

2

THE HAPPY EMPTY NESTERS- HAPPINESS AND PERCEIVED SOCIAL SUPPORT IN ELDERLY

T. K. ANUREKHA**, SWATHI, K.*, SERVAIAMUDARANISELVAM*,
SATHYAPRIYA, V. & RAMYA JULIET, M

**TEACHING ASSISTANT, DEPARTMENT OF PSYCHOLOGY, AVINASHILINGAM INSTITUTE
FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN, COIMBATORE- 43.

*III YEAR UNDER GRADUATE STUDENTS, DEPARTMENT OF PSYCHOLOGY,
AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN,
COIMBATORE- 43.

ABSTRACT

The presents study attempts to identify the relationship between happiness and perceived social support in elderly. This study was conducted in various districts of Kerala and Tamil Nadu. One hundred and seventy one samples in the age range of 54 to 88 years were selected. The personal profile schedule was used to collect the personal details of the samples. The tools used to collect the data were Oxford's Happiness Scale and Multidimensional Scale on Perceived Social Support. The results revealed that there is a positive relationship between happiness and perceived social support in the sample.

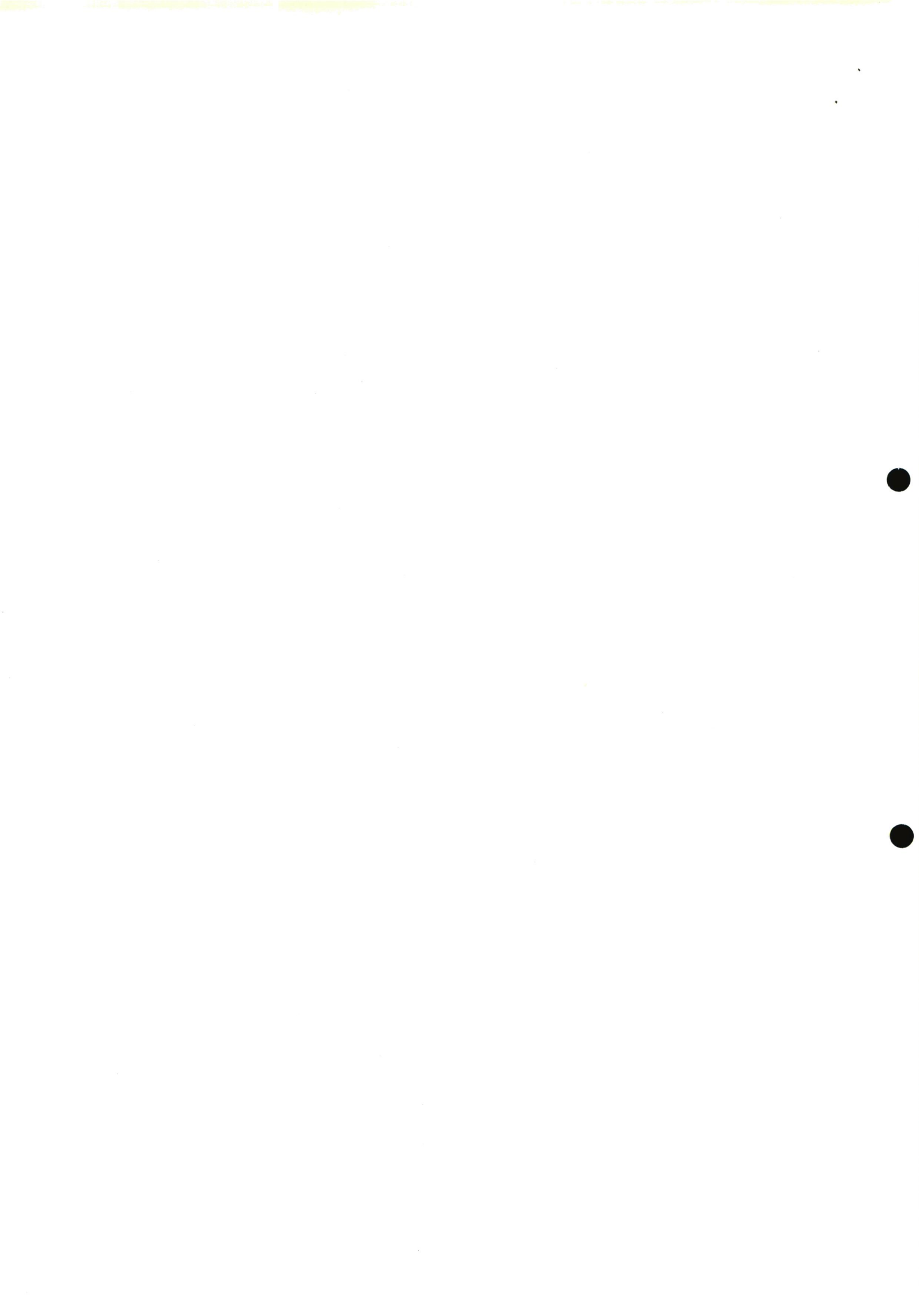
KEY WORDS: Happiness and Perceived social support.

Introduction

"To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old" - Oliver Wendell Holmes, SR.

