

Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescents

**Thesis submitted in
Partial Fulfillment of the
Degree of Master of Philosophy (M. Phil.)**

**In
Counselling Psychology**

**By
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Coimbatore - 641043

July 2019

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DECLARATION

I declare that the dissertation entitled **Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescent** submitted by me for the degree of Master of Philosophy (M. Phil.) is a record of work carried out by me during the period from August 2018 to July 2019 under the guidance of Dr. N.S.Rohini and has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship and Titles in this University or any other similar Institutions of Higher Learning.



Signature of the Candidate

CERTIFICATE FROM THE SUPERVISOR

I certify that the dissertation entitled **Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescent** submitted by S.Rupavathi for the Degree of Master of Philosophy (M. Phil.) is a record of work carried out by her during the period from August 2018 to July 2019 under my guidance and supervision, and that this work has not formed the basis for the award of any Degree, Diploma, Associateship, Fellowship and Titles in this University or any other similar Institutions of Higher Learning.

S. Gayathidevi
30.7.19
Signature of the Head of the Department

N. S. Rohini
Signature of the Supervisor

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**“Every good and perfect gift is from above, coming down from the
Father of the heavenly lights” James 1:17**

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Institutional Human Ethics Committee Approval

ABSTRACT

Adolescence is a stage of storm and stress, involving developmental changes in all domains viz. physiological, psychological, social, emotional, moral, educational and many more. Dealing with these changes is highly challenging to the developing adolescent. This stage of turmoil demands high levels of Adjustment especially in the social, emotional and educational sectors. Inability to achieve optimum adjustment leads to high stress levels. Parents being the first role models to their children, the style of parenting shown by them play a major role in the adolescent's ability to effectively adjust and avoid stress. Intervention at this crucial juncture is extremely important to foster healthy maturation. This study attempts to find the levels of adjustment and stress in adolescents and use Positive Behaviour Therapy (Natesan, 2010) as an intervention to overcome these difficulties. The effect of parenting styles as an influence in this cycle of development is also studied to understand its impact. A total of 120 school children (54 males and 66 females) within the age group of 14-15 years were assessed using the Adjustment Inventory of School Students(1993), Parenting Style Four Factor Questionnaire (Shyny, 2017) and Stress Inventory developed by Dr. Hemalatha Natesan and Dr.Nandini Menon (2005). Results were tabulated and coded to find that Adjustment and Stress levels were low and high in the adolescents respectively. Intervention using Positive Behaviour Therapy was proved to be effective in bringing about the desired change. Parenting Style was also found to act as a determinant of Stress and Adjustment, where it had sufficient predictive value as shown by the regression analysis.

Chapter - 1

Introduction

The driving force of any country is its young people. This population is a major factor when it comes to deciding the educational, economic, and psychological health of any country. This is also the population that is highly energetic and undergoes lots of challenges, causing high levels of stress. Adolescence is the generally the age from twelve to nineteen. This is the age of rapid development in physical, social, moral, emotional, educational and many other areas. This is the age when an individual's personality traits become established. This is also the age of transition from childhood to adulthood.

World Health Organization (WHO, 2018) defines an *“Adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24”* (Encyclopedia Britannica, 2002).

In most literature, Adolescence is known as the age of “Storm and Stress”. This is due to the changes that this age brings with it. This transition brings with it, huge changes in the body and mind of the adolescent. The changes are sometimes sudden and the adolescent finds it difficult to comprehend and keep up with them. Also the demands on the adolescent are numerous. Expectations arise from parents, teachers, peers and themselves. Parents and teachers expect high achievements educationally. But the peer expectations are often contrary to parental expectations. This causes frustrations and conflicts, in turn leading to high levels of stress. Due to conflicting needs and expectations, adolescents are often at loggerheads with their

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parents. They often tend to be negativistic and revolting. The family becomes maladjusted with quarrels and disruptive relationships in most households. Only a few fortunate families, who foster good communication and understanding towards each other manage to tide over this troublesome period.

It can be deduced that Adjustment and Stress are two major factors of concern during Adolescence. Also the Style of Parenting is of utmost importance in cultivating better Adjustment and lower Stress levels in Adolescents.

Parenting Style

Parenting style is defined as a configuration of parent's behaviors and attitudes toward children and emotional climate in which the parent's behaviors are expressed (Darling and Steinberg, 1993).

Authoritarian Parenting Style. Authoritarian style of parenting, children are expected to follow the strict rules initiated by the parents. Failure to attend such rules usually results in punishment. Authoritarian parents don't explain the reasoning beyond these rules. If asked to explain, the parents dominate and expect immediate obedience. Authoritarian parents expect high conformity and they are not very understanding to their children. They assume their children to behave correctly and not to make mistake, yet they contribute very little direction concerning what their children must do or avoid in the future. Inaccuracy is punished, frequently quite harsh, yet their children are generally left wondering absolutely what they did wrong.

According to Baumrind (1991), these parents are obedience and status oriented and believes their orders are to be obeyed without explanation.

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Parents who reveal this style usually described as arrogant and dictatorial. “Spare the rod, spoil the child” is the one that their parenting approaches. They do little to explain the reason behind their demands and expect children to follow it simply without any questions (Cherry, 2019).

Authoritative Parenting Style. The authoritative parenting style is the second major one identified by Baumrind (1991). Those with an authoritative parenting establish rules and guide their children to follow. But this type of parenting is much more democratic. If children fail to follow the rules and expectations, these parents are more nurturing and forgiving rather than punishing.

Baumrind (1991) suggested that these parents direct and communicate clearly to their children. They are confident in their roles, but not prohibitive. Their correctional methods are secondary, rather than punishment oriented. They want their children to be confident as well as responsible, and self motivated as well as concerned. It is the merger of guidance and reinforcement that help children of authoritative parents evolve skills such as self-determination, and self-regulation (Cherry, 2019).

Permissive Parenting Style. Permissive parents occasionally referred to as indulgent parents, expect very few demands to nurture their children. These parents infrequently discipline their children since they have comparatively low level of maturity and self control. According to Baumrind (1991), permissive parents are additionally receptive than challenging. They are liberal and forgiving, do not show mature behavior, permit significant self-regulation and avoid conflict. Permissive parents do not assume the normal parental role

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with their children and frequently proceed on the level of a friend more than that of a parent (Cherry, 2019).

Uninvolved Parenting Style. In addition to the three important styles established by Baumrind (1991), psychologists Maccoby and Martin (1983) suggested a fourth style that is known as uninvolved or neglectful parenting. An uninvolved parenting style is distinguished by few demands, low responsiveness and very small regulation.

Uninvolved parents do not realize the child's basic needs and they are normally detached from their child's life. They do not involve themselves much in the nurturance of the child and expect the child to fulfill his/her needs by their own means. They are uncaring and unaffectionate. They are emotionally distant from their children and do not show much interest in the child's development (Cherry, 2019).

Impact of Parenting Styles

Parenting styles have a huge impact on the emotional and social development of the adolescent. The specific type of parenting style has extensive effects on the adolescent relationships, communication, interaction, confidence levels, self-image and behaviour. The parent is the first member of society for the growing child. If the parent does not give the necessary encouragement and reinforcement to the activities and behaviour of the child, he or she is essentially confused and unclear of the appropriate expected behaviour. All children look up to their parents for guidance, which helps them solve their life problems and make effective decisions (Cherry, 2019).

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Authoritarian style of parenting fosters insecure children who are more prone to obey orders and perform as directed, but do not use their own thinking to make decisions or judgments about real-life situations. They are constantly in doubt about themselves and their roles. They are below average in happiness, social competence and self-esteem in comparison to their counterparts. Authoritative parenting is considered the healthiest style of parenting according to mental health professionals. They nurture confidence, clarity, focus, leadership and develop them into psychologically capable individuals. These children are happy, competent and successful.

Permissive parenting is unsure parenting. The children are also unsure of appropriate behaviour and have poor self-regulation. They lack satisfaction in their parent's abilities and use emotional blackmail as a way of getting their wants fulfilled. This relationship with their parents is generalized to other relationships as well, which leads to poor inter-personal skills. They usually experience problems with authority and are generally weak performers. Uninvolved parents are those who do not take enough responsibility in the upbringing of their children. They are neglectful of their child's needs and are hence often indifferent to the needs of others. The children are dismissive and careless in their relationships. This results in low self-esteem, making them less shaped in comparison with their peers. They lack decision-making abilities, are emotionally cold and directionless.

The parenting styles of individual parents combine to create a unique blend in each family. For example, the mother may display an authoritative style while the father favors a more permissive approach. This can sometimes lead to mixed signals or even situations where a child seeks approval from the more permissive parent to

get what they want. In order to create a cohesive approach to parenting, it is essential that parents learn to cooperate as they combine various elements of their unique parenting styles (Cherry, 2019).

Parenting Adolescents

Adolescent is conceptualized as a period of extreme turmoil. Hall (1904) referred to this developmental stage as one of storm and stress. Anna Freud (1958) reinforced the idea that the ages between twelve and twenty are inevitably riddled with extreme emotion and conflict both internally and with the outside world. Relationship with parents plays a major role in determining the coping mechanism adopted by adolescents (Paikoff, 1991). Adolescence is the stage where the child starts developing his/her own identity, strives for independence. This stage is one which demands high tact from the parent's side to deal with these changes in entanglement and disengagement experienced by their ward (Larson, 1996).

Many parents feel most frustrated and powerless during this stage. Though their continued presence provides a stable and nurturance force in this period of rapid change, the adolescents does not respond to it. Despite cultural differences in families and social norms, researches consistently demonstrate the importance of parents in adolescent development and adjustment (Juang and Silbereisen, 1999).

Building Positive Family Relationships with Adolescents

The ordinary, everyday things that families do together can help build and sustain strong relationships with adolescents.

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Family Meals. Regular family meals are a great chance for everyone to chat about their day, or about interesting stuff that's going on or coming up. If you encourage everyday to have a say, no-one will feel they are being put on the spot to talk. Many families find that meals are more enjoyable when the TV is not on and when mobile phones and tablets are switched off.

Family Outing. Try setting aside time for fun family outings-you could all take turns choosing activities. A relaxing holiday or weekend away together as a family can also build togetherness.

One-on-One Time. One-on-one time with your child gives you the chance to stay connected and enjoy each other's company. It can also be a chance to share thoughts and feelings. If you can try to find opportunities for each parent to have this time with your child.

Family Rules. Agreed on rules, limits and consequences give teenagers a sense of security, structure and predictability. They help your child know what standards apply in your family, and what will happen if she pushes the boundaries.

Household Responsibilities. Agreed household responsibilities give adolescents the sense that they are making an important contribution to family life. These could be things like chores, shopping or helping older or younger members of the family.

Family Traditions. Family traditions, routines and rituals can help adolescents set aside regular dates and special times.

Family Meetings. Family meetings can help to solve problems. They give everyone a chance to be heard and be part of working out a solution.

Parenting and Adolescent Adjustment

Adolescence is a developmental period between childhood and adulthood that is characterized by many physical, psychological and social changes that require adaptation. This can be an opportunity to enhance development, but it can also highlight the vulnerabilities of the adolescent. Although most young people cope adequately with such changes, this developmental period is characterized by an increased presence of externalizing and internalizing problems (Fitzgerald et al., 2014 & Jaureguizar, 2018).

Adjustment problem in childhood and adolescence might be related to psychiatric disorders in adulthood, studies have emphasized the need to identify factors related to such adjustment problems (Gerald & Booth, 2015).

Although peers play a major role in socialization during adolescence, the family is still an important source of support, reference and education. Moreover parenting has long been identified as one of the most important influential factors in children's and adolescents' psychological adjustment (Revuelta, 2012 & Jaureguizar, 2018).

Adjustment

Adjustment is a process which starts from birth and continues till death. Adjustment can be defined as the process of adapting oneself to the outside environment. It can also be defined as the reactions to the demands and pressures of

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social environment imposed upon the individual. It involves the performance of a particular action that helps in removing the challenge present. The demands may be external - social and educational or internal – emotional or biological to which the individual has to react. Examples of internal challenges include biological needs such as hunger, thirst, sex drive, etc., where a person satisfies the hunger by eating. Adjustment to external needs can include changes made to accommodate self to a new environment such as to a house, workplace, friends, dressing according to the societal norms, learning a new language, etc (Coleman, 1971). Adjustment is the way in which the individual attempts to deal with stress, tensions, conflicts etc., and meet his or her needs. In this process, the individual also makes efforts to maintain harmonious relationship with the environment (Kulshrestha, 1979; Shaffer, 1961)

Adjustment can at times be seen as a onetime event, where succeeding in adapting to a challenge can be in relation to a time period. For example, when an individual adjusts himself to a new college he has got admitted to, it can be seen as an achievement. Another view of Adjustment sees it as a process, where adjustment is an outcome of continuous effort by the individual, satisfying the demands of everyday living (Arkoff, 1968). Individuals who are capable enough to adapt themselves with their needs are termed as ‘well adjusted’ whereas those who do not adjust themselves well are said to be ‘poorly adjusted’. Student adjustment is related to their arrival at a balanced state between their needs and satisfaction. Student will have good adjustment in all the aspects of their life, if there is balance between their academic, intellectual, emotional, social and other needs and their satisfaction (Gill, 2014).

Characteristics of a Well-Adjusted Person. A well-adjusted person is one who shows behaviour that is in relation to the internal and external demands.

A person who is well-adjusted to self and surroundings has

- A deep understanding of one self's abilities and difficulties
- Appreciation and respect for themselves
- Suitable and achievable goals
- Ability to meet needs of physiological, security and self-esteem needs
- A positive attitude towards people and events
- Is flexible to change
- A realistic perception of the outside world
- Ability to handle new challenges
- A healthy balance of emotions
- Satisfaction with self and others

Problems of Adjustment. A problem with Adjustment is observed when an individual has difficulty coping with the demands and challenges posed by day-to-day life events. It can be because of inability to adjust self to regular stressors, for example. Inability to perform well in school or it can be inability to adjust to a specific event such as loss of a loved one.

Poor adjustment can be identified through a few symptoms shown by the person. Physiological outcomes to poor adjustment are

- Changes in appetite
- Changes in sleep pattern
- Reduction in immunity

- Body pain
- Gastritis or indigestion
- Tiredness or restlessness

The psychological effects of poor adjustment are

- Impulsiveness or rebelliousness
- Anxiety and worry
- Hopelessness and helplessness
- Emotional instability
- Low evaluation of self
- Inability to concentrate on regular activities
- Suicidal thoughts

When these problems of adjustment worsen, they might even lead to the development of an adjustment disorders such as stress, depression, Substance abuse and affective disorders (Cirino, 2018).

