

CHAPTER- I

INTRODUCTION

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*"Nothing gives one person so much advantage over
Another as to remain always cool and unruffled
Under all circumstances"*

Thomas Jefferson

ADOLESCENCE

Adolescence is described as 'upsetting', 'full of turmoil', 'intense', 'troubling' or 'difficult' (Gormly and Brodzinsky, 1993). It provides an important life transition as young people move from the security of the simpler world of childhood to social, vocational and athletic functions of high school (Papalia and Olds, 2003).

Although references to 'youth' can be found as far back as ancient Greece, adolescence as a stage of development has only been acknowledged in the last hundred years. Stanley Hall (1904) is often credited with 'discovering' adolescence. The term 'Adolescence' comes from the Latin word 'Adolescere', meaning 'To grow to adulthood' (Lafreniere, 2000). Hall spoke of adolescence as one of 'Sturm and drang' (translated as storm and stress), a time of powerful, unstable emotions, passionate and political idealism (Arnett, 2002).

Adolescence is the developmental period of transition from childhood to adulthood. It begins at about 10 to 12 years of age and ends at 18 to 21 years of age. In exploring adolescence, it is important to balance the positive side of adolescence with the negative side and to examine the search for an identity that every adolescent pursues. Ethnic, cultural, historical, gender, socio-

economic and lifestyle variations characterize their actual life trajectories (Kirsch et al, 2000). Adolescent development can be considered in terms of biological, cognitive, psychological, social, moral and spiritual challenges.

Biological Challenges in Adolescence

Adolescence begins with the well-defined maturation event called puberty. Puberty refers to the biological events, which surround the first menstruation in girls and the first ejaculation in boys. These events signal the beginning of a process of profound physical change. Although this is a normal maturation process, it can cause difficulties for an individual. This may particularly be the case where a young person is precocious in puberty or if puberty is significantly delayed. In these situations, the adolescent may experience an uncomfortable level of stress. Consequences may be a lowering of self esteem and self concept, with the person feeling awkward and lacking self-confidence. The biological changes of adolescence result in physiological changes, sexual changes and emotional changes.

Physiological Changes

The significant physical change in adolescence is puberty, a period of rapid skeletal and sexual maturation that occurs in early adolescence. The young person grows in height, weight and strength, develops sexually and changes in appearance. Girls develop breasts, boys' voices break, body hair grows and changes occur in sexual organs. They happen at different ages and at different rates for different young people.

In addition to menarche, a spurt in height and weight characterize pubertal change. This growth spurt occurs about 2 years earlier for girls than for boys. Today, the mean growth spurt is 9 years of age for girls and 11 years of age for boys. The peak of pubertal change occurs at an average age of 11 ½ for girls and 13 ½ for boys.

Consequently, there may be issues for the adolescents who may feel embarrassed, self-conscious, awkward and out of step with peers who are developing at a different rate. It is therefore not surprising that many adolescents become very anxious about their appearance.

Hormonal changes lie at the core of pubertal development (Sarigiani and Petersen, 2000). The concentrations of certain hormones increase dramatically during puberty. Testosterone, an androgen, is associated in boys with the development of genitals, increase in height and voice change. Estradiol, an estrogen, is associated with girls with breasts, uterine and skeletal development.

Developmental psychologists believe that hormonal changes occur for at least some of the emotional ups and downs of adolescence. Researchers have found that higher levels of androgens, such as testosterone, are associated with violence and other problems in boys (Van Goozen et al, 1998).

But hormones alone are not responsible for adolescent's behaviour. Social factors such as stress, getting bad grades and relationship problems accounted for two to four times as much variance as hormonal factors for depression and anger in young girls. Stress, eating patterns, sexual activity and

depression can either activate or suppress hormones (Guttmacher Institute, 2000).

Cognitive Challenges in Adolescence

Adolescents undergo some significant cognitive changes. Piaget said that adolescents enter a fourth, most advanced stage of cognitive development, which he called the formal operational stage, at about 11 to 15 years of age. It is characterized by thought that is abstract, idealistic and logical. The abstract quality of thought at the formal operational level is evident in the adolescent's new problem-solving ability. Another indication of the abstract quality of adolescent's thought is their increased tendency to think about thought itself.

Formal operational thought is also full of idealism and possibilities. Adolescents begin to engage in extended speculation about the qualities they desire in themselves and in others. In search of the ideal, adolescents' thoughts may take fantasy flights into future possibilities. It is not unusual for adolescents to become impatient with these newfound ideals and become perplexed over, which of many ideal standards to adapt. At the same time, adolescents begin to think more abstractly and idealistically and they begin to think more logically about problems and possible solutions.

Especially in early adolescence, the thought is egocentric. Adolescent ego centrism involves the belief that others are as pre-occupied with the adolescent, as he or she is, the belief that one is unique and the belief that one is invincible. The aspect of adolescent ego-centrism that can produce the most harm is a sense of invincibility, which may lead to drag racing down a city

street, to drug use, to suicide attempts or to sexually transmitted diseases or adolescent pregnancy. On a positive note, the adolescent's sense of invincibility may also lead to courageous effort to save people's life in hazardous circumstances, as when someone is drowning or is trapped in a burning car.

Socio-emotional Challenges in Adolescence

Many aspects of socio-emotional development such as relationships with parents, interaction and friendships and cultural and ethnic values contribute to an adolescent's identity development. Erickson's theory categorises the main concern of the fifth stage of socioemotional development as identity versus identity confusion. In seeking an identity, adolescents face the challenges of finding out who they are, what they are all about and where they are going in life. Adolescents are confronted with many new roles and adult statuses from the vocational to their romantic. Erickson argues that parents should allow adolescents to explore many different roles and parts within a particular role and not push an identity on them. Erickson described adolescence as a moratorium, a temporal and psychological gap between the security of childhood and autonomy of adulthood. Adolescents who use the moratorium to explore alternatives can reach some resolution of their identity crisis and emerge with a new sense of self that is both refreshing and acceptable; those who do not successfully resolve the crisis become confused, suffering that Erickson call's 'Identity Confusion'. This confusion is expressed in one of two ways: either individual withdraw, isolating themselves with peers

or family or they lose themselves in the crowd. One strength that equips them to effectively pursue their identities is that their thoughts have become more abstract and logical, as they are able to reason in increasingly sophisticated ways.