Ageing is a continuous process that begins at conception and cease at death. As human beings advance from infancy through young adulthood, biological change typically confers more efficient adaptation to the environment. Beyond this period, however, biological change generally works to the detriment of organisms. Even so improvement in conditions of life and advances in medicine have allowed more people to reach old age and have facilitated successful ageing. (James, 1990)

Happy aging consists of three cardinal factors. They are maintaining physical and mental health, good adjustment and life satisfaction. If these are ensured in life, old age becomes more enjoyable bringing greater happiness to the individual. For happy aging, better care from family members, financial and social security, adequate health care, counseling and recreational awareness are required. (Chadha, 1996)

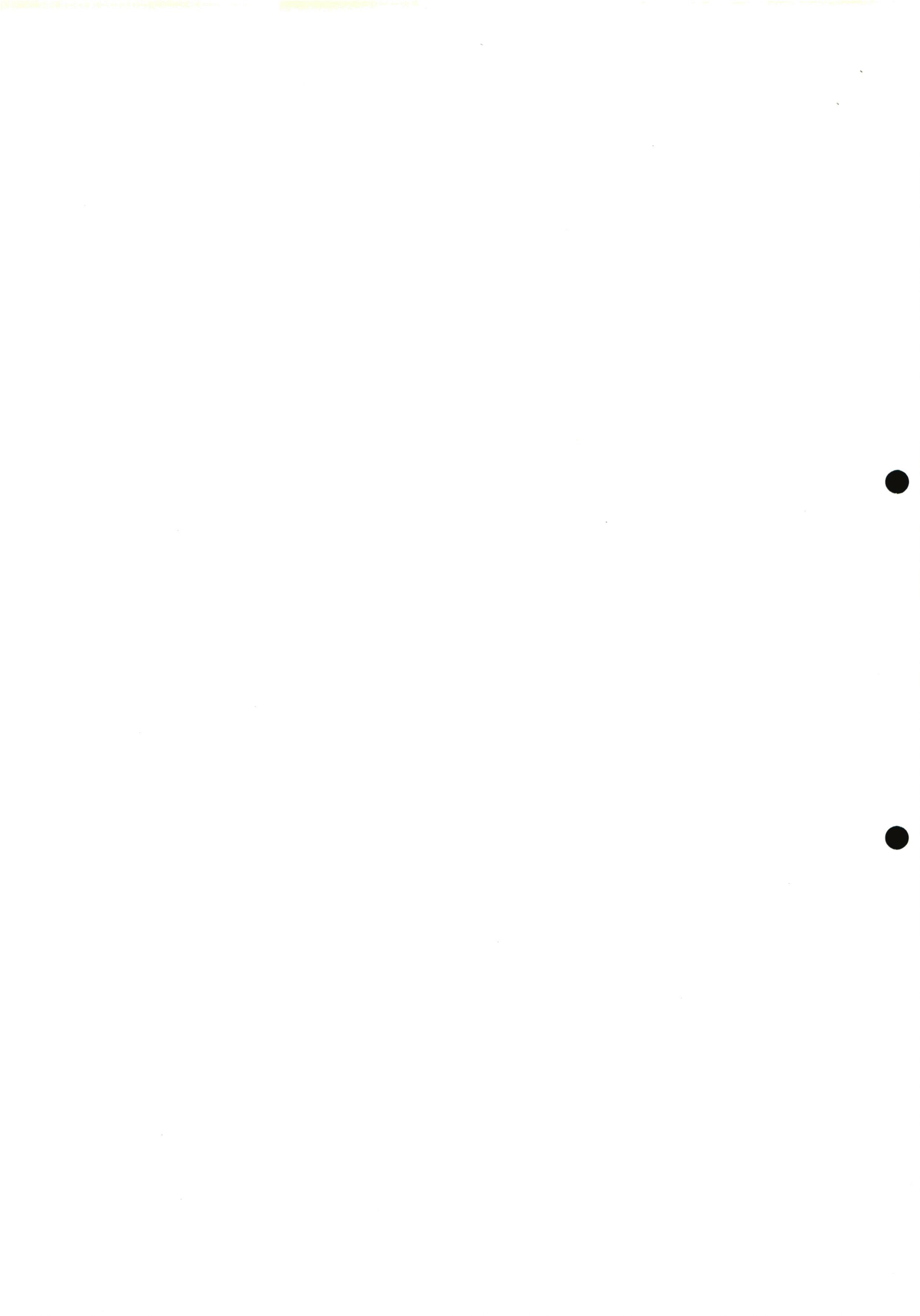


Perceived Social Support and Happiness

Research on social support and happiness is reviewed. Research consistently finds that people who perceive their family and friends as supportive report greater happiness than those who doubt their social network's supportiveness. The link between perceived support and happiness reflects both the trait-like personality of support recipients, as well as social interaction. Within social interaction, the effects of objectively supportive providers appear to be surprisingly small. Instead, relational influences appear to be the single largest determinant. Relational influences occur when a recipient sees a provider as more supportive than one would expect given: (1) the recipient's tendency to see providers as supportive and (2) the provider's objective supportiveness. Theoretical approaches for understanding these findings are reviewed. (Lakey, 2013)

