

**EFFICACY OF GESTALT THERAPY ON PERCEIVED PARENTAL  
BONDING, LOCUS OF CONTROL AND PROBLEMS OF ADOLESCENTS**

**By**

**ABILASHA, R.**

**(11PCP01)**

**A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND  
HIGHER EDUCATION FOR WOMEN**

**COIMBATORE-641 043**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF**

**MASTER OF SCIENCE**

**IN**

**COUNSELLING PSYCHOLOGY**

**MAY 2013**

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**Certified as a Bonafide research work**

*N. S. Rohini*

**Signature of the  
Professor & Head**

*N. S. Rohini*

**Signature of the  
Guide**

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*ABSTRACT*

## ABSTRACT

*From Perks Matriculation Higher Secondary School, Uppilipalayam, Coimbatore, out of 127 students, 74 students with personal problems as identified from Mooney Checklist and differences in perception of parental bonding were selected as the sample for the study. The sample consisted of 38 male and 36 female students. The intervention of Gestalt therapy was administered to the sample for 8 sessions. After 15 days the participants were reassessed using Parental Bonding Instrument and Mooney Problem Checklist. The data was analyzed using t-test, regression and chi-square analyses. The results revealed that most parents have similar parenting style and there is a significant gender difference between the parental bonding of the father and mother. The adolescents have more problems regarding self improvement, which includes self worth and self-esteem. There are variations in the nature of problems of the adolescents. External locus of control is most commonly employed by the sample. The intervention of Gestalt Therapy has helped in increasing the mean perceived maternal care from 25.07 to 28.34, and mean perceived paternal care from 24.00 to 25.71 and has decreased mean perceived maternal protection from 17.27 to 14.55, paternal protection from 16.07 to 14.88. Problems of adolescents in the areas of health, self improvement, personality and home and family indicate the decrease in the problem areas, as is observed from the significant 't' values of 4.26, 7.40, 6.39, 4.38 respectively. The results of the study inferred that the birth order negatively influenced the type of control exercised on the child.*

*CHAPTER-I*  
*INTRODUCTION*

# CHAPTER I

## INTRODUCTION

*“At the end of the day, the most overwhelming key to a child's success is the positive involvement of parents”*

*- Jane D. Hull*

### ADOLESCENCE

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).

### DEFINITIONS

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”.

## **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 (Yadav, Krishna and Kavitha, 2007). Some adolescent problems are short-lived; whereas others can persist over many years.

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).

## **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.

## **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).

## **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).

## **PARENTING STYLES AND THEIR IMPACT ON ADOLESCENT DEVELOPMENT**

To analyze the association of parenting with adolescents' outcomes, psychologist Baumrind (1991) identified four patterns of parenting styles based upon two aspects of parenting behavior: control and warmth. Parental control refers to the degree to which parents manage their children's behavior, from being very controlling to setting few rules and demands. Parental warmth refers to the degree to which parents are accepting and responsive of their children's behavior as opposed to being unresponsive and rejecting (Kopko, 2007). When the two aspects of parenting behavior are combined in different ways, four primary parenting styles emerge:

### **Authoritarian Parenting or Affectionless Control Parenting:**

It is a restrictive, punitive style in which parents exhort the child to follow their directions and to respect their work and effort. The authoritarian parent places firm limits and places control on the child and allows little verbal exchange. Kopko (2007) found that adolescents of authoritarian parents learn that following parental rules and adherence to strict discipline is valued over independent behavior. As a result, adolescents may become rebellious or dependent, displaying aggressive behaviors. Adolescents who are more submissive tend to remain dependent on their parents.

### **Authoritative Parenting or Optimal Parenting:**

This kind of parenting encourages children to be independent but still places limits and controls on children's actions; extensive verbal give-and-take is allowed and parents are warm and nurturing towards the child. Kopko (2007) revealed that those adolescents of authoritative parents learn how to negotiate and engage in discussions. They understand that their opinions are valued. As a result, they are more likely to be socially competent, responsible, and autonomous.

**Neglectful parenting:**

Neglectful parenting, however, shows no involvement in the child's life. Children of neglectful parents tend to be socially incompetent. Many have poor self-control and do not handle independence well. They frequently have low self-esteem, are immature and may be alienated from the family. In adolescence, they may show patterns of truancy and delinquency. Research by Kopko (2007) showed that adolescents of uninvolved parents learn that parents tend to be interested in their own lives and less likely to invest much time in parenting. As a result, teens generally show similar patterns of behavior as adolescents raised in permissive homes and they may also demonstrate impulsive behaviors due to issues with self-regulation.

**Indulgent parenting or Affectionate constraint:**

Indulgent parents are highly involved with their children but place few demands or controls on them. These parents let their children do what they want. Children never learn to control their own behaviour, rarely learn to respect others and always expect to get their way. They might be domineering, egocentric, noncompliant and have difficulties in peer relations. Kopko (2007) found that adolescents of permissive parents learn that there are very few boundaries and rules and those consequences are not likely to be very serious. As a result, teens may have difficulty with self-control and demonstrate egocentric tendencies that can interfere with proper development of peer relationships. In another study, Garcia and Gracia (2009) found that indulgent and authoritative parenting styles were associated with better outcomes in adolescents than authoritarian and neglectful parenting.

**EFFECTS OF PARENTING**

The quality of parenting is found to be associated with identity development among adolescents in a number of ways (Sartor and Youniss, 2002). If parents maintain a warm and trusting relationship with adolescents, then the adolescents develop a sense of connectedness and view their parents as concerned and available. If parents exercise control through guilt induction and love withdrawal, it hinders emotional development, thereby, discouraging individuality. If they undertake behavioral management through reasoning and awareness of the consequences, it encourages self reflection and self-regulation in adolescence (Singhal and Rao, 2004).

## **LOCUS OF CONTROL**

Locus of control is defined as “an individual's perception about the underlying main causes of events in one’s life” (Neill, 2006). It also influences the attribution one makes about the reasons for success and failure (Phares, 1976). It is the cognitive style or personality trait characterized by a generalized expectancy about the relationship between the subsequent occurrence of reinforcement in the form of reward and punishment. People with internal locus of control tend to expect reinforcements to be the consequences of their own efforts of behavior, whereas people with external locus of control expect them to be the consequences of chance, luck, fate or the actions of powerful others. Between these two extremes lies a continuum of intermediate cognitive styles (Colman, 2009).

An individual’s perception of locus of control, not only, influences the way he or she interprets situations, it also affects behavior (Worchel and Shebilske, 1986). Rotter (1966) believed that people learn to expect certain outcomes from their behaviours. The probability that a certain behavior will occur is determined by what the person expects as a reward for that behaviour and what the reward means to the person.

Evidence suggests that locus of control is learned in childhood and is directly related to parental behavior. External control beliefs were likely to be expressed by children reared in homes without an adult male role model (Schneewind, 1995). Parents of children who possessed an internal locus of control were found to be highly supportive, to offer praise for achievements, and to be consistent in their discipline (Wichern and Nowicki, 1976).

## **LOCUS OF CONTROL AND PARENTAL BONDING**

Expectancies about locus of control are not inherited, they are learned. One investigator found that internals grew up in families where the parents were warm and supportive and gave praise for accomplishments (Crandall, 1973). This atmosphere encouraged children to learn to accept blame for failure and praise for success. Crandall also found that as these children grew up, the parents became more detached and encouraged their children to become more independent (Crandall, 1973). Marsiglia, Walczyk, Buboltz and Ross (2007) found that there was a relationship between maternal authoritative parenting and internal LOC and external LOC and maternal permissive and authoritarian parenting style.

## **GESTALT THERAPY**

Gestalt therapy developed by Fritz Perls and his wife Laura (1940), propagated an existential-phenomenological approach based on the premise that individuals must be understood in the context of their ongoing relationship with the environment. The initial goal is for the clients to gain awareness of what they are experiencing and how they are doing it. Through this awareness, change automatically occurs. The approach is phenomenological because it focuses on the client's perception of reality and existential because it is grounded in the notion that people are always in the process of becoming, remaking and rediscovering themselves. As an existential approach, Gestalt therapy gives special attention to existence as individuals experience it and affirms the human capacity for growth and healing through interpersonal contact and insight (Yontef, 1995).

Gestalt therapy offers a supportive holistic way in dealing with issues involving relationship, internal conflicts, self-esteem, self-sabotage, dealing with anxiety, depression or loss, manipulation or being manipulated. Gestalt therapy emphasizes on trusting one's own nature as a self-healing and self-regulating being (Carr, 2012).

This approach is designed to make people 'whole' by encouraging them to shed their defenses, unlock their potential, let go of their pent-up feelings, accept responsibility for the way they are and above all, focus on the here and now. The Gestalt-therapy experience involves repeated emphasis on staying in touch with one's feeling right now and expressing those feeling to others (Morgan, King, Weisz and Schopler, 2012).

## **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 origins 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 take place which, in turn, affect the way in which the adolescents perceive every event of their life. 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. During this squall period, adolescents' rely on their parents for emotional support and their need to be trusted also increases. Thus parental bonding play 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 demand to be self- governed can become overpowering. Thus when there is a combat between their need and parental bonding, the density of their problems can also increase. This upheaval directs the adolescent to indulge in delinquency and self destruction. **Hence, in the present study, the researcher attempts to tackle this issue by understanding the nature of the problems, assessing the perception of the parental bonding and their locus of control. The researcher then attempts to use Gestalt Therapy to resolve the perception of parental conflict and amplify personal productivity. The researcher thus believes that this would help one have an insight into the world of adolescents and help them into becoming self- healing and self- regulating beings.**

*CHAPTER-II*  
*REVIEW OF LITERATURE*

## **CHAPTER II**

### **REVIEW OF LITERATURE**

The review of literature relating to the study, “Efficacy of Gestalt Therapy on Perceived Parental Bonding, Locus of Control and Problems of Adolescents” is as follows:

- Problems of Adolescents
- Parental Bonding
- Parenting styles and their influence on Adolescents
- Locus of Control
- Efficacy of Gestalt Therapy
- Correlates

#### **PROBLEMS OF ADOLESCENTS**

Adolescents with chronic headaches, mental health problems and coping patterns were studied by Hartberg, Lundqvist, Clench-Aas and Raanaas (2013). The sample was 19,985 adolescents of ages 13-19 years. The tool Strengths and Difficulties Questionnaire (SDQ) was administered to the sample while chronic headache was measured with a single item, defined in close accordance with the classification of the International Headache Society (ICHD-2). The results revealed that adolescents with chronic headaches showed more symptoms of mental health problems overall compared to those without chronic headache or with mental health problems alone.

