaction 4. Optimism 5. Independence 6. Self assuredness 7. self
feeling ness 8. Evaluation about the self 9. Decisiveness. In this inventory high score means low self-confidence, low score means high self-confidence. This has test-retest reliability coefficient equivalent to 0.88 and split half reliability equivalent to 0.89. Another of the same test has also stated that face validity and construct validity are established.

1.3 Self-Efficacy

1.3.1 Meaning and Definition of Self-Efficacy

"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

Self-efficacy is belief in one's capacity to succeed at tasks. General self-efficacy is belief in one's general capacity to handle tasks. Specific self-efficacy refers to beliefs about one's ability to perform specific tasks (e.g., driving, public speaking, studying, etc).

Self-efficacy is one of the important psychological variables of human personality. It is individual's assessment of their capabilities to organize and execute actions required to achieve successful levels of performance (Bandura, 1986). People with low self-efficacy may believe that things are tougher than they really are, a belief that may foster stress and narrow vision
of how best to go about a problem (Pejars, 1996). Bandura (1997) proposed that the key sources of self-efficacy are performance accomplishments, vicarious experiences, verbal persuasion and emotional arousal. Self-efficacy pertains to optimistic beliefs about being able to cope with a variety of stressors.

Self-efficacy makes a difference in how people feel, think and act. In terms of feels, a low sense of self-efficacy is associated with depression, anxiety, and helplessness. In terms of thinking, a strong sense of competence facilitates cognitive processes and performance in a variety of settings, including quality of decision, making and academic achievement. In terms of act, self related cognition is a major ingredient of the motivation process in comparison to low self-efficacy people. Self-efficacy levels enhance or impede motivation. People with high self-efficacy choose to perform more challenging tasks. They set themselves higher goals and stick to them. Actions are pre-shaped in thought, and people anticipate either optimistic or pessimistic scenarios in line with their level of self-efficacy. Once an action has been taken, highly self-efficacious persons invest more effort and persist longer than those who are low in self-efficacy. When set backs occur, they recover more quickly and maintain the commitment to
their goals. Self-efficacy also allows people to select challenging settings, explore their environment or create new environments.

Self-efficacy affects behavior of the individual in different ways; first, self-efficacy influences choice of behavior. People are likely to engage in tasks in which they feel competent and confident and avoid those in which they do not. Second, self-efficacy may help to determine how much effort people will expand on anxiety and how long will they persevere. Third, self-efficacy beliefs influence individuals thought patterns and emotional reactions.

Litt (1988) found that self-efficacy expectations affected performance beyond what would have been expected from past performance alone. Changes in self-efficacy expectations predicted changes in cold pressure tolerance.

Perceived self-efficacy is concerned with beliefs in one’s capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands. As already alluded to, in social cognitive theory perceived self-efficacy operates as a cognitive mechanism through which controllability affects stress reactions (Bandura, 1986).

Self-efficacious thought and actions are usually products of reciprocal causation, (Bandura, 1986). With the publication of social foundations of
thought and action: A social cognitive theory, Bandura (1986) advanced a view of human functioning that accords a central role to cognitive, vicarious, self regulatory, and self-effective processes in human adaptation and change. People are veined as self regularizing, proactive, self-reflecting and self regulating rather than as reactive organism sloped and shepherded by environmental forces or driven by concealed, inner impulses.

1.3.2 Self- Efficacy Beliefs

Of all the thought that affect human functioning and standing at the very core of social cognitive theory, are self-efficacy beliefs; ‘people’s judgments of their capabilities to organize and execute courses of action required to attain designated types of performances. Self-efficacy beliefs provide the foundation for human motivation, well-being and personal accomplishment. Much empirical evidence now supports Bandura’s contention that self-efficacy belief’s touch virtually every aspect of people’s lives whether they think productively, self-debilitating, pessimistically or optimistically; how well they motivate themselves and persevere in the face of adversities; their vulnerability to stress and depression, and the life choices they make self-efficacy is also a critical determinant of self regulation.
Bandura's (1977) key contentions as regards the role of self-efficacy beliefs in human functioning is that "people's level of motivation, affective states, and actions are based more on what they believe than on what is objectively true'. As a consequence, people's accomplishments are generally better predicated by their self-efficacy beliefs than by their previous attainments, knowledge, or skills.

It bears noting that self-efficacy beliefs are themselves critical determinants of how well knowledge and skill are acquired in the first place. The contention that self-efficacy beliefs are a critical ingredient in human functioning in consistent with the view of many theorists and philosophers who have argued that the potent affective, evaluative and episodic nature of beliefs make them a filter through which new phenomena are interpreted (e.g. Aristotle, James, Dewey, Kant, Maslow, Nisbett and Ross, Rokeach).

1.3.3 Self-Efficacy and Confidence:

People's self-efficacy beliefs should not be confused with their judgments of the consequences that their behavior will produce. Typically, of course, self-efficacy beliefs help to determine the outcomes one expects. Confident individuals anticipate successful outcomes. Students confident in their social skills anticipate successful social encounters. Those confident in
their academic skills expect high marks on exams and expect the quality of their work to reap personal and professional benefits. The opposite is true of those who lack confidence.

1.3.4 How Self-Efficacy Beliefs Influence Human Functioning:

Bandura states that:

❖ Self-efficacy beliefs can enhance human accomplishment and well-being in countless ways. They influence the choices people make and the course of action they pursue. Whatever factors operate to influence behavior, they are rotten in the core belief that one has the capability to accomplish that behavior.