STRESS

According to Hans Selye, the pioneer of stress research, “stress is a nonspecific response of the body to any demand on it”. The term, ‘Stress’, borrowed from physics, was meant to refer to the effects of resisting an outside force (Glassman and Hadad, 2004). Derived from the Latin word, ‘Stringere’, stress was popularly used in the 17th century to mean hardship, strain, adversity or affliction (Pestonjee, 2002).

Definition of Stress

The word, ‘Stress’ is defined by the Oxford Dictionary (2002) as “a state of affairs involving demand on physical or mental energy, a condition or circumstance, which can disturb the normal physical and mental health of an individual”. In medical parlance, ‘stress’ is defined as, “a perturbation of the body’s homeostasis”. This demand on mind and body occurs when it tries to cope with incessant changes in life.

According to the American Institute of Stress (1998), “Stress comes in all shapes and sizes and has become so pervasive, that it seems to permeate everything and everybody. Stress is an unavoidable consequence of life. Without stress, there would be no life”.

According to Brain (2003), there are three ways of defining stress. They are as follows: “Things that we see as threatening and harmful are called stressors and stress is the stimulus leading to a physiological response. Major life events such as traumatic single events and chronic circumstances, can all be seen as stressors”. “Stress is the personal state in response to a stressor. For example, we can suffer stress when asked to give a public performance. The response can involve both physiological and psychological factors. This response is called strain”. “Stress not only refers to the process, which includes both stressors and strain, but also involves transactions between the individual and the environment. Here the individual is active in the process and can influence the impact of the stress”.

Stressors could affect us either physiologically or psychologically. Physiologically by affecting body functioning such as altering pulse rate, blood pressure and the immune system or by changing hormone levels and psychologically, through sensitivity changes in cognitive functioning and emotions such as fear or anger.

Early Warning Signs of Stress

Menstrual problems, speech difficulties, headaches, infertility, ulcers, nail biting, grinding teeth, low blood sugar, high blood sugar, insomnia, tiredness, sudden weight loss, sudden weight gain, low blood pressure, high blood pressure, lack of coordination, repeated influenza, repeated colds, muscle aches, hair loss, chest pain, forgetfulness, nervous talking, lower back pain,

loss of appetite, increased appetite, high cholesterol, high triglycerides, excessive fatigue, gastric disturbance and withdrawal from social life.

Physical Signs and Symptoms of Stress

Irritability, angry outbursts, hostility, depression, jealousy, restlessness, withdrawal, anxiousness, diminished initiative, feelings of unreality or over-alertness, reduction of personal involvement with others, lack of interest, tendency to cry, being critical of others, self-depreciation, nightmares, impatience, decreased perception of positive experience, opportunities, narrowed focus, obsessive rumination, reduced self-esteem, insomnia, changes in eating habits and weakened positive emotional response reflexes, forgetfulness, preoccupation, blocking, blurred vision, errors in judging distance, diminished or exaggerated fantasy life, reduced creativity, lack of concentration, diminished productivity, lack of attention to detail, orientation to the past, decreased psychomotor reactivity and coordination, attention deficit, disorganization of thought, negative self-esteem, diminished sense of meaning in life, lack of control/need for too much control, negative self-statements and negative evaluation of experiences.

Behavioural Signs and Symptoms of Stress

Aggressive behaviour, increased alcohol or drug use, carelessness, under-eating, over-eating, withdrawal, listlessness, hostility, accident-proneness, nervous laughter, compulsive behaviour and impatience.

Long Term Implications of Stress

Exposure to stress on a long term basis can be debilitating both physically and mentally. Under stress, the body produces an increase in the hormones adrenaline, noradrenalin and corticosteroids. In short term, these hormones produce tense muscles, queasiness and an increase in breathing and heart rates. Long term complaints that are stress related include allergies, anxiety, depression, digestive disorders, fatigue, headaches and migraine, heart disease, high blood pressure, impotence and premature ejaculation in men, menstrual problems in women, insomnia, irritable bladder, irritable bowel syndrome, mouth and peptic ulcers, muscular aches and pains, palpitations, panic attacks, eczema, ulcerative colitis. A number of other diseases including multiple sclerosis, diabetes and genital herpes can also be aggravated by stress. Physical disorders caused by stress are hypertension, cardiovascular disorders, migraine and tension headaches, cancer, arthritis, respiratory disease, ulcers, colitis, muscle tension problems. Emotional disorders caused by stress are anxiety, panic attack, depression, adjustment disorders. Behavioural disorders caused by stress are conduct disorders, eating disorders, alcoholism and hyperchondricism (www.holisticonline.com/stress/physicalsigns, 2006)

Biological Aspects of Stress

Selye explains stress by the means GAS (General Adaptation Syndrome) consists of three stages. Alarm reaction, the first stage of the GAS is like the 'fight or flight' response to an emergency and its function is to mobilize the body's resources. Stage of resistance is a strong stressor continues what is not

severe enough to cause death. The psychological reaction enters the stage of resistance .In the stage, the body tries to adapt to the stressor. In stage of exhaustion prolonged psychological arousal produced by severe long term or repeated stress weakens the immune system and depletes the body's energy reserves until resistance is very limited (Safino, 2002).