Hawbam (2014) in his research article with content analysis theory method, yielded five major themes-subjective well-being, family support, religion and spirituality, supportive community and optimism. Each of the generated themes high lightened as an important factor that contributes to successful ageing. Naz (2014) has revealed that elderly people who are living in joint families receiving more social support and good quality of life. Bala (2008) found out that life satisfaction of elderly people vary with respect to gender and social support. Sargunbedi (2006) had done a research and gave a result that moderate level of happiness and subjective well being exists among older adults. Mamtha and Sharma (2013) showed that resilience and self-efficacy significantly contribute to all measures of wellbeing. Mishra (2014) did a study and found out that those who had higher degree of social support were reported higher levels of psychological well-being. Jahan and Khan (2014) examined "Psychological well being, spirituality and successful ageing" and the results showed significant positive relationship between DSES and PWB among male and female elderly people. Mathur (2014) in his research article showed positive greater association of life satisfaction with network size compared to perceived satisfaction obtained from social support in post retired years. Pramanick (2014) proved that when age and deprivation increases, altruism also increases. Interaction of age and deprivation does not make any significant difference in altruism. Singh (2014) has revealed that a major elderly population had high level of optimism. Females were found to be more optimism. Females were found to be more optimistic as compared to males.

Successful aging also involves perceived control over the environment (Bandura, 2010a; HSBC insurance, 2007). Researchers have found that many older adults are quite effective in maintaining a sense of control and have a positive view of themselves (Dunbar, Leventhal and Leventhal, 2007). For example, in a study it is found that many older adults were happy and that self- efficacy and an optimistic attitude were linked to their happiness (Jopp and Rott, 2006). Examining positive aspects of aging is an important trend in life -span development and is likely to benefit future generations of older adults (Antonucci and others, 2011; Carstensen and others, 2010; Stirling, 2011).



This study mainly focuses the positive aspects of elderly which may help the older generation to live a happy life and to perceive the society as more supportive towards them.

Area

Various districts in Kerala and Tamil Nadu were selected for the present study.

Sample

One hundred and seventy one older adults between 54 – 88 years of age from various districts of Tamilnadu and Kerala were selected for the present study.

Tools

The tools used in the study were:

- Happiness scale by Oxford Happiness scale was developed by Michael Argyle and Peter Hills of Oxford Prookes University
- Multidimensional Scale of Perceived Social Support (MSPSS) Scale constructed and standardized by Nancy Dahlem, Sara Zimet, Gordon Farley and Gregory Zimet.

Procedure

From various districts of Kerala (Ernakulam, Malappuram, Trichur) and Tamil Nadu (Coimbatore, Karur, Avinashi) elderly people were selected to assess their level of Self esteem, and Happiness using Oxford Happiness Scale and Multidimensional Scale of Perceived Social Support Scale. Since all the individuals expressed their willingness, questionnaires were given to all the participants.

Table- 1: Mean Happiness and Perceived social support of the sample

N=171

Variables	Mean (SD)
Happiness	4.13 (0.72)
Perceived social support	61.04 (13.42)

