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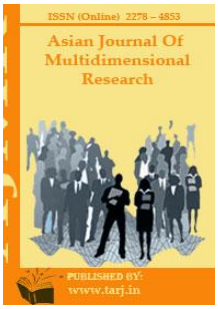

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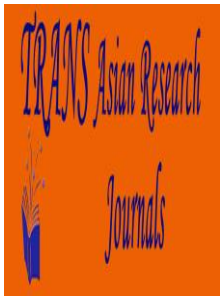

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BIBLIOTHERAPY AS A THERAPEUTIC APPROACH TO PSYCHOLOGICAL PROBLEMS

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ABSTRACT

In the recent years psychological problems have been increased and people in the world experiencing loneliness due to the growth of information and communication technology. The interaction between the individuals has been reduced and people started suppressing their emotions which leads to lots of psychological disorder. There are three things which could reduce the loneliness in people are family, friends and books. Bibliotherapy is a creative form of psychotherapy which includes storytelling, reading and writing the specific texts to heal the individual's psychological problems. The Greek word "Biblio" means book was coined by Samuel Crothers and Bibliotherapy means the therapeutic value derived from books. The ability of the books to comfort and console the individual could be well understood from the inscription bore in the ancient Greek library Pharaoh Rameses II "Healing Place of the Soul". This paper analyses the empirical literature evidences for the use of Bibliotherapy as a resource for healing mental illness and emotional problems.

KEYWORDS: *Bibliotherapy, Emotional Problems, Mental Illness, Healing.*

INTRODUCTION

In a 1916 article published in *The Atlantic Monthly*, Samuel Carothers defined Bibliotherapy as the process of using books to teach those receiving medical care about their conditions, and Dorland's Illustrated Medical Dictionary (1941) officially recognized this modality as a form of mental health treatment. Bibliotherapy 's use expanded further in the 1950s when Carolyn Shrodes developed a theoretical model based on the premise that people are greatly influenced by the characters they identify with in stories. The American Library Association issued an official definition in 1966, and in 1969, The Association of Poetry Therapy formed, establishing Poetry Therapy, a form of Bibliotherapy, as a treatment modality. In the 1970s, Rhea Rubin, Librarian, classified Bibliotherapy into two categories: developmental (for educational settings) and therapeutic (for mental health settings). Her 1978 work, Using Bibliotherapy: A Guide to Theory and Practice, contributed greatly to developments in the field. In 1983, The International Federation for Biblio/Poetry Therapy was established.

Today, Bibliotherapy is employed by Educators, Helping Professionals, Librarians and Parents. Its versatility and adaptability make it an excellent supplement to self improvement of all kinds.

Both Individual and Group Therapy may utilize this method, which is considered appropriate for children, adolescents and adults. Mental health professionals may encourage those in therapy and those who are waiting for therapy to read for guidance or self help, developmental purposes, to learn about mental health concerns, and for the therapeutic benefits of imaginative literature.

The Bibliotherapy, a therapeutic approach that uses literature to support good mental health, is a versatile and cost effective treatment option often adapted or used to supplement other types of therapy. Proponents of the approach suggest mild to moderate symptoms of several mood related conditions can be successfully treated with reading activities.

Emotional Problems and Bibliotherapy

Emotional health problems are caused by changes in brain chemicals. They are not a character flaw. And they do not mean that an individual is a bad or weak person or that s/he is going crazy. These types of problems can run in families. They can be triggered by physical stress (such as an illness or injury) or by emotional stress (such as the loss of a loved one). They can occur because an individual may have a long term (chronic) health problem, such as diabetes, cancer, or chronic pain. Sometimes they start without a clear reason. Some people feel too anxious only at certain times, while other people feel anxious most of the time. Either kind of anxiety can make an individual feel helpless, confused, or worried. Sometimes anxiety is a sign of another problem, such as depression or too much stress. Medicines and/or counselling can treat anxiety.

- Anger and Hostility
- Depression
- Anxiety
- Stress
- Self Esteem
- Frustration
- Grief

- Guilt
- Lack of confidence

Mental Illness and Bibliotherapy

Mental illnesses are health conditions involving changes in emotion, thinking or **behaviour** (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

Mental illness is common. In a given year:

- Nearly one in five (19%) U.S. adults experience some form of mental illness
- one in 24 (4.1%) has a serious mental illness*
- one in 12 (8.5%) has a diagnosable substance use disorder

Mental illness is treatable. The vast majority of individuals with mental illness continue to function in their daily lives. Mental Illness refers collectively to all diagnosable mental disorders health conditions involving

- Significant changes in thinking, emotion and/or behaviour.
- Distress and/or problems functioning in social, work or family activities

Bibliotherapy as a Healing

Developmental Bibliotherapy is primarily used in educational settings, addresses typical childhood and adolescent concerns such as puberty, bodily functions or developmental milestones. Educators or medical professionals may often encourage parents to use this approach with their children.

Therapeutic Bibliotherapy takes many forms and can be used in conjunction with many different therapeutic frameworks. Reading has been shown to be able to help people understand the issues they are experiencing, amplify the effects of other treatment, normalize experiences with mental health concerns and care, and offer hope for positive change. Bibliotherapy can also expedite and intensify the therapeutic process by providing one potential format for therapeutic work outside of session.

The approach may be incorporated in one or more of the following ways:

- **Prescriptive Bibliotherapy is otherwise** known as self help, involves the use of specific reading materials and workbooks to address a variety of mental health concerns. Self help may be conducted with or without the guidance of a therapist. A Cognitive Behavioural Therapist teaching someone deep breathing and emotion regulation techniques may provide that person with a practice workbook to use at home.

- **Books on Prescription** is a **programme** where reading materials targeting specific mental health needs are "prescribed" by mental health professionals, who might use resources such as the Bibliotherapy Education Project to find the appropriate books. Most libraries in the United States carry a set of books from the approved list for this purpose, often providing as a book list on their website. The Carnegie Library of Pittsburg is one such library. Their website also lists books for children, which cover topics like adoption, self esteem, grief, divorce, and more.

- **Creative Bibliotherapy** utilizes imaginative literature such as novels, short stories, poetry, plays, and biographies to improve psychological well being. Through the incorporation of carefully

selected literary works, therapists can often guide people in treatment on a journey of self discovery. This method is most beneficial when people are able to identify with a character, experience an emotional catharsis as a result of this identification, and then gain insight about their own life experiences. A therapist might use *Our Gracie Aunt* by Jacqueline Woodson, a story about a brother and sister who live with their aunt due to their mother's neglect, with a child who has experienced abuse to build interactive discussions and activities around the child's experience of the story.

ANALYSIS

Research indicates that it is important to identify the interests and needs of the service users. Also important is to choose materials, formats and services preferred by users. The study suggested that the most popular service was the Internet (31%), followed by magazines (31%) and then video (Fanner & Urqhuart, 2009).

Also, it is imperative that staff is trained in working with mental health patients to avoid potentially uncomfortable and even frightening incidents that may arrive from miscommunication or even erroneous attitudes on behalf of the staff (Fanner & Urqhuart, 2009).

Bibliotherapy has been shown to be most effective when utilized with the direction of a library professional rather than volunteer staff or someone not knowledgeable about library work. Bibliotherapy has been shown to be most helpful when all mental health service providers, including clinical staff, work together to make the **programme** a success (Fanner & Urqhuart, 2009).

It is important to keep abreast of new materials as they become available so that the library does not become stagnant and unappealing to users. To this end, it is vital to communicate with users as to what types of materials are of most interest to them and also to ensure that the materials are up to date clinically and do not provide erroneous information (Newman & Dickens, 2012).

And finally, stable funding and institutional and community support are necessary for the success of a Bibliotherapy support system. Newman and Dickens (2012) encourage buy in from "Mental Health Charities, Cooperative Relationships with Public Libraries, Internal Fundraising and Suitable Donations" .

CONCLUSION

Bibliotherapy is an approach for emotional problems, mental illness and major psychological problems and healing through the Bibliotherapy approach as mentioned in the evidenced studies. It is a psychotherapy that applied for treating problems like anger, stress, anxiety, depression, self esteem, lack of confidence and related emotional problems and benefits mental well being.

The therapy can benefit individuals of any age by increasing self awareness, improving self esteem, decreasing mental illness as well as emotional problems and aiding in the ability to face developmental crises. This study shows that a form of Bibliotherapy to be useful in the treatment of psychological problems.

LIMITATIONS AND IMPLICATIONS

- The study is based on the secondary data sources.
- This can be done as qualitative study in order to understand the effectiveness on Bibliotherapy in various psychological problems.

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GROUP THERAPY AND PSYCHODRAMA FOR REDUCTION OF BULLYING AMONG MIDDLE SCHOOL STUDENTS IN INDIA

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ABSTRACT

Bullying is unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. The incidence of bullying is on the rise and if not resolved at the earliest it can lead to mental health problems in later adulthood. The main objective of this study is to create a practical and workable intervention for aggressive behavior in the schools. 60 Middle School (Classes 6,7 and 8), studying in an elite school in a metropolitan city were equally divided randomly into an Experimental Group and a Control Group. The Experimental Group underwent one year of intensive Group Therapy, Psychodrama and Counselling Sessions. They were assessed on a 11 item Self Report Aggression Scale (Orpinas. P and Frankowski. R) before and after therapy. Also teacher ratings about the aggression displayed by these students were sought before and after therapy sessions. The results indicate marked difference in self report aggression scores and teacher ratings for aggression after therapy. This leads to a conclusion that a multipronged effort to tackle bullying is required in the children of today.

KEY WORDS: *Bullying, Aggressive Behavior, Group Therapy, Psychodrama, Counselling*

INTRODUCTION

Bullying is intentional aggressive behavior of one individual towards another. Bullying is seen commonly in schools today. It involves hostility, aggressive behavior and hence an imbalance of power of one student or a group of students against another individual student or a group of students. Such a hostile incident is intentionally hurtful or harmful to the victim. Such incidents are generally repetitive in nature involving the bullies targeting students who are passive and do not do anything to stand up for themselves. This causes the victims to undergo extreme distress and despair. The after effects of the act of bullying are seen in the bully and the victim. The victim suffers extreme psychological distress, humiliation and undergoes severe anxiety and depression. Many victims have reported reducing grades in school and an inability to concentrate in their lessons. Also the bully is seen to become more brazen and provocative, non caring about rules and regulations and quickly move towards defiant behavior, and further more aggression towards peer groups and elders.

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. The incidence of bullying is on the rise and if not resolved at the earliest it can lead to mental health problems in later adulthood. Bullying is a very serious issue present in many countries. In India, there have been instances of bullying in many schools in metropolitan cities.

PREVALENCE OF BULLYING

Reports of bullying have been seen in the past too, but in recent years there has been an increase in the number of cases reported. Many statistics confirm the same. The Indicators of School Crime and safety (2013) reported that about 28 percentages of students between age group 12-18yrs reported being bullied at school during the school year. The National Centre for Education Statistic stated that nearly one third of all students aged 12-18 reported having bullied at school in 2007 some almost daily. According to bullying statistics 2010 in international studies, there are about 2.7 million students being bullied each year and about 2:1 students taking on the role of the bully. There are about 160,000 children that miss school every day out of fear of being bullied. Sixty One percent of students believed students shoot others at school because they have been victims of physical violence at home or at school. In a pan India study conducted in 2014-15 among 2700 students and their parents in India by IMRB (a research agency) and Parent Circle (a parent group), it was reported that every third child is bullied in school. In a five year survey research study carried out by The Teacher Foundation in association with WATIS (Wipro Applying Thought In Schools) among Indian Schools, it was reported that as many as 42% in the classes 4 to 8 and 36% of class 9 to 12 students have been subjected to harassment by peers in school campuses. All the above studies underline the need for an intervention to manage the bullying which is rampant in today's schools. Gini and Pozzoli, (2013) in a meta analysis showed that bullied pupils are at least two times more likely than nonbullied age mates to have psychosomatic problems. The psychosomatic problems faced were headache, stomach ache, abdominal pain, restlessness, skin problems, back ache, dizziness, respiratory problems, nervousness, sleeping problems, and poor appetite.

Chui and Chan (2013) in a study conducted in Macau among 365 participants aged between 10 and 17 to examine the effect of self-control on bullying behaviours indicated that bullying behaviours are negatively associated with the participants self-control level. Participants residing in a school

dormitory are found to manifest more bullying behaviours, to exhibit more risk-seeking behaviours, and to be more self-centered than their non-boarding counterparts.

Arslan, Hallett, and Akkas (2012) conducted study to examine the prevalence and manifestation of bullying and victimization among male and female students aged 11–15 years. A total of 1,315 students belonging to 5th, 6th and 7th standard were selected from three schools in Western Turkey. The results showed that 80% of the participants were found not to be involved in any kind of bullying whereas, 20% of the students were found to be involved in the cycle of bullying (5% as a bully, 8% as a victim, and 7% as bully–victims). Similarly, a study conducted in Vietnam to check for the association between bullying and mental health. The study was conducted among 1424 middle school and high school students. The results showed high level of victimization leads to higher levels of depression; and psychological distress.

In a study among 8-12 year old children studying in public and private schools in rural areas in India, Bullying was reported by 157 (31.4%) of the 500 children interviewed. There was no significant difference in the prevalence of bullying amongst boys and girls in co-education schools. However, it was significantly low in schools enrolling girls alone. Teasing and keeping names were the commonest forms noticed. Causing physical hurt was reported by 25 (16%) students. Only 24 (24%) parents were aware that their children were being bullied. Feeling sad, preferring to stay alone and frequent tearing of clothes were almost exclusively noted in bullied children and bullied children were more likely to report symptoms such as school phobia, vomiting and sleep disturbances.(Kshirsagar VY, Agarwal R, Bavdekar SB, 2007).

A recent survey conducted by Nielsen for ICRW/UNFPA covering 9,000 men aged 15 to 49 years, across the seven states of Punjab, Haryana, Rajasthan, Uttar Pradesh, Orissa, Madhya Pradesh and Maharashtra made retrospective enquiries into their lives before they turned 18 years old. The findings revealed that a staggering 86% of the men reporting either their own experiences or witnessing incidents of discrimination or harassment during their adolescent years. The questions to assess discrimination addressed a range of issues from beating, sexual abuse and bullying to observing domestic violence.

The survey conducted by Nielsen and data analyzed and published by ICRW/UNFPA also observed that exposure to violence and discrimination during childhood lead to boys internalizing bullying as acceptable behaviour. This is reflected in their behaviour – as adults –towards their partners with 44% admitting to doing violence in past 12 months as compared to 14% of men who had not experienced any discrimination during childhood. The above review justifies the need for more research into the area of adolescent bullying especially underlines the need for new and effective methods to reduce aggression in schools.

OBJECTIVES

- To identify the level of bully, the aggressive behaviors and their intensity and frequency among school students.
- To identify the effect of Psychotherapeutic interventions among them for a period of one year. This was combined with counseling sessions.
- After a period of one year, a post test was conducted to again measure the aggressive behavior. A control group was used to validate the results of the study.

METHOD

This study was conducted among middle school (Classes 6, 7 and 8) of a reputed Public School with campuses across India. The sample for the study was sought after intense discussions with teachers and counselors of the school. The intervention was carried out inside the school campus only with prior permissions from parents, students, teachers and the school authorities.

The Aggression Scale:

Initial Pretest involved Administration of the Aggression Scale. This is an 11 item self report measure by Orpinas. P and Frankowski. R. (1994). The scale consists of 11 items designed to measure self-reported aggressive behaviors among middle school students (sixth, seventh, and eighth graders). The scale was evaluated by the authors in two independent samples of young adolescents (n=253 and n=8,695). Reliability scores were high in both samples, and did not vary significantly by gender, ethnicity, or grade level in school. Aggression scores also were stable in a 2-year follow-up study by the authors of the scale. The scale is brief, is easy to administer, and focuses on overt behaviors. Construct Validity for the Scale was deduced by a survey that was administered to participating students, composed of the Aggression Scale, other measures of aggression, and predictors of aggression. Univariate analysis of variance showed a positive relation between the mean score in the Aggression Scale and the number of injuries due to fights, $F(3, 245) = 14.1$, and the number of days students carried a weapon, $F(3, 248) = 16.1$. All these relations were statistically significant ($p < .0001$). The internal consistency scores, estimated with Cronbach's alpha coefficient, were high (.87 for the total sample). Content validity was analyzed at three levels: experts from the university, teachers and counselors with experience working with students, and by the students themselves.

Reliability was established through test- retest method. Stability over time was evaluated by a paired *t* test comparing the mean difference between pairs of evaluations with a 1-year and a 2-year difference. Mean differences were not significant statistically. Correlation coefficients between pairs of evaluations were fairly high and, as expected, were higher over the 1-year follow-up than over the 2-year follow-up (1994-1995: $r = .63$; 1995-1996: $r = .56$; 1994-1996: $r = .50$).

The norms are fairly easy with more instances of aggressive behaviors over the past years scoring higher on the aggression scale. The scale requests information about behaviors during the past 7 days. Responses to each item can range from 0 times through 6 or more times. Responses are additive; thus, the Aggression Scale ranges between 0 and 66 points. The instructions for completing the scale are given orally by the person administering the scale. Scores between 40-66 are interpreted as high aggression. Scores between 20-39 are interpreted as Average Aggression, while 0-20 are interpreted as Low Aggression for purposes of this study.

For the present study, a sample of 60 students belonging to classes 6, 7 and 8, aged between 10-13 years were chosen. All these students had a history of bullying, aggressive behavior, getting into fights (Physical and Verbal). The students with a history of at least three discipline sittings with the counselor and teacher were selected. An initial interview with the students and their parents sought their consent for improving aggressive behavior by simple psychotherapeutic techniques which were explained to them. After Pretest, the selected 60 subjects were randomly equally divided into two groups, namely Experimental and (a Wait list) Control Group. The (wait list) control group received the therapy the next year. Along with the self report scale, a teacher rating was taken from the class teachers. Teachers ranked students in a 4-point scale:

0: not aggressive;

1: Low Aggression, once or twice a week is aggressive toward other students;

2: moderately aggressive, several times a week is aggressive toward other students or has some difficulty controlling his or her anger; and

3: Highly aggressive, frequently is aggressive toward other students or is usually very angry.

Physical and verbal aggression, as well as anger, was defined using the same behaviors described in the Aggression Scale. Teachers received written instructions on how to rate students.

The 30 students in the Experimental Group were given Counselling (On a weekly basis), along with Group Therapy. The Group Therapy involved groups of 5 or 6 students at one time. These Groups met once a week. The main discussions revolved around the need for an alternate method of communication. Psychodrama was performed, where the students were given alternate roles, every week. One week, the aggressor was given the role of the victim, and the next week the aggressor was given the aggressor's role to use alternate methods of communication learnt in the counseling and Group Therapy sessions. The students were given alternate roles to play every week. Once a month, they were given the role of a passive bystander. In the next counseling sessions, discussions were held as to how the student looked at each of the roles, they got to play. Feedback was taken from the student and parents every month. This pattern of therapy continued for a whole year, leaving the couple of weeks when the students had their examinations.

A sample of the sessions for a group of six students is given below:

Week1: Session 1 : Psychodrama: Theme and Dialogues given by the Counsellor

Student A and B: Role Given: Aggressors

Student B and C: Role Given: Victims

Student C and D: Role Given: Passive Bystanders

Week2: Session 2: Psychodrama: Theme Changed and Dialogues given by the Counsellor

Student A and B: Role Given: Victims

Student B and C: Role Given: Aggressors

Student C and D: Role Given: Passive Bystanders

Week3: Session 3: Psychodrama: Theme Changed and Dialogues given by the Counsellor

Student A and B: Role Given: Passive Bystanders

Student B and C: Role Given: Victims

Student C and D: Role Given: Aggressors

Week4: Session 4: Psychodrama: Theme Changed and Dialogues given by the Counsellor

Student A and B: Role Given: Aggressors

Student B and C: Role Given: Passive Bystanders

Student C and D: Role Given: Victims

When the Psychodrama, proceeds to the next month, the theme is kept flexible with the students consulted on the theme they want to play act and the dialogues they want to use. Constant feedback ensures that the students develop an awareness of their aggressive acts and understands the mindset of the victim and also their reasons for the aggression. Slowly, it is observed during the Counselling sessions and the Group therapy sessions that the alternate means of communication is thoroughly discussed for its merits. Small reinforcements are given to students who try these positive communication patterns in their dealings with their peers.

All the Group Therapy sessions were coordinated by the Counsellor and the students were assured confidentiality and hence got encouraged to blame others who motivated their aggression. Also the need for popularity and attention as the cause for their aggression and Bullying were encouraged to be discussed. Students spoke about feeling powerful and the alternate methods of attaining power were also discussed. The Group Therapy sessions were steered to be constructive if they got a little embarrassing for any particular student. Positive communication was encouraged. Towards the end of the year, the students themselves helped their peers in the group in positive communication and awareness of the impulsivity of aggressive behavior.

At the end of the year, the self report Aggression Scale was again administered. Also the teacher ratings were again collected and recorded.

RESULTS:

Statistical Analysis was performed using the SPSS 21 version software.

The statistics were conducted to prove the homogeneity of sample among the Experimental and Control Groups. Independent sample T test was conducted for the same. Table 1 shows the results of the independent sample T test.

TABLE 1

Score	Sample	N	Mean	Std. Deviation	t
Aggression Self Report Pretest Score	Experimental Group	30	2.47	0.507	0.513
	Control Group	30	2.40	0.498	
Teacher rating Pretest Score	Experimental Group	30	2.53	0.507	0.254
	Control Group	30	2.50	0.509	

The Table shows that the “t” values are not significant; hence there is no significant difference between the groups. This shows the homogeneity of the groups before therapy. The two groups are similar and hence can be compared for the effects of the therapy.

Analysis was performed to identify the correlations between the Aggression Self reported scores and Teacher Ratings for the Pretest (Before Therapy Scores) for both the experimental and the control group. Also the Correlations between the Aggression Self Report Scores and the Teacher Ratings for the Experimental and Control Group for the Post test (After Therapy) Scores are given below.

Table 2 shows the correlation among the groups.

TABLE 2

GROUPS	N	MEAN	STD. DEVIATION	PEARSON CORRELATION
Pretest Aggression Scores Experimental Group	30	2.47	0.507	0.741**
Pretest Teacher Aggression ratings Experimental Group	30	2.53	0.507	
Pretest Aggression Scores Control Group	30	2.40	0.498	0.816**
Pretest Teacher Aggression ratings Control Group	30	2.50	0.509	
Post test Aggression Scores Experimental Group	30	1.07	0.254	0.464**
Post test Teacher Aggression ratings Experimental Group	30	1.07	0.254	
Post test Aggression Scores Control Group	30	2.30	0.535	0.618**
Post test Teacher Aggression ratings Control Group	30	2.37	0.490	

** Correlation is significant at the 0.01 level (2-tailed).

The above table shows that the correlations between the Aggression Self Report Scores and the Teacher ratings for the Experimental and Control Groups for the Pretest and the Post test Scores each have a positive Correlation showing that the students and teachers have given similar scores for the level of aggression present in the students.

Now, the statistics for the comparison of the effects of therapy. For this purpose, a paired sample T test was performed between samples of the experimental group, before and after therapy. The results are tabulated in Table 3.

TABLE 3

Pairs	Score	N	Mean	Std. Deviation	t
Pair 1	Pretest Aggression Scores Experimental Group - Post test Aggression Scores Experimental Group	30	1.40	0.498	15.389*
Pair 2	Pretest Teacher Aggression ratings Experimental Group - Post test Teacher Aggression ratings Experimental Group	30	1.467	0.571	14.060*

*Significant at the 1% level.

Both the T values show high level of significance. This means that there is significant difference in the level of aggression in the experimental group before and after therapy. Also this significant

difference is seen in both the self report aggression scores as well as the teacher ratings. The reason for such significant differences is the therapeutic interventions carried out. The Psychodrama sessions, the Group therapy sessions and the Counselling sessions have been beneficial in reducing the aggression levels of the Experimental Group as seen in the t values of both the above pairs.

Further, an independent sample T test was performed between the experimental and control groups after therapy to understand the effect of the therapy.

TABLE 4

Score	Sample	N	Mean	Std. Deviation	t
Aggression Self Report Post Score	Experimental Group	30	1.07	.254	11.409*
	Control Group	30	2.30	.535	
Teacher rating Post test Score	Experimental Group	30	1.07	.254	12.902*
	Control Group	30	2.37	.490	

*Significant at the 1% level.

The T values show high significance that is there is significant difference between the Experimental and control groups after therapy indicating that changes have been made possible in the aggression levels due to the direct effect of the therapy. The changes brought about in the experimental group can be clearly compared and wrought as the result of the intensive therapeutic interventions carried out.

Another paired samples T test was performed between the Before and After therapy scores for the Control group shown in Table 5. This was done to find out if any changes occurred in the aggression levels of the control group.

TABLE 5

Pairs	Score	N	Mean	Std. Deviation	t
Pair 1	Pretest Aggression Scores Control Group - Post test Aggression Scores Control Group	30	0.100	0.803	0.682
Pair 2	Pretest Teacher Aggression ratings Control Group - Post test Teacher Aggression ratings Control Group	30	0.133	0.730	1.000

Both the t values are not significant. This shows that there is no significant difference in the Control group before and after therapy in the self report aggression scores as well as teacher ratings.

The statistics prove that the significant results have been brought about in the experimental group in the aggression levels as tested by the self report and the teacher ratings. These show the effects of the therapy undergone by the experimental group. Moreover, the same changes were not observed in the Control Group. Such results signify the effects of the combination of Psychodrama, Group Therapy and Counselling sessions as they were useful in bringing about a change in the aggressors due to an insight into the aggressive behavior from the victim's point of view as well as the neutral bystander's point of view. All these effects were interlaced with the positive communication patterns learnt during the group Therapy sessions and the follow up counseling sessions. Thus this

study validates as an useful intervention that can be effectively carried out in schools by investing little time and effort from the teacher, student, parent and the school.

CONCLUSION

From the above study, it can be concluded that the therapy, which was a combination of Group Therapy, Counselling Sessions and Psychodrama was indeed effective in reducing the aggression levels of the students who indulge in bullying. Moreover, the reverse and neutral roles taken up by them during the psychodrama helped the students get an outsider perspective of the issue of aggression and bullying in schools. The Group Therapy helped them vent out their frustrations and the peers involved helped them find better communication patterns. The Counselling sessions helped them remain motivated throughout the one year of the intervention.

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COGNITIVE BEHAVIOR THERAPY FOR DEPRESSION – A CASE STUDY APPROACH

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ABSTRACT

Depression is a common yet a serious mental illness that certainly affects the way the person feels, thinks and behaves. Depression affects our thought, feelings and actions. However, it is treatable. Depression causes not only feelings of melancholy but also accompanied with a loss of interest in those activities which were ones enjoyed by the same individual. It also leads to functional decline in an individual. In this study, the counselor examined the application of Cognitive Behavior Therapy (CBT) for a single depressed client. This was planned in the presence of the client and the counsellor. After explaining about CBT he was readily cooperating with the counsellor to execute the steps so that he will overcome his depression. It also helped the counselors to examine the efficacy of CBT. Initial assessment included interviews and administration of the Beck Depression Inventory (BDI; Beck, Steer and Brown, 1996) and the Beck Hopelessness Scale (BHS; Becket al,1974). The client was also assigned with some homework assignments of what was discussed during the therapeutic sessions. From initial sessions till termination, the client had undergone a total of ten sessions. But the follow-up sessions continued for a year. Homework was emphasized to get hundred percent involvements from the client. BDI and BHS were completed in each session, after the completion of every counseling session. Daily Thought Record (DTR)also taken into consideration to determine what things or events or people triggers the client's thought process. The results indicated that cognitive behavioral therapy, was effective in reducing depression.