Psychosocial Aspects of Stress

Cognition and Stress

Many students have had this experience while taking a particularly stressful exam in school, they may neglect or misinterpret important information in a question or have difficulty remembering and answer they had studied well, the night before. Stress can impair cognitive functioning, often by distracting one's attention. Noise can be a stressor, which can be chronic for people who live in noisy environment such as next to train tracks or high ways (Lepore, 1997).

Emotion and Stress

Cognitive appraisal processes can influence both the stress and the emotional experience. Fear is a common emotional reaction that can be classified into two categories namely phobias and anxiety. Phobias are intense and irrational fears that are associated with specific events and situations. Anxiety is a vague feeling of uneasiness or apprehension. A gloomy anticipation of impending doom caused by a relatively uncertain or unspecific threat. Anxiety may result from appraisals of low self-worth and the anticipation of a loss of self-esteem.

Social Behaviour and Stress

Stress changes people's behaviour towards one another in some stressful situations such as train crashes, earthquakes and other disasters. Many people may work together to help each other survive. When stress and anger join together negative social behaviors often increase. Stress also affects helping behaviour (Safino, 2002).

Sources of Stress

Causes of stress are often social factors, such as the life events. Unemployment, retirement, examinations and holidays are all life events that can cause stress. Rapid changes in science and technology have led to increased stress levels for individuals (Davidson and Neale, 1998).

Lack of Social Support

An important social factor when looking at causes of stress is lack of social support and comforting help given by others. Evidence for this is that married people, who support one another, live longer.

Psychological Factors

Sources within the Person

Another source of stress is conflict. Approach/approach conflict arises when people are attracted towards two appealing goals that are incompatible. Avoidance/avoidance conflict occurs when people are faced with a choice between two undesirable situations. Approach/avoidance conflict arises when people see attractive and unattractive features in a single goal or situations. This type of conflict can be stressful and difficult to resolve.

Sources in the Family

The behaviour, needs and personality of each member of a family have an impact on and interact with those of the other members of the family systems, sometimes producing stress. Interpersonal conflict can arise from financial problems, from inconsiderate behaviour or from opposing goals such as, which television programme to watch. Living in an over crowded household increases conflict over privacy and the use of family resources such as bathrooms. Of the many sources of stress in the family, adding a new family member, divorce and illness and death in the family are the important factors causing stress.

Environmental Stress

External stressors include, physical environment such as noise, bright lights, heat and confined spaces. Social stressors include rudeness, bossiness or aggressiveness on the part of someone else. Organizational stressors include rules, regulations, red tape and deadlines. Daily hassles include commuting, misplacing keys, mechanical breakdowns. Internal stressors include lifestyle choices such as caffeine, not enough sleep and overloaded schedule. Negative self-talk, pessimistic thinking, self-criticism, over-analyzing, mind traps such as unrealistic expectations, taking things personally, exaggerating and rigid thinking (Posen, 1994).

Personality Type and Stress

Friedman and Roseman have discussed two different personality types namely Type A and Type B. Type A people are competitive and achievement -

oriented. They tend to self-critical and move towards a goal without enjoying their accomplishments. They struggle against the clock and become impatient at delays. They tend to do more than one at a time and they are easily aroused to anger. Type B people, however, have low level of competitiveness and are less hostile. Type A individuals react more quickly and more strongly to stresses and are more likely to see them as threats to their overall control. Locus of control and self-efficacy, behavioural control, cognitive control, decisional control, informational control and retrospective control can reduce stress, but cognitive control seems to be very important (Brain 2003).

Causes of Stress in Adolescents

The various environments in which the adolescent's moves are likely to present new and unexpected situations and events, which require responses which the adolescent may have never previously used. Dealing with the unexpected and being required to use new untested responses is certain to raise and cause stress in the young person. The family, educational and the work environments, changing relationships, exposure to sexuality issues, socio-economic pressures and unemployment are the inherent potential for raising stress in adolescents.

The adolescent is unable to escape the exposure to these environments because being exposed to them is an inevitable part of living. Moreover, this exposure is needed as part of the process, which enables the young person to make the transition from childhood to adulthood.

The Family Environment

There are a number of factors within the family environment that have the potential to cause stress for the adolescent. These include the family style of functioning, parenting style, parental relationship, separation and divorce, blended family issues, an alcoholic parent, domestic violence and cultural issues.

The Educational Environment

Adolescents find the pressures of school, college and universities, stressful. Both the risk and experience of failure in an educational setting are sources of psycho-social stress for adolescents. These stresses are likely to be intensified when there is a conflict with parents. As a consequence, poor school performance is made worse when conflict occurs with parents about issues concerning scholastic achievement and educational plans.

In educational environments, the student has little power or authority and those teaching the student have considerable power and authority. Educational environments may therefore be stressful for adolescents because they are disempowering. Some adolescents either refuse to go to school or truant. These adolescents are responding in the best way they can to overcome particular stressors. Although there may be different reasons for school refusal, problematic family relationships have often been cited as the underlying cause of such behaviour. The reasons for adolescents' refusal to go to school are: the enmeshed family, the disengaged family and the isolated family.

In enmeshed family, the focus is on over involved parent-child adolescent relationships, particularly mother-child relationships, where an affectionate but over protective attachment has been fostered with the child. In the disengaged family, the members are not sufficiently involved with one another's activities to attend to one another's thoughts and needs. Parents within these families may not be particularly vigilant about their child's activities or problems until they are readily apparent or severe. The isolated family are characterised by little extra or no familial contact that they tend to shun activities outside the family. Unfortunately, school refusal among adolescents may lead to severe long term dysfunctions if left untreated.

Changing relationships is another factor that causes stress in adolescents. As the adolescent matures, relationships with parents, siblings, peers and those in positions of authority will undergo change. Additionally, there are likely to be romantic attachments involving sexual attraction and these relationships may well be temporary, unstable and vulnerable to change because adolescents are in a state of exploration and experimentation. Most adolescents experience powerful feeling of romantic love. They may suffer in self-esteem, when rejected by the person they love and may feel confused if their feelings change and they become attracted to someone else.