Adjustment in Adolescents. Adolescence being a stage of multiple changes, physiological, psychological, educational, social and environmental adjustment is necessary for an individual to function effectively. They undergo rapid growth physically with changes in muscle, bone and stature, undergo hormonal change, develop cognitively and psychologically. They develop the ability to use abstract thinking and also develop identity of self and others. They experience intense emotions, hence resulting in bonding or separation from the family, form new relationships outside home or in worst cases withdraw themselves socially.

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These challenges faced by adolescents are further worsened by misleading or misguiding parents, teachers or friends, ignorance of the adolescents' issues by elders, discussing issues with friends who are mis-informed or ill-informed, learning from unauthentic sources as media and internet and unanswered personal questions. These changes along with the bodily changes, uncertainty about the future, increasing educational pressure, add-on to the stress faced by adolescents.

Social Adjustment. Social adjustment refers to an individual's adaptation in social relationships with other people, both inside and outside of school, as reflected in the individual's attitudes and behavior (Sekar and Lawrence, 2016). Problems of social adjustment in adolescents can include inability to match the expectations of peers, comparing self to others in terms of physical appearance, dressing style, etc., neglect by friends and teachers, dealing with teasing by friends, accepting criticisms and gossip, accommodating members of the opposite gender, differentiating friendly and romantic relationships, etc. A healthy social adjustment would include forming new friendships, being able to accept self without comparison with others, perceive friendly talk positively, develop one's identity effectively in relation to the societal norms and demands, forming a healthy bond with friends and family and overcoming anxiety of being evaluated by others.

Emotional Adjustment. Emotional adjustment refers to an individual's adaptation in emotional relationships within and with other people, both inside and outside of school, as reflected in the individual's attitudes and behavior (Sekar and Lawrence, 2016). It is the maintenance of emotional equilibrium in

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the face of internal and external stressor (Sharma and Saini, 2014). Problems of emotional adjustment are parallel to the problems of social adjustment, where the adolescent has to deal with his/her emotions efficiently. Heightened emotional arousal and inability to maintain emotional stability as an outcome of hormonal imbalances, difficulty dealing with the uncertainty of life's challenges in relation to education and career, controlling emotions with respect to one's social existence, and lack of awareness of resources to channelize emotions effectively are a few challenges in relation to the emotional adjustment of the adolescent. Handling emotional adjustment can be achieved through practices such as venting out emotions through appropriate methods, sharing their difficulties with a trusted person, objectively evaluating situations and having a positive outlook towards life.

Educational Adjustment. Educational adjustment refers to a student's ability to adapt oneself to learning styles, performing well in examinations and aligning oneself so as to fulfill the requirements of the course undertaken (Sekar and Lawrence, 2016). Adjustment problems in the area of education can be attributed to increasing portions for study, facing board exams, need for deciding on the future education and career plans, manage school, tuition and extra-curricular activity schedules, concentrating on academic needs in spite of various distractions and the like. This can be dealt with by following a regularized study schedule, keeping oneself motivated to face the demands posed by the curriculum, managing time effectively, making well-informed educational and career decisions, focusing more on studies and cutting out on distracting activities (Kaur, 2008).

Stress

Majority of the young people today experience great levels of stress due to the adverse circumstances in their lives. They face stress due to varied demands in their environment. The stressors have an effect on their physiological and psychological health and such effects in turn increase the stress levels. They enter into a vicious circle and find it difficult to extricate themselves from this self depreciating cycle. Social, Physical and Emotional constraints on the adolescent only serve to further this stress level. Stress is caused due to many stressors in the adolescent such as hormonal changes, school pressure (increasing academic demands), social demands, family challenges (Discord or disturbances seen in the family), body image issues, peer relationships, financial issues and major life events that occur during this period. The major signs and symptoms of stress in adolescence are irritability, sleeplessness, anxiety, depression, restlessness, aggressiveness, inertia, agitation, fatigue and many more (Arveen, 2018).

These stressors majorly cause

Emotional Changes. The teenager may appear agitated, irritable, short-tempered, aggressive, dull, anxious, nervous or depressed.

Behavioural Changes. Marked changes in eating, sleeping, or even avoidance of normal activities. Also great increase in fatigue can be observed.

Cognitive Changes. Noticeable changes in attention, concentration, thinking processes, difficulties in decision making, problem solving and issues in memory may be seen.

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Stress has been known to have many effects on the adolescent. Some of the major outcomes of stress are substance abuse, anxiety, depression, suicidal tendencies, and even delinquency. Many adolescents are unable to take the pressure and succumb to the stress. There is an increase in suicide rates of teenagers today. The number of adolescents getting into psychological disorders is also on the rise. Many of them turn to the social media for respite, only to feel ostracized further from real relationships and tend to live their lives virtually. This virtual life brings its own set of stressors. So, youngsters today are at a high level of risk and susceptible to major psychological disorders (Mehta, 2018).

Stress lowers the adjustment levels greatly. A high level of stress goes hand in hand with maladjustment. The adolescent facing high levels of stress are hence maladjusted within the family, with peers, with the school and other major areas of his/her life. Poor adjustment causes poor well-being levels, in turn causing poor psychological health.

Stress needs to be micromanaged and not be allowed to become a weapon of self-harm. So stress management is extremely important to the emotional health and well being of the adolescent and hence the whole family. A good family relationship, with open communication, interaction and understanding is conducive for the development of the adolescent. The parents have a great role in enriching the adolescent's life. A pleasant environment, a healthy conversation, a nonjudgmental attitude, a little constructive criticism , all go a long way in building bridges of happy lives.

Positive Behaviour Therapy

A combination of the Eastern techniques of Yoga and the Western techniques of Cognitive Behaviour Therapy, Positive Behaviour Therapy was evolved by Dr. Hemalatha Natesan (2010), a prominent Indian psychologist. This is an effective mechanism to overcome stress and its related effects. This therapy has been tried and tested in Indian settings and has been found to be extremely effective in working wonders on the ill effects of stress, anxiety, depression, adjustment difficulties and pain. It uses a combination of relaxation therapy, exercises, and behavioural assignments to treat stress and other disorders. Relaxation therapy involves deep breathing exercises inter-knitted with auto-suggestions. Exercises involve tension releasing exercises, smile and laugh therapy. Behavioural assignments are specifically designed for the sample according to their needs.

Need for the Study

Adolescence being a stage of extreme importance in determining the functionality of an individual and being one of extreme turmoil and vulnerability requires intensive intervention to foster healthy growth. Changes experienced during this phase of progress, brings with it great levels of strain and stress, as an outcome of inability to adjust effectively to the needs and demands. Parenting at this time is crucial in making or breaking the concrete development of personality. Hence an effort is made to explore the connection between the operating variables in the South Indian context.

Chapter – 2

Review of Literature

This chapter summarises the important literature related to the study. It provides a background for the development of the present study and keeps the reader up to date. The research related to the study “Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescent” has been reviewed and categorized under the following headings:

- Parenting style and Adolescents
- Adjustment and Adolescents
- Stress and Adolescents
- Adjustment and Parenting style
- Parenting style and stress
- Stress and Adjustment
- Positive Behavior Therapy and Adjustment
- Positive Behavior Therapy and Stress

Parenting Style and Adolescents

Fakhr et. al., (2019) conducted a study on parenting style and aggression among young adolescents. The study shows that parenting styles had a direct impact on aggression in children. Authoritative parenting styles played a positive role in psychological behavior in children while authoritarian and permissive parenting styles resulted in aggressive and negative behaviors in children. The results showed both authoritarian and authoritative parenting styles provide psychological control, but

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their magnitude is different. Authoritative parents show flexibility in their attitude and have low magnitude of psychological culture which helps in minimizing aggressive and negative behavior in children, while authoritarian parenting exact more psychological control to influence their will on children. Thus authoritative parenting is conducive for better adjustment.

Deckard et. al., (2018) in a study to determine the associations between parenting styles and parent adolescent relationship factors examined the effects of adolescent expectations of behavioral autonomy and parental authority and explored whether adolescent gender moderated these effects. A sample of 633 Chinese adolescents suggested similar levels of parent-adolescent conflict frequency for all parenting styles. They were assessed using the Chinese version of parenting style questionnaire. Two subscales comprise the measure of parenting: acceptance / involvement subscale was the average of 15 items was used to assess responsive, loving and involved parenting. The strictness/supervision subscale was the average of 12 items was used to assess monitoring and supervision. The adolescents required to indicate using a 5-point scale ranging from 1 to 5 for each item. Parent-adolescent conflict intensity, youth of neglectful and authoritarian parents reported higher levels compared to indulgent parents. Highest levels of cohesion with both parents were reported by adolescents with authoritative parents was followed by indulgent, authoritarian and neglect parenting styles. Cohesion with mothers for youth with authoritative or indulgent mothers was higher for girls than boys.

Indartono et. al., (2018) in the study determined to identify the pattern of family care to support the development of adolescent identity. According to this study, The pattern of parenting that was optimal for identity development of

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adolescents was authoritative parenting pattern, parents were believed to be more democratic in communicating, giving adolescents independence to think and act about something that concerns their life and put the youth as the center of family education.

Shyny (2017) in a study investigated mental health, Emotional intelligence, Self-esteem, Personality and Achievement motivation of adolescents associated with their parent's parenting style. A stratified sample of 600 adolescents from public and private schools of Thrissur, Kerala, and 600 parents were included in the study. PSFFQ (Parenting Style Four Factor Questionnaire) was specially constructed and standardized based on a pilot study on parents to measure parenting styles. Self constructed Standardized MESPA (Mental health, Emotional intelligence, Self-esteem, Personality, Achievement motivation) Self Rating Scale were used to measure Adolescents which was standardized by pilot study on 64 parents. The validity and reliability was high as revealed in statistical analysis. The instrument developed was to measure the parenting style of adolescent parents. The authoritative and permissive parenting showed optimal mental health problem.

Bhavani and Amuthavalli (2017) studied the parenting style and emotional intelligence of adolescents. The researcher was made an attempt to present findings to collected related literature on parenting styles and emotional intelligence of adolescents. The main focus of this article was to review of related research from 1990 to 2017. The paper also summarized the findings of the studies on Emotional Intelligence and Parenting Styles was given a direction for future research.

Masud, Thurasamy and Ahmad (2014) conducted a study on parenting styles that affected the academic achievement of adolescents. The article from seven databases were identified to the related topic using a pre-established set of terms that

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included both parenting style and academic performance. The studies highlighted that parenting style affected the academic achievement of adolescents. They concluded that the authoritative parenting style was the most effective parenting style in enhancing the academic performance of young children.

Hoskins (2014) studied the influence of parenting behavior and styles on the emotional and behavioral outcomes in adolescents. Specific attention was focused on problem behavior in adolescence internalizing and externalizing behavior using associated with long-term negative consequences. The findings reveal that authoritative parenting foster better outcomes encouraging independent decision making, while externalizing behavior of uninvolved parents revealed lower self-esteem and proneness to depression. The research also indicates that adolescents behavior is culturally biased.

Ramalingam and Subhathra (2011) conducted a study to understand the parent child relationship and mental health of adolescent girl students. The sample included 394 adolescents' girls studying in Girls Corporation Schools from Coimbatore City, Tamil Nadu. They were in the age group of 16 – 18 years. The sampling design adopted was Exploratory Design and Stratified Proportionate Sampling. The statistical tools employed for the analysis of data included One Way ANOVA, t-test, Spearman Correlation and Multiple Linear Regression. The results indicated that the respondents enjoyed moderate level of parent child relationship with father and mother. The age and birth order had high significant differences both in relation with Parent Child Relationship (father) and Parent Child Relationship (mother). The study revealed another interesting finding stating that, there was no significant positive correlation between parent child relationship and mental health.

Adjustment and Adolescents

Lee (2018) conducted a research on the relationship between social achievement goals and social adjustment in adolescents in four groups of adolescents with distinct social goal profiles: approach – oriented, undifferentiated high, demonstration - orientation and undifferentiated low. High level of social development goals showed the most adaptive social outcomes regardless of the level of demonstration - oriented goals. High - quality relationships and developing social competence lead to adequately contending with social challenges and provided protection against the negative effects of demonstration - oriented social goals.

Sarkar and Banik (2017) studied the adjustment and academic achievement of adolescent's students. A study was conducted in a sample of 120 adolescents (60 boys and 60 girls). The tools used for the study was Adjustment Inventory for School Students (AISS) by Dr.A.K.P.Sinha and R.P.Singh. The data was analyzed by using Standard Deviation, Mean, Percentile, t-test, Pearson Product Moment Correlation. The result also revealed that there was a significant difference among social adjustment, emotional adjustment, educational adjustment and academic achievement in adolescent period.

Sarkar et. al., (2017) investigated the adjustment of adolescence in west Tripura in relation to their academic achievement, age, gender etc. in a sample of 120 adolescents (60 boys & 60 girls). The result of the study showed that there were no significant differences between boys and girls in adjustment and academic achievement in adolescence period. The result also revealed that there was a significant difference among emotional adjustment, social adjustment, educational adjustment and academic achievement in adolescent period.

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Anthonia, Paulina and Obono (2017) studied the social adjustment of adolescents in the northern educational zone of cross river state, Nigeria, on Parenting styles' had influence on adolescents social adjustment. A null hypothesis was formulated to guide the study. A sample of 627 respondents was selected for the study. A questionnaire was used as an instrument for data collection. A one way analysis of variance (ANOVA) was adopted to test the hypothesis under study at the 0.05 level of significance. The findings of the study was recommended that parents should learn to accept, guide and be concern over their adolescents needs to avoid academic, health and antisocial problems of adjustment.

Kalita Baruah (2016) studied the Emotional Adjustment of adolescent students of class XI of Dibrugarh District, Assam with regard to their gender and locality. For these purposes 400 students (200 male and 200 female) from class XI were selected from 20 institutions of Dibrugarh District offering Higher Secondary course (+2 level) under Assam Higher Secondary Education council (AHSEC). A standardized inventory, the Adolescent Emotional Inventory (AEAI) was used for data collection and 't' test was used for data analysis. Results revealed that there was no significant difference in emotional adjustment of adolescent students with respect to their gender but a significant difference with respect to their locality.

Emmanuel (2013) conducted a study to show that adjustment among school going adolescents was a product of reinforcement and culture in all dimensions. Emotional disproportions arise as the adolescent children turn out to be conscious of their sexual roles at the crucial age when they effortlessly get attached to their opposite gender. Adolescents were not emotionally organized for their social tasks

and roles. Blood relations expect them to act as a fully grownup for he or she was neither psychologically set nor bodily ready.

Rajeswari, Eljo (2013) aimed to determine sthe emotional adjustment of the adolescent school students and suggested suitable life skill measures to enhance emotional stability and positive development of adolescent's school students. The researcher had used descriptive research design by adopting disproportionate random sampling method and collected data from 200 adolescent students which constitute 107 girls an 93 boys. Adolescent's Emotional Adjustment Inventory developed by Dr. R. V. Patil (1989) were adopted and the reliability co-efficient under split half method was 0.82. The findings of the study indicated a low level of emotional adjustment ability among the adolescent school students.