KEYWORDS: *Depression, CBT, Distorted Thinking, Therapeutic Counseling.*

INTRODUCTION

Depression is one of the very frequently seen serious psychological problems that affect many individuals seriously. It affects the feeling, thinking and actions of the individual. Fortunately, it is a treatable mental illness even without medication if sensitized earlier. Depression causes feelings of sadness and is also accompanied with a loss of interest in activities which were amusing earlier. It leads to physical, emotional and social problems and it can decrease the ability of an individual's efficiency at work and at home. Its prevalence is more than 300million people of all ages worldwide. According to World Health Organization WHO in the year (2020), depression will become the second leading mental illness in the world including all developed countries, and in developing countries like India, it's going to be very serious. Based on the severity and intensity of this disorder we must understand that there is essentially a need for effective, qualitative and culturally appropriate treatments for depression (Glass, 2003). On 30th March 2017, a News Release at Geneva, WHO had announced that worldwide, depression, had increased by 18 per cent from 2005 to 2015.On Oct 12th.2018, Times of India released news that WHO report says that India is the most depressed country in the world, leaving USA and China behind **.**

Cognitive Behavior Therapy for Depression

Beck,(Butler & Beck, 1995),in his cognitive theory of depression, explains CBT as an active, structured, well focused, with a limited time approach which is based mainly on the idea that depression is nothing but focusing on the negatives and hence information processed is distorted which is called as cognitive distortions and faulty beliefs.. Therapy is planned in such a way that it will help the client learn to modify his thoughts more positive and thereby lead to improvements in feelings, thoughts, and thereby in the behaviour. The efficacy of cognitive therapy for depression had been already demonstrated and reviewed by Dobson in 1989 (Butler &Beck, 1995).

The important element and advantage of CBT is that the focus on treatment goals is clear, can be measured, and is also achievable. The involvement of the client in the treatment plan is the most welcoming part in CBT. Other ingredients involved in CBT are planning, assessing, and the techniques to be administered, follow –up and finally evaluating the intervention given. (McGinn& Sanderson, 2001). These methods were integrated in this 10 session therapy plan to reduce the thought distortions as well as the depressive symptoms of the client in this case study.

Case Description

The client was a 23 year old male student of M.Tech. He had been working after his B.Tech. Degree took 2 years leave and joined for his M.Tech. He has been very well performing in his job and that was the reason they permitted him to do his masters with pay and leave for 2 years. He came on his own in the evening complaining that he was unable to get along with the peer group and also unable to concentrate in the class. He expressed fear of failure and also scared about his future. He had gone to the extent of losing his job.

There was no support system found for the client. Although he feels close with his mother, he never felt the reciprocation as always there was a stress and strain in his relationship with his mother as she always criticizes for every act of his right from his school days. The relationship with his father, which seems to be the most important reason of his depression, as he always used to be drunk, abused his mother both physically and psychologically, and never been receptive towards him as a child. His mother being his father's second wife and there was a son of the first wife as well as the client was the second son, she always displaced all her disappointments, tension and moods towards

the client. Mother also used to cry and express feelings of hopelessness. She always criticized his work as a school going childand she used to tell him right from his childhood that he must learn properly and get a good job so that he can get out of the family.

The subject indicated no medical issues. However, he said there is often irritability in his mood, cries very often for no reason, increase in anxiety, difficulty in concentration while in lab or in class, resistance to interpersonal relationships, insomnia, problems with eating, poor span of attention. The loss of appetite and improper sleeping habits will certainly lead to problems in basic health and hence that need to be addressed while working with depressed individuals (Leahy & Holland, 2000).The client said that his concern were to overcome the feeling of hopelessness, fatigue, and enhance his motivation and to remain calm and cool like others. He observed that in spite of him trying his level best, he could not "connect" with the classmates as well as with others. He felt often lonely, cried, and also felt, that he had taken a wrong decision of joining for his further studies. His personality revealed that right from his childhood he was shy yet responsible, motivated in doing things proper with the only intention of making his mother happy and content. But it has never happened. However, his relationship with his mother got strained as she was very "dominating" and she always wanted to take all the decisions in his life. This created a gap in his mind because he realizes that his mother never trust him neither. The gap became all the more when he got placements and join the company at Bangalore. The client also felt that his mother never shown love and affection or even a concern; this made the client feel that his own mother gives least importance and this generalized a feel of despair and developed inferiority complex. He said that he never remember a day of belongingness to his family. So often he isolated himself at home, felt uncomfortable and untruthful environment at home. CBT involved self-awareness of his thought processes which can enable him to understand his misinterpretations; psycho-education to help in his problem-solving and practicing it during the therapy sessions and then facilitate in taking it to the external situations. He always focused on his failures alone and needed an empathetic relationship. In order to overcome his withdrawal and isolation, it was strongly suggested that he must try to slowly engage in activities which he liked earlier and to start opening up with at least one or two, rather than staying aloof from others . Problem-solving was attained by reaching out to someone for help rather than ruminating oneself. Psycho-education helped in this aspect. In order to increase motivation and decrease physical symptoms he was first made to become aware of, and also to keep him physically fit he was engaged in physical exercise, good sleeping and also eating in a healthier way.

Assessment

The Beck Depression Inventory (BDI; Beck, Steer & Brown, 1996) is a 21 item inventory which was used. Scores ranges between 0-. It is a rating scale, where 0-means never and 3- means severe. It has been often used for the assessment of thoughts that cause depression. This tool was administered and it took 10 minutes for the client to complete.

The Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, Trexler, 1974) is used to measure negative perspectives of the client about the future. It consists of 20 items, to be answered as true or false response which took ten minutes to complete. It helps in assessing three main aspects of hopelessness which includes fear of future, loss of motivation, and assumptions about what might happen in future. The BDI and BHI were given in the initial assessment and were also completed after each session throughout the treatment in order to find changes as well as reductions in depression.

The past childhood experiences intervene in the present, leading him to feel more inferior, misconceptions about self and that in turn leads to frustration and internal conflicts which in turn leads to depression and anxiety forming a vicious cycle. The constant criticisms from his mother right from his school days activated the menace, i.e., the past influencing what he is now experiencing as depression and loneliness in the present. Criticism at college triggered his old belief that he is worthless a person and meaningless in leading the life. When his work and assignments are commented by the Professor, he immediately reverted back to the early childhood experiences of hopelessness and personal inadequacy. He also overreacted when he realizes that someone was trying to control him or that someone criticized his work. Immediately he gets angry and felt as if he was treated without concern and in turn, acted out impulsively. He also exhibits social isolation. Negative thoughts had led to negative feelings which lead to isolate and this becomes the vicious cycle.

Intervention

Rapport was built easily as he was not referred by anyone but he came to the counsellor realizing his problem. Appearance was neat and tidy; maintained good eye contact; was very cooperative, answered very spontaneously, meaningfully, and was also found comprehensive and goal directed. Cognitive functions revealed, attention could be aroused and sustained for a period of time, but both subjective and objective thoughts and feelings were depressed. Thought content unveils his death wishes, feelings of helplessness and hopelessness.

His communication with others was very meager. That is he never expresses his feelings and emotions that he was undergoing. This silence made others to maintain a distance which became an obstacle when he wants to reach out to someone, and when problems become too much and when in need of real help. This made him vulnerable to the suicidal attempt. Kaplan, Sadock, and Grebb (1994) attribute suicide attempt rates as being higher in persons who are socially isolated.

Initially BDI and BHS were administered. The client was asked to answer both BDI and BHS after each session, and again during the follow-up sessions. The subject got a score of 20in BDI and 10in BHS in the initial phase, both indicating that the scores fall in the moderate category.

- Cognitive Behaviour Therapy (CBT) was followed for the client; the number of sessions were 10 with one hour duration for each session and at a frequency of once in a week. The goals of therapy were formed as an agenda in collaboration with the client. This helps the client to avoid procrastination, self-blaming and the environment. The main objectives were to curb the negative thoughts and negative inclinations, and develop a mentally healthy outlook as well as internally too to view more positively towards self-appreciation, appreciating the environment, and the future. The target was also not to remain aloof but engage in physical activities by participating in group games like football, and by engaging him actively in class mentoring also. A she mentioned, that he had lost interest in previously liked activities of pleasure or achievement, he was initially persuaded to do those tasks which was play and also assured of assistance in problem solving and decision making. The first task was that he has to prepare a problem list and prioritize according to the severity, intensity and duration of the symptoms. Then it was followed by his own sensible reasoning out how his thoughts, feelings and behaviour are illusionary. Further he was asked to maintain a Thought diary for making a note of the Negative Thoughts and also possible explanations whenever such negative thought comes. The same was discussed with the counselor when the client met the counselor the next time whether there is a base or it is the client's presumption and habit of looking at things in a pessimistic way. Then it was

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continued with regular follow ups to avoid relapse. The BDI when administered in the initial visits, the score was 20.In the second session it reduced from 20 to 8 which indicate the depression had reduced from moderate to minimal range. Following this, in all the sessions it was in the minimal range only. It went to the score of one. This implies that the CBT helped in bringing down the depressive symptoms. In the follow-up session, it was in the minimal range of 1 .The following table gives the picture of the BDI scores from the 1st session till the 10th session.

TABLE 1 SESSION AND BDI SCORE

Session	BDI Score
Initial or the 1st session	20
Second	8
Third	9
Fourth	7
Fifth	6
Sixth	4
Seventh	3
Eighth	4
Ninth	1
Tenth	2
Follow-up session	1

Moderate range for BDI is **20-28** and the minimal range is **0-13.**

The BHS initial assessment shows a score of 10indicating negative attitudes which falls in the moderate range (9-14). The subject's scores decreased to7, and then to 5which indicate that there is e mild feeling of hopelessness during the completion of the second session. Thereafter the scores of the remaining 8 sessions decreased gradually and attain the minimal range (0-3) with scores ranging from 3 to 1. At the follow-up session the subject scored1, maintaining her level of hopelessness in the minimal range. The results prove that depressive symptoms would certainly decrease in the course of cognitive behavioral therapy, when applied properly in harmony with the client's needs. The client's classmates were also reporting a considerable change in his outlook and the faculty could also appreciate the change in his behavior which was reinforcing for the client to maintain and improve his behaviour.

TABLE 2 SESSION AND BHS SCORE

Session	BHS Score
Initial or the 1st session	10
Second	7
Third	5
Fourth	4
Fifth	2
Sixth	3
Seventh	4
Eighth	3
Ninth	2
Tenth	2
Follow-up session	1

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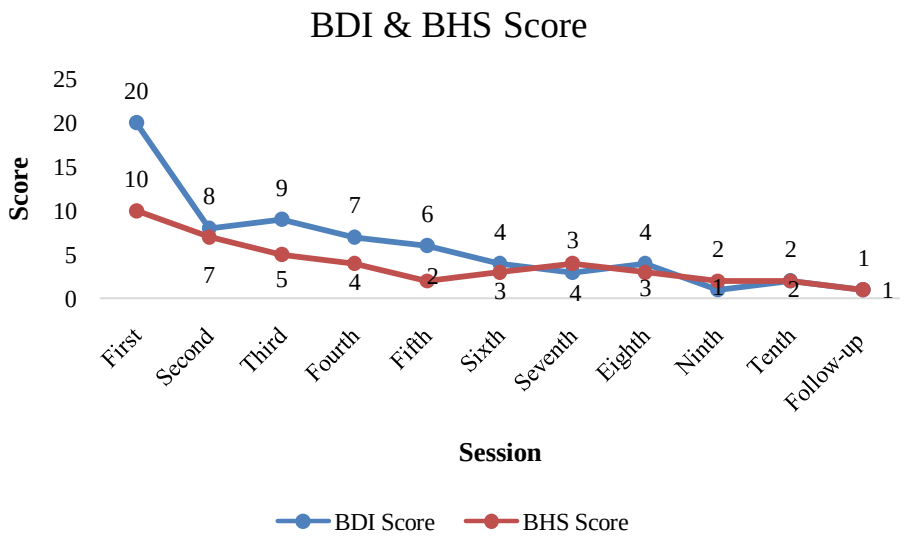
The moderate range for BHS is **9-14**and the minimal range is **0-3**.

The tables 1 and 2 clearly implies how there was a decrease in the client's depression and the feeling of hopelessness.

Chart 1

Session-wise BDI & BHS Score



CONCLUSION

Based on the results from the above two tables, we can infer that in the present case study, Cognitive Behaviour Therapy proved to be an effective technique in handling a depressed individual. The follow-up sessions also helped the client in handling his future in a healthy way.

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COGNITIVE BEHAVIOURAL BASED INTERVENTION FOR PROMOTING EMOTIONAL REGULATION AMONG ADOLESCENTS

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ABSTRACT

Adolescence being considered a period of 'storm and stress' sets the foundation for a healthy course of life. Among the multitude of agents that influence the wellbeing of adolescents, emotional regulation is considered to have an overarching presence in all facets of life. In the present study 300 students between 12 to 15 years of age (M_{age}= 13.6 years) were purposively selected and the Emotional Regulation Index for Children and Adolescents (ERICA) (MacDermott & Gullone, 2009) was administered. A Quasi Experimental research design was adopted and the students falling below the 27th percentile on ERICA were randomly assigned to the experimental (N= 33) and wait-list control group (N=33). A cognitive behavioural based module that focused on promoting emotional control, emotional self-awareness and situational responsiveness was developed. The experimental group was exposed to five sessions of cognitive behavioural based intervention while the wait-list control group attended regular classes. Post assessments were conducted one week following the intervention. Multiple analysis of covariance revealed a statistically significant difference between the experimental and control group on the combined emotional regulation scores after controlling for pre-test scores ($F(3, 59)= 3.72$, $p<.01$). These findings have significant implications for incorporating cognitive behavioural interventions into the regular school curriculum in order to serve as both a preventive and curative means of dealing with emotional dysregulation among adolescents.

KEYWORDS: *Adolescents, Emotional Regulation, Cognitive Behavioural Based Intervention*

INTRODUCTION

Adolescence, a phase of gradual transition from childhood into adulthood is marked by rapid biopsychosocial changes that increases the risk of psychological disturbances (Blakemore, Paus & Spear, 2005). The incidence of internalising symptoms has found to peak around 14-16 years of age with majority of individuals experiencing their first clinically significant depressive episode during this period (Garber, 2002). In developing countries like India sub-clinical depression seems to be soaring among school aged children with 22.45% reporting frequent depressed states and 3.01% meeting the criteria for clinical depression (Trivedi, Dhakappa and Kotiyan, 2015).Such evidence points to the importance of developing adolescent friendly intervention strategies that can prevent the exacerbation of emotional disturbances. Also, there appears to be a shift in the frequency and intensity of certain emotional regulation strategies such as suppression, distraction and avoidance which makes this transition period a particularly informative period for understanding and influencing emotional regulation (Skinner & Zimmer- Gembeck, 2016).

Emotional regulation

Gross's Modal model of Emotional regulation conceptualises emotions as "relatively short term, episodic, biologically based pattern of perception, communication and behaviour that occur in repose to a psychologically relevant internal or external challenge" (Gross, 1998). This model tries to understand emotional regulation as occurring parallel to emotion generation. The process begins with a psychologically relevant situation, followed by deployment of attention towards or away from it, appraisal of the situation and finally the generation of an emotional response (Gross & Thompson, 1998). A discrepancy between the situation and its corresponding emotion results in emotional deregulation that can have dire negative consequences such as rage leading to harm of others. In line with this model, emotional regulation can be defined as "extrinsic and intrinsic processes that are responsible for monitoring, evaluating and modifying emotional reactions, especially their intensive and temporal features to accomplish one's goals" (Thompson, 1994). That is emotional regulation involves manipulating the trajectory of an emotional response in that the person can exert control over what he is feeling, when, where and how it is manifested. Thus emotional regulation encompasses a broad array of processes that can result in multiple finalities of adolescent outcome.

There has not been a universal understanding of the components of emotional regulation. For the purpose of the present study MacDermott and Gullone's model was adopted which proposes the existence of three main facets of emotional regulation: Emotional control, Emotional self-awareness and Situational responsiveness (MacDermott et al., 2011). Emotional control is defined as the ability to control ones internal subjective states and external expressions of emotions; emotional self-awareness is the ability to be aware of the intensity, frequency, duration and latency of an emotional response; and situational responsiveness is the ability to pick up social cues and respond appropriately in various complex situations (Gullone & Taffe, 2011). Together they enable a person to skillfully maneuver dynamic social and intra personal situations, while maintaining an optimum level of subjective wellbeing.

Cognitive Behavioural based intervention for Emotional regulation

Cognitive Behaviour Therapy (CBT) is a form of goal directed psycho-social therapy that is oriented in the present and helps people challenge distorted cognitions and maladaptive behaviours. It rests on the idea that affect, behaviour and cognition are interlinked and it is not the situation per se but rather the individual's beliefs about it that feed negative emotions (Beck, 2011). It aims to

identify destructive core beliefs that an individual has evolved from his childhood schemas and encourages clients to test them in the reality of here-and-now. CBT offers a wide range of empirical and pragmatic disputation strategies to challenge self-defeating demands and automatic thoughts that do not coincide with reality (Field, 2015).

CBT has been found to be effective for all age groups and in the treatment of a wide range of affective disorders such as anxiety, depression and eating disorders among many others. However its effectiveness as a preventive measure to enhance emotional regulation among at risk children is a growing area of interest. Adolescence is a period of rapid cognitive development and marks a transition in the way children conceptualise social feedback and introject it into their self-concept (Benjamin, 2011). The prevalence of mass media and uncensored cultural messages are bound to have a drastic impact in influencing automatic thoughts and self-professed demands of adolescents. Thus it becomes imperative to promote meta awareness that will make adolescents more conscientious of their malignant thoughts and behaviours.

Considerable research has been done in evaluating the effect of cognitive behaviour therapy on various childhood affective disorders such as depression, anxiety and phobias. However, at the crux of these affective disorders is emotional deregulation that has received limited attention, especially during adolescence which is the hallmark of change and a potential period of risk in emotional development. The present study aims to close this gap in literature by developing and investigating the effectiveness of a cognitive behavioural based intervention module for promoting emotional regulation among adolescents.

Hypothesis

There will be no statistically significant difference between the experimental and control group on the overall emotional regulation scores controlling for pretest scores.

Research Design

Quasi experimental research design was adopted since the research was an empirically based interventional study aimed at determining the causal impact of CBT based intervention without random assignment.

Sampling technique and Procedure

Purposive sampling was used to collect data from 300 children from three different schools in Chennai. The mean age of the sample was found to be 13.6 years and the sample comprised of 150 boys and 150 girls. Following analysis of sores on ERICA, 84 participants were identified as falling below the 27th percentile (cut off percentile was derived from review of literature on studies that used ERICA to identify at risk group; Gullone & Taffe, 2012). Parental informed consent forms were sent via the children to their respective families, requesting parents to take part in a debriefing session. Seventy three parents participated in the session following which 66 of them consented to include their children in the intervention program. From this group, 33 students were randomly assigned to experimental and wait-list control group each. The inclusion criteria for the sample were children (i) Between 12 to 15 years of age (ii) Falling below the 27th percentile in ERICA (ii) Attending regular English medium schools.

Tool used

Emotional regulation index for children and adolescents (MacDermott & Gullone, 2009)

Emotional regulation index for children and adolescents (ERICA) was developed to capture three aspects of Emotional regulation: emotional control, emotional self- awareness and situational responsiveness. It is a self- report inventory comprising of 16 items that are rated on a 5 point likert scale ranging from strongly disagree (1) to Strongly agree (5). The test has well established psychometric properties, with a four week test- retest reliability in a sample of 1,389 primary and secondary school children ranging from .64 to .82 (Alan, 2009). It has good factorial validity, both principal component analysis and confirmatory factor analysis revealed a stable three factor structure (MacDermott et al., 2010)

Statistical test

***Multiple analysis of covariance (MANCOVA)*:** This test was employed to investigate if the experimental and control group were statistically different on the overall measure of dependent variable controlling for pretest scores (covariate). Conventionally MANCOVA tests require minimum sample size of 150 but taking into account the new reporting standards for Social sciences, the small sample size (N= 66) was deemed fit for the multivariate analysis (Applebaum, Cooper, Kline, Nezu, Mayo-Wilson & M.Rao, 2018). In order to retain the sensitivity of the test for small samples, the level of significance was reduced to 0.01 and only partial eta squared values greater than 0.25 were considered to indicate a substantial treatment effect.

Cognitive Behavioural based intervention module

Session	**Technique/ Activity**	**Objective**	**Duration**	**Source**
Session I	Drawing and writing worksheets; group activities	Understanding the CBT paradigm	120 mins	Doherr, E.A., Corner, J.M. & Evans, E.,1999
Session II	Illustrations, Thought diary, Introspection and reflection	Promoting emotional self-awareness	120 min	Stallard,P., 2002 & Graham, P., 1998

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Session III	Puzzles, Miming, Colouring worksheets	Expanding the repertoire of self knowledge	120 mins	Stallard, P., 2002
Session IV	Imagery, Cognitive mapping, Positive self talk, Home work assignments	Learning to exercise emotional control	120 mins	Silverman, W.K., Kurtines, W.M., Ginsburg, G.S., Weems, C.F., Lumpkin, P.W. and Carmichael, D.H., 1999
Session V	Role play, Active listening, Art work, Group complimenting	Learning to be Situationally responsive	120 mins	Investigative

RESULTS AND DISCUSSION

TABLE 1: MEAN PRE-TEST AND POST-TEST SCORES OF THE EXPERIMENTAL AND CONTROL GROUP ON THE THREE DIMENSIONS OF EMOTIONAL REGULATION.

Dependent variable	**Group**	**n**	**Pre-test**		**Post-test**	
			M	***SD***	***M***	***SD***
Emotional Control	Experimental	33	16.32	2.11	19.91	4.72
	Control	33	17.83	3.43	17.81	3.55
Emotional self-awareness	Experimental	33	11.12	4.76	19.56	3.74
	Control	33	11.83	3.21	12.12	2.19
Situational responsiveness	Experimental	33	13.54	4.45	16.91	3.69
	Control	33	14.31	4.31	13.52	4.12
Overall Emotional regulation	Experimental	33	38.77	5.41	54.32	4.12
	Control	33	37.65	3.21	38.11	3.11

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TABLE 2: ONE WAY MULTIPLE ANALYSIS OF COVARIANCE FOR DETERMINING THE EFFECT OF CBT BASED INTERVENTION ON THE THREE COMPONENTS OF EMOTIONAL REGULATION

Effect	Wilks' Lambda	*F*	*Df*	*p*	η^2
Intercept	.83	3.97	3, 59	.01	.16
Pretest scores of Emotional control	.65	10.26	3, 59	.00	.34
Pretest scores of Emotional self-awareness	.35	35.58	3, 59	.00	.64
Pretest scores of situational responsiveness	.30	43.82	3, 59	.01	*.69*
CBT	.59	10.14**	3, 59	.00	.56

**p<.01

Multiple analysis of covariance revealed statistically significant differences between the experimental and the control group on the combined emotional regulation scores after controlling for pre-test scores (F (3,59) = 10.14, p<.01, Wilks' Λ = .59, partial η^2 = .56). Based on the results it can be insinuated that cognitive behavioural based intervention has brought about a significant increase in the overall emotional regulation of the experimental group compared to the control group (See Table 1). But it is not clear as to which aspect of emotional regulation underwent

maximum improvement following the intervention. Thus one way analysis of covariance was performed for all three factors of emotional regulation independently. The results revealed a statistically significant difference between the experimental and control group on the emotional self- awareness facet (F (1, 63) =11.27, p<.01, partial η^2 = .33) after controlling for pre-test scores (see Table 3). The effect of the intervention on the other two facets of emotional regulation did not yield significant results though gains in scores were observed for the experimental group in both emotional control and situational responsiveness.

TABLE 3: ONE WAY ANALYSIS OF COVARIANCE INDICATING EFFECT OF CBT BASED INTERVENTION ON EMOTIONAL SELF-AWARENESS.

Sources of variance	**Type III Sum of squares**	***df***	***MS***	**F**	***p***	***η^2***
Corrected Model	965.43	2	482.71	65.78	.00	.67
Intercept	71.59	1	71.59	9.75	.003	.13
Pretest scores of Emotional self-awareness	965.43	1	965.43	131.56	.00	.67
CBT	228.96	1	228.96	11.27**	.00	.33

	462.30	63	7.33
Error			

**p<.01

The effect of CBT based intervention on emotional regulation can be understood by the Process model of emotion regulation proposed by Gross and Thompson (1998). In this model specific strategies of emotional regulation are differentiated into antecedent or response focused depending on its temporal occurrence in the emotion generation process (Gross, 1998; Gross & John, 2003;Gross, Richards, & John, 2006). Antecedent focused strategies are used before the emotion-response has become active while the response focused strategies are applied once the emotion-response tendency has fully developed. Two of the specific strategies that have been clearly defined by Gross (1998) are Cognitive reappraisal and Expressive suppression. Cognitive reappraisal is a cognitive strategy where the potentially emotion eliciting cues from the environment are redefined to change its emotional impact on the individual. In this model, reappraisal has been regarded as being more effective compared to suppression. Expressive suppression on the other hand occurs during the later stages of the emotion generation process and focuses on altering behavioural expression without reducing the subjective experience of emotion (Gross & John, 2003).

CBT can be applied to the Process model of emotion regulation to bring about changes in any of the five stages of emotional regulation: Situation selection, Situation modification, Attention deployment, and Cognitive Reappraisal and Response modification. With respect to Situation selection, CBT can help children identify triggers (activating events) through the use of journals and thought diaries that provide insight into the extent to which people may self-select themselves into potentially stressful situations and thereby encourage them to avoid such distressing events. However, the context needs to be considered carefully to prevent the child from developing escapist attitude or avoidance behaviour. In the area of Situation modification CBT propagates problem focused responses by taking a hands on approach. It is oriented in the here-and -now and enables people to use their adult resources effectively (Gross,1988) .

CBT in Attention deployment promotes active distraction using productive or absorbing activities. This might be useful for children who are forced to live in hostile environments characterised by intense interparental conflict, poverty or violence. The most effective CBT intervention is cognitive restructuring which helps people reappraise the situation in more manageable terms such that they no longer find it overwhelming. Children may come to realise that they have the power to decide their beliefs about a situation which in turn changes the underlying negative emotions (Goldin et al., 2008; McRae et al., 2009). Response modification relies heavily on behaviour modification strategies by promoting awareness about the unhelpful nature of outdated behavioural strategies (Ex: Throwing temper tantrums does not actually satisfy the child's need for positive regard though it offers short term gratification). Proactive behaviour modification that takes into account latent affect reduces the likelihood of emotional suppression which consumes more cognitive resources and is related to increased physiological arousal and subjective experience of discrepancy between inner experience and outward expression of emotions (Butler et al., 2003; Gross & John, 2003).