❖ Self-efficacy beliefs also help to determine how much effort people will expend on an activity, how long they will persevere when confronting obstacles, and how resilient they will be in the face of adverse situations. The higher the sense of efficacy, the greater the effort, persistence, and resilience. Moreover, such people quickly recover their sense of efficacy after failures or setbacks, and attribute failure to insufficient effort or deficient knowledge and skills that are acquirable.
Self efficacy beliefs also influence an individual’s thought patterns and emotional reactions. High self-efficacy helps to create feelings of serenity in approaching difficult tasks and activities. Perseverance associated with high self-efficacy is likely to lead to increased performance, which, in turn, raises one’s sense of efficacy and spirit, whereas the giving in associated with low self-efficacy helps ensure the very failure that further lowers confidence and morale.

1.3.5 How Self-efficacy Beliefs Are Created:

Individuals form their self-efficacy beliefs by interpreting information primarily from four sources.

- The most influential source is the interpreted result of one’s previous performance, of mastery experience. Individuals engage in tasks and activities, interpret the results of their actions, use the interpolations to develop beliefs about their capability to engage in subsequent tasks or activities, and act in concert with the beliefs created.

- In addition to interpreting the results of their actions, people form their self-efficacy beliefs through the vicarious experience of observing others perform tasks. This source of information is weaker
than mastery experience. The effects of modeling are particularly relevant in this context. Even experienced and self-efficacious individuals, however, will raise their self-efficacy even higher if models teach them better ways of doing things.

❖ Individuals also create and develop self-efficacy beliefs as a result of the social persuasions they receive from others. Thus persuasions can involve exposure to the verbal judgments that others provide.

❖ Somatic and emotional states such as anxiety, stress, arousal, and mood states also provide information about efficacy beliefs. People can gauge their degree of confidence by the emotional state they experience as they contemplate an action, strong emotional reactions to a task provide cues about the anticipated success of failure of the outcome. When they experience negative thoughts and fears about their capabilities, those affective reactions can themselves lower self-efficacy perceptions and trigger additional stress and agitation that help ensure the inadequate performance they fear. One way to raise self-efficacy beliefs is to improve physical and emotional well-being and reduce negative emotional states.
The sources of self-efficacy information are not directly translated into judgments of competence. Individuals interpret the results of events, and these interpretations provide the information on which judgments are based. The types of information people attend to and use to make efficacy judgments, and the rules they employ for weighting and integrating them, form the basis for such interpretations. Thus, the selection, integration, interpretation, and recollection of information influence judgments of self-efficacy.

1.3.6 Self-Efficacy and Human Attainment

The Roman poet Virgil observed that 'they are able who think they are able'. The French novelist Alexander Dumas wrote that, when people doubt themselves, they make their own failure certain by themselves being the first to be convinced of it. There is now ample evidence to suggest that Virgil and Dumas were absolutely correct.

Since Bandura first introduced the construct of self-efficacy in 1977, research have been very successful in demonstrative that individual's self-efficacy beliefs powerfully influence their attainments in diverse fields (Stajkovic and Luthans 1998).
1.3.7 Measures of Self-Efficacy

**Generalized Perceived Self-Efficacy Scale** developed by Schwarzer, R. & Born, A. (1997) has 10 items with 4 response alternatives viz, from Not at all True (1), Hardly True (2) Almost true (3) and Very True (4). The composite self-efficacy score is obtained by adding the scores of the subject for each item. The total scores of the scale is ranging from 1 to 10. The scale has been used in numerous research projects, where it has typically yielded internal consistencies as ranging from 0.75 & 0.91. Its stability has been examined in several longitudinal studies. In a sample of 246 German Cardiac Surgery patients, the test retest reliability was 0.67. For another sample of 2,846 students in Germany, the test retest reliability of is 0.55.

New evidence regarding validity has been accumulated in a large scale German field research project with 3,514 high school students & 302 teachers. In the student sample, a general self-efficacy was correlated with optimism and (r=0.45) with the perception of challenges in stressful situations.

**The Self-Efficacy Scale** developed by Mark Sherer and Carol Adams (1983) consists of 23 statements. It is a Likert type scale having five response categories 1. strongly disagree with the statement to 5. strongly agree with
the statement. It has 6 statements which falls under social, 1 self-efficacy and 17 statements which fall under the General Self-Efficacy. The authors reported that both sub scales have adequate reliability (Cronbach $\alpha = 0.86$ & 0.71) respectively. Further construct validity was proved by correlating with 10 clinical scales of MMPI.

**General Self-Efficacy Scale** developed by Bosscher and Smit (1998) is a self-report scale, having 12 statements. It has three subscales namely (a) Initiative (3 items) (b) Effort (5 items) (c) Persistence (4 items). Reliability cronbach alpha for the whole scale is 0.69, Initiative is 0.64, Effective is 0.63 and Persistence is 0.64.

**Coping Self-Efficacy Scale (CSES).** It was developed by Margaret Chesney, Susan Folkman, and Jonelle Taylor (2006). It is a 26-item a measure (with two point) of perceived self-efficacy for coping with challenges and threats.

The test-retest correlation co-efficient from baseline to month 3 is 0.38; for study 2, the sample sizes from baseline to months 3, 6, and 12 are 0.61, 0.57, and 0.56, respectively.

To assess concurrent validity, separate Pearson partial correlations were calculated for each of the three derived CSE scale scores and measures of psychological distress and well-being, ways of coping and
social support using baseline data from the combined studies, while
controlling for the effects of the other two CSE scale scores (N=347 for all
analyses). Partial correlations evaluating the independent
relationships between measures of psychological distress and well-being
and each of the three derived CSE scale scores were, on average, largest for
feeling able to stop unpleasant emotions and thoughts (absolute partial r’s
ranged from 0.20 to 0.28, all ps<0.001)

1.4 Stress

"Future shock is the shattering stress and disorientation that we induce
in individuals by subjecting them to too much change in too short a time."