The adolescents' relationship with parents needs to change as the adolescents assume more responsibility and parents start to hand over responsibility. Many parents struggle with the issue of handing over responsibility either consciously or unconsciously, wish to retain control of

their children because of their own attachment to them, coupled with fear that relinquishing control might lead to disaster. Exposure to sexuality issues is another area of stress causing in adolescents. At one extreme, there are cultures where children and adolescents are expected not to engage in sex until marriage. At the other end of the continuum, there are societies where sexual behaviour develops more gradually and may be allowed and even encouraged in children and adolescents with few restrictions. The adolescent may therefore, be faced with difficult choices, which need to be made on the basis of information coming from a variety of sources, which offer differing opinions about what is appropriate.

Change

A big life-change, like entering university, can cause immense stress: new study habits must be learned, classes are larger, routines are different and expectations might be higher. There will probably be many more assignments and deadlines to meet than before. It is a big change and getting used to all of it can be very stressful, even though it's exciting and fun! Separation from home can also be extremely difficult and can cause stress. Students might be leaving the secure environment of home for the first time. Leaving friends and family behind and having to form new bonds are sometimes very hard and the stress of homesickness can have serious effects on everything that they do. Children experience stress at school and in competitive events, such as in sports and band performances (Geldard and Geldard, 1999).

Thinking about student's future and their career is a common source of stress. They might wonder whether they have chosen a career that will satisfy their specific needs and whether they will be good at their job. Adolescents have little control over the major causes of stress but sometimes, they create stress for others by wasting time. Adolescence waste time and it can sometimes help relieve tension. But it is important to avoid wasting time that later becomes a source of frustration. Some productive activities can actually become time wasters if they keep them from accomplishing what has to be done first. Some very common time wasters are visitors and telephone calls, burnout/exhaustion, lack of interest, disorganization and procrastination. Continuously putting off work and giving priority to less pressing tasks often results in incomplete grades, poor performance, anxiety and a negative self-image. Perfectionist may be spending too much time perfecting one task to an extreme and find that there is lack time for other, equally important, tasks. In addition, stress can also come from exciting or positive events. Falling in love, preparing to study abroad or buying a new vehicle can be just as stressful as fewer happy events (University of Texas Counselling Services, 1998).

Stress Management

Stress management refers to a range of psychological techniques used in a quite deliberate way, in a professional setting, to help people reduce their stress levels. These techniques may be used singly or in a combination (Gross, 2001). There are many ways to think about coping but one of the most useful is that which distinguishes between problem-focused coping and emotion-focused

coping (Lazarus and Folkman, 1984). In problem-focused coping, the individual is aimed at reducing the demands of the stressful situation or expanding the resources to deal with it. Emotion-focused coping is aimed at controlling the emotional response to the stressful situation. People can regulate their emotional responses through behavioural and cognitive approaches. People tend to use emotion-focused approaches when they believe they can do nothing to change the stressful conditions.

Medication

Drugs

Benzodiazepine, anti-anxiety drugs such as Librium and Valium reduces the activity of the neurotransmitter serotonin. Inhibitory effect on the brain reducing muscle relaxation and a calming effect. Beta-blockers such as Inderal reduce activity in the sympathetic nervous system, effective against raised heart rate and blood pressure. Problem-focused strategies include, planful problem solving, confrontive coping, seeking social support, distancing, escape-avoidance, self control, accepting responsibility and positive appraisal. Resources that are used to overcome stress are material, physical, intra-personal, educational and cultural, placing the stress in a wider context.

Behavioural and Cognitive Methods

Social support refers to the perceived comfort, caring, self-esteem or help a person receives from other people or from a group. Emotional support involves the expressions of empathy, caring console towards the person. It provides the person with the sense of comfort, reassurance, belongingness and

being loved in times of stress. Esteem support is useful during appraisal of stress such as when the person assesses whether the demand exceeds his or her personal resources. Tangible or instrumental support involves direct assistance, as when people give or lend the person money or help out with chores in times of stress. Informational support includes giving advice, directions, suggestions or feed back about how the person is doing. Network support provides a feeling of membership in a group of people who share interests and social activities. One approach teachers can use is to have children engage in cooperative games that promote prolonged interaction with one another. There are four types of specific behaviours teachers can help children learn are talking nicely to and complementing classmates, sharing and taking turns, including children who have been left out in games and activities and helping classmates who are injured or having difficulty.

Hardiness

The concept of 'hardiness' is taken to mean resistance or ability to deal with stress. People with hardiness show an openness to change, i.e. life changes are seen as challenges to be overcome rather than threats or stressors. They experience a feeling of involvement or commitment to their job and a sense of purpose in their activities. They experience a sense of control over their lives rather than seeing their life controlled by outside influences.

Enhancing Hardiness in Children

Parents, teachers and other caregivers can show a child their love and respect, providing a stimulating environment, encourage and praise the child's

accomplishments and set reasonable standards of conduct and performance that he or she can regard as challenges, rather than threats. Doing these things is likely to enhance the child's hardiness and hardy individuals tend to use coping strategies to manage their stress effectively.

Time Management

An important approach for organizing one's time is called 'Time Management'. It consists of three elements. The first element is to set goals. These goals should be reasonable and obtainable. The second element involves making to do lists with priorities indicated, keeping the goals in mind. The third element is to set up a schedule for the day, allocating estimated time periods to each item in the list. If an urgent new task rises during the day, the list should be adjusted to include it. It is important to change life style such as diet, exercise, pet , meditation, deep breathing, nature walks and imagery, hydrotherapy, a warm hot bath, music therapy, sleep, leisure and pacing.