SUMMARY

The findings of the study reveal the effectiveness of CBT based intervention for promoting emotional regulation among adolescents. The main limitation of the study was that it was confined to children between12 to 15 years of age, attending English medium schools in urban areas. Thus its generalisability is restrictive. The study's implications involve the need to adopt a holistic educating environment that incorporates psychological strategies for the prevention and treatment of emotional dysregulation which is at the crux of a wide range of childhood affective disorders such as exam anxiety, body image disorders, low self-esteem, social anxiety, specific phobias among many others. Future research needs to focus on training teachers of elementary and middle school in CBT based interventions for its inclusion into the everyday classroom scenario.

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EFFICACY OF PROGRESSIVE MUSCLE RELAXATION TECHNIQUE ON DEPRESSION, ANXIETY AND STRESS IN STUDENTS WITH PCOS

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ABSTRACT

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder affecting approximately 4-6% of adolescent girls and young women. Being so externally obvious, and starting at an impressionable and vulnerable age, the condition has adverse psychosocial effects across many aspects. To find out the efficacy of Progressive Muscle Relaxation on depression, anxiety and stress in 800 second year Undergraduate students with PCOS were selected by purposive sampling method from Krishnammal College of Arts and Science, Coimbatore, using the personal data sheet, 86 were identified with PCOS and were administered the Depression, Anxiety and Stress Scale (DASS-42). All these students were given the Progressive Muscle Relaxation Training for 10 sessions. Eighty six students were administered Progressive Muscle Relaxation Training and only 22 students continued up to the final session. Out of 22 students, 23% had PCOS for 5 years and 77% had more than 1 year; 27% of students were under medical treatment, 32% had no treatment and 41% had already discontinued their treatment. The mean scores before intervention indicated high levels of Depression (M=15.89), Anxiety (M=12.74),and Stress (M=17.59) and after intervention, the mean scores for Depression (M=6.97), Anxiety (M=5.96) and Stress (M=8.30) had reduced. The t value for Depression was 2.76; Anxiety was 2.18 and Stress was 3.82) and the results indicated that Progressive Muscle Relaxation was very effective in reducing depression, anxiety and stress among the students.

KEYWORDS: *Approximately, Depression, Intervention, Impressionable*

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is the most common endocrine disorder in women. Stein and Leventhal are regarded to have been the first investigators of polycystic ovary syndrome (PCOS). There is considerable manifoldness of symptoms and signs among women with PCOS, and for an individual also these may change over time. Many scientists tried to explain the pathophysiology of PCOS and many studies were made. It is now accepted that it is multifactorial, partly a genetic issue. Due to the prevailing symptoms of PCOS like Menstrual Irregularities:, Infertility, Hirsutism, Acne, Obesity, Pelvic Pain, Oily Skin, the persons with PCOS will be disturbed with the psychological issues like stress, anxiety and depression (NICH,2017).

Depression is a mood disorder which prevents individuals from leading a normal life, at work socially or within their family. Depression was understood in terms of:

- Inwardly directed anger (Freud, 1917)
- Introjection of Love Object Loss
- Severe Super-ego Demands (Freud, 1917)
- Excessive Narcissistic, Oral and/or Anal Personality Need (Chodoff, 1972)
- Loss of Self esteem (Bibring, 1953; Fenichel, 1968)
- Deprivation in the mother child relationship during the first year (Kleine, 1934)

Seligman (1973) referred to depression as the 'common cold' of psychiatry because of its frequency of diagnosis. Beck's (1983) model of depression was influenced by psychoanalytic ideas such as the loss of self esteem (Beck's Negative View of Self), object loss (the importance of loss events), external narcissistic deprivation (hypersensitivity to loss of social resources) and oral personality (sociotropic personality).

Depression is a common reaction to chronic illness. Up to one–third of all medical patients with chronic disease report symptoms of depression and up to one-quarter suffer from severe depression (Moody Mcormick & Williams, (1990). Depression increases with the severity of illness (Casslieth et al 1985, Moody et al 1990) and with pain and disability (Turner &Noh, 1988, Wulsin, Valliant, & well, 1999). Treatment for depression may not only alleviate psychological distress but also reduce symptoms associated with the illness (Mohr, Hart, & Goldbers, 2003). Continuous stress about the health issue may lead to depression.

Weinberg and Gould (2007) defined anxiety as "a negative emotional state characterized by nervousness, worry and apprehension and associated with activation or arousal of the body". Thus anxiety has a thought component (e.g., worry and apprehension). It also has a somatic component which is the degree of activation perceived. Following the diagnosis of a chronic illness, anxiety is also common. Anxiety is especially high when people are waiting for test results, receiving diagnosis, awaiting invasive medical procedures, and anticipating or experiencing adverse side effects of treatment (Rabin, Ward, Leventhal & Schmitz, 2011).

Stress is a psychological response to stimuli, which can be internally or externally generated. It manifest as fear, anxiety anger and depression. All the PCOS symptoms may cause a lot stress and lower the self esteem of the persons having it. PCOS affected persons will feel the threat about the future due to the body image, formation of diabetics and infertility, hold them back and it affects their daily life. Stress is a negative emotional experience accompanied by predictable biochemical,

physiological cognitive and behavioural changes that are directed either toward altering the stressful event or accommodating to ill effects. Hans Selye is the Modern Day Father of Stress defined (1936) it as "the non specific response of the body to any demand for change". Hans Seyle's stress definition later expanded in 1979 as he explained further that "stress is a 'perception'. It is the demands that are imposed upon an individual because there are too many alternatives". The earliest contribution to stress research was Walter Cannon's (1932) description of the flight or fight response. Cannon proposed that when an organism perceives a threat, the body is rapidly aroused and motivated via the sympathetic nervous system and the endocrine system. As both Canon and Selye showed stress alters biological functioning and the ways in which it does so and how it interacts with existing risks or genetic predispositions determine what illness a person will develop. Direct physiological effects include such processes as elevated blood pressure, a decreased ability of the immune system to fight off infection, and changes in lipid levels and cholesterol, among other changes.

Progressive Muscle Relaxation Technique (PMR)

PMR was developed by Edmund Jacobson, American Physician, in the early 1920s. It is a relaxation technique that trains an individual to identify tension in various muscle groups and then relax that tension (one group at a time). This technique involves the subject systematically tensing specific muscle groups and then allowing them to relax, focusing on the breath. The original Jacobson method required lots of sessions where the participant was taught to relax 30 different muscle groups. Later this technique was shortened to 16 muscle groups which found it to be equally workable. Muscle relaxation can bring about physiological changes that help to reduce metabolic rate, decrease blood pressure and decrease middle cerebral artery blood flow. A systematic review conducted by researchers on effectiveness of PMR on psychological distress and anxiety symptoms and on response/remission for people with stress found. It will be useful to add on treatment to reduce state anxiety and psychological distress and improve individual well being (Mccallie et.al., 2006).

Nidhi et al (2011) showed that PCOS in Indian adolescents was 9.13%, Mumbai was 11.97 % (Madhu Kumara et al, 2017) 16% in married women and 24 % in unmarried girls (Anjali Chowdry et al, 2017) 32% showed by Tertiary Hospital (Lakshmi et al, 2014). Nivetha et al (2017) showed that 17% and 30% (Raja Shareef, et al., 2018) of girls had prevalence for PCOS. The prevalence for PCOS was in raise and it leads to chronic health issues such as stress, anxiety and depression. Majority of the PCOS had experienced significant levels of psychological disorders compared to the general population.

Intensity of the Psychological Issues

According to Endocrine Society's (2015) PCOS sufferers are twice as likely to be hospitalized for heart disease, diabetes, mental health conditions, reproductive disorders, and cancer of the uterine lining. Women diagnosed with PCOS were hospitalized more often for mental health disorders such as depression, stress and anxiety than others.

It is common for almost all females diagnosed with PCOS to have negative emotions of frustration, anxiety, and to a lesser extent, sadness. However, several disorders such as changes in appearance, irregular or absent menstrual periods, and possible disturbance in behaviour can lead to psychological distress and impaired emotional well being. These can impact the patients' feminine identity and create psychological problems, such as stress, anxiety and depression.

Ramakrishnan and Kalaichandran (2015) showed that the PMRT reduces the stress of the geriatric patients from the score of 34.37 to 23. Chinyelu Nwokolo et al (2017) showed that anxiety was reduced significantly after PMRT. Parle and Aishwarya (2018) stresses that after PMRT the depression was reduced to significant level.

The Research Design used was Pre and Post without Control Design. The purposive sample method was used.

Hypotheses

The following hypotheses were framed.

- There will be significant reduction in the level of Depression among the PCOS students after PMRT.
- There will be significant reduction in the level of Anxiety among the PCOS students after PMRT.
- There will be significant reduction in the level of Stress among the PCOS students after PMRT.

METHOD

Area of study: This study was conducted among the students of Krishnammal College of Arts and Science, Coimbatore. After obtaining permission for data collection and intervention from the responsible authorities initially, from a purposive sample of 800 students, using the personal data sheet, 86 were identified with PCOS and were administered the Depression, Anxiety and Stress Scale (DASS-42). All these students were given the Progressive Muscle Relaxation Training for 10 sessions (one session per week personally) and they were asked to practice at Home. This technique is introduced to them along with two breathing exercises, counselling on food, diet, life style management and personal issues if any. Out of 86 students only 22 students continued up to the final session.

Tools

Depression, Anxiety and Stress Scale (Lovibond,S. H. & Lovibond, S.F., 1995)

Statistical technique used: Mean, SD, t-test

ANALYSIS OF THE DATA

TABLE 1.DEMOGRAPHIC DETAILS OF THE STUDENTS

	Variables		**Number**	**Percentage**
I	Maximum 5 years of PCOS		5	23
	Minimum one year of PCOS		17	77
II	Family history	No history	20	91
		History of mother	2	9
III	Treatment Status	Under treatment	6	27
		No treatment	7	32
		Treatment discontinued	9	41

Table 1 above reveals that 23% had PCOS for 5 years and 77% had it 1 year; 27% had medical treatment, 32% had not received any treatment and 41% discontinued their treatment.

TABLE 2: LEVEL OF DEPRESSION OF THE STUDENTS BEFORE AND AFTER INTERVENTION

Level of Depression	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Normal	8	36	15	68
Mild	5	23	6	27
Moderate	5	23	1	5
Severe	1	5		
Very severe	3	14		

Table 2 shows that Depression score before intervention was very severe, severe, moderate and mild and normal and reduced to moderate to normal after intervention.

TABLE 3.LEVEL OF ANXIETY OF THE STUDENTS BEFORE AND AFTER INTERVENTION

Level of Anxiety	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Normal	10	45	14	64
Mild	1	5	4	18
Moderate	6	27	4	18
Severe	2	9	-	
Very severe	3	14	-	

Table 3 above shows levels of Anxiety score varies from very severe to normal before intervention and it reduced to moderate to normal after intervention.

TABLE 4. LEVEL OF STRESS OF THE STUDENTS BEFORE AND AFTER INTERVENTION

Level of Stress	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Normal	8	36	19	86
Mild	4	18	3	14
Moderate	7	32	-	-
Severe	2	9	-	-
Very severe	1	5	-	-

Table 4 shows levels of Anxiety score varies from very severe to normal before intervention and it reduced to moderate to normal after intervention.

TABLE 5.MEAN DIFFERENCE IN DEPRESSION, ANXIETY AND STRESS OF THE SAMPLE BEFORE AND AFTER INTERVENTION

Variable	Condition	Mean scores	Standard deviation	T –value
Depression	Before intervention	15.8864	14.63	2.76*
	After intervention	6.97	3.8795	
Anxiety	Before Intervention	12.7381	14.1692	2.18*
	After Intervention	5.9545	3.4946	
Stress	Before Intervention	17.5901	10.9236	3.82**
	After Intervention	8.2995	3.3369	

* =Significant at 0.05 level ** = Significant at 0.05 level

Table 5 shows that the mean scores before intervention indicated high levels of Depression (M=15.89), Anxiety (M=12.74),and Stress (M=17.59). After intervention, the mean scores for Depression (M=6.97), Anxiety (M=5.96) and Stress (M=8.30) reduced to normal level.

The mean difference before and after intervention for all the 3 variables significantly differed (Depression 2.76; Anxiety 2.18 and Stress 3.82) Generally, the results showed that performing Progressive Muscle Relaxation was very effective in reducing depression, anxiety and stress among the students.

CONCLUSION

Based on the findings of this study, it can be concluded that students with PCOS who received progressive muscle relaxation technique were able to reduce their levels of stress, anxiety and depression.

RECOMMENDATIONS

1. As the present study shows an alarming increase of PCOS, conducting awareness programme among the women population is essential.
2. The study further reveals that the population, identified with PCOS is seen to withdraw or avoid from getting medical ailment without understanding the physiological and psychological problems that may arise in future.
3. Women identified with PCOS to integrate PMRT along with the medication to reduce the psychological symptoms.
4. The practice of PMRT as a non-pharmacological measure in Gynecological Hospitals to yield better results.

Limitations: Less number of students (considering city population alone) may interfere the reliable result. Taking this into account along with the increase in duration of management is recommended to validate its results

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PSYCHOLOGICAL WELL-BEING AND SPIRITUALITY AMONG WOMEN COLLEGE STUDENTS

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ABSTRACT

Women are the inherent part of our society and they represent an equal half in the population. Growth and Development of any society is possible only by focusing completely on the population as a whole. As a result in every society, role and involvement of women becomes essential for the progress of the world. Thus it becomes important to focus on well-being of the women and ways to improve the well-being of the women. In recent days, there has been a virtual explosion of research in the area of spirituality and psychological well-being. Researchers have identified spirituality as one of the ways to improve the psychological well-being. The aim of the present study was to identify the relation between spirituality and psychological well-being among women college students in Coimbatore district. Self-esteem and life satisfaction are characterized as predictors of psychological well-being. The sample (N= 75) was taken from women college students studying at various educational institutions. The measures used were (a) Aspects of Spirituality Questionnaire developed by Büssing et al. (b) Rosenberg Self-esteem inventory by Rosenberg. (c) Life satisfaction scale by Diener, Emmons, Larsen and Griffin. The data was analyzed using appropriate statistical techniques and results shows that there is a positive correlation between aspects of spirituality and dimensions Psychological Well-being. The results were discussed and future recommendations were given.

KEYWORDS: *Spirituality, Psychological Well-Being, Self-esteem, Life satisfaction*

INTRODUCTION

Women are the inherent components of our society and they represent a huge part in the population. Growth and Development of any society is possible only by focusing completely on the population as a whole. As a result in every society, role and involvement of women becomes essential in the progress of the world. Women's health is inextricably connected to their status in society. It benefits from equality, and suffers from discrimination. Today the status and well being of countless millions of women worldwide remain tragically low. Thus it becomes important to focus on well-being of the women and ways to improve the well-being of the women. In recent days, there has been a virtual explosion of research in the area of spirituality and psychological well-being. Researchers have identified spirituality as one of the ways to improve the psychological well-being.

Even though findings of the studies shows that spirituality is an essential part of a person's life, little attention has been conferred to the spiritual and psychological health of adolescents (Bridges & Moore, 2002; Kerestes & Youniss, 2003). As such, Benson, Roehlkepartain, and Rude (2003) carried out a meta-analytic study of six foremost developmental psychology journals to investigate the frequency of citations to religion, religious development, spirituality, or spiritual development. conversely, just 27 (0.9%) out of 3,123 articles published between 1990 and 2002 referenced one or more of these key words in relation to children or adolescents. Certainly, spirituality and religion are important social and psychological factors in lives of adults (Sawatzky et al., 2005), but little effort has been dedicated to the study of these two factors and their relationship to quality of life among college population especially in India. College marks at a time when students seek to examine life's direction as well as to establish life patterns for adulthood are seen as important. (Taylor, 1999; Sparling and Snow,2002). Since spirituality and religiosity are generally viewed as integral to psychological well-being concerns, a comprehensive assessment of these factors among college students appears to be important. In the light of the facts supporting the relationship between spiritual well-being and many aspects of health, it is surprising that sufficient attention has not been given to the examination of spiritual and psychological health among youth particularly women students. Thus, the purpose of this study was to examine the relationship between spirituality and psychological well-being in a sample of women college students from various institutions in Coimbatore district.

Spirituality is assumed to be at the central part of one's life and affects, connects, and transcends all aspects of individual (Isaia, Parker & Murrow, 1999). This view is supported by researchers who have established that spiritual well-being is positively correlated with many aspects of health (Hackney & Sanders, 2003; Hammermeister et al., 2005). Hammermeister et al. (2005) reviewed a huge range of literature and concluded that spiritual well-being had positive influence on most aspects of health. In recent times, Mohan, Sehgal, and Tripathi (2007) identified significant positive correlations between measures of spiritual well-being and psychological well-being among samples of adolescent. In this study, spirituality is measured in terms of aspects of spirituality.

In several studies, indices of positive and negative affects have been used as measures of psychological well-being or health. For example, researchers have usually used such constructs as self-esteem, life satisfaction, happiness, distress, stress, anxiety, and depression as measures of psychological wellbeing (e.g., Lewis, Maltby, & Day, 2005; Maltby & Day, 2000; Maltby, Lewis, & Day, 1999). In this study however, we measured psychological health using measures of positive affects such as self-esteem and life satisfaction. This decision was based on previous research evidence showing that high self-esteem is an important contributor to health and well-being

(DuBois & Flay, 2004) and there seems a significant positive relations among self-efficacy, self-esteem, and life satisfaction (e.g., Waltz & Bandura, 1988). Thus, the present study examines the relationship between spirituality and psychological well-being in a sample of women college students.

On the basis of careful examination of the researches carried out regarding spirituality and Psychological well-being, the present study focus on one main objective. The objective is to examine whether there is a relationship exist between Spirituality and Psychological Well-being among Women College students. One major hypothesis and two sub hypotheses were formulated on the basis of reviewing researchers in order to attain the objectives of the present study. The main hypothesis H1 states that there will be significant relationship between Spirituality and Psychological wellbeing among Women Students. The first sub hypothesis H1.1 states that there will be significant relationship between self-esteem and the aspects of spirituality among Women College students. The second sub hypothesis H1.2 states that there will be significant relationship between life satisfaction and the aspects of spirituality among Women College students. These hypotheses were checked using appropriate tools and various statistical techniques.

METHOD

Participants

Students (75 female, M_{age} = 20.71 years, age range: 19 to 35 years) were selected from various institutions at Coimbatore. Convenient sampling was used to collect the sample from the population. All participants were asked to fill in the questionnaires separately on various occasions.

Materials and procedure

In addition to demographic measures, the study relied on three sets of Independent measures, such as:

Aspects of spirituality. The assessment measure was the Aspects of spirituality questionnaire developed by Arndt Bussing in 2006 in order to measure a wide variety of important aspects of spirituality beyond conventional conceptual boundaries. For this analysis, ASP version 2.1 contains 25 items was used which differentiates (1) Religious Orientation: prayer/trust in god (religious views; 9 items, cronbach's alpha = .93), (2) search for insight/ wisdom (philosophical/existential views; 7 items, cronbach's alpha = .88) (3) conscious interactions/compassion (conscious interactions with others, self, environment, compassion, generosity; 5 items,alpha = .83), and (4) transcendence conviction (belief in rebirth, existence of higher powers and beings, souls has its origin in higher dimension, and man is a spiritual being; 4 items, alpha = .85). For the purpose of this study only total full score was used. All items were scored on a 5 point scale from disagreement to agreement, that is, 0- disagree strongly, 1- disagree, 2- neutral, 3- agree, 4- strongly agree. The reliability of the scale in the present study is found to be 0.935.

Rosenberg's Self-Esteem Scale. Rosenberg Self-Esteem Scale was used to measure self-esteem. This Likert-type scale consists of 10 items which are rated on a 4-point scale. Rosenberg the value of 0 was assigned the lowest rating and then summed the scores. In the present study average scores were used in all measures, so there was a need to avoid 0 values and therefore the value of 1 was assigned as the lowest rating (i.e., 1 ''strongly disagree,'' 2 ''disagree,'' 3 ''agree,'' 4 ''strongly agree''). The ratings of five items were reversed so that higher scores reflected high self-esteem in all statements. The reliability of this scale in the present study is found to be 0.839.

Life Satisfaction. Life satisfaction was assessed using a five-item scale developed by Diener, Emmons, Larsen and Griffin (1985). Participants indicate the extent to which they agree with each statement on a 5-point scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5). High scores on this scale indicate greater life satisfaction and psychological well-being. The reliability of the scale in the present study is found to be 0.892.

Procedure

Participants were asked to fill in the questionnaires individually with all the helpful instructions provided. They had the chance to fill them right away or hand them over later to administrator. Participants were encouraged to answer as honest as they can. Participants had the right to withdraw anytime. Confidentiality and anonymity were provided and explained that the study is only for research. Also, the instructor was there ready to answer any question in case of any doubt.

Statistical tools

Data analysis was done using SPSS for analyzing scores on aspects of spirituality, self-esteem and life satisfaction scales. Mean and SD were calculated. To understand the relation between self-esteem, life satisfaction and the aspects of spirituality among women college students, Pearson's bi-variate correlation was used.

Results

The scores obtained were analyzed using various statistical techniques and the results are presented as tables. And the results are discussed in the light of previous studies.

TABLE 1: MEAN AND STANDARD DEVIATION SCORES IN ALL THE VARIABLES UNDER STUDY

	Mean	Std. Deviation
Aspects of Spirituality	99.77	17.71
Self Esteem	29.76	5.32
Life Satisfaction	25.72	5.08

Table 1 shows the Mean, Standard deviation and for the samples on the basis of variables used in the present study.

TABLE 2: CORRELATION FOR ASPECTS OF SPIRITUALITY AND PREDICTORS OF PSYCHOLOGICAL WELL-BEING

	Self-Esteem	Life Satisfaction
Life Satisfaction	.662**	
Aspects of Spirituality	.633**	.514**

**** Correlation is significant at the 0.01 level**

The above table shows the Pearson correlation for Aspects of Spirituality and Predictors of Psychological well being. The value r = .633** clearly shows that there is a strong positive correlation existing between Aspects of Spirituality and Self-esteem at 0.01 level for women college students. The value r = .514** also apparently shows that both the variables such as aspects of spirituality and life satisfaction are highly significant and are positively correlated. This result indicates that the present study confirms the relationship between the Aspects of spirituality and the

predictors of psychological well-being.

DISCUSSION

The purpose of this study was to explore the relationship exist between Spirituality and predictors of psychological well-being among women college students. Therefore, the study examined three hypotheses regarding the inter correlation among aspects of spirituality and the predictors of psychological well-being such as self-esteem and life satisfaction. Consistent with the hypotheses, the results indicates that the relationship does exist between spirituality and in each measure of psychological well-being tested, which has potentially important implications. As expected, the obtained scores are highly significant and positively correlated on the measures of spirituality and psychological wellbeing. With regard to the first sub hypothesis, a correlation analysis revealed that statistically significant positive relationships were found between self-esteem and aspects of spirituality among women college students. The finding of the present study is similar to the past findings of Simoni, Jane M., Martone, Maria G,.Kerwin & Joseph F(2002). Results of that study indicated positive correlations between the spirituality indicators and psychological adaptation such as self-esteem a composite measure of depressive symptomatology, mood states, mastery among HIV infected women. This suggests that Self- Esteem can be highly increased through the means of spirituality. Hence the hypothesis H1.1 which states, **"**There will be a significant relationship between Aspects of Spirituality and Self- Esteem among Women Students**"** is accepted.

Regarding life satisfaction as hypothesized, the finding of the present research ($r = .514^{**}$) shows that there is a significant positive correlation existing between the two variables such as aspects of spirituality and life satisfaction at 0.01 level for women college students. This point outs that the findings of the present study is similar to the past findings of Benson et al., (2006) and Kelley& Miller, (2007). In accordance with the past researches, which proves that spirituality is positively related to self-esteem, and life satisfaction. This result suggests that through developing Spiritual practices, life satisfaction can be highly increased. Thus, the hypothesis H1.2 which states, "There will be positive relationship between Aspects of Spirituality and Life Satisfaction among Women Students" is accepted.

As a result, the overall Spirituality was also significantly related to the multiple measures of psychological well-being which indicated that there is a strong positive relationship exists between Spirituality and Psychological well-being. The results of the present study are supported by the past researches. Wong, Rew and Slaikeu (2006) reviewed studies using adolescents and found that most of the studies (90%) showed that higher levels of religiosity/ spirituality were associated with better mental health. Recently, Mohan, Sehgal, and Tripathi (2007) found significant positive correlations between measures of spiritual well-being and psychological well-being among samples of adolescent. The results also confirm the study carried out by Dr. Zeenat Ismail and Soha Desmukh (2012) which states that there is a strong positive relationship between Psychological Well-being and Spirituality and religiosity. Thus the major hypothesis H1 which states, "There will be significant relationship between Spirituality and Psychological wellbeing among Women Students" is accepted. A spiritual point of view might add to a sense of hope and optimism about one's present and future life. This positivity may advance result in a more positive evaluation of on the whole well-being.

CONCLUSION

The present research study concludes that the outcomes of this study are greatly similar to the past studies that there is a strong positive correlation found between Spirituality and Psychological

Well-being among Women Students. This shows that in order to develop the Psychological Well-being among Women Students Spirituality can be used as a chief mechanism. Self Esteem can be enhanced through the means of spirituality and improvement in Life satisfaction will show the way to higher level of well-being resulting in all round development of Women.

The current study was carried out in a small sample and in one district of Tamilnadu. Hence generalization of the study to a larger sample is not possible. The size of the sample is also low. More samples from various parts of the state could be used. Thus this can be stated as a limitation in the present study.

Future researches may focus including the Behavioral aspects spirituality like prayer, church attendance and other Psychological variables like belief salience, group affiliation can be studied in relation to Psychological Well-being. Much care must be taken inorder to involve all the dimensions of Psychological illness involved with day to day living of Women.

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CHROMO THERAPY: DEVELOPMENT AND APPLICATIONS

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ABSTRACT

Chromotherapy is an evolving therapeutic practice in both physiological as well as psychological remediation, applying the principles of physics in healing. Chromo therapy with its origins based on the theories of psychophysics, uses electro-magnetic radiation to bring about change in the human body and mind (Cocilovo, 1999). A review of the previously conducted research in the above field will help in developing an understanding of the basic concepts and the mechanism behind this form of healing. The present article would summarize the historical as well as scientific background of Chromotherapy, facilitating comprehension of the mechanism behind it, logically breaking down the application of the therapeutic practice.

KEYWORDS: *Electro-Magnetic, Chromotherapy, Mechanism*

INTRODUCTION

The Physics behind Chromotherapy

The visible spectrum of the electro-magnetic radiation involves those light rays, energy which are absorbed by different substances, matter, thus colour being an output of the interaction between energy and matter. Light rays between the range of 380 and 780 nm, falling between the ultra-violet and infrared ranges, constitute the visible spectrum, comprising of the colours seen in a rainbow viz., red, orange, yellow, green, blue, indigo and violet, each frequency corresponding to each colour. The principle behind the healing power of colour follows the ideal that the alteration of unbalanced life energies within the body, by producing a quantum mechanical dipole moment, by the use of electro-magnetic radiation in the visible spectrum. Exposure to light waves hence brings about a balance in the positive or negative charges of the life energy, equalizing the polarity of the molecules within the body (Klotsche, 1993).