Anjali, Madhu, Karamvir and Aparna (2012) reviewed upon the effect of life skill training on Academic Anxiety, Adjustment and Self-esteem levels in early adolescents. The sample size of the study included 252 students, with the mean age of 14 years. The students were administered with various scales namely Academic Anxiety Scale for Children, Adjustment Inventory and Self-esteem Inventory for Students. All students had academic anxiety, lack of adjustment and low self-esteem. They were then intervened with the life skill training programme, which included group meditation, breathing techniques, group discussions, outdoor activities and learning through fun and games. The results indicated that there was a significant decrease in academic anxiety post intervention, further there was a significant improvement in self-esteem as well as adjustment level of the students.

Tisdale (2011) assessed the level of global adjustment among adolescents in dual- earning parent's home atmosphere. Five hundred adolescent school students

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were selected for the study. The adolescent's subjective assessments were analyzed through two hierarchical models, the parents of the adolescents returning home from work place with a good mood and parents of the adolescents returning home from work place with a bad mood. An Adjustment Inventory for adolescents and the Assessments of Parenting and Parenting Support need tool was used to collect the relevant information from the adolescents and their parents. The results suggested that the parents returning from workplace with good mood always had a healthy interaction with their adolescents, while the parents returning home with bad mood mostly communicated a destructive relationship with their adolescent children. The destructive relationship eventually led to poor over all adjustment, whereas, the healthy interaction between the parents and adolescents after work lead to a healthy over all adjustment.

Ohannessian (2009) in the study examined media use and psychological adjustment. Sample included of 328 people between 14 to 16 years old. Gender differences in media use were observed with boys spending more time playing video games than girls and girls spending more time talking on the phone than boys. The types of media examined were associated with depression or anxiety. Boys who spent relatively more time playing video games and watching television had the lowest levels of anxiety those from alcoholic homes the opposite pattern emerged for girls.

Gehlawat (2009) studied the adjustment among high school students in relation to their gender. The research was conducted on a random sample of 100 students (boys = 50, and girls = 50) studying in the 10th standard in the secondary schools of Rohtak. The student age ranged between 14 and 15 years. The tools used for the study was Adjustment Inventory for School Students (AISS) by A.K.P.Sinha

and R.P.Singh. The data were analyzed in terms of t test. The boys and girls of class X do not differ significantly with respect to their total adjustment.

Stress and Adolescents

Sumter et. al., (2018) in the study on the cross-sectional and longitudinal relationships between social media use, social media stress and sleep in adolescents, studied 1,441 adolescents between 11-15 years. 51% of boys filled out a survey in at least one of three waves that were three to four months apart. Social media stress was positively related to subsequent sleep latency and daytime sleepiness only among girls. Stress was important in determining how adolescents perceive and cope with their social media.

Maya, Lorence, Hidalgo and Jimenez (2018) studied the adjustment of adolescents with problematic behaviors in order to assess the effectiveness of a family-based treatment, namely Scene-Based Psychodramatic Family Therapy (SB-PFT) to different stress profiles. Stressful life events and adolescents adjustment were evaluated at pretest and posttest stages for the SB-PFT participants (n=104) and a control group (n=106). Adolescents were categorized into three profiles depending on the nature of the stressors: family stress profile, individual stress profile and low stress profile. The individual and family stress group showed very low adjustment. Effectiveness analyses revealed improvements in SB-PFT participants, emotional intelligence but not in anger and hostility.

Sodhi, Walia and Kaur (2017) in a study on 60 adolescent girls in selected schools of Doraha and Kaddon, Distt. Ludhiana, Punjab used a systematic sampling technique. Data was collected by using socio demographic profile sheet and Rating

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scale. The study revealed that out of 60 adolescent girls majority 51.6% of students had moderate level of psychosocial stress, 33.3% students had mild level of psychosocial stress and 15% of students had high level of psychosocial stress among which maximum were having moderate level of stress.

Kaushal, Koreti and Gaur (2017) conducted a study on educational stress among school going adolescents during 2016 – 2017 at Government and Private Schools of Gwalior. One thousand four hundred students were selected randomly. The Tools used for the study was Educational Stress Scale for Adolescent (ESSA) and Academic Stress Scale (ASS). In the level of adolescents' stress 43% had minimal stress, 56.6% moderate stress, 0.4% had high stress. Female adolescents had more stress than males. 63% adolescents of government schools had moderate stress when compared to private school which had 50.9% moderate stress. 11th and 12th standard students had more stress than 9th and 10th standard which was highly significant. The coping strategies of the adolescents were occasional, sometimes and frequent. The school going adolescents were had educational stress which was affected by age, gender, socioeconomic status, examinations, parent expectation and peer and also found that adolescents used different coping strategies to cope up with educational stress.

Ravjeetkaur (2017) studied the stress among adolescent students. Stress was studied as a dependent variable and working status of mothers were studied as classificatory variable. Family environment was also studied as an independent variable. 2*2 factorial design was employed on the scores of stress of adolescent students. Adolescent students with poor family environment had higher scores of stress then the adolescent with rich family environment.

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Undheim and Sund (2017) in a study conducted on the role of stressful events in coping strategies during early adolescent included a sample of 2464 adolescents in Norway. The results were assessed at two time-points, one year apart with identical questionnaires. Participation rate was 88.3% at T1. Coping with stress were measured by a modified version of the Coping Inventory for Stressful Situations (CISS) which measures three coping dimensions: emotional, task and avoidance coping. Depressive symptoms were assessed by the Mood and Feelings Questionnaire (MFQ). Different domains of stressful events were associated with the coping strategies and these relationships differed at various time-points by gender. School stress and stressful events in ones network were associated with coping strategies more strongly among girls, while family and miscellaneous stress showed a stronger association among boys. These relationships were partly mediated by depressive symptom levels, more strongly in cross-sectional than in longitudinal analyses.

Busari (2016) conducted a study on the effect of Solution Focused Social Interest programme (SFSI) on academic stress and internet addiction among older adolescents. 120 older adolescents from three polytechnics participated in this study. Data collected in this study were analyzed using Analysis of Covariance (ANCOVA). The results obtained showed statistically significant interaction effect of socio-economic status on the independent variables. The findings indicated that Solution – Focused Social Interest programme was an effective therapy for the management of academic stress and internet addiction among older adolescents.

Bhaskar, Rudramma and Komala (2014) conducted a study on the level of relationship between the level of stress and adjustment among adolescents. A total number of 600 adolescents (300 boys and 300 girls) in the age group of 15 – 16 years,

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studying in PUC colleges of Mysore city were selected at random. The tools used for the study were the Adjustment Inventory - Student form developed by Bell (1934) and Perceived Stressful Life Events Scale developed by Venkatesh Kumar (1983). The results revealed that more boys experienced significantly higher level of severe and total stress as compared to girls. The mean scores on adjustments showed that boys and girls have unsatisfactory and average levels of adjustments. Highly significant gender difference was shown with regard to home and social adjustment areas. Correlation was highly significant between stress and social, emotional and total adjustment areas.

Huli (2014) in a study on Stress Management in Adolescents, studied adolescent boys and girls who go through lot of turmoil, stress during adolescence of children with disturbed family dynamics, peer pressure, inability to cope with studies, drug abuse, lack of competence. One of the important trends observed was getting instant gratification from the electronic media and gadgets. The involvement of adolescents in getting instant gratification of needs had led to lot of stress in their relationships with family and peers. Stress also leads to maladaptive behavior as mentioned above.

Baek et. al., (2014) in a study analyzed the critical role of green space in urban environments. This cross sectional field study of 68 adolescents determined the association between the percent of neighborhood park area and perceived stress among adolescents while controlling for physical activity. This study was the first to examine this association using objective measures of park area and adolescent physical activity. A multivariate regression model indicated that the percentage of park area predicted perceived stress among adolescents.

Dixit and Gulati (2013) conducted a study on Stress, Coping and Resilience among Adolescents of low income families. Stress was a common problem that affects at some point in our lives. It was our body's way of responding to any kind of demand. It can be caused by both good and bad experiences. Stress can affect both our body and our mind. People under large amounts of stress can become tired, sick, and unable to concentrate or think clearly. Sometimes they even suffer mental breakdowns. Learning to identify when we were under stress, what is stressing us, and different ways of coping with stress can greatly improve both our mental and physical well being.

Adjustment and Parenting Style

Jaureguizar et. al., (2018) analyzed adolescents adjustment and dimensions of parenting to determine the relationship between these factors. The sample comprised of 1285 adolescent students aged 12 to 16 from the Basque Country (Spain). The students filled out the self-report of the Behavior Assessment System for children (BASC) and the Parental Acceptance-Rejection/Control Questionnaire, (PARQ/Control). The results obtained revealed that the interaction between the mothers' and fathers' parenting style was significant only for clinical maladjustment. Those students with neglectful mothers and authoritative fathers presented the highest level of clinical maladjustment. The students from neglectful and authoritarian families presented the highest levels of school maladjustments without differences between neglectful and authoritarian or between indulgent and authoritative families.

Conger et. al., (2017) in a study examined the adolescents' genetic sensitivity measured by a polygenic index score, moderating the longitudinal associations between parenting and adolescents' internalizing and externalizing problems. The

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sample included 323 mothers, fathers and adolescents. There are autoregressive linear regression models showing that adolescents genetic sensitivity moderated associations between observations of mothers parenting and adolescents symptoms of depression, anxiety and hostility. For fathers the same pattern was found for adolescent anxiety and hostility but not for depressed mood. They were compared to adolescents with low genetic sensitivity and adolescents with high genetic sensitivity they adjustment outcomes when parenting was low on warmth and high on hostility. Parenting was characterized by high warmth and low hostility. Adolescents with high genetic sensitivity had better adjustment outcomes than their counterparts with low genetic sensitivity.

Obono (2017) conducted a study on social adjustment of adolescents in northern educational zone of cross river state, Nigeria. Lower social adjustment were formed by a lack of communication and parenting styles leading to unclear expectations of behavior between parents and caregivers and low expectation of the child's success. Parenting style had no influence on adolescent's social adjustment. The sample of 627 respondents was selected for the study. Questionnaire was the main instrument for data collection. One way analysis of variance (ANOVA) was adopted to test the hypothesis. Parenting styles significantly influenced adolescent's social adjustment at 0.05 level of significance.

Xiang, Liu and Bai (2017) in a study examined the multiple mediating roles of achievement goals based on a 2 x 2 framework of the relationships between parenting styles and adolescents school adjustment. The study sample included 1061 Chinese adolescents' students (50.4% girls) between the ages of 12 and 19, who completed the questionnaires regarding parenting styles, achievement goals and school adjustment

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variables. The relationship between parental autonomy support and adolescents school adjustment and performance approach goals suppressed the relationship between adjustment and parental psychological control.

Conger et. al., (2016) in a study determined the association between parenting and adolescents internalizing and externalizing problems. The sample included 323 mothers, fathers, and adolescents (177 female, 146 male; Time1 (T1) average age = 12.61 (SD = 0.54) years, Time 2 (T2) average age = 13.59 (SD = 0.59) years). Adolescents' genetic sensitivity moderated associations between observations of mothers T1 parenting and adolescents T2 symptoms of depression, anxiety and hostility. The differential susceptibility model highlight the complex ways in which genes and environment interact to influence development.

Daryei (2016) in a study examined the parental styles and psychological adjustment of adolescents and its relationship between gifted adolescents compared to normal adolescents. Four scales the Parental Authority Questionnaire, Child Attitude Toward Parents, Rosenberg Self-Esteem Scale, and The Depression, Anxiety and Stress Scale were administered to 118 gifted and 115 normal adolescents. The attitudes of the gifted adolescents towards their parents were more positive than those of the normal adolescents. The gifted adolescents displayed a higher self-concept and fewer psychological reactions than the normal adolescents. The authoritative parenting style correlated positively with the psychological adjustment of both gifted and normal adolescents, while the authoritarian parenting style impacted negatively on the psychosocial adjustment of the gifted adolescents but not that of the normal adolescents. The results indicate that the authoritarian parenting style was a crucial factor that influenced the well-being of gifted children and affect their mental health.

Kerr, Stattin and ozdemir (2012) in a study conducted on parenting and adolescent behavior, collected data from 978 adolescents participating in a longitudinal study. Parenting style and adolescents adjustment measures at two time points were used with a 2-year interval between time points. Internal and external adjustment measures were used. Parental behavioral control elevated links between behavioral control and adjustment. Adolescent adjustment predicted changes in authoritative and neglectful parenting styles more robustly than authoritativeness predicted changes in adjustment.

Parenting Style and Stress

Sanjeevan and Zoysa (2018) assessed the association between perceived parenting style on depression, anxiety and stress among Tamil speaking adolescents in the Colombo city. The study included a sample of 232, 15 to 18 years old adolescents attending Government schools in the Colombo city, chosen through a stratified random sampling technique. The Scale of Parenting style and the Depression Anxiety and Stress Scale – 21 were used along with a demographic questionnaire. The standardized scales showed good validity and reliability properties among the Sri Lankan Tamil speaking population. Authoritative parenting style was associated with a lower level of depression when compared to neglectful parenting style. Authoritative parenting style was associated with a lower level of stress when compared to neglectful parenting style. However these two parenting styles, had impact on adolescent anxiety. Whereas when parents controlling behavior increased it had a negative significant association with depression, anxiety and stress. Parental responsiveness towards the adolescent increased where it had a significant negative association with depression, anxiety and stress. The authoritative parenting style was

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identified as the most favorable whereas the neglectful parenting style was identified as the worst.

Hamid and Shah (2016) conducted a research on the relationship between perceived parenting styles and perceived stress in normal higher secondary school students. The sample size of the study included 100 students. Buri's Parental Authority Questionnaire and Sheldon Cohen's Perceived Stress Scale (PSS) were used to collect the data. Descriptive statistics, t test, ANOVA and correlation were used to analyze the data. Perceived parenting style as indicated by authoritative and authoritarian were found significantly higher in 11th class students than 10th class students. There is no significant difference between adolescents who belong to rural and urban area on perceived parenting style.

Lin and Cailian (2016) in a study examined the relationship between parenting styles and stress level among Malaysian adolescents. A final sample of 140 participants with equal number of males and females with ages ranging from 13 to 16 years were recruited. Data collection was conducted in two public secondary schools in Pahang. This study included in Parental Authority Questionnaire (PAQ), Adolescents Stress Questionnaire (SAQ) and a Demographic Questionnaire. The results showed that mothers preferred authoritative parenting compared to fathers and that parenting styles were not related to adolescents' stress level. There were no gender differences in adolescents stress level in home-life, peer pressure and school performance.