Progressive Muscle Relaxation

Jacobson (1938) can be regarded as pioneer in Relaxation Therapy. After mastery of the relaxation procedure, subjects can apply a quick version at times of stress. Take a deep breath and let out whilst saying to oneself, "Relax, feel nice and calm" and then think about a pleasant thought for a few seconds.

Biofeedback

Biofeedback is a technique in which, an electromechanical device monitors the status of person's physiological processes, such as heart rate, blood pressure or muscle tension and immediately reports that information

back to the individual. The person is able to then gain voluntary control over these processes through operant conditioning. The feedback from the device becomes the reinforcement.

Cognitive Restructuring and Rational Emotive Therapy

Cognitive Restructuring was developed by Arnold Lazarus (1971). Faulty, irrational thoughts are replaced by more constructive or realistic ones. A widely known approach that focuses on Cognitive-Restructuring is Rational Emotive Therapy (RET), which was developed by Albert Ellis (1962) based on the view that stress often arises from faulty or irrational ways of thinking. The procedures used in RET focus on several aspects or stages of the person's thought processes, using Ellis' (1977) A-B-C-D-E paradigm. A stands for activating experience that creates the stress. B refers to the beliefs and thoughts that are a response to the stress. C symbolizes the emotional and behavioural consequences of positive or negative coping behaviours. D refers to the disputing of irrational beliefs that goes on in therapy. E stands for the effect of the therapy.

Multimodal Therapy

Arnold Lazarus (1981) suggests that many different approaches could be used on one patient depending upon the nature of their problems. For example, patients may have a problem with their behaviour, such as eating excessively. They might also have an affective problem, such as frequent anxiety. In addition to these problems, the patient might have difficulty with interpersonal

relationships, for example, in exhibiting hostile behaviour, all these requiring the need for Multimodal Therapy.

Meditation

Transcendental Meditation is a method in the practice of yoga that was promoted by Maharishi Mahesh Yogi. The method is a way of improving physical and mental health and reducing stress (Benson, 1984). People using this procedure are instructed to practise it twice a day, sitting upright but comfortably relaxed with eyes closed and mentally repeating a word or sound (such as "om"), called a mantra. The mantra is to prevent thoughts.

Stress Inoculation Training

Meichenbaum and his colleagues (1997) have developed a procedure called Stress Inoculation Training that is designed to teach people skills for alleviating stress and achieving personal goals. The training programme involves three phases. In the first phase 'Conceptualization', the person learns about the nature of stress and how people react to it. In the second phase called 'Skills acquisition and rehearsal' the person learns behavioural and cognitive skills to use in emotion- focused and problem-focused coping. The last phase involves the application and follow through, thereby making the transition by using the learned coping skills in the real world.

SELF-EFFICACY

The most prominent among recent voices calling for a new perspective in self-beliefs has been that of Albert Bandura (1977) Professor of Psychology at Stanford University. Bandura defines Self-efficacy as "People's beliefs

about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives”. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce diverse effects through four major processes. They include cognitive, motivational, affective and selection processes.

A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engrossment in activities. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills, which are acquirable. They approach threatening situations with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression.

In contrast, people who doubt their capabilities shy away from difficult tasks, which they view as personal threats. They have low aspirations and weak commitment to the goals they choose to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, on the obstacles they will encounter and all kinds of adverse outcomes rather than concentrate on how to perform successfully. They slacken their efforts and give up quickly in the face

of difficulties. They are slow to recover their sense of efficacy following failure or setbacks. Because they view insufficient performance as deficient aptitude, it does not require much failure for them to lose faith in their capabilities. They fall easy victim to stress and depression.

Sources of Self-efficacy

People's beliefs about their efficacy can be developed by four main sources of influence. The most effective way of creating a strong sense of efficacy is through mastery of experiences. Successes build a robust belief in one's personal efficacy. Failures undermine it, especially if failures occur before a sense of efficacy is firmly established. If people experience only easy successes, they come to expect quick results and are easily discouraged by failure. A resilient sense of efficacy requires experience in overcoming obstacles through perseverant effort. Some setbacks and difficulties in human pursuits serve a useful purpose in teaching that success usually requires sustained effort. After people become convinced they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks. By sticking it out through tough times, they emerge stronger from adversity. Self-efficacy judgement influence how much effort we expend and how long we persist when faced with difficulty in a wide range of life situations (Cervone, 2006).

The second way of creating and strengthening self-beliefs of efficacy is through the vicarious experiences provided by social models. Seeing people similar to oneself succeed by sustained effort raises observers' beliefs that they

too possess the capabilities and master comparable activities to succeed. By the same token, observing others' fail despite high effort lowers observers' judgments of their own efficacy and undermines their efforts. Modelling influences do more than provide a social standard against which to judge one's own capabilities. People seek proficient models that possess the competencies which they aspire.

Social persuasion is a third way of strengthening people's beliefs that they have what it takes to succeed. People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise. To the extent that persuasive boosts in perceived self-efficacy lead people to try hard enough to succeed, they promote development of skills and a sense of personal efficacy.

It is more difficult to instill high beliefs of personal efficacy by social persuasion alone than to undermine it. Successful efficacy builders do more than convey positive appraisals. In addition to raising people's beliefs in their capabilities, they structure situations for them in ways that bring success and avoid placing people in situations prematurely where they are likely to fail often. They measure success in terms of self-improvement rather than by triumphs over others.

People also rely partly on their somatic and emotional states in judging their capabilities. They interpret their stress reactions and tension as signs of vulnerability to poor performance. In activities involving strength and stamina,

people judge their fatigue, aches and pains as signs of physical debility. Mood also affects people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy, despondent mood diminishes it.

The fourth way of modifying self-beliefs of efficacy is to reduce people's stress reactions and alter their negative emotional proclivities and misinterpretations of their physical states. It is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted. People who have a high sense of efficacy are likely to view their state of affective arousal as an energizing facilitator of performance, whereas those who are beset by self-doubts regard their arousal as a debilitator. Physiological indicators of efficacy play an especially influential role in health functioning and in athletic and other physical activities.