-Alvin Toffler

1.4.1 Meaning and Definition of Stress:
The word “stress” is derived from the Latin word “stringer”. It was
popularly used in the 17th century to mean hardship, ‘strain’, ‘adversity or
‘affliction’. In the eighteenth and nineteenth century used to denote ‘force’,
‘pressure’, ‘strain’ or ‘strong effort; with reference to an object or person.
The concept of ‘stress; was introduced in life science by Hans Selye in 1936. He defines it as “any external event or any internal drive which threatens to upset the organismic equilibrium is stress”.

Like many other ideas in the behavioral sciences, the concept of stress had its origins in the physical sciences (Hinkle, 1977). Stress was the ratio of resulting internal forces to the area over which the external force acted. In the nineteenth century, first applicant of stress to human experience began to own in the medical literature. As Walt Schafer puts it, “stress is arousal of mind and body in response to demands made on them”. As Selye’s (1979) well-known definition of stress, based on his research, is “the non-specific response of the body to any demand made upon it”. Lazarus and Folkman (1984) define stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being”.

Stress is an individual phenomenon. It is a subjective unpleasant experience of the person who perceives his/her needs and/or environmental demands are beyond his/her abilities to fulfill. Any issue or situation which appears to be a threat to one’s physical or mental well being becomes a stress. Thus an issue or a situation which is said to be stressful to one, need not be stressful to the other.
Stress is an emotional, intellectual or physical reaction to change or demands. The stress reaction prepares the mind and body to react to any situation that is new, threatening or exciting. The causes of stress are environmental, physiological, social, personal thoughts, conflicts, hassles, pressures, frustrations, etc. Coping with stress is associated with various competencies such as adaptability, human relations, problem solving and self-confidence.

The concept of ‘stress’ was introduced in life science by Hans Selye in 1936. In his search for a new sex hormone, Selye serendipitously discovered that tissue damage is a non-specific response to virtually all-noxious stimuli. He called this phenomenon as ‘General Adaptation Syndrome’ (GAS) and later he introduced the term ‘Stress’ and defined it as “any external event or any internal drive which threatens to upset the organismic equilibrium is stress”.

Ivancevich & Matteson (1980) defined stress simply as “the interactions of the individual with the environment”. Further they elaborated it as “an adaptive response mediated by individual characteristics and/or psychological processes, which is a consequence of any external
(environmental) action, situation or an event that places excessive psychological and/or physical demands on a person”.

Life without stress cannot be imagined. Psycho-social stress which is essential up to a degree may be for adequate personality development. Life stress refers to a state of imbalance within an organism that (a) is elicited by an actual or perceived disparity between environmental demands and the organism’s capacity to cope with these demands, and (b) is manifested through variety of physiological emotional and behavioral responses. This response syndrome occurs as a result of the organism’s exposure to excessive environmental demand or stresses. The condition of the social and physical environment operate as stressors to the extent that they tax exceed and organism’s adaptive resources (Lazarus, 1966, Selys, 1956). From a medical perspective stress is typically constructed as a defensive bodily response to environmental demands (i.e. toxins, extreme temperature, emotionally charged situations etc.) involving specific physiological components such as adrenal stimulations, gastro-intestinal disturbances and the shrinkage of lymphatic structure (Selys, 1956, 1976). Psychological analysis (Lazarus, 1966) places a greater emphasis on the individual’s cognitive appraisal of threatening environmental conditions and personal coping conditions [e.g., economic change, lack of social support
resource; that adversely affect the well-being of specific group within the community (Cassel 1964, Leuine and Scotch 1970, Brenner 1973).

An individual during adolescence has to face many stresses. To prevent a break down and to maintain and promote mental health, one has to learn the successful management of stress.

1.4.2 Four Variations of Stress:

Seley described four basic variations of stress. When events have a harmful effect on us, stress is labeled as "distress". When stress has beneficial effect on us, we might call it "eustress" or "good stress", such things as beginning a new job, getting married or taking up an exciting sport like sky diving; all may have a stimulating effect that make for personal growth. Seley has described two more variations of stress:"hyper-stress" and "hypo-stress". Hyper stress or excessive stress usually occurs when events including positive ones pile up and stretch the limits of our adaptability. Hypo stress or insufficient stress, is apt to occur. When we are lacking stimulation. In otherworlds, stress is experienced in "over arousal" and "under arousal" conditions.
1.4.3 Families and Stress: Parental Pressures

Parental expectation is extremely high these days, among school students. Since parents themselves become victims of pressure to achieve, they in turn put the same pressure on their kids. Also comes in ‘prestige’. Parents that likes to brag about their children’s achievement, feel let down and betrayed when the child does not match the set benchmark. While settling these, standards, parents do not seem to take the child’s aptitude and ability into consideration. They want their child to perform like other children. This puts tremendous pressure on the child.

On a more positive note, Fraser and Tucker (1997) recently found that the greater the individuation from parents, the better the problem-solving abilities and the less the stress among college students. They state, “Perhaps parents who allow their children to achieve optimal levels of individuation also promote a sense of responsibility, self-confidence, and optimism in their children that leads to their adeptness at problem solving”.

Many life situations are inherently stressful for children and their families. They include poverty, divorce, moving to a new town, suffering a serious illness or injury, or growing up in a dangerous neighborhood. What determines a child’s ability to cope constructively with these stresses? One factor is the sheer number of stressful situations in a child’s life; a child(or
adult) who can deal successfully with one stressful event may be overwhelmed if forced to deal with several at the same time (Hetherington, 1984). A second factor is the child’s perception or understanding of the event. For example, the first day of school is a major event in a child’s life. A child who knows what to expect and can use this milestone as a sign of increasing maturity will experience less stress in making the transition.