Stress and Adjustment

Cribbie et. al., (2017) in a study examined the joint effects of stress, social support and self-esteem on adjustment to university. First year undergraduate students (N=115) were assessed during the first semester and again 10 weeks later, during the second semester of the academic year. Multiple regressions were conducted from fall to predicting the relationship of adjustment to university and perceived social support, self-esteem and stress. Winter semesters with increased social support from friends but not from family predictor improved adjustment. Decreased stress predicted improved overall, academic, personal, emotional and social adjustment.

Gonzalez (2013) conducted a study to determine the socioeconomic stress on academic adjustment. In the sample of Asian American adolescents early high school (N=180 9th – 10th graders, 60% female) and 2 years later in late high school (N=156 11th - 12th graders, 87% of original sample). Socioeconomic stress was associated with poor academic adjustment measured broadly through self-reported GPA (Grade Point of Average mean) importance of academic stress and educational aspirations and expectations. Family obligations were positively related to adjustment and also were found to buffer the negative effects of socioeconomic stress during adolescent's later high school years.

Singh & Singh (2008) in a study compared the stress and emotional adjustment of students in a professional course. They were screened on ESQ (Eight State Questionnaire) by Kapoor & Bhargav (1990 India adaptation) and Bell Adjustment Inventory Indian adaptation by S.Hussain to assess stress and adjustment. The results showed that professional students had more stress. It indicated that

professional students were poorly emotionally adjusted in comparison to the non-professional group.

Gutman, McLoyd and Tokovawa (2005) in a study explored the financial strain, neighborhood stress, parenting behavior and adolescent adjustment. The sample consisted of 305 African American families living in inner city neighborhoods. 40% of the families were living at or below the U.S. poverty threshold. The result indicated that the income-to-need ratio was significantly related to financial strain and neighborhood stress, both of which were positively associated with psychological distress in parents. Parents' psychological distress was positively related to more negative and less positive parent-adolescent relations predicted a lower positive and higher negative adjustment in adolescents.

TayeeLin (2011) a study on the relationship between parenting styles and stress level among Malaysian adolescents, studied a sample of 140 participants with equal number of males and females, with age ranging from 13 to 16 years old. Data collection was conducted in two public secondary schools in Pahang. Survey instruments including Parental Authority Questionnaire (PAQ), Adolescent Stress Questionnaire (ASQ) and a Demographic Questionnaire were used. Results showed mothers prefer authoritative parenting compared to fathers and parenting styles were not related to adolescents stress level. There were no gender difference in adolescents stress level in home-life, peer pressure and school performance.

Positive Behavior Therapy and Adjustment

Masoudi et. al., (2016) in a study to determine the effectiveness of assertiveness training on the levels of stress, anxiety and depression of high school

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students used a quasi-experimental design. The study was conducted on high school students with 63 participants each in the experimental and control group. Data gathering instruments included a demographic detail questionnaire, Gambill-Richey assertiveness scale and depression anxiety stress scale (DASS-21). Statistical tests such as independent t test, repeated measures ANOVA, Chi-square test, and Mann-Whitney test were used to interpret and analyze the data. The Chi-square and Mann-Whitney test found a significant difference between the mean score for assertiveness in the experimental group before and after implementing the training program. The independent t test showed no significant difference in the mean score for anxiety and stress between two groups before the assertiveness training program 2 months after the intervention, the mean score for anxiety in the experimental group were founded significantly lower than the control group.

Sellakumar (2015) conducted a study on the effect of slow-deep breathing exercise to reduce the level of anxiety among adolescent's students. The study followed a pre test post test control group design. Stratified random sample of 100 adolescents students studying in a higher secondary school were recruited for the study. Spielberger's state-trait anxiety inventory was administered to assess the level of anxiety. There was a significant effect of slow deep breathing exercise in reducing the level of anxiety. Inclusion of slow-deep breathing exercise in the daily activities of school students helped perform well in the academic activities.

Joy, Jose and Nayak (2014) performed a study to identify adolescents with social anxiety and teach the JPMR technique to those who would score high on social anxiety scale. The data was collected from 193 high school adolescents using Demographics Proforma, Social Anxiety Scale for Adolescent and a tool to assess the

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associated factors of social anxiety. The JPMR technique was administered to the adolescents with moderate to severe social anxiety. The study founded that 52 adolescents were having moderate social anxiety and there was significant association between age of the social adolescents and social anxiety. The significant related factors of social anxiety were parental strictness, parental conflict, peer rejection, troubled with appearance and being treated differently from siblings by parents.

Rose et. al., (2011) conducted a study to test the effect of relaxation training in relieving test anxiety in high school juniors participants included 81 eleventh grade students (25 males, 56 females) from a Midwestern public high school. Relaxation training in the experimental group significantly lowered students' perceptions of test anxiety from pre-test to post-test levels.

Yamunarani and Gayatridevi (2010) conducted a study on 'Management of Insecurity and Enhancement of Adjustment in Adolescents through Positive Therapy'. Forty adolescent school students comprising 13 boys and 27 girls with the age range of 12-15 years from Corporation Middle School, Krishnarayapuram, Ganapathy, Coimbatore, were selected for the study. A case study schedule (Hemalatha, 2008), Insecurity Questionnaire (G. C. Pati) and Bell's Adjustment Inventory (Hugh. M. Bell) were used to collect relevant information for the study. Positive therapy was administered on the sample. After the treatment, the sample was able to manage their Insecurity levels from High Insecurity to Low Insecurity level. The sample was further able to enhance their total adjustment level from Unsatisfactory level to Good and Excellent Adjustment levels.

Gaines and Berry (2008) conducted a research on the effective interventions in the area of male adolescent aggressive behavior. The study followed a single-subject

with multiple baselines design across 6 subjects on 2 behavioral measures. The setting was a residential juvenile justice program for male adolescents and the treatment was relaxation breathing exercise. The results of the study were mixed with improvement on both behavioral measures anger management and stress reduction in 2 of the 6 participants.

Sathya and Hemalatha (2003) conducted a study on Optimization of Adjustment of Adolescent Girls in Rural Area through Positive Therapy. Thirty four students studying in XI standard in T.K.N.M. Girls Higher Secondary School, Karamadai, Coimbatore were selected to serve as the sample for the study. They were in the age range of 15 to 17 years. Bell's Adjustment Inventory, (student form) and a Case Study Schedule (Hemalatha, 2000) were used as tools to collect needed information's, the students were then administered with Positive Therapy. The results indicated that Positive Therapy had helped the subjects to improve their total adjustment from 'Unsatisfactory/Very Unsatisfactory levels to Average/Good Adjustment levels.

Positive Behavior Therapy and Stress

Buscemi et.al., (2017) conducted a study verify in a sample of university students whether a relaxing technique called deep breathing was capable to improve the mood and to reduce the levels of stress. 38 adult healthy subjects (aged between 18 and 28 years) volunteered to the study. The psychological state of mood and stress were evaluated using Measurement of Psychological Stress (MSP) and Profile of Mood State (POMS) while the biological profile of the stress was detected by measuring the heart rate and the salivary cortisol. Deep breathing technique provided an effective improvement in mood and stress both in terms of self-reported

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evaluations (MPS and POMS) and objective parameters such as heart rate and salivary cortisol levels. No statistically significant difference was found between men and women.

Cristina (2015) assessed the level of stress among teenagers studying the coping strategies they implement in their lives and how relaxation techniques show efficiency in decreasing the level of stress. They were investigated using questionnaires, the self-perceived stress level and coping strategies among 60 high school students with an average age of 16 and 17 year old in Bucharest. Participants were divided into the experimental group (N=30) and the control group (N=30). The participants in the experimental group were applied to eight sessions of relaxation of 20 minutes each. The stress level among the participants in the experimental group decreased after applying the techniques of relaxation.

Saranya and Rohini (2010) carried out a study on 'Management of Stress and Enhancement of Self-esteem in School Teachers through Positive Therapy' conducted at Navarasam Matriculation Higher Secondary School, Erode. The sample consisted of 50 female Teachers in the age range of 25 to 50 years. Case Study Schedule constructed and standardized by Hemalatha (2008), Stress Inventory constructed by Hemalatha and Nandini (Revised, 2005) Rosenberg Self-esteem Scale and Case Study Reassessment Schedule constructed by Hemalatha (2008) were used to collect the data. Positive Therapy was given to reduce stress and enhance the self-esteem of Teachers. The results indicated the effectiveness of Positive Therapy in the sample with the mean stress of 16.52 before intervention and 4.38 after intervention. The Self-esteem was 9.34 before intervention and 22.92 after intervention.

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Chandrika and Gayatri Devi (2010) conducted a study on 'Management of Stress and Enhancement of General Well-being in Hypertension Patients through Positive Therapy'. One Hundred and Twenty Five samples (63 males, 62 females) from Government Hospital, Ooty, Tamil Nadu, were screened using Case Study Schedule (Hemalatha, 2009), Stress Inventory Revised (Hemalatha and Nandini, 2005) and WHO General Well-being Index. All the 125 were selected by Purposive Sampling. They were in the age range of 45-70 years. A Psychological Intervention Positive Therapy evolved by Hemalatha (2004), combining the Eastern techniques of Yoga and Western Techniques of Positive Behavior Therapy was used. Eight sessions of Positive Therapy were given in alternative days. After two weeks the subjects were reassessed using the Case Study reassessment Schedule and Stress Inventory. The symptoms reported by majority of the subjects were Nausea, Blurred Vision, Sweating, Headache, Depression, Giddiness, Confusion, Fatigue and Short Temper. The common negative emotions experienced by the samples were Angry, Worry and Anxiety. The poor health habits were drinking and sleep less than 6 hours. After Positive Therapy there was a drastic reduction in the symptoms negative emotions and poor health habit of the samples.

Yasodha and Gayatri Devi (2010) carried out a study on 'Management of Stress in Entrepreneurs through Positive Therapy'. Forty Entrepreneurs from Podanur, Coimbatore, Tamil Nadu, were selected for the study through purposive sampling. The age range of the sample was 21-40 years. They were assessed using Case Study Schedule (Hemalatha, 2009) and Stress Inventory Revised (Hemalatha and Nandini, 2005). Five sessions of Positive Therapy were given over a period of two weeks after which they were reassessed using Case Study Reassessment Schedule and Stress

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Inventory. The results revealed that majority of the sample had 'High' / 'Very High' stress before Positive Therapy whereas none of them had 'High' / 'Very High' stress after Positive Therapy. There was a statistically significant reduction in the mean stress after Positive Therapy indicating the efficacy of Positive Therapy in the Management of Stress.

Preetha and Sivasakthi (2010) conducted a study on 'Management of Stress and Enhancement of Emotional Intelligence in IT Professionals through Positive Therapy', 45 IT Professionals from a software company in Coimbatore, were screened using Case Study Schedule (Hemalatha, 2009), Stress Inventory (Hemalatha and Nandini, Revised 2005) and Emotional Intelligence Test. Out of them 40 (22 male and 18 female) were selected by Purposive Sampling. They were in the age range of 22-29 years belonging to urban areas. Positive Therapy evolved by Hemalatha (2004) was used. The sample was divided into 3 batches around 13 in a batch for Positive Therapy. Six sessions of Positive Therapy was given in two weeks, with each session lasting for one hour. After two weeks, the subjects were reassessed using the Case Study Reassessment Schedule, Stress Inventory and Emotional Intelligence Test. The major causes of stress reported by the sample were lack of time for socialization, adjustment problems at home, lack of recreation, work load, responsibilities and technological uncertainty. Some of the common symptoms of stress identified in the sample were short temper, confusion and restlessness. Majority of the sample showed anger, fear, worry and anxiety. After Positive Therapy there was a significant reduction in the symptoms, pain and negative emotions experienced by the sample.

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Nivya and Hemalatha (2009) conducted a study on 'Management of Stress in Nurses through Positive Therapy'. From KG Hostel, Coimbatore, Tamilnadu, India, 40 female nurses were screened using Case Study Schedule (Hemalatha, 2008) and Stress Inventory Revised (Hemalatha & Nandini, 2005). 32 subjects with 'Very High' / 'High Stress' were selected using Purposive Sampling and were given Positive Therapy. They were reassessed using Case Study Reassessment Schedule (Hemalatha, 2008) and Stress Inventory. The results revealed initially most of the students had 'High'/'Very High' stress. After Positive Therapy, the stress most of the subjects had come down to 'Low' level. The mean reduced from 'High' to 'Low' after Positive Therapy. The results clearly indicated not only the efficacy of Positive Therapy in the management of stress but in minimizing the symptoms and Negative Emotions of the selected Nurses.

Management of Stress in Parents of Special Children through Positive Therapy was conducted by Thenu and Hemalatha (2009). From the Special Education Department of Avinashilingam University for Women, Coimbatore, 40 parents of mentally retarded children were screened using Case Study Schedule (Hemalatha, 2008) and Stress Inventory Revised (Hemalatha & Nandini, 2005).out of them 35 subjects were selected by purposive sampling. There were 10 males and 25 females. They were in the age range of 25-50 years. The sample was divided into 3 batches of around 12 in a batch for Positive Therapy. Six sessions of Positive Therapy were given in two weeks. Each session lasted for one hour. After two weeks, the subjects were reassessed using the Case Study Reassessment Schedule and Stress Inventory. The sample had worry and the other common Negative Emotions being depression, fear, irritation, anxiety, anger and hatred. The symptoms reported by majority of the

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sample were sleep disturbance, confusion, fatigue, loss of appetite, headache, weakness and body pain. After Positive Therapy there was a drastic reduction in the negative emotions and symptoms of the sample.

Chapter – 3

Methodology

The procedure pertaining to the present study “Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescents” was carried out involving the following steps:

- Objectives
- Hypotheses
- Area
- Sample
- Tools
- Procedure
- Experiment Design
- Analysis of Data

Objectives

- To assess the level of Adjustment among adolescents
- To assess the level of Stress among adolescents
- To identify the effect of Positive Behavior Therapy on Adjustment among adolescents
- To identify the effect of Positive Behavior Therapy on Stress among adolescents
- To identify the Gender Differences on Adjustment among adolescents
- To identify the Gender Differences on Stress among adolescents

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- To identify the Gender-specific response to Positive Behavior Therapy on Stress among adolescents
- To identify the impact of Parenting Styles on the Adjustment among Adolescents
- To identify the impact of Parenting Styles on the Stress among Adolescents

Hypotheses

- There will be a low level of Adjustment among adolescents.
- There will be a high level of Stress among adolescents.
- There will be a significant effect of Positive Behavior Therapy on Adjustment among adolescents.
- There will be a significant effect of Positive Behavior Therapy on Stress among adolescents.
- There will be a significant Gender Difference on Adjustment among adolescents.
- There will be a significant Gender Difference on Stress among adolescents.
- There will be a significant difference in the Gender-specific response to Positive Behavior Therapy on Stress among adolescents.
- There will be a significant impact of Parenting Styles on the Adjustment among Adolescents.
- There will be a significant impact of Parenting Styles on the Stress among Adolescents.
-

Area of Study

The area selected to conduct the study was Corporation Higher Secondary School, Peelamedu and Corporation High School, Gandhi Maanagar, Coimbatore, were selected as the sample. They were in the age range of 12 – 18 years.