Bandura's theory of self-efficacy also acknowledges the importance of the environment. Expectations of failure or success and corresponding decisions to stop trying or to persevere may be based on perception of the supportiveness or unsupportiveness of the environment, in addition to perception of one's own adequacy or inadequacy. Such expectations are called outcome based expectation (Gerrig and Zimbardo, 2006).

Efficacy-activated Processes

Much research has been conducted on the four major psychological processes through which self-beliefs of efficacy affect human functioning.

Cognitive Processes

The effects of self-efficacy beliefs on cognitive processes take a variety of forms. Much human behaviour, being purposive, is regulated by forethought embodying valued goals. Personal goal setting is influenced by self-appraisal of capabilities. The stronger the perceived self-efficacy, the higher the goal challenges people set for themselves and the firmer is their commitment to them.

Most courses of action are initially organized in thought. People's beliefs in their efficacy shape the types of anticipatory scenarios they construct and rehearse. Those who have a high sense of efficacy, visualize success scenarios that provide positive guides and supports for performance. Those who doubt their efficacy, visualize failure scenarios and dwell on the many things that can go wrong. It is difficult to achieve much while fighting self-doubt. A major function of thought is to enable people to predict events and to develop ways to control those that affect their lives.

It requires a strong sense of efficacy to remain task-oriented in the face of pressing situational demands, failures and setbacks that have significant repercussions. Indeed, when people are faced with the tasks of managing difficult environmental demands under taxing circumstances, those who are beset by self-doubts about their efficacy become more and more erratic in their analytic thinking, lower their aspirations and the quality of their performance deteriorates. In contrast, those who maintain a resilient sense of efficacy, set

themselves challenging goals and use good analytic thinking which pays off in performance accomplishments.

Motivational Processes

Self-beliefs of efficacy play a key role in the self-regulation of motivation. Most human motivation is cognitively generated. People motivate themselves and guide their actions anticipatorily by the exercise of forethought. They form beliefs about what they can do. They anticipate likely outcomes of prospective actions. They set goals for themselves and plan courses of action designed to realize valued futures.

There are three different forms of cognitive motivators around which different theories have been built. They include causal attributions, outcome expectancies and cognized goals. Self-efficacy beliefs operate in each of these types of cognitive motivation. Self-efficacy beliefs influence causal attributions. People who regard themselves as highly efficacious, attribute their failures to insufficient effort, those who regard themselves as inefficacious, attribute their failures to low ability. Causal attributions affect motivation, performance and affective reactions mainly through beliefs of self-efficacy.

In expectancy-value theory, motivation is regulated by the expectation that a given course of behaviour will produce certain outcomes and the value of those outcomes. But people act on their beliefs about what they can do, as well as on their beliefs about the likely outcome of performance. The motivating influence of outcome expectancies is thus partly governed by self-beliefs of efficacy.

Motivation based on goals or personal standards is governed by three types of self influences. They include self-satisfying and self-dissatisfying reactions to one's performance, perceived self-efficacy for goal attainment and readjustment of personal goals based on one's progress. Self-efficacy beliefs contribute to motivation in several ways: They determine the goals people set for themselves; how much effort they expend; how long they persevere in the face of difficulties and their resilience to failures. When faced with obstacles and failures, people who harbor self-doubts about their capabilities slacken their efforts or give up quickly. Those who have a strong belief in their capabilities exert greater effort when they fail to master the challenge. Strong perseverance contributes to performance accomplishments.

Affective Processes

People's beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as their level of motivation. Perceived self-efficacy to exercise control over stressors plays a central role in anxiety arousal. People who believe they can exercise control over threats do not conjure up disturbing thought patterns. But those who believe they cannot manage threats experience high anxiety arousal. They dwell on their coping deficiencies. The stronger the sense of self-efficacy, the bolder people are in taking on taxing and threatening activities.

Anxiety arousal is affected not only by perceived coping efficacy but by perceived efficacy to control disturbing thoughts. The exercise of control over one's own consciousness is summed up well in the proverb: "You cannot

prevent the birds of worry from flying over your head. But you can stop them from building a nest on your head". Perceived self-efficacy to control thought processes is a key factor in regulating thought-produced stress and depression. It is not the sheer frequency of disturbing thoughts but the perceived inability to turn them off that is the major source of distress. Both perceived coping self-efficacy and thought control efficacy operate jointly to reduce anxiety and avoidant behaviour.

Social Cognitive theory prescribes mastery experiences as the principal means of personality change. Guided mastery is a powerful vehicle for instilling a robust sense of coping efficacy in people whose functioning is seriously impaired by intense apprehension and phobic self-protective reactions. Mastery experiences are structured in ways to build coping skills and instill beliefs that one can exercise control over potential threats. As their coping efficacy increases, the time they perform the activity is extended. Protective aids and dosing the severity of threats also help to restore and develop a sense of coping efficacy.

A low sense of efficacy to exercise control produces depression as well as anxiety. It does so in several different ways. Biological systems are highly interdependent. A weak sense of efficacy to exercise control over stressors activates autonomic reactions, catecholamine secretion and release of endogenous opioids. These biological systems are involved in the regulation of the immune system. Stress activated in the process of acquiring coping capabilities may have different effects than stress experienced in aversive

situations with no prospect in sight of ever gaining any self-protective efficacy. There is some evidence that providing people with effective means for managing stressors may have a positive effect on immune function. Moreover, stress aroused while gaining coping mastery over stressors can enhance different components of the immune system.

There are other ways in which perceived self-efficacy serves to promote health. Lifestyle habits can enhance or impair health. This enables people to exert behavioural influence over their vitality and quality of health. Perceived self-efficacy affects every phase of personal change-whether people consider changing their health habits; whether they enlist the motivation and perseverance needed to succeed should they choose to do so and how well they maintain the habit changes they have achieved. The stronger the perceived self-regulatory efficacy, the more successful people are in reducing health-impairing habits and adopting and integrating health-promoting habits into their regular lifestyle.