Rescorla et al. (2013) conducted a study on cross-informant agreement between parent-reported and adolescent self-reported problems in 25 societies. The sample consisted of 27,861 adolescents of age ranging between 11 to 18 and their parents. The questionnaires Youth Self-Report (YSR) and Child Behavior Checklist (CBCL) were used for the study. The mean scores for all the problems were similar in almost all societies but the magnitude of the YSR–CBCL discrepancy varied across societies. Cross-informant correlations for problem scale scores varied more across societies than across types of problems. The results indicated many multicultural consistencies but also some important differences in parent–adolescent cross-informant agreement.

Social, demographic and health outcomes in the 10 years following adolescent depression was studied by Naicker, Galambos, Zeng, Senthilselvan and Colman (2013). Depression status on 1,027 adolescents aged 16–17 years was ascertained from the National Population Health Survey. Social and health outcomes (i.e., employment status, marital status, personal income, education, social support, self-perceived stress, heavy drinking, smoking, migraine headaches, adult depression, antidepressant use, self-rated health and physical activity) were measured every 2 years until the ages of 26–27 years. The proximal effects of adolescent

depression were observed (at ages 18–19) on all outcomes with the exception of physical activity. Significant effects that persisted after 10 years included depression recurrence, higher severity of symptoms, migraine headaches, poor self-rated health and low levels of social support.

Ramaswamy and Venkateshkumar (2012) had done a study to assess the adolescent problems in rural and urban areas. in and around Mysore city. A total of 631 adolescents of different age groups from 11-20 years were randomly selected. They were then administered the Problem Checklist (Joshi and Pandey, 1964). The results revealed that rural adolescents had higher levels of problems.

## **PARENTAL BONDING**

Raudino, Fergusson and Horwood (2013) conducted a longitudinal study to examine the 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 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' behavior 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.

The relationship between achievement motivation, parental support and its gender differences on adolescents was studied by Neha and Shobhna (2011). 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 16 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.

The relationship between parental bonding and attachment constructs and borderline personality disorder features among 393 adolescents were examined by Nickell, Waudby and Trull (2002). 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.

## **PARENTING STYLES AND THEIR INFLUENCE ON ADOLESCENCE**

The relationship between behaviour problems and perceived parenting practices in Korean youth was studied by Kim, Kim Koh and Leventhal (2013). The prospective longitudinal cohort study comprised of 1641 middle school students. The questionnaires Korean Youth Self Report and the Childrearing Behavior Questionnaire (measuring three dimensions of parenting practice: warmth–acceptance, rejection–restriction and permissiveness–non-intervention) were used. The results revealed that maternal rejection–restriction increased the risks for internalizing problems whereas paternal control–rejection increased the risks for externalizing behavioural problems.

Cai, Hardy, Olsen, Nelson and Yamawaki (2013) examined the links between parenting dimensions (authoritative parenting, psychological control and parental authority) and adolescent wellbeing (self-esteem, autonomy and peer attachments) as mediated by parent-teen attachment, among Chinese families. The sample included 298 Chinese adolescents between the ages of 15-18 years. The findings suggested that parenting behaviors did play a crucial role in adolescent social behaviors and wellbeing via adolescent-parent attachment.

Hoeve, Dubas, Gerris, Laan and Smeenk (2011) examined the cross-sectional and longitudinal associations between fathers' and mothers' parenting styles and male and female delinquency using a sample of 330 Dutch families with a adolescent son or daughter between the ages of 14–22. The analysis of the data proved that the parenting styles of fathers and mothers were linked to delinquency. A significant parenting style by sex interaction was found: neglectful parenting was related to higher levels of delinquency in males and permissive parenting was linked to delinquency in females. A long term relationship was also found between fathers' neglectful parenting style and delinquency in males. Furthermore, results revealed that levels of delinquency were the lowest in families with at least one authoritative parent and highest in families with

two neglectful parents, indicating that the level of delinquency was dependent on the combination of mothers' and fathers' parenting styles.

The parental styles and depression among adolescents was studied by Mandeep, Novrattan and Amrita (2011). The sample of the study included 100 adolescents (male=50 and female =50) between the age range of 14 and 16 years and one of their parent. The adolescents were assessed with the Children Depression Inventory and the parents were administered the Parenting Authority Questionnaire-R. The results showed that authoritarian parenting style had significant positive correlation with depression and permissive parenting style had significant negative correlation with depression.

Martínez and García (2007) analysed the relationship of parenting styles and their outcomes on 1456 Spanish adolescents. The sample reported on their parents' child-rearing practices wherein the teenagers' parents were classified into one of four groups (authoritative, authoritarian, indulgent, or neglectful). The results revealed that the adolescents from indulgent households had the same or better outcomes than adolescents from authoritative homes.

The key findings in Azaiza's (2004) study showed that a lot of differences existed in the parent-child relations among subjects who were of Arab origin. The researcher attributed this due to the issue of gender inequalities as well as to religious beliefs which still existed in some Eastern countries. Males were found to perceive more positive parent-child relationships compared to females. There were also major gender differences in family upbringing and parental bonding with parents being more strict and distant with their female offspring compared to males.

## **LOCUS OF CONTROL**

Dihoff and Klanderman (2011) investigated the relationship between locus of control and birth order. The study included 54 college students. The Rotter's Locus of Control (1954) survey was used to determine the locus of control among college the students. The results revealed that there is no relationship between the birth order and Locus of control

Afifi (2007) investigated the association of health locus of control with depression among adolescents in Alexandria, Egypt. The tools used were a self-reported questionnaire covering demographic data and some factors associated with depression, the Multidimensional Health Locus of Control scale and the Child Depression Inventory. The bivariate and multivariate analyses of the data showed that adolescents with low internal health locus of control and high chance external health locus of control were more likely to have depressive symptoms than others.

Meijer, Sinnema, Bijstra, Mellenbergh and Wolters (2002) examined the contribution of coping styles and locus of control in the prediction of psychosocial adjustment in adolescents with a chronic illness. Psychosocial adjustment of 84 adolescents aged 13-16 years with a chronic illness was assessed with measures of social adjustment, global self-esteem and behavior problems. Results indicated that coping styles were related to most aspects of social adjustment while avoidance and locus of control were not strongly associated with psychosocial adjustment.

## **EFFICACY OF GESTALT THERAPY**

Cheung and Nguyen (2012) conducted a study using Gestalt empty-chair techniques in social work settings, focusing on Asian clients who may be non expressive to deal with bereavement issues, to confront parent-child relationship issues and to express feelings toward personal losses. The applications of various empty-chair methods were based on four characteristics of many Asian clients: (1) connecting the meaning of 'shame' in therapeutic interventions, (2) avoiding the loss of 'face' in confronting relatives and friends, (3) using alternative and complementary means to replace traditional therapy and direct confrontation and (4) using inner control and spirituality in resolving interpersonal guilt and conflict. From concrete evidence with their Asian clients, the authors illustrated specific therapeutic steps with practice dialogues to help practitioners develop culturally-sensitive skills in the process of using empty-chair techniques. These dialogues supported positive outcomes in (1) responding to the therapeutic exercise, (2) engaging in therapeutic work on their issue, (3) responding to treatment within one session and showing progress within two sessions and (4) expressing emotions or unresolved conflict throughout the therapeutic journey.

Wagner-Moore, Laura E. analyzed Gestalt Therapy: Past, Present, Theory, and Research (2004). The research suggested that the 2-chair technique is superior to other therapeutic interventions for conflict splits, decisional conflict, marital conflict, and unfinished business and that the 2-chair technique is as effective as Rogerian and cognitive-behavioral therapies.

The overview of empirical research on Gestalt Therapy was studied by Strampfel (2004). The empirical research including descriptions and findings of some 60 processes and evaluation studies covering a number of different clinical subgroups and topics were reported. With data of 3.000 clients documented; about half of these clients received Gestalt Therapy. Studies comparing Gestalt Therapy with Behavioral Therapy or Client-Centered Therapy, showed the efficacy of Gestalt Therapy to be equal or faster than other therapies. Gestalt Therapy is not symptom oriented. Although the efficacy of Gestalt Therapy for severe personality disturbances in a psychiatric sense (psychotics and non-psychotics), affective disorders, dependencies and other disturbances as well as specific therapeutic areas such as working with couples, parents and children from different psychosocially disadvantaged backgrounds. The stability of Gestalt therapy could remain over long periods as the process of building -up of emotional tension is a part of dialogue in Gestalt Therapy. An emotionally charged tension, as the client's inner conflicts unfold, has often been shown to accompany the solution of client's problems. Finally, the deeper emotional experiences, which a client goes through on the way to the heart of his conflicts, are accompanied by a reduction in psychological pain and symptoms, interpersonal problems and personality disturbances.

## **CORRELATES**

Aleksejūnienė (2012) examined the variations in parenting style, locus of control and oral hygiene in adolescents. The sample comprised of 237 adolescents who were assessed using a structured questionnaire which included demographic characteristics and items about parenting style and locus of control. The results revealed that there was no relationship between parenting styles, locus of control and oral hygiene levels.

Vithya and Karunanidhi (2012) assessed the influence of school environment, parental attachment and peer attachment on emotional problems of adolescent students. The tools Screening Tool for Emotional Problems (STEP) (Erford, 2007), Inventory of Parent & Peer Attachment (Armsden and Greenberg, 1987) and School Environment Scale (Fend and Prester, 1986) were administered to 300 adolescent subjects. The results revealed that parental attachment was negatively related to academic problems, social problems, behavioural problems, depression and anxiety.

Liu, Kurita, Uchiyama, Okawa, Liu, and Ma (2000) examined the associations of life events and locus of control with behavioral problems among 1,365 Chinese adolescents by using the Youth Self-Report (YSR), Adolescent Self-Rating Life Events Checklist (ASLEC) and the Nowicki-Strickland Locus of Control Scale for Children. Results indicated that the overall prevalence of behavioral and emotional problems was 10.7%. Logistic-regression analyses also showed that a total of 13 negative life events mainly coming from academic domain and interpersonal relationships, high life-stress score and high external locus score significantly increased the risk for behavioral problems. Life stress and locus of control also significantly interacted with behavioral problems.