Inclusion Criteria

- Age range of above 12 to below 18 boys and girls were taken for the study
- Adolescents boys and girls from urban schools
- Adolescents enrolled in 9th standard
- Adolescents willing to participate in the study

Exclusion Criteria

- Age above 18years and below 12 years
- Sample with low stress

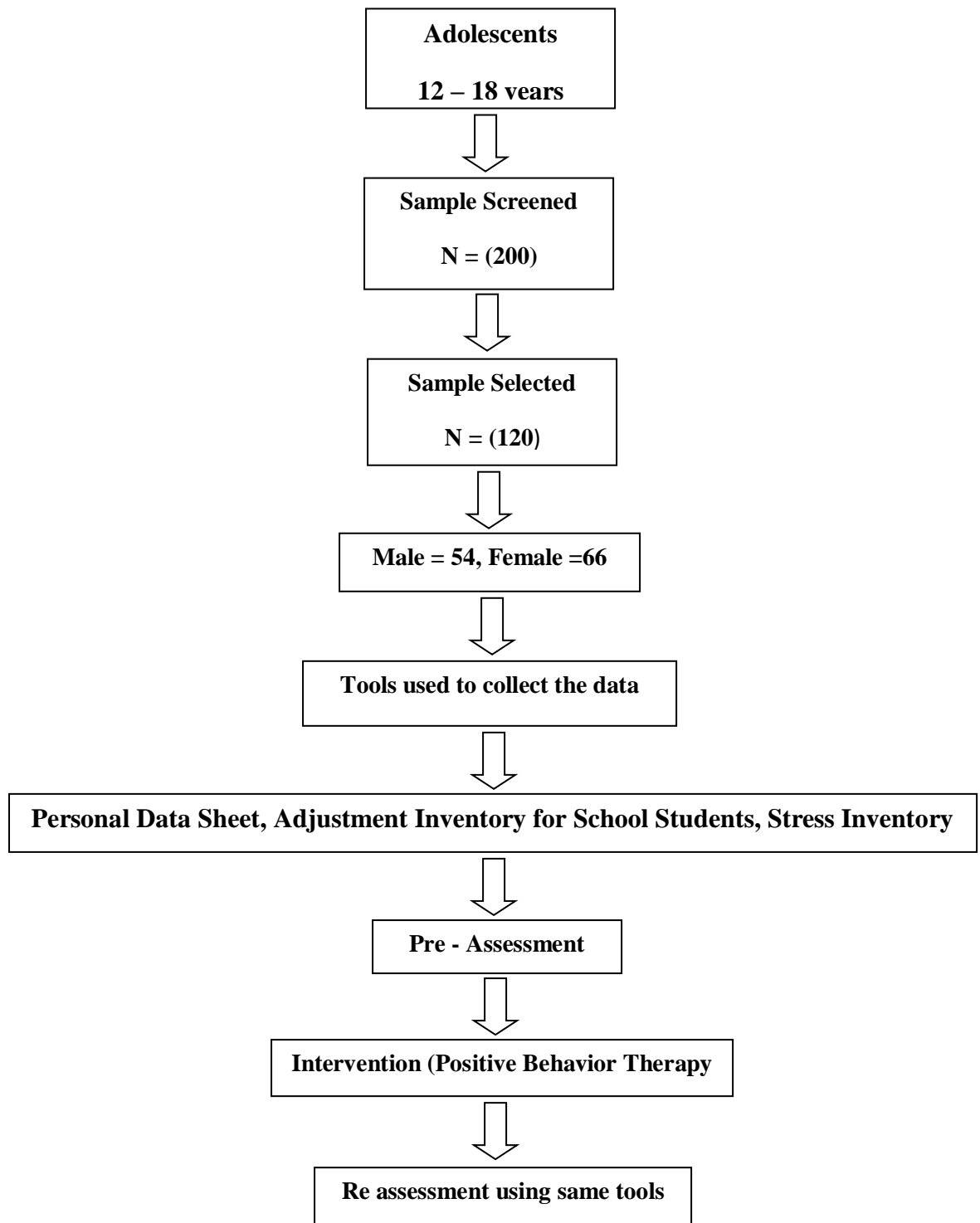


Figure - 1

Flow chart

Tools

The tools used in the study were

Personal Data Sheet (Annexure I). This was designed to collect the demographic details of the participants such as name, date of birth, age, sex, class of study, father name, mother name, type of family, size of family, father occupation, yearly income, mother's occupation, yearly income, address, and contact number

Parenting Style Four Factor Questionnaire (PS-FFQ) (Annexure II). The PS-FFQ (Parenting Style Four Factor Questionnaire) Self constructed Standardized tool is a self-report measure developed by Shyny (2017), a 32 item questionnaire using a five point rating scale as 'all of the time', 'most of the time', 'some time', 'rarely' and 'never'. the tool identifies four types of parenting styles (Authoritarian, Authoritative, permissive and Uninvolved parenting). The Cronbach's Alpha reliability is .92 which is high.

Adjustment Inventory for School Students (AISS) (Annexure III). The Adjustment Inventory for School Students (AISS) is a self-report inventory developed by Dr. A. K. P. Sinha and Dr. R. P. Singh (1993). It measures the adjustment of school students in three areas of adjustment in Social, Emotional and Educational. The adjustment inventory contains 60 items which are equally distributed among the three areas of adjustment. 20 items measure in Social adjustment, 20 items measure in Emotional adjustment, 20 items measure in Educational adjustment. Each item in the tool has two answers 'Yes' or 'No'. The Test-retest reliability of the AISS scale was .93 Validity 0.51.

Stress Inventory (S.I) (Annexure IV). The Stress Inventory (S.I) constructed by Dr. Hemalatha Natesan and Dr.Nandini Menon (2005) was used to assess the level of stress. The inventory has 30 statements, each followed by two alternatives 'Yes' or 'No'. The Test-retest reliability is 0.95 and the Validity of S.I is 0.80.

Procedure

From Corporation Higher Secondary School, Peelamedu and Corporation High School, Gandhi Maanagar, Coimbatore, 200 students from the high school level were screened for their stress using the Stress Inventory. Out of 120 students (55 boys and 66 girls) adolescents with moderate to very high stress levels were selected for the study. Since all the students expressed their willingness, personal data sheet was given to all the participants. The sample was divided into four batches of around 30 in each batch for administering Positive Behavior Therapy. The Intervention was given for 40 minutes per session in groups. Seven sessions were given on alternate days over a period of two weeks. The participants were taught various techniques of Positive Behavior Therapy and they were given homework assignments so as to follow the techniques in their real life situations. After two weeks, the participants were reassessed for stress.

Intervention- Positive Behavior Therapy

The entire sample in the experimental group was given the psychological intervention. Positive Behavior Therapy is evolved by Dr.Hemalatha Natesan (2009). It is a combination of Eastern techniques based on Yoga and the Western techniques based on Cognitive Behavior Therapy.

Strategies. Positive Behavior Technique has Five major strategies

- Relaxation Therapy
- Positive Image Therapy
- Counselling
- Exercises and
- Behavioral Assignments

For the purpose of the present study Relaxation Therapy, Exercises and Behavioural Assignments were given as Intervention in the present study.

Relaxation Therapy. One cannot be tensed and relaxed at the same time. Relaxation Therapy helps people to develop a psycho-physiologically relaxed state. This promotes a positive attitude towards life. Clients respond better to the therapy in the counselling sessions when they are in a relaxed state.

The five steps involved in Relaxation Therapy are.

- Deep Breathing Practice
- Relaxation Training
- Directions
- Auto-suggestions
- Post Relaxation Suggestion

Deep Breathing Practice. In deep Breathing Practice the individual was asked to sit erect, with head and back straight and relaxed, palms on the lap facing upwards and feet placed on the floor, one foot apart. The individual is instructed to breathe in slowly for four counts (4 seconds) and breathe out gradually for 6 counts (6

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seconds). This was repeated 5 times with the eyes open and 5 time with their eyes closed. Breathe in and breath out should be gradual without any jerks and should not cause any tension on the chest and shoulders.

Relaxation Training. After Deep Breathing Practice, the adolescents was asked to lie down flat on a mat or a cot (without a pillow), with the head straight, lips slightly apart, hands comfortably placed on the sides, palms facing upwards and legs stretched, with feet, one foot apart. He/she was asked to close the eyes and have a folded handkerchief placed on the eyes to ensure complete darkness. The nose should not be covered.

The counselor or therapist were given the following instructions :

“Breathe in slowly..... Breathe out gradually.....” (This was repeated 3 times).

“Now, concentrate on the top of the head”

“Breathe in slowly..... Breathe out gradually..... Top of the head.....Relax.....”

This was repeated 3 times, followed by the suggestions :

“Now the top of the head is light and relaxed. No thoughts, no worries, no fears, no tension, no stress, no pain. Top of the head is light and relaxed, Top of the head is light and relaxed. Top of the head is completely relaxed. Breathe in slowly..... Breathe out gradually.....”.

Similar instructions were given to the other parts of the body in the order given below :

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- Back of the head
- Forehead
- Eyes
- Mouth
- Neck and shoulders
- Back
- Chest
- Stomach
- Hands and
- Legs

Direction. The following directions were given to the subject who was in a relaxed state, with deep breathing (3 times each)

- Inhale positive thoughts. Breathe out all the negative, useless thoughts from the body.
- Inhale good health. Breathe out all the aches, pains and sicknesses from the body.
- Inhale happiness. Breathe out all the worries from the body.
- Inhale strength. Breathe out all the weaknesses from the body.
- Inhale courage and confidence. Breathe out all the fears from the body.
- Inhale success. Breathe out failures and fear of failures from the body.
- Inhale love. Breathe out hatred and anger from the body.

“Continue to have deep breathing” (1 minute).

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Autosuggestion. The individual continuous to be in the lying down posture with deep breathing. Enjoying the relaxed state, he or she was asked to repeat the Autosuggestions mentally as the Counselor or Therapist presents them (3 times each).

“I am healthy

I am happy

I love everyone; everyone loves me

I am not afraid of anybody; God is with me

I am bold and confident

I can achieve what I want

I can face my problems boldly and solve them successfully.

Today is an excellent day; I will enjoy every minute of this day.

Thank you God for giving me and my family all that we need – long life, good health, wealth, love, happiness and success”.

“I will enjoy studying”

“I will remember all that I study”

“I will do excellently in my exams”

“I will get good marks”

The subject was asked to continue to have deep breathing enjoying the relaxed state with a smile (1 minute).

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Post Relaxation Suggestion. The Counselor or Therapist gives the Post Relaxation Suggestion when the individual continues to be in the lying down posture with deep breathing, enjoying the relaxed state.

“After you wake up from the relaxed state you will find yourself energetic, enthusiastic, healthier, happier and successful in all your endeavours”.

Exercises. Positive Behavior Therapy involves the following exercises to help people get rid of their tension and develop a cheerful state.

- Tension Releasing Exercise
- Smile Therapy
- Laugh Therapy

Tension Releasing Exercises. Tension Releasing Exercise helps people to throw out all the negative emotions and tension accumulated in the body. The subject was asked to stand having the feet one foot apart, close the palms and bring them towards the chest, breathing in slowly, the Counselor says, “Tension goes out”, the subject breathe out forcefully through the mouth making a loud sound ‘Ha’, simultaneously throwing down the hands sidewise, opening the palms, feeling that the tension is going out of the body. This practice is given 3 times.

“Fears goes out”

“Anger goes out”

“Anxiety goes out”

“Worries goes out”

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The subject was asked to strongly believe that Tension, Fear, Anger, Anxiety and Worries were going out of the body as they throw out the hands.

Smile Therapy. In Smile Therapy, the subject was asked to say 'Eee', with a broad smile, breathe in slowly through the mouth, with a hissing sound (without involving the vocal cords), close the mouth smilingly and breathe out gradually through the nose without any sound. He or she was asked to enjoy the cool breeze entering through the mouth and feel the coolness spreading through the chest to the abdomen. This practice was given 5 times.

Laugh Therapy. In Laugh Therapy, the subject were asked to sit or stand, bend down the back and head slightly, breathe in slowly lifting up the head and the back and start laughing loudly without any inhibition. They were encouraged to make gestures, clap hands, look at each other etc. while laughing. They were asked to laugh louder and louder, for a longer duration. This practice is given 5 times. Laugh Therapy can be practiced in groups, preferably with family members or friends.

Behavioral Assignments. The individuals were asked to have a daily routine as indicated below:

- Have positive thoughts. Modify the negative thoughts with positive thoughts.
- Have positive attitude towards self, life and others.
- Live in the present, concentrate on and enjoy what you do.
- Involve in some activity and enjoy it.
- Accept responsibilities with smile.

- Enjoy the company of your family members and friends.
- Share your feelings, both joys and sorrows with your family members or friends.
- Have some physical exercise such as walking, jogging, cycling, swimming and yoga.
- Have some recreation such as playing games, reading magazines or books, watching television etc.
- Enjoy the music, singing and dancing to reduce tension.
- Develop a sense of humour, enjoy jokes, laugh heartily.
- Practice deep breathing for 5 minutes in the morning, facing east and 5 minutes in the evening, facing west.
- Be conscious of your breathing. Try to have deep breathing as and when possible, throughout the day.
- Practice Relaxation Therapy for 20 minutes in the morning, preferably after walking or exercise and at night before going to sleep.
- Practice Tension Releasing Exercise, Smile Therapy and Laugh Therapy preferably with the family members daily.
- Avoid resorting to poor health habits such as smoking, drinking and taking drugs.
- Pray to God with full faith.

Duration of the Therapy. Positive Behavior Therapy was given for 45 minutes per session. The Therapy was given in groups. Each group consisted of 30 members. Seven sessions were given, over a period of two weeks. After two weeks, the entire

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samples were reassessed using Adjustment Inventory for School Students and Stress Inventory.

Experimental Design

The Experimental Design employed was, ‘Before and After Intervention without control group’. As it was expected that the Intervention will be helpful in enhancing Adjustment and managing stress of the adolescent sample, it seemed less ethical to have a control group (Kothari, 2000).