Selection Processes

People are partly the product of their environment. Therefore, beliefs of personal efficacy can shape the course lives take by influencing them types of activities and environments people choose. People avoid activities and situations they believe exceed their coping capabilities. But they readily undertake challenging activities and select situations they judge themselves capable of handling. By the choices they make, people cultivate different competencies, interests and social networks that determine life courses. Any

factor that influences choice behaviour can profoundly affect the direction of personal development. This is because the social influences operating in selected environments continue to promote certain competencies, values and interests long after the efficacy decisional determinant has rendered its inaugurating effect.

Career choice and development is but one example of the power of self-efficacy beliefs to affect the course of life paths through choice-related processes. The higher the level of people's perceived self-efficacy, the wider the range of career options they seriously consider, the greater their interest in them and the better they prepare themselves educationally for the occupational pursuits they choose and the greater is their success. Occupations structure a good part of people's lives and provide them with a major source of personal growth.

Adaptive Benefits of Optimistic Self-beliefs of Efficacy

There is a growing body of evidence that human accomplishments and positive well-being require an optimistic sense of personal efficacy. This is because ordinary social realities are strewn with difficulties. It is widely believed that misjudgment breeds personal problems. People with a high sense of efficacy have the staying power to endure the obstacles and setbacks that characterize difficult undertakings.

When people err in their self-appraisal, they tend to overestimate their capabilities. This is a benefit rather than a cognitive failing to be eradicated. If efficacy beliefs always reflected only what people can do routinely, they would

rarely fail but they would not set aspirations beyond their immediate reach nor mount the extra effort needed to surpass their ordinary performances.

People who experience much distress have been compared in their skills and beliefs in their capabilities with those who do not suffer from such problems. The findings show that it is often the normal people who are distorters of reality. But they display self-enhancing biases and distort in the positive direction. People who are socially anxious or prone to depression are often just as socially skilled as those who do not suffer from such problems. But the normal ones believe they are much more adept than they really are. But those with a tenacious self-efficacy are likely to change those realities.

Innovative achievements also require a resilient sense of efficacy. Innovations require heavy investment of effort over a long period with uncertain results. Moreover, innovations that clash with existing preferences and practices meet with negative social reactions. It is, therefore, not surprising that one rarely finds realists in the ranks of innovators and great achievers. In his delightful book, titled, *Rejection*, John White provides vivid testimony, that the striking characteristic of people who have achieved eminence in their fields is an inextinguishable sense of personal efficacy and a firm belief in the worth of what they are doing. This resilient self-belief system enabled them to override repeated early rejections of their work.

In sum, the successful, venturesome, sociable, nonanxious, nondepressed, social reformers and innovators take an optimistic view of their personal capabilities to exercise influence over events that affect their lives. If

not unrealistically exaggerated, such self-beliefs foster positive well-being and human accomplishments.

Development and Exercise of Self-efficacy

Different periods of life present certain types of competency demands for successful functioning. These normative changes in required competencies with age do not represent lock-step stages through which everyone must inevitably pass. There are many pathways through life and at any given period, people vary substantially in how efficaciously they manage their lives.

The initial efficacy experiences are centered in the family. But as the growing child's social world rapidly expands, peers become increasingly important in children's developing self-knowledge of their capabilities. It is in the context of peer relations that social comparison comes strongly into play. At first, the closest comparative age-mates are siblings. Different family structures, as reflected in family size, birth order and sibling constellation patterns, create different social comparisons for judging one's personal efficacy.

Broadening of Self-efficacy through Peer Influences

Children's efficacy-testing experiences change substantially as they move increasingly into the larger community. It is in peer relationships that they broaden self-knowledge of their capabilities. Peers serve several important efficacy functions. Those who are most experienced and competent provide models of efficacious styles of thinking and behaviour. A vast amount of social learning occurs among peers. In addition, age-mates provide highly informative

comparisons for judging and verifying one's self-efficacy. Peers are neither homogeneous nor selected indiscriminately. Children tend to choose peers who share similar interests and values. Selective peer association will promote self-efficacy in directions of mutual interest, leaving other potentialities underdeveloped. Because peers serve as a major influence in the development and validation of self-efficacy, disrupted or impoverished peer relationships can adversely affect the growth of personal efficacy. A low sense of social efficacy can, in turn, create internal obstacles to favourable peer relationships. Thus, children who regard themselves as socially inefficacious withdraw socially, perceive low acceptance by their peers and have a low sense of self-worth. There are some forms of behaviour where a high sense of efficacy may be socially alienating rather than socially affiliating.

School as an Agency for Cultivating Cognitive Self-efficacy

During the crucial formative period of children's lives, the school functions as the primary setting for the cultivation and social validation of cognitive competencies. Here, their knowledge and thinking skills are continually tested, evaluated and socially compared. As children master cognitive skills, they develop a growing sense of their intellectual efficacy. Many social factors such as peer modeling of cognitive skills, social comparison with the performances of other students, motivational enhancement through goals and positive incentives and teachers' interpretations of children's successes and failures in ways that reflect favourably or unfavourably on their ability also affect children's judgments of their intellectual efficacy.

The task of creating learning environments conducive to development of cognitive skills rests heavily on the talents and self-efficacy of teachers. Those who have a high sense of efficacy about their teaching capabilities can motivate their students and enhance their cognitive development. Teachers who have a low sense of instructional efficacy, favour a custodial orientation that relies heavily on negative sanctions to get students to study.