Research clearly indicates that close-knit, adaptable families with open communication patterns and good problem-solving skills are better able to weather stressful events (Brenner, 1984). Social support systems such as neighbors, relatives, friendship networks, or self-help groups are also valuable.

From a different perspective, temperamental and early personality characteristics influence children’s ability to cope with stressful environments. Over a period of 30 years, Emmy Werner (1989b, 1995) studied a group of what she terms ‘resilient children’. The children had been on one of the Hawaiian Islands and rose in family environments that were marred by poverty, parental conflict or divorce, alcoholism, and mental illness. Yet they developed into self-confident, successful, and emotionally stable adults. Since most children reared under such conditions do not face
nearly as well, Werner was interested in learning how these children managed to thrive in spite of their unfavorable environment. She found that they had been temperamentally “easy” and lovable babies who had developed secured attachment to a parent or grand parent in the first years of life. Later if that parent or grandparent was no longer available, these children had the ability to find someone else—another adult or even a sibling or friend—who could provide the emotional support they needed. Other researchers have found that positive self-esteem and good self-organization are strongly related to resilience in children—especially those who are matured (Chicchetti & Rogosch, 1997).

1.4.4 Stress in Adolescents

Increasing social development leads to widening social network and decreases the time spent at home. Responses to stressful events may be likely to be more personal, and may be perceived more differently than of the parents. Recent research appears to suggest that adolescents may more differently report stressors than their mothers (Moncke & Dobbs, 1985).
1.4.5 Family structure as a Social Support System

Psychological attachment to family continues to be a major sociological phenomenon in the relationship orientated Indian society. While some researchers conclude that a joint family provides greater amount of stress and gives rise to stress disorders (e.g., Sampurna, Ansari, Agrawal, & Udupa, 1979). Others found that the persons belonging to nuclear families have significantly more psychiatric problems (e.g., Chaturvedi, 1983). What should matter more is not the structural composition of the residential family group, but the nature and quality of social interactions and consequently the efficacy of social support emanating from it.

1.4.6 Measures of Stress

Life-stress scale for University Students. This scale is developed by Manju Agrawal and R.K. Naidu in English and Hindi for the students of university level. However, after suitable necessary changes the scale can be used also with 10th and 12th grade students. The objectives of the stress scale are to find out the amount and kind of life stresses encountered by university students. The scale consists of 58 items describing undesirable experiences and events likely to occur in the lives of university students. The items of the scale have been divided into 9 major categories: Financial, Family, Social,
Education, Ego threat, Bereavement, Separation, Personal setback, and Health of others. The subject has to check those events of the scale which she/he had encountered in the previous one year. The subject has to also rate each checked item on a 7 point rating scale for the amount of distress. The scale ranges from 1- not at all distressing to 7- unbearably distressing.

The test-retest reliability coefficient of the scale at an interval of 6 weeks was 0.88. The scale has construct validity. Various measures of stress correlated significantly with the predictor variable strains. These correlations are much higher than those found in previous Western or Indian studies. Life stresses in previous Western studies have been reported to account for less than 10 percent of variance in strains (Rabkin & Strueing, 1976, Andrews, Tennant, Hewson, & Vaillant, 1978) while stress measured by this scale accounted for 18 percent to 24 percent variance in strains. Construct validity was also indicated by very high correlations among various measures of stress ($r=0.93-0.94$); these correlations were very much higher than the correlations of stress measures with the predictor variable strains ($r=0.39-0.50$). The items have been listed here on the basis of their mean severity ratings. The item with the lowest severity rating has been listed as 1 and item with the highest severity rating is at 58th item.
Assessment of some aspects of Academic Stress and Symptoms in 10-16 year old students by Suman Varma and Joyeeta Gupta is in English. It can be used with children between ages 10-16 years. The interview schedule-cum-checklist addressed to children is open ended and unstructured. It consists of questions under the following major components (1). Categories as factors of Academic Stress are - examination system; homework; attitude of teachers and attitude of parents. (2) Symptoms of academic stress include a variety of indicators that can be classified into three categories- physiological, psychological and behavioral. Many of the symptoms are inter-related and may fit in more than one category. Test-retest reliability for the measure has been established (a 86 percent agreement was obtained). Comparison of responses on the open-ended interview and check-list has shown an 82 percent agreement. As a current problem in the educational issues of our country, this tool will help to explore the basic academic pressures building the school going child. It will help to identify flaws in the educational system.

The interview schedule can be used effectively by researchers, counselors, teachers and parents to identify academic stress in children and assist them in coping with it. Further a better understanding of stress can
assist students to manage stress. Increasing awareness and understanding among students regarding academic stress will not only help them in coping effectively with it but also may help in relieving other stressors. Awareness of the same among parents and teachers could help eliminate the problems related to conflicts and misunderstanding between the students and their parents or teachers.

Adolescent Stress Inventory (ASI) Items were adopted from the Odebunmi Stress Inventory developed in 1989 with the reliability index of 0.71. The test was carefully designed to suit and identify traits of adolescents' stress by the researcher. It comprises three major parts: A, B and C. Part A includes bio-data items; Part B consists of items 1-22 measuring traits of adolescence stress and Part C contains items 1-10 measuring personality types 'A' and 'B'. They were based on the Likert four-point scale of measurement. Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The options on the items were weighted in the Likert format with $SA=\$, $A=3$, $D=2$ and $SD=1$. The maximum score a subject could obtain was 88 average 44 and minimum 22. The students (18 years and below, Okoroduda & Omom, 1999) who scored 40 (45%) and above were those said to have shown enough evidence of stress.
traits (Okorodudu, 2004). The content and construct validity of the instrument was established.