The Human Body

According to the principles of Chromotherapy, the human body is composed of colours, colours being responsible for the development, stimulation and proper functioning of different organs. Each organ of the body is said to correspond to the seven energy centres, different wavelengths and frequencies emitted by them corresponding to different colours. Disease according to this principle is caused by the malfunctioning in the vibrations or energies emitted by the organs or energy centres, bringing a balance in which by the use of colour rays brings about healing. Effective functioning of the organ is brought back by restoring the energy at which the organ functions optimally, thereby repairing the diseased organ (Hassan, 2000). The human body is also believed to be surrounded by light, the aura, which again implies the health of the individual, termed the 'Etheric body' or 'auric body' (Azeemi, 1999).

How Chromotherapy works?

Chromotherapy uses colours to heal, where different colours carry a unique wavelength, frequency and intensity, each when combined with a source of light, uses its energy to balance the life energy of the organism, thereby healing the imbalance. Light affects the physical and the etheric bodies, by setting out an electric and magnetic field around the body, which in turn activates the bio-chemical and hormonal systems, bringing to a balance the organs and their energies. Different wavelengths and frequencies of colours when combined with light have an effect on the specific organ and the energy centre of the human body, thereby providing remediation to the diseased organ (Klotsche, 1993).

History of Choromotherapy

Though the ancient literature does not show evidence for knowledge of the scientific nature of colour and light as healing tools, there has been instances of use of light as well colour for healing in parts of Egypt, Greece, China and India from 2000 BC (Cocilovo, 1999). According to the Egyptians, Chromotherapy was discovered by Thoth, the Egyptian god of Moon, Magic and Writing, where coloured crystals, stones, minerals, ointments and dyes of different shades were used for healing. According to the Indian history, sage Charaka who lived in the sixth century BC advised the use of colour and sunlight for healing. Evidence also suggests the use of colour and light for therapeutic purposes in Greece, both by direct exposure to sunlight and indirect use of coloured material such as ointments, cloth, plasters and oils (Graham, 1998). Ancient architecture

accommodated coloured glasses and also specialized rooms for coloured healing, where people were bathed with light waves of different colours for treating different conditions (Sembian, 2016).

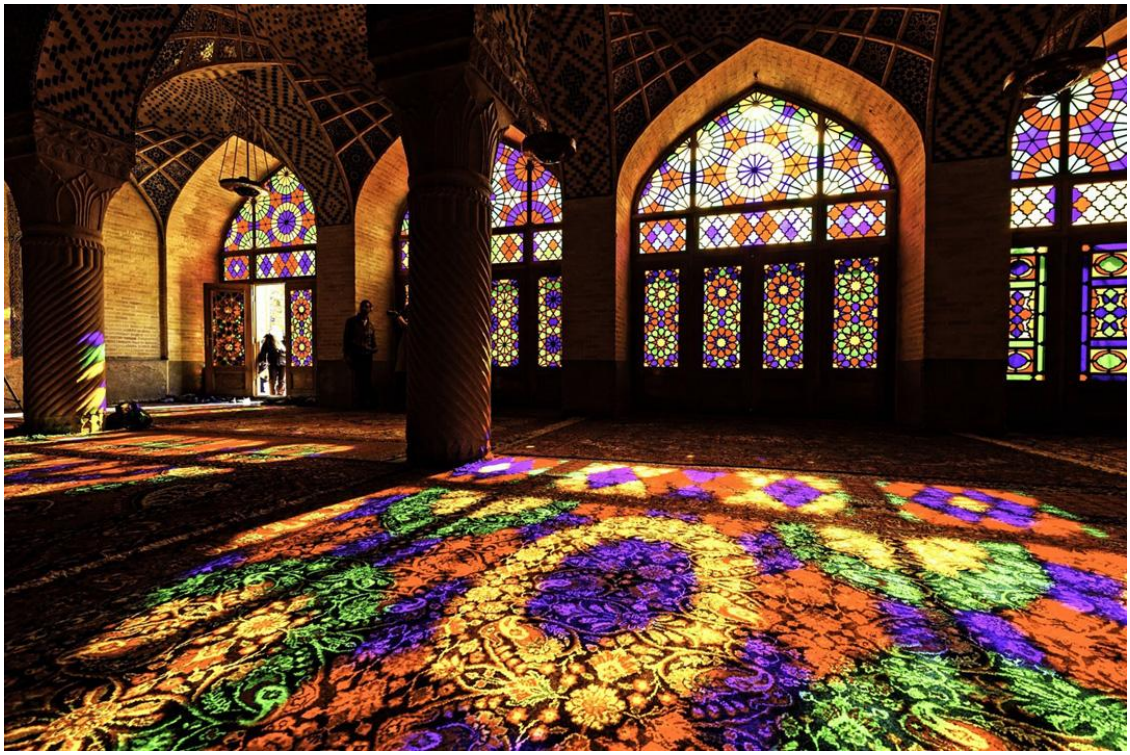

Figure 1. Use of coloured glass in ancient architecture

Avicenna (980 AD), a Persian polymath, advanced the use of colours in both the diagnosis and treatment of diseases. He stated colour to be an observable symptom of disease and developed a chart relating colours to body temperature and the physical condition of the body. For example, blue was used to cool the blood and yellow to treat muscular pain and inflammation (Graham, 1998). Further advances in the field were made in the 19th century through the works of Pleasanton (1876), where he stated the benefits of colour healing not only on human beings but also on plants and animals. His findings reported increased quality and quantity of produce in those plants grown under blue light and healing of injuries in human beings when treated with blue rays of light. Evidence to the above statements was shown by Hassan in 1999, where blue light was scientifically proved to be effective in the treating of burns and injuries.

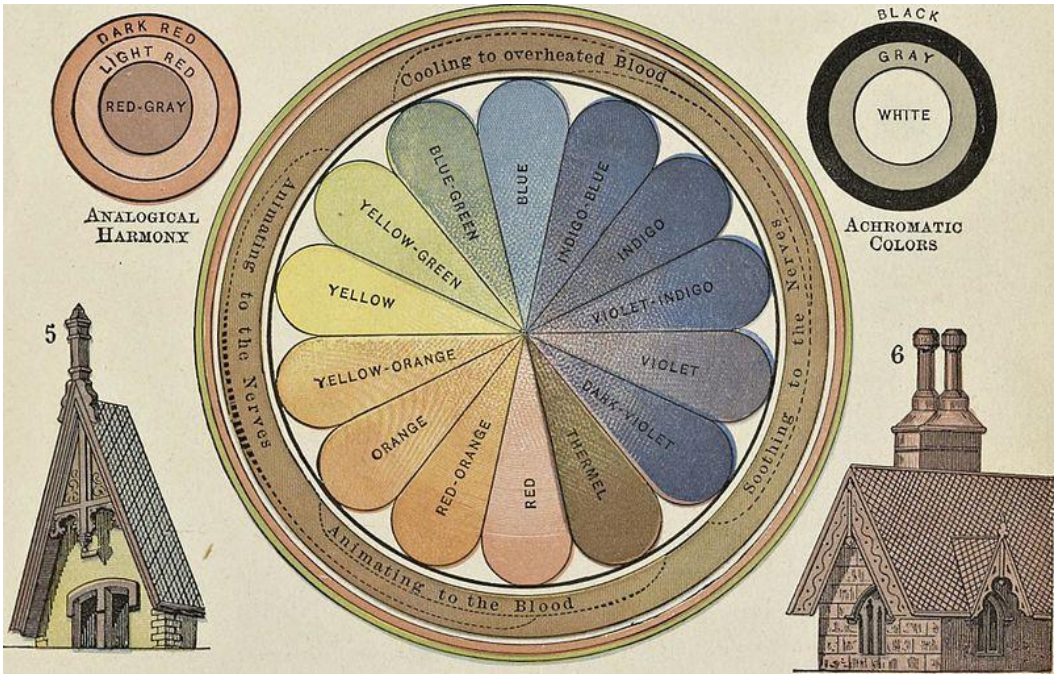

Figure 2. Colour table proposed by Edwin Babbitt (1942)

Edwin Babbitt in 1942 proposed a well-defined theory of Chromotherapy, explaining the role of different colours in healing different diseases of the body, such as yellow for bronchial difficulties, blue for nerve instability, red for paralysis, etc. He also facilitated the application of Chromotherapy by the designing of devices, such as a thermolume, a cabinet to pass light through different coloured glasses and chromedisk, a filter with colour paper fitted to focus light on different body parts. He has also discussed the effects of reflection, absorption, transmission and polarization of light waves on different body parts and their respective effects. Another extension of Chromotherapy stated by Babbitt (1948) was irradiating water by passing light waves through it, the principle being the capacity of water to retain the energy of the vital elements, termed Hydrochromopathy.

The Spectro-Chrome Encyclopedia (Ghadiali, 1997) is the first published text to explain the principles of Chromotherapy, explaining how different colour rays have various therapeutic effects on the body. Different colours have the capacity to either sedate or stimulate the energy within the organs by causing a biochemical change, bringing about a balance in the physical and mental health corresponding to the diseased organ. It can also be related to the energy stored at the seven 'Chakras' of the body, connected to the respective organs. Ghadiali (1997) also described the working of the Spectrometer, within which a chemical is burnt by the application of electrical energy, to emit certain light waves of different colours termed Fraunhauafer lines, which are focused upon the respective body parts. Takkata (1951) concluded that sunlight has an effect on the flocculation index of the blood whereas Ott (1972) showed evidence for the changes in the enzyme levels in the body when exposed to colour and light waves.

Chakras and Colours

According to Eastern thought, the human body comprises of seven Chakras located along the spinal cord, connected to different organs. Klotsche (1993) enlisted the seven chakras of the body and the colour corresponding to each chakra, providing a guide to chromotherapists on the activation of different chakras by the use of electromagnetic waves within the visible spectrum.

Figure 3. The Chakras and their colours

Applications of Chromotherapy

The awareness and practice of alternative therapies being on a rise these days, Chromotherapy is one such therapeutic method which has found wide applications. Several researches are being conducted on identifying and verifying the effectiveness of Chromotherapy on different disease and disorder conditions. Application of Chromotherapy are gaining momentum in the diagnosis and treatment of both physiological as well as psychological areas of health and well-being. Chromotherapy focuses on the 'Aura', the electro-magnetic field around any living organism, known as 'Chi' in Chinese tradition, where in treatment involves alterations in this electro-magnetic field and life energy of the organism.

Diagnosis. Colours are of constant existence in our day to day life where different colours elicit different emotions and thoughts in a living being. Presenting of a particular colour to an individual can cause positive or negative reactions on him/her, owing to the thought alterations and emotional changes in them, the analysis of which is used for diagnostic purposes. Attraction or dislike developed by an individual to a specific colour is seen as a signal of imbalance of life energy in the related organ. Emotions elicited in an individual in response to a specific colour is also seen as an indication of imbalance in the corresponding chakra, which in turn shows disturbance in the related physiological and psychological aspects (Hattangadi, 2015).

Treatment. Cancer medicine is an area that is currently experimenting on the use of different colours in symptom reduction and treating the diseased organ. Flickering of specific colours of light in the visual field of patients has found to be effective in bringing about positive changes, evidence stating effectiveness of this method in the treatment of stroke and chronic depression (Hattangadi, 2015). Another research study has established the application of Chromotherapy in the treatment of trauma and anxiety disorders such as Post-Traumatic Stress Disorder, panic attacks and phobias

(Yoshizumi, Asis, Luz, 2018). Colour therapy is also found to be effective in the enhancing of the immunity of individuals (Gaurav, Ravinder, Preeti & Kapil, 2010). Vazquez states that the major factors influencing the therapeutic effectiveness include length of viewing, brightness, saturation, hue, angle of viewing and emotional state of the individual who is undergoing therapy (n.d.).

Colours

Different colours carrying different properties, an understanding of the basic functionality of the colours will help not only in predicting the reactions they develop in individuals but also in designing treatment plans in accordance to it. Red as a colour is seen as the 'great energizer', bringing about warmth, vitality and healing by removing clogs or opening up pores in the body. Yellow helps in strengthening the nerves and awakens higher mental abilities. Orange being a mixture of red and yellow helps in elevating the body and the mind, relieving feelings of repression. Green, falling in the middle of the colour spectrum, is used in bringing about biological and mental harmony, by equalizing the positive and negative energies in the body.

Blue is found to have a cooling effect on the body and is used in treating burns and injuries as it has astringent properties. Blue has a sedative effect and is hence used in treating fever, sore throats and in enhancing sleep. Indigo has an effect similar to blue, but is more pacifying and stabilizing and hence used for balancing the vital functions of the body. Violet is considered to be the colour symbolizing spirituality and is hence associated with mental awakening and is found to activate the brain. White, a combination of all colours, is found to bring about perfect harmony and balance, being considered to be the colour of the actualized being (Hattangadi, 2015).

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EFFICACY OF RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT) ON PERCEIVED PARENTAL BONDING AND DYSFUNCTIONAL ATTITUDES AMONG ADOLESCENTS

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ABSTRACT

The study on "Efficacy of Rational Emotive Behaviour Therapy (REBT) on Perceived Parental Bonding and Dysfunctional Attitudes among Adolescents" was conducted in PSGRKC Krishnammal College for Women Coimbatore by purposive sampling method. Fifty two (52) students in the age range of 17-19 years pursuing B.Com CA were served as the subjects. They were screened for high scores in dysfunctional attitude were selected for the study. The tools used for assessment were Case Study Schedule, 'Parental Bonding Instrument (PBI)', and 'Dysfunctional Attitude Scale (DAS)'. The psychological intervention, Rational Emotive Behaviour Therapy" (REBT) was administered to the students. After 15 days the Reassessment was given by using the same Questionnaires. The results indicated thatHigh level of significant differences was observed in the Perceived Parental Bonding. This clearly indicates the effect of Rational Emotive Behaviour Therapy (REBT) was found to be effective in enhancing the level Parental Bonding and Dysfunctional Attitude among Adolescents.

KEYWORDS: *Questionnaires, Dysfunctional, Parental, Adolescents*

INTRODUCTION

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

According to the UNICEF (2012) 1.2 billion adolescents traversed the challenging crossroad between childhood and the adult world and India was highest number of adolescents around 243 million followed by China, with around 200 million adolescents. Adolescence is a critical stage of growth and development among the stages of life viz. infancy, childhood, adolescence, adulthood and old age (Yadav, Krishna and Kavitha, 2007). It is assumed to be a time of psychological and social turmoil precipitated by hormonal changes, sexual awakening, identity strains and tensions associated with changing relationships as teens seek increasing autonomy from former dependence, particularly from family (Kaur and Sachdeva, 2012). The characteristics that are reflected in the adolescents under the impact of physical, psychological and socio cultural developments are the tendency to show independence in their behaviour pattern, distancing themselves from the parents and getting closer to peers, assertion of individuality and hence displaying gender identity, positive body image and a sense of esteem (Yadav, Krishna and Kavitha, 2007).The experiences, knowledge and skills acquired in adolescence have important implications for an individual's prospects in adulthood (UNICEF, 2012).

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

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

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

Experts suggested four different styles of parenting generally known as the parenting patterns. They are namely authoritarian parenting, authoritative parenting, permissive parenting and uninvolved parenting. Each of these patterns follows certain styles and behavioural pattern of parenting. Each of these styles influence the overall all emotional and psychological growth of children. These

patterns differ in disciplinary measures, warmth and nurturance tactics, communication methods and control and maturity levels. Each style differs in the ways of executing the training methods on children (Kopko, 2007)

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

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

Attitudes are expected to change as a function of experience. Tesser (1993) had argued that hereditary variable may affect attitudes but believes that they may do so indirectly. For example, if one inherits the disposition to become an extrovert, this may affect one's attitude to certain styles of Music. There are numerous theories of attitude formation and attitude change such as Consistency Theories (Dissonance Reduction Theory by Festinger & Balance Theory by Heider), Self Perception Theory (Daryl Bem), Elaboration Likelihood Model (Richard E. Petty), Heuristic Systematic Model (Shelly Chaiken), Social Judgment Theory and Balance theory (Tesser 1993).

Attitude is something that lies between emotions and thought processing. Attitude may be positive or negative and dysfunctional attitude. If someone has good feelings about something e.g. towards his/her work, or people, then it is positive attitude otherwise it would be negative. Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world and the future.

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

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

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

bonding plays a crucial role in helping the adolescents to withstand the pressure and stress that life tosses at them.

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

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

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

Raudino, Fergusson and Horwood (2013) analyzed the 4 relationships between measures of parental bonding and attachment in adolescents (age 15-16) and later personal adjustment (Major Depression, Anxiety Disorder, Suicidal Behaviour, Illicit Drug Abuse/Dependence, Crime) assessed in the age group of 30. The findings included that there were significant and pervasive associations between all measures of attachment and bonding and later 14 outcomes; Structural equation modelling showed that all measures of bonding and attachment loaded on a common factor reflected the quality of parent/child relationships in adolescence and after adjustment for covariates there were modest relationships between the quality of parent/child relationships in adolescence and later adjustment.

OBJECTIVES

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

Null Hypotheses

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

- The perceived parental bonding is evident in the participants
- There are different types of Dysfunctional Attitude among the participants

- Rational Emotive Behaviour Therapy (REBT) help in Enhancing Perceived Parental Bonding and Dysfunctional Attitude among the participants

Area

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

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

Sample

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

Duration

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

Re-Assessment

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

Tools

The tools used for the study were:

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

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

- Repeated Measures Analysis of Variance
- Mean and Standard Deviation
- Duncan's Multiples Range Tests
- Chi-Square

TABLE 1: DEMOGRAPHIC DETAILS OF THE ADOLESCENTS

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

Percentages are rounded off

Table I shows the Demographic data of the participants. Thirty three percentages of the participants were in the range of 17 years, 60% were 18 years, and 4% were 19 years; 35% were first born, 6% were middle born, 46% were last born and 13% were only child. In family type, 96% of the participants were comes from Nuclear Family and 4% belongs to Joint Family. All the participants belong to middle class.

TABLE 2: PARENTAL BONDING IN MOTHER AND FATHER FORM AMONG ADOLESCENTS N=52

PARENTAL	BONDING	N	PERCENT
	Affectionate Constraint	10	19
	Optimal Parenting	4	8
MOTHER	Affectionless Control	27	52

	Neglectful Parenting	**11**	**22**
FATHER			
	Affectionate Constraint	**4**	**8**
	Optimal Parenting	**6**	**11**
	Affectionless Control	**31**	**60**
	Neglectful Parenting	**11**	**21**

Percentages are rounded off

Table II Shows that the adolescents Perception on Parental Bonding among their parents. Their Affectionate constraints were 19% for mother's and 8% for their father' 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 rise their children who fear taking risk and prefer to stay in their comfort zone and believe that the world is dangerous, and the neglectful parenting (22 and 21%) may be attributed to that dysfunctional family as has been expressed by the adolescents in the counselling relationship with instances of drug, sexual abuse and marital separation and they were 8 and 11% of the parents were perceived as exercising optimal parenting.

TABLE 3: DYSFUNCTIONAL ATTITUDE AMONG ADOLESCENTS N=52

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

Table 3 shows the Level of Dysfunctional Attitude among Adolescents, Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world and the future. In major depressive disorder, major depressive episodes may include symptoms of sad mood, the 90% had high dysfunctional attitude, 4% had very high dysfunctional attitude and 6% had moderate level and none of them had low and very low dysfunctional attitude.

TABLE 4: MEAN AND S.D. FOR BEFORE AND AFTER TESTS IN PARENTAL BONDING AND DYSFUNCTIONAL ATTITUDE N=52

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

Table 4 indicates that the mean and standard deviation values of parental bonding and dysfunctional attitude among college students. It is observed that the presence of difference in the level of mean and standards deviation. It is clear that the REBT found to be very effective.

TABLE 5: DISTRIBUTION OF PARENTAL BONDING IN MOTHER FORM AMONG ADOLESCENTS N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X^2
Affectionate Constraint	10	13.0	-3.0	
Optimal Parenting	4	13.0	-9.0	22.31
Affectionless Control	27	13.0	14.0	****
Neglectful Parenting	11	13.0	-2.0	

*****= Significant at 0.05 level*

In chi-square test result for the Parental Bonding in Mother Form of the participants were highly significant.

TABLE 6: DISTRIBUTION OF PARENTAL BONDING IN FATHER FORM AMONG ADOLESCENTS N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X^2
Affectionate Constraint	4	13.0	-9.0	
Optimal Parenting	6	13.0	-7.0	35.23****
Affectionless Control	31	13.0	18.0	
Neglectful Parenting	11	13.0	-2.0	

**** = *Significant at 0.01 level*

In chi-square test result for the Parental Bonding in Father Form of the participants were highly significant

TABLE 7 DISTRIBUTION AMONG ADOLESCENTS IN DYSFUNCTIONAL ATTITUDE N=52

CATEGORY	STUDENT OBSERVED	EXPECTED	RESIDUAL	X^2
Moderate	3	17.3	-14.3	
High	47	17.3	29.7	76.19****
Very High	2	17.3	-15.3	

****-*Significant at 0.01 level*

In chi-square test result for the Dysfunctional Attitude of the participants were highly significant.

TABLE 8 REPEATED MEASURES OF ANOVA IN PARENTAL BONDING AND DYSFUNCTIONAL ATTITUDE AMONG ADOLESCENTS

Sources	Effects		Test Name	Value	F	Hypothesis DF	Error DF	SIG.
	Between Subjects	Intercept	Pillai's Trace	.57	67.82	1.00	51.00	.000
			Wilk's Lambda	.42	67.82	1.00	51.00	.000
			Hotelling's Trace	1.33	67.82	1.00	51.00	.000

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Parental Bonding Mother	**Within Subjects**		**Roy's Largest Root**	**1.33**	**67.82**	**1.00**	**51.00**	**.000**
		Parental Bonding Mother	**Pillai's Trace**	**.57**	**67.82**	**1.00**	**51.00**	**.000**
			Wilk's Lambda	**.42**	**67.82**	**1.00**	**51.00**	**.000**
			Hotelling's Trace	**1.33**	**67.82**	**1.00**	**51.00**	**.000**
			Roy's Largest Root	**1.33**	**67.82**	**1.00**	**51.00**	**.000**
Parental Bonding Father	**Between Subjects**	**Intercept**	**Pillai's Trace**	**.29**	**21.67**	**1.00**	**51.00**	**.000**
			Wilk's Lambda	**.70**	**21.67**	**1.00**	**51.00**	**.000**
			Hotelling's Trace	**.42**	**21.67**	**1.00**	**51.00**	**.000**
			Roy's Largest Root	**.42**	**21.67**	**1.00**	**51.00**	**.000**
	Within Subjects	**Parental Bonding Father**	**Pillai's Trace**	**.29**	**21.67**	**1.00**	**51.00**	**.000**
			Wilk's Lambda	**.70**	**21.67**	**1.00**	**51.00**	**.000**
			Hotelling's Trace	**.42**	**21.67**	**1.00**	**51.00**	**.000**
			Roy's Largest Root	**.42**	**21.67**	**1.00**	**51.00**	**.000**

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Dysfunctional Attitudes	Between Subjects	Intercept	Pillai's Trace	.70	120.54	1.00	51.00	.000
			Wilk's Lambda	.29	120.54	1.00	51.00	.000
			Hotelling's Trace	2.36	120.54	1.00	51.00	.000
			Roy's Largest Root	2.36	120.54	1.00	51.00	.000
	Within Subjects	Dysfunctional Attitudes	Pillai's Trace	.70	120.54	1.00	51.00	.000
			Wilk's Lambda	.29	120.54	1.00	51.00	.000
			Hotelling's Trace	2.36	120.54	1.00	51.00	.000
			Roy's Largest Root	2.36	120.54	1.00	51.00	.000

TABLE 9 TESTS OF WITHIN SUBJECTS EFFECTS

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

Error	Huynh- Feldt	29.61	51.000	.58		
	Lower-bound	29.61	51.000	.58		
Parental Bonding Father	Sphericity Assumed	7.01	1	7.01	21.67	**
	Greenhouse-Geisser	7.01	1.000	7.01	21.67	**
	Huynh- Feldt	7.01	1.000	7.01	21.67	**
	Lower-bound	7.01	1.000	7.01	21.67	**
Error	Sphericity Assumed	16.49	51	.32		
	Greenhouse-Geisser	16.49	51.000	.32		
	Huynh- Feldt	16.49	51.000	.32		
	Lower-bound	16.49	51.000	.32		
Dysfunctional Attitude	Sphericity Assumed	26.000	1	26.000	120.54	****
	Greenhouse-Geisser	26.000	1.000	26.000	120.54	****
	Huynh- Feldt	26.000	1.000	26.000	120.54	****
	Lower-bound	26.000	1.000	26.000	120.54	****

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TABLE 10 TABLE TESTS OF BETWEEN SUBJECTS EFFECTS

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

** = *Significant at 0.01 level*

TABLE 11 DIFFERENCES IN THE BEFORE AND AFTER TESTS IN PARENTAL BONDING AND DYSFUNCTIONAL ATTITUDE

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

** = *Significant at 0.01 level*

Table 9-11 shows the "F" value in both Perceived Parental Bonding and Dysfunctional Attitude has been observed appropriately the same values in each category. Thus, the level of significance is very high at 0.01 level in the Perceived Parental Bonding and Dysfunctional Attitude, before and after intervention programme.

The results of the Repeated Measures MANOVA for the Perceived Parental Bonding and Dysfunctional Attitude indicated that significant differences exists and it was significant at 0.01 level. Hence, REBT plays a vital role in decreasing in the level of Dysfunctional Attitude.

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

CONCLUSION

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

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EFFECT OF GRATITUDE ON REDUCING ANXIETY AND ENHANCING SUBJECTIVE WELL BEING: AN EXPERIMENTAL STUDY AMONG COLLEGE STUDENTS

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ABSTRACT

Gratitude is an emotion arising from noticing and appreciating the benefits that one has obtained (Wood, Froh, and Geraghty, 2010). It is found to reduce anxiety symptoms and enhance mental health and well-being in general population (Kendler et al., 2003).This experimental study, using gratitude intervention, aims at reducing anxiety and enhancing subjective well-being among college students.Gratitude Questionnaire-six-Item Form (GQ-6), (McCullough et al., 2002), Beck Anxiety Inventory, (Beck, Epstein, Brown, & Steer, 1988) and Subjective Well-being Inventory (Sell and Nagpal, 1992) were administered to measure the selected constructs. A random sample of 100 college students were administered the above questionnaires along with a socio-demographic profile questions for both the experimental (male: 31 – female 19) and control (male: 31 – female 19) groups. Paired 't' test result reveals that there is a significant difference between pre and post groups in terms of gratitude, anxiety and subjective well-being. Further in correlation matrix it is confirmed that the association between the three subject variables for experimental group of post test score: higher the gratitude higher is the subjective well-being and lower the anxiety; higher the anxiety lower is subjective well-being. Thus the result indicates that gratitude intervention reduces anxiety and enhances subjective well-being among the college students. Further scope of this study and limitations were discussed.

KEYWORDS: *Gratitude, Anxiety, Subjective Well Being, College Students*

1. INTRODUCTION

Stress, a normal and inevitable part of the human experience, can be provoked by an event or internal experience affecting both mind and body. Students from higher education are not exempted from it. Higher education becomes a stressful period in their life which they need to cope with due to various reasons: living away from the families, a heavy syllabus, and inefficiency in higher education programs (Kumaraswamy N, 2013). Stress and anxiety during education causes impairment in cognition, scholastic performance (Saipanish R, 2003) reduces their self-esteem, academic performance, ability to work effectively and negatively affecting their mental health (Sharif F, Armitage P, 2004).