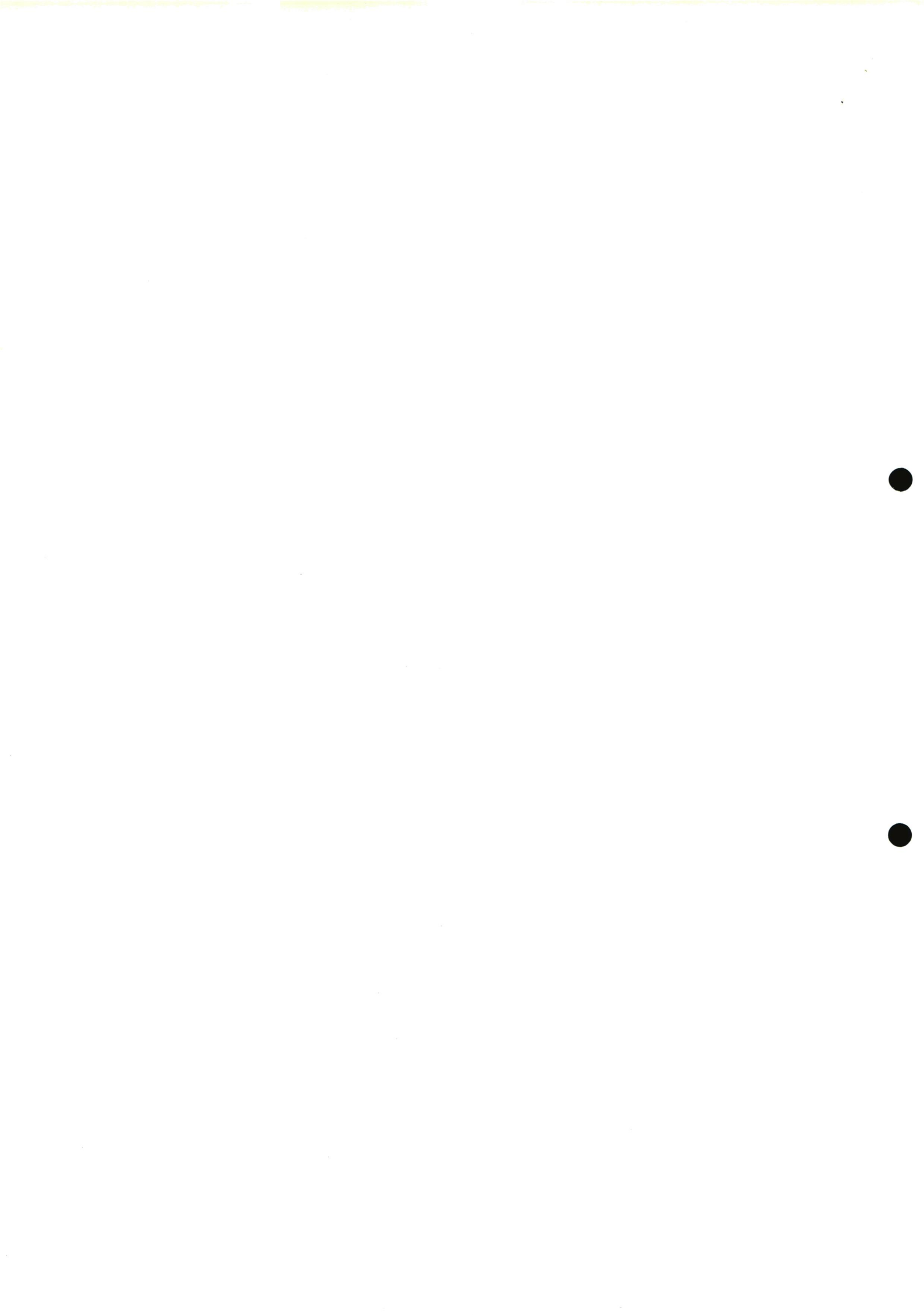


Table 1 shows the mean and standard deviation of Happiness, Self-esteem and Perceived Social Support of the sample. The mean and standard deviation of Happiness are 4.13 and 0.72 respectively. The mean and standard deviation of Perceived Social Support are 61.04 and 13.42 respectively.

Social support can help individuals of all ages cope more effectively (Griffiths and others, 2007). For older adults, social support is related to their physical and mental health (Cheng, Lee and Cho 2010). It is linked with a reduction in symptoms of disease, with the ability to meet one's own health care and mortality (Rook and others, 2007). Social support also decreases the probability that an older adult will be institutionalised and is associated with a lower incidence of depression (Cacioppo and others, 2006).

Table 2: Correlation between Happiness and Perceived Social Support of the Sample

N=171

Happiness		Perceived social support
	Pearson correlation	.362**
	Sig.(2-tailed)	.000
	N	171

** . Correlation is significant at the 0.05 level

The result was consistent with the study of Saengthienchai, Kespitchayawattan, Aunguroch and Dayton (2001), who found that support from family members, influenced the mental happiness of the elderly. The study of a North, Holahan, Moos and Cronkite (2008) found that the social support is related to happiness in adults, which is congruent with the present study.

Table 3: One way Analysis of Variance of the Sample - Scheffe's Model

N= 171

Dependent variable	Perceived social support(I)	Perceived social support (J)	Mean difference (I-J)	Std. Error	Sig.
Happiness	Low acquity	Moderate acquity	-.25359	.14325	.212
		High acquity	-.65933*	.15409	.000
	Moderate acquity	Low acquity	.25359	.14325	0.212
		High acquity	-.40575*	.11873	.004
	High acquity	Low acquity	.65933*	.15409	.000
		Moderate acquity	.40575*	.11873	.004