1.5 Parent-Child Relationship

"Romance fails us and so do friendships, but the relationship of parent and child less noisy than all the others, remains indelible and indestructible, the strongest relationship on earth"

-Theodore Reik

1.5.1 Meaning and Definition of Parent-Child Relationship

For many years it was thought that parents mould the behavior patterns of the children, until Bell (1968, 1977) studied attention to the fact that children themselves can make the ongoing interchanges between the parents and themselves as well as the development of their own characteristics. By manipulating children's behavior, several researchers have experimentally demonstrated, that children's behavior affects their parents responses (Osofsky and O'Connel, 1972; Bell, 1972; Lytton, 1982). Thus it is not the behavior of the parents that affects the child but it is the behavior of both the parents and the child that is more important in molding the behavior patterns of the children. Sameroff (1975) found from his study that the outcome in the child is determined by the reciprocal influences between the parents and the children can be designated as the
Parent-child Relations. Or, in other words, Parent-child Relationship can be defined as 'the interaction between the parents (father and mother) and the child on the other side.

The nature of parent-child relationship depends upon three principal things as under:

❖ 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 conscious or unconscious attempt to emulate his father or mother or, the child's attempt at his identification with his father or mother.

1.5.2 Optimum Parent-Child Relationship

A good home is said to be one in which the child is given the fullest opportunity for self-expression within the limits of parental acceptance and supervision. Those parents who love one another, as well as their child caring for his needs have an excellent chance of seeing the child become a well adjusted adult. In such an atmosphere the child, feeling wanted and
secure, shares with his parents the sense of well-being which is essential to satisfactory personality development.

Ideally, the relationship between parent and child should continue to be one of mutual affection and respect. Interpersonal relationships within a family constitute complex phenomena of behavior. Rejection of the child may lead to a pronounced feeling of insecurity says Vijay Pratap (2004)

1.5.3 Dynamics of Parent-child Relationship

A number of investigations have shown that an unhappy childhood tends to lead to later miss-management of children. Mothers who themselves experienced rejection in childhood often reject their own children. In summarizing, the significance of the early childhood period, Symonds concluded; ‘Probably the first and most important factor making for a good parent is that the individual should have had a secure childhood and have grown up to be an emotionally secure person. One can look to good parents and a happy childhood as the prime ingredient in the making of a good parent in the next generation’.

The family is the basic unit of the society, within which the ‘new born’ or ‘neonate’ takes birth. It is the oldest and the dearest social institution for nurturing and schooling of children. The child learns the ABC
of his life from the family. Family is the first world to the child. It makes not only the first physical and mental contribution to his life, but by continuous, intimate, numerous and varied associations, it becomes a major source of education and behavior determination. The family acts as a major factor in influencing the attitude and behavior of the child.

Parental behavior as perceived by the child may be more important and explanatory value than characterization of such behavior by independent observers. Quality of parent-child relationship is so of crucial importance in the personality development of the child. Parent-child relationship is related with vocational interest too, accepted children showed interest, in many cases, in executive jobs where as rejected and over protected children did not opt for such vocations. Mother’s love and attention makes a boy feel warm and cozy but father equips the boy to face the world. A healthy father-child relationship leads to boy the feeling of being loved and accepts a high degree of confidence, non-dependency and tendency to respond realistically and adoptively to frustrating situation. Child’s perception of his parent-child relationship as relatively happy and close to the theoretical ideal, whereas the mal-adjusted child’s perception of his relationship is far from the ideal. Emotional and social adjustment of a child from a home with favorable
parent-child relationship is definitely superior to those of children from home where family relationships are less favorable.

The satisfactory adjustment of the child is the result of the healthy family environment that he receives in the family from his parents. Symonds (1939) was of the opinion that the quality of parent-child relationship is of crucial importance in the personality development of the child. Since the most extensive and intensive social interaction of the child during crucial developmental stages occurs within the family and specially with the mother, the mother-child relationship would be of major importance in the personality development (Schaefer and Bell, 1958).

When parental behavior does not come up to children's expectations, it leads to unfavorable parent-child relationships (Bil Keave, 1966).

Human beings are social animals who live in a social world. We are born and raised into accidental groups like family as children. In child mental health set-up a whole host of symptoms and problems in children and adolescents are inextricably bound up with psychological disturbance in the family as a whole. A child with behavioral problem or somatic illness like asthma in which psychological factors contribute to the cause or maintenance of physical symptoms or an emotional problem like school refusal commonly serves as the symptom-bearer of a disturbed
family (Indramma, 2001). People both nurture and restrict themselves in a manner similar to the way they were nurtured or restricted or abused by adults in their lives (Shekhar Seshadri, 2001).

The ‘early-onset’ conduct disorder begins formally with the emergence of aggressive and oppositional tendencies in the early preschool period, progress to aggressive [e.g., fighting] and non-aggressive [e.g., lying and stealing] symptoms of conduct disorder in middle childhood, and then develops into the most serious symptoms by adolescence including interpersonal violence and property violation. Moreover, children with conduct problems frequently come from families who are experiencing considerable marital discord, depression and distress. [Conduct disorders for youth under the age of 18 ranges from 6% to 16% for males and from 2% to 9% for females].