While plenty of researches have been reported, the effect of Perceived Parental Bonding on Problems of adolescents on a therapeutic relationship has been ignored. Hence, an effort is undertaken to administer the psychotherapeutic technique of the concept of 'here and now' to help adolescents alter their perception.

*CHAPTER-III*

*METHOD*

## **CHAPTER III**

### **METHOD**

The procedure pertaining to ‘Efficacy of Gestalt Therapy on Perceived Parental Bonding, Locus of control and Problems of Adolescents’ was carried out involving the following steps:

- Objectives
- Research questions
- Alternative Hypotheses
- Area
- Sample
- Tools
- Procedure
- Psychological Intervention
- Duration
- Re-assessment
- Experimental Design
- Analysis of Data

#### **OBJECTIVES**

- To assess the perception of parental bonding by the sample.
- To identify the type of locus of control in the sample.
- To understand the nature of problems experienced by the sample.
- To determine if there is a relation between birth order and locus of control in the sample.
- To study the effect of Gestalt therapy in the enhancement of parental bonding and management of problems among the sample.

## **RESEARCH QUESTIONS**

- How does the sample perceive parental bonding?
- What is the type of locus of control among the sample?
- What is the nature of problems experienced by the sample?
- Is there any relation between birth order and locus of control?
- Does Gestalt Therapy help in enhancing parental bonding and management of problems among the sample?

## **ALTERNATIVE HYPOTHESES**

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

- The perception of parental bonding is evident in the sample.
- There are different types of locus of control among the sample.
- The nature of problems are varied in the sample.
- There is no relationship between birth order and locus of control in the sample.
- Gestalt Therapy helps in enhancing parental bonding and management of problems in the sample.

## **AREA**

Perks Matriculation Higher Secondary School, Upplipalayam, Coimbatore was selected for the present study. The reasons for selecting this area are as follows:

- The nature of the sample constituting all socio-economic background.
- Willingness of the school authorities to grant permission and provide the necessary facilities to conduct the action research.
- Openness of the students to participate in the study.

## **SAMPLE**

Seventy four students in the age range of 15-16 years studying in 11<sup>th</sup> standard were identified for the study. The purposive sampling method was used in classifying the sample.

### **Inclusion Criteria**

- Studying XI in State Board
- Age between 15-16yrs
- Both Male and Female
- Both day scholars and hostelites
- Children of Literate Parents
- Willingness to participate in the action research

### **Exclusion Criteria**

- Illiterates
- Students of other Boards
- Employed Students
- Students with Disability
- Students with no/low problems

## **TOOLS**

The tools used for the study were:

### **Case Study Schedule (2013) (Annexure I)**

The Case Study Schedule (Annexure I) developed by the investigator was used to map the personal information of the sample.

### **Parental Bonding Instrument (Parker, Tupling and Brown, 1997) (Annexure II)**

Parental Bonding Instrument developed by Gordon Parker, Hilary 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 the author. The PBI has excellent internal consistency, with split half reliability coefficients of .88 for care and 0.74 for overprotection, as well as good stability, with 3-week test-retest correlations of

0.76 for care and 0.63 for overprotection. In addition, the PBI has good concurrent validity, correlating significantly with independent rater judgments of parental caring and overprotection.

### **Levenson's Scale For Locus Of Control ( Levenson,1974) (Annexure III)**

Levenson's Scale for Locus of Control developed by Levenson (1974) (Annexure III) consisted of 24 statements. The respondents were asked to read each statement carefully and indicate the response according to five point rating scale as 'Strongly agree', 'Agree', 'Undecided', 'Disagree' and 'Strongly Disagree' by marking (x) on the five point scale. The split-half reliability of the scale was found to be 0.72 for Powerful others, 0.79 for Chance Control and 0.65 for Individual Control.

### **Mooney Problem Checklist (Gordon and Mooney,1940) (Annexure IV)**

Mooney Problem Checklist developed by Leonard V. Gordon and Ross L. Mooney (1940) (Annexure IV) consisted of 8 different problem areas. The investigator identified 4 specific areas such as Health, Self Improvement, Personality and Home and Family from among the 8 areas to suit the present sample. The respondent was asked to underline the items which represent her problem.

## **PROCEDURE**

From Perks Matriculation Higher Secondary School, Upplipalayam, Coimbatore, 127 students of the 11<sup>th</sup> standard were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI), Mooney Problem Checklist (MPC) and Levenson's Scale for Locus of Control (LOC). Out of 127 students, 74 screened students with personal problems as identified from Mooney Checklist and differences in perception of parental bonding were selected as the sample for the study. After the psychological intervention, the entire sample was reassessed using Parental Bonding Instrument and Mooney Problem Checklist.

## **PSYCHOLOGICAL INTERVENTION**

Intervention of Gestalt Therapy was administered to the sample to enhance their parental bonding and manage their problems. 'The Internal Dialogue Exercise' and 'Making the Rounds' techniques were used in the present research.

### **THE INTERNAL DIALOGUE EXERCISE**

The Gestalt Therapy aims in bringing about the integrated functioning and acceptance of one's personality that have been disowned and denied. There are two techniques under this exercise. They are

- Top Dog and Under Dog
- Empty Chair Technique

### **THE TOP DOG AND THE UNDER DOG**

In this technique, the top dog is righteous, authoritarian, moralistic, demanding, bossy and manipulative. This is the 'critical parent' that badgers with 'should' and 'ought'. The under dog manipulates by playing the role of victims: by being defensive, apologetic, helpless and weak and by feigning powerlessness. The adolescent is asked to sit in the chair and asked to play the top dog role, where he/she demands and then he/she is asked to play under dog role where he/she is passive. This technique is repeated several times, thereby increasing the struggle for control and the students becomes aware of their introjects (Corey, 2009).

### **EMPTY CHAIR TECHNIQUE**

After top dog and under dog, the empty chair technique is used. This technique is one way of getting the subject to externalize the introject. Two chairs are used, the subject is asked to sit in one chair and he/her is asked to be fully top dog or under dog and share the feelings and thoughts that are to be expressed with others.

### **MAKING THE ROUNDS**

In this, the subjects are made to stand in a circle and involve themselves in asking questions to other persons in the group or to speak or do something with each other. The main aim of this technique is to confront, to risk, to disclose the self, to experiment with new behaviour and to grow and change. This technique improves interpersonal relationships, self esteem and reduce unnecessary fear of other people. For example, the person who had no guts to say 'no' to people was asked to go to each member of the group and say 'no' emphatically. The other members of the group might overpower the person with a 'no' much louder and the individual shouts aloud and affirms his or her 'no' thus gaining confidence in saying 'no' to people.

The person who felt rejected was asked to say 'I take responsibility for my rejection'. This saying facilitates the individual to realize he/ she needs to accept his/ her feelings instead of projecting them onto others.

## **DURATION**

The empty chair technique was given for 20-30 minutes for selected individuals and the 'making rounds' was tried out for three days on one hour duration. Eight sessions of Gestalt therapy was given to the sample.

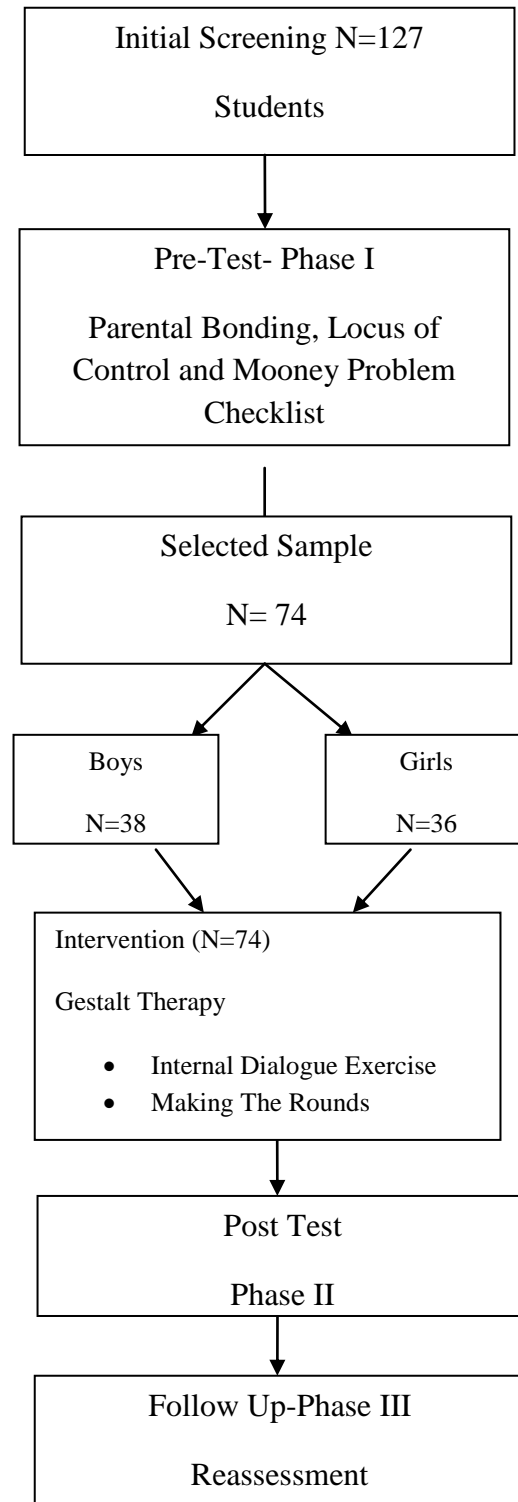
## **RE-ASSESSMENT**

After 15 days of Gestalt Therapy, the samples were re-assessed using Parental Bonding Instrument and Mooney Problem Checklist.

## **EXPERIMENTAL DESIGN**

'Before and after without Control Design' was used in this study. The dependent variables, 'Perceived Parental Bonding' and 'Problems' were measured both before and after Gestalt Therapy.