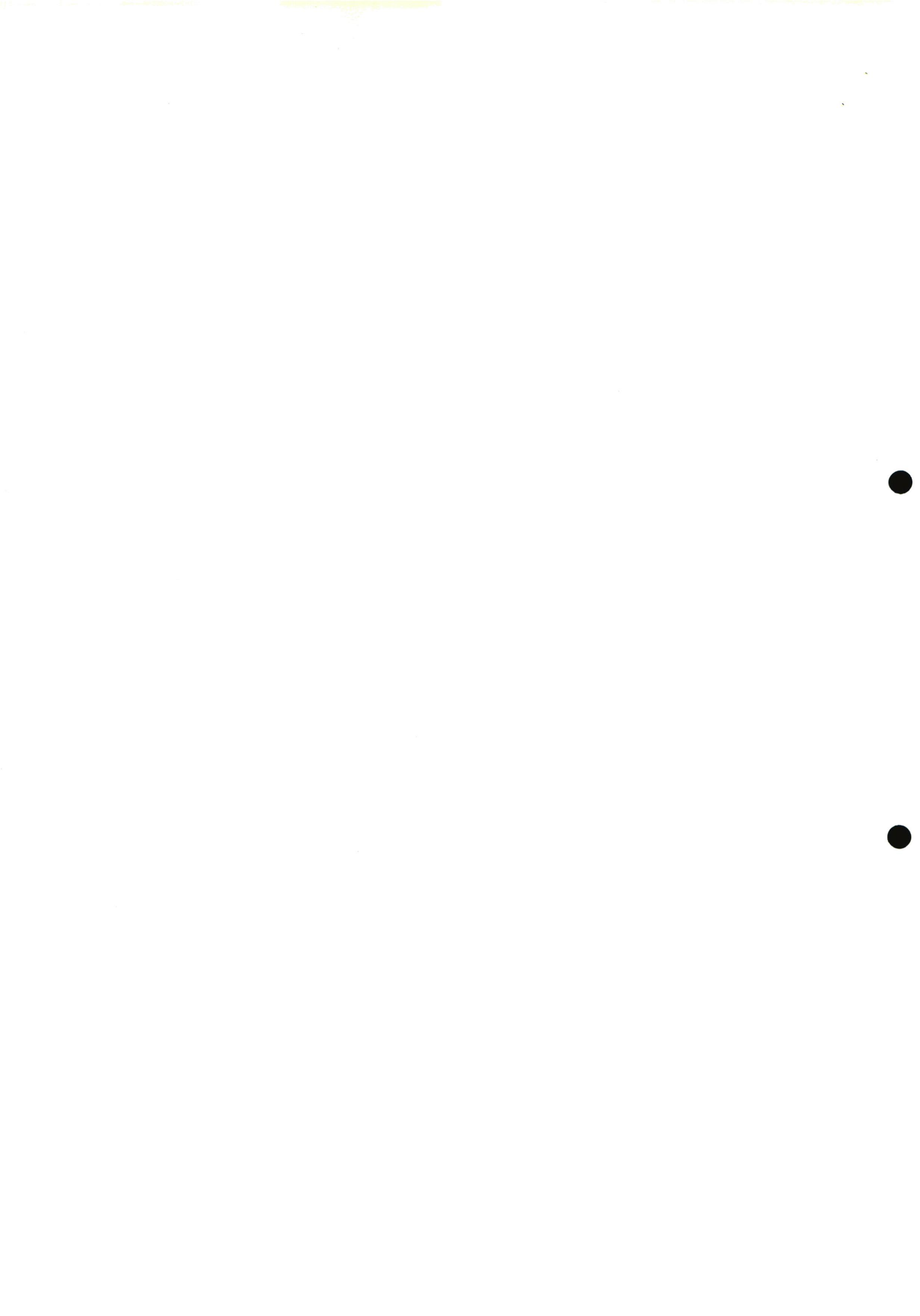


Table 3 shows the one way analysis of the variance of the sample with respect to the perceived social support of the sample. In happiness, there is a significant difference between the sample of low and high acquity, between high and moderate acquity of perceived social support at 0.05 levels. Nanthamongkolchai, Tuntichaivanit, Munsawaengsub and Charupoonphol (2009) revealed that the factors which significantly influenced the life happiness of the elderly female were self-esteem, social support, and family relationships ($p < 0.05$). In addition, self-esteem, social support, and family relationships could significantly predict life happiness of the elderly female by 91.4%. Self-esteem had the highest predictive power of life happiness among elderly female.

Implications of the study

- The results helped the older adults to introspect themselves.
- Findings of the current research might lead researchers to explore new dimensions of problems related with older adults.
- Finding of the current research might act as a helping hand to the government in framing plans and policies and also it will be more helpful to take necessary steps like increasing the monthly stipends to the abandoned older adults.
- Government efforts alone are not enough to manage the situation; the role of NGO's is very essential in the battle. More researches in this area can be helpful to the NGO's in understanding the needs and problems of elderly.
- Many more researches in this topic will certainly create awareness to the youngsters which in turn will help in decreasing the number of abandoned older adults.

References

- Autonucci & others 2011, Carstensen & Charles, 2010, Stirling, 2011. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Bala, S. (2008). Social support and life satisfaction. *Indian Psychological Review*. 3(40), 153 -160.
- Bandura, 2010a; HSBC Insurance, 2007. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Cacioppo & others, 2006. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Chandha, K.N.(1996). Dimensions of aging. *Aging and The Aged, Challenges before indian Gerontology*, 115-119.
- Cheng. Lee. & Cho, 2010. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Dunbas, Leventhal & Leventhal, 2007. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.

- Griffiths & others, 2007. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Hawbam, S. (2014). Successful Aging through the eyes of Manipuri elders. *Indian Journal of Health and Well being*. 5 (5), 610 – 613.
- Jahan & Khan, S. (2014). Psychological well being; spirituality and successful ageing. *Indian Journal of Psychological Health and Well being*. 5(7), 843-846.
- James, W. (1990). The social experience an introduction to sociology. (2), 33-38.
- Jopp & Rott, 2006. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Lakey, B. (2013). Perceived social support and happiness: The role of personality and relational processes. Retrieved from <http://www.pursuit-of-happiness.org/science-of-happiness/communicating/> on 17-2-2015.
- Mamta & Sharma, R. (2013). Resilience & self-efficacy as correlates of well being among the elderly persons. *Journal of the Indian Academy of Applied*. 39 (2), 281 – 288.
- Mathur, S. (2014). Social network size & Hope as predictor of life satisfaction in the elderly. *Indian Journal of Health and Well being*. 5 (8), 904 – 908.
- Mishra, S. (2014). Predicting effect of social support on psychological well being in elderly. *Indian Journal of Health and Well- Being*. 10(5), 1188-1190.
- Naz, S. (2014). Relationship between economic independence, social support and quality of life. *Indian Academy of Applied Psychology*. 40 (2), 255- 260.
- North, R J., Holahan, C J., Moos, RH. & Cronkite RC. (2008). Family support, family income and happiness a perspective. *J Fam Psychol*. (22), 475-83.
- Pramanick, M. (2014). Altruism as a function of age and deprivation. *Journal of the Indian Academy of Applied Psychology*. 40 (36), 310-314.
- Rook & others, 2007. In Santrock, J. W. (2011). Life span development. 13th ed., Tata Mc Graw Hill Publications, 609- 610.
- Saengthienchai, Kespitchayawattana, J., Aunguroch, Y. & Dayton, I. (2001). Relations between supports in the family and mental happiness of Thai aged people. *Journal of Demography*. (17), 1-18.
- Sargunbedi. (2006). Cultural impact on happiness and subjective well being of older adults. *National Academy of Psychology*. 53(2), 155- 160.
- Singh, S. (2014). Optimism among institutionalized elderly. *Indian Journal of Health & Well-Being*. 10(5), 1193- 1197.