While popular beliefs hold that adolescents’ relationships with parents are marked by detachment, disengagement and conflict, the research literature does not support this view. A transformation occurs in the parent-child relationship during adolescence toward greater symmetry and mutuality, but throughout this transformation the relationship is marked by harmony, closeness, and warmth. Conflict does arise between parents and adolescents, but it tends to be centered on mundane matters of everyday life,
such as curfew, homework, and household chores. A recent meta-analysis of
the literature on parent-child conflict found that both conflict rate and total
conflict decrease with adolescent age.

Some researchers have focused on identifying parenting styles and
examining how parenting styles affect adolescent personality development
and well-being. The nature of family interaction has also been examined for
the role it plays in putting adolescents at risk for involvement with gangs and
violence, for teenage pregnancy, and for the development of eating disorders

1.5.4 Family Relationship During Adolescence

Elizabeth (1990) writes that when the relationships of young
adolescents with members of their families deteriorate as adolescence
progresses, the fault usually lies on both sides. Parents far too often refuse to
modify their concepts of their children’s abilities as they grow older. As a
result, they treat their adolescent sons and daughters much as they did when
they were younger. In spite of this, they expect them to “act their age”,
especially when it comes to assuming responsibilities.

Even more important is the so-called “generation gap” between
adolescents and their parents. This gap is partly the result of radical changes
in values and standards of behavior that normally occur in any rapid
changing culture, and partly the result of the fact that many young people now have greater educational, social, and cultural opportunities than most of their parents had when they were adolescents. Thus it is more correctly “a cultural gap”, not due to differences in chronological age.

In no area this generation gap more apparent than in sexual behavior that is condoned today among adolescents would have been condemned by their parents had at that age. Adolescents’ inability or unwillingness to communicate with their parents helps to widen the gap between them. Parents likewise find it difficult to accept their adolescent children’s objections to the restraints they regard as necessary and they may be impatient with their failure to assume responsibilities they feel are appropriate for their age. These sources of irritation generally reach their peak between fourteen and fifteen years, after which there is generally an improvement in parent-child relationships.
1.5.5 Common Causes of Family Friction during Adolescence

1.5.5.1 Standards of Behavior

Adolescents often consider their parents' standards of behavior old-fashioned and resent having to confirm to standards different from that of their peers.

1.5.5.2 Methods of discipline

When adolescents regard disciplinary methods used by their parents as "unfair" or "childish" they rebel. The greatest rebellion occurs in homes where one parent is perceived as having more authority than the other. This is especially so when the mother has the greater authority. By contrast, egalitarian marriage relationships tend to be related to a moderate amount of rebellion.

1.5.5.3 Relationships with siblings

The adolescent may be scornful of younger siblings and resentful of older ones, leading to friction with them as well as with parents, whom they may accuse of "playing favorites"
1.5.5.4 Feeling victimized

Adolescents often become resentful if the socio economic status of their families makes it impossible for them to have the same status symbols – clothes, cars etc. – their friends have, if they must assume many household responsibilities, such as care of younger siblings; or if a step parent comes into the home and tries to “boss” them. This antagonizes parents and adds to already strained parent-adolescent relation.

1.5.5.5 Hypercritical

Family members resent adolescents’ hypercritical attitudes toward them and the general pattern of family life.

1.5.5.6 Family size

In medium-sized families – three to four children- there is more friction than in small or large families which will not tolerate friction where, in small families, they are more permissive and adolescents feel less need to rebel.
1.5.5.7 Immature Behavior

Parents often develop punitive (pertaining to punishing) attitudes when adolescents neglect their school mode, shun their responsibilities or spend their money foolishly. Adolescents resent these critical and punitive attitudes.

1.5.5.8 Rebellion against Relatives

Parents and relatives become angry if adolescents openly express their feelings that family gatherings are “bossing” or if they reject their suggestions and advice.

1.5.5.9 Latchkey Problems

The new and more active social life of adolescents may result in the breaking of family rules concerning time to return home and the people they associate with, especially members of the opposite sex.

Failure to make the psychological transition to maturity that constitutes the important developmental tasks of adolescence as the major psychological hazard.
If adolescents are to make good personal and social adjustment, it is important for them to show signs of increasing maturity with each paring you some of the areas of immaturity which proclaim their immaturity most loudly are social behavior, moral behavior, sexual behavior and family relationships.

Immaturity in family relationships, as shown by quarreling with family members, criticizing them constantly, or making derogatory comments about their appearance or behavior, is especially common during the early years of adolescence. This is when, family relationships are usually at a low point.

Poor family relationships are psychological hazards at any age, but especially so during adolescence because at this time boys and girls are typically unsure of themselves and depend on their families for a feeling of security. Even more important, they need guidance and help in mastering the developmental tasks of adolescence. When family relationships are marked by friction, feelings of insecurity are likely to be prolonged, and adolescents will be deprived of the opportunity to develop poise and more mature patterns of behavior. Furthermore, the adolescent whose family relationships are unfavorable may also develop poor relationships with people outside.
1.5.6 Measures of Parent-Child Relationship

Scale for Multi-dimensional Parenting (M.D.P.Scale): This is developed by N.S.Chauhan, C.P.Khokhar & Vikram Singh this consists of some statements about children. It has 56 items and response options range from Agree Very Much, Agree Much, Agree Ordinarily, Agree Less, and Agree Much less, and Do not Agree.

Clarks Parent-Child Relation Test: Indian Adaptation of Parent−child Relation Test by Tiwari, G. has 131 items with two or three alternatives. The reliability of the test was calculated by Split-Half method and test-retest method (N=200) with an interval of one month, both boys and girls in equal number were the subjects. The reliabilities were 0.83 and 0.78 respectively. The original as well as Hindi version of test was administered to 100 children who knows Hindi and English both, with an interval of one month. The validity co-efficient was found to be 0.82. The Hindi version of the test was again translated in English by five experts and both the versions were administered on the same sample after one more month interval. The correlations of three versions were 0.81, 0.72 and 0.76.