## Flow-Chart of Experimental Study



## STATITICAL ANALYSIS

't' test , Regression analysis and Chi- Square using SPSS version 16.0

*CHAPTER-IV*  
*RESULTS AND DISCUSSION*

## **CHAPTER IV**

### **RESULTS AND DISCUSSION**

The study on, 'Efficacy of Gestalt Therapy on Perceived Parental Bonding, Locus of Control and Problems of Adolescents' was conducted in Perks Matriculation Higher Secondary School, Coimbatore. Seventy Four students (38 Male and 36 Female) were selected by purposive sampling method. The methods adopted to collect the data included interview, case study and psychological intervention. All the students were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI), Mooney Problem Checklist (MPC) and Levenson's Scale for Locus of Control (LOC).

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

**TABLE – I****DEMOGRAPHIC FACTORS OF THE SAMPLE****N=74**

<b>Demographic Factors</b>		<b>Number</b>	<b>Percentage</b>
Gender	Male	38	51
	Female	36	49
Birth Order	First	27	36
	Middle	0	0
	Last	31	42
	Only Child	16	22
Type Of Family	Nuclear	67	91
	Joint	7	9

*Percentages are rounded-off*

Table I shows demographic factors of the sample. The sample comprised of 51 % male and 49 % female in the age range of 15-16 years.

42% of the students were last born, 36% of the sample was first born, and 22% were only child. Last born are generally considered to be manipulative and attention seeking. They are given everything they want because they were the last to be born. They expect a lot of attention and affection from significant others. Especially when in a group, they try to draw attention towards them. As they are pampered, when they have a problem, these last born expect their parents or siblings, either to solve the problem or listen to them. When a last born does not get their way about something, they tend to get depressed easily. The first born, after enjoying the full care and protection of their parents, has difficulty in sharing the love with their siblings. Unable to accept the change, the child develops adjustment problem. Being the only child is a unique position in a family. Without any siblings to compete with, the only child receives his/her parents' attention and resources forever. The responsibility is on the child's shoulder to carry out their parents' wish. In some the responsibility is more stressful and depressing.

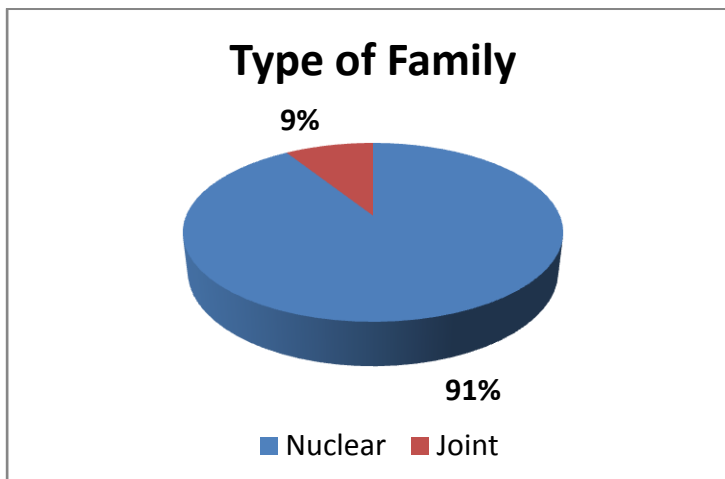
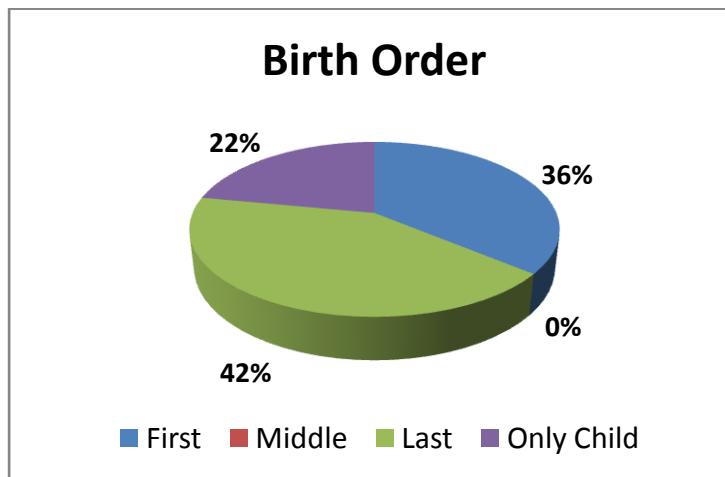
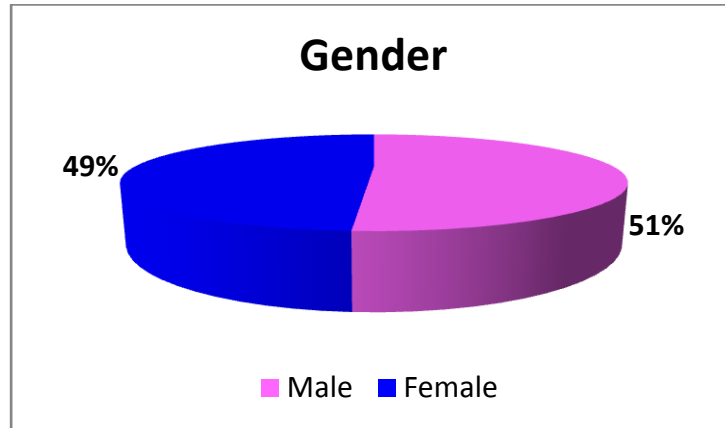
67% of the sample belongs to Nuclear family and a very minimal percent of 7, belongs to joint family. Nuclear family is the close knit system where better understanding and cohesiveness prevails among the family members. The adolescent has more personal space. If both the parents happen to be working, then the

adolescent is deprived of quality time with the family members. The loneliness makes the child gloomy. The child unsecured in the family system. In joint family system, the individual develops adjustment qualities, helping tendency and there is more scope of sharing and interactions. The child is never left alone even if both the parents are working. The adolescent has more emotional support in this type of family. But the cons are that there are lot of difference of opinion and squirmishes over various issues. The adolescent tends to be more dependent and indecisive.

**FIGURE – I**

**DEMOGRAPHIC FACTORS OF THE SAMPLE**

**N=74**



**TABLE – II****NATURE OF PARENTAL BONDING IN THE SAMPLE****N=74**

<b>Type of Parenting</b>	<b>Father Form</b>	<b>Mother Form</b>
	<b>Number Percentage</b>	<b>Number Percentage</b>
Optimal Parenting	13 18%	12 16%
Affectionate Constraint	27 37%	26 35%
Affectionless Control	28 38%	29 39%
Neglectful Parenting	6 8%	7 10%
Total	74 100%	74 100%

*Percentages are rounded off*

Bonding is a 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. Parenting style is the most essential and crucial component of parent child interaction and is influential to the child's emotional and behavioural development.

Table II indicates the adolescents' perception of parental bonding, rating their father and mother separately. The perceived expression of the sample, reveal that affectionless control (37 and 35% respectively for father and mother) and affectionate constraint(38 and 39% respectively for father and mother) has been reported as the maximum bonding score by the adolescents in the study. 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 grown 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. It impacts on their self-esteem. It is observed from that data that a meager percentage of adolescents have reported, neglectful parenting(6 and 7%) 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

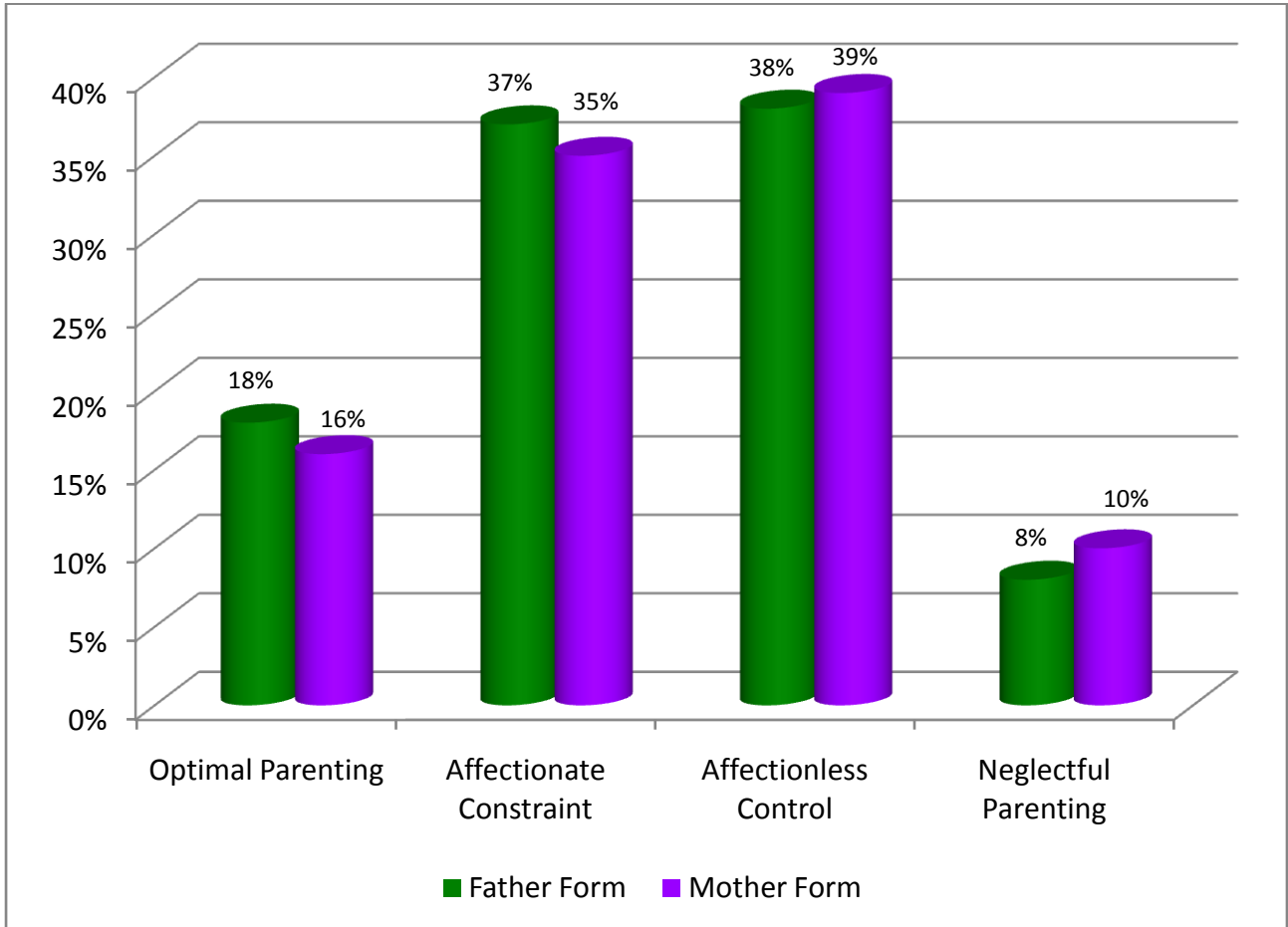
separation. It is gratifying to note that 18 and 16% of the parents, are perceived as exercising optimal parenting.

