

**Efficacy of Rational Emotive Behaviour Therapy
(REBT) on Perceived Parental Bonding and
Dysfunctional Attitudes among Adolescents**

By

Savitha, B.

(15PCP006)

A Thesis Submitted to the

Avinashilingam Institute for Home Science and

Higher Education for Women

Coimbatore - 641043

In Partial Fulfillment of the Requirements

For the Degree of Master of Science in

Counselling Psychology

April 2017

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ABSTRACT

ABSTRACT

The present study examined the 'Efficacy of Rational Emotive Behaviour therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitudes among Adolescents', 105 students were participated in the study. They were assessed using Case Study Schedule, Parental Bonding (PBI) and Dysfunctional Attitude Scale (DAS). 52 students were selected and exposed to Rational Emotive Behaviour therapy (REBT) for the duration of 45 to 60 minutes every alternative days (week days) for a period of 2 weeks. After completion of 6 sessions, they were reassessed with the two variables. Rational Emotive Behaviour therapy (REBT) comprised of Rational Emotive Imaginary, Use of Humors, Skill Training, Role play ,Reverse Role-play, Psycho-education and homework, assignment. The results revealed that most parents have similar parental bonding, and high in dysfunctional attitude. Rational Emotive Behaviour therapy (REBT) helps in decreasing high dysfunctional attitude.

Keywords: Parental Bonding instrument (PBI), Dysfunctional Attitudes Scale (DAS), Efficacy Rational Emotive Behaviour therapy (REBT)

INTRODUCTION

CHAPTER I

INTRODUCTION

**“Adolescence is a new birth, for the higher and more completely
human traits are now born”**

- **Hall**

ADOLESCENT

Definition

Adolescence is an important period of physical, social and cognitive growth (Stagman, Schwarz and Powers, 2011). The physical and emotional changes in this period influence the behaviour of adolescents (Yannakoulia, Karayiannis, Terzidou, Kokkevi and Sidossis, 2004). Adolescence is a developmental period, lasting from about ages 12 to 19 that mark the end of childhood and the beginning of adulthood; it is a transitional period of considerable biological, cognitive and social changes. Adolescents go through remarkable changes. (Plotnik, 1993)

Papalia, Wendbos and Duskin (2004) defined adolescence as "The period of transition from childhood and adulthood entailing major physical, cognitive, emotional and psychosocial changes". The World Health Organization (WHO) (2003) defined adolescence as the "period from 10-19 years of age",

Meaning

According to the UNICEF (2012) 1.2 billion adolescents traversed the challenging crossroad between childhood and the adult world and India was home to the highest number of adolescents, at 243 million, followed by China, with around 200 million adolescents. Adolescence is a critical stage of growth and development among the stages of life viz. infancy, childhood, adolescence, adulthood and old age (Yadav, Krishna and Kavitha, 2007). It is assumed to be a time of psychological and social turmoil precipitated by hormonal changes, sexual awakening, identity strains and tensions associated with changing relationships as teens seek increasing autonomy from former dependence, particularly from family (Kaur and

Sachdeva, 2012). The characteristics that are reflected in the adolescents under the impact of physical, psychological and socio-cultural developments are the tendency to show independence in their behaviour pattern, distancing themselves from the parents and getting closer to peers, assertion of individuality and hence displaying gender identity, positive body image and a sense of esteem (Yadav, Krishna and Kavitha, 2007). The experiences, knowledge and skills acquired in adolescence have important implications for an individual's prospects in adulthood (UNICEF, 2012).

Adolescence (from Latin *adolescere*, meaning "to grow up") is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (age of majority). Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. Physical growth (particularly in males), and cognitive development can extend into the early twenties. Thus age provides only a rough marker of adolescence (Flexnes, 2004).

A thorough understanding of adolescence in society depends on information from various perspectives, including psychology, biology, history, sociology, education, and anthropology. Within all of these perspectives, adolescence is viewed as a transitional period between childhood and adulthood, whose cultural purpose is the preparation of children for adult roles. It is a period of multiple transitions involving education, training, employment and unemployment, as well as transitions from one living circumstance to another (Flexnes, 2004).

Early Adolescence

Early adolescence is the first stage and occurs from ages 10 to 14. Puberty usually begins during this stage. Like Henry, people in this stage become aware of their rapidly changing bodies and start to worry about their physical appearance. They might experience shyness, blushing, modesty, and a greater interest in privacy (Flexnes, 2004).

Early adolescents may feel invincible and start to engage in risky behaviours such as smoking and alcohol use. This period is also characterized by sexual curiosity, which is usually expressed through admiration of celebrities, teen idols, and musicians. Relationships with close friends become more important than family relationships. Early adolescents start to realize that

their parents are not infallible and begin to identify their own faults. It is also common for early adolescents to show acting-out behaviours (Flexnes,2004).

The term adolescence come from the Latin word ‘adolescere’, meaning “to grow” or ”to grow to maturity (Hurlock,2005). Adolescence is the collective term used to the stage of human development between ages of 10 and 19 years. Adolescence can be broken into three stages: early adolescence, middle adolescence, and late adolescence. (Flexnes,2004).

Physical Development

- Puberty: grow body hair, increase perspiration and oil production in hair and skin, Girls – breast and hip development, onset of menstruation Boys – growth in testicles and penis, wet dreams, deepening of voice
- Tremendous physical growth: gain height and weight
- Greater sexual interest (Flexnes,2004).

Cognitive Development

- Growing capacity for abstract thought
- Mostly interested in present with limited thought to the future
- Intellectual interests expand and become more important
- Deeper moral thinking (Flexnes,2004).

Social-Emotional Development

- Struggle with sense of identity
- Feel awkward about one’s self and one’s body; worry about being normal
- Realize that parents are not perfect; increased conflict with parents
- Increased influence of peer group
- Desire for independence
- Tendency to return to “childish” behaviour, particularly when stressed

Middle Adolescence

Middle adolescence is the second stage and occurs from ages 15 to 17. By this time, puberty has passed. Teens in this stage are extremely concerned with how they look, and they think others are concerned too. They spend a large amount of time grooming, exercising, and modifying their physical appearance (Flexnes,2004).

Relationships are often changing during middle adolescence. There is also worry about sexual attractiveness. Middle adolescents complain about their parents preventing them from becoming independent, and they withdraw from them. They may try to assert their independence by refusing to bathe, not cleaning their rooms, and picking up annoying habits. There is an intense focus on peer groups during middle adolescence, and teens in this stage tend to confide in each other more than they do their parents (Flexnes,2004).

As with early adolescence, teens in middle adolescence may feel invincible. Risk-taking behaviours are significantly increased during this stage. On the other hand, acting-out behaviours begin to decrease, since teens in this stage have a better grasp on how to use words as a means of expression (Flexnes,2004).

Physical Development

- Puberty is completed
- Physical growth slows for girls, continues for boys(Flexnes,2004).

Cognitive Development

- Continued growth of capacity for abstract thought
- Greater capacity for setting goals
- Interest in moral reasoning
- Thinking about the meaning of life (Flexnes,2004).

Social-Emotional Development

- high expectations and poor self-concept
- Continued adjustment to changing body, worries about being normal
- Tendency to distance selves from parents, continued drive for independence
- Driven to make friends and greater reliance on them, popularity can be an important issue
- Feelings of love and passion (Flexnes,2004).

Late adolescence

Late adolescence encompasses the latter part of the teenage years, broadly between the ages of 15 and 19. The major physical changes have usually occurred by now, although the body is still developing. The brain continues to develop and reorganize itself, and the capacity for analytical and reflective thought is greatly enhanced. Peer-group opinions still tend to be important at the outset, but their hold diminishes as adolescents gain more clarity and confidence in their own identity and opinions (Flexnes,2004).

Risk-taking – a common feature of early to middle adolescence, as individuals experiment with ‘adult behaviour’ – declines during late adolescence, as the ability to evaluate risk and make conscious decisions develops. Nevertheless, cigarette smoking and experimentation with drugs and alcohol are often embraced in the earlier risk-taking phase and then carried through into later adolescence and beyond into adulthood. For example, it is estimated that 1 in 5 adolescents aged 13–15 smokes, and around half of those who begin smoking in adolescence continue to do so for at least 15 years. The flip side of the explosive brain development that occurs during adolescence is that it can be seriously and permanently impaired by the excessive use of drugs and alcohol (Flexnes,2004).

Girls in late adolescence tend to be at greater risk than boys of negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia; this vulnerability derives in part from profound anxieties over body image that are fuelled by cultural

and media stereotypes of feminine beauty. These risks notwithstanding, late adolescence is a time of opportunity, idealism and promise. It is in these years that adolescents make their way into the world of work or further education, settle on their own identity and world view and start to engage actively in shaping the world around them (Flexnes,2004).

Late adolescents finally come quite close to adulthood to have a firm identity and more stable interests. Soon-to-be-adults and already adult kids attain greater emotional stability finally and have a more developed sense of humour. They are able to keep a little patience when there is a delay in gratification of their desires, and are able to think ideas through. They learn to express their feelings in words, compromise and make independent decisions. Unlike the earlier stages of childhood, late adolescents show greater concern for others. They become more self-reliant and take pride in their work. They start finalizing their thoughts about the role they want to play in their lives and become more concerned about their future (Flexnes,2004).

Physical Development

- Young women, typically, are fully developed
- Young men continue to gain height, weight, muscle mass, and body hair (Flexnes,2004).

Cognitive Development

- Ability to think ideas through
- Ability to delay gratification
- Examination of inner experiences
- Increased concern for future
- Continued interest in moral reasoning (Flexnes,2004).

Social-Emotional Development

- Firmer sense of identity
- Increased emotional stability
- Increased concern for others
- Increased independence and self-reliance

- Peer relationships remain important
- Development of more serious relationships(Flexnes,2004).

Problems of adolescence

Adolescence is the intermediate phase of life between childhood and adulthood. During this phase number of physical, behavioural, social and psychological changes occur to the young person. The sudden occurrence of these changes and the rapid pace at which they take place, gives rise to a number of problems, which the adolescents find hard to tackle due to the lack of proper knowledge and able guidance. A problem that may look ordinary to a matured person could be overwhelming to an adolescent. Some adolescent problems are short-lived; whereas others can persist over many years.(Yadav, Krishna and Kavitha, 2007).

The stressors, coupled with changing peer and family interactions, may lead in some cases to mental health problems, such as depression, suicidal thoughts, anxiety and somatic complaints. It is important for their significant others to be aware of these problems and to recognize their symptoms since mental health problems during adolescence can lead to other difficulties including substance use, school drop-out and antisocial behaviour (Kaur and Sachdeva, 2012).

- **Emotional tension:** Emotional development is at maximum and unstable. Self respect and personal pride make the individual emotional , The individual expects the things to be done as he/she aspires.
- **Personal appearance:** The adolescent is much worried about the appearance with modern and latest life style at any cost.
- **Emancipation:** It is the ambition for freedom from parental sovereign. The individual hates control of parents.
- **Economic independence:** The adolescent have to depend to their parents for personal expense, which is a major problem(Messina,2009).

Characteristics of adolescent problems

Individuals with Disabilities Education Improvement Act (IDEA, 2004) identified five categories of emotional disturbance affecting individuals internally; they were (a) Academic Problems (b) Social Problems (c) Behaviour Problems (d) Depression and (e) Anxiety. In addition to the above, the adolescents tend to confront other problems like health problems, mental health problems and family problems (Mash and Dozois, 2002; Walker, Ramsey and Gresham, 2004).

The spectrum of adolescent problems is wide. The problems vary in their severity and their commonality among girls versus boys and their variations among different socioeconomic groups. Most of the problems reported for adolescents from lower-SES background were under-controlled and externalizing behaviours like destroying others' belongings and fighting. However the problems of middle-SES adolescents and girls were more likely to be over-controlled and internalizing behaviours like anxiety or depression (Santrock, 2007).

These characteristics were analysed in the study conducted by Singhal (2003), wherein 40% of adolescents reported to have problems in the health, family, finance, psychological dispositions, social, emotional and academic spheres and more number of girls had health and emotional problems than boys. Government school students had more family and financial problems while more private school students experienced emotional problems. It was also estimated, in further studies, that 2% to 20% of adolescent students experienced emotional disturbances (Mash and Dozois, 2002; Walker, Ramsey and Gresham, 2004).

As adolescence is also a critical juncture in the adoption of the behaviour relevant to health (Benson et al, 2006; Greening et al, 2005; Michaud, 2005 and Phillips, 2003), many of the factors linked to poor health habits and early deaths in the adult years begin during adolescence (McGue and Iacono, 2005 and Viner, 2005). Social contexts, including families, peers and schools also influence adolescent health (Ramey, Ramey and Lanzi, 2006 and Roth, Brooks-Gunn, 2000). Parental caring and monitoring often combined to produce less risk-taking in youth thereby ensuring their physical and psychological well-being. A research on health concerns of

adolescents' produced the findings that 28% of the adolescents were concerned about health problems. 1/5 of the adolescents were concerned that they were physically weak, 1/3 felt that their efficiency was affected by poor health and 1/4 of the adolescents suffered from frequent headaches (Singhal and Rao, 2004).

One of the other major contributing factors for poor health in adolescents was low self-esteem. Social contexts such as the family, peers and schools contributed to the development of an adolescent's self-esteem (Dusek and McIntyre, 2003; Harter, 2006). The seriousness of a problem, however depends not only on the nature of the adolescent's low self-esteem, but on other conditions as well. When low self-esteem is compounded by difficult school transitions, a troubled family, or other stressful events, an adolescent's problem can intensify. Harter (2006) recently described how self-esteem, coupled with other factors, might be involved in adolescents' homicide and eating disorder. In another study, high narcissism, low empathy and being sensitive to rejection combined with low self-esteem were linked to adolescents' violent thoughts (Harter and McCarley, 2004).

The tensions and emotional strains to which the adolescents are exposed, might affect some that further produces serious personality disturbances. At the base of the vulnerability are often childhood conflicts. As the personality is shaken in preadolescence, these old conflicts are not solved in adolescence and take a new shape in adulthood. Finally, there is either a break with reality, the growth of neurosis, the development of personality disorders, sex deviations and addictions. Adolescents are also disturbed by many aspects of social life like problems in interpersonal relationships and problems related to body image (Flexner, 2004).