Efficacy of Gestalt Therapy on Perceived Parental Bonding and Problems of Adolescents



Medical Science

KEYWORDS : Parental Bonding, Problems, Gestalt therapy

Abilasha.R

Post Graduate Student, Dept. of Psychology, Avinashilingam University for Women, Coimbatore

Dr. N.S.Rohini

Professor & Head, Dept. of Psychology, Avinashilingam University for Women, Coimbatore

ABSTRACT

From Perks Matriculation Higher Secondary School, Uppilpalayam, 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 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. 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.

Introduction

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. The quality of parenting is found to be associated with identity development among adolescents in a number of ways (Sartor and Younis, 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). When the two aspects of parenting behavior are combined in different ways, four primary parenting styles emerge:

Authoritarian Parenting or Affectionless Control Parenting is a restrictive, punitive style in which parents exhort the child to follow their directions and to respect their work and effort. Kopko (2007) found that adolescents of authoritarian parents 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 is a kind of parenting encourages children to be independent but still places limits and controls on children's actions. Kopko (2007) revealed that those adolescents of authoritative parents are more likely to be socially competent, responsible, and autonomous.

Neglectful parenting, however, shows no involvement in the child's life. Children of neglectful parents tend to be socially incompetent. In adolescence, they may show patterns of truancy and delinquency

Indulgent or Affectionate parents are highly involved with their children but place few demands or controls on them. Kopko (2007) found that adolescents 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. 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. 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.

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.

Cai, Hardy, Olsen, Nelson and Yamawaki (2013) examined the links between parenting dimensions (authoritative parenting, psychological control and parental authority) and adolescent well-being (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.

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.

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.

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.

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.

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 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.

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.

Objectives

- To assess the perception of parental bonding by the sample.
- To understand the nature of problems experienced by the sample.
- To study the effect of Gestalt therapy in the enhancement of parental bonding and management of problems among the sample.

Sample

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

Tools

The tools used for the study were:

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

The Case Study Schedule (Annexure I) developed by the investi-

gator 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.

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, Upplilalayam, Coimbatore, 127 students of the 11th standard were screened and assessed using Case Study Schedule, Parental Bonding Instrument (PBI) and Mooney Problem Checklist (MPC). 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' was tried out for three days on one hour duration. Eight sessions of Gestalt therapy was given to the sample.

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.

'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.

Results and Discussion

Table – I Demographic Factors Of The Sample N=74

Demographic Factors		Number	Percentage
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.