Mental health, however, is not merely the absence of disorders. Rather, being mentally *healthy* refers to successful functioning, having fulfilling relationships, and having the ability to adapt and cope with adversity (WHO). Although we know agreat deal about how people survive adversity, and how mental health problems aretreated, far less is known about the prevention of these problems or about how peopleremain healthy in spite of stress (Gable and Haidt, 2005; Seligman and Csikszentmihalyi, 2000).

The gap between mental health and illness raises important questions: What contributes to a person's ability to maintain his or her mental health? And what contributes to more negative out comes following stressful experiences? Factors that contribute to illness may be very different than those that contribute to successful functioning. Positive psychology which emerged in 1990's, seeks to go beyond addressing problems, and instead focuses on the variables related to living a full and satisfied life (Seligman, Parks & Steen, 2004).

Positive psychology advocates the use of brief and simple interventions strategies which individuals can use on their own to enhance well-being and decrease mental health symptoms. These preventive strategies are based on after-the-fact treatments, aims to enhance well-being and eliminate problems before they occur, as well as improve functioning. (Hage et al., 2007).Results of positive psychology interventions conducted on nonclinical samples found that positive psychology interventions were more effective in increasing well-being (r=.29) and decreasing depressive symptoms (mean r=.31) (Sin and Lyubomirsky, 2009). Positive Psychology Interventions that cultivate positive emotions may be one way to treat and preventmental health problems such as anxiety, depression, and stress-related health symptoms (Fredrickson, 2000).

2. REVIEW OF LITERATURE

2.1 Gratitude

Emmons (2009) defines Gratitude as feelings of thankfulness and appreciation that are evoked through the recognition that a personal benefit has been obtained through the intentional and benevolent actions of a source external to the self. Feeling grateful involves acknowledging and appreciating those personal benefits that could not have been achieved without assistance from external sources.

2.2 Subjective Well Being (SWB)

Subjective Well Being refers to a global, lasting and mental state of being which comprises perceived life satisfaction, presence of positive affect and absence of unpleasant affect (Argyle and Lu, 1990; Diener et al., 1999).Subjective Well Being is a broad category of phenomena including peoples' emotional responses, domain satisfaction and global judgment of life satisfaction (Diener

et al., 1999).According to the researcher the subjective well being means the overall evaluation of oneself in attaining/achieving life satisfaction which is being measured by increasing the positive affects and reducing negative affects.

2.3 Anxiety

An uncomfortable feeling of nervousness or worry about something that is happening or might happen in future.

2.4 Gratitude Intervention

It is a clinical trial indicating that the practice of gratitude can have dramatic and lasting positive effects in a person's life. It is found that gratitude interventions lead to increase in happiness (Seligman et al., 2005) and well-being (Lyobomirsky et al., 2004).

Watkins and colleagues (2003) found that the gratitude interventions increased positive affect. In addition to the effects of gratitude interventions on positive outcomes, they have also been found to reduce negative outcomes such as negative affect, depressive symptoms, worry, and body dissatisfaction (Wood et al., 2010). Gratitude interventions have been shown to decrease depressive symptoms (Seligman et al., 2005) and both the Emmons and McCullough (2003) and Watkins et al. (2003) studiesdemonstrated that gratitude interventions significantly decreased negative affect ratings.

Gratitude has been shown to be related to mental andphysical well-being, including positive affect, feelings of success, life satisfaction, lessstress, reduction in depressive symptoms, as well as increases in physical exercise andsleep quality (Wood, Froh and Geraghty for a review, 2010). In addition, gratitude mayeven protect individuals from developing mental health problems at all (McCullough etal., 2002).

Research suggests that positive emotions play an important role in mental andphysical health outcomes including combating the effects of stress. Research has alsoshown that positive emotions decrease autonomic nervous system reactivity and build personal resources, initiating an “upward spiral” of well-being (Frederickson, 2003).

Taking into consideration the above situation and knowing the role of positive psychology and the impact of its intervention the researcher formulated a Gratitude Interventional Programme (GIP) in order to assess the effectiveness of the prepared tool and to see whether this module would enhance positive emotions and subjective well-being and to reduce the negative impact of anxiety of the college students of Dindigul.

3. METHODOLOGY

3.1 Objectives

1. To establish the relationship between Gratitude, Anxiety and Subjective Well Being (SWB) among college students.
2. To determine the effectiveness of Gratitude interventional Programme (GIP) on Gratitude, Anxiety and SWB over the college students before & after.
3. To study the correlation among Gratitude, Anxiety and SWB of the college students after the intervention.

3.2 Hypothesis

H1. The Control and Experimental Groups will have no significant difference between the Gratitude, Anxiety and SWB of pre test scores.

H2. The Experimental Group will show significant difference in Gratitude, Anxiety and SWB between the pre and post test scores.

H3. Higher the Gratitude, lesser the Anxiety and higher will be SWB

3.3 Participants

The sample for the current research was UG and PG students who study in Govt. and private colleges in Dindigul, Tamil Nadu. A total of 100 participants (62 male & 38 female) were selected whose age ranged from 18-26. Of the participants, 76% were from nuclear and the rest 24% were from joint families. Most of the respondents (70%) are in the age group of 18-21 who study under graduate. Almost half of the respondent's (48%) fathers are educated only in primary level doing unskilled jobs (38%). Just above one third of the respondents (34%) are the first born child.

3.4 Research Design

Experimental design (Pre-test and Post-test Control-Group Design) was followed to assess the effects of the Intervention of Gratitude Programme (GIP) on adolescents of Dindigul.

Sampling Procedure

The participants were selected by a process of random sampling technique allotting numbers i.e 'one' and 'two'. All the 'ones' were considered as Control Group and all 'twos' as Experimental Group. The Experimental and the Control Groups consist of 50 (Male: 31& Female: 19) each.

The researcher explained the aims, objectives and nature of the study after which written consent to participate were obtained. Participants in both control and Experimental Group were matched in age, gender and grade.

3.5 Inclusion Criteria for Experimental Research

1) The subject must be volunteering to participate in the study.

2) Those who have written informed consent

3.6 Exclusion Criteria for Experimental Research

1) The person who has not been co-operating with the whole procedures.

2) The candidate who has absented him/herself for both the pre and post test evaluation of both the control and experimental groups.

3.7. Measures

3.7.1 The Gratitude Questionnaire-six-Item Form (GQ-6) (McCullough et al., 2002).

The Gratitude Questionnaire-six-Item Form (GQ-6) was developed to measure trait gratitude. The participants indicate their agreement or disagreement with the six items of the GQ-6 seven point Likert scale, ranging from 1 to 7 scale (1 = "strongly disagree", 7 = "strongly agree"). The scores of six items are added, using reverse scoring for items 3 and 6. Scores range from 6 to 42, with higher scores representing higher levels of trait gratitude. Internal consistency was a= .82.

3.7.2 Beck Anxiety Inventory (Beck et al., 1988)

This scale is a self-report measure of anxiety. It has got 21 items with four pointLikertscale (0-Not at all, 1-Mildely, 2. Moderately and 3- Severely) scores ranging from 0 to 63.Scores reveal: 0-21=low anxiety, 22-35 = moderate anxiety and36 and above = potentially concerning levels of anxiety. Internal consistency for the BAI = (Cronbach's a=0.92).

3.7.3 The Subjective Well-being Inventory (Sell and Nagpal, 1992)

This Inventory consists of 40 items (19 positive and 21 negative items) spread across eleven dimensions. It consists of three point responses scale namely, "very much", "to some extent", "not so much". These responses were represented by numbers 1, 2, 3 respectively. The questions 14, 27 and 29 consist of the response "Not Applicable", which is represented by number 4. This option is given for the subjects who were unmarried. A positive item carries a score of 3, 2, and 1 for the responses very much-1, to some extent-2, and not so much-3 respectively. The score are reversed for negative items. Sum of all scores of all items constituted the total score on the scale.

The dimensions of Subjective Well-being Inventory have been divided using four domains and their reliability was found. The value of reliability (Cronbach's alpha coefficient) in domain 1 (mental state) was 0.83, domain 2 (mental capacity) 0.81, domain 3 (mental quality) 0.86, and domain 4 (supporting factors) 0.83.

3.7.4 Gratitude Interventional Programme (GIP)

Based on the previous studies such as: Counting one's Blessings (Emmons & McCullough, 2003), Grateful Contemplation(Watkins et al.'s (2003) and Gratitude visit (Seligman et al. (2005) very meticulous planning was undertaken by the researcher to design Gratitude Interventional Programme (GIP) (Louie Doss, M (2016).

TABLE NO: 1 A MODULE FOR THE EXPERIMENTAL GROUP

Day	Description	Duration	Tools Used
Day- 1	**Pre Intervention Baseline Assessment** Prior to the day of intervention, the participants in Experimental Group would be asked to complete the **three** short questionnaires. **Introductory Session** **Theme:** Getting to know each other better, forming norms & expectation setting. **Purpose:** to introduce themselves and mention some things that they are grateful for.	45 mint	GQ-6 BAI SWBI
Day -2	***18- Day Interventional Programme for ONLY Experimental Group*** **SESSION 1** **Theme: Counting Any Three Blessings** **Purpose:** to educate participants about the presence of positive events and emotions in their lives and educate the benefit of it.	30 mint	Nil

Day- 5	**SESSION 2** **Theme: Grateful Contemplation** **Purpose:** is to increase the attitude of gratitude among the college students by contemplating the grateful events.	30 mint	Nil
Day -10	**SESSION 3** **Theme: Gratitude Letter or Visit** **Purpose:** is to encourage expression of thankfulness to a benefactor for their kindness of receiving goods in the form of writing letter or visiting personally.	45 mint	Nil
Day -18	**Post Intervention Outcome Assessment** Two days after the 18 day intervention, the participants will be asked to complete the same questionnaires as at the 'Post Intervention Outcome Assessment' in order to measure if there are any lasting changes due to Gratitude Interventional Programme **(GIP).**	45 mint	GQ-6 BAI SWBI

4. RESULTS

4.1 An independent-samples t-test was conducted to compare Gratitude Interventional Programme (GIP) on Gratitude, Anxiety and SWB for pre and post test of control and Experimental Groups.

TABLE NO: 2 AN INDEPENDENT'T' TEST FOR GRATITUDE, ANXIETY & SWB FOR PRE AND POST TEST OF CONTROL & EXPERIMENTAL GROUPS

Variables		**C.G (50)**		**Exp. G (50)**		**'t'**	**Level of significance**
		Mean	**SD**	***Mean***	**SD**		
Gratitude	Pre	60.381	12.261	60.285	12.135	.254	P<.800 NS
	post	59.761	12.085	83.047	08.812	-10.731	P<.001SIG
Anxiety	Pre	33.873	14.130	33.777	14.161	-.088	P<.930 NS
	post	34.127	14.615	19.396	11.853	5.506	P<.001SIG
SWB	Pre	65.960	08.957	63.903	07.879	.122	P<.903 NS
	post	65.744	08.834	68.780	06.628	-3.349	P<.001 SIG

Table 2result reveals that Control and Experimental Groups have no significant difference between Gratitude, Anxiety and SWB of pre test scores. On the other hand, in the post test scores of the Experimental Group, there is significant difference with regard to Gratitude, Anxiety and SWB. Thus the formulated hypothesis of no.1 is verified.

4.2 A paired-samples t-test was conducted to compare the impact of Gratitude Interventional Programme (GIP) on Gratitude, Anxiety and SWB of Experimental Group between the pre-intervention and post-intervention conditions.

TABLE NO: 3 PAIRED 'T' TEST BETWEEN PRE & POST TEST SCORES FOR GRATITUDE OF EXPERIMENTAL GROUP

Gratitude	No	Mean	SD	Mean Difference	Paired 't' Value	Level of Significance
Pre	50	60.285	12.136	*-22.761*	*-10.528*	P<.001SIG
Post	50	83.047	08.812			

The mean score at the pre test level for gratitude is found to be 60.285 (SD 12.136) where as the post test it is 83.047 (SD: 8.812). This observed difference is statistically significant as the paired't' value is significantly at 0.01 level (t= -10.528, df= *-22.761*, P<.001significant). It is found that the intervention given by the researcher was effective and hence there exists a significant mean difference in the post test level. Thus the formulated hypothesis no.2is verified.

TABLE NO: 4 4.3 PAIRED 'T' TEST BETWEEN PRE & POST TEST SCORES FOR ANXIETY OF EXPERIMENTAL GROUP

Anxiety	No	Mean	SD	Mean Difference	Paired 't' Value	Level of Significance
Pre	50	33.777	14.161	14.380	08.773	P<.001SIG
Post	50	19.396	11.853			

The mean score at the pre test level for gratitude is found to be 33.777(SD:14.161) where as the post test it is 19.396(SD: 11.853). This observed difference is statistically significant as the paired 't' value is significantly at 0.01 level (t= 08.773,df= 14.380, P<.001significant). The results indicate that the Anxietyof college students of the Experimental Group is acutely very high before intervention but got decreased after the intervention of Gratitude Interventional Programme (GIP).Thus the formulated hypothesis no.2is verified.

TABLE NO: 54.4 PAIRED 'T' TEST BETWEEN PRE & POST TEST SCORES FOR SUBJECTIVE WELL BEING OF EXPERIMENTAL GROUP

SWB	No	Mean	SD	Mean Difference	Paired 't' Value	Level of Significance
Pre	50	63.903	07.879	-4.877	-4.444	P<.001SIG
Post	50	68.780	06.628			

The mean score at the pre test level for SWB is found to be 63.903(SD:07.879) where as the post test it is 68.780 (SD: 06.628). This observed difference is statistically significant as the paired't'

value is significantly at 0.01 level (t= -4.444, df= -4.877, P<.001significant). It is found that the intervention given by the researcher was effective in enhancing the SWB of the college students and hence there exists a significant mean difference in the post test level. Thus the formulated hypothesis no.2 is verified.

4.5 A Pearson product-moment correlation coefficient was computed to assess the type and degree of relationship between the Gratitude, Anxiety and Subjective Well Being.

TABLE NO: 6 PEARSON PRODUCT-MOMENT CORRELATION FOR GRATITUDE, ANXIETY AND SWBFOR THE POST TEST SCORES OF EXPERIMENTAL GROUP

Variables	**Gratitude** ***(50)***	**Anxiety** ***(50)***	**SWB** ***(50)***
Gratitude	1.0		
Anxiety	-0.384(*)	1.0	
SWB	0.420(**)	-0.344(*)	1.0

*** Correlation is significant at the 0.01 level (2-tailed).*

** Correlation is significant at the 0.05 level (2-tailed).*

Table 6clearly explains the association betweenthe three subject variables (Gratitude, Anxiety and SWB) for the experimental group of the post test scores.The above table reveals that when the level of gratitude for the college students increases the level of anxiety significantly decreases (r= -0.384, p<.001, Sig) and positively significantly associated with SWB (r= 0.420, p<.001, Sig). This also reveals that the level of anxiety is negatively significantly associated with SWB (r= -0.344, p<.001, Sig) which means when the anxiety for the college students increases the level of SWB will decrease.

Thus it could be concluded that higher the Gratitude, lesser the Anxiety and higher will be SWB.Therefore the above hypothesis no 3is verified and accepted.

5. DISCUSSION

This study indeed found gratitude to be a highly significant in reducing the anxiety of the college students of Dindigul in line with previous research showing gratitude to longitudinally predict lower levels of stress, depression and anxiety (Kleiman et al., 2013; Wood et al., 2008a) and protective effects of gratitude against psychopathology (Petrocchi&Couyoumdjian, 2016).

The current study's correlation table reveals that there exists negative correlation between Gratitude and anxiety.This findings goes along with the study by Wood et al. (2008a) in which higher levels of gratitude were longitudinally linked to lower levels of stress and depression and other mental illness symptoms.

The present study findings showed that the gratitude interventional programme (GIP) was a significant and positive predictor of subjective well-being of the college students. This finding adds further empirical support to previously reported longitudinal associations between gratitude and well-being (Gillham et al., 2011; Thrash et al. 2010), life satisfaction and positive emotions (Wood et al., 2008a). The grateful trait may enhance subjective well-being through several previously described mechanisms (Wood, Froh, &Geraghty, 2010). The positive affect which considers

gratitude as positive emotion predicts that feelings of positive affect and positive emotion act in a direct upward spiral toward enhanced subjective well-being (Fredrickson & Joiner, 2002). Secondly, positive emotions, gratitude strengthen social bonds (Algoe, Haidt, & Gable, 2008) that in turn function as a resource for maintaining mental health in times of adversity (Fredrickson, 2004; Kawachi&Berkman, 2001). Thirdly, gratitude may lead to enhanced well-being through more adaptive coping, resulting in lower levels of stress, and enhanced subjective well-being (Wood, Joseph, & Linley, 2007). Lastly, grateful individuals view help as more costly, valuable, and altruistic that may enhance subjective well-being (Wood, Maltby, Stewart, Linley, & Joseph, 2008c).

6. IMPLICATIONS

The findings suggest that cultivating a sense of gratitude may impact positively on an individual's future position on the subjective well-being of mental health (Keyes, 2005), regardless of its current levels of well-being and psychopathology.

Gratitude interventions have been studied before and a recent meta-analysis by Davis, Choe, Meyers, Wade, Varjas, Gifford (2016) suggests that such as gratitude journaling, the gratitude letter, and gratitude lists do increase subjective well-being, albeit with small effects. In line with the current study findings, the research (Kerr, O'Donovan, & Pepping, 2015) showed a gratitude intervention has a positive impact on feelings of connectedness, satisfaction with daily life, optimism and suggested that it can contribute to positive emotional experience, and reduce negative affect (Kerr et al., 2015). Cultivating gratitude may thus indirectly decrease anxiety and increase the levels of subjective well-being significantly.

Moreover, research has suggested that grateful individuals are less prone to develop symptoms of psychopathology from adversity because they are more able to positively reframe negative life events, possibly adding to the prevention of psychopathology (Emmons, 2007; Watkins, Grimm, & Colts, 2004; Wood et al., 2008c).

7. LIMITATION, SCOPE FOR FUTURE RESEARCH & RECOMMENDATION

- Longitudinal explorations have to be made with larger samples and follow up sessions would establish more solid foundation on the lasting impact of the gratitude practice toward the enhancement of well-being in reducing anxiety and increasing SWB.
- There should be post-test in different points of time to understand actual impact of GIP.
- There could have been a second post test after a longer period of time to understand the actual changes and impact on the experimental group.
- Daily supervision of intervention could be envisaged.
- This study reveals high level of anxiety and stress among college students. Teaching individuals to cultivate gratitude on a daily basis may provide important benefits for those undergoing stressful experiences.
- Besides the gratitude exercise efforts should be made to provide them counseling and support from professional counselors, for the promotion of their overall health.

8. CONCLUSION

This study provided evidence that the 18- day Gratitude Interventional Programme (GIP) with all its three dimensions can be applied as an effective technique for reducing anxiety and enhancing SWB of college students. The result indicted that being grateful for the things in life and appreciation

positive feelings reduce the level of perceived stress and anxiety and in tern increases subjective well being of the college students.

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UGC APPROVED JOURNAL

LEVEL OF SOCIAL MEDIA ADDICTION AND LONELINESS AMONG COLLEGE STUDENTS: A DESCRIPTIVE STUDY

Johnson M.*; Dr Lawrence Soosainathan**

ABSTRACT

Studies show that social media addiction is increasing all around the world (Young, K.S.,et.al, 2000; Qualman, 2009). Previous findings indicate that social media addiction presents a grave threat to health and to psycho-social well-being of people at varied levels (Nyland, R; Marvez, R; Beck, J. 2007). Young people are found to be the most vulnerable group of social media addiction and its effects (Echeburua, 2010). The present study aims to determine the level of social media addiction and its impact on loneliness among the college students. A random sample of 279 students (aged between17-23) from different colleges in Dindigul was collected. Social Media Addiction Scale – Student Form (SMAS – SF) and UCLA Loneliness Scale (Version 3) were used. Pearson Correlation test and Independent t tests were employed and found a significant relationship between social media addiction and loneliness. Findings indicate as well that the social media usage patterns and the level of loneliness differ on the basis of socio-demographic features. Implications of this finding are discussed along with the limitation and future scope of this study.

KEY WORDS: *Social Media Addiction, Loneliness, College Students*

1. INTRODUCTION

With the prevalence and popularity of social media in society, its use has invariably penetrated into every aspect of life. People use social media to create and sustain relationships with others (Ellison, 2007). Individuals are connected through screen virtually, but isolated from each other physically. The use of social media has become an important part of students' everyday life, and the high engagement of social media blurs the online and offline life (Kesici and Sahin (2009).Previous conventional offline social life is decreasing and new psychological problem of Loneliness arises. Empirical studies have found that despite the fact that this generation has ample devices and technologies that spur people to stay connected, the feeling of loneliness in the twenty first century is the highest of all times so far. Researches regarding loneliness and the use of social media have yielded mixed results (Huishan Guo, 2018).

In this paper, the researcher would like to highlight the role of social media addiction and loneliness among college students in Dindigul district, Tamil Nadu. Though many studies have been undertaken so far to trace the link between the two, it is nevertheless an attempt to find whether such a link exists in Dindigul, Tamil Nadu.

2. REVIEW OF LITERATURE

2.1 Social Media

Social media encompasses a wide range of online, word-of-mouth forums including blogs, chat rooms, emails, internet discussion boards, social networking websites and moblogs (sites containing digital audio, images, movies, or photographs), to name a few. Social media outlets are numerous and varied. (Mangold, W.G., and Faulds, D.J., 2009). Huishan Guo (2018) includes Facebook, Facebook messenger, Instagram, Twitter, Snapchat, LinkedIn, Tinder, Pinterest, Reddit, Whatsapp, Viber, QQ, Wechat, Tumblr, Line, Kakaotalk under Social Media. In the 21st century, social media is no longer high-tech that is owned by a few elites like in the beginning of social media era, but a common tool for whoever has internet access and communication devices. The popularization of social media implies the change of lifestyle for all hierarchies in society. (Christensson, 2013).

2.2 Social Media Addiction

Hawi and Samaha (2017) explain social media addiction as the compulsive use of social media that reflected behavioral addictive symptoms. Earlier, Griffiths (2005) pointed out that these behavioral symptoms contain the following six aspects: "salience, tolerance, conflict, withdrawal, relapse and mood modification". The findings of Kesici and Sahin (2009) reveal that addicted internet users use the social functions more than the non-addicted internet users. Andreassen, et al. (2012), in their review ofthe published researches on social media addiction, indicated that social media were mostly used for maintaining offline networks that were previously established in real life. Individuals who spend 8.5 to 21.5 hours online per week are considered to be addicted (Yang & Tung, 2007).

2.3 Loneliness

Perlman and Peplau (1981) define loneliness as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively".Loneliness is a multidimensional and universal experience. It is often affected by a wide range of factors including one's personality, history, background, social support, and resources (Rokach and Brock, 1997; Weiss, 1974). Past studies have found a significant

relationship between loneliness and deficits in social interaction (Jones, 1982; Spitzberg and Canary, 1985). Lonely people tend to talk less, have lower levels of involvement and attention, and inappropriate levels of self-disclosure (Sloan & Solano, 1984; Solano, Batten, and Parish, 1982). In addition, lonely people are more likely to be relationally incompetent, and as a result, they spend less time on social activities but more time being alone (Spitzberg and Canary, 1985).

2.4 College Students:

In consistence with the popular image of what a college student is, weunivocally mean one going to a college on a regular basis, inclusive of both males and female.The college years are often marked by many important changes and tumultuous transitions and are a time when students seek out purpose and meaning in their lives; as a result, college is a period of major identity development (Adams, 2012).Social digital platforms may confuse their identity, creating a gap between their ideal and real selves, bringing forth psychological issues in the students (Gündüz, U. (2017).

2.5 Social Media, Loneliness& College Students

Loneliness has been found to be significantly associated with Social Media addiction. Engelberg and Sjoberg (2004) found that lonely people with poorer social skills tend to have more frequent use of the Internet. Lonely students tend to interact with a more diverse network and report less support from their friends and family members (Cutrona, 1982; Sarason, Hacker, & Basham, 1985). In general, the networks of lonely students are less interconnected and less satisfying (Hays and DiMatteo, 1987; Stokes & Levin, 1986). Loneliness exists within every age group; however, adolescents and young adults appear to be particularly vulnerable (Brennan, 1982; Rubenstein & Shaver, 1982). In fact, previous research indicates that loneliness is a common problem among college students (Cutrona, 1982; Shaver, Furman, and Buhrmester, 1985). Survey shows that college students use social media to maintain friendships with offline acquaintances by online interactions (Hawi and Samaha, 2016; Lepp, Barkley, and Karpinski, 2014). In line with these, this study expects lonely people would be more likely to be addicted to smartphones and would have heavier use of smartphones. Since lonely people are reluctant to talk to others in face-to-face communication, they would tend to interact with people by texting or other social networking applications on smart phones (Kuss, Griffiths, Karila, &Billieux, 2014).

3. RESEARCH METHODS:

3.1 Objectives:

- To study the Level of Social Media Addiction and Loneliness among the College Students
- To determine the Correlation between Social Media Addiction and Loneliness
- To determine the Differences based on the Socio-demographic details

3.2 Hypotheses:

H_1: There is a significant positive correlation between Social Media Addiction and Loneliness among college Students.

H_2: There is a significant gender difference in Social Media Addiction and Loneliness among College Students.

H_3: There is a significant difference in Social Media Addiction and Loneliness among College Students based on their place of living.

3.3 Research Design: In this research, the descriptive survey research design has been used.

3.4 Sampling technique: Simple Random Sampling technique was used for this study.

3.4 Sample Size: A sample consisting of 279 college students (129 males &150 females) was collected.

3.5 Universe: Under Graduate Students aged between 17-23years, studying in Private & Co-education Colleges in Dindigul district were included in the study.

3.6 Tools:

3.6.1 Social Media Addiction Scale – Student Form (SMA-SF) by Cengiz Şahin**(**2018) was used. This is a 5-point Likert type scale (1-strongly disagree to 5 strongly agree) which consists of 29 items and 4 sub-dimensions. 1-5 items are within virtual tolerance sub dimension;6-14 items are within virtual communication sub dimension, 15-23 items are under virtual problem sub dimension and 24-29 items are under virtual information sub dimension. All of the items in the scale are positive. The highest point that can be scored from the scale is 145, and the least one is 29. The higher scores indicate that agent perceives himself/herself as a "social media addict". The Cronbach's Alpha reliability of the scale is as follows: virtual tolerance is at .81; virtual communication at .81; virtual problem at .86; virtual information at .82 and the total reliability of the scale is at .93.

3.6.2 UCLA Loneliness Scale (Version 3) by Russell, D., (1996) was used. It is a 4 point scale from 1 (Never) to 4 (Often). It is a 20-item scale, of which 9 items are reverse scored. The higher scores indicate greater degrees of loneliness. The reliability of the scale is measured to be .89.

3.7 Procedure &Statistical Techniques:

Having obtained permission from the college administrations and with the informed consent of the students, data was collected. The SPSS 23 was used for statistical analysis of the data.

Pearson's Correlation coefficient was used to explore the correlation between social media addiction and loneliness. Independent sample t-test was performed to examine gender and type of place of living.