Teachers operate collectively within an interactive social system rather than as isolates. Schools in which the staffs collectively judge themselves as powerless to get students to achieve academic success convey a group sense of academic futility that can pervade the entire life of the school. Schools in which staff members collectively judge themselves capable of promoting academic success imbue their schools with a positive atmosphere for development that promotes academic attainments regardless of whether they serve predominantly advantaged or disadvantaged students.

Students' beliefs in their capabilities to master academic activities affect their aspirations, their level of interest in academic activities and their academic accomplishments. There are a number of school practices that, for the less talented or ill prepared, tend to convert instructional experiences into education in inefficacy.

Classroom structures affect the development of intellectual self-efficacy, in large part, by the relative emphasis they place on social comparison versus self-comparison appraisal. Self-appraisals of less able students suffer most when the whole group studies the same material and teachers make frequent

comparative evaluations. Cooperative learning structures, in which students work together and help one another also tend to promote more positive self-evaluations of capability and higher academic attainments than do individualistic or competitive ones.

Growth of Self-efficacy through Transitional Experiences of Adolescence

Each period of development brings with it new challenges for coping efficacy. As adolescents approach the demands of adulthood, they must learn to assume full responsibility for themselves in almost every dimension of life. This requires mastering many new skills and the ways of adult society. Learning how to deal with pubertal changes, emotionally invested partnerships and sexuality becomes a matter of considerable importance. The task of choosing what lifework to pursue also looms large during this period. These are but a few of the areas in which new competencies and self-beliefs of efficacy have to be developed (Ramachaudran, 1998).

POSITIVE THERAPY

Positive Therapy (Hemalatha Natesan, 2004) is a package, combining the Eastern techniques of Yoga and Western techniques of Cognitive Behaviour Therapy. Positive Therapy had its inception in 1978. After 20 years of successful implementation of the therapy, it has been made a full-fledged one, in 1998.

Assumption

Any behaviour problem is due to the way an individual perceives himself, the situation, the people around and his future. Any problem becomes

a problem, only when it is perceived as a problem. Hence, the perception of a situation or a person as a problem is due to one's own perception, rather than the actual situation or the person.

A person with negative perception will also have negative thoughts. Negative thoughts lead to negative beliefs, which are more often irrational. These negative beliefs pave the way for negative emotions and in the long run, affect a person's mental health, as well as physical health. Positive therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. It is assumed that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his perception.

Focus

The focus of the therapy is in the present. It has been found that many individuals waste their time and energy brooding over the past or worrying about the future. To be happy or sad is in one's own hands. They tend to worry a lot about the negative events that occurred in the past, such as failures, harassment, death of a close relative etc. Some keep on worrying about the problems, which they think will occur in the future.

In Positive Therapy, the individual is made to understand that worrying about the past or the future is unnecessary and unwanted. He/she is trained to live in the present and enjoy the present. Positive Therapy helps to replace debilitating negative thoughts with positive, self-enhancing thoughts. It is presumed that change in thoughts will automatically lead to change in

behaviour. Positive Therapy helps in the development of positive personality traits such as courage, confidence, cheerfulness, optimism etc. and trains people to face their problems with a smile. Thus Positive Therapy facilitates sound mental health, leading to better adjustment.

The formula for success according to Positive Therapy is as follows:

$$C + C + C = S$$

That is, Courage, Confidence and Cheerfulness lead to Success.

Strategies

Positive Therapy has four major strategies, namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments.

Problems Treated by Positive Therapy

Stress, fear, anxiety, anger, inferiority, depression, insomnia, pain, academic problems, adjustment problems, menstrual problems in girls, pre-marital/marital problems and suicidal ideation are treated successfully by Positive Therapy.

Researches on Positive Therapy

The author and other researchers have carried out a number of researches in different States of India namely, Tamil Nadu, Kerala, Karnataka and Rajasthan and in Cambodia, proving the efficacy of Positive Therapy in the management of stress, anxiety, anger, insomnia, depression, pain and in the enhancement of general well-being, self-concept, self-esteem, emotional intelligence and adjustment.

NEED FOR THE STUDY

Modern society is competitive and success is highly valued. Adolescence has often been characterized as a period of psychosocial turmoil. While no period of life is ever free of problems, contrary to the stereotype of 'storm and stress', most adolescents negotiate the important transitions of this period without undue disturbance or discord. However, youngsters who enter adolescence beset by a disabling sense of inefficacy, transport their vulnerability to distress and debility to the new environmental demands. The ease with which the transition from childhood to the demands of adulthood is made similarly depends on the strength of personal efficacy built up through prior mastery experiences.

Stress is an inevitable part of life and adolescence is not an exception to it. Nearly half of all adolescents today report difficulty in coping with stressful situations at home or at school. These stressors include major life changes such as changing schools, having someone in the family suddenly becoming ill; chronically stressful conditions such as constant family conflict and day to day hassles such as school tests, arguments with siblings, peers and parents. For some teenagers, stress can lead to internalised disorders, such as anxiety, depression, headaches and indigestion, even compromised immune system functioning. For others, the consequences of stress are externalised, in behaviour and conduct problems. For still others, the impact of stress is manifested in drug and alcohol abuse. These links between stress and

psychosocial problems have been documented in studies of youngsters from all ethnic groups and family backgrounds.

Adolescents have to cope with a variety of changes in bio psychosocial aspects. Unless these changes are accepted as natural by the individual, it may lead to various problems resulting in anxiety, stress, adjustment problems and low self-esteem, which in turn, will lead to low self-efficacy.

Many researches have been conducted using Positive Therapy on various sample such as students, teachers, IT professionals and patients on various problems such as anxiety, stress, self concept, self-esteem, pain, insomnia, etc. It was found to be very effective in alleviating the problems and in enhancing positive thinking and positive traits such as self esteem, self-efficacy, general well being etc.

Hence, in this study, an attempt is made to conduct an action research on selected adolescents studying in X and XII standards (school final) to help them manage their stress and enhance their self-efficacy through Positive Therapy.