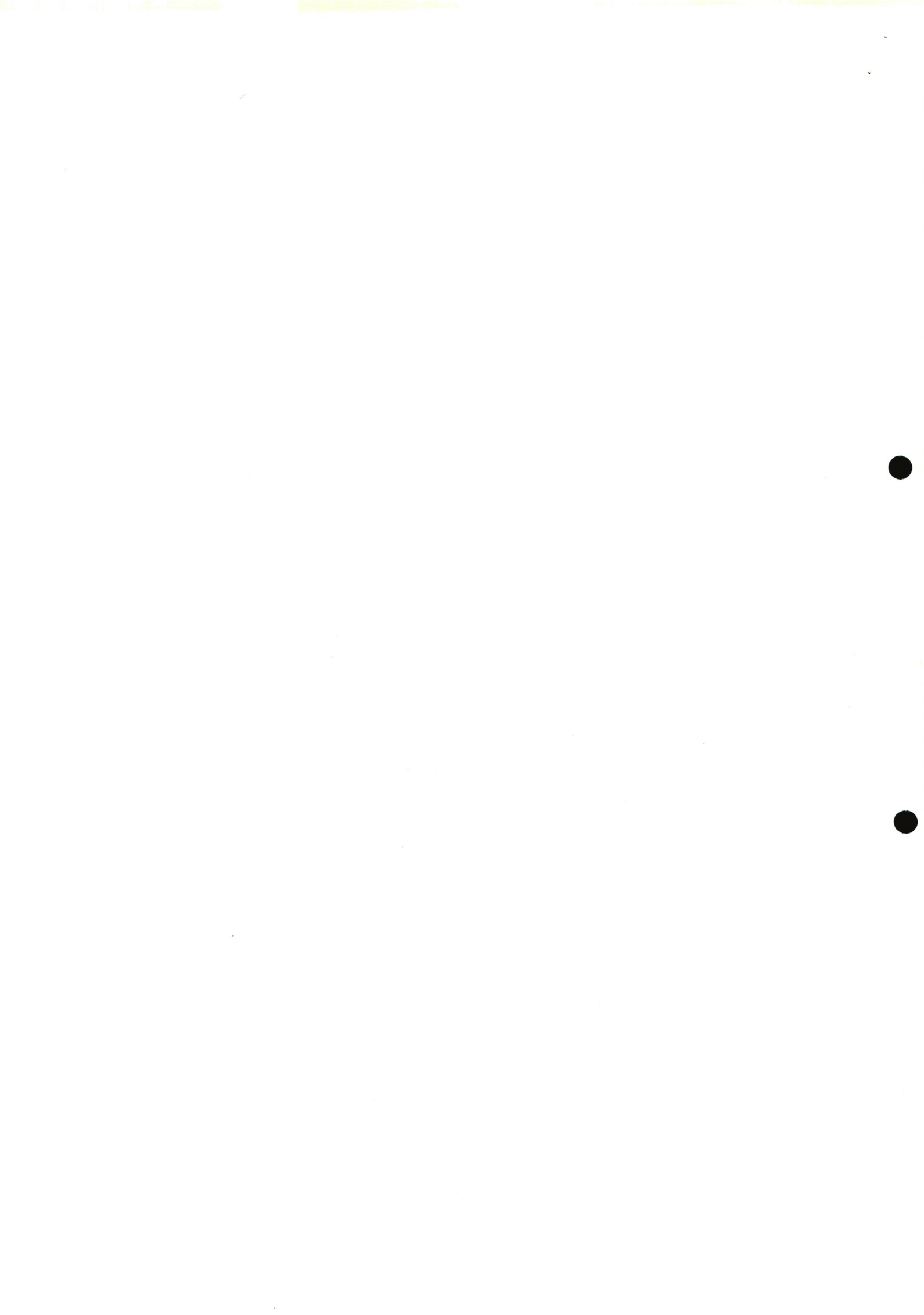
Table – II Nature Of Parental Bonding In The Sample N=74

Type of Parenting	Father Form	Mother Form
	Number Percentage	Number Percentage
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 con-



-straint (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.

Table - III Significance Of Difference Between Mean Parental Bonding Before and After Gestalt Therapy

Variable	Before Mean (SD)	After Mean (SD)	Mean differences	T
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.

Table - IV Association between Perceived Parental Bonding and Gender in Adolescents Chi-Square Analysis

Variable	Chi- Square Value	Degree of freedom	Significant Level	Inference
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 effect.

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.

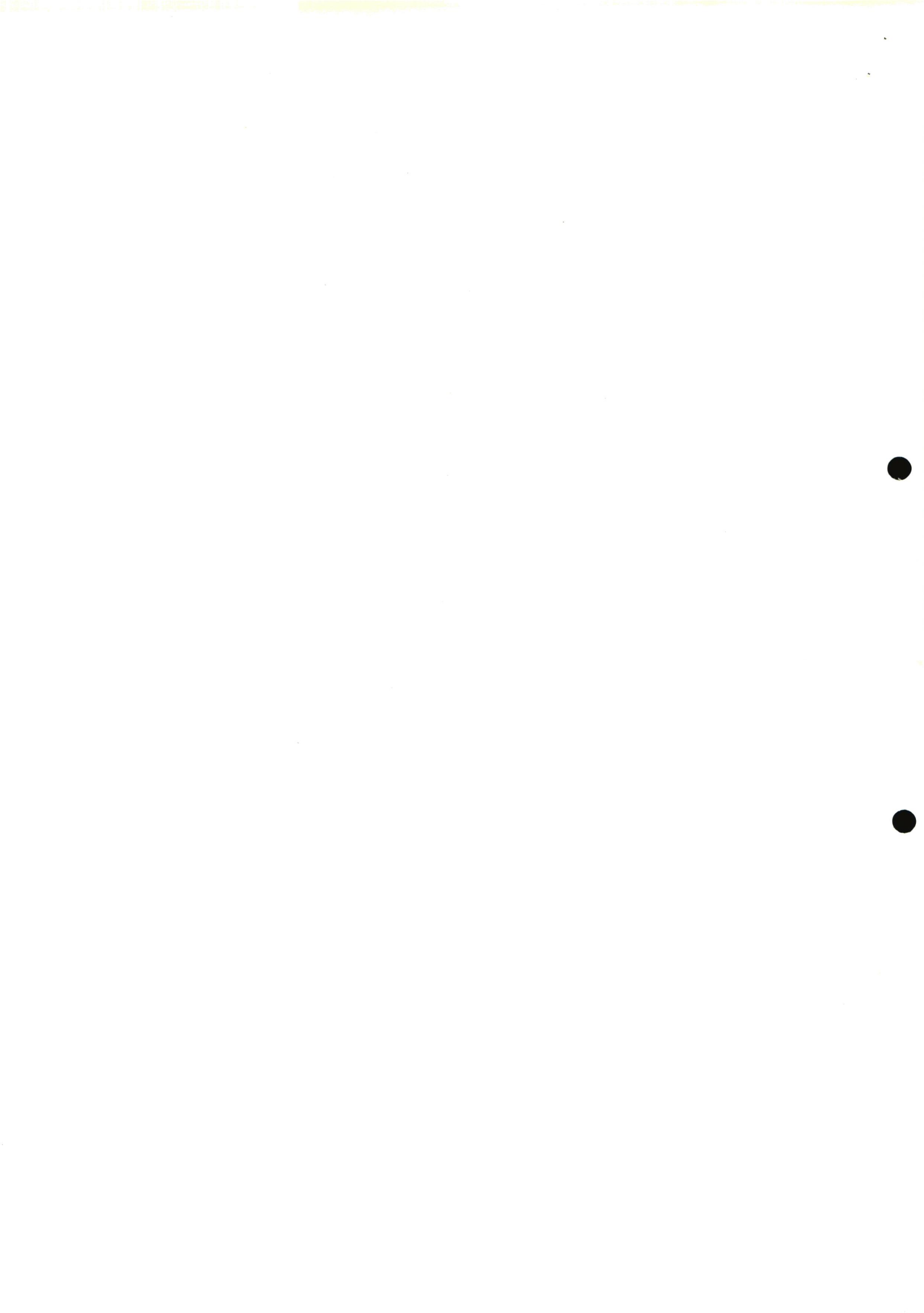
Table - V Level of Problems in Adolescents N=74