Thus, the alternative hypotheses, 'The perception of parental bonding is evident in the sample' is accepted.

**FIGURE – II**

**NATURE OF PARENTAL BONDING IN THE SAMPLE**

**N=74**



**TABLE – III**  
**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN PARENTAL BONDING**  
**BEFORE AND AFTER GESTALT THERAPY**

<b>Variable</b>	<b>Before Mean (SD)</b>	<b>After Mean (SD)</b>	<b>Mean differences</b>	<b>t</b>
Mother Care	25.07 ( 6.68)	28.34 (4.96)	-3.27	6.63*
Mother Protection	17.27 (6.28)	14.55 (5.06)	2.72	4.98*
Father Care	24.00 (6.32)	25.71 (6.53)	-1.71	2.70*
Father Protection	16.07 (5.92)	14.88 (5.04)	1.19	1.82

*\* Significant at 0.01 level*

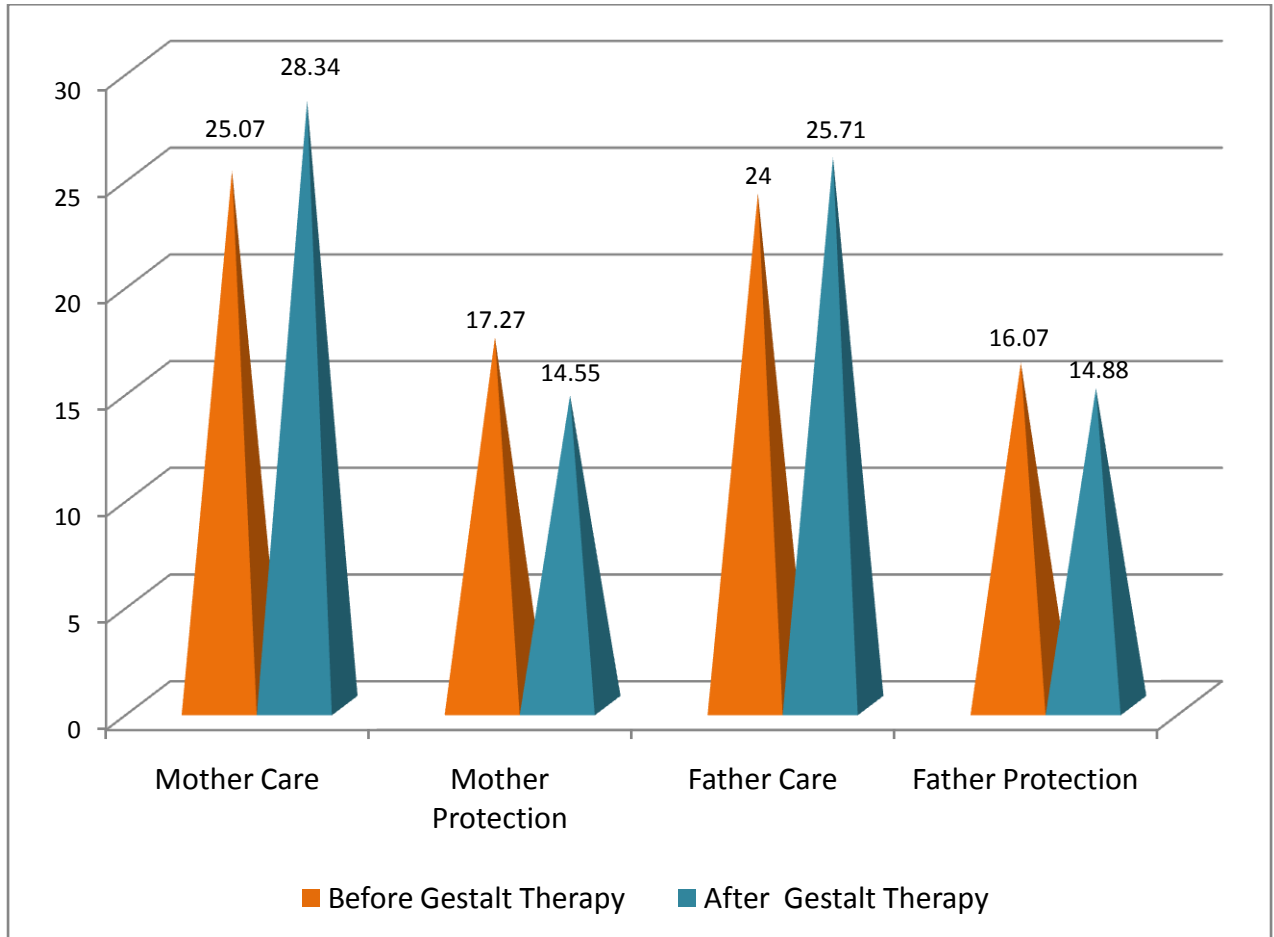
Table II shows the mean perceived parental bonding of the sample, before and after intervention. Care and protection are the two domains of perceived parental bonding. There is a significant difference in Care and Protection between before and after Gestalt therapy. When the Care is more and the protection is minimal then it is referred to as optimal parenting. The mean perceived maternal care has been increased from 25.07 to 28.34 with mean difference of -3.27 and t- score of 6.63 .The mean perceived paternal care has been increased from 24.00 to 25.71 with mean difference of -1.71 and t- score of 2.70. In terms of perceived protection, maternal and paternal protection has been decreased from 17.27 to 14.55 and 16.07 to 14.88 respectively. The mean difference of maternal care and protection, before and after intervention are 3.27 and 2.72 with the t- score of 2.72 and 1.19 respectively.

The sample perceived their parents to be overprotective and less caring towards them. After the intervention it is evident that there is change in their perception of parental bonding. In the dialogue exercise, the sample learned to understand their perspective of their parents for being overprotective. By venting out their emotions and feelings, the samples were able to accept the reality. There is a significant change in the perception of parental bonding of the mother than compared to that of father. Hence, the alternative hypothesis ‘Gestalt Therapy helps in enhancing the parental bonding in the sample’ is accepted.

**FIGURE – III**

**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN PARENTAL BONDING  
BEFORE AND AFTER GESTALT THERAPY**

**N=74**



**TABLE – IV****ASSOCIATION BETWEEN PERCEIVED PARENTAL BONDING AND GENDER IN ADOLESCENTS CHI-SQUARE ANALYSIS**

<b>Variable</b>	<b>Chi- Square Value</b>	<b>Degree of freedom</b>	<b>Significant Level</b>	<b>Inference</b>
Mother Care	0.205	1	0.650	Accept
Mother Protection	6.136	1	0.013	Reject
Father Care	0.924	1	0.337	Accept
Father Protection	2.233	1	0.135	Accept

In order to examine whether there is a gender difference in terms of the subscales of parental bonding, Chi- square analysis was conducted to obtain the result. It is observed from the data that the mother care is undifferentiated in the two sexes, in that, as a mother she gives her best to both. The protection of mother is more pronounced in females on the grounds of being a single child or the concern for the security of female. As for the hypothesis on father care and protectiveness, it is observed that there is no significant association in the perceived care and protectiveness of the father between sexes. This indicates that the fathers show equal amount of care and protection in tune with the present times when a girl is equally challenging in all spheres.

The females perceive their parents to be more overprotective and caring towards them. Even though they receive sufficient care from their parents, they do not wish to be overprotected. Overprotection tapers the individuality and decision making skills in a person. In this competitive world, one has to be unique with good decision making skills to mark his/ her place. Adolescents of this era are more independent. The females are distressed of being overprotected which results to poor communication with parents. By being overprotective, the parents feel secured about their daughter's safety although the females feel controlled. The females need to understand the perspective of their parents for being overprotective. The females were more likely than males to indicate that they had overprotective and caring father.

The males perceive their father as having low care and high protection and therefore affectionless control over them. They feel wanting for personal space, not having privacy and independence at home. The males feel that every action of theirs' is being controlled by their fathers. As adolescence is the period moving towards autonomy, they detest any sort of paternalism from parents. They reported more anger towards their

father. In terms of maternal relationships, the males perceived that they received a low level of care, resulting in poor communication and negative affect.

The perception of the sample of the present study is tainted through a glass as they tend to over exaggerate the protectiveness of their parents as being difficult and not caring. Most of the parents have similar parenting styles, in the eyes of the adolescents in terms of caring and overprotection.

In a study conducted, it was shown that there were significant gender differences between father and mother, where father was more likely to be overprotective of their daughters than to their sons (Stephens, 2009).

**TABLE - V****LEVEL OF PROBLEMS IN ADOLESCENTS****N=74**

<b>Gender</b>	<b>Health</b>	<b>Self-improvement</b>	<b>Personality</b>	<b>Home and Family</b>
Male	15%	36%	33%	30%
Female	14%	36%	29%	20%

*Percentages are rounded of*

Table V shows the level of problems in Adolescence. The results are evident that irrespective of gender the adolescents are bothered about improving their self. The high percentage (36%) is the reflection of low self-esteem and self- worth. As adolescence is the period moving towards adulthood they tend to compete with the adults unable to cope with emulation and set in a bombshell.

The second highest problem reported by the sample (33% male and 29% female) is in their personality. The adolescents being the vulnerable group bound by peer pressure most often succumb. It triggers their inner conflict, disrupts coping skills resulting in suicidal ideation. The home and the family problems are more pronounced in male (30%) than female (20%). The adolescent male rightfully demands independence becoming aggressive when questioned for their whereabouts revealing their chauvinist attitude. The females by virtue of their Indian tradition play their role softly.