4. Results:

TABLE: 1.RESULTS OF PEARSON'S CORRELATION BETWEEN SOCIAL MEDIA ADDICTION AND LONELINESS

Variables	1	2	3	4	5	6
1. Loneliness	1					
2. SMA:1 Virtual Tolerance	.516**	1				
3. SMA:2 Virtual communication	.296**	.442**	1			
4. SMA:3 Virtual Problem	.397*	.464**	.463**	1		
5. SMA:4 Virtual Information	.433**	.400**	.493**	.528**	1	
6. SMA:5 Total	.536**	.750**	.754**	.788**	.801**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

There is a significant level of positive correlation between loneliness and Social Media Addiction r=.536** at p<0.01 level. There is a significant level of positive correlations between Loneliness

and the dimensions of Social Media Addiction: There is a significant positive correlation between loneliness and the dimension of Virtual Tolerance r=.516**at p<0.01 level. There is a positive correlation between loneliness and the dimension of Virtual Communication r=.296**at p<0.01 level. There is a significant positive correlation between loneliness and the dimension of Virtual Problemr=.397*at p<0.05 level.There is a significant correlation between loneliness between Virtual Informationr=.433**at p<0.01 level. Thus the formulated hypothesis is verified.

TABLE: 2. INDEPENDENT T-TEST COMPARING THE GENDER DIFFERENCE ON LONELINESS AND SOCIAL MEDIA ADDICTION (MALE=129; FEMALE=150)

Variables	***Gender***	***M***	***SD***	***t***	***Sig***
Loneliness	Male Female	64.72 62.53	11.25 12.61	1.518	.130 *NS*
Virtual Tolerance	Male Female	58.82 55.4	13.36 12.99	2.122	.035 Sig
Virtual Communication	Male Female	67.54 65.68	11.11 11.24	1.387	.167 *NS*
Virtual problem	Male Female	68.73 67.00	10.71 13.28	1.187	.236 *NS*
Virtual Information	Male Feale	70.02 70.13	13.33 15.29	.068	.946 *NS*
Social Media Addiction (Total)	Male Female	66.28 64.57	9.88 9.82	1.444	.150 *NS*

Sig = Significant, NS = Not Significant

The mean value for male students for loneliness is 64.72 (SD =11.25), whereas, for female students it is 62.53 (SD= 12.61). It appears that male students have higher degree of loneliness than female students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=1.518 P<.130 not significant).

The mean value for male students for Social media addiction is 66.28 (SD =9.88), whereas, for female students it is 64.57 (SD= 9.82). It appears that male students have higher degree of social media addiction than female students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=1.444 P<.150 not significant).

It has also been found that there is no statistically significant gender difference between male and femaleon the sub-dimensions of Social Media Addiction, except in the sub-dimension of Virtual tolerance (t=2.122 P>.035significant**).**

The mean value for male students for Virtual tolerance is 58.82 (SD =13.36), whereas, for female students it is 55.4 (SD= 12.99). It appears that male students have higher degree of virtual tolerance than female students. This difference is also statistically significant as the 't' value is significant at 0.05 level (t=2.122 P>.035 significant).

The mean value for male students for Virtual Communication is 67.54 (SD =11.11), whereas, for female students it is 65.68 (SD= 11.24). It appears that male students have higher degree of virtual communication than female students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=1.387 P<.167 not significant).

The mean value for male students for Virtual Problem is 68.73 (SD =10.71), whereas, for female students it is 67.00 (SD= 13.28). It appears that male students have higher degree of virtual problem than female students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=1.187 P<.236 not significant).

The mean value for male students for Virtual Information is 70.02 (SD =13.33), whereas, for female students it is 70.13 (SD= 15.29). It appears that female students have higher degree of virtual problem than male students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.068 P<.946 not significant).Thus the formulated hypothesis is rejected.

TABLE: 3. INDEPENDENT T-TEST COMPARING THE PLACE OF LIVING DIFFERENCE ON LONELINESS AND SOCIAL MEDIA ADDICTION (URBAN STUDENTS =101; RURAL STUDENTS =178)

Variables	***Gender***	***M***	***SD***	***t***	***Sig***
Loneliness	Urban Rural	63.70 63.46	12.59 11.73	.161	.872 *NS*
Virtual Tolerance	Urban Rural	57.70 56.62	14.06 12.78	.650	.561 *NS*
Virtual Communication	Urban Rural	65.88 66.91	12.83 10.18	.735	.463 *NS*
Virtual problem	Urban Rural	67.96 67.71	13.58 11.33	.170	.865 *NS*
Virtual Information	Urban Rural	73.61 67.31	14.5 13.91	3.390	.001 *S*
Social Media Addiction (Total)	Urban Rural	66.36 64.79	10.49 9.488	.263	.203 *NS*

Sig = Significant, NS = Not Significant

The mean value of urban students for loneliness is 63.70 (SD =12.59), whereas, for rural students it is 63.46 (SD= 11.73). It appears that urban students have higher degree of loneliness than rural students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.161 P<.872 not significant).

The mean value for urban students for Social media addiction is 66.36 (SD =10.49), whereas, for rural students it is 64.79 (SD= 9.488). It appears that urban students have higher level of social

media addiction than rural students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.263 P<.203 not significant).

It has been found that, on the basis of place of living, there is no statistically significant difference between urban and rural students on the sub-dimensions of Social Media Addiction, except in the sub-dimension of Virtual Information (t=3.390 P>.001significant**)**

The mean value for urban students for Virtual tolerance is 57.70 (SD =14.06), whereas, for rural students it is 56.62 (SD= 12.78). It appears that urban students have high virtual tolerance compared to rural students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.650 P<.561 not significant).

The mean value for urban students for Virtual Communication is 65.88 (SD =12.83), whereas, for rural students it is 66.91 (SD= 10.18). It appears that urban students have higher degree of virtual communication than rural students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.735 P<.463 not significant).

The mean value for urban students for Virtual Problem is 67.96 (SD =13.58), whereas, for rural students it is 67.71 (SD= 11.33). It appears that urban students have greater virtual problem than rural students. However, this difference is not statistically significant as the 't' value is not significant at 0.05 level (t=.170 P<.865 not significant).

The mean value for urban students for Virtual Information is 73.61 (SD =14.5), whereas, for rural students it is 67.31 (SD= 13.91). It appears that urban students have higher level of virtual problem than rural students. This difference is also statistically significant as the 't' value is significant at 0.05 level (t=3.390 P>.001 significant).Thus the formulated hypothesis is rejected.

5. DISCUSSIONS

The findings displayed in the tables above are self-evident and the survey results are explained. With the help of Social media addiction and Loneliness Scales, the study underscores a significant level of positive correlation between social media addiction and loneliness among the said college students. This is indicated in the results.

The research also examined how loneliness correlates with various dimensions of social media addiction. Many Empirical studies earlier have produced mixed findings of the link between social media and loneliness. Some studies found out that online communication through social media potentially enhanced the social support and self-esteem that users may perceive, and reduced loneliness and depression (Shaw and Gant, 2002). However, some other studies argued that onlinecommunication potentially isolated individual users in real life and gave rise to low well-being (Kim, Larose, and Peng, 2009). The present study corresponds with many researches undertaken over time.Lonely people are dissatisfied with their offline relations due to deficient social skills; they turn to use more of online communication for compensation (Kim, LaRose, and Peng, 2009). Kim et al.(2009) conducted a survey among over six hundred university students in the United States, they found the malicious cycle of loneliness and Internet use. Lonely people who find maintaining offline interactions difficult, tend to use Internet (including social media) excessively, which lead to additional problems such as bad academic performance, missing class or work, and depression, etc. These additional problems motivate their desire to escape from real life problems to the Internet, which isolate them more and lead to increased loneliness. However, this research tested not only the social media, but Internet use as a whole.Morahan-Martin and Schumacher (2001) stated online communication was easier and less embarrassing than face-to-face

communication for lonely and depressed people, social media helped to combat their desire for social interaction, in results it led to higher preference of using social media for communication.As a result, the compulsive use of social media would replace with time of offline social engagement. The present finding of loneliness in males and females are not in consistence with the study made by Borys& Perlman, (1985) and Schultz & Moore(1986). They claim that college males are usually lonelier than females (Borys& Perlman, 1985; Schultz & Moore, 1986).

6. LIMITATIONS, IMPLICATIONS AND SCOPE FOR FUTURE

- Though this study is not first of its nature, yet there are many avenues for further investigation. Study could include boredom, anxiety, depression levels of students due to social media addiction.
- Other socio demographic details such as religion, age, family system, income of the parents could have been included for broader analysis.
- In order to remedy and preventthe addiction, intervention measures and strategies could be suggested and introduced.
- The study could be replicated with a broader inclusion of PG Students, multiple social media platforms, tracking of time spent on the preferred applications by individuals and so on.
- With the research results clarified and assessed,certain interventions could be initiated and environment created, so as to help the students maintain offline interactions and promoteproductive engagement.This may enable the students to combat loneliness, thereby reducing their screen time and the resulting social media addiction.

7. CONCLUSION

Research findings present a fairly comprehensive view on the level of the social media addiction and loneliness among college students. The study has primarilyunderlined the positive link between the two, though it is not as yet established which one affects the other. The study has also found that there is no statistical significance in social media addiction and loneliness based on gender and place of living. As a culminating point,social media, whether a boon or bane,need to be seen as an extension of ourselves to reach out to others, and not as a replacement for our physical offline relationships.

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INFLUENCE OF EMOTIONAL INTELLIGENCE ON WHOLE BRAIN DOMINANCE AND ACADEMIC PERFORMANCE OF 9TH STD STUDENTS

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ABSTRACT

This research assessed the influence of emotional intelligence on whole brain dominance and academic performance of 9th std students. An Experimental study was conducted with a sample of 152 females and 26 males, altogether 178 selected from three schools, one Co-Education matriculation school, one Girls matriculation school and one Aided matriculation girls school. The samples were collected using purposive sampling method. Two psychometric tools were used in this study namely SOLAT questionnaire - Style of Learning and Thinking by D. Venkataraman (English), consisting of 100 items to assess whole brain dominance and Emotional Intelligence Scale by A K Singh & Shruti Narain (English), consisting of 31 items to assess emotional intelligence. Academic results obtained before and after interventions were used as indicator of academic achievement. Paired T-Test and Pearson Correlation were used for statistical analysis. The findings of the study revealed that there is significant difference in scores of Emotional Intelligence (t value – 20.740), SOLAT (W) (t value – 14.344) and Academic Performance (t value – 6.680) of the respondents' with significant value of 0.000 at 0.05 levels respectively. Further, analysis through Pearson correlation also revealed that there is a positive effect of emotional intelligence on SOLAT (W) Scores and Academic Performance concluding that Emotional Intelligence influences Whole Brain Dominance and Academic Performance.

KEYWORDS: *Emotional Intelligence, Whole Brain Dominance, Academic Performance.*

INTRODUCTION

The transition from childhood to adulthood involves dramatic physical, sexual, psychological and social developmental changes, all taking place at the same time. In addition to opportunities for development this transition poses risks to their health and well-being. Emotions play an important role in our daily lives. "Puberty is the beginning of major changes in the limbic system," the part of the brain that not only helps regulate heart rate and blood sugar levels, but also is critical to the formation of memories and emotions. Theorists and clinicians have historically differed in their chronologic definition of sub-stages of Adolescence, wherein 'Middle adolescence' is aligned between the ages of 14 to 16 years. "It is a perplexing period, where the first time they are seeing themselves in the world, hence their greater autonomy opens their eyes to what lies beyond their families and schools or the real outer world. (Siegel, Daniel J., M.D and Bryson).

We are living in an era of Globalization where our traditional ways of living are in transitional phase. Due to privatization, urbanization and liberalization, the youth is in a dilemma where they find themselves unfit and unequipped. A rapid change in life styles, family environments, pressures from peers and society, academic challenges etc. are the factors that are leading to competition and stress. The teenagers are not able to cope up with the negative emotions which have become a stigma of their life. Some dysfunction personality factors like Self-control, Self-esteem Dysfunctions, Restlessness, Personality Motivation, Lack of Involvement, Parents attitude, Low Academic Achievement, Inadequate Of Cognitive Skills, Back ground Diagram contribute to low performance of students.

Emotional Intelligence is an ability, capacity or skill to perceive, assess and manage the emotions of one's self, others and of groups. It is an array of noncognitive capabilities, competencies and skills that influences one's ability to succed in copuing with enviornmental demads and pressures. Emotional competencies suggested by Daniel Goleman through self-science curriculum are **Self-awareness:** observing yourself and recognizing your feelings; building a vocabulary for feelings; knowing the relationship between thoughts, feelings, and reactions; **Personal decision-making:** examining your actions and knowing their consequences; knowing if thought or feeling is ruling a decision; applying these insights to issues such as sex and drugs; **Managing feelings:** monitoring "self-talk" to catch negative messages such as internal put-downs; realizing what is behind a feeling; finding ways to handle fears and anxieties, anger, and sadness; **Handling stress:** learning the value of exercise, guided imagery, relaxation methods; **Empathy:** understanding others' feelings and concerns and taking their perspective; appreciating the differences in how people feel about things; **Communications:** talking about feelings effectively: becoming a good listener and question-asker; distinguishing between what someone does or says and your own reactions or judgments about it; sending "I" messages instead of blame; **Self-disclosure:** valuing openness and building trust in a relationship; knowing when it's safe to risk talking about your private feelings; **Insight:** identifying patterns in your emotional life and reactions; recognizing similar patterns in others; **Self-acceptance:** feeling pride and seeing yourself in a positive light; recognizing your strengths and weaknesses; being able to laugh at yourself; **Personal responsibility:** taking responsibility; recognizing the consequences of your decisions and actions, accepting your feelings and moods, following through on commitments; **Assertiveness:** stating your concerns and feelings without anger or passivity; **Group dynamics:** cooperation; knowing when and how to lead, when to follow; **Conflict resolution:** how to fight fair with other kids, with parents, with teachers; the win/win model for negotiating compromise (Daniel Goleman).

Specifically, increased emotional intensity gives an enhanced vitality to life by Intense emotion may rule the day, leading to impulsivity, moodiness, and extreme, sometimes unhelpful, reactivity at the downside and Life lived with emotional intensity can be filled with energy and a sense of vital drive that give an exuberance and zest for being alive on the planet at the upside. Teenager's ability to make decisions are overly influenced by emotions as their brains rely more on the limbic system, the emotional seat of the brain, than the more rational prefrontal cortex, explained Feinstein.

Brain has many different parts with different jobs – left side of the brain helps us to think logically and organize thoughts into sentences and right side helps to experience emotions and read nonverbal cues, which Dr.Daniel J Siegel says that the left brain cares about the 'Letter of law' (More of those L's) focusing on the text and the right brain cares about the 'Spirit of law', the emotions and experiences of relationships, focusing on the context.

When the brain is horizontally integrated, the left-brain logic work well with the right-brain emotions. Likewise, when the brain is vertically integrated to the physical higher parts of the brain let thoughtful consideration of actions, work well with the lower parts, which are more concerned with instinct, gut reactions, and survival and allowing a free flow between the lower and higher parts of our brain functioning completely. Horizontally integrated makes the two sides of the brain to act in harmony, wherein it values their logic and emotions they will be well balanced and able to understand themselves and the world at large.

In order to live a balanced, meaningful and creative life full of connected relationships it is crucial that our two hemispheres work together, as the two halves make a whole. Integration refers to linking different elements together to make a well-functioning whole. Just like our body brain can't perform at its best unless its different parts work together in a coordinated and balance way. When the brains are not integrated they become overwhelmed by their emotions, confused and chaotic and cannot respond calmly and capably to the other challenging experiences of parenting and life are results of a loss of integration also known as dis-integration. (Siegel, Daniel J., M.D, and Tina Payne, Ph.D).

Daniel Goleman states that Most of the problem in our life, whether childhood problems, adolescent problems, home and family problems, work situation problems or political, regionalor international problems are the result of misinterpretation of the involved sentiments, feelings and emotions of the concerned individuals, group of individuals, society and the nations. From the forgoing statements of Daniel Goleman and Daniel Siegal it is evident that if proper attempts are made in training emotions and developing proper emotional intelligence potential among students atleast from the begining of their teenage period, considering the changes in the brain during teenage, it will surely help in taming emotional understanding with empathy guiding to self control them through right actions and behaviour for leading a better life in peace and cooperation.

REVIEW OF RELATED LITERATURE

2.1.1 Studies related to Emotional Intelligence and Whole Brain Dominance

A study on Brain Dominance and Emotional Intelligence of College students was done by M.Avoodai ammal and Dr.C.Ramesh (2018), which found significant difference between male and female college students in their brain dominance. Female college students are better than male college students on their brain dominance.

With the objective to "Improve the students' spiritual intelligence in English writing through whole brain learning strategy" was done by Didik Santoso (2016), English Eduaction Department, Faculty of Tarbiyah and Pedagogical science, Universitas Islam Nigeri Sumatera Utara, Indonesia, which

revealed that there was a significant improvement in students' spiritual intelligence in English writing when they were taught through whole brain learning. This study was conducted as a classroom action research. The data was collected from the result of spiritual intelligence questionnaire, observation, interview and documentation. The subjects of the research were 30 students in English education department, Universitas Islam Nigeri Sumatera Utara. The Analysis was done using t-test in statistical package for the social science (SPSS) and the qualitative data where analyzed by using miles and Huberman technique: Data reduction, Data display and verification.

Another study based on Whole Brain Theory was done by Ahmad Mohamed Awad AlGhraibeh (2015) Department of Psychology, College of Education, King Saud, University, Riyadh, Saudi Arabia to find the relationship between learning and thinking styles and emotional intelligence to determine correlations between the variables and to discover whether they differ according to gender and age groups. The results of the study indicated a positive correlation (40.8%) between emotional intelligence (emotional assimilation) with upper left brain (henceforth (Q_A)) and learning and thinking styles of the Lower Right Brain (henceforth (Q_C)) and upper right brain (henceforth (Q_D)). Linear correlation showed statistical significant differences between emotional intelligence dimensions test (emotional assimilation and emotional understanding) and Q_D in favor of females. Statistical significant differences are also found between emotional assimilation and Q_A and Q_C in favor of females.

2.1.2 Studies related to Emotional Intelligence and Academic Achievement

A study was done by Rizwan Hassan Bhat, Dr.Syed Ahmed Shah and Harpreet Kaur(2015), Department of Psychology, Aligarh Muslim University, Punjab, to see the relationship between "Emotional intelligence and its relation with academic achievement" among boys and girls. Emotional intelligence was established as a key predictor variable in the success of student's academic achievement. In the present study, descriptive survey method was used to obtain pertinent and precise information. The sample consists of 200 students (100 males 100 females) selected from Lovely professional university by using simple random sampling technique. A self-constructed questionnaire was used to study an academic achievement of the students. To study an emotional intelligence Inventory was developed by Dr. S. K. Mangal & Mrs. Shubhra Mangal. In this inventory total 100 items and it is divided into four areas (intrapersonal management, interpersonal management, intrapersonal awareness and interpersonal awareness). T-test and Pearson's product Moment Co-efficient of Correlation Methods are used for data analysis. The result reveals that there is a relation between Academic Achievement and Emotional intelligence.

Yet another study conducted by V.Vineeth Kumar, Manju Mehta and Nidhi Maheshwari (2013) revealed a significant effect of Emotional Intelligence on the achievement motivation and educational adjustment of students but this study did not have a significant effect on the emotional adjustment and scholastic performance of students. The sample size was of 450 urban male students of the 10^{th} standard from Jaipur district. Emotional Intelligence Scale (EIS) by Hyde, Pethe and Dhar, Achievement Value and Anxiety Inventory (AVAI) by Mehta and Adjustment Inventory for School Students (AISS) by Sinha and Singh were used as tools. In addition their academic scores in board exams was taken as the index of their scholastic performance.

A study on the "Impact of Emotional Intelligence Element on Academic Achievement" was done by Azizi Yahaya, et al., Faculty of Education, university Teachnolgi Malaysia (2012). Statistical inference of the Pearson-r and multiple regressions were used to analyze the data. The results showed that the significant relationship between self-awareness (r=0.21), emotional management (r=0.21),

and empathy (r=0.21) at the level of p<0.05 with academic achievement. Multiple regression analysis (stepwise) result showed that only three elements of emotional intelligence which is self-awareness (β+0167) accounted for 8.7% of variation in creation (academic achievement). Research also presented a model designed to reflect the relationship between the elements of emotional intelligence and academic achievement.

After searching a large literature, only a meagre researches were found in Indian context related to Whole brain concepts and emotional intelligence. So, it is very much needed to work upon.

RESEARCH DESIGN

Statement of the problem: This study was done to know if emotional intelligence creates an impact on the whole brain dominance and academic performance of 9th std students aged 14-15years old.

Objectives of study

1. To study the difference in Emotional Intelligence before and after Intervention.

2. To study the difference in Whole Brain Dominance before and after Intervention.

3. To study the changes in Academic Performance before and after Intervention

4. To study the relationship between emotional intelligence, whole Brain dominance and Academic Performance.

Hypothesis of study

Null Hypothesis 1: There will be no significant difference in the Emotional Intelligence Score of the respondents before and after intervention.
Null Hypothesis 2: There will be no significant difference in the SOLAT (W) Score of the respondents before and after Intervention.
Null Hypothesis 3: There will be no significant difference in the Academic Performance Score of the respondents before and after Intervention.
Null Hypothesis 4: There will be no significant relationship between the variables emotional intelligence, SOLAT (W) and Academic Performance.

METHODOLOGY

Method of the study: Experimental study.

Sample: A sample of 152 Females and 26 Males studying in 9th Standard from three schools at Peelamedu, aged between 14-15 years were selected on the basis of purposive sampling.

Tools used in the study:

SOLAT questionnaire - Style of Learning and Thinking by D. Venkataraman (English), consisting of 100 items was used.

To assess emotional intelligence Emotional Intelligence Scale by A K Singh & Shruti Narain (English), consisting of 31 items was used.

Academic results obtained before and after interventions were used as indicator of academic achievement

Intervention Rendered: Coaching emotional intelligence with whole brain understanding referring to Self Science Curriculum syllabi referred by Daniel Goleman (1995) and Whole Brain Strategies of Dr. Seigal, J Daniel (2012) in 10 sessions.

Statistical techniques used

Mean, S.D., t-test were calculated to analyse the data and Pearson Correlation was applied to see the significant relationship between variables.

ANALYSIS OF THE DATA

TABLE 1.1 BELOW SHOWS THE MEAN DIFFERENCE IN EMOTIONAL INTELLIGENCE, SOLAT (W) AND ACADEMIC PERFORMANCE OF THE SAMPLE BEFORE AND AFTER INTERVENTION.

Sl No	Variables	Condition	Mean Scores	Std. Deviation	t value
1	Emotional Intelligence	Before Intervention	21.0337	3.52377	-20.740*
		After Intervention	25.6404	2.39937	
2	SOLAT (W)	Before Intervention	5.1798	7.93627	-14.344*
		After Intervention	15.6854	8.74833	
3	Academic Performance	Before Intervention	338.4775	66.81395	-6.680*
		After Intervention	352.1236	65.94259	

* Significant at 0.05 level.

The mean scores of Emotional Intelligence before intervention is 21.0337 and after intervention is 25.6404 showing a difference with an increase in the scores after giving intervention with a t value of -20.740 at 0.05 level of significance.

The mean scores of SOLAT (W) before intervention is 5.1798 and after intervention is 15.6854 showing a difference with an increase in the scores after giving intervention with a t value of -14.344 at 0.05 level of significance.

The mean scores of Academic Performance before intervention is 338.4775 and after intervention is 352.1236 showing a differnence with an increase in the scores after giving intervention with t value of -6.680 at 0.05 level of significance.

TABLE 1.2 SHOWING THE CORRELATION BETWEEN EMOTIONAL INTELLIGENCE, SOLAT AND ACADEMIC PERFORMANCE OF THE SAMPLE

Variables	N	r Value	Table Value	Level of Significance	Result
Emotional Intelligence and SOLAT (W) Score	178	0.317**	0.000	0.01	Significant
Emotional Intelligence and Academic Performance	178	0.916**	0.000	0.01	Significant

Table 1.2 reveals that the r value 0.317** between Emotional Intelligence and SOLAT (W) Score is significant at 0.01 level of confidence and the r value 0.916** between Emotional Intelligence and Academic Score is significant at 0.01 level of confidence. These results allow us to reject the null hypotheses. This reveals that emotional intelligence is positively related to SOLAT (W) and academic performance of 9th standard students.

FINDINGS

This study was done to find if there is any difference in Emotional Intelligence, Whole brain Dominance and Academic Performance of the respondents after intervention. It was found that there was a significant difference in all the 3 variables after intervention, indicating the effectiveness of the intervention in enhancing Emotional Intelligence, Academic Performance and learning and thinking styles of the respondents. At the same time, the study also disclosed that there is significant positive correlation between Emotional Intelligence and SOLAT (W) Scores and Emotional Intelligence and Academic Performance. Hence the study concludes that Emotional Intelligence influences Whole Brain Dominance and Academic Performance.

CONCLUSION

As this and other studies imply that the level of emotional intelligence contributes to stimulation of the whole brain and enhancement of Academic Performance, specifically in teenage, scholastic syllabi must be incorporated with non-formal education intended to promote emotional intelligence focused on Self-awareness, Personal decision-making, Managing feelings, Handling stress, Empathy, Communications, Self-disclosure, Insight, Self-acceptance, Personal responsibility, Assertiveness, Group dynamics, Conflict resolution and understanding whole brain strategies with specific activities that stimulates all the parts of their brain. Thus, to produce a competent generation and successful country in line with the philosophy of education, persistence of the emotional intelligence in student is essential.

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CHALLENGES FACED BY VISUALLY IMPAIRED IN USING THE ASSISTIVE TECHONOLOGY FOR HIGHER EDUCATION

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ABSTRACT

Research on challenges faced by visually impaired in using the assistive technology higher education was carried out with 30 visually impaired. The samples were selected using purposive sampling method. Checklist was prepared with 4 domains with six items in 3 domains and ten items in 4th domain with five options. The items were arranged in a hierarchical order. Interview method was followed to collect the data. The result revealed that most of the devices were imported and hence were costly and also difficult to repair and replace the parts. In spite of the difficulties, it was at times comfortable to use it.

KEYWORDS: *Hierarchical, Difficulties, Ethnicity, Disabilities*

INTRODUCTION

Persons with disabilities are among the most stigmatized and excluded groups of children around the World. Technology had lent a helping hand for people with disabilities. Persons with disabilities frequently face challenges to their academic, social and community participation and are subjected to discrimination and social exclusion based on their age, gender, social states, language, ethnicity religion and living environment. This is mainly due to challenges that they need to face in accessing assistive technology. Assistive technology can reduce or eliminate such barriers. Obtaining and using such an assistive technology is not always possible due to product and service related barriers.

Many people with disabilities and their families have limited awareness of assistive products and service. This makes it difficult for children and their families to know what assistive technologies are available or suitable and how they can be beneficial.

Disability is the outcome of the interaction between a child with impairment and an environment with barriers that hinders his or her participation in an equal basis with others. This made an investigator to look into the key issue with the following objectives:

- Identify the visually impaired enrolled for higher education.
- Analyze the challenges faced by Visually Impaired in using the Assistive Technology.
- Understand the difficulties faced by the Visually Impaired in knowing about the device, using the device and in accepting the device.