In some cases, adolescents may face problems at home for which they can find no solution. They may get caught in arguments between warring parents and into bitter fights with siblings, which make them feel of not really having a home. Illness in the family may also cause emotional difficulty in adolescents. Even though the family may look serene on the surface, the adolescent often feels misunderstood, exploited or blamed (Singhal and Rao, 2004). In a research conducted by Singhal and Rao (2004), 24% of adolescents' expressed problematic family concerns, 32% constituted to have negative family views and experience of parental insensitivity

and 9% were troubled by their parent's problem. More females expressed to have family problem than males. (Singhal and Rao, 2004).

Parenting types

Parenting is strictly is a personal practice based on the mind and wishes of two people; namely the father and mother. It is foolishness to define rules for parenting and forcing parents to follow clear-cut paths of parenting. Researchers have revealed that there are four common parenting types. Parenting is not a single activity, but the total of approaches and behavioural patterns used to care and groom children. The parenting styles are based on the entire specific behavioural patterns that influence the mental developments of children (Kopko 2007)

Experts suggest four different styles of parenting generally known as the parenting patterns. They are namely authoritarian parenting, authoritative parenting, permissive parenting and uninvolved parenting. Each of these patterns follows certain styles and behavioural pattern of parenting. Each of these styles influence the overall all emotional and psychological growth of children. These patterns differ in disciplinary measures, warmth and nurturance tactics, communication methods and control and maturity levels. Each style differs in the ways of executing the training methods on children (Kopko 2007)

Authoritarian Parenting or Affectionless Control Parenting

Authoritarian parenting is similar to monarchic administration. In this style, parents establish must to follow rules and regulations for children. Minor failure to obey these guidelines will result in punishment. This is the most unproductive and closed way of parenting as in authoritarian parenting parents never explain the importance of following the rules, or they simply do not bother to understand the emotional or feeling level of kids who may wonder why to follow rules (Kopko 2007)

Authoritarian parents do not tolerate kids questioning their authority on kids. Kids are expected to follow blindly what is ordered by the parents. In authoritarian parenting parents demand too much from the kids and at the same time they neglect the responsibilities towards

kids. No explanation and no advice is given to children but only commands and punishments. Needless to say, this is a destructive parenting style, rather influencing and creative (Kopko 2007)

Authoritative Parenting or Optimal Parenting

Authoritative parenting is much lenient style compared to authoritarian parenting. It is more like the democratic style of administration and training. In authoritative parenting, parents still hold the authority, but are tolerant enough to the doubts and questions of the kids. They do not just insist the children to obey blindly, but make them understand why to obey the rules and regulations. It is a demanding and responsible type of parenting. It is not through punishments, but through nurturing and advises parents influence the kids to follow rules and form disciplinary lifestyle. Authoritarian parenting is restrictive while authoritative parenting is assertive. The mentality of parents change entirely in this pattern and the intention behind executing commands is not to establish authority over children but to groom them to be responsible social beings (Kopko 2007)

Permissive Parenting or Affectionate Constraint

Also known as indulgent parenting, permissive parenting is a pattern that follows strong intercommunication and self-control measures. In this pattern, parents allow kids to be groomed himself/herself. They do not demand the kids to follow strict orders and punish them heavily for even minor mistakes. This is a give and take system. Parents nurture the kids and concern them properly and in return they expect mature and disciplined behaviour from the kids. The responsibility levels are greater than the demands. Permissive parents allow children to be self regulated. More communication and friendly approach to kids is the exclusive feature of permissive parenting. A disadvantage of permissive parenting is that children may end up in troubles as they do not know the limits. All children may not responsibly react to the freedom given by parents (Kopko 2007)

Uninvolved Parenting or Neglectful Parenting

Uninvolved parenting is considered to be the worst among parenting. As the name suggests in uninvolved parenting the involvement of parents in parenting process is zero. They do not communicate effectively with kids or get involved in their grooming. They leave the kids to grow their own. Uninvolved parenting doesn't mean that parents leave the kids to grow as orphans. But the responsibility level would be much lower than all other parenting styles. They care only to fulfil the basic needs of children. There won't be any attachment or affectionate practices between the kids and parents. It is said that many of the parents at the present time are forced to follow uninvolved parenting style. The busy schedules at work and the hustle and bustle of lifestyle keep parents away from kids. They seldom find time to spend with children. Experts suggest not to follow uninvolved parenting pattern as it is a highly destructive method of growing up kids (Kopko 2007)

Parental Bonding

Parental bonding can be described as an attachment between the child and the parent. This attachment theory is based on the idea that there are individual differences in terms of how infants become emotionally bonded to their primary caregivers and how these first attachment experiences influence the future developments of infants in social, cognitive and emotional aspects (Bowlby, 1969; 1977). Of the many different relationships formed over the course of the life span, the relationship between parent and child is among the most important (Steinberg, 2001).

In contrast, insecurely attached adults showed higher tendency to engage in antisocial behaviors, to suffer from depression and anxiety, to be clingy, dependent and less self-confident (Brennan & Shaver, 1991; Feeney & Noller, 1990). To measure the bonding between parent and child, Parker, Tupling and Brown (1979) developed the Parental Bonding Instrument (PBI) to assess the parental characteristics – care and overprotection, which might contribute to the quality of attachment. Twelve of the items on the PBI are identified as care items (e.g., affection, emotional warmth, empathy, and closeness versus emotional coldness, indifference and neglect)

and another 13 items are identified as protection or control items (e.g. overprotection, intrusion, control, prevention of independence versus independency and autonomy). Besides, another term used to describe enduring bond between parent and child is called the “parent-child connectedness” (PCC) (Brook, Brook, Gordon, Whiteman, & Cohen, 1990). This PCC is measured using two factors – control and warmth. Warmth factor includes characteristics such as trust, flexibility, shared optimism, autonomy or affection (Miller, Benson, & Galbraith, 2001) while parents who scored highly in control factor are more likely to deprive their children from decision-making or would restrict their freedom in making friends (Bean, Lezin, Rolleri, & Taylor, 2004). Examinations of PCC have explored the ongoing relationship between parents and children, which are often described in terms of different parenting styles: authoritative, authoritarian, permissive and neglecting parenting. Authoritative parenting combines both high warmth scores with moderate levels of control (Bean et al., 2004). In contrast, authoritarian parenting is defined by high level of control through rigid rules whereas permissive parenting is characterized by low or high warmth with low level of control (Bean et al., 2004). The most favorable parenting style is authoritative parenting (high warmth-moderate control), in which parents are usually emotionally warm, affectionate, and able to combine with a set of firm, yet fair disciplinary style (Bean et al., 2004). By doing so, they are able to create an emotional context in which parent-children connectedness (PCC) is high.

Parent- Adolescent Relationships

Even the best parents may find their relationships with their child strained during adolescence. Important aspects of parent-adolescent relationships include autonomy/ attachment and conflict. The adolescence push for autonomy and responsibility puzzles and angers many parents. Parents may have an urge to take stronger control as the adolescent seeks autonomy and responsibility. Heated emotional exchanges may ensue, with either side calling names, making threats and doing whatever seems necessary to gain control (Collins and Steinberg, 2006 and Zimmer-Gemback and Collins, 2003). But even while adolescents seek autonomy, parent-child attachment remains important (Collins and Steinberg, 2006).

Definition of Attitude

According to R. Jeffress we can say that attitude is a mental and emotional response to the variety of circumstances that occur in life. They are not specifically behaviours but modes or forms of conduct or performance (Jeffress, 2012).

It is expressed outwardly, through gestures, movements, words, cries, laughs, tears, or sometimes stillness and apathy, but it responds to internal, cognitive and affective stimuli. You cannot have an attitude to what is not known or is not valued as good or bad (Jeffress, 2012).

It means taking a body and/or evaluative position on certain objects or facts, based on knowledge gained from them. Positive or negative, feelings that make birth a response, a cause-effect relationship are generated at that mental representation (Jeffress, 2012)

Attitudes are expected to change as a function of experience. Tesser (1993) had argued that hereditary variable may affect attitudes but believes that they may do so indirectly. For example, if one inherits the disposition to become an extrovert, this may affect one's attitude to certain styles of Music. There are numerous theories of attitude formation and attitude change. These include:

- ❖ Consistency theories, what imply that we must be consistent in our beliefs and values, the most famous example of such a theory is ,
- ❖ Dissonance-reduction theory, associated with Leon Festiner, although there are others, such as the balance theory of Fritz Heider.
- ❖ Self perception theory, associated with Daryl Bem.
- ❖ Persuasion
- ❖ Elaboration Likelihood model associated with Richard E.Petty and the Heuristic systematic Model of shelly chaiken.
- ❖ Social judgment theory
- ❖ Balance theory. (Tesser 1993).

An attitude is a mixture of belief and emotion that predisposes a person to respond to other peoples, object, or institution in the way. Attitude summarize your evaluation of object. As a result, they predict direct future action (Oskamp and Schultz, 2005).

Attitude Formation

Attitude are acquired in several basic way. Sometimes attitude come from direct contact (personal experience) with the object of the attitude, such as opposing population when a nearby factor ruins your for river. Attitude also learn through interaction with others, that is through discussion with people holding a particular attitude. In most group pressure is conform shape our attitude just as they do our behaviour. Child learning (the effects of parental values, beliefs, and practises) also affect attitudes (Stecrer and Husted 2002).

These has no doubt that attitude are influenced by the mass media (all media such as magazine, television, that reach large audiences). Every day we are coaxed, persuaded, and skilfully manipulated by in the mass media. 19% of North American home have a television, which is on an average of over 7 hours a days (Stecrer and Husted 2002).

Impact and Explicit Attitudes

There is also considerable research on implicit attitudes, which are generally unacknowledged or outside of awareness, but have effects that are measurable through sophisticated method using people's response times to stimuli. Implicit and explicit attitudes seem to affect people's behaviour, though in different ways. They tend not to be strongly associated with each other, although in some cases they are. The relationship between them is poorly understand (Stecrer and Husted 2002).

Jung's definition

Attitude is one of the topics of Jung's 57 definitions in chapter XI of psychological types, Jung's definition of attitude is a "readiness of the psyche to act or react in a certain way" (Jung, 1921). Attitudes very often come in pairs, one conscious and the other unconscious. Within this

broad definition, Jung defines several attitudes. The main (but not only) attitude dualities that Jung defines are the following (Zanna 1993).

Types of Attitudes

Attitude is something that lies between emotions and thought processing. Attitude may be positive or negative. If someone has good feelings about something e.g. towards his/her work, or people, then it is positive attitude otherwise it would be negative (Kendra Cherry)

Positive Attitude

The predisposition that results in desirable outcomes for individuals and organizations can be described as positive attitude. Positive attitudes are rewarded. It means the individual is encouraged to do the same thing in future (Kendra Cherry)

Negative Attitude

The tendency of a person that results in an undesirable outcome for individuals and organizations can be described as negative attitude. Negative attitudes are punished in order to discourage the same action in future (Kendra Cherry).

Dysfunctional Attitudes

Dysfunctional attitudes - negative attitudes in the form of conditional statements that reflects deeply rooted schemata formed at early periods of childhood.

Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world, and the future. In major depressive disorder, major depressive episodes may include symptoms of sad mood, anhedonia, sleep/wake disturbances, weight change, and cognitive changes. Many of the cognitive changes reflect an information processing bias in which the importance of negatively valent (pessimistic) information is exaggerated and the importance of positively valent (optimistic) information is minimized. These cognitive changes may influence dysfunctional attitudes. With successful antidepressant treatment or cognitive behaviour therapy, dysfunctional attitudes can normalize within a healthy range. The level of dysfunctional attitudes

has also been shown to be higher than normal in patients with self hard behaviour and personality disorder (Zanna 1993).

Rational Emotive Behaviour Therapy (REBT)

Rational Emotive Behaviour Therapy (REBT) is based on the concept that emotions and behaviours result from cognitive processes; and that it is possible for human beings to modify such processes to achieve different ways of feeling and behaving. REBT is one of a number of therapies that come under the heading 'cognitive-behaviour'(Wayne Froggatt, 2005).

In the mid-1950's Dr. Albert Ellis, a clinical psychologist trained in psychoanalysis, became disillusioned with the slow progress of his clients. He observed that they tended to get better when they changed their ways of thinking about themselves, their problems, and the world. Ellis reasoned that therapy would progress faster if the focus was directly on the client's beliefs, and thus was born the method now known as Rational Emotive Behaviour Therapy. REBT was originally called 'Rational Therapy', soon changed to 'Rational-Emotive Therapy' and again in the early 1990's to 'Rational Emotive Behaviour Therapy'. REBT is one of a number of 'cognitive-behavioural' therapies, which, although developed separately, have many similarities – such as Cognitive Therapy (CT), developed by Psychiatrist Aaron Beck in the 1960's. REBT and CT together form the basis of the family of psychotherapies known as 'Cognitive-Behaviour Therapy'. Over the past half century, REBT has developed significantly, and continues to change(Wayne Froggatt, 2005).

Rational Emotive Behavior Therapy's (REBT) central premise is that events alone do not cause a person to feel depressed, enraged, or highly anxious. Rather, it is one's beliefs about the events which contributes to unhealthy feelings and self defeating behaviors (Wayne Froggatt, 2005).

Rational Emotive Behavior Therapy teaches the client to identify, evaluate, dispute, and act against his or her irrational self- defeating beliefs, thus helping the client to not only feel better but to get better(Wayne Froggatt ,2005).

Rational Emotive Behavior Therapy is an active-directive, solution-oriented therapy which focuses on resolving emotional, cognitive and behavioral problems in clients. Rational Emotive Behavior Therapy is one of the first forms of Cognitive Behavior Therapy and was first expounded by Ellis in 1953. Fundamental to Rational Emotive Behavior Therapy) is the concept that emotional suffering results primarily, though not completely, from our evaluations of a negative event, not solely by the events themselves. In other words, human beings on the basis of their belief system actively, though not always consciously, disturb themselves, and even disturb themselves about their disturbances (Wayne Froggatt, 2005).

The Rational Emotive Behavior Therapy framework assumes that humans have both rational and irrational tendencies. Irrational thought/images prevent goal attainment, lead to inner conflict, lead to more conflict with others and poor mental health. Rational thought/images lead to goal attainment and more inner harmony. In other words rational beliefs reduce conflicts with others and improved health (Wayne Froggatt, 2005).