The eighteen different factors of this Parent-child Relation Test are:

1.6 Emotional Maturity

“*A mature person is one who does not think only in absolutes, who is able to be objective even when deeply stirred emotionally, who has learned that there is both good and bad in all people and all things, and who walks humbly and deals charitably*”

-Eleanor Roosevelt

1.6.1 Meaning and Definitions of Emotional Maturity

Emotions can activate and direct behavior in the same way as biological or psychological motives. Emotions can be a goal; in the theories of Emotion, we tend to think of bodily changes such as those in response to stress as being caused by emotion. A mild level of emotional arousal tends to produce alertness and interest in the task at hand. When emotions become
intense, however, whether they are pleasant or unpleasant, they usually leads to decrement in performance. Emotions when sufficiently intense can seriously impair the processes that control organized behavior. The state of heightened arousal that results can take its toll of the individual’s ability to function efficiently. Sometimes continual emotional tension can impair physical health. In a psycho physiological disorder (psychosomatic illness) the symptoms are physical, but the cause is primarily psychological. A number of different types of illness e.g. ulcers, asthma, migraine headaches, high blood pressure, and slain eruptions are related to emotional stress. It should be noted that long-term emotional stress can impair a person’s physical health as well as his mental efficiency.

The concept of maturity has not received a great deal of explicit attention in the literature. According to Oxford dictionary(2005), the term ‘mature’ has been derived from Latin term i.e ‘maturus’(timely, ripe) which means ‘fully grown’. One of the characterizers of maturity is relative freedom from the well-known constellation of inferiority, egotism and competitiveness. Another important attribute of maturity is a firm sense of reality.
Maturity means being fully developed, complete, or ready, becoming due (Webster's New World Dictionary). Emotional maturity means, in essence, controlling your emotions rather allowing your emotions to control you. As a cognitive–behavioral therapist, he believes that our thoughts, in conjunction with our environment, create our emotions. Fortunately, we can control our thoughts by becoming aware of our negative and inaccurate beliefs and ideas.

Martha Starks defines psychological maturity as "being able to accept the reality of people and things as they are, without needing them to be other than that."

Emotional maturity can be understood in terms of ability of self control which in turn is a result of thinking and learning (Praveen Kumar Jha, 2002).

Emotionally matured person is better able to cope with adverse life situations in a manner approved by society. According to Young [1996], a person who has control over his emotions is said to be emotionally matured. According to Chamberlain (1960), "an emotionally matured person is one whose emotional life is well under control. Emotional maturity prepares an individual for better adjustment". In a study by the concept "mature" emotional behavior of any level is that which reflects the fruits of normal
emotional development. A person who is able to keep his emotions under control, who is able to break delay and to suffer without self-pity, might still be emotionally stunned and childish. According to Walter D. Smitson (1974) emotional maturity is "a process in which the personality is continuously striving for greater sense of emotional health, both intrapsychically and intra-personally". Kaplan and Baron (as cited by Singh & Bhargav, 1990) elaborate the characteristics of an emotionally mature person; say that he has the capacity to withstand delay in satisfaction of needs. He has the ability to tolerate a reasonable amount of frustration. He has belief in long-term planning and is capable of delaying or revising his expectations in terms of demands of situations. An emotionally mature child has the capacity to make effective adjustment with himself, members of his family his peers in the school, society and culture.

The most outstanding mark of emotional maturity, according to Cole (1944) is "ability to bear tension", other mark is "indifference toward certain kinds of stimuli that affect the child or adolescent and he develops moodiness and sentimentality". Besides, emotionally mature person persists the capacity for fun and recreation. He enjoys both play and responsibility activities and keeps them in proper balance.
Traditionally, adolescence has been thought as a time of greater "storm and Stress" than other periods of life- a time of heightened emotional tension resulting from the physical and glandular changes that are taking place. Boys and girls are said to have achieved emotional maturity if, by the end of adolescence, they do not "blow up" emotionally when others are present, but wait for a convenient time and place to let off emotional steam in a socially acceptable manner. Another important indication of emotional maturity is that the individual assesses a situation critically before responding to it emotionally instead of reacting to it unthinkingly as would a child or an immature person. Finally, emotionally mature adolescents are stable in their emotional responses and they do not swing from one emotion or mood to another, as they did earlier.

1.6.2 Characteristics of Emotional Maturity

1. The ability to experience and understand our own deepest feelings and to be able to act on and express these feelings and needs in appropriate and constructive ways. This is opposite from "acting out" our needs in unconscious, destructive patterns of behavior. This aspect of maturity includes the ability to experience and tolerate especially intense feelings-which inevitably occur in life-and to be able to appropriately express these
feelings, or contain them until an appropriate and responsible means for expressing them is available.

2. The ability to act on and react to life circumstances with intelligence, sound judgment and wisdom. This aspect of maturity is opposite the tendency to act impulsively, without taking the opportunity to think through our actions or consider their consequences. (Wisdom: having the quality of good judgment, learning and erudition, soundness).

3. The ability to recognize, empathize with, and respect the feelings and needs of others. This is opposite from a selfish and chronic preoccupation with our needs, with no awareness of, or sensitivity to, the needs of others.

4. The ability to delay the immediate satisfaction of our own needs, so that we may attend to other more pressing needs or actions. This is opposite from a condition in which our immediate needs always take precedence over all other needs.

5. The ability to love—to allow another's needs, feelings, security, and survival to be absolutely paramount—just as if these were our own.