	Time period I		Time period II
	Before Intervention	Intervention	After Intervention
	Adjustment (A)	Positive Behavior Therapy	Adjustment (B)
Test area	Stress (X)		Stress (Y)
	Treatment effect = B – A		
	Treatment effect = Y – X		

Analysis of Data

The data was analyzed using ‘SPSS Version-20’. Measures of central and variable tendency were used to study the prevalence of Adjustment and Stress among adolescents. Paired sample and Independent sample t-test were used to find the effectiveness of therapy and compare the gender differences in the sample. Regression analysis was performed to analyse the predictability of Parenting Style on Adjustment and Stress.

Chapter - 4

Results and Discussion

The Research on, “Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescents” was conducted in Corporation Higher Secondary School, Peelamedu and Corporation High School, Gandhi Maanagar, Coimbatore, Tamil Nadu. One twenty students (54 male and 66 female) were selected using purposive sampling method. The method adopted to collect the data included interview, case study and psychological testing. The tools used for the study were Personal Data Sheet, PS-FFQ (Parenting Style Four Factor Questionnaire) (Shyny, 2017), Adjustment Inventory for School Students (AISS) (Dr.A.K.P.Sinha and Dr. R.P.Singh), Stress Inventory (S.I) (Dr. Hemalatha Natesan and Dr.Nandini Menon, 2005).

The data of the study are analyzed, tabulated and discussed below.

Table 1

Demographic data of the sample

N=120

Variable	Levels	N	Percentage
Gender	Male	54	45
	Female	66	55
Type of family	Joint	22	18
	Nuclear	98	82
Father Occupation	Daily wages	21	18
	Employed	73	61
	Business	15	13
	Unemployed	40	33
Mother Occupation	Daily wages	18	15
	Employed	42	35
	Business	20	17
Family Income	Low	40	33
	Average	67	56
	High	13	11
Living Condition	Both Parents	109	91
	Single Parent	11	09

Percentages are rounded off

Table 1 shows the Demographic profile of the adolescents comprising the sample. A total of 120 adolescents with problem in Adjustments and Stress were selected for the study.

On observing the data the female participants were more (N=66) with 55% when compared to males (N=54) with 45% respectively. Most of the sample (N=98)

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were from nuclear families. The occupation of the adolescents parents were from difficult socio-economic background with 61% of fathers and 35% of mothers having employed drawing a salary. Business ventures were 13% among fathers and 17% among mothers. Women today are into small scale business both for financial reasons and for empowerment of self. The family income data indicate more than half of adolescents parents 56% belong to the average income scale, with 11% in the high income and about 33% from low income. The Socio-economic status (SES) is bound to influence the Adjustment and Stress as also an observable change in parenting style.

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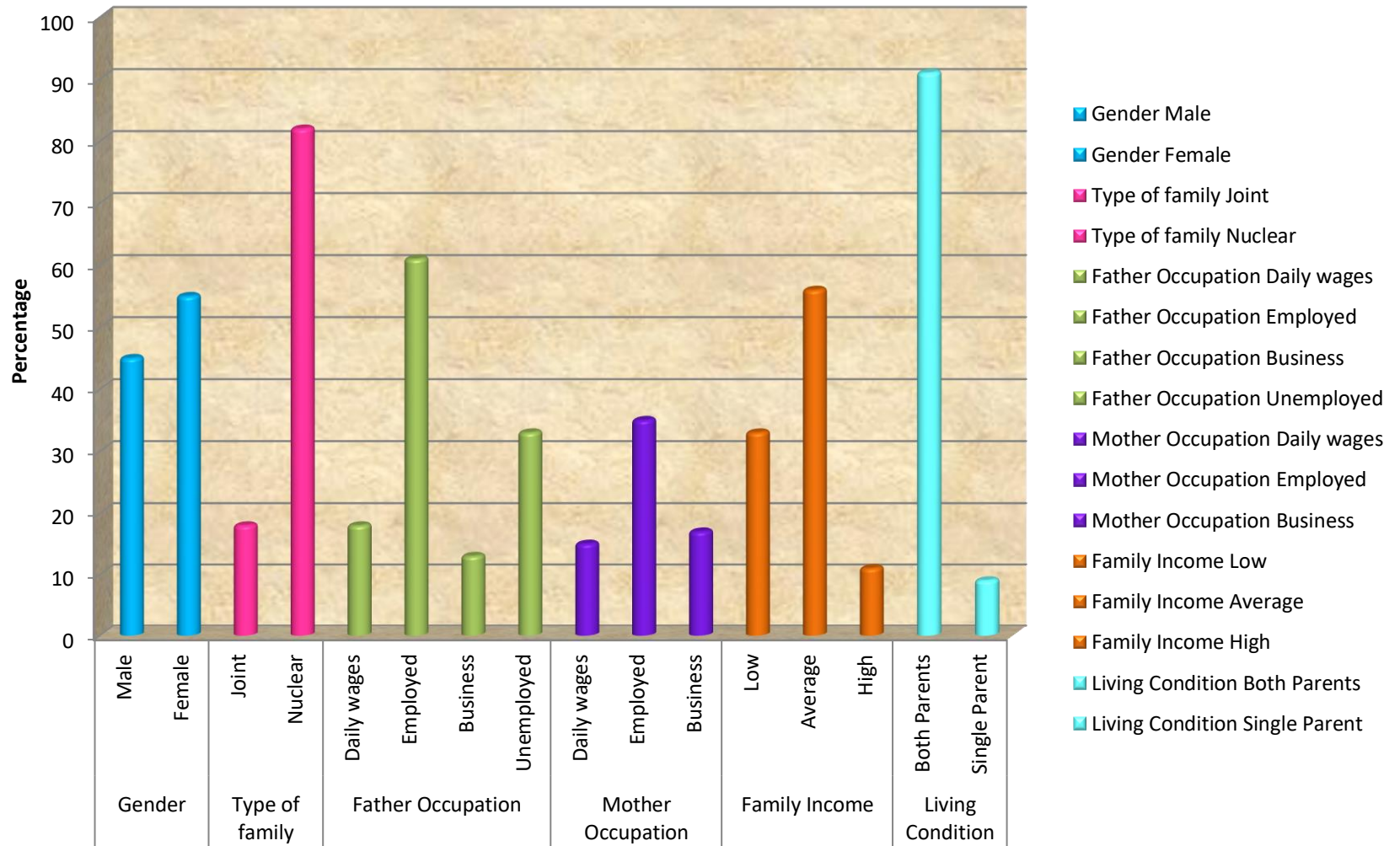


Figure - 2

Demographic data of the sample

Table 2

Level of Adjustment among Adolescents

(N=120)

S.No	Variable	Mean (SD)	Description
1	Social Adjustment	10.57 (1.92)	Unsatisfactory
2	Emotional Adjustment	12.18 (2.21)	Average
3	Educational Adjustment	11.94 (1.96)	Unsatisfactory

Table 2 shows the level of Adjustment among Adolescents. It is observed that the level of adjustment in the sample as observed from Mean and Standard Deviation in the 3 categories is as follows. The Social and Educational Adjustment is Unsatisfactory while the Emotional Adjustment shows Average. The level of adjustment is moving towards unsatisfactory, in accordance therefore the norms provided by the author, in that low scores indicate healthy adjustment and high scores indicate poor adjustment.

In the context of the present generation, the impact of media has engulfed the adolescents to the extent that their concentration is dormant making their interpersonal relationship affected. This in turn has blunted their emotional reactions and so also disturbing their educational adjustment. Hence a need for intervention in the right direction was felt by the investigator, to stabilize on low scores.

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Hence the Hypothesis-1 'There will be a low level of Adjustment among adolescents' is accepted.

Sarkar and Banik (2017) conducted the study on adjustment of adolescence in west Tripura in relation to their academic achievement, age, gender etc. The result of the study showed that there were no significant differences between boys and girls in adjustment and academic achievement in adolescence period. The result also revealed that there was a significant difference among emotional adjustment, social adjustment, educational adjustment and academic achievement in adolescent period.

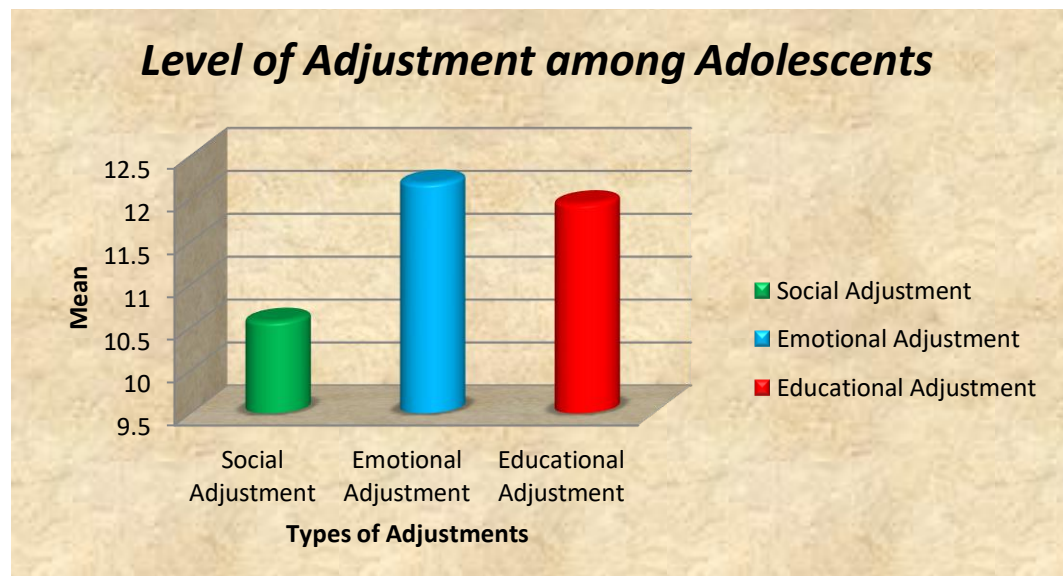


Figure - 3

Level of Adjustment among Adolescents

Table 3

Level of Stress among Adolescents

(N=120)

S.No	Variable	Mean (SD)	Interpretation
1	Stress	14.23 (4.83)	High Stress level

Table 3 indicates that the mean stress of the sample is 14.23 indicating a high level of stress that needs to be attended to. Hence intervention of Positive Behavior Therapy is imparted.

Stress is the feeling that adolescents experience when they feel overloaded and therefore struggle to cope with the demands. The sample being 9th standard students they experience stress, in that their parents and teachers thrust upon them voluminous expectations in their educational performance with physical and psychological changes that accompany this phase in development they encounter challenges resorting to fight or flight mechanism.

The Hypothesis – 2 ‘There will be a high level of Stress among adolescents’ is accepted.

Susila et al., (2018) conducted the study on the level of stress among Adolescent School Children. The study revealed that 33% of adolescent school children were having no stress, 50% were having mild stress, 11% were having moderate stress and 6% were suffering from severe stress. There was no significant difference between the stress with their demographic variables in age, gender,

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religion, no of siblings, father and mother education, father and mother occupation, and monthly income.

Table 4

Significance of mean difference in adjustment among adolescents before and after intervention

(N=120)

S.No	Variable	Before	After	t value	Significance
		intervention	intervention		
		Mean	Mean		
		(SD)	(SD)		
1	Social Adjustment	10.57 (1.92)	7.74 (2.89)	12.22	0.000**
2	Emotional Adjustment	12.18 (2.21)	7.98 (2.63)	14.65	0.000**
3	Educational Adjustment	11.94 (1.96)	6.02 (1.61)	26.62	0.000**
4	Total Adjustment	31.86 (5.00)	24.57 (3.92)	15.31	0.000**

** Significant at 0.01 level

Table 4 shows the paired sample t-test scores mean difference in adjustment among adolescents before and after intervention.

The data indicates the mean adjustment of the sample on the three categories of adjustment before and after intervention. The mean of 10.57 in social adjustment, 11.94 in educational adjustment and 31.86 in total adjustments clearly indicate a very low adjustment among the sample while the emotional adjustment is average also leaning towards low adjustment before the intervention of Positive Behavior Therapy.

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It is promising to note as observed from the 't' value that there is very significant change in all the three types adjustments and also the total adjustment. The statistical analysis is highly significant at 0.01 levels. It can be seen the t value for Social, Emotional, Educational and Total Adjustment are highly significant ($p < 0.01$). This can be interpreted as Positive Behavior Therapy being highly effective in bringing about the desired change in Adjustment levels of adolescents

The Hypothesis-3 'There will be identify the effect of Positive Behavior Therapy on Adjustment among adolescents' is accepted.

Sekar and Lawrence (2016) conducted a study on Emotional, Social and Educational Adjustment of Higher Secondary School Students in relation to academic achievement. The findings show that there is a significant relationship between emotional, social and educational adjustment of higher secondary school students in relation to academic achievement.

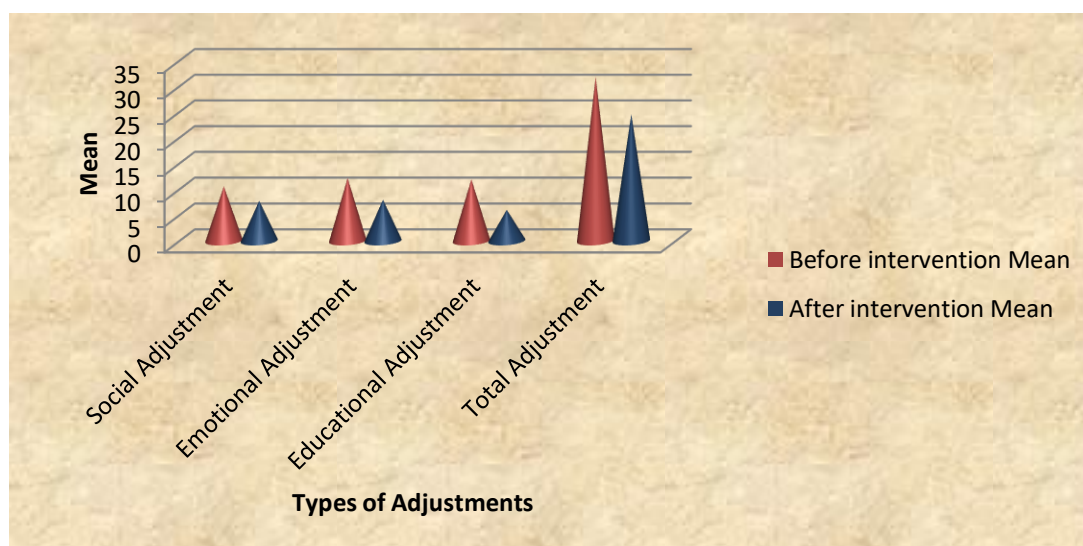


Figure – 4

Adjustment Among Adolescents Before And After Intervention

Table 5

Significance of mean difference in stress among adolescents before and after intervention

(N=120)

S.No	Variable	Before	After	t value	Significance
		intervention	intervention		
		Mean	Mean		
		(SD)	(SD)		
1	Stress	14.23 (4.833)	3.44 (1.587)	26.985	0.000**

** Significant at 0.01 level

Table 5 shows the Paired-sample t-test scores of the adolescents on Stress before and after intervention. It can be seen that the t value for stress is highly significant ($p < 0.01$), showing that Positive Behavior Therapy is visibly effective in reducing the stress levels of adolescents.