REBT claims that irrational and self-defeating thinking, emoting and behaving are correlated with emotional difficulties such as self-blame, jealousy, guilt, Low Frustration Tolerance, depression, and anxiety. This is a view shared with some other well-known therapies, such as Re-evaluation Counseling and Person-centred counseling - as these both arose in the mid-50s, Ellis is thought to have had an influence on them. REBT is an educational and active-directive process in which the therapist teaches the client how to identify irrational and self-defeating tendencies which in nature are unrealistic, illogical and absolutist, and then to forcefully and emotionally dispute them, and replace them with more rational and self-helping ones. By using different methods and activities, the client, together with help from the therapist and in homework exercises, can gain a more rational, logical and constructive rational way of thinking, emoting and behaving (Wayne Froggatt, 2005).

One of main objectives in Rational Emotive Behavior Therapy is to show the client that whenever unpleasant activating events occur in people's lives, they have a choice of making themselves feel healthily and self-helpingly sorry, disappointed, frustrated, and annoyed, or

making themselves feel unhealthily and self-defeating horrified, terrified, panicked, depressed, self-hating, and self-pitying(Wayne Froggatt, 2005).

REBT also includes Emotional Behaviour Techniques:

- Rational emotive imagery
- Forceful coping statements
- Forceful taped disputing
- Role playing
- Reverse role playing
- Humor
- Unconditional acceptance by the therapist
- Teaching unconditional self-acceptance and unconditional other acceptance
- Shame-attacking exercises
- Skill training
- Staying in difficult situations
- Acting on rational beliefs

Need for the study

In recent years, we discern juvenile delinquency to be on the rise, thereby causing concern about the future of the adolescents and its impact on them and on the country, at large. This rise has thus awakened the need to understand the issues and their causal origin and to find solutions which could be beneficial and long-lasting.

Adolescence is often portrayed as the period of stress and storm. It is the period where lots of physical and psychological changes takes place which, in turn, affects the way in which the adolescents perceive every event in their life. This is a period of transition, craft the personality of the person, which then stands consistent from adolescence through adulthood. Thus an issue which seems less noteworthy could be overwhelming and cause distress. During this period, adolescents rely on their parents for emotional support and their need to be trusted also increases. Thus parental bonding plays a crucial role in helping the adolescents to withstand the pressure and stress that life tosses at them.

However, even though they expect support from their parents, their demands to be self-governed can become overpowering. Thus when there is combat between their need and parental bonding the density of upheaval directs the adolescents to indulge in delinquency and self-destruction. REBT is bound to be influential in bringing about an identifiable change in their thinking pattern and a positive attitude and self-healing and self- regulating beings.

Hence, in the present study, the researcher attempts to take their issues by understanding the nature of the problems, assessing the perceived parental bonding and their dysfunctional attitude. The researcher attempts to use REBT to resolve the perception of parental conflict and amplify personal productivity. REBT is an effort to modify people's views and beliefs about events of the situations and help them read more rational lives. REBT is directive, active, deductive approach that seek to minimize self- defecting thoughts, helping people to acquire more realistic and tolerant perspectives, and change emotions and behaviours. Hence, the subjects in the present study being with dysfunctional attitude.

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

The review of literature relating to the study, “Efficacy of Rational Emotive Behaviour Therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitude among Adolescents” is as follow:

- Parental Bonding
- Dysfunctional Attitude
- Parenting Adolescent
- Efficacy of Rational Emotive Behaviour Therapy (REBT)

Parental Bonding

Lent, Brown, & Hackett, (2000) this study examined the Role of Parents' and Children's Perceptions of Parental Support in Adolescents Career Choices. A total of 94 Italian adolescents (30 boys, 64 girls) and both of their parents ($N = 188$) participated in the study. The authors tested a fully mediated model between mothers' and fathers' perceptions of support and career choice through the indirect effect of adolescents' perceptions of parental support and career self-efficacy. Results provided support for the model. Specifically, both mothers' and fathers' perceptions of support predicted their adolescents' career choice through the mediating effect of the youths' perceptions of parental support and career self-efficacy. These results have important implications for practice and underscore that parents need to be involved very early on in their children's vocational development.

Mitsopoulo, and Giovazolias (2012) conduct a study on The Relationship Between Perceived Parental Bonding and Bullying. The present study aims in examining these relationships. Participants included 504 children (255 boys, 246 girls) from different primary schools of Crete. The standard version of the Peer Experiences Questionnaire was used to assess experiences in bullying behaviours, the Parental Bonding Instrument was used to assess self-reported sense of care and overprotection from the mother and father separately, whereas

empathy was assessed using the Greek version of Bryant's Empathy Index. A series of multiple regression analyses were conducted. Results showed that boys scored significantly higher on average with respect to Victimization of Others, and girls scored higher to specific sub-factors of empathy. It was also found that in the case of Care Mother, Sadness and Understanding of Feelings were significant mediators of Victimization of Others. Further, in the subsample of boys it was revealed that Sadness and Understanding of Feelings were significant mediators of the relationship between Care Mother and Victimization of Others. Implications for counselling interventions are also discussed.

Sideridis, and Kafetsios (2009) done a study on Perceived Parental Bonding, Fear of Failure and Stress during Class Presentations. The purpose of the present study was to test the hypothesis that students' perceptions of parental bonding may be predictive of how individuals approach achievement situations. It was hypothesized that reports of parental overprotection would be predictive of elevated fears and subsequent stress and low achievement compared to perceived parental care. No hypotheses were specified regarding the gender of the parent. In Study 1 participants were 230 elementary school students who were assessed on motivation, stress and affect prior to a "high stakes testing". Results indicated that paternal caring scores and, to a lesser degree, maternal caring scores were associated with lower levels of fear of failure, anxiety and depression. In Study 2, 58 college students were monitored (physiologically) during a class presentation in order to test the hypothesis that perceived parental rearing is predictive of stress through influencing fear of failure. Results from Multilevel Random Coefficient Modeling showed that perceived parental caring was associated with significantly lessened stress compared to perceived overprotection. Modeling the relationships using Structural Equation Modeling indicated that students reporting an overprotective parental style approached the task with significantly elevated fears, had elevated stress during the task, and lower task performance. Another salient finding was that students' perceptions of their fathers' parenting style was highly predictive of the stress response. The discussion reviews these findings and examines possible implications for enhancing achievement motivation in educational contexts.

Cella, Iannaccone, and Cotrufo (2008) examine study on Perceived Parental Bonding Affects Self-concept and Drive for Thinness, The main aims of the present study were to investigate the relationship between perceived parental bonding and self-concept and to investigate whether these variables have an effect on eating disturbances vulnerability by testing a mediation model. We screened 3158 Italian high school students (1132 males and 2026 females), ranging in age from 14 to 18 years old by means of self-report measures of parental behaviour as perceived by the offspring, eating disturbance propensity and self-concept. Weight and height were also measured. The link between a parental bonding behaviour characterized by low paternal care and by maternal overprotection and a dysfunctional eating attitude (expressed by the drive for thinness) was significant and was found to be perfectly mediated by adolescents' self-concept. Moreover, our results showed that the impact of self-concept for the drive for thinness (and hence on eating psychopathologies) is moderated by the participants' body mass index and gender, but not by age. We consider this evidence of study to be useful for the prevention and treatment of eating related problems in adolescence.

Kazlauskiene, et. Al.,(2015) explored the Effect of Retrospectively Perceived Parental Bonding on Resilience in Adulthood, Parenting is Reported to be a Crucial Factor for Children's Resilience; however, it is still unknown whether the effect of parental bonding in childhood persists on resilience later on in adulthood. The aim of our research is to evaluate the effect of retrospectively perceived parental bonding on adult resilience and its change in adulthood; we aim to study parental care, authoritarianism and behavioural control as the dimensions of parental bonding. A total of 745 adults from 18 to 81 years of age ($M=44.54$, $SD=17.96$) completed Lithuanian versions of the abbreviated Parental Bonding Instrument (PBI) and the 14-Item Resilience Scale (RS-14). Results show that there is a small though significant effect of parental bonding on resilience: the importance of parental care persists even into older age, but the significance of authoritarianism diminishes with age.

Raudino, Fergusson and Horwood (2013) conducted a longitudinal study to examine the 4 relationships between measures of parental bonding and attachment in adolescents (age 15-16) and later personal adjustment (major depression, anxiety disorder, suicidal behavior, illicit drug abuse/dependence, crime) assessed up to the age of 30. Key findings included: 1) There were

significant and pervasive associations between all measures of attachment and bonding and later 14 outcomes. 2) Structural equation modelling showed that all measures of bonding and attachment loaded on a common factor reflected the quality of parent/child relationships in adolescence. 3) After adjustment for covariates there were modest relationships between the quality of parent/child relationships in adolescence and later adjustment.

Cavendish, Nielsen and Montague (2012) investigated whether Parent Attachment, School Commitment, Gender, Race/Ethnicity and Educational Placement Influenced Negative Outcomes. The sample was 179 minority adolescents. The tools included teacher ratings of the students' behaviour problems and self reports of alcohol use. Results indicated that increased parent attachment was associated with reduced levels of alcohol use. While school commitment was not associated with growth trajectories of problem behavior in the multilevel models, gender, race/ethnicity and special education placement were significant predictors.

Neha and Shobhna (2011) done a study on the Relationship Between Achievement Motivation, Parental Support and its Gender Differences on Adolescents. The questionnaires Deo Mohan Achievement Motivation Scale (Deo and Mohan, 1985) and Family Support Scale (Rajneesh, 2004) were administered to 500 adolescents in the age group of 1 to 18 years from Varanasi. The results revealed that parental support for their children had a strong influence on achievement motivation and that girls were more sensitive to parental support compared to boys.

Tam and Yeoh (2008) investigated the Relationship Between Parental Bonding and Parent-Child Relationship among Tertiary Level Students in which Gender and Cultural Effects were also taken into consideration. The questionnaires Parental Bonding Inventory (PBI) and Parent-Child Relationship Survey (PCRS) were given to 160 tertiary level students. Results indicated that stronger parental bonding promoted better parent-child relationship. Besides, females were found to have better parental bonding as well as parent-child relationship compared to males. From a cultural aspect, there was no difference among races in terms of parental bonding and parent-child relationship.

Nickell, Waudby and Trull (2002). Studied the Relationship Between Parental Bonding and Attachment Constructs and Borderline of Personality Disorder features among 393 Adolescents.

Hierarchical regression analyses revealed that parental bonding and attachment scores (especially insecure attachment, anxious or ambivalent attachment and a perception of a relative lack of caring from one's mother) were uniquely associated with borderline features beyond what could be accounted for by gender, childhood adversity experiences, Axis I disorder and non-borderline Axis II symptoms.

Luanpreda, and Verma (2015) examine the influence of Parental Bonding on Depression, Shame, and Anger among Thai Middle School Children, being Mediated by Peer Victimization (victim of bullying) Research has identified that victims of school bully often experiencing emotional distress and parental bonding as the factor for children to cope with these feeling better. As an attempt to understand better how does parental bonding impacts on victims' state of emotion, the current study explore the direct and indirect influences of perceived parental bonding (caring and overprotection), being mediated by peer victimization (victim of bullying), on the emotive states of depression, shame, and anger among Thai middle school children. This quantitative study employed a correlation design via path modeling to test the stated research hypotheses. The results of this study were based on the responses of participants to a six-part survey questionnaire. This investigation involved a sample of 180 Thai school children aged between 11 and 15 years to provide baseline measurements of the targeted relationships to meet the objectives of this study. The findings indicate that the lower level of parental bonding shows a higher level of depression among children. Also, victims of bully report to develop higher level of depression and anger. Furthermore, there is no significant gender difference in peer victimization.

Amira et. al., (2012) conducted a study on Perception of Parental Bonds and Suicide Intent Among Egyptian Adolescents Suicidal adolescents, compared to their non suicidal peers, tend to perceive their parents as less "caring" and more "controlling"—which characterizes the "affectionless control" parenting style. Research findings are inconsistent regarding the distinct influence of mother versus father parenting on youth suicide intent; moreover, the influence of parents' joint parenting styles on suicide intent has not been investigated. Using a cross-sectional

design and large sample ($N = 150$ youth, 13–21 years old), currently hospitalized in a treatment center in Egypt for a recent suicide attempt, data were collected using the Suicide Intent Scale, Parental Bonding Instrument, and Center for Epidemiologic Studies Depression Scale. Seventy percent of youth reported high suicide intent. Mother and father parenting styles, assessed independently, were not associated with adolescent suicide intent. The joint effect of both parents' parenting style, however, was positively associated with suicide intent (Wald $\chi^2 = 8.79, p = .03$). Suicide intent was stronger among adolescents who experienced neglectful compared with optimal parenting style ($B = 1.93$, Wald $\chi^2 = 4.28, p = .04$). The findings have direct implications for mental health nursing interventions, signaling the critical need to engage *both* parents in family-based interventions to address youth suicidal behavior.

Dysfunctional Attitude

Otani, and Suzuk, (2013) , conducted a study on the Effects of Parental Rearing on Dysfunctional Attitudes in three areas of life with special attention to gender specificity. The sample was taken from 600 volunteers. The Dysfunctional attitudes were assessed by the 24-item Dysfunctional Attitude Scale, self-control subscales. Perceived parental rearing was assessed by the Parental Bonding Instrument, which has the Care and Protection subscales were used as the tool in this present study. The present study suggests that parental overprotection engenders dysfunctional attitudes about achievement and dependency in a gender-specific manner.

Lee and Hankin (2009) studied Insecure Attachment, Dysfunctional Attitudes, and Low Self-Esteem Predicting Prospective Symptoms of Depression and Anxiety During Adolescence the sample of the study is dysfunctional attitudes and low self-esteem were tested as mediators of the association between insecure attachment and symptoms of depression and anxiety. Youth ($N = 350$; 6th–10th graders) completed self-report measures of attachment, dysfunctional attitudes, self-esteem, and symptoms of depression and anxiety in a 4-wave prospective study. That the results indicate that anxious and avoidant attachment each predicted changes in both depression and anxiety (after controlling for initial symptom levels). The association between anxious attachment, but not avoidant attachment, and later internalizing symptoms was mediated by dysfunctional attitudes and low self-esteem.