6. The ability to adapt flexibly and actively to life's changing circumstances and conditions. This is distinct from the tendency to respond to life's
challenges in rigid, outmoded behavior patterns that are no longer particularly effective or appropriate.

7. The ability to channel our energy, both positive and negative, into constructive contributions to ourselves, to others, and to our communities.

8. The willingness and ability to be responsible and accountable for our own circumstances and actions in life, and the ability to differentiate our responsibilities from those of others. This is distinct from blaming others and seeing ourselves primarily as the victim of other’s behavior, or from maintaining a sense that we are somehow responsible for the happiness and well-being of all those around us. Responsibility arises from a stance of strength and competence; it does not include pronouncements of blame, shame, guilt, or moral inferiority/superiority, as all these are judgments added to the basic condition of responsibility.

9. The ability to relate comfortably and freely with others, to like and be liked by others, and to maintain healthy and mutually satisfying relations. The ability to choose and develop relationships that are healthy and nurturing, and to end or limit relationships that are destructive or unhealthy.
1.6.3 Effects of Emotional Immaturity

Adolescents who know that their attitudes and behavior are viewed by the social group as "immature", and who realize that others consider them incapable of handling the adult role successfully, may develop inferiority complexes. Even if they do not set unrealistically high standards for themselves, there will still be a gap between what they want to be and what they think of them. If this gap is small, adolescents will experience some self-dissatisfaction but, if it is wide they are likely to consider themselves worthless and contemplate or even attempt suicide.

Even when self-rejection is not overtly expressed, it is evident in ways that may be regarded as danger signals of maladjustment indications that individuals are dissatisfied with them and have self-reject ant attitudes.

A self-rejecting person soon becomes maladjusted and unhappy. Adolescents who experience these feelings find themselves playing the role of social isolates. As a result, they miss out on the good times their contemporaries are enjoying and they find little compensation for these losses in their relationships with the members of their families. Although most adolescents experience unhappiness in some degree, the poorly adjusted not only experience unhappiness in more pronounced focus but also experience it more often.
Mental maturity is reached during adolescence. The age at which an individual becomes emotionally and socially mature varies. In some cases emotional control and social adaptability are evidenced during the early adolescent years; relatively few individuals give little evidence of maturity in these developmental aspects during all or much of their adult life. Reaching the age 18 to 21 usually gives the citizen of a democracy the right to vote. Society then accepts him as an adult, even though he may be emotionally and socially immature.

1.6.4 Effects of Emotional Experiences on Adolescent Behaviour

Emotions are essential to the complete development of adolescent behaviour patterns. When an adolescent is trained to do what is socially acceptable, he should be ready to assume independent control of his behavior. His self-directed decisions tend to be conditioned by his emotions, however. Since an adolescent’s emotions exercise a potent influence upon his attitudes and behaviors, unbridled emotional reactions may interfere seriously with a young person’s power to use the freedom of decision making and of behavior that he craves and should be granted. Hence the achievement by the adolescent of habitual control of his emotions is essential to his enjoyment, adjustment, and success.
1.6.5 Emotions as Behaviour Moulders

The adolescent who, during a state of anger, restrains himself from busting for an emotional tirade is giving evidence that he has achieved a high degree of emotional maturity. Rather than keeping the emotional state penned up, however, he should attempt to release the emotional tension in an activity outlet that is socially and individually acceptable. Strong emotions of anger or fear may produce undesirable paralyzing behavior. If emotions are basic to the motivation of behavior, they should be controlled in such a way as to serve the adolescent rather than to become his master.

An adolescent whose pattern of life is satisfaction, whose urges and desires meet with fulfillment, and whose interests and needs are met with satisfaction tends to enjoy life and to be emotionally mature.

- Effects of Emotions upon physical status: Apart from the digester impartment emotional disturbance have found to be the cases of many speech difficulties like stuttering or stammering with which adolescents are afflicted.

- Emotional Bases of Adolescent Attitudes: A young person appraisal of people and objects tends to reflect his emotional maturity for the immature teen-ager; self-respect must be maintained at all cost. If he
suffers humiliation, because he has been mistreated in school by his teachers, or in the home by his parents, he may retreat into reticence or even file from the situation altogether. Attitudes of timidity or aggressiveness often result from emotional tension or frustration experienced by adolescents in social settings.

A person with good emotional health has a philosophy of life that helps him do his best at all times. Into this philosophy of life—not necessity fully developed in a young person but nevertheless a guiding factor in his behavior—go his spiritual values and his attitudes towards himself, other people and society generally. This philosophy guides him in viewing the world ground him, in evaluating current history, in planning his own future and in making the best possible contribution to his community and country.

1.6.6 Measures of Emotional Maturity

**Emotional Maturity Scale**: Singh, R. P, developed this scale. It covers the areas such as emotional strain, emotional depression, social distance, personality disorder and lack of ascendancy. Lower score in this scale is an indication of high emotional maturity.
**Emotional Maturity test**: This test was developed by Mohsin, S.M. It consists of 100 trait names. Some of these traits are desirable and some are undesirable. The respondent has to answer each trait as desirable (D), undesirable (U) or reprehensible (R), according to his preference. Subtracting the sum of reprehensible traits from the sum of undesirable traits will give emotional maturity score. High score in this scale indicates higher level of emotional maturity.

**Emotional Maturity Scale**: Originally it was developed by Singh, Yashvir and Bhargav, Mahesh (1990). 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.

**Emotional Stability Test for Children** developed by A. Sengupta and A.K. Singh for school going pupils of class 6th and 7th is in Hindi. It is used to find out the emotional stability in children for their better development. It has 15 items testing emotional stability are 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 coefficients by spilt-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 the coefficients as 0.53 and 0.61 respectively.