The pre-assessment on the stress scale among adolescent before imparting the intervention indicated a mean of 14.23 categorizing the sample to be high on their stress level.

The intervention of Positive Behavior Therapy comprising of five major strategies was administered to the sample there was drastic reduction in their stress levels with a Mean of 3.44 and a Mean difference of 10.89 that is hope and a 't' value of 26.99 being highly significant at 0.01 level.

The strategy of tension releasing was found effective in reducing the negative emotions accumulated in the body by breathing in slowly and breathing out for forcibly through mouth making a loud sound and throwing down the hands sideways,

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resulting in expelling the negative emotion. Relaxation with deep breathing was found to be very helpful in calming the mind and body with added auto suggestions feeling peace within.

The Hypothesis 4 ‘There will be a significant effect of Positive Behavior Therapy on Adjustment among adolescents’ is accepted.

Kiuru et al., (2019) conducted study on acceptance and commitment therapy programs have rarely been used as preventive tools for alleviating stress and enhancing coping skills among adolescents. The intervention group showed a small but significant decrease in overall stress and increased in academic buoyancy. The intervention gains were largest among high-stressed participants. The results suggest the acceptance and commitment based youth program may be suited for promoted adolescents’ well-being in the school context.

Table 6

Significance of gender differences in the level of adjustment among adolescents

(N-120)

S.No	Variable	Male	Female	t value	Significance
		Mean (SD)	Mean (SD)		
1	Social Adjustment	10.69 (2.07)	10.47 (1.80)	0.60	0.544 ^{ns}
2	Emotional Adjustment	8.46 (2.82)	7.58 (4.42)	1.85	0.066 ^{ns}
3	Educational Adjustment	5.94 (1.76)	6.09 (1.48)	0.49	0.622 ^{ns}
4	Total Adjustment	25.09 (4.48)	24.14 (3.36)	1.33	0.185 ^{ns}

It is evident from the table that the 't' values for the mean scores of male and females on social, emotional and educational adjustment is not significant at .01 and .05 levels.

However from the mean scores we deduce that social adjustment is not significant in both male and female while emotional and educational adjustment is average. The total adjustment again is insignificant in males and females which indicate unsatisfactory. The unsatisfactory social adjustment may be alternated to the cherished and accepted by peers. The emotional and educational adjustment is perceived by adolescents in par with their counterparts showing no gender difference between male and female.

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Hence the hypothesis 5 ‘There will be a significant Gender Difference on Adjustment among adolescents’ is rejected.

Gehlawat (2011) conducted the study on adjustment among high school students in relation to their gender. There is no significant difference was found in the emotional, social and educational adjustment of boys and girls of class X. The boys and girls of class X don’t differ significantly with respect to their total adjustment.

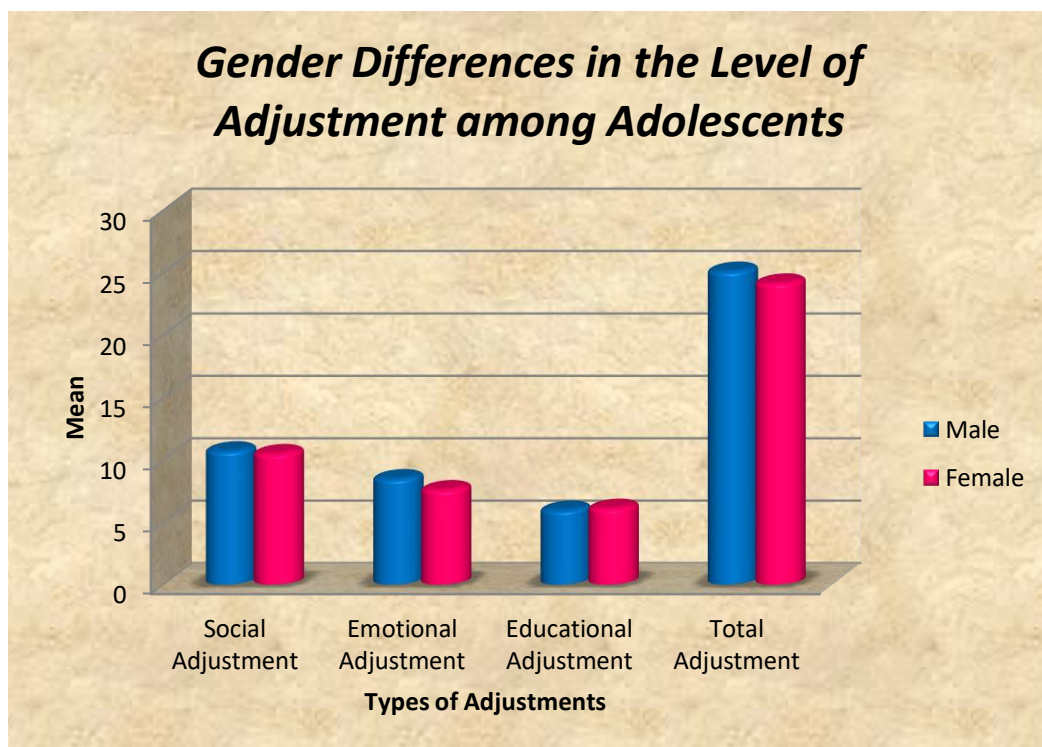


Figure - 5

Gender differences in the level of adjustment among adolescents

Table 7

Significance of gender differences in the level of stress among adolescents

(N=120)

S.No	Variable	Male	Female	t value	Significance
		Mean (SD)	Mean (SD)		
1	Stress	15.72 (4.69)	13.02 (4.63)	3.16	0.002**

**Significant at 0.01 level

Table-8 shows the value on the Independent sample t-test on the scores of Stress based on Gender differences among adolescents. The t value of stress 3.16 is significant at ($p < 0.05$). This indicates there are gender differences between males and females in their stress levels.

The experience of stress is found to be more in males when compared to females. Although adolescents period is one of 'storm and stress' for both genders, the like is stress in males may be attributed to the feeling of impulsive aggression to frustration female on the other hand culturally withhold emotional outbursts in public and suffer in silence for want of support.

The hypothesis 6 'There will be a significant Gender Difference on Stress among adolescents' is accepted.

Dhull and Kumari (2015) conducted the study on academic stress among adolescents in relation to gender. The study was indicated that there is significant difference between academic stress of male and female adolescents.

Table 8

Comparison of gender-specific response to positive behavior therapy on the level of stress among adolescents

(N=120)

S.No	Variable	Before intervention Mean (SD)	After intervention Mean (SD)	t value	significance
1	Stress of Males	15.72 (4.69)	3.59 (1.57)	13.54	0.000**
2	Stress of Females	13.01 (4.63)	3.32 (1.59)	20.02	0.000**

**Significant at 0.01 level

Table 8 shows the gender-specific response to Positive Behavior Therapy on the level of stress among adolescents as computed using the Paired-sample t-test. From the above table it can be seen that both genders have benefitted from the therapy, indicated by the difference in the Mean scores and significance in the t value ($p < 0.01$).

Stress is inevitable in the modern era, more so for the adolescents with globalization, digitalization and the social media fervor. The above table shows the mean stress levels and 't' value of male and female sample of the study. It is observed that both genders expressed high stress as is expected. An intervention of Positive Behavior therapy as evolved by the author addresses any issue on a positive note.

After intervention both male and female stress level is low.

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Hence the hypothesis 7 ‘There will be a significant difference in the Gender-specific response to Positive Behavior Therapy on Stress among adolescents’ was accepted.

Roy et al., (2015) conducted study on determinants of adolescents stress. The adolescents were more concerned about the socio-economic status of parents, financial conditions and academic life. The common coping strategies used by adolescent boys were distraction and relaxation. The girls use more avoidance coping, resolving conflicts, more willing to seek support and openly express their emotions.

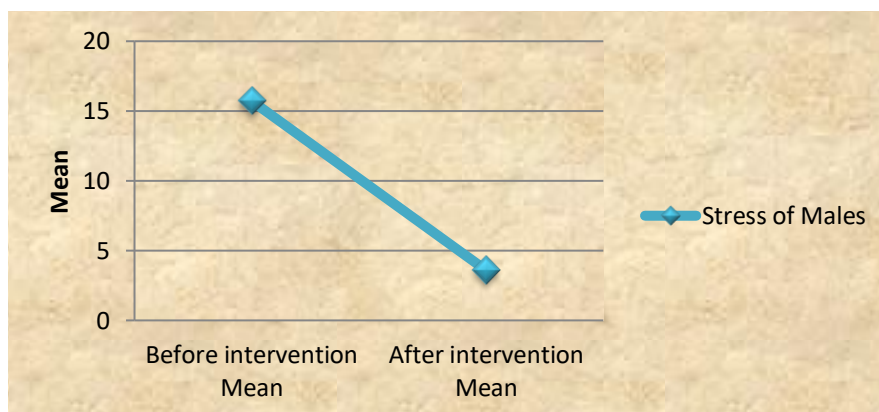


Figure - 6
Stress of Males

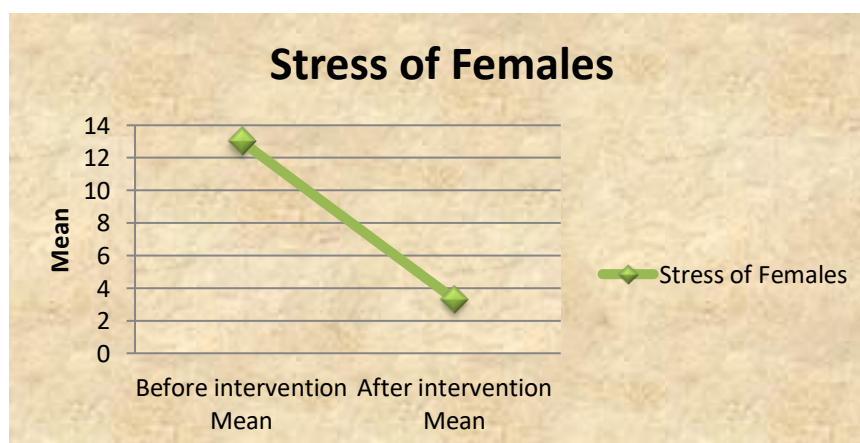


Figure - 7
Stress of Females

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Table 9

Regression analysis of parenting style on adjustment

(N=120)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.274 ^a	.075	.043	3.838

Table 9a

Anova for regression analysis of parenting style on adjustment

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	137.419	4	34.355		
Residual	1694.047	115	14.731	2.332	.050 ^a
Total	1831.467	119			

Table 9b

Coefficients for regression analysis of parenting style on adjustment

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	30.214	3.085		9.794	.000
Authoritarian	-.032	.068	-.048	-.468	.640
Authoritative	-.177	.059	-.292	-2.985	.003
Permissive	.054	.077	.067	.700	.485
Uninvolved	.038	.075	.049	.502	.617

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A regression analysis was calculated to predict Adjustment based on Parenting Style. The regression analysis showed that the model is a significant predictor of Adjustment. A significant regression equation was found ($F(4, 115) = 2.332, p < 0.05$), with an R square value of 0.075 which indicates that Parenting Styles account for 7.5% of adjustment among adolescents. The hypothesis 8 'There will be a significant impact of Parenting Styles on the Adjustment among Adolescents' is accepted and it can be inferred from the above tables that Authoritative Parenting Style has a maximum impact on adjustment, in a negative direction. It can be interpreted that an Authoritative parent who is non-democratic in his/her decisions regarding child rearing, de-motivating and ignoring the child's views in setting rules and regulations, hence negatively influencing adjustment in the adolescent.

Masud et. al., (2019) conducted the study on Authoritative parents show flexibility in their attitude and have low magnitude of psychological control, in turn was helpful in minimizing aggressive and negative behavior in children, while Authoritarian parents exert more psychological control to influence their will on children. The Authoritarian parenting style has more negative impacts on child aggressive behavior as compared to authoritative and permissive parenting.

It can also be deduced that the Permissive and Uninvolved style of Parenting have a positive impact on Adjustment among Adolescents.

Kassahun (2010) conducted the study on predominance of neglectful parenting style for high school aged males. Neglectful parents tend to grant their children a very high degree of freedom to do as they wish. The child outcomes associates with the neglectful style of parenting were predictable.

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Generally, it is seen that the Authoritarian Parenting style has maximum positive impact on the adjustment levels of adolescents but in this study Authoritarian Parenting style has had a mild negative impact on Adjustment levels. It can be broadly interpreted that with changing times the styles of Parenting are not water-tight compartments, but are more fluid and flexible with regard to the ever-challenging environmental demands.

Table 10
Regression analysis of parenting style on stress

(N=120)				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.305 ^a	.093	.062	4.681

Table 10a
Anova for regression analysis of parenting style on stress

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	259.216	4	64.804		
Residual	2520.250	115	21.915	2.957	.023a
Total	2779.467	119			

Table 10b

Coefficients for regression analysis of parenting style on stress

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1 (Constant)	9.485	3.763		2.521	.013
Authoritarian	.077	.083	.094	.931	.354
Authoritative	-.114	.072	-.153	-1.581	.117
Permissive	.141	.093	.143	1.515	.132
Uninvolved	.117	.091	.124	1.286	.201

A regression analysis was calculated to predict Stress based on styles of Parenting. The regression analysis showed that the model is a significant predictor of Stress. A significant regression equation was found ($F(4, 115) = 2.957, p < 0.05$), with an R Square value of 0.093 which indicates that Parenting Styles accounts for 9.3% of Stress among Adolescents. The hypothesis 9 ‘There will be a significant impact of Parenting Styles on the Stress among Adolescents’ is accepted.

It can be inferred from the above tables that Authoritative Parenting style has a maximum impact on stress, in a negative direction. Owing to the stringent mandates enforced by the Authoritative Parent, the Adolescents experiences high levels of stress.

It can also be deduced that the Authoritarian, Permissive and Uninvolved style of Parenting have a positive impact on Stress levels among Adolescents.