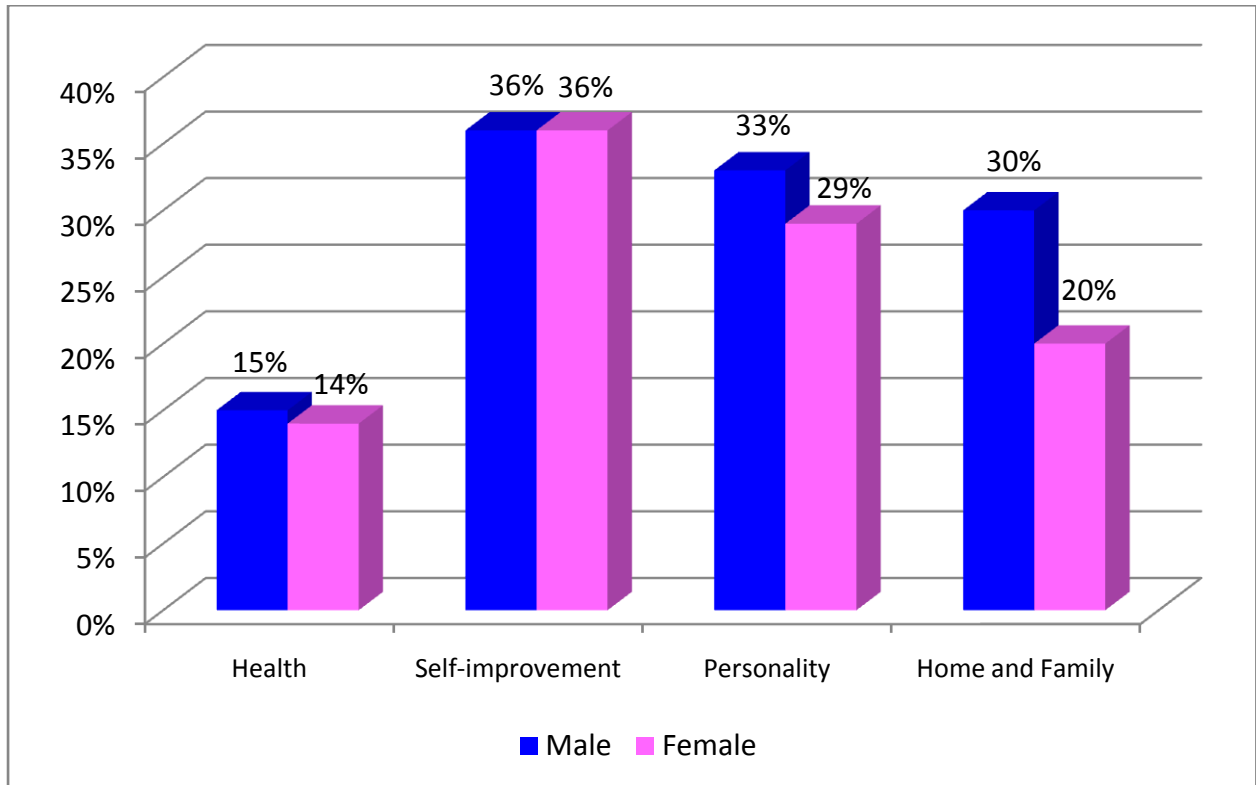
The problems in the area of health reported by the sample (male 15% and female 14%) clearly suggest they are naive to the realities of life. They are fun-loving, experimenting risky behaviour by way of amusement resulting in serious consequences of abuse causing HIV AIDS, Cirrhosis of the liver etc. Hence, it is a challenge to guide the adolescent of today by resorting to optimal parenting of high care, low protection.

Hence the hypotheses 'The nature of problems are varied in the sample' is accepted

**FIGURE – IV**

**LEVEL OF PROBLEMS IN ADOLESCENTS**

**N=74**



**TABLE – VI****SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN PROBLEMS OF ADOLESCENTS BEFORE AND AFTER GESTALT THERAPY**

<b>Problems</b>	<b>Before Mean (SD)</b>	<b>After Mean (SD)</b>	<b>Mean differences</b>	<b>t</b>
Health	5.14 (2.84)	4.04 (2.14)	1.1	4.26*
Self Improvement	13.01 (5.81)	8.97 (4.71)	4.04	7.40*
Personality	20.15 (9.71)	13.76 (8.44)	6.39	6.39*
Home and Family	7.12 (4.02)	5.43 (3.01)	1.69	4.38*

*\*Significant at 0.01 level*

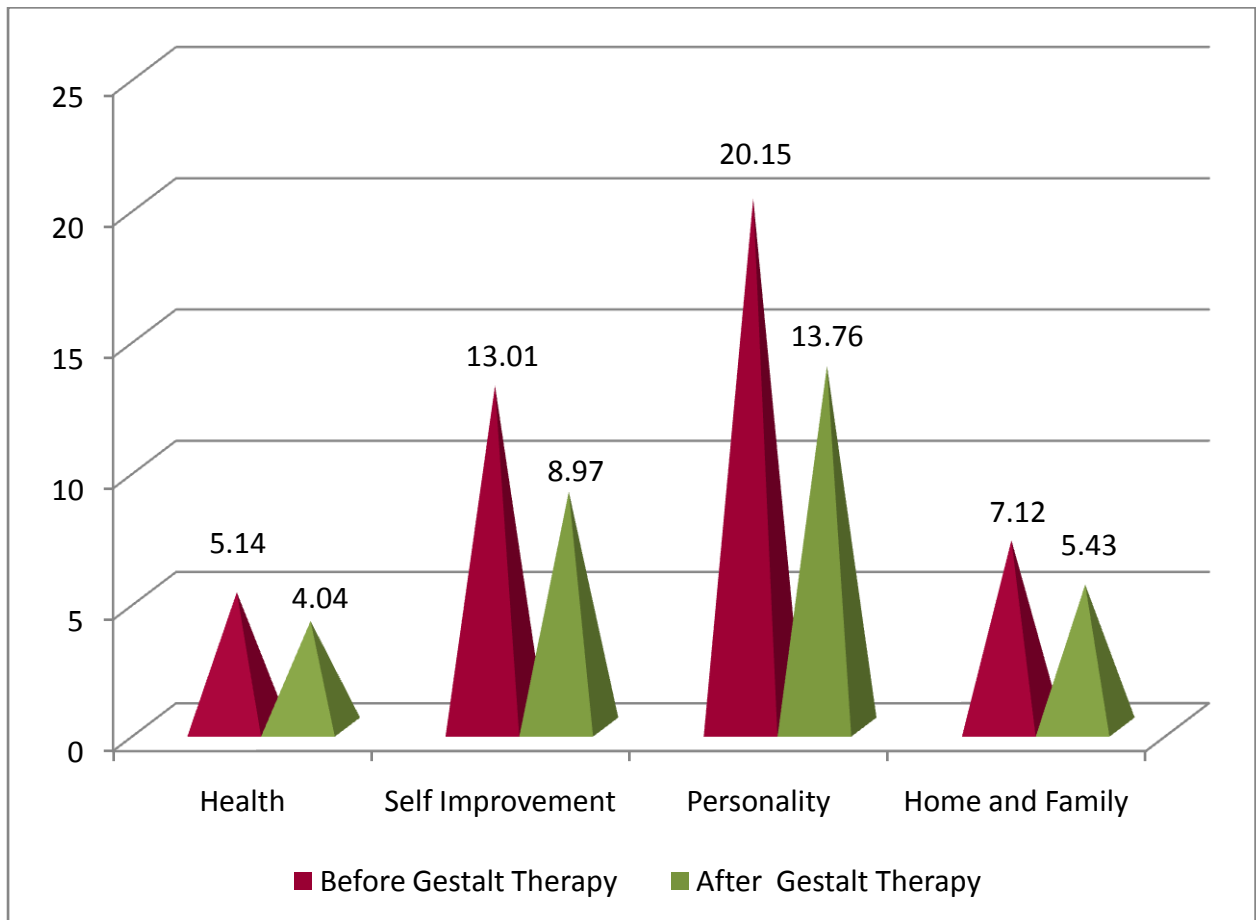
Adolescents of today are more informative, daring, seeking independence in most areas of life. Life for many adolescents is a tug of war filled with mixed messages and conflicting demands from parents, teachers, friends and oneself. A time of discovery, of self and one's relationship to the world around himself / herself. In the process, they become vulnerable to many forms of trouble and risky behaviours.

Table VII -Illustrates the four areas of problems (Health, Self Improvement, Personality, Home and Family) reported by the sample. It is observed from the table that problems with personality is reported with a mean of 20.5 followed by self- improvement 13.01, home & family 7.12 and Health 5.14 respectively before the intervention of Gestalt Therapy. Personality Problems checked on Mooney Scale reveal the adolescent self perception of having low self- worth and self-esteem and their disbelief in self- improvement. This in turn has a significant impact on their relationships with home & family. They no longer accept to be treated as just a child. They confront the reality of independence and also feel overwhelmed and feel disappointed facing up to the challenge that gets translated into expressions of health problems.

The investigator on evolving a counseling relationship with the sample administered the Gestalt therapy on a one to one basis using technique of empty chair, to help open up their problems and resorted to the technique of 'making the rounds' to perceive mutual existence of problems in others. The effect of the intervention was clearly evident in the post treatment phase with considerable reduction in the mean and the 't' value being significant at 0.01 level in all the problem areas. Hence, the alternative hypothesis 'Gestalt Therapy helps in the management of problems in adolescents' is accepted.