Gender	Health	Self-improvement	Personality	Home and Family
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.

Table – VI Significance of Difference between Mean Problems of Adolescents before and After Gestalt Therapy

Problems	Before Mean (SD)	After Mean (SD)	Mean differences	T
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.

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 adolescent have more problems regarding self improvement, which includes self worth and self-esteem. There are variations in the nature of problems of the adolescents.

- 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.

Limitations Of The Study

- The relationship between Parental bonding 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.

Reference

1. Azaiza, F. (2005). Parent-child relationships as perceived by Arab adolescents living in Israel. *International Journal of Social Welfare*, 14, 297-304.
2. Cai, M., & Hardy, S. A., & Olsen, J. A., & Nelson, D. A., & Yamawaki, N. (2013). Adolescent-parent attachment as a mediator of relations between parenting and adolescent social behavior and wellbeing in China. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed> on 9/4/2013.
3. Cheung, M., & Nguyen, P. V. (2012). Connecting the Strengths of Gestalt Chairs to Asian Clients. *Smith College Studies in Social Work*, 82(1), 51-62.
4. Garcia, F., & Gracia, E. (2009). *Is Always Authoritative the Optimum Parenting Style: Evidence from Spanish Families*. ADOLESCENCE: Libra Publishers. 44 (173).
5. Hartberg, S., & Lundqvist, C., & Clench-Aas, J., & Raanaas, R. K. (2013). Adolescents with chronic headaches- mental health problems and coping patterns. Retrieved from <http://www.thejournalofheadacheandpain.com> on 15/4/2013.
6. Hoeve, M., & Dubas, S. J., & Gerris, M. S., & Lanen, V. S., & Smeenk, W. (2011). Maternal and paternal parenting styles: Unique and combined links to adolescent and early adult delinquency. *Journal of Adolescence*, 34(5), 813-827.
7. Kim, D. H., Kim, Y. S., Koh, Y. J., & Leventhal, B. L. (2013). Relationship between behaviour problems and perceived parenting practices in Korean youth. *Child: Care, Health and Development*, 39(2), 194-201
8. Kopko, K. (2007). *Parenting Styles and Adolescents*. Cornell Cooperative Extension. Retrieved from <http://www.parenting.cit.cornell.edu> on 27/4/2013.
9. Naicker, K., Galambos, N. L., Zeng, Y., Senthilselvan, A., & Colman, I. (2013). Social, Demographic, and Health Outcomes in the 10 Years Following Adolescent Depression. *Journal of Adolescent Health* 52(5), 533-538.
10. Ramaswamy, C. & Venkateshkumar, G. (2012). "Assessment of adolescent problems in rural and urban areas". *Journal of Community Guidance and Research*, 38 (1), 40- 43.
11. Rescorla, L. A., et al (2013). Cross-informant agreement between parent-reported and adolescent self-reported problems in 25 societies. *Journal of Clinical Child & Adolescent Psychology*, 42(2), 262-273.
12. Singhal, S., & Roa, U. N. B. (2004). *Adolescent concerns through own eyes*. Kanishka Publications, 160-188.
13. Sartor, C. E., & Younis, J. (2002). The relationship between positive parent involvement and identity achievement during adolescence. *Adolescence*, 37, 221-234.
14. Tam, C. L., & Yeoh, S. H. (2008). Parental bonding and parent-child relationship among tertiary students. *Sunway Academic Journal*, 5, 111-127.
15. Vithya, V., & Karunanidhi, S. (2012). Influence of school environment, parental attachment and peer attachment on emotional problems of adolescent students. *Indian Journal of Health and Wellbeing*, 3(1), 100-106.
16. Wagner-Moore, L. E. (2004). *Gestalt Therapy: Past, Present, Theory, and Research*. *Psychotherapy: Theory, Research, Practice, Training*, 41(2), 18