METHODOLOGY:

An interview was conducted among 30 visually impaired enrolled in Higher Education in Coimbatore District to know the challenges faced by them in using the Assistive technology. The samples were selected by using purposive sampling method. The dependent variables were the visually impaired and the Independent variables were the domains such as about the device, usage of devices, acceptability and assistive devices. Checklist was prepared with 4 domains and 6 items in the first 3 domain and with10 items in the4th domain with five options namely always **Almost, Sometimes, Rarely** and **Never.** The items were arranged in a hierarchical order from simple to complex and it reflects the challenges faced by visually impaired in using the assistive technology. The responses were recorded and analyzed to know the challenges faced by visually impaired in using the Assistive technology.

RESULT AND DISCUSSION

TABLE 1: KNOWLEDGE OF VISUALLY IMPAIRED ABOUT THE DEVICE

S.No:	Items	Always		Almost		Sometimes		Rarely		Never	
		No	%	No	%	No	%	No	%	No	%
1.	Cost of the device	30	100								
2.	Difficulty inmaintaining			6	20	24	80				
3.	Not Assessable					9	30	21	70		
4.	Durable					9	30	21	70		
5.	Replacement of parts							3	10	27	90
6.	Difficulty in Repairing			21	70	9	30				

With Regard to the Knowledge about the device hundred percent of the visually impaired expressed that cost of the device always matters a lot. Eighty percent of them stated that sometimes they find it difficulty in maintaining the assistive technology. Replacement of the parts of the assistive technology can never be done and 70 % stated that almost they find it difficult to repair also. This reflex that these are the major challenges that they face with the regarded to the device that they use to overcome the barriers in day to day life.

TABLE 2: RESPONSE OF VISUALLY IMPAIRED IN USAGE OF DEVICE

S.No:	Items	Always		Almost		Sometimes		rarely		Never	
		No	%	No	%	No	%	No	%	No	%
1.	Complexity in operating			21	70	9	30				
2.	Inadequate training to use he device			24	80	6	20				
3.	Cannot physically operate the device					3	10			27	90
4.	Adaptation is too difficult	27	90			3	10				
5.	Mostly imported product	27	90			3	10				
6.	Unaware of safety measures	30	100								

While using the device, almost 80% of them expressed that they were not trained properly in using the device. Adaptation of the device as per the need is not always possible, since 90% of the devices were always imported one. Because it is imported, all of them were not aware of the safety measures.

TABLE 3: RESPONSE OF VISUALLY IMPAIRED IN TERMS OF ACCEPTABILITY

S.No:	Acceptability	Always		Almost		Sometimes		Rarely		Never	
		No	%	No	%	No	%	No	%	No	%
1.	Efficiency of the device			21	70	9	30				
2.	Reliability	6	20	24	80						
3.	Simple	9	30	21	70						
4.	Safety			9	30	21	70				
5.	Comfortable			9	30	21	70				
6.	Aesthetic							24	80	6	20

Almost 80% of them expressed that Efficiency of the device is maintained and it is reliable one. Most of them stated that the device is comfortable sometimes only. Whereas 80% of them expressed that rarely it appears to be aesthetic, seventy percent of them stated that sometimes it is comfortable.

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TABLE 4: RESPONSE OF VISUALLY IMPAIRED IN TERMS OF USING ASSISTIVE DEVICES

S.No:	Assistive Devices	Always		Almost		Sometimes		Rarely		Never	
		No	%	No	%	No	%	No	%	No	%
1.	Jaws	30	100								
2.	NVDA					30	100				
3.	Kurzwell reading Software					30	100				
4.	Magic-screen software							30	100		
5.	Win Braille software							30	100		
6.	Shree lipi software							30	100		
7.	Read Easy move							30	100		
8.	Orbit Reader							30	100		
9.	Plex talk			30	100						
10.	Daizy player			30	100						

Hundred percent of the visually impaired expressed that they always use JAWS software; Plex talk and Daizy player were used almost, sometimes they used to use NVDA and Kurzwell reading Software. Magic-screen software, Win Braille software, Shree lipi software, Read Easy move and Orbit Reader were rarely used by them.

CONCLUSION:

The above table shows that majority of Visually Impaired were facing challenges in using the Assistive Technology. This shows that these technologies need to adapted to Indian condition and should be accessible to all the Visually Impaired. so that they can be made to work on par with normal and thus eliminating the barriers. This barrier needs to be brought into lime light so that an attempt will be made to eliminate it, to facilitate the Visually Impaired to use the technology optimally.

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EFFECTIVENESS OF HEALING THE INNER CHILD PROGRAMME ON SPIRITUAL COMPETENCE AMONG LATE ADOLESCENTS

Sahayaraj SS.*; Dr. Lawrence Soosainathan**

ABSTRACT

Spiritual competence of the individuals has found to be enhancing the regulation of human behaviour and the broadening of meaning in life. While spirituality and religiosity are used as synonym by some researchers, spiritual competence is not necessarily limited to faith in a religion or religiosity. Given the rich potentials of spiritual competence for human well-being, there is a growing research focus on spiritual competence, its role in human well-being, and the ways and means to enhance spiritual competence in people. The purpose of the present study is to find out the effectiveness of healing the Inner Child programme on Spiritual Competence among the late adolescents. The intervention, previously validated, consists of psychodynamic therapies, behavioural therapies, cognitive behavioural therapies and alternative therapies. A pre-post experimental design has been utilized to collect and analyse data from a simple random sampling of 60 participants (M = 30, F =30). The tool that has been used is, Anugraha Spiritual Competence Scale for Late Adolescents (ASpCS), (Wilson, 2018). The findings show that Spiritual Competence significantly increased among the participants after the intervention, with a significant difference between the male and female participants. Limitations and scope of this study is discussed.

KEYWORDS: *Spiritual Competence, Inner Child, Integrated Approach, Well-Being*

1. INTRODUCTION

Spiritual intelligence is one of the many intelligences (Goleman, 2001), and is the central and fundamental of all intelligences; it has become the source and guidance for individuals in channelling human behaviour and widening their meaning of existence (Covey, 2013). In the past few decades, a lot of researches have been undertaken on Spiritual Competence (Zohar & Marshall, 2000; Tischler et al., 2002; Vaughan, 2002; Friedman & MacDonald, 2002; Wigglesworth, 2006; Amram, 2009; Kaur and Singh, 2013).Recently, the neurological researchers surprised the world, by identifying the existence of 'God spot' in the human brain, utilizing positron emission tomography; they also spoke out that this spot does not prove on the existence or non-existence of God (Zohar and Marshall, 2000).

2. Spiritual Competence

Spiritual Competence has been defined by various authors: Cindy Wigglesworth (2006) asserts that Spiritual competence is "the ability to act with wisdom and compassion, while maintaining inner and outer peace, regardless of the circumstances". According to Zohar (2012) spiritual competence is our longing and desire to find meaning, have a vision for life and a value based life (Kumar and Mehta, 2011); whereas Vaughan (2002) opines "Spiritual competence is concerned with the inner life of mind and spirit and its relationship to being in the world".Wolman (2001) asserted Spiritual competence as "the human capacity to ask ultimate questions about the meaning of life and to simultaneously experience the seamless connection between each of us and the world in which we live".

The question arises if Spirituality and Spiritual Competence are one and the same; Spirituality denotes the inquiry into the experiential elements of the divine, fundamental meaning, higher-consciousness and transcendence (Friedman and MacDonald, 2002) whereas spiritual competence gives a greater importance on the abilities that draw on such spiritual themes to predict functioning and adaptation and to bring about cherished outcomes (Emmons, 2000)

There is a growing tendency among individuals who acknowledge that they are spiritual yet not religious (Ammerman, 2013). Here spirituality is understood as an individual's personal connection with God (Wuthnow, 2007); but religion is defined as a cultural set of beliefs, values and practices that have been exercised by individuals who have similar experiences of the sacred (Praglin, 2004)

3. Inner Child

"Inner Child" refers to the emotional experiences one has had since his/her childhood (Bradshaw, 1990); Jung is said to be the initiator to refer the concept of "inner child" in his *divine child archetype*. Eric Berne (1964) presented the notion of "child ego state"; Missildine (1963) popularised the term "inner child"; Emmet Fox named it as the "wonder child"; Cappacchione (1976) on her part initiated the reparenting therapy; Whitfield (1987) labelled the "inner child" as the "child within"; Park (1987) made his contribution by designing a program to get in touch with and recover the inner child; Oliver-Diaz & O'Gorman (1988) delineated "Twelve steps to Self-parenting"; Bradshaw (1990) called it as the "wounded inner child"; Cappacchione (1991) invites that the inner child which has been buried alive due to the "parental injunctions", has to be recovered.

4. Healing the Inner Child

Each one is born into this world with innate and spontaneous capacity to live with joy, thankfulness, eagerness, passion for life and curiosity, etc. but they are suppressed and oppressed from time to time (Bradshaw, 1990; Whitfield, 1987; Capacchione, 1991), Bradshaw (1990) offers a new and great insights into how one could redeem the "wounded inner child" and undertake a journey that enkindles the capacity to live a healthy lifeCapacchione, 1991); Bradshaw (1990) reveals how reconnecting with one's inner child through "pain work" can be a source of hope, fulfilment and renewal (Puthanangady, 2006; Subramanian and Raj, 2012; Raj, 2013; Sahayaraj, 2016). Bradshaw, (1990) and Whitfield, (1989) propose that in order to develop a nourishing and fulfilling life, one has to learn to "reparent" herself/himself and unload the programmes that have been imprinted by the parents and thus grow as a whole person.

5. Adolescents

Adolescents encounter many challenges, either personal or interpersonal aspects like family, friendships, dating, sex roles (Balistreri et al., 1995); or career, religion, politics (Grotevant et al., 1984); some of them are more successful in coping with life issues and go ahead in a healthy way (Lewis and Frydenberg, 2002); unfortunately, some others are unable to handle challenges of life successfully, get into risky behaviour and experiment with weird behaviours (Geldard and Geldard, 2009) and face identity diffusion and alienation (Sandhu& Tung, 2004) low self-esteem, self-harming, drug abuse, alcoholism and delinquency (Luyckx et al., 2006).

There are variations in the understanding of the sub-stages of Adolescence; Nienstein et al. (2009) assigns early adolescence as 10 to 13 years, middle adolescence as 14 to 16 years, and late adolescence as 17 to 21 years (cf. Steinberg, 2002; Elliott & Feldman, 1990; Hurlock, 1974). Some pronounced authors distinguish early adolescence (10 to 14 years), mid-adolescence (15 – 19 years) and late adolescence (20 to 24 years) (Irwin et al., 2002). The researcher of the present study uses the definition of UNICEF (2015) marking late adolescent period as being 18 years to early twenty years.

6. Spiritual Competence and Adolescence

The adolescents, as they grow in their cognitive development, they also grow in religious beliefs, rituals and find that they provide meaning and value to their lives (Canda, 1989). Since the adolescents have the natural capacity to ask questions about values, justice, belief system, etc., the inquisitive tendency helps them in developing foundations for spiritual maturing (Smith and McSherry, 2004); a majority of the adolescents consider themselves spiritual (Steen et al., 2003); they show greater interest in getting connected to God (Fowler, 2004); their connectedness to God motivates them to orient themselves to community service (Saad, 2010), augments physical health, mental health and life satisfaction (Greenfield and Marks, 2007), facilitates in fighting against adolescent stress (Koenig et al., 2012), reduce their depressive symptoms (Callaghan, 2005), gain control over their lives, easily come out of identity crisis (Mishra, 2014), increase their academic achievement and realize their potentials (Hassan and Shabani, 2013).

7. Healing the Inner Child and Adolescence

According to Bradshaw (1990)when a child gets wounded through abuse, neglect, etc., s/he gets traumatized; children need their pain validated. In most dysfunctional families, a child's pain may not be corroborated nor was a child supported by the caregivers; children find their own defences to protect themselves through withdrawal, memory loss, emotional blocking and numbing; Bradshaw

(1990) continues saying, "Paradoxically the very defences which allowed us to survive our childhood trauma have now become barriers to our growth". When these wounds are not healed, it can affect adolescent and later the adult life (Kniesl, 1991).

8. METHODOLOGY

8.1.Objectives

- To identify the spiritual competence of the participants
- To identify if healing the inner child intervention contributed to the increase in the spiritual competence among the participants

8.2.Hypotheses

- H_1 the intervention of Healing the Inner Child Programme increases the Spiritual Competence among the participants.
- H_2 the intervention of healing the inner child programme increases the Spiritual Competence in all the five dimensions of Spiritual Competence among the participants.
- H_3The spiritual competence of the girls is greater than that of the boys.

8.3.Participants and procedure

A pre-test post-test experimental group design(Creswell, 2009) was used to collect and analyse data. The sample was chosen from a *simple random sampling*(Creswell, 2009); there were 56 female and 51 male participants from different parts of the country; from this group 30 female and 30 male participants were chosen. The participants' age in the present study ranged from 18 to 23. The Mean age of the participants was 20.40, SD = 1.60.

8.4.Tool for measurement

The Anugraha Spiritual Competence Scale for Late Adolescents (ASpCS) (Wilson, 2018) has been utilized to collect data from the participants. The Scale has 50 items; it has the following five dimensions: Search for Meaning, Mindfulness, Altruism, the ability to be inspired by a vision, and ability to face and use suffering. The ASpCS uses a five-point Likert scale, namely, Always (5), Usually (4), Often (3), Seldom (2), and Never (1). ASpCS has high reliability and validity. It has Cronbach's Alpha reliability at 0.82 and intrinsic validity at 0.90. Higher score in the Spiritual Competence Scale indicates higher Spiritual Competence.

8.5.Intervention on Healing the Inner Child programme

The entire intervention programme was geared towards healing the childhood wounds. Therefore, the intervention consists of working with psychodynamic therapies along with behavioural, cognitive behavioural and alternative therapies.

The participants had seven days' residential seminar on Healing the Inner Child. There were moments of worship in the morning hours along with pranayama and mindfulness meditation (Tang et al., 2015); therapies to release the emotions of fear, anger, grief (Frank, 1971; Heron, 1977; Myrick 2003), using of expressive arts therapies (Knill et al., 2005; Levy, 2014) like body movement therapy, drawing; journaling (Utley & Garza, 2011), bilateral stimulation (Tripp, 2007), brain gym (Hyatt, 2007), laughter therapy (Ripoll and Casado, 2010), psychoeducation on handling hardships and adversities (Popper-Giveon and Ventura, 2008), having a purpose in life (Frankl, 1985), utilizing love languages (Chapman, 2010), ways to enhance happiness (Minirth and Meier, 2013), practising of gratitude exercises (Sansone and Sansone, 2010; Walkins, et al., 2019);evening worship hours along withloving kindness meditation (Hofmann, et al., 2011; Fredrickson, et al.,

2008). The participants are asked to continue some of these practices for the subsequent 90 days in order to experience complete healing of one's wounds and thus enhance a mentally healthy life.

9. RESULTS AND DISCUSSION

9.1.Spiritual Competence among late adolescents

TABLE: PAIRED T TEST BETWEEN PRE-TEST AND POST-TEST SCORES OF THE PARTICIPANTS ON SPIRITUAL COMPETENCE

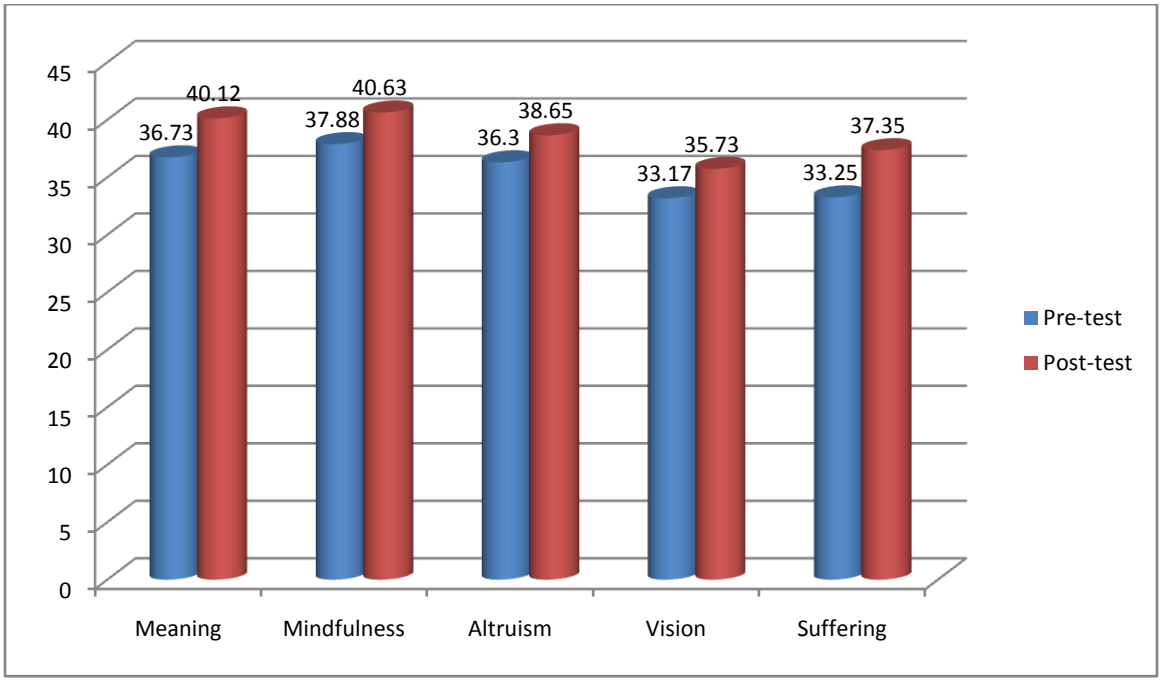
Variable	Pre-test (N = 60)		Post-test (N = 60)		Mean Difference	*t* value
	Mean	SD	Mean	SD		
Spiritual Competence	177.33	17.40	192.48	20.14	- 15.15	-5.78***

***p = < .001

Paired t test was conducted to find out the difference between pre-test and post-test of the participants on Spiritual Competence. There was a significant difference between pre-test (*M* = 177.33, *SD* = 17.40), and the post- test (*M* = 192.48, *SD* = 20.14) conditions; *t* (59) = - 5.78, *p* = < 0.001. The results indicate that the spiritual competence among the participants significantly increased. This shows that the intervention of healing the inner child programme was effective. This implies that this intervention may contribute to general health and happiness (Amirian&Fazilat-Pour, 2016), improve life quality and psychological well-being among the adolescents (Zamani&Hajializadeh, 2015; Koenig, 2012).

9.2.Five Dimensions of Spiritual Competence (Wilson, 2018)

Chart: ***Paired t test between pre-test and post-test scores of the participants on various dimensions of Spiritual Competence: Meaning, Mindfulness, Altruism, Inspired by a vision and Suffering***



**p = .01

A paired *t* test was conducted to find out the difference between pre-test and post-test of the participants on different dimensions of Spiritual Competence, such as: Search for Meaning, Mindfulness, Altruism, an ability to be inspired by a Vision and an ability to face and use Suffering.

There was a significant difference in the scores of *Search for Meaning* before intervention(*M* = 36.73, *SD* = 4.32) and after intervention (*M* = 40.12, *SD* = 4.73) conditions; *t* (59) = - 5.19, *p* = < 0.01**.** This enables the participants may enhance their life by having a high degree of conscience and being committed to values of human life (Kumar & Mehta, 2011); this may further enhance the adolescents to find a sense of significance and purpose in life, may contribute to humanity through creativity and self-expression, more importantly may have a change of attitude when faced with a circumstance that one may be able to change (Frankl, 1985).

There was a significant difference in the scores of *Mindfulness* before intervention (*M* = 37.88, *SD* = 5.41), and after intervention (*M*= 40.63, *SD* 5.35) conditions; *t* (59) = - 3.53, *p* = < 0.01.The intervention has significantly improved mindfulness and as a result the participants can enhance general well-being (Brown & Ryan, 2003), to cope with their clinical and non-clinical issues (Grossman et al., 2004); Mindfulness is "moment-by-moment awareness" (Germer, 2004) therefore, as a result of this intervention, the adolescents may live their life more meaningfully being fully aware of their thoughts, emotions and behaviours.

There was a significant difference in the scores of *Altruism* before intervention (*M* = 36.30, *SD* = 4.35), and after intervention (*M* = 38.65, *SD* = 5.88) conditions; *t* (59) = - 3.55, *p* = < 0.01. The results ascertain the fact that the adolescents may increase their behaviours that might benefit others (Kerr et al., 2004), can improve one's own health, longevity and well-being (Post, 2010).

There was a significant difference in the scores of the *ability to be inspired by a Vision* before intervention (*M* = 33.17, *SD* = 3.97), and after intervention (*M* = 35.73, *SD* = 4.61) conditions; *t* (59) = - 3.37, *p* = < 0.01.Frankl (1985) opines that one may have different life vision at each stage of life (Das, 1998); the adolescents may have an accurate vision for their lives and some others may suffer with unrealistic dreams too; the intervention may facilitate the participants to have clarity of their vision for life, and take responsibility for their own life

There was a significant difference in the scores of *the ability to face and use Suffering* before intervention (*M* = 33.25, *SD* = 5.07), and after intervention (*M* = 37.35, *SD* = 5.22) conditions; *t* (59) = - 5.28, *p* = < 0.01. Adolescence is a time of turmoil and problems (Arnett, 1999); the intervention may facilitate the participants to cope with adversities utilizing their coping style, better cognitive appraisal of the situation thus overcome the emotional, physical impact of the difficulties (Hooberman et al., 2010).

The results indicate that the intervention was effective to bring about significant improvement in Spiritual Competence of the participants in all the five dimensions of spiritual competence.

9.3.Spiritual Competence in Demographic details

Independent samples *t* test was conducted to identify the difference between *female and male participants* in post-test condition; There was a significant difference between female (*M* = 198.77, *SD* = 19.48), and male (*M* = 186.20, *SD* = 19.08), participants *t* (58) = 2.52, *p* = < 0.05. The results reveal that the Spiritual Competence of the female participants is greater than the Spiritual Competence of the male participants. In fact the mean difference between the pre-test and post-test scores of the female and male participants had a vast difference; with regard to the female participants the mean difference was -22.10 (mean score pre-test 176.67, post-test 198.77) whereas

the male participants' mean difference was only -8.20 (mean score of pre-test 178.00, post-test 186.20). This indicates that the female participants were more receptive to the intervention than the male participants.

The other demographic details such as age, religion, and place of living did not show any significant difference.

10. Limitations, Implications and scope for future

- The intervention has facilitated the respondents to have a purpose filled life, increase their mindfulness, developed their altruistic attitude, able to have a vision-led life and have increased in their ability to face and use suffering.
- This intervention can be extended to many more adolescents to enhance their well-being.
- It can be extended to other age groups as well
- There could be a control group to find out the significant impact of the intervention.
- Since the participants have been asked to practice some of the therapies for the successive three months, there could be another evaluation after three months to identify the significant improvement in their spiritual competence.

11. CONCLUSION

The aim of the present study was to identify the effectiveness of Healing the Inner Child Programme on late adolescents. The results indicate that the intervention has improved the spiritual competence among the late adolescents. In fact all the five dimensions of Spiritual competence have revealed significant difference. Further the spiritual competence of the female participants is greater than the male participants.

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ATTACHMENT STYLES, SELF-ESTEEM, POSITIVITY, AND LIFE-ORIENTATION: A CORRELATIONAL STUDY AMONG COLLEGE STUDENTS

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ABSTRACT

Interest in the positive aspects of individual functioning has gained momentum over the recent decades primarily due to the contributions of positive psychology movement (Seligman &Csikszentmihalyi, 2000). It has created a demand for identifying the major determinants and proper indicators of optimal functioning. Studies show that the psychological variables like Self-esteem, Positivity, and Life-orientation found to be prominent ones in the field of counseling and psychotherapy. However, studies repeatedly indicate that secure attachment style associates with positive psychological aspects of an individual. Attachment refers to an affection bond that one person establishes with another, initially initiates in infancy and is sustained until the end and found to play a significant role in one's overall functioning. Hence, this research focuses on verifying the possible relationship between different Attachment Styles and Self-Esteem, Positivity, and Life-orientation of late adolescents. Tools utilized in this study are (1) Attachment Styles Questionnaire (Van Oudenhoven, Hofstra, & Bakker, 2003), (2)Rosenberg Self-esteem Scale (Rosenberg, 1965), (3) The Positivity Scale (Caprara, et al., 2012), and (4) Revised Life Orientation Test (Scheier, Carver & Bridges, 1994). Data collected from late adolescent college students (N=300) using random sampling technique has been systematically arranged and analysed. Pearson Correlations Coefficient statistical analysis reveals that secure attachment style positively correlates with Self-esteem, Positivity, and Life-orientation at a significant level. Results have been discussed in line with counseling and guidance in educational institutions.

KEYWORDS: *Attachment styles, Positivity, Self-esteem, Life-orientation, and Guidance in Educational settings.*

1. INTRODUCTION

The optimal functioning of individual is researched in recent times with special focus on positive aspects of human life. The late adolescence that stands at a transforming moment in lifeis often sustained by Self-Esteem, Positivity, and Life-orientation. Theoretically it is conceived and studies have indicated that attachment styles of an individual have effect on them. Hence this research focuses on verifying the possible relationship between different Attachment Styles and Self-Esteem, Positivity, and life-orientation.

Self-esteem: Self-esteem refers to individuals' global self-regard, and degree of acceptance of themselves (Harter, 1993). It is the stable (traitlike) "evaluative component" of the self-concept that includes cognitive, behavioral, and affective aspects(Blascovich &Tomaka, 1991). Self-esteem can play a significant role in an adolescent's motivation and success throughout his/her life. Whereas low self-esteem holds one back from succeeding a healthy self-esteem can help one achieve because he/she navigates life with a positive, assertive attitude and believe he/she can accomplish the goals. It is obvious that the self-esteem is derived from one's self-concept that is where abides the sense of positivity.

Positivity: Positivity refers to a propensity to evaluate aspects of life in general as good (Diener, Scollon, Oishi, Dzokoto, & Suh, 2000). Kozma, Stine, and Stones (2000) describes positivity as ageneral dispositional determinant of subjective well-being, which operates much like a trait and may account for individual variation and stability in happiness despite environmental change. Since, positive thinking is at the core of individuals' confidence in their future (Scheier& Carver, 1993)the inevitable role of positivity is indispensable.

Life -orientation: Life-orientation is the study of the self in relation to others and to society. It addresses skills, knowledge and values about the self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity, careers and career choices. Two dimensions of life-orientation social scientists are interested in are optimism and pessimism. Optimism is a mental attitude reflecting a belief or hope that the outcome of some specific endeavor, or outcomes in general, will be positive, favorable, and desirable. Whereas pessimism refers to a tendency to see the worst aspect of things or believe that the worst will happen. Both optimism and pessimism are strongly influenced by environmental factors, including family environment. It has been suggested that optimism may be indirectly inherited as a reflection of underlying heritable traits such as intelligence, temperament, and alcoholism (Hackfort, Schinke,& Strauss,2019).Work utilizing brain imaging and biochemistry suggests that at a biological trait level, optimism and pessimism reflect brain systems specialized for the tasks of processing and incorporating beliefs regarding good and bad information respectively (Sharot, 2011).Dispositional optimism and pessimism are typically assessed by asking people whether they expect future outcomes to be beneficial or negative (Scheier & Carver, 1987). The linkage that self-esteem facilitates positivity and positivity thereby enhances optimistic life-orientation is clearly conceivable. Attachment theory helps to understand this linkage in a systematic manner.