Kërqeli, Kelpi, and Tsigilis (2013) conducted a study between Dysfunctional Attitudes and Their Effect on Depression. In the study took part one-hundred sixty undergraduate students in Kosovo. Results indicated that there was a slight decrease after negative mood priming in the level of dysfunctional attitudes for both groups of participants; however, after positive mood priming there was an increase for both groups. Nonetheless, hierarchical regression analysis results revealed that the model of prediction with the level of dysfunctional attitudes after both priming conditions and the group of depressive symptomatology explains a proportion of variance in depression 28.7% ($\Delta R^2 = .24$, $F_{\text{change}}(3, 91) = 10.655$, $p < .001$). Result shows that that negative mood priming is not a successful procedure in eliciting dysfunctional attitudes and that there is no difference based on depressive symptomatology in the increase of dysfunctional attitudes after mood priming. Further attention needs to be paid to the effects of positive mood priming. Nevertheless dysfunctional attitudes predict symptoms of depression, thus supporting Beck's model but the level of dysfunctional attitudes assessed after positive mood priming predicted symptoms of depression in a negative linear direction pointing to differences in findings and questioning the universality of the cognitive model of depression across cultures.

Goluban, and Martina. (2013), examined the Cognitive theories assume that dysfunctional attitudes could be associated with the emergence of psychological disorders. The aim of this study was to investigate the expressiveness of dysfunctional attitudes with regard to expressiveness of symptoms of depression, anxiety and stress in student sample. Research was conducted on a sample of 294 students from 16 different faculties of the University of Zagreb. Dysfunctional attitudes were assessed using The Dysfunctional Attitude Scale (DAS-A) and The Depression, Anxiety and Stress Scale (DASS-21) was used to measure symptoms of psychological disturbances. Most of participants in this study reported moderate level of dysfunctional attitudes. Result shown that participants with higher levels of dysfunctional attitudes had more symptoms of depression, anxiety and stress. Participants who have prominent disturbance on one of the DASS-21 subscales have significantly more dysfunctional attitudes of participants who on the same subscale achieve result in the category of normal (no disturbance), which is most apparent at depression. Furthermore, the results showed that there is significant difference in expressiveness of dysfunctional attitudes with respect to clinical expressiveness of specific dimensions of disturbances identified on the DASS-21. Participants with no clinical

elevations on subscales have significantly less dysfunctional attitudes from participants who have elevations on two or three subscales.

Hussen and Yeswant (2014) conducted a study on The relationship between Dysfunctional Attitudes, Self - Esteem, Life Event Stressors and Depression Among Addis Ababa University students. Studies has consistently demonstrated that major depressive episode in patients compared to controls is preceded by major life event stressors. Beck postulated that maladaptive cognitive styles when triggered by stressful life events leads to depression. Self esteem is also a vulnerability factor to depression. Self esteem deficits are thought to play a Role in vulnerability to depression. thus the present study objective was investigating how prevalent depression is in university students and examining the main effects and interaction effects of self esteem ,dysfunctional attitudes, life event stressors, and gender on depressive symptoms among university students (N = 308). cross sectional research design was utilized to met the research objectives. Prevalence rate of 31.8% was found among AAU students. Regression analysis has shown that dysfunctional attitudes, self esteem, life stressors and gender had a unique significant contribution to the variability of depression and the regression model that included these variables was significant predictor of depression. The above mentioned variables were tested for their interactive effects on depression. Interaction of life stressors and dysfunctional attitudes, and life stressors and gender were not significant predictors of depression. However Interaction of self esteem and dysfunctional attitudes were significant predictors of depression. These results suggest that self esteem, dysfunctional attitudes, gender and life stressors have relationship with depression and might be vulnerability factors to depression. Dysfunctional attitudes and self esteem in combination predicts depression above and beyond the independent effect each have on depression.

Choe, et.al., (2012) have done a study on Effects of Dysfunctional Attitude of College Students on Job-Seeking Anxiety. Ever-increasing job-seeking burden and anxiety of college student, have examined how their dysfunctional attitude affected job-seeking anxiety. The subjects of this study were 600 college students in Metropolitan area. The survey period was conducted from May 21, 2012 to June 1. The study had the findings as below. First, the impact of dysfunctional attitude on job-seeking anxiety was found in the form of 27% physical

condition, 18% aroused situation and 10% parental expectations, and especially perfectionism had substantial impact on job-seeking anxiety. Second, correlation analysis between dysfunctional attitude and job-seeking anxiety showed that dysfunctional attitude had direct relationship with all of physical condition, aroused situation and parental expectations. Under the circumstances, more in-depth analysis of dysfunctional attitude and proper interventions are required so that students are able to lower their job-seeking anxiety, prepare healthy work life in society. So is required research and development of programs that can work as a driving force for students to minimize their dysfunctional aspects particularly pursuit of perfectionism and seek jobs as wanted.

Kaur, and Kaur (2014) conducted a study on Dysfunctional Attitude and Self-Blame Effect on Self-Esteem and Self-Conscious Emotions among Adolescents. This study investigated the effect of dysfunctional attitude and self-blame on self-esteem and self-conscious emotions (shame and guilt) among adolescents. 122 adolescents between 15-19 years were taken in for the study. They were students of 11th and 12th standard of various public and private schools of Patiala. All the participants were given Child and Adolescent Dysfunctional Attitude Scale (CADAS), Attribution Blame Questionnaire (ABQ), Multidimensional Self-Esteem Inventory (MSEI), Test of Self Conscious Affect- Adolescents (TOSCA-A). Results showed that adolescents high on dysfunctional attitude are low on self esteem and high on shame whereas adolescents high on self-blame were also low on self-esteem and high on shame. The study also shows interaction between dysfunctional attitudes and self-blame

Senormanci , Konkan , Guclu , Senormanci ,and Sungur (2009) examine the Relationship Between Dysfunctional Attitudes, Rumination Response Styles and Depression. Here they aimed to investigate the relationship between rumination response styles, dysfunctional attitudes and depression. 60 patients diagnosed with depression according to the DSM-IV-TR diagnostic criteria in the Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery outpatient clinics are involved in our study. All participants were administered a socio demographic questionnaire, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Beck Depression Inventory (BDI), Dysfunctional Attitude Scale (DAS) and Ruminative Responses Scale (RRS-short version). Result shows that , there was mild-moderate

negative correlation between depression and the perfectionist attitudes, need for approval, independent attitudes subscores. The RRS-short version brooding subscore was highly positively correlated with depression. Depression and RRS-short version reflecting score was moderately and positively correlated. As predictors of depression, high subscores of RRS-short version brooding and RRS-short version reflected increased risk for depression, whereas high.

Moghtader and Urmia (2016) undergone a study on the Effectiveness of Mindfulness-based Cognitive Therapy in Reducing Rumination, Dysfunctional attitude and Negative Automatic thoughts in patients with generalized anxiety. This study aims to determine the effectiveness of mindfulness-based cognitive therapy on reducing rumination, dysfunctional attitude and negative automatic thoughts in patients stricken with generalized anxiety. This quasi-experimental study is done with pretest-posttest module with control group. The statistical population consisted of approximately 100 patients with generalized anxiety who referred to Avaye Omid Psychological Clinic in Rasht in the first six months of 2016 and were selected using available sampling method. Then, 30 patients stricken with the generalized anxiety were selected and randomly divided into two groups as control and experimental groups. Eight sessions of mindfulness-based cognitive therapy were done on the experimental group, and the control group was waiting for treatment. The examinees in two above groups were studied in two stages of pretest and posttest using of rumination, dysfunctional attitude, and negative automatic thoughts questionnaires. The multivariate of covariance was used in the analysis of the results. The covariance analysis showed that the mindfulness-based cognitive therapy on reducing rumination: ($F=68/981$, $P=0/0001$), dysfunctional attitude: ($F=18/033$, $P=0/0001$) and negative automatic thoughts (attitudes): ($F=145/744$, $P=0/0001$) & (frequency): ($F=68/524$, $P=0/0001$) was effective on female patients with generalized anxiety in the experimental group. It seems that psychological interventions have a significant impact on reducing anxiety. Therefore, it is recommended to use this treatment method along with other effective methods of psychotherapy and medication use.

Hasan (2007) done a study on A Comparative Study on Dysfunctional Attitudes Between Athlete and Non-Athlete Students. The purpose of this study was to compare dysfunctional attitudes leading to depression in two groups of athlete and non-athlete of high school student.

The statistic population composed of 1436 athletes and nonathletes of high school students. 150 athletes and 94 nonathletes (N = 244) who were chosen as subjects, using randomly cluster sampling method .The independent variable of dysfunctional attitude was measured using (D.A.S) scale . To test research hypothesis, the statistical parametric method (SPSS) and T test for independent group (P = 0/05) were used. Comparison between total grades and seven factors (confirmation , kindness, success , perfectionism , competence , absolute strength and independent opinion) relevant to dysfunctional attitudes leading to depression in two groups of athletes and non-athletes showed that there were a significant relationship between total grades and confirmation , kindness and absolute strength, however, relationship between success and independent opinion were not significant. These finding indicate that cognitive attitudes in athletes sometimes make them more susceptible to catch with depression. Confirmation, kindness , success and failure were more important to athletes than non-athletes . According to results, the athletes are more sensitive to others' feelings and events around them than non-athletes, thus in situations like losing a game, suffering from an injury and retirement, they are more ready to catch with depression . Therefore they need more attention of parents, coaches and relatives. Results show that physical activities can not decrease dysfunctional attitudes leading to depression , and it is necessary to study other consequences of physical activities such as behavioral and biological ones . Results of the present study confirm that using cognitive therapy method, accompanied by physical activity can be more effective in decreasing dysfunctional attitudes.

Hejazi , Aghayari ,and Jarchi (2016) examined a study on the Comparison of Dysfunctional Attitudes, Cognitive Distortions, and Difficulty in Emotion Regulation between People with Substance Abuse and Normal Individuals The aim of this study was to compare dysfunctional attitudes, cognitive distortions, and difficulty in emotion regulation between people with substance abuse and normal people. The research method of this study was descriptive and causal-comparative. The population of this study consisted of the men with substance abuse (opium and opium sap) who had referred to one of the rehabilitation camps of Mahneshan city. In addition, the normal people of this city constituted the population of the control group in this study. The number of 90 subjects with substance abuse was selected as the sample units via

purposive sampling according to the inclusion criteria of this study. Similarly, the number of 90 normal subjects was selected as the sample units of the comparison group via convenience sampling method. The subjects of both groups had been matched together in terms of age and education level. Then, Dysfunctional Attitude Scale (DAS-40), Cognitive Distortions Scale, and Difficulties in Emotion Regulation Scale were administered to both groups. The results showed that there were significant differences between the two groups in all three variables and drug abusers gained higher scores in dysfunctional beliefs, emotional regulation difficulties, and cognitive distortions. These differences are important in the design of clinical interventions for treatment.

Parenting Adolescents

Walker, Bean and Hsieh(2011)examines both mothers' and fathers' parenting (positive and negative)and adolescents personal characteristics(religiosity, social initiative, aggression, depression) in relation to perceived deviant peer association for European American and Latino adolescents. Using structural equation modeling, adolescents' reports of positive and negative mothering and fathering were found to be related to adolescents' personal characteristics, and these characteristics were, in turn related to perceived deviant peer association. Ethnic differences in mean were found in both parenting and outcome variables, with European American adolescents reporting higher levels of positive parenting and social initiative, and lower levels of perceived deviant peer association than Latino adolescents. Despite these mean differences, no ethnic differences were found overall measurement or structural model, suggesting that this process functions similarly for these two ethnic groups.

Besharat, Azizi and Poursharifi (2011) conducted a study to examine the Relationship between Parenting Styles and Children's Perfectionism in a sample of Iranian families, Four hundred high school students(213 girls,187boys) along with their parents) (342 fathers , 364 mothers) were included, students and their parents were asked to complete the Tehran Multidimensional Perfectionism Scale (TMPS; Besharat, 2007) and Parental Authority Questionnaire (PAQ; Buri,1991), respectively. The results revealed that only fathers authoritarian style was significantly associated with dimensions of perfectionism in their children.

It can be concluded that authoritarian style of parenting would influence of children's perfectionism characteristics.

Huiver, Oosterlaan, Bries and Engels (2010) examined the Relation between Parental Personality and Parenting Style among 688 Dutch parents of adolescents. The study assessed Big Five personality traits and derived parenting styles (authoritative, authoritarian, indulgent, and uninvolved) from scores on the underlying dimensions of support strict control. As regards dimensions, the two aspects of personality reflecting interpersonal interactions (extraversion and agreeableness) were related to supportiveness, Emotional stability was associated with lower strict control. As regards parenting styles, extraverted, agreeable, and less emotionally stable individuals were most likely to be authoritative parents. Conscientiousness and openness did not relate to general parenting, but might be associated with more content-specific acts of parenting.

Zakeri, and Razmjoo (2010) investigated the Relationship between the Parenting Styles and Resilience, Three-hundred-fifty Shiraz University students (235 female and 115 males) were participants of the study. Steinberg's parenting style scale (2005) and Canner-Davidson Resilience Scale (CD-RISC) were used as measures of the study, simultaneous multiple regression of CD-RISC total score on the parenting styles subscales, revealed that the "acceptance-involvement" style was significant positive predictor of the resilience, whereas the "psychological autonomy-granting" and "behavioral strictness-supervision" styles didn't had a significant predict power for the resilience.

Shapka and Olson (2010) examined the association between Parenting behaviours and Adolescents Online Aggression. The sample included 733 adolescents (451 females) between 10 and 18 years, from western Canada. Participants completed a questionnaire that included questions on internet aggression, and parenting. The parenting questions were modified from Stattin and Kerr's (2000) questionnaire to better suit the online environment. Results from the univariate least squares factor analysis revealed two distinct factors: 1) parent solicitation (parents as where child is going on the internet), (2) child disclosure (child naturally tells parents what they are doing) Hierarchical Linear Regression analysis revealed that having a computer in the bedroom increased the likelihood of engaging in online aggression and that adolescent self-disclosure of online behaviours (and not controlling or monitoring online activities) was negatively associated with online aggression. These findings emphasized the importance of

establishing good communication between parents and adolescents rather than investing money on monitoring software and on controlling adolescents internet use.

Pike and Eley (2009) examined associations between Parenting and both Peer group characteristics and Friendship Quality within a Genetically Sensitive Design. Participants were aged 12-19 years (approximately equal numbers of male and female), including 424 sibling pairs and 1185 twin pairs, of whom 328 were MZ 311 were DZ same-sex, 463 were DZ opposite-sex and 83 were of unknown Zygosity. The adolescents provided self-report questionnaire. Measures of parental discipline, friendship quality, and peer group characteristics. All three relationship measures were moderately to substantially heritable. The novel and provocative finding, that adolescence' genetic propensities are largely responsible for the overlap seen between parental discipline strategies and friendship quality, was discussed in terms of its implications for socialization theory and understanding of adolescent relationships.