**FIGURE – V**

**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN PROBLEMS OF ADOLESCENTS BEFORE AND AFTER GESTALT THERAPY**



**TABLE – VII**

**CLASSIFICATION OF ADOLESCENTS' LOCUS OF CONTROL**

**N=74**

<b>External Control</b>		<b>Internal Control</b>
<b>Powerful others</b>	<b>Chance</b>	<b>Individual</b>
77%	70%	48%

*Percentages are rounded off*

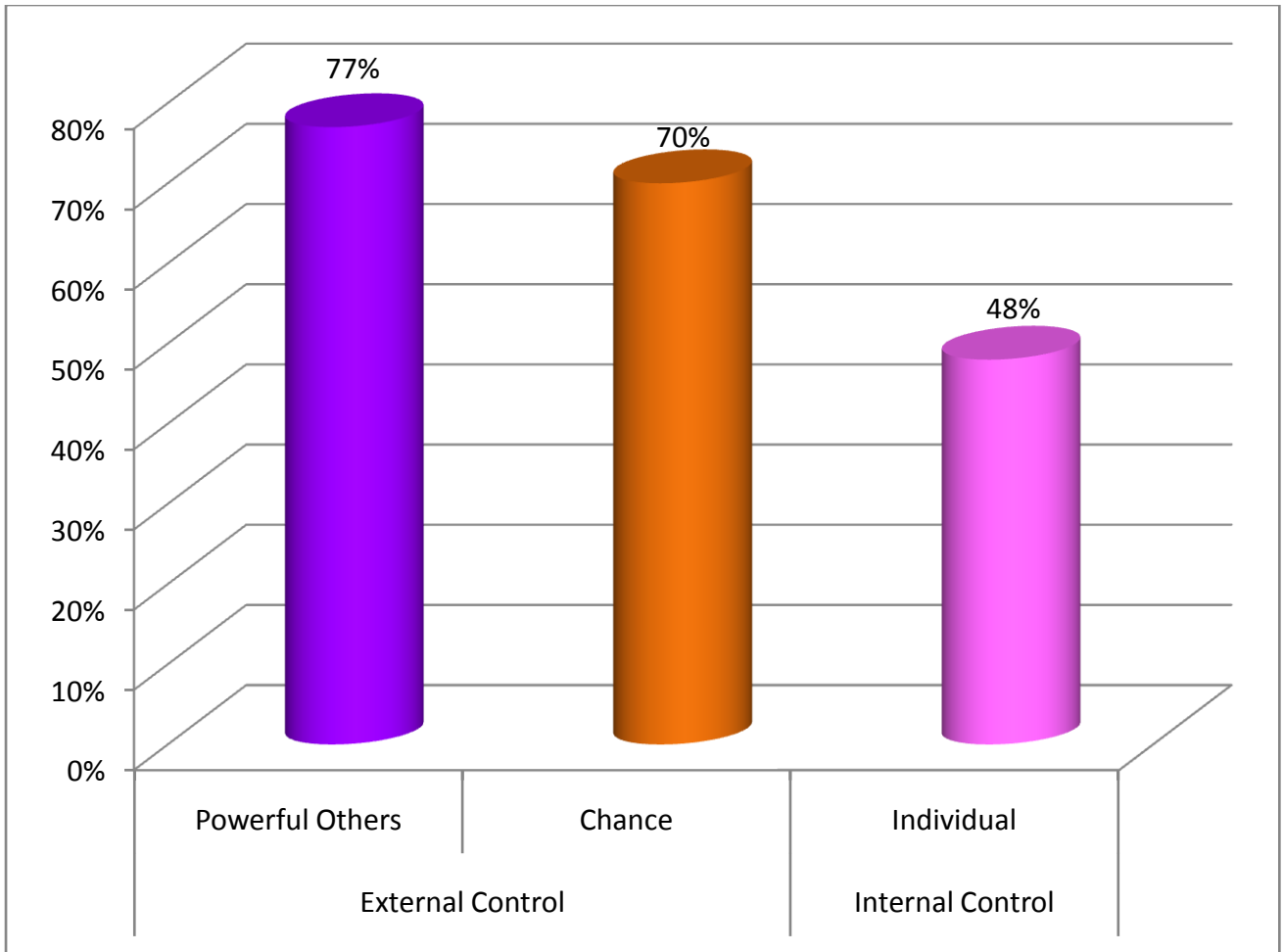
Table VII reveals that 77% of the sample perceived that they are controlled by authoritative personalities in life, like parents, elder siblings and teachers. They hold on to feelings that their desires are controlled and that they have 'no personal say' in matters that concerns them. Hence they show signs of helplessness and worthlessness, seeing no purpose in life. The high percentage of external control observed in the sample, could also be attributed to the parenting style resorted to in fostering their child considering the order of birth or the child being single. 70% of the sample, believe that their life is driven by luck and fate. They believe that forces outside of themselves affect their ability to succeed. The internal locus of control is reported by 48% of the sample whose behaviour is more confident as is observed by their independence and problem solving skills. Nevertheless the persons with internal locus of control are not without flaw, as they are more prone to guilt in life when their efforts are quashed.

Thus, the hypotheses, 'There are different types of locus of control among the sample' is accepted

**FIGURE – VI**

**CLASSIFICATION OF ADOLESCENTS' LOCUS OF CONTROL**

**N = 74**



Locus of control refers to the extent to which the individuals believe that they can control the events that affect them. Internal locus of control is a personal trait that every successful person has. They feel responsible for the outcomes they get in their lives. External locus of control believe that the environment or some higher power, fate or powerful others control their decisions. They come with plans to protect his/ her ego and self worth. They resort to self defeating thinking pattern.

External and internal control was regressed separately on birth order to determine whether the birth order influences the type of control exercised on the children. The results are shown in the table below.

TABLE – VIII

EFFECT OF BIRTH ORDER ON LOCUS OF CONTROL

REGRESSION ANALYSIS

Dependent Variable	Independent Variable	Regression Coefficient	t value	R <sup>2</sup>	F ratio
External Control	Birth Order	-0.306	-2.238**	0.065	5.008**
Internal Control	Birth Order	-0.200	-1.105	0.017	1.22

From the estimated results, it can be inferred that the birth order negatively influenced the type of control exercised on the child. With increase in the birth order the level of independency in taking decision increases. However, birth order emerged to have significant negative impact on ‘external control’. Thus as birth order increase the influence of external control on child, tends to decline.

The sample of the present study which comprises more of first born (36%) and last born (42%) have clearly expressed their locus of control. Parents tend to be stringent on rules and more demanding on the first-born and single child, out of the desire to be a good- parent. The first- born are influenced by their parents’ wish and becomes the carrier of their parents dream. While some first born have a strong need for approval, they grow up pleasing people and taking care of others. Generally the first born strive for unrealistic goals, cannot handle criticism, quickly devastated by failures, and are pessimistic in nature. The characteristics of the first born, supports the result that they are controlled by external factors. The younger sibling tries to be unique from their elder siblings. The later born are free- spirited, who believe in the idea that individuals can change and consider their actions have an influence on current and future activities and those of others. They are rebellious in nature. Hence the first-born are more external control oriented whereas the later born are oriented to internal control.

Hence the hypotheses, ‘There is no relationship between birth order and locus of control in the sample’ is rejected.

*CHAPTER-V*  
*SUMMARY AND CONCLUSION*

## CHAPTER V

### SUMMARY AND CONCLUSION

Adolescence is often portrayed as the period of stress and storm. This period of transitions, 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 play 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 demand to be self- governed can become overpowering. Thus when there is a combat between their need and parental bonding, the density of their problems can 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 the parental bonding, their locus of control and enhancing the parental bonding and managing the problem through Gestalt therapy.**

The main objectives of the study were as follows:

- To assess the perception of parental bonding by the sample.
- To identify the type of locus of control in the sample.
- To understand the nature of problems experienced by the sample.
- To determine if there is a relation between birth order and locus of control in the sample.
- To study the effect of Gestalt therapy in the enhancement of parental bonding and management of problems among the sample

From Perks Matriculation Higher Secondary School, Upplipalayam, Coimbatore, 127 students of the 11<sup>th</sup> standard were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI), Mooney Problem Checklist (MPC) and Levenson's Scale for Locus of Control (LOC). Out of 127 students, 74 screened students with personal problems as identified from Mooney Checklist and differences in perception of parental bonding were selected as the sample for the study. After the psychological intervention, the entire sample was reassessed using Parental Bonding Instrument and Mooney Problem Checklist.

Gestalt Therapy was administered to the sample to enhance their parental bonding and manage their problems. The Internal Dialogue Exercise and Making the Round techniques were used in the present research.

The empty chair technique was given for 20-30 minutes for selected individuals and the making rounds were given for 1 hour for three days.

After Completion of the Gestalt therapy, the entire sample was reassessed using the Parental Bonding Instrument and Mooney Problem Checklist. The students were contacted individually on regular basis to ensure adherence to treatment.

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

## **CONCLUSION**

- Most parents have similar parenting styles, in the eyes of an adolescent.
- There was a significant gender difference between the parental bonding of the father and mother
- The adolescents have more problems regarding self improvement, which includes self worth and self-esteem. There are variations in the nature of problems of the adolescents.
- External locus of control is most commonly employed irrespective of gender in the sample.
- The intervention of Gestalt Therapy has helped in increasing the mean perceived maternal care from 25.07 to 28.34, and mean perceived paternal care from 24.00 to 25.71 and has decreased mean perceived maternal protection from 17.27 to 14.55, paternal protection from 16.07 to 14.88.
- Problems of adolescents in the areas of health, self improvement, personality and home and family indicate the decrease in the problem areas, as is observed from the significant 't' values of 4.26, 7.40, 6.39, 4.38 respectively .
- There is an influence of birth order on the locus of control.

## **LIMITATIONS OF THE STUDY**

- The relationship between Parental bonding, Locus of Control and Problems of adolescents could have been studied in depth.
- The problems of courtship would have been more appropriate considering the sample.
- The study was restricted only to the school students.
- Inclusion of college entries would have given the better perspective to the study.

## **RECOMMENDATIONS**

- Relating Courtship to parenting style would throw more light.
- Further studies can be conducted to see, the effect of parental bonding on values of adolescents.
- Seminars may be organized in schools on 'Parenting' which will bridge the gap between Parent and child.

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# *ANNEXURES*

**ANNEXURE I**  
**CASE STUDY SCHEDULE**

**2013**

**Date:**

Name : \_\_\_\_\_

Age : \_\_\_\_\_

Gender : \_\_\_\_\_

Class : \_\_\_\_\_

Name of the School : \_\_\_\_\_

Birth Order :  First  
 Middle  
 Last  
 Only Child

Father's Occupation : \_\_\_\_\_

Birth Order : \_\_\_\_\_

Mother's Occupation : \_\_\_\_\_

Birth Order : \_\_\_\_\_

Type of Family :  Joined  
 Nuclear

Number of members in the family : \_\_\_\_\_

Family income (per annum) :  Above Rs.10, 00,000/-  
 Rs.5, 00,000 – Rs.10, 00,000/-  
 Rs.1, 00,000 – Rs.5, 00,000/-  
 Below Rs.1, 00,000/-

**ANNEXURE II**  
**PARENTAL BONDING INSTRUMENT (PBI)**  
**Parker, Tupling and Brown, 1997**

**Variables measured**

Two scales termed 'care' and 'overprotection' or 'control', measure fundamental parental styles as perceived by the child. 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**

<i>Care</i>	
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
<i>Overprotection</i>	
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.