Chapter-v

Summary and Conclusion

The study on “Effect of Positive Behavior Therapy and Parenting Style on Adjustment and Stress among Adolescents” was carried out involving the following objectives

- To assess the level of Adjustment among adolescents
- To assess the level of Stress among adolescents
- To identify the effect of Positive Behavior Therapy on Adjustment among adolescents
- To identify the effect of Positive Behavior Therapy on Stress among adolescents
- To identify the Gender Differences on Adjustment among adolescents
- To identify the Gender Differences on Stress among adolescents
- To identify the Gender-specific response to Positive Behavior Therapy on Adjustment among adolescents
- To identify the Gender-specific response to Positive Behavior Therapy on Stress among adolescents
- To identify the impact of Parenting Styles on the Adjustment among Adolescents
- To identify the impact of Parenting Styles on the Stress among Adolescents

Data was collected using the Personal Data Sheet, Parenting Style Four Factor Questionnaire, Adjustment Inventory for School Students and Stress Inventory. From Corporation Higher Secondary School, Peelamedu and Corporation High School,

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Gandhi Maanagar, Coimbatore, 200 students from the high school level were screened for their stress using the Stress Inventory. Out of 120 students (55 boys and 66 girls) adolescents with moderate to very high stress levels were selected for the study. Since all the students expressed their willingness, personal data sheet was given to all the participants. The sample was divided into four batches of around 30 in each batch for administering Positive Behavior Therapy. The Intervention was given for 40 minutes per session in groups. Seven sessions were given on alternate days over a period of two weeks. The participants were taught various techniques of Positive Behavior Therapy and they were given homework assignments so as to follow the techniques in their real life situations. After two weeks, the participants were reassessed for stress.

The sample was given intervention using Positive Behavior Therapy evolved by Dr.Hemalatha Natesan (2009). Positive Behavior Therapy was given for 45 minutes per session. The Therapy was given in groups, each consisting of 30 members. Seven sessions were given, over a period of two weeks. After two weeks, the entire sample were reassessed using Adjustment Inventory for School Students and Stress Inventory. The experimental design used in this research was before and after without control group design.

Conclusions

- The mean difference on the Adjustment of Social and Educational Adjustment is Unsatisfactory while the Emotional Adjustment is Average. Hence the hypothesis 'There will be a low level of Adjustment among adolescents' is accepted.

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- The mean difference on the stress of the sample is high level of stress. Hence The hypothesis 'There will be a high level of Stress among adolescents' is accepted.
- The Independent sample t-test on the scores of Adjustment based on Gender differences among adolescents. The 't' values of adjustment male and females on social, emotional and educational adjustment is not significant at .01 and .05 levels. Hence the hypothesis 'There will be a significant Gender Difference on Adjustment among adolescents' is rejected.
- The Independent sample t-test on the scores of Stress based on Gender differences among adolescents. The 't' value of stress 3.16 is significant at ($p < 0.05$). The hypothesis 'There will be a significant Gender Difference on Stress among adolescents' is accepted.
- The paired sample t-test scores mean difference in adjustment among adolescents before and after intervention. Positive Behavior Therapy being highly effective in bringing about the desired change in Adjustment levels of adolescents. The Hypothesis 'There will be a significant effect of Positive Behavior Therapy on Adjustment among adolescents' is accepted.
- The Paired-sample t-test scores of the adolescents on Stress before and after intervention. It can be seen that the t value for stress is highly significant ($p < 0.01$), showing that Positive Behavior Therapy is visibly effective in reducing the stress levels of adolescents. The Hypothesis 'There will be a significant effect of Positive Behavior Therapy on Stress among adolescents' is accepted.

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- A regression analysis was calculated to predict Adjustment based on Parenting Style. The hypothesis 'There will be a significant impact of Parenting Styles on the Adjustment among Adolescents' is accepted.
- A regression analysis was calculated to predict Stress based on styles of Parenting. The hypothesis 'There will be a significant impact of Parenting Styles on the Stress among Adolescents' is accepted.

Limitations

- The sample size is small.
- The data collection was done only in a small region of Coimbatore and the result may vary in the other parts of the country.
- The difficulty in obtaining permission from various schools for conducting the action research.

Recommendations

- Psychologists who are trained in Positive Behavior Therapy can be appointed in all educational institutions to provide training and counselling to the needy students.
- Workshops on Adjustment and Stress involving Positive Behavior Therapy can be conducted in educational institutions for the benefit of adolescents.

Suggestion for further research

- Findings of the current research might lead researchers to explore new dimensions of Parenting Styles, Adolescent Adjustment and Stress in future.

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- The research might be expanded to the diversified and cross-cultural samples from different cities and provinces in India as well as internationally for comparison purposes.
- Longitudinal research can be conducted on larger sample of students applying Positive Behavior Therapy.
- Further studies can concentrate on other variables among adolescents, it can include follow-up if the improvement is maintained over a period of time.

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Annexure 1

Personal Data Sheet

Name :

Date of Birth :

Age :

Sex :

Class of Study :

Father name :

Mother name :

Type of family : Joint/Nuclear

Size of family : Small/Big

Father Occupation :

Yearly Income :

Mother Occupation :

Yearly Income :

Address :

Phone number :

Annexure 2

PS-FFQ

Parenting Style Four Factor Questionnaire

Name of Parent :Age :Sex :
M/F.....

Name of Child :Age :Sex :
M/F.....

Sl No	Statements	All of the time	Most of the time ;	Some time	Rarely	Never
1	I want my child to follow my instructions because I am the authority to decide what to do or what not to do.					
2	I would like to be a friend philosopher and guide to my child.					
3	I am very soft with my child so that I cannot him/her at proper time by punishment.					
4	I do not have any demand or control on my child or to listen to the excuses in any kind of mistakes.					
5	I have little patience to tolerate any misbehavior of my child or to listen to the excuses in any kind of mistakes.					
6	I used to understand the feelings of my child in any situation and always try to get the opinion of my child whenever I buy something for him/her.					
7	Whenever the child comes with low marks, I will not give any punishments rather I feel he/she will become better next time.					
8	As I am very sad and depressed I cannot show much care and deep emotional tie up with my child.					
9	I strongly believe that my child's future is in my hand and so there is a strict time table for my child to follow.					
10	Important decisions of the family are done together and I give full freedom to my child to share everything with me.					
11	I give valuable reward to my child for obeying me or behaving well.					
12	As I am very busy with my household and office duties, I get less time to involve my child's studies or to listen his/her needs and wishes.					
13	I have clear expectations regarding my child's behavior and am not much bothered about the likings of my child regarding his/her future.					
14	As I understand the strength and weakness of my child, I set					

EFFECT OF POSITIVE BEHAVIOR THERAPY AND PARENTING STYLE ON
ADJUSTMENT AND STRESS AMONG ADOLESCENTS

	some appropriate rules for him/her and give friendly corrections whenever necessary.					
15	Though I have definite goal and planning about my child's future I cannot follow it strictly because of my leniency.					
16	I have enough stress and strain myself and hence I cannot take care of my child's welfare.					
17	I usually like to give physical punishment than giving advices to my child because I am sure he/she will not listen to it.					
18	I will not force my child in any of his/her future career and I also help him/her to set a realistic goal.					
19	As I was brought up by strictly disciplined parents, I am very liberal with my child.					
20	I usually give more important to my own likes and wishes but not bother much about needs or misbehaviors of my child.					
21	I believe that only through punishment a child can be corrected and I also do not like to give any financial freedom to my child.					
22	Whenever my child fail to follow the time table given to him/her, I remind the consequences with a touch of love and affection.					
23	I like to be a very affectionate parent towards my child and also I take the responsibility of my faulty parenting on my child.					
24	As I am busy and get little time to care my child, he/she is quite free to move own way to take decisions.					
25	The punishments I give my child depends upon my mood.					
26	My child talks with me out of being punished after he/she has done something wrong.					
27	I always threaten my child with punishment but do not actually doing it because of my leniency.					
28	As I am bounded with severe life problems, I ignore my child's misbehavior and I have no idea about his/her life outside the home.					
29	Whenever my child shows disobedience, I scold and criticize him/her with bursting anger.					
30	Even though I am busy I have enough time to visit my child's school & to meet teachers to know his/her progress.					
31	Because of excessive love and sympathy I have showing towards my child he/she has no self discipline.					
32	I never like to tell my child where I am going or why I am late.					

**EFFECT OF POSITIVE BEHAVIOR THERAPY AND PARENTING STYLE ON
ADJUSTMENT AND STRESS AMONG ADOLESCENTS**

Answer Sheet

Score	5	4	3	2	1	Score	5	4	3	2	1	Score	5	4	3	2	1	Score	5	4	3	2	1
Q	All of the time	Most of the time	Somewhat	Rarely	Never	Q	All of the time	Most of the time	Somewhat	Rarely	Never	Q	All of the time	Most of the time	Somewhat	Rarely	Never	Q	All of the time	Most of the time	Somewhat	Rarely	Never
1						2						3						4					
5						6						7						8					
9						10						11						12					
13						14						15						16					
17						18				1		19						20					
21						22				1		23						24					
25						26						27						28					
29						30						31						32					

Authoritarian :

Authoritative :

Permissive :

Uninvolved :

Name of the Parent :

Age :

Sex : M/F :

Name of the Child :

Age :

Sex : M/F :

Annexure 3

Adjustment Inventory

Sl. No	AREAS	STATEMENTS	YES	NO
1	A	Are you always afraid of something in your school?		
2	B	Do you avoid meeting your classmates?		
3	C	Do you forget soon what you have read?		
4	A	Suppose, your classmates do something unreasonable unknowingly, do you immediately get angry with them?		
5	B	Are you of a shy nature?		
6	C	Are you afraid of examinations?		
7	A	Do you worried of your teacher scolding you for your mistakes?		
8	B	Do you hesitate in asking a question when you don't understand something?		
9	C	Is it difficult for you to understand the lessons taught in the class?		
10	A	Are you jealous of those friends whom teachers appreciate very much?		
11	B	When some of your teachers are together, do you go there without any complex?		
12	C	Can you note down the lessons taught in class correctly?		
13	A	Do you envy those classmates whom you think better than you?		
14	B	Do you feel sometimes, as if you have no friend in your school?		
15	C	Do you yawn when lesson is taught in your class?		
16	A	When you see, some students talking themselves, do you think they are gossiping about you?		
17	B	Are you able to get friendly easily?		
18	C	Are you satisfied with the method of the teaching of the teachers of this school?		
19	A	Do you express your anger to others when you are not asked to come forward in any programme in your school?		
20	B	When some students are talking together, do you join them freely?		
21	C	Do you think that the teachers in the school do not pay any attention to your problems?		
22	A	Are you often sad and distressed in the school?		
23	B	Do you like to join your classmates working together?		
24	C	Are you satisfied with progress in your studies?		
25	A	Do you feel the teachers neglect you?		
26	B	Do you try to attract the attention of your teacher yourself in the class?		
27	C	Is it a burden for you to study?		

EFFECT OF POSITIVE BEHAVIOR THERAPY AND PARENTING STYLE ON
ADJUSTMENT AND STRESS AMONG ADOLESCENTS

28	A	Do you get yourself worked up and try to harm student when he/she complains against you?		
29	B	Do you often like to be alone?		
30	C	Are your teachers always ready to solve your problems, concerning your studies?		
31	A	Are often dissatisfied with your school?		
32	B	Do you establish a friendly relationship with the students in the school?		
33	C	Do your teachers in the school praise you?		
34	A	Do you try to rationalize your mistake?		
35	B	Do you like to sit in the front seats in the class?		
36	C	Do you often get less mark in the examination?		
37	A	Do you resent it when your teachers ask you a question in the class?		
38	B	Do you have a friendly association with your fellow students?		
39	C	Do you like the idea of having more holidays in the school?		
40	A	Do you get wild when one of your classmates jokes with you?		
41	B	Do you openly take part in the school assemblies?		
42	C	Do you often quarrel with your classmates?		
43	A	Do you sometimes go home before the school closes?		
44	B	Do you take part in the school sports?		
45	C	Do some of your teachers often keep on scolding you for the studies?		
46	A	Do you often have doubt on others in the school?		
47	B	Are you shy of talking to the senior students in school?		
48	C	Do you look at your teachers respectfully?		
49	A	Do you show impertinence (arrogance) towards something good sent by a mate with whom you don't get along well?		
50	B	Do you have some intimate friends in this school?		
51	C	Do you pay attention to the lesson being taught in class?		
52	A	Do you develop resentful feelings towards you teachers when you get less mark?		
53	B	Are you always ready to help your classmates in every way?		
54	C	Do you borrow books and magazines from the school library and read them?		
55	A	Are you often afraid of meeting the senior students?		
56	B	Do you enjoy irritating other students in the school?		
57	C	Do you take part in the debates?		
58	A	Do you feel mentally depressed when you meet the senior students?		
59	B	Do you lend your books or note-books gladly when your classmates ask for it?		
60	C	Are you interested in the things, regarding education?		

Annexure 4

Stress Inventory

PART-I

S.No	ITEMS	YES	NO
1	I sweat a lot		
2	I get tired easily		
3	I cannot stand loud noise		
4	I have very poor appetite		
5	I get giddiness/nausea		
6	I have difficulty in falling asleep/ disturbed sleep		
7	I get pain/aches in my joints/neck/back/head		

PART-II

S.No	ITEMS	YES	NO
1.	I feel sad		
2	I am highly irritable		
3	I feel helpless		
4	I loss my temper easily		
5	I do not enjoy activities which I used to enjoy		
6	I am worried about my poor health		
7	I find others too demanding		
8	I feel upset when I have to take up some responsibility		
9	I worry about my past/present/future		

PART-III

S.No	ITEMS	YES	NO
1	I take a long time to decide		
2	I get recurring negative thoughts		
3	I am overtaxing myself		
4	I keep forgetting things		
5	I cannot cope with sudden changes around me		
6	I am preoccupied		

PART-IV

S.No	ITEMS	YES	NO
1	I have strained posture		
2	I do not pay attention to what I eat		
3	I strive hard to achieve more and more		
4	I argue a lot		
5	I have no time for exercise/walking/relaxation		
6	I spend very little time with my family members		
7	I shout at others even for small matters		
8	I am worn out		

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam

Institute for Home Science and Higher Education for Women
Deemed to be University Under category 'A' By MHRD, (Estd. u/s 3 of UGC Act 1956)
Re Accredited with 'A' Grade By NAAC, Recognised by UGC Under Section 12 B
Coimbatore - 641043, Tamil Nadu, India



24 January 2019

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Dr. Judith Justin
Dr.Anitha Subash

To
Ms. S.Rupavathi
Department of Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear S.Rupavathi,

Ref: Your proposal No. IHEC/18-19/PSY/20 entitled
“Effectiveness of Positive Therapy in Enhancing Awareness among
School Students” submitted for approval of the IHEC on 30.09.18.

The Institutional Human Ethics Committee of our University hereby
grants approval to your research proposal No. IHEC/18-19/PSY/20
entitled “Effectiveness of Positive Therapy in Enhancing Awareness
among School Students” submitted by you. The Approval number
for the same is AUW/ IHEC/PSY-18-19/XPD/20.

We wish you all the best in your research endeavours.

Regards,

S. Uma Mageshwari
Dr.S.Uma Mageshwari
Member Secretary