Efficacy of Rational Emotive Behaviour Therapy (REBT)

Ndidi and Fidel (2012) examined the impact of Rational Emotive Behaviour Therapy (REBT) in fostering self- efficacy amongst academically at –risk learners in National open University of Nigeria (NOUN). A pre-test and post-test control group quasi experimental design with 2x2x2x2 factorial matrix was adopted for the study. Stratified random and Probability Proportional to Size sampling techniques (PPS) were used to draw one hundred and thirty-five respondents (Males=68; Females=67) with age range of between 22 and 51 years (\bar{x} =16.17; SD=1.01) from first-year NOUN undergraduates in South West geopolitical zone of Nigeria. The experimental group was treated with nine sessions of one and half hour using REBT, while the control group was not treated. General Self-Efficacy (GSE) scale ($r=0.81$) was the outcome measure. Analysis of Covariance and t-test for independent samples were used to test the four null hypotheses at 0.05 alphas. The findings revealed that REBT was effective in fostering self-efficacy in the treated group ($F(1,130) = 54.11, P < 0.05$ when compared with their counterpart in the control group. Males have superior treatment gains (\bar{x} =40.11) over the female participants (\bar{x} =33.03). Participants educational level and age significantly influenced study outcomes ($t=25.55; df=133, P=3.14, <0.05$) and ($t=4.64; df=133, P=1.77, <0.05$). The outcome of

this study provided insight into the viability and potential of REBT in fostering self-efficacy in academically at-risk learners.

Zhaleh¹, N., Zarbakhsh, M., and Faramarzi, M., (2014). The study aimed at examining the effectiveness of Rational-Emotive Behaviour Therapy on the adolescent girls' depression. The research has been experimental in nature and has been done with a pre-test/post-test design taking into account a control group. After screening the candidates, a sample of 30 female school students who scored 20 or above in the Child Depression Inventory (CDI) Questionnaire (Kovacs, 1992) were randomly selected through a simple sampling procedure and were placed randomly at two groups of 15 subjects, the Experimental and control groups. The experimental group members participated, on a weekly basis, in 10 sessions of 50 minutes receiving Rational-Emotive Behaviour Therapy trainings. Upon the completion of training sessions, once again, the subjects of the two groups replied to the questionnaire. The data gathered was analyzed using Analysis of Covariance (ANCOVA) test by using the SPSS software. The results findings obtained show the effectiveness of the REBT on the decrease of depression inventory scores where the scores of the experimental group as opposed to those of the control group indicate an improvement in the construct under measurement in the post-test stage. The results indicate that Rational-Emotive Behaviour Therapy is affective on the reduction of depression in female adolescents more specifically with an emphasis on such principles and techniques as the identification of cognitive errors, the musts and the rules, the identification of core beliefs, challenging the irrational beliefs, the musts and the core beliefs, as well as distinguishing individuals from behaviours and from acceptance.

METHOD

CHAPTER III

METHOD

The method of the study on, ‘Efficacy of Rational Emotive Behaviour Therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitudes among Adolescents’ was carried out involving following steps:

- Objectives
- Research Questions
- Null Hypotheses
- Area
- Sample
- Inclusion Criteria
- Exclusion Criteria.
- Tools
- Procedure
- Experiment Design
- Treatment
- Duration
- Re-assessment
- Analysis of Data

Objectives

- ✓ To assess the Perceived Parental Bonding among sample.
- ✓ To identify the Dysfunctional Attitude in the sample.
- ✓ To understand the efficacy of REBT in Parental Bonding and Dysfunctional Attitude
- ✓ To study the effect of Rational Emotive Behaviour Therapy (REBT) in the Enhancement of Parental Bonding and Dysfunctional Attitude among the sample.

Research questions

- How does the samples Perceive Parental Bonding?
- What are the Dysfunctional Attitude among the samples?
- Does Rational Emotive Behaviour Therapy help in enhancing Parental Bonding and Dysfunctional Attitude among the sample?

Null Hypotheses

The hypotheses are stated as Null Hypotheses, which can be either accepted or rejected, based on the results:

- The perceived parental bonding is evident in the sample.
- There are different types of Dysfunctional Attitude among the sample.
- Rational Emotive Behaviour Therapy (REBT) help in Enhancing Perceived Parental Bonding and Dysfunctional Attitude among the sample.

Area

PSGRKC Krishnammal College for Women, Peelamedu, Coimbatore, Tamil Nadu was selected for the present study. The reasons for selecting this area are as follows:

- Availability of the required number of sample.
- Willingness of the college authorities to grant permission and provide the necessary facilities to conduct the action research.
- Openness of the students to participate in the study.

Sample

One Hundred and five (105) students in the age range of 17-19 years doing B.com CA were identified for the study. The purposive sampling method was used to classify the samples.

Inclusion Criteria

- Age between 17-19 years were selected for the study
- Students with High dysfunctional attitude
- Both day scholars and hostelite were chosen
- Willingness to participate in the action research
- Students with neglectful parents and affection less control were chosen.

Exclusion Criteria

- Age range below 16 years and above 20 years were excluded
- Student with Physical, Mental Disabilities were excluded
- Single parenting students are rejected.

Case Study Schedule (2017) (Annexure I)

Case Study (Annexure I) was used to collect the personal details about the samples such as their personal and family history.

Perceived of Parental Bonding Instrument (Parker, Tupling and Brown, 1997) (Annexure II)

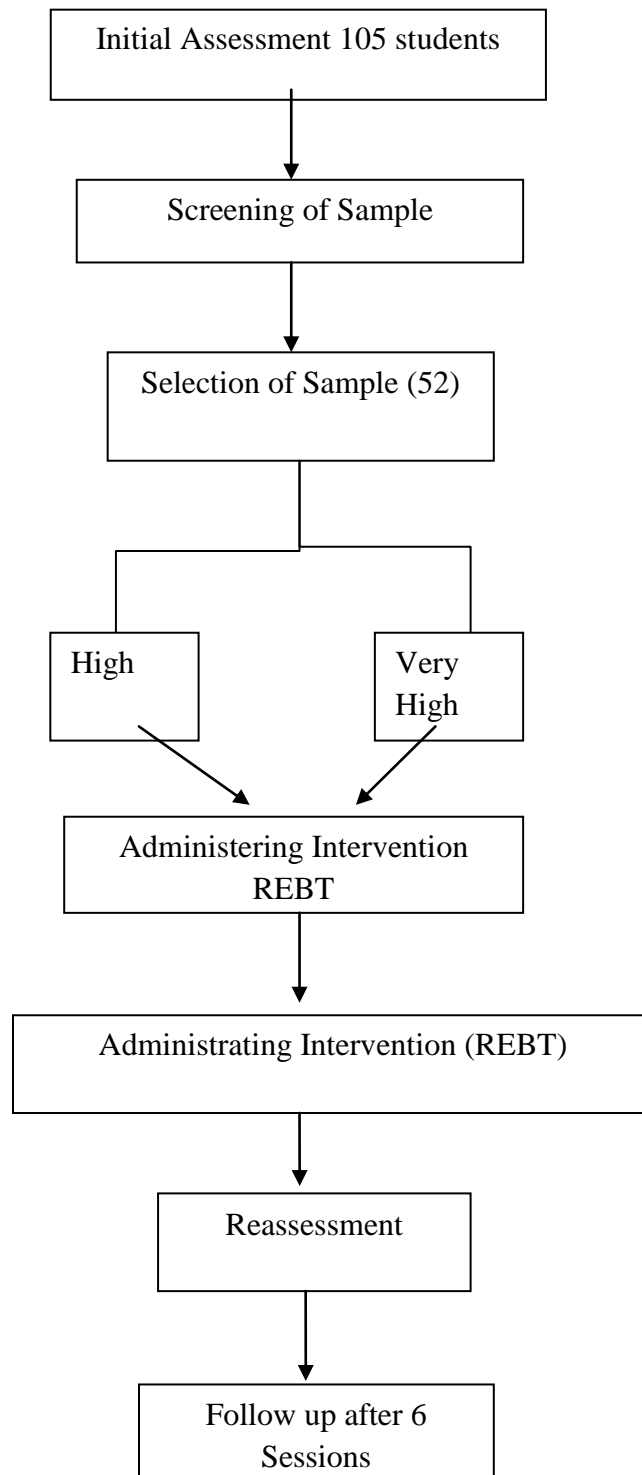
Parental Bonding Instrument developed by Gordon Parker, Tupling and L.B Brown, 1997) (Annexure II) consisted of 25 items with 4 alternatives each. The subjects were asked to tick any one of the 4 alternatives that suited them most on a four point scale separately in a form for mother and father. Scoring key was provided by author. The PBI has excellent internal consistency, with split half reliability coefficients.

Dysfunctional Attitude Scale (DAS) (Weissman and Beck (1978) (Annexure II)

Dysfunctional Attitude Scale” (DAS) developed by Weissman and Beck (1978), and Dysfunctional Attitude Scale is a Likert-type scale consisting of 40 items (scored between 1-7 points). The scale aims to determine the frequency of depression-related dysfunctional attitudes of the participants. This scale was developed by Weissman and Beck (1978) and was adapted to Turkish by Şahin and Şahin (1972), who also carried out the validity and reliability studies. In the scale, each respondent receives a score between 1 and 7.

A single test group without control group was used in this study. The dependent variables were 'Parental Bonding Instrument (PBI)', and 'Dysfunctional Attitude Scale (DAS)' was measured both before and after Rational Emotive Behaviour Therapy.

Flow chart



Procedure

Rapport was built with fifty two (52) college students. Consents was taken from before proceeding with the therapy. Personal profile was collected from the subjects. The pre-test was used to collect the data from 105 samples and the screening was made to select the required number of the subjects for the therapeutic session. The Rational emotive behaviour therapy (REBT) was given for 6 sessions with the duration of one hour, in alternative days for 2 weeks. At the end of the psychotherapy treatment called “Rational Emotive Behaviour Therapy was administered on the sample. After 15 days the Re-assessment same Questionnaires was given to the samples.

Treatment

The Rational Emotive Behaviour Therapy was administered individually to manage their ‘Parental Bonding Instrument (PBI)’, and ‘Dysfunctional Attitude Scale (DAS)’ for the sample.

Psychological Intervention

Rational Emotive Behaviour Therapy (REBT)

Rational emotive behaviour therapy (REBT), previously called rational therapy and rational emotive therapy, is a comprehensive, active-directive, philosophically and empirically based psychotherapy which focuses on resolving emotional and behavioural problems and disturbances and enabling people to lead happier and more.

REBT is the pioneering form of cognitive behaviour therapy developed by Dr. Albert Ellis in 1955. REBT is an action-oriented approach to managing cognitive, emotional, and behavioural disturbances. According to REBT, it is largely our thinking about events that leads to emotional and behavioural upset.

Techniques

The Rational Emotive Behaviour Therapy has,

- Disputing Irrational Beliefs
- Rational analysis
- Use of Humor

- Rational-Emotive Imagery
- Coping Self Statements
- Role playing
- Reverse role playing
- Exposure
- Use of Force and Vigor
- shame-attacking exercises

Disputing Irrational Beliefs

Samples were taught how to check and modify their values and attitudes. REBT (Rational Emotive Behaviour Therapy) focuses on disputing the irrational, logically, inconsistent, absolutist, and faulty ideas of clients. The students were told on how the unnecessary disturbance change their normal course of life and were persuaded to change these dysfunctional attitude. The students were actively involved to go beyond the cognitive level and the emotional dispute is done by active disputation.

Rational Analysis

It is the first step in REBT, analyses of specific episodes to teach the client how to uncover and dispute irrational beliefs. These are usually done in session at first; then, as the client gets the idea, they can be done as homework.

Use of Humor

When the patients feel low their family members are asked to sit with them and have a conversation in a humorous way, which makes the patients feel more comfortable and happy. Ellis (2001) states that humour have both cognitive and emotive benefits in changing the persons. Ellis (2001) states that people lose their sense of humour and consider themselves very seriously. When the samples feel low her family members are asked to sit with her and have a conversation in a humorous way, which makes the samples feel more comfortable and happy.

Rational-Emotive Imagery

This form of intense mental practice establishes new emotional patterns. The client is encouraged to think, feel and behave the way they would like to think, feel and behave in real life. The samples were asked to lie down in a bed and were asked to imagine a worst situation

where they experience a disturbing feeling. Then they were trained on how to develop healthy emotions in these cases of disturbing emotions.

Teaching Coping Self Statements

The participants were taught on how their self-destructive beliefs can be altered by sensible self statements. The participants were instructed to monitor their speaking pattern by way of writing and analysing the quantity of their language. For example, the statement ‘if I make any mistake, it would be a great offence’ can be replaced by “ I can still accept in spite of my mistake, though I prefer doing my best, I don’t have to force myself towards the unrealistic high performance”.

Role Playing

There are both emotional and behavioural components in role playing. Clients can rehearse certain behaviours to bring out what they feel in a situation with the therapist in a presumed environment. The focus is on working through the underlying irrational beliefs that are related to unpleasant feelings.

Shame attacking exercises

Ellis has developed exercises to help people reduce shame over behaving in certain ways. When we stubbornly refuse to feel ashamed by telling our self that it is not catastrophic if someone thinks we are foolish. The exercises are aimed at increasing self-acceptance and mature responsibility

Exposure

Possibly the most common behavioural strategy used in REBT involves clients entering feared situations they would normally avoid. Such exposure is deliberate, planned and carried out using cognitive and other coping skills.

Use of Force and Vigor

It is a way to help clients go from intellectual to emotional insight. Clients are shown how to conduct forceful dialogues by reverse role playing in which therapist adopts the client’s belief and vigorously argues for it; while the client tries to convince the therapist that the belief is dysfunctional. It is especially useful when the client now sees the irrationality of a belief, but needs help to consolidate that understanding.

Duration

The Rational Emotive Behaviour Therapy was given to each sample individually 6 times in two weeks. The therapy was given to the sample on alternate days. The duration of each session was 60 minutes to one hour.