**MOTHER FORM**

*This questionnaire lists various attitudes and behaviours of parents. As you remember your MOTHER in your first 16 years would you place a tick in the most appropriate box next to each question.*

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

## FATHER FORM

*This questionnaire lists various attitudes and behaviours of parents. As you remember your FATHER in your first 16 years would you place a tick in the most appropriate box next to each question.*

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

### ANNEXURE III

#### LEVENSON'S SCALE FOR LOCUS OF CONTROL

Levenson,1974

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CLASS: \_\_\_\_\_ SEX: \_\_\_\_\_

#### INSTRUCTIONS

Below are some statements that pertain to general life outcomes. Please identify how much you agree or disagree with each statement on a five point scale. The five points are: Strongly Agree (SA), Agree (a), Undecided (U), Disagree (D), and Strongly Disagree (SD). You have to put a (X) mark on point which best indicates how closely you agree or disagree with the feeling expressed in each statement AS IT CONCERNS YOU.

#### **Example:**

1. Give the first, natural answer as it comes to come. Do not spend too much time thinking about your answers.
2. Try not to fall back on the middle, 'undecided' answers except when the answers at either ends are really impossible for you.
3. Be sure not to skip anything and answer every statement, somehow.
4. Answer as honestly as possible what is true for you. Do not merely mark what seems "the right thing to say" just to impress the examiner.

If you have understood the instructions clearly, please turn the page and start, if not possible feel free to ask for any clarifications.

1. Whether or not I get to be a leader depends mostly on my ability

Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree

2. To a great extent my life is controlled by accidental happenings

Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree

3. I feel like what happens in my life is mostly determined by powerful people

Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree

4. Whether or not I get in to a car accident depends mostly on how good of a driver I am

Strongly Agree Agree Undecided Disagree Strongly Disagree

5. When I make plans, I am almost certain to make them work

Strongly Agree Agree Undecided Disagree Strongly Disagree

6. Often there is no chance of protecting my personal interests from bad luck happening

Strongly Agree Agree Undecided Disagree Strongly Disagree

7. When I get what I want, it's usually because I am lucky

Strongly Agree Agree Undecided Disagree Strongly Disagree

8. Although I might have good ability, I will not be given leadership responsibility without appealing to those positions of power

Strongly Agree Agree Undecided Disagree Strongly Disagree

9. How many friends I have depends on how nice a person I am

Strongly Agree Agree Undecided Disagree Strongly Disagree

10. I have often found that what is going to happen will happen

Strongly Agree Agree Undecided Disagree Strongly Disagree

11. My life is chiefly controlled by powerful others

Strongly Agree Agree Undecided Disagree Strongly Disagree

12. Whether or not I get into a car accident is mostly a matter of luck

Strongly Agree Agree Undecided Disagree Strongly Disagree

13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups

Strongly Agree Agree Undecided Disagree Strongly Disagree

14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune

Strongly Agree                      Agree                      Undecided                      Disagree                      Strongly Disagree

15. Getting what I want requires pleasing those people above me

Strongly Agree                      Agree                      Undecided                      Disagree                      Strongly Disagree

16. Whether or not I get to be leader depends on whether I am lucky enough to be in the right place at the right time

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

17. If important people were to decide they didn't like me, I probably wouldn't make many friends

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

18. I can pretty much determine what will happen in my life

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

19. I am usually able to protect my personal interests

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

20. Whether or not I get in a car accident depends mostly on the other driver

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

21. When I get what I want, it is usually because I worked hard for it.

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me

Strongly Agree      Agree                      Undecided                      Disagree                      Strongly Disagree

23. My life is determined by my own actions

Strongly Agree    Agree            Undecided                    Disagree            Strongly  
Disagree

24. It's chiefly a matter of fate whether or not I have few friends or many friends.

Strongly Agree    Agree            Undecided                    Disagree            Strongly  
Disagree

## ANNEXURE IV

### MOONEY PROBLEM CHECKLIST

Gordon and Mooney,1940

**First Step: Read the list slowly, and as you come to a problem which troubles you, underline it.**

1. Feeling tired much of the time
2. Sleeping poorly
3. Too much underweight or overweight
4. Gradually losing weight
5. Frequently bothered by a sore throat
6. Catching a good many colds
  
7. Wanting to develop a hobby
8. Wanting to improve myself cultural
9. Wanting worthwhile discussions with people
10. Wanting to learn how to dance
11. Lacking in skills in sports or games
12. Not knowing how to entertain
  
13. Lacking leadership ability
14. Lacking self-confidence
15. Not really being smart enough
16. Being timid or shy
17. Lacking courage
18. Taking things too seriously
  
19. Wanting a more pleasing personality
20. Awkward in meeting people
21. Daydreaming
22. Being too tall or too short
23. Being physically unattractive
24. Wishing I were the other sex
  
25. Being away from home too much
26. Member of my family in poor health
27. Death in my family
28. Member of my family working too hard
29. Worried about a member of my family
30. Drinking by a member of my family

31. Poor appetite
32. Stomach trouble (indigestion, ulcers etc.)
33. Intestinal trouble
34. Poor complexion or skin trouble
35. Poor posture
36. Feel hurt or tire easily
  
37. Having a poor memory
38. Not being as efficient as I would like
39. Not using my leisure time well
40. Too few opportunities for meeting people
41. Trouble keeping up a conversation
42. Not mixing well with the opposite sex
  
43. Being lazy
44. Lacking ambition
45. Being influenced too easily by others
46. Being untidy
47. Being too careless
48. Not doing anything well
  
49. Feeling ill at ease with other people
50. Avoiding someone I don't like
51. Finding it hard to talk before a group
52. Worrying how I impress people
53. Not getting along well with people
54. Not really having any friends
  
55. Having to live with relatives
56. Irritated by habits of a member of my family
57. Home untidy and ill kept
58. Too much quarreling at home
59. Too much nagging and complaining at home
60. Not really having a home
  
61. Having a permanent illness or disability
62. Frequent nose or sinus trouble
63. Having trouble with my ears or hearing
64. Allergies (asthma, hayfever, hivesgate)
65. Having trouble with my eyes
66. Having a serious illness or disease

67. Wanting to improve my mind
68. Wanting to improve my appearance
69. Wanting to improve my manners of etiquette
70. Having trouble with my speech
71. Forgetting the things I learned in school
72. Having trouble understanding what I read
  
73. Speaking or acting without thinking
74. Being rude or tactless
75. Being stubborn or obstinate
76. Sometimes acting childish or immature
77. Being envious or jealous
78. Tending to exaggerate too much
  
79. Not being understood by my family
80. Not being trusted by my family
81. Feeling rejected by my family
82. Having an unhappy home life
83. Wanting love and affection
84. Being an only child
  
85. Troubled by headaches
86. Glandular disorders (thyroid, lymph, etc)
87. Menstrual or female disorders
88. Kidney or bladder trouble
89. Muscular aches and pains
90. High blood pressure
  
91. Needing more exercise
92. Needing more outdoor and sunshine
93. Wanting more personal freedom
94. Wondering if further education is worthwhile
95. Wishing I had better educational background
96. Wanting to read worthwhile books more
  
97. Too-self centered
98. Getting into arguments or fights
99. Disliking certain persons
100. Sometimes lying without meaning to
101. Feeling blue and moody
102. Trying to forget an unpleasant experience

103. Not knowing the kind of person I want to be
104. Confused as to what I really want
105. Feeling I am too different
106. People finding fault with me
107. Feeling no one cares for me
108. Sometimes feeling life is hardly worth while
  
109. Too much interference by relatives
110. Having too many decisions made for me
111. Unable to discuss certain problems at home
112. Not getting along with a member of my family
113. Educational level different from my family's
114. Wishing I had a different family background
  
115. Having considerable trouble with my teeth
116. Occasionally feeling faint or dizzy
117. Troubled by swelling of the ankles
118. Trouble with my scalp
119. Occasional pressure or pain in my hand
120. Not getting enough rest or sleep
  
121. Wanting more chance for self-expression
122. Little chance to enjoy art or music
123. Little opportunity to enjoy nature
124. Not having enough time for recreation
125. Wanting very much to travel
126. Needing a vacation
  
127. Find constantly wandering
128. Constantly worrying
129. Not easily moved to tears
130. Not nervous or high strong
131. Having a bad temper
132. Feeling too easily hurt
  
133. Unable to express myself well in worse
134. Feeling inferior
135. Not reaching the goal I have set for myself
136. Having differently in making decisions
137. Feeling I am a failure
138. Wanting to be more popular

139. Mother or father not living
140. Parents separated or divorced
141. Having clashes of opinion with my parents
142. Parents sacrificing too much for me
143. Parents having a hard time of it
144. Not seeing parents often enough
  
145. Bothered by shortness of breath
146. Having heart trouble
147. Having a persistent cough
148. Needing an operation or medical treatment
149. Needing another climate for my health
150. "Change of life"(menopause)
  
151. Not having enough social life
152. Being alone too much
153. Missing my former social life
154. Not entertaining often enough
155. Spending too many evenings at home
156. Not living a well rounded life
  
157. Unhappy too much of the time
158. Sometimes feeling things are not real
159. Bothered by thoughts running through my head
160. Sometimes afraid of going insane
161. Bothered by thoughts of suicide
162. Sometimes feeling forced to perform certain acts
  
163. Having a troubled or guilty conscience
164. Afraid of being found out
165. Sometimes being dishonest
166. Having a certain bad habit
167. Wanting to break a bad habit
168. Giving into temptation

**SCORING/INTERPRETATION:**

Items which have been circled are counted, and items which have been underlined are counted. Items are grouped into categories such as Health, Self Improvement, Personality and Home & Family. Areas with a high number of items marked should be examined.