Re-Assessment

After 2 weeks of Rational Emotive Behaviour Therapy (REBT) the entire sample were reassessed using Parental Bonding Instrument (PBI) and Dysfunctional Attitude Scale (DAS).

Institution OF Human Ethics Committee

As the study involves human subjects, all procedures described in this study was reviewed and approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore. The Approval number for the research purpose is AUW/IHEC/CPSY-16-17/XMT-02.

Tools

The tools used for the study were:

- The personal profile (Annexure I) evolved by the investigator was used to collect the general information from the samples
- Parental bonding instrument developed by Gordon Parker, Hilary Tupling and L.B.Brown (1997) (Annexure II) was used to measure the parental bonding of the subjects. The scale consisted of 25 items with 4 point rating scale. The questionnaire was given to each of them and they were asked to rank the statements to indicate their response.
- Dysfunctional attitude scale (DAS) (Annexure III) was developed by was used to measure the level of dysfunctional attitude among the students. The scale consists of 40 items with 7 point rating scale.
- Informed consent form (Annexure IV) was used to get the consent form from the college students.

Analysis of Data

The following statistical analysis of the data was carried out using SPSS 16.0 version.

- Repeated Measures Analysis of Variance.
- Mean and Standard Deviation.
- Duncan's Multiples Range Tests
- Chi- Square
- Before and After Experimental Design

RESULT AND DISCUSSION

CHAPTER IV

RESULT AND DISCUSSION

The study on, “Efficacy of Rational Emotive Behaviour Therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitude among Adolescents” was conducted in PSGRKC Krishnammal College for Women, Peelamedu, Coimbatore, Tamil Nadu. Fifty two students (52) were selected for the study. They were in the age range of 17-19 years. The method adopted to collect the data included case study and psychological intervention. All the students were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI), and Dysfunctional Attitude Scale (DAS).

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

Part I

Table 1
Demographic Factors of the Adolescent

Demographic Factors		N	Percentage
Age	17 Years	19	33
	18 Years	31	60
	19 Years	2	4
Sex	Female	52	100
Birth Order	First	18	35
	Middle	3	6
	Last	24	46
	Only	7	13
Family Type	Nuclear family	50	96
	Joint Family	2	4
Educational Level	UG	52	100
Socio-Economic Status	High	0	0
	Middle	52	100
	Low	0	0

N=52

Percentages are rounded off

Table I shows the Demographic data of the sample. Thirty three percentage of the sample were in the range of 17 years, sixty percentage of the sample were in the range of 18 years, and four percentage of the sample were in the range of 19 years. The sample consisted of 100 female. Thirty five percentage of the sample were first born, six percentage of the sample were middle born, forty six percentage of the sample were last born and thirteen percentage of the sample were only child. In family type, there are 96% of the samples were in nuclear family and four percentage of the sample were in joint family. All 100 % of sample belongs to Under Graduate. In socio economic status, all 100% of the samples were in middle class.

Part II

Table 2

Level of Parental Bonding in Mother and Father Form among Adolescent

N=52

PARENTAL	BONDING	N	PERCENTAGE
	Affectionate Constraint	10	19
	Optimal Parenting	4	8
MOTHER	Affectionless Control	27	52
	Neglectful Parenting	11	22
	Affectionate Constraint	4	8
FATHER	Optimal Parenting	6	11
	Affectionless Control	31	60
	Neglectful Parenting	11	21

Percentages are rounded off

Bonding is process of development of a close interpersonal relationship. It most commonly takes place between family members or friends. Bonding is a mutual interactive process and is different from simple liking. It is an attachment between parents and children. Parental style is the most essential and crucial components of parents child interaction and is influential to the child's emotional and behaviour development.

Table II Shows that the adolescents Perception on Parental Bonding among their parents. Their Affectionate constraint were 19% for mother's and 8% for their father's. Parents innately being, nurturant, have an unconditional love and affection towards their offspring. Hence their expression of care and protection is also in abundance. Parents, who are perceived as affectionate, do give all to their grow up children but in turn tend to "pull the string". On the other hand, the affectionless parent, who are overly protective raise their children who fear taking risk and prefer to stay in their comfort zone and believe that the world is dangerous, and the neglectful parenting (22 and 21%) in that it may be attributed to that dysfunctional family as has been expressed by the adolescents in the counselling relationship with instances of drug, sexual abuse and marital separation. And they were 8 and 11% of the parents, are perceived as exercising optimal parenting.

FIGURE-2

LEVEL OF PARENTAL BONDING

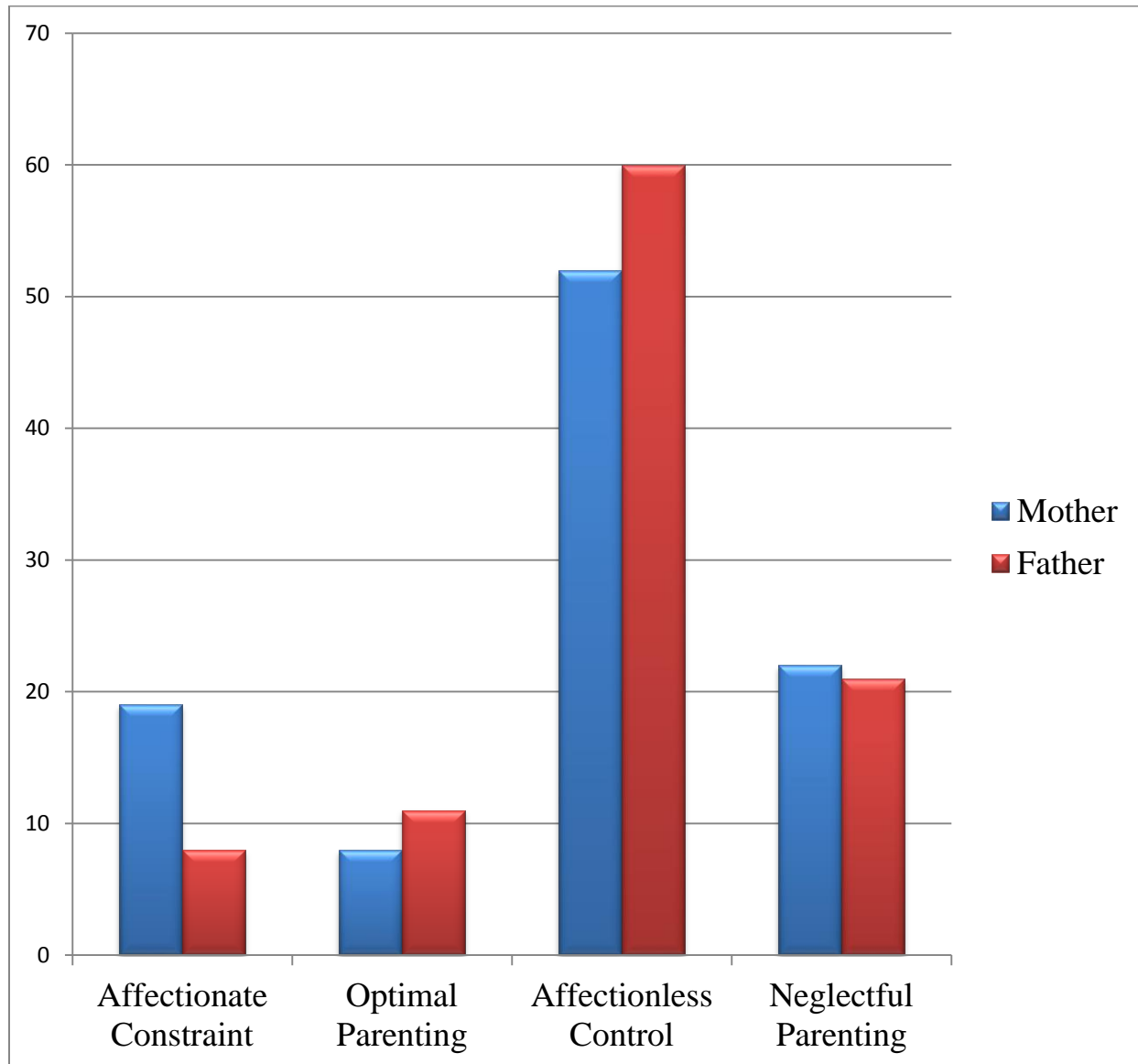


Table 3

Level of Dysfunctional Attitude among Adolescents

N=52

DYSFUNCTIONAL ATTITUDE	N	PERCENTAGE
HIGH	47	90
VERY HIGH	2	4
MODERATE	3	6
LOW	0	0
VERY LOW	0	0

Percentages are rounded off

Table 3 shows the Level of Dysfunctional Attitude among Adolescents, Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world, and the future. In major depressive disorder, major depressive episodes may include symptoms of sad mood, the 90% of the samples in the level of high dysfunctional attitude, and 4% in the range of very high level of dysfunctional attitude, the sample were scored 6% in moderate level and 0% in both low and very low dysfunctional attitude.

FIGURE-3

LEVEL OF DYSFUNCTIONAL ATTITUDE

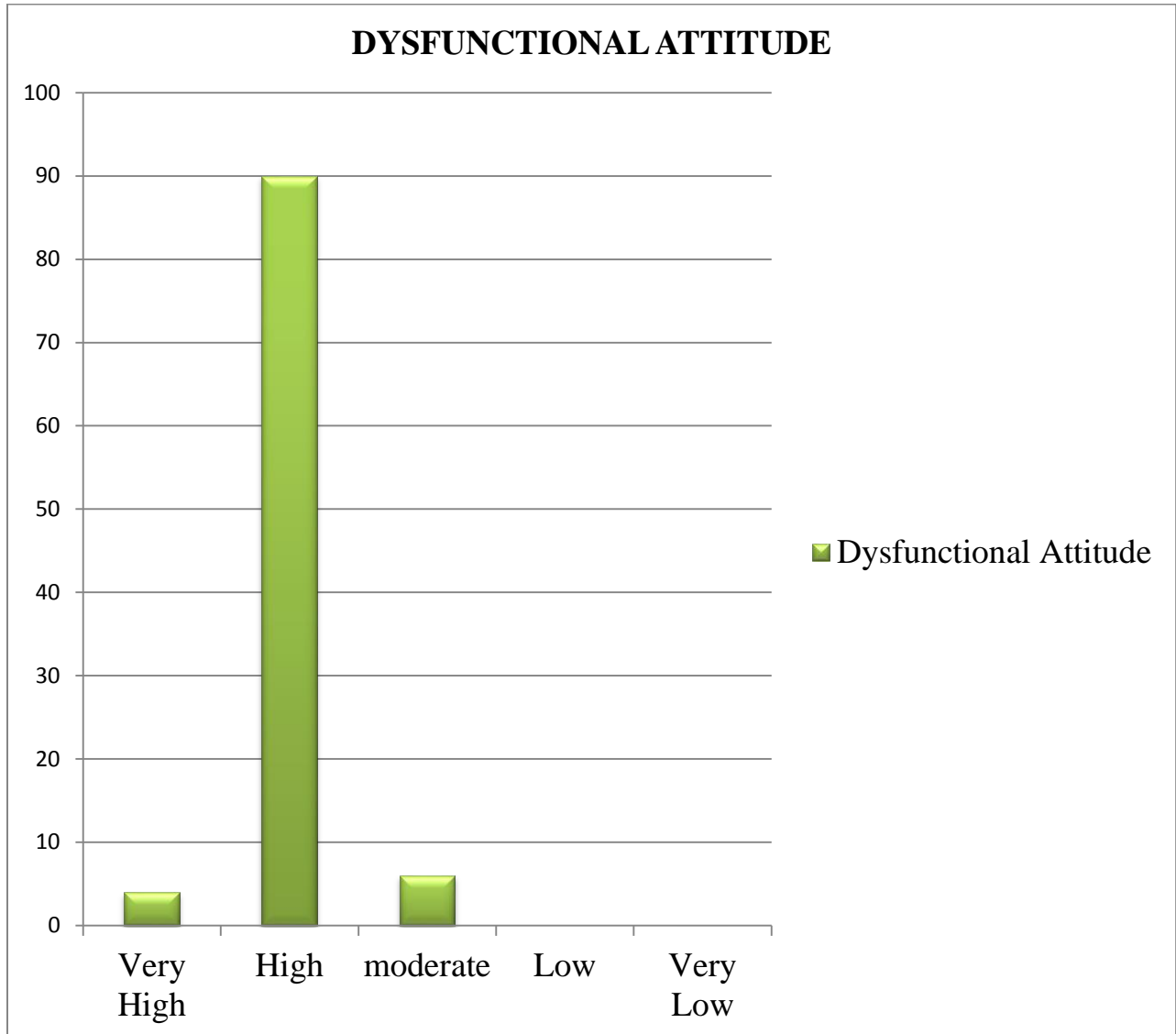


Table 4
Mean and S.D for Before, and After Tests in Parental Bonding and
Dysfunctional Attitude

N=52

SOURCES	BEFORE	AFTER
	Mean (S.D)	Mean (S.D)
MOTHER	2.75 (1.001)	3.98 (.313)
PARENTAL BONDING		
FATHER	2.94 (.80)	2.42 (.977)
DYSFUNCTIONAL ATTITUDE	3.98 (.313)	2.98 (.61)

Table 4 Indicates the mean scores and standards deviation values of parental bonding and dysfunctional attitude among college students. It is observed that the presence of difference in the level of mean and standards deviation. From the table it is clear that the intervention programme on Rational Emotive Behaviour Therapy (REBT), the techniques that helps the students and found to be effective. In Parental Bonding mother form the students have reported with 2.75 and 3.98 mean in before and after therapy in stand deviation 1.001 and .313 was observed in before and after therapy, in father form the students have reported with 2.94 and 2.42 mean in before and after therapy in stand deviation .80 and .977 was observed in before and after therapy , and in the Dysfunctional Attitude students have reported with 3.98and 2.98 mean in before and after therapy in stand deviation .313 and .61 was observed in before and after therapy.

Abosi (2004) examined the effectiveness of Rational Emotive behaviour Therapy on attitude among adolescent the results shows that there was significant difference between rational Emotive Behavior Therapy, and control group in favour of the treatment group as regards the dysfunctional attitude of the students. Based on the research findings, recommendations were made which were calls to incorporate REBT in the curriculum trainee course.

FIGURE-4

MEAN AND S.D FOR PARENTAL BONDING AND DYSFUNCTIONAL ATTITUDE

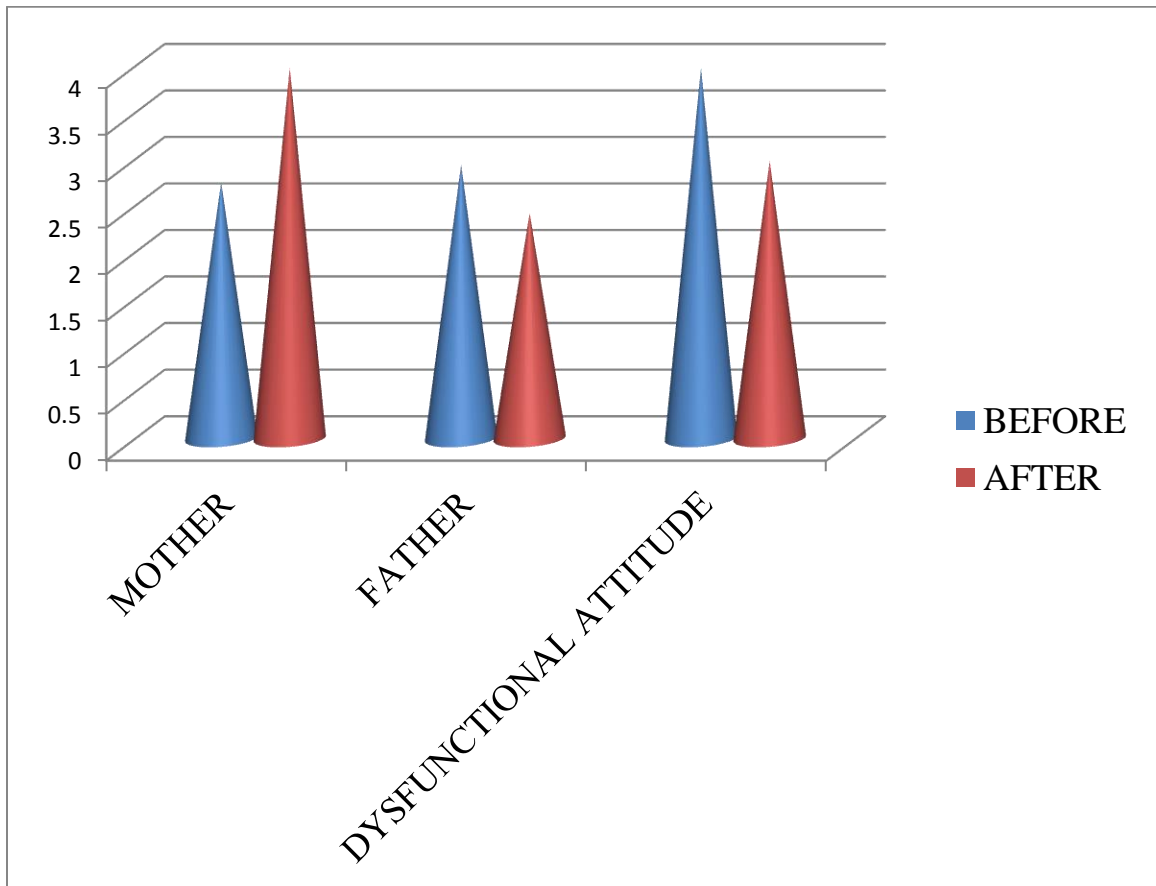


Table 5

Distribution of Parental Bonding in Mother Form among Adolescents

N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X²	DF	SIG.
Affectionate	10	13.0	-3.0			
Constraint						
Optimal	4	13.0	-9.0			
Parenting				22.31	3	.000
Affectionless	27	13.0	14.0			
Control						
Neglectful	11	13.0	-2.0			
Parenting						

**-Significant at 0.05 level*

In chi-square test result for the Parental Bonding in Mother Form of the samples are significant

Table 6

Distribution of Parental Bonding in Father Form among Adolescents

N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X²	DF	SIG.
Affectionate Constraint	4	13.0	-9.0			
Optimal Parenting	6	13.0	-7.0	35.23	3	.000
Affectionless Control	31	13.0	18.0			
Neglectful Parenting	11	13.0	-2.0			

**-Significant at 0.05 level*

In chi-square test result for the Parental Bonding in Father Form of the samples are significant

Table 7
Distribution among Adolescents in Dysfunctional Attitude

N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X^2	DF	SIG.
Moderate	3	17.3	-14.3			
High	47	17.3	29.7	76.19	2	.000
Very High	2	17.3	-15.3			

**-Significant at 0.05 level*

In chi-square test result for the Dysfunctional Attitude of the samples are significant

Table 8

Repeated Measures of ANOVA in Parental Bonding and Dysfunctional Attitude among Adolescents

Sources	Effects		Test Name	Value	F	Hypothesis DF	Error DF	SIG.
Parental Bonding Mother	Between Subjects	Intercept	Pillai's Trace	.57	67.82	1.00	51.00	.000
			Wilk's Lambda	.42	67.82	1.00	51.00	.000
			Hotelling's Trace	1.33	67.82	1.00	51.00	.000
			Roy's Largest Root	1.33	67.82	1.00	51.00	.000
	Within Subjects	Parental Bonding Mother	Pillai's Trace	.57	67.82	1.00	51.00	.000
			Wilk's Lambda	.42	67.82	1.00	51.00	.000
			Hotelling's Trace	1.33	67.82	1.00	51.00	.000
			Roy's Largest Root	1.33	67.82	1.00	51.00	.000
Parental	Between Subjects	Intercept	Pillai's Trace	.29	21.67	1.00	51.00	.000
			Wilk's Lambda	.70	21.67	1.00	51.00	.000
			Hotelling's Trace	.42	21.67	1.00	51.00	.000

Bonding Father	Within Subjects		Roy's Largest Root	.42	21.67	1.00	51.00	.000
		Parental Bonding Father	Pillai's Trace	.29	21.67	1.00	51.00	.000
			Wilk's Lambda	.70	21.67	1.00	51.00	.000
			Hotelling 's Trace	.42	21.67	1.00	51.00	.000
			Roy's Largest Root	.42	21.67	1.00	51.00	.000
Dysfunction al Attitudes	Between Subjects	Intercept	Pillai's Trace	.70	120.54	1.00	51.00	.000
		Wilk's Lambda	.29	120.54	1.00	51.00	.000	
		Hotelling 's Trace	2.36	120.54	1.00	51.00	.000	
		Roy's Largest Root	2.36	120.54	1.00	51.00	.000	
	Within Subjects	Dysfunction al Attitudes	Pillai's Trace	.70	120.54	1.00	51.00	.000
			Wilk's Lambda	.29	120.54	1.00	51.00	.000
			Hotelling 's Trace	2.36	120.54	1.00	51.00	.000
			Roy's Largest Root	2.36	120.54	1.00	51.00	.000

Table 9

Tests of Within Subjects Effects

Source	Variable	Type III Sum of Squares	DF	Mean Square	F	SIG.
Parental Bonding Mother Form	Sphericity Assumed	39.38	1	39.83	67.82	*
	Greenhouse- Geisser	39.38	1.000	39.83	67.82	*
	Huynh- Feldt	39.38	1.000	39.83	67.82	*
	Lower- bound	39.38	1.000	39.83	67.82	*
Error	Sphericity Assumed	29.61	51	.58		
	Greenhouse- Geisser	29.61	51.000	.58		
	Huynh- Feldt	29.61	51.000	.58		
	Lower- bound	29.61	51.000	.58		
Parental Bonding Father	Sphericity Assumed	7.01	1	7.01	21.67	*
	Greenhouse- Geisser	7.01	1.000	7.01	21.67	*
	Huynh- Feldt	7.01	1.000	7.01	21.67	*

	Lower-bound	7.01	1.000	7.01	21.67	*
Error	Sphericity Assumed	16.49	51	.32		
	Greenhouse-Geisser	16.49	51.000	.32		
	Huynh-Feldt	16.49	51.000	.32		
	Lower-bound	16.49	51.000	.32		
Dysfunctional Attitude	Sphericity Assumed	26.000	1	26.000	120.54	*
	Greenhouse-Geisser	26.000	1.000	26.000	120.54	*
	Huynh-Feldt	26.000	1.000	26.000	120.54	*
	Lower-bound	26.000	1.000	26.000	120.54	*
Error	Sphericity Assumed	11.000	51	.21		
	Greenhouse-Geisser	11.000	51.000	.21		
	Huynh-Feldt	11.000	51.000	.21		
	Lower-bound	11.000	51.000	.21		

**-Significant at 0.05 level*

Table 10

Table Tests of Between Subjects Effects

SOURCES	VARIABLE	TYPE III SUM OF SQUARE	DF	MEAN SQUARE	F	SIG..
INTERCEPT	Parental Bonding	1177.88	1	1177.88		
ERROR	Mother	27.11	51	.53	2215.42	*
INTERCEPT	Parental Bonding	748.47	1	748.47	587.00	*
ERROR	Father	65.02	51	1.27		
INTERCEPT	Dysfunctional attitude	1260.3	1	26.20		
ERROR		12.92	51	.216	120.54	*

**-Significant at 0.05 level*

Table 11

Differences in the Before and After Tests in Parental Bonding and Dysfunctional Attitude

		Mean	S. D	Group	Post Test	Pre Test
Parental Bonding	Mother	2.75	1.001	Post Test		*
				Pre Test	*	
	Father	2.94	.80	Post Test		*
				Pre Test	*	
Dysfunctional Attitude		3.98	.313	Post Test		*
				Pre Test	*	

**-Significant at 0.05 level*

Table 9-11 indicates that, “F” value in both Perceived Parental Bonding and Dysfunctional Attitude has been observed appropriately the same values in each category. Thus, the level of significance is very high at 0.05 level in the Perceived Parental Bonding and Dysfunctional Attitude, in before and after intervention programme.

The results of the Repeated Measures ANOVA for the Perceived Parental Bonding and Dysfunctional Attitude are presented in the above tables. It indicates significant differences in the Perceived Parental Bonding and Dysfunctional Attitude was observed from the study. It was found to be significant at 0.05 level. Hence, REBT plays a vital role in decreasing in the level of Dysfunctional Attitude, which has been shown in the level of significant differences in the above represented table.

All the tables indicate the results of Repeated Measures ANOVA on Perceived Parental Bonding and Dysfunctional Attitude among adolescents. In this table, the F value shows that there is significant difference among the student in the before and after phases with regard to Perceived Parental Bonding and Dysfunctional Attitude. Therefore, the difference level and the significance level has been observed on all categories i.e., Perceived Parental Bonding and Dysfunctional Attitude among adolescents.

In all the tables, it is evident that, there is a significance difference has been observed in After phase of the assessment compared with the Before Phases. The reason is that the students followed the techniques taught during the programme. The students were aware that they are going to face new situations in day-to-day life and also in future and they have to act according to the situations.

- To summarize Perceived Parental Bonding and Dysfunctional Attitude among adolescents. The were found to have significant difference in the Before and After assessment. So the hypothesis “Rational Emotive Behaviour Therapy (REBT) help in Enhancing Perceived Parental Bonding and Dysfunctional Attitude among the adolescents”,is accepted.

Badjeo (2000) studied the effect of Rational Emotive Behavior Therapy in enhancing adolescent attitude towards commerce students. The results indicated that 70% of students treated with REBT developed most positive attitude towards commerce 30% not exposed to the treatment with REBT. Based on the findings, it was recommended that REBT should be used, to boost the attitude and interest of adolescents towards commerce, thereby closing the gap of poor teaching.

Jorgee and Gonzalez, et.al (2004) the results that REBT was effective in dysfunctional attitude in the treated group when compared with their counter part in the control group. Hence, the influence of REBT has the viability and potential in dysfunctional attitude.

According to Gavita and Calin (2013), REBT is found to be in the effective both internalizing and externalizing problems in children. There is good evidence suggesting that including REBT as an educational component can teach the children and adolescent to identify and disputing unhelpful thinking so as to promote functional emotional reactions.

SUMMARY AND CONCLUSION

CHAPTER V

SUMMARY AND CONCLUSION

Adolescence is often portrayed as the period of stress and storm. This period of transition, craft the personality of the person, which then stands consistent from adolescence through adulthood. Thus an issue which seems less noteworthy could be overwhelming and cause distress. Thus parental bonding plays a crucial role in helping the adolescents to withstand the pressure and stress that life tosses at them. However, even though they expect support from their parents, their demands to be self-governed can become overpowering. Thus when there is combat between their need and parental bonding the density of their problem also increase. Hence, in this study, an effort was taken to tackle this issue by understanding the nature of the problems, assessing the perception of parental bonding, their dysfunctional attitude and enhancing the parental bonding and dysfunctional attitude through Rational Emotive Behavior Therapy (REBT).

The main objectives of the study were as follow:

- To assess the Perceived of parental bonding by the sample.
- To identify the dysfunctional attitude in the sample.
- To understand the nature of problem experienced by the sample.
- To study the effect of Rational Emotive Behaviour Therapy (REBT) in the Enhancement of Parental Bonding and Dysfunctional Attitude among the sample.

From PSGRKC Krishnammal College for Women, Peelamedu, Coimbatore, Tamil Nadu, 105 students of the B.COM CA were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI), and Dysfunctional Attitude Scale (DAS). Out of 105 students, 52 screened students with Dysfunctional Attitude and difference in Perceived Parental Bonding were selected as the sample for the study. After the psychological intervention, the entire sample was reassessed using parental bonding and dysfunctional attitude.

All the participants undergone 6 sessions of Rational Emotive Behaviour Therapy (REBT) on the alternative days. The duration for intervention programme consist of 6 session in alternative days for 2 weeks (only on the week days). Each session for 45mints to 1 hour . after couple of week the students were re-assessed using Parental Bonding Instrument (PBI), and Dysfunctional Attitude Scale (DAS).

Rational Emotive Behaviour Therapy (REBT) was administered to the sample to enhance their bonding and dysfunctional attitude. After completion of Rational Emotive Behaviour Therapy (REBT), the entire sample was reassessed using the parental bonding and dysfunctional attitude. The students were contacted individually on regular bases to ensure adherence to treatment.

The experimental design employed was, assessment ‘ Before and After treatment without control group’. the data was analyzed statistically.

Conclusion

- High level of significant differences was observed in the level of Perceived Parental Bonding.
- The Significant differences were found in the level of Dysfunctional Attitude..
- The Rational Emotive Behaviour Therapy (REBT) was found to be effective in enhancing the level Parental Bonding and Dysfunctional Attitude among Adolescents.

Limitations

- The data collection was done in small region of Coimbatore and the result may vary in the other parts of the country.
- After Rational Emotive Behaviour Therapy (REBT) intervention programme, only one follow-up, after one month was done.
- A control group could have helpful to compare the impact of Rational Emotive Behaviour Therapy (REBT) intervention programme.

Recommendations

- Psychologist who are trained in Rational Emotive Behaviour Therapy (REBT) can be appointed in all educational institution to provide training and counselling to the need students.
- Seminar may be organized in school on 'Parenting' which will bridge the gap between Parent and child.

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ANNEXURE

ANNEXURE I

PERSONAL PROFILE

NAME :

DATE OF BIRTH :

AGE :

SEX :

BIRTH ORDER :

FAMILY TYPE :

EDUCATIONAL LEVEL :

NAME OF THE INSTITUTION :

SOCIO ECONOMIC STATUS : UPPER/ MIDDLE/ LOW

FATHER'S/ GUARDIAN NAME :

FATHER'S/ GUARDIAN OCCUPATION :

MONTHLY INCOME :

MOTHER'S/ GUARDIAN NAME :

MOTHER'S/ GUARDIAN OCCUPATION :

MONTHLY INCOME :

EMAIL ID :

ANNEXURE II

PARENTAL BONDING INSTRUMENT (PBI)

Authors Gordon Parker, Hilary Tupling and L.B. Brown

Variables measured Two scales termed ‘care’ and ‘overprotection’ or ‘control’, measure fundamental parental styles as perceived by the child. The measure is ‘retrospective’, meaning that adults (over 16 years) complete the measure for how they remember their parents during their first 16 years. The measure is to be completed for both mothers and fathers separately. There are 25 item questions, including 12 ‘care’ items and 13 ‘overprotection’ items. Scoring instructions Unlike the Intimate Bond Measure (IBM), not all items are scored in the same direction.

Care	
Items: 1, 5, 6, 11, 12, 17:	Very like = 3 Moderately like = 2 Moderately unlike = 1 Very unlike = 0
Items: 2, 4, 14, 16, 18, 24	Very unlike = 3 Moderately unlike = 2 Moderately like = 1 Very like = 0
Overprotection	
Items: 8, 9, 10, 13, 19, 20, 23	Very like = 3 Moderately like = 2 Moderately unlike = 1 Very unlike = 0
Items: 3, 7, 15, 21, 22, 25	Very unlike = 3 Moderately unlike = 2 Moderately like = 1 Very like = 0

Parental bonding quadrants

In addition to generating care and protection scores for each scale, parents can be effectively “assigned” to one of four quadrants:

“affectionate constraint” = high care and high protection	“affectionless control” = high protection and low care
“optimal parenting” = high care and low protection	“neglectful parenting” = low care and low protection

Assignment to “high” or “low” categories is based on the following cut-off scores:

- For mothers, a care score of 27.0 and a protection score of 13.5.
- For fathers, a care score of 24.0 and a protection score of 12.5.

Populations measured

Original data [1] were generated from 150 subjects including students and nurses and 500 general practice attenders. Numerous other populations have been studied subsequently.

Reliability and validity

The PBI has been found to have good reliability and validity based on several studies.

In the original study [1] the PBI possessed good internal consistency and re-test reliability. Further reassuring data have been derived by examining the test-retest reliability of the PBI over extended periods, and we will shortly be publishing data for a 20-year interval. The PBI has been shown to have satisfactory construct and convergent validity and to be independent of mood effects [see 2].

Availability

A copy of the full 25-item forms for scoring mothers and fathers is attached below. Please follow the scoring instructions. The standard application asks subjects to score their biological parents (one for each form) as the subject remembers them in their first sixteen years. In some studies, other “parent figures” have and can clearly be rated.

A modified version of the PBI (the MOPS or Measure of Parenting Style) was developed in 1997 for two purposes. It overcame one of the PBI limitations in having some 'double negative' items, and which can cause some confusion. Thus, all items are constructed in a direct way. Secondly, while preserving the 'care' and 'control' scales, they are considerably reduced in terms of the numbers of items. Thirdly, there is an 'abuse' scale. Thus, the MOPS is described after the PBI measure.

The PBI is not held under copyright. Therefore, clinicians and researchers are free to use the measure without obtaining permission.

References

[1] Parker, G., Tupling, H., and Brown, L.B. (1979) A Parental Bonding Instrument. *British Journal of Medical Psychology*, 1979, 52, 1-10.

[2] Parker, G. (1983) *Parental Overprotection: A Risk Factor in Psychosocial Development*, Grune & Stratton, New York. [A monograph describing the development of the PBI and its application across a wide range of psychiatric conditions and other disorders, as validity studies]

MOTHER FORM	Very Like	Moderately Like	Moderately Unlike	Verify Unlike
1. Spoke to me in a warm and friendly voice				
2. Did not help me as much as I needed				
3. Let me do those things I liked doing				
4. Seemed emotionally cold to me				
5. Appeared to understand my problem and worries				
6. Was affectionate to me				
7. Liked me to make my own decisions				
8. Did not want me to grow up				
9. Tried to control everything I did				
10. Invaded my Privacy				
11. Enjoy talking things over with me				
12. Frequently smiled at me				
13. Tended to baby me				
14. Did not seem to understand what I needed or wanted				
15. Let me decide things for myself				
16. Made me feel I was not wanted				
17. Could make me feel better when I was upset				
18. Did not talk with me very much				
19. Tried to make me feel dependent on her/him				
20. Felt I could not look after myself unless she/he was around				
21. Gave me as much freedom as I wanted				
22. Let me go out as often I wanted				
23. Was overprotective of me				
24. Did not praise me				
25. Let me dress in any way I pleased				

FATHER RORM	Very Like	Moderately Like	Moderately Unlike	Verify Unlike
1. Spoke to me in a warm and friendly voice				
2. Did not help me as much as I needed				
3. Let me do those things I liked doing				
4. Seemed emotionally cold to me				
5. Appeared to understand my problem and worries				
6. Was affectionate to me				
7. Liked me to make my own decisions				
8. Did not want me to grow up				
9. Tried to control everything I did				
10. Invaded my Privacy				
11. Enjoy talking things over with me				
12. Frequently smiled at me				
13. Tended to baby me				
14. Did not seemed to understand what I needed or wanted				
15. Let me decide things for myself				
16. Made me feel I was not wanted				
17. Could make me feel better when I was upset				
18. Did not talk with me very much				
19. Tried to make me feel dependent on her/him				
20. Felt I could not look after myself unless she/he was around				
21. Gave me as much freedom as I wanted				
22. Let me go out as often I wanted				
23. Was overprotective of me				
24. Did not praise me				
25. Let me dress in any way I pleased				

ANNEXURE III

Dysfunctional Attitude Scale (DAS)

Author: Arlene Weissman

The DAS is a 40-item instrument that is designed to identify and measure cognitive distortions, particularly distortions that may relate to or cause depression. The items contained on the DAS are based on Beck's cognitive therapy model and present 7 major value systems: Approval, Love, Achievement, Perfectionism, Entitlement, Omnipotence, and Autonomy.

Scoring: Any items that are missing, assign a zero. To obtain the overall score, simply add the score on all items (ranging from 1 to 7). When no items are omitted, scores on the DAS range from 40 to 280. Lower scores represent more adaptive beliefs and fewer cognitive distortions.

Practitioners can also examine other areas where respondents may be emotionally vulnerable or strong as indicated by their responses to other specific items. Treatment can then be targeted to those areas.

Reliability: The DAS is reported to have very good internal consistency, with alphas ranging from .84 to .92. The DAS also has excellent stability, with test-retest correlations over 8 weeks of .80 to .84.

Validity: Has excellent concurrent validity, significantly correlating with several other measures of depression, including the Beck Depression Inventory (BDI). The DAS also significantly distinguishes between groups diagnosed as depressed or not depressed on the BDI. The DAS was also found to be sensitive to change following clinical intervention with depressed outpatients.

References: Weissman, A. N. & Beck, A. T. (1978). Development and validation of the Dysfunctional Attitudes Scale: a preliminary investigation. In: Proceedings of the meeting of the American Educational Research Association. Toronto, ON

DAS

This questionnaire lists different attitudes or beliefs which people sometimes hold. Read each statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, indicate to the left of the item the number that best describes how you think. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements. Your answers are confidential, so please do not put your name on this sheet.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like most of the time.

1 = Totally agree 2 = Agree very much 3 = Agree slightly 4 = Neutral 5 = Disagree slightly 6 = Disagree very much 7 = Totally disagree

_____ 1. It is difficult to be happy unless one is good looking, intelligent, rich, and creative.

_____ 2. Happiness is more a matter of my attitude towards myself than the way other people feel about me.

_____ 3. People will probably think less of me if I make a mistake.

_____ 4. If I do not do well all the time, people will not respect me.

_____ 5. Taking even a small risk is foolish because the loss is likely to be a disaster.

_____ 6. It is possible to gain another person's respect without being especially talented at anything.

_____ 7. I cannot be happy unless most people I know admire me.

_____ 8. If a person asks for help, it is a sign of weakness.

_____ 9. If I do not do as well as other people, it means I am a weak person.

_____ 10. If I fail at my work, then I am a failure as a person.

_____ 11. If you cannot do something well, there is little point in doing it at all.

- _____ 12. Making mistakes is fine because I can learn from them.
- _____ 13. If someone disagrees with me, it probably indicates he does not like me.
- _____ 14. If I fail partly, it is as bad as being a complete failure.
- _____ 15. If other people know what you are really like, they will think less of you.
- _____ 16. I am nothing if a person I love doesn't love me
- _____ 17. One can get pleasure from an activity regardless of the end result
- _____ 18. People should have a chance to succeed before doing anything.
- _____ 19. My value as a person depends greatly on what others think of me.
- _____ 20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.
- _____ 21. If I am to be a worthwhile person, I must be the best in at least one way.
- _____ 22. People who have good ideas are better than those who do not.
- _____ 23. I should be upset if I make a mistake.
- _____ 24. My own opinions of myself are more important than others' opinions of me.
- _____ 25. To be a good, moral, worthwhile person I must help everyone who needs it.
- _____ 26. If I ask a question, it makes me look stupid.
- _____ 27. It is awful to be put down by people important to you.
- _____ 28. If you don't have other people to lean on, you are going to be sad.
- _____ 29. I can reach important goals without pushing myself.
- _____ 30. It is possible for a person to be scolded and not get upset.
- _____ 31. I cannot trust other people because they might be cruel to me.

- _____ 32. If others dislike you, you cannot be happy.
- _____ 33. It is best to give up your own interests in order to please other people.
- _____ 34. My happiness depends more on other people than it does on me.
- _____ 35. I do not need the approval of other people in order to be happy.
- _____ 36. If a person avoids problems, the problems tend to go away.
- _____ 37. I can be happy even if I miss out on many of the good things in life.
- _____ 38. What other people think about me is very important.
- _____ 39. Being alone leads to unhappiness.
- _____ 40. I can find happiness without being loved by another person.

ANNEXURE IV

CONSENT FORM

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Conducted by the Dept. of Psychology, Avinashilingam University for Women,
Coimbatore.

TITLE OF THE PROJECT: Efficacy of Rational Emotive Behaviour Therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitudes among Adolescents

RESEARCHER: Ms. Savitha, B., II M.Sc. Counselling Psychology student,
Avinashilingam University for Women, Coimbatore.

RESEARCH GUIDE: Ms. Jeffrin Margreat, J, M.Sc., Assistant Professor, Dept. of Psychology,
Avinashilingam University for Women, Coimbatore.

I have been asked to participate in a research study conducted by Ms. Savitha, B.
(ph. 9944454266) and **Ms. Jeffrin Margreat, J**, (ph. 9500941921).

INTRODUCTION

In this consent form I will learn about the proposed research and, my rights if I agree to participate in it. I will read this form carefully and, if I agree to be interviewed, I will sign this form and receive a copy.

PROCEDURE

In any report written about this research, my name will not be disclosed without my consent.

RIGHT TO REFUSE AND TO WITHDRAW

I understand that participation in this research is voluntary. I may agree to an interview or I may decline an interview. If I agree to an interview, I may refuse to answer any question and I may end the interview at any time.

OFFER TO ANSWER ANY QUESTION

If I have any questions about the study, I may call Ms. Savitha, B. (ph. 99944454266). If I have any question about my rights as a participant I may call the research guide Ms. Jeffrin Margreat, J, (ph. 9500941921).

I AGREE TO PARTICIPATE IN THIS RESEARCH

Name _____ Date _____

RESEARCHER'S STATEMENT:

I have explained the nature and purpose of this research. I agree to answer any question regarding the rights of the participant. I will provide the interview/participant with a copy of this consent form.

Name _____ Date _____

ANNEXURE V

INSTITUTIONAL HUMAN ETHICS COMMITTEE



Avinashilingam

Institute for Home Science and Higher Education for Women

University

(Estd. u/s 3 of UGC Act 1956)

Chairman

Dr. S. Ramalingam
Principal, PSG Institute
of Medical Sciences
& Research, Coimbatore

Member Secretary

Dr. P. R. Padma
Professor, Department of
Biochemistry, Biotechnology and
Bioinformatics

Members

Dr. S. Premakumari
Mr. K.Arulmoli (Legal Expert)
Dr. A. Saraswathy
Mrs. V. Mangayarkarasi
Dr. S. Kowsalya
Dr. N.S. Rohini
Dr.Subhashini K. Sripathi
Mrs. S. Radha Devi
Mrs. Judith Justin

3rd February 2017

To
Ms. Savitha B
Department of Counselling Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043


Dear Madam,

Ref: Your proposal No. IHEC/16-17/CPSY-02 entitled “Efficacy of rational emotive behaviour therapy (REBT) on perceived parental bonding and dysfunctional attitudes among adolescents” submitted for approval of the IHEC

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/16-17/CPSY-02 entitled “Efficacy of rational emotive behaviour therapy (REBT) on perceived parental bonding and dysfunctional attitudes among adolescents” submitted by you. The Approval number for the same is AUW/IHEC/CPSY-16-17/XMT-02.

We wish you all the best in your research endeavours.

Regards,


3/2/17
Dr.P.R.Padma
Member Secretary