Attachment style: Attachment is defined as an affectional bond that one person establishes with another. This bond initially initiates in infancy and is sustained until the end of the life of an individual. In early childhood the bond instinctively forms based on the quality of experiences with a mother or a caregiver whom as a result, the child identifies with that person as its attachment figure (Bowlby, 2012). The imprinting and the impression regarding oneself and others emerge at this juncture and remain as strong beliefs. Attachment theorists have hypothesized these beliefs as

mental representations of experienced-based knowledge about the self and the other and named them as attachment styles (Ainsworth & Bell, 1970). Attachment styles once established are likely to influence future relationships as well. Investigating the relationship patterns, attachment theorists have identified four attachment styles (Bartholomew, & Horowitz, 1991). They are secure attachment style and three insecure attachment styles: namely, preoccupied, dismissive, and fearful. Studies have affirmed that attachment styles have relationship with different psychological variables. Particularly, secure attachment style facilitates positive aspects of life.

The need for the study: Adolescence is a critical link between childhood and adulthood, characterized by significant physical, psychological, and social transitions. These transitions carry new risks but also present opportunities to positively influence the immediate and future health and prospects of young people. The common teenage problems that teenagers face today are usually related to self-esteem, body image, stress, bullying, depression, cyber addiction, drinking and smoking, teen pregnancy, underage sex, defiant behaviors, peer-pressure and competition. It has been argued that a basic disposition leading an individual to appraise life and experiences with a positive outlook is needed to fulfill even important biological functions (Caprara et al.2009). Such a disposition is needed for an individual to grow; to flourish; to cope with life despite adversities, failures, and loss; and to continue to care for living despite the decline of aging and the idea of death (Caprara et al., 2010).Self-esteem and positivity of an individual are likely to play an important role in the kind of life-orientation one tilts for himself/herself. At this juncture the inevitable role of attachment styles as an undercurrent to all these aspects gets the attention of psychologists. In fact, individuals with secure attachment style are likely to be more on the prospective side of life. Therefore, verifying the possible relationship attachment styles have with self-esteem, positivity, and life-orientation is impending. Hence, this research focuses on verifying the possible relationship between different Attachment Styles and Self-Esteem, Positivity, and Life-orientation of late adolescents.

2. METHODS

Objective: To verify the possible relationship among attachment styles, self-esteem, positivity, and life-orientation.

Hypotheses:

H1. Secure attachment will positively correlate with self-esteem, positivity, and life- orientation of the late adolescents at a significant level.

H2. Insecure attachment styles will negatively correlate with self-esteem, life-orientation, and positivity of the late adolescents at a significant level.

H3. There will be positive and significant inter correlation among self-esteem, positivity, and life-orientation of the late adolescents.

Research Design: An empirical survey research design (Drew & Hardman, 1943)was utilized to collect data.

Sample: Using Simple Random Sampling Technique, 300 late adolescent students (aged 18 & 19) studying second year of the undergraduate degree in the regular stream were systematically selected from two Engineering Colleges (Male = 75, Female = 75) and two Arts and Science Colleges (Male = 75, Female= 75) in the Kanyakumari District in Tamil Nadu, India. In order to control extraneous

variables individuals with any psychiatric issues, and any other serious illness in the last six months were excluded from the study.

Tools for data collection

(1) Life Orientation Test –Revised (LOT-R) (Scheier, Carver, & Bridges, 1994).A 10-item measure of optimism versus pessimism. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a4-point scale. Items 3, 7, and 9 are reverse scored (or scored separately as a pessimism measure). The LOT-R shows acceptable reliability α=.79.

(2) Rosenberg Self-Esteem Scale (Rosenberg, 1965).A 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. The scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and Cronbach's alpha for various samples are in the range of .77 to .88

(3) Positivity Scale (P-Scale) (Caprara, Alessandri, Eisenberg, et al., 2012). The P-Scale is a questionnaire composed of eight items which evaluate people's positive view of the self, life and the future, as well as confidence related to other people. The questionnaire uses a Likert scale ranging from 1 (totally disagree) to 5 (totally agree). The P-Scale has adequate reliability index (alpha coefficient = .75).

(4) Attachment Styles Questionnaire (Van Oudenhoven, Hofstra, & Bakker, 2003). Having 24 items, the ASQ consists of 4 sub-scales or 4 different attachment patterns: Secure, Preoccupied, Dismissive, and Fearful. The internal consistencies (Cronbach's alpha) of the subscales by the original author are 0.75 for secure attachment style, 0.80 for preoccupied attachment style, 0.62 for the dismissive attachment style, and 0.79 for the fearful attachment style. The construct validity of the ASQ is also satisfactory.

Statistical Analysis: The data collected were systematically scored using the scoring procedures and the master data sheet was prepared. In line with the objective of the study, the scores of the various attachment styles and the respective scores of self-esteem, life-orientation, and positivity were subjected to correlational analysis using trial version of SPSS package.

3. RESULTS

Prevalence of Attachment Styles

In order to ascertain the prevalence of attachment styles among late adolescents the data were analyzed using descriptive statistics. The results are presented in Table 1.

TABLE:1 PREVALENCE OF ATTACHMENT STYLES AMONG THE PARTICIPANTS (N=300).

Attachment Styles	Male Count	%	Female Count	%	Total Count	%
1 Secure	63	21.0%	70	23.3%	133	44.3 %
2 Preoccupied	28	9.3%	30	10.0%	58	19.3 %
3 Dismissive	33	11.0%	21	7.0%	54	18 %
4 Fearful	26	8.7%	29	9.7%	55	18.4 %
Total	150		150		300	100 %

Table 1 summarizes the results of descriptive analysis of the data. The results indicated that there were 44.3 percent of the sample having secure attachment style as their predominant attachment style and 19.3 percent were preoccupied, 18 percent were dismissive, and 18.4 percent were fearful insecure attachment style.

Gender differences

Wanting to know if there were any gender differences with regard to the study variables independent't' test was administered on the mean scores of each study variables. The results are presented in Table 2.

TABLE: 2 SUMMARY OF INDEPENDENT 'T' TESTS VERIFYING THE GENDER DIFFERENCES WITH REGARD TO THE DIFFERENT STUDY VARIABLES (N = 300).

Variables	Gender	*N*	Mean	*SD*	*t*	*df*	Sig. (2-tailed)
Secure	Male	150	3.5562	.55788	.660	298	.510
	Female	150	3.5124	.59126			
Preoccupied	Male	150	3.3190	.61959	1.420	298	.157
	Female	150	3.2124	.67995			
Dismissive	Male	150	3.0840	.76545	**2.366**	298	.019
	Female	150	2.8760	.75748			
Fearful	Male	150	3.0973	.73191	-.368	298	.713
	Female	150	3.1267	.64440			
Self Esteem	Male	150	27.63	3.783	**-4.006**	298	.000
	Female	150	29.25	3.164			
Positivity	Male	150	27.71	5.591	**-2.101**	298	.037
	Female	150	28.94	4.522			
Life Orientation	Male	150	15.99	2.462	**-3.032**	298	.003
	Female	150	16.83	2.336			

Table 2 summarizes '*t*' test results of gender differences with regard to the study variables. The results showed that of the four attachment styles only in dismissive attachment style male (*M* = 3.08, *SD* = .77) scored more than that of female (*M* = 2.88, *SD* = .76). This difference was statistically different,*t* (298) = 2.37, *p*< 0.05. However, there was no gender differences found in all other attachment styles (secure, preoccupied, and fearful).

Interestingly, gender differences were found on all the other three study variable. Particularly, females have more self-esteem (*M* = 29.25, *SD* = 3.16) than male (*M* = 27.63, *SD* = 3.78) and this difference is statistically significant, *t* (298) = -4.006, *p*< .001. Female have more positivity (*M* = 28.94, *SD* = 4.52) than that of male (*M* = 27.71, *SD* = 5.59) and this difference is statistically significant, *t* (298) = - 2.101, *p*< 0.05. Life-orientation is high for female (*M* = 16.83, *SD* = 2.37) comparing to that of male (*M* = 15.99, *SD* = 2.46) and this difference is statistically significant, *t* (298) = - 3.032, *p* = .003.

Verifying the relationship

In order to verify the plausible relationship between different attachment styles (Secure attachment style, preoccupied insecure, dismissive insecure, and fearful insecure) and self-esteem, positivity,

and life-orientation of adolescents, the scores were subjected to Pearson correlation analysis. The results are presented in the Table3.

TABLE: 3 SUMMARY OF CORRELATION FOUR ATTACHMENT STYLES AND SELF-ESTEEM, POSITIVITY, AND LIFE ORIENTATION OF THE PARTICIPANTS (N=300).

	Self Esteem	Positivity	Life Orientation
1.Secure	.034	.012	.217**
2.Preoccupied	-.221**	-.187**	.022
3.Dismissive	-.123*	-.067	-.079
4.Fearful	-.160**	-.128*	.008

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 3 summarizes the correlation between the scores of four attachment styles and the self-esteem, positivity, and life-orientation of adolescents. The result showed that there was a strong, positive correlation between secure attachment style and life orientation, r (300) = .217, p< .001. However, the positive relationships secure attachment style had with Self-Esteem,r(300) = .034, p = .554 and Positivity, r (300) = .012, p = .831 were not statistically significant.

Preoccupied attachment style had significantly negative correlation with self-esteem (r (300) = -.221, p< .001) and positivity (r (300) = -.187, p = .001). However, the positive relationship found between preoccupied attachment style and life orientation was not statistically significant, r(300) = .022, p = 699.

There was a strong negative correlation between dismissive attachment style and self-esteem (r (300) = -.123, p = .033). However, the negative correlation dismissive attachment style had with positivity (r(300) = -.067, p = .267) and life orientation (r(300) = -.079, p = .170) were not statistically significant.

Fearful attachment style had significantly negative correlations with self-esteem (r (300) = -.160, p = .006) and positivity (r (300) = .128, p< .05). However, the positive relationship found between fearful attachment style and life orientation was not statistically significant, r (300) = .008, p = 893. Thus, H1 and H2 were partially supported.

TABLE: 4 PEARSON PRODUCT-MOVEMENT CORRELATION AMONG SELF-ESTEEM, POSITIVITY, AND LIFE ORIENTATION (N=300).

	Self Esteem	Positivity	Life Orientation
Self Esteem	1	.415**	.175**
Positivity		1	.198**
Life Orientation			1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

A Pearson product-moment correlation was run to determine the inter correlation among Self-Esteem, Positivity, and Life Orientation. There was a strong, positive correlation between Self-Esteem and Positivity, r (300) = .415, p< .001. In the same way, there was also a strong, positive correlation between Self-Esteem and Life Orientation, r (300) = .175, p = .002. Between Positivity

and Life Orientation also there was a strong positive correlation, r (300) = .198, p = .001. Thus, H3 was supported.

4. DISCUSSION

The study attempting to verify the possible relationships different attachment styles have with self-esteem, positivity, and life-orientation brought out enlightening findings. The four attachment styles do have relationships with self-esteem, positivity, and life-orientation. The secure attachment style positively correlates with life-orientation at a significant level though its positive correlation with self-esteem and positivity has not shown statistical significance. The adolescents with secure attachment style are those who have the positive experience of bonding with their parents or caregivers sufficiently (Ainsworth, 1985). Their mental model avails the elements needed for one's psychological nutrition. They readily perceive that people around are trustworthy and supportive (Simpson, Rholes, & Nelligan, 1992). Secure individuals also have the inner tendency to appreciate self-worthiness. This helps them to have confidence and assertiveness in what they do and what they are (Qiu, 2018). Hence, exploring environment and relating with the acquaintances and dear ones become easy and comforting. The recent research findings of positive relationship between secure attachment style and self-esteem, positivity, and life-orientation get enough support from previous studies. People with secure attachment style have a positive view of their self and other's selves, very cordial relationship with others, possess high self-value (Sadeghi, et al., 2011). In the same way, the early developmental experiences of having positive, affectionate care and support from the people around have enhanced the hopeful and promising relationship with other persons (Kilmann, et al., 2006). This will have the sustaining effect in the life-span development (Levitt,1991; Antonucci, Akiyama,& Takahashi, 2004). Their secure experiences convince them to have confidence and positive belief that they will get enough protection and safety even in adverse happenings. For, security-based strategies lead people to deal actively and constructively (Mikulincer, Shaver, &Pereg, 2003). In fact, Bowlby (1988) claimed that the successful accomplishment ofthese affect-regulation functions results in a sense of attachment security- a sensethat the world is a safe place, that one can rely on protective others, and that one can therefore confidently explore the environment and engage effectively with other people.

Security-based strategies include declarative and procedural knowledge about the self, others, and affect regulation. The declarative knowledge involves optimistic beliefs about distress management, a sense of trust in others' goodwill, and a sense of self-efficacy in dealing with threats (Shaver & Hazan, 1993). These beliefs are the core components of the sense of attachment security and result from positive interactions with attachment figures. During these interactions, individuals learn that distress is manageable and external obstacles can be overcome. Moreover, they learn about others' good intentions and about the control one can exert over the course and outcome of threatening events (Mikulincer, Shaver, &Pereg, 2003).Thus, these findings emphasize that secure attachment style infuses energy and gives strength to the individual to face the challenges of life with full vigor and optimism (Seligman, 2006).

The other findings of the study have uncovered the negative relationships between preoccupied, dismissive and fearful attachment styles with self-esteem, positivity, and life-orientation. These findings revealed that the late adolescent students with insecure attachment styles are unable to raise the required inner strength and face the challenges of life (Cassidy, & Mohr, 2001).The negative relationship of preoccupied attachment style with self-esteem and positivity reveals that preoccupied individuals perceive themselves negatively but others positively, which diminishes their self-esteem but increases the likelihood that they will seek support from relatives, friends, and

colleagues (Collins & Read, 1990; Feeney &Noller, 1990). The preoccupied individuals often have provocative obsessions and preoccupations with relationships. This can lead to loneliness, anxious behavior. It also can push a person to fall in love, and premature romantic relationship (Shaver, &Hazan, 1987).

The further findings of the present study indicate that dismissive attachment style negatively related with self-esteem, positivity, and life-orientation. Since, dismissive individuals perceive themselves positively but others negatively they fail to respect other people. Since they believe others as unavailable and unsupportive, they do not seek close relationships. The finding of the present study that fearful attachment style negatively correlates with self-esteem and positivity reiterates the previous findings (Goodall,2015).Fearful individuals, however, perceive both themselves and others negatively. They may feel an urge to seek proximity but remain detached to protect their emotions.

Interestingly this study has shown a positive intercorrelation among self-esteem, positivity, and life-orientation. This finding supports the idea that these positive aspects of an individual mutually support each other and felicitate healthy growing of a fully functioning person (Neff, Rude, & Kirkpatrick, 2007; Alessandri, Caprara, &Tisak, 2012).

Looking into the gender differences with regard to the study variables, it is observed that male and female are similar in terms of secure, preoccupied, and fearful attachment styles. This indicates that almost similar kind of parenting has been available for all the individuals. However, the increased level of dismissive attachment orientation among male participants and the boosted number of males with dismissive attachment can be attributed to the male dominated culture in the upbringing. This phenomenon needs to be further researched. Further, the finding that female outgrows in their levels of self-esteem, positivity, and life-orientation indicate the role of parental care that facilitates positive aspects of growth.

FINDINGS

- Male late adolescents have more dismissive attachment orientation than female.
- Female late adolescents have higher levels of self-esteem, positivity, and life-orientation than that of male.
- There is a strong positive correlation between secure attachment style and life-orientation.
- Though, secure attachment style positively correlates with self-esteem and positivity the correlation is not significant.
- Preoccupied attachment negatively correlates with self-esteem and positivity at a significant level.
- Dismissive attachment style negatively correlates with self-esteem at a significant level and its negative correlations with positivity and life-orientation are not statistically significant.
- Fearful attachment style negatively correlates with self-esteem and positivity at a significant level.
- Dismissive and fearful attachment styles positively correlate with life-orientation though statistically not significant.
- Self-esteem, positivity, and life-orientation mutually correlates with each other positively at a significant level.

5. Implication

The present study has the following implications:

- The attachment styles have effect on human behaviour.
- Secure attachment style has positive relationships with self-esteem, positivity, and life-orientation.
- Evolving training and therapeutic strategies to enhance secure attachment style among late adolescents in the colleges is essential.
- Enhancing self-esteem, positivity, and life-orientation is also very vital.

6. CONCLUSION

It can be concluded that attachment styles have an influence on self-esteem, positivity, and life-orientation. Late adolescents with secure attachment styles have a higher level of life-orientation.Late adolescents with secure attachment styles have self-esteem and positivity in the same direction even though the strengths are not very significant. On the contrary, the late adolescent students with insecure attachment styles have reduced level of self-esteem, positivity, and life-orientation. The secure attachment style moves in the same direction of self-esteem, positivity, and life-orientation in leading an individual to effective behaviour. Male's increased level of dismissive attachment orientation and reduced level of self-esteem, positivity, and life-orientation comparing to that of female calls for serious concern. Moreover, the similar nature of self-esteem, positivity, and life-orientation attracts the importance of positive psychology in helping adolescents. Thus, enhancing of secure attachment style will facilitate healthy personality development among late adolescents. Evolving of effective strategies to enhance secure attachment style is important.

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EFFICACY OF PSYCHO EDUCATION IN ENHANCING GRIT, MINDFULNESS AND RESILIENCE AMONG COLLEGE STUDENTS FROM SINGLE PARENT FAMILY

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ABSTRACT

Youth experiences are more turbulent in nature; they undergo rapid physical, psychological and social changes; they are forced to make important decisions etc. Among youth – college students from Single Parent Family experiences both the turbulence of the age and family. Among different schools of psychology, Positive Psychology brings out and also develops the positive side of the individual; makes him/her to focus on it rather on the negative issues and stabilizes the self. The objective is to find out the significant difference among college Students from Single Parent family in enhancing Psychological well-being, Grit, Resilience, and Mindfulness through Psycho Education. 20 college students (17 to 21 years) from single parent family attended the study and the iinclusion criteria is Single parent – either one of the parents are dead, separated or divorced. Purposive sampling, before and after without control design were used. Grit Scale, Mindfulness Attention Awareness Scale, Brief Resilience Scale and Psychological well- being scale were the tools used to collect the data.Techniques to enhance Resilience, Mindfulness and Grit are formulated into the Psycho education program. Each session constitutes 2 hours and 20 sessions were conducted. Paired T test and Descriptive statistics were calculated using SPSS package. There was a significant difference in the enhancement of Mindfulness, Resilience and Grit, proving the efficacy of Psycho education among the single parent child.

KEYWORDS: *Enhancement, Mindfulness, Structure, Iinclusion*

Introduction

Family is the basic unit of society. Family plays a major role in forming the personality of an individual. The structure of the family requires both man and woman. The rate of broken families is increasing. Single parent families have become a common scenario. (Pearce, Chassin, and Curran (2017) .The effect of broken family will be felt by all the members of the family. Adults of the family will feel more negative emotions; have to tackle the additional responsibilities and also their own negative thinking. Children will show poor academic performance, behavioural issues, more unhealthy emotions (Motataianu, 2015).

When faced with the death of a parent or sibling, the children bereavement at the loss will be high and if that grief process is not handled properly, it will lead to low resilience in adolescents(Kennedy, Chen, Vladimarsdotirr, Montgomerry, Fang and Fall, 2018).Gritty adolescents show high level of self control and well-being and the resilient adolescents shows more growth mindset. It was also concluded that the level of grit will increase with age and the girls were more grittier than boys by Kannangara, Allen, Waugh, Nahar, Khan, Rogerson, and Carson (2018).

Adults are able to cope well from the effects of being a single parent, by forming another trajectory relationship. Even then, youth in the family suffers a lot. One study has investigated, how the well-being of adolescents were affected by the mother and father trajectories after the divorce. It was found that adolescents scored low well-being when mother was involved in unstable and problematic partners and scored low when father got involved in stable and strong relationships by Bataits, Pasteels and Mortelmans (2018). Children perception of divorce was studied in the sample of 5 to 12 years whose family has underwent divorce before six months. Their drawings shows that the children were not able to accept the separation and they used both the parents in their drawings and they felt isolation according to Giosta and Mitrogiorgou (2016).

Seven week intervention program was given to undergraduate music students of South Africa and the main focus of the program was integration of mindfulness and psychological skills training. Owing to the training, psychological skills, psychological well-being, mindfulness and performance anxiety of the participants got improved was explained Steyn, Maree and Warrens(2016).

In a conceptual research paper, it was clearly stated that the adverse effects of childhood stress and trauma caused because of loss of loved one, divorce, dead, parental fights or any such incidents will leave a mark in the psyche of child. Mindfulness based training will help these affected, to reduce the stress and trauma and also improves short and long term outcomes and improve health outcomes in the adulthood (Ortiz and Sibinga, 2017).

Thus the researcher has decided to work on the college students from single parent family. In this study, Single parent family means - one of the parent might be dead, divorced or separated from the family. Positive Psychology focuses on bringing out the positive experiences and knowledge inside the individuals to the out-front. This approach will be more suitable to the college students from single parent family, who has gone through many darker sides of the life. Thus, the variables- Psychological well-being, Resilience, Grit and Mindfulness were taken. Psychological well-being is the state of equilibrium or balance, which will have an effect by life events or challenges. Grit is the perseverance and passion for long-term goals.Resilience is the thwarting capacity of an individual in spite of their adverse life situations. Mindfulness is a particular kind of attention that is characterized by intentional, present moment focus, and the observation of experience without evaluation.

A program called Girls First conducted in the Bihar, India used a specially designed curriculums (Girls first resilience curriculum and Girls First health curriculum) to improve the Psycho social resilience and adolescent health outcomes. The participants showed improvements in resilience, gender equality and definitely on healthy habits in the study done by Leventhal, DeMaria, Gillham, Andrew, Peabody and Leventhal(2016). Thus, the researcher decides upon conducting Psycho education program to improve resilience, mindfulness, psychological well-being and grit for college students from single parent family.

OBJECTIVES OF THE STUDY

- To find out the level of Grit, Resilience, and Mindfulness among College Students from Single Parent family
- To find out the efficacy of Psycho Education Program among College Students from Single Parent family

Sample

Purposive sampling was used to select required samples for the study. This study was conducted in an Engineering College in Coimbatore, Tamil Nadu, India. The inclusion criteria was the sample has to be from Single parent family. Single parent family means either one of the parents will be dead, separated or divorced.College students with the age group of 17-21 were taken. Among 800 students, 30 students matched the criteria and 20 students showed willingness to join and learn from the program. Information about their identity was kept confidential and their freedom and willingness to stay or withdraw from the Psycho Education Program at any time was discussed and ensured.

Tools Used

Grit Scale

This 12-item Grit scale was formulated by Duckworth, et.al (2007). It consists of five point Likert scale ranging from, “Very much like me” to “Not like me at all”. For an example, to the item “I am diligent” and participants can choose the point which best describes their character. It has high internal consistency of 0.85.

Mindfulness Attention Awareness Scale

The trait MAAS scale is a 15 item version, designed to measure the mindfulness formed by Brown and Ryan (2003). Psychometric properties of the scale is good with high Cronbach’s alpha 0.80 to 0.90. MAAS has high reliability and validity criterion also. It has six point Likert scale ranging from almost always to Almost never. Items include “I snack without aware that I am eating”.

Brief Resilience Scale

This 6 -item scale was formulated by Smith and et.al (2008) to assess the resilience level of the subject. The scale has 5 point Likert scale ranging from Strongly disagree to Strongly agree. The Cronbach’s alpha value ranges from .08 to .09 which shows higher internal consistency and factorial loading 0.68 to 0.91 is good.

Psychological Well- being Scale

Carol Ryff’s 42- item Psychological Well-being Scale (1989) uses a score ranging from 1 to 6, with options like Strongly disagree to Disagree. It has six dimensions - Autonomy, Personal Growth, Positive Relations, Purpose in Life, Environmental Mastery and Self acceptance. Items are like

"Most people see me as loving and affectionate". Internal factor correlations were high and greater than 0.8 and the scale validity and reliability is also good.

Procedure

Before and after without control group design was used in this study. In Phase I the sample were selected using purposive sampling. Standardized psychology tools were administered to them. In Phase II Psycho education program was conducted. Participants attended 20 sessions of program and duration of a session was 2 hour. During Phase III post assessment of psychology tools were done.

Psycho Education Program

The program was administered in a seminar hall equipped with audio and visual aids. The program was a combination of lecture method, activities, video screening, interactions and group discussions. Participants were encouraged to clarify their doubts and they were given behavioral assignments to self reflecting.

TABLE NO:1 OUTLINE OF THE PSYCHO EDUCATION PROGRAM

Session No	Content Outline
1.	Introduction and orientation to the program
2.	Definition and science behind Grit, Resilience,Mindfulness,Psychological well-being
3.	Theory and activities
4.	Resilience- ACT Hexaplex model, Mindfulness- Gratitude activity, Grit - Goals
5.	Mindfulness- Eating meditation,Resilience-Value Clarification,Grit- Interest
6.	Mindfulness-Breathing meditation;Resilience – Value Clarification;Grit - Practice
7.	Mindfulness-Breathing meditation;Resilience –Commitment to valued action; Grit - Purpose
8.	Mindfulness-Body scan meditation;Resilience – Commitment to valued action;Grit - Hope
9.	Mindfulness-Body scan meditation;Resilience – Present moment;Grit - Self reflection
10.	Mindfulness-Mountain meditation; Resilience – Present moment;Grit – activity
11.	Mindfulness-Mountain meditation;Resilience – Defusion;Grit - activity
12.	Mindfulness- Activity; Resilience – Defusion;Grit – Grit ladders
13.	Mindfulness-Loving Kindness meditation;Resilience - Acceptance;Grit -Growth mind set
14.	Mindfulness-Loving Kindness meditation;Resilience - Acceptance; Grit -Growth mind set
15.	Mindfulness-Loving Kindness meditation;Resilience - Self as context;Grit -Growth mind set
16.	Mindfulness-Loving Kindness meditation;Resilience - Self as context;Grit -Growth mind set
17.	Synopsis and Personal reflection-Rewinding past sessions,Connecting the whole process
18.	Grounding, Internalization,Commitment to practice
19.	Group discussion,Mentoring
20.	Goal setting process and feedback
	40 hours

Results

The results of the study are analyzed, tabulated and discussed below. Table 2 shows the demographic variables of the participants.55% of the participants have lost one of their parents permanently. Kuppuswamy SES scale 2018 version is used to identify the socio economic status of the sample (Mohd, 2018) and the absence of upper lower and lower economic conditions in the participants is noted.

TABLE NO.2 DEMOGRAPHIC DETAILS OF THE SAMPLE

Demographic variables	Sub groups	No of participants	Percentage (%)
Age	17	6	30
	18	8	40
	19	4	20
	20	2	10
Sex	Male	12	60
	Female	8	40
Family status	One parent dead	11	55
	Divorced	9	45
Socio-Economic Status (Kuppuswamy SES Scale, 2018 Version)	Upper	4	20
	Upper middle	8	40
	Lower middle	8	40
	Upper lower	0	0
	Lower	0	0

Paired t test was conducted to compare the efficacy of psycho education before and after therapy in the college students from single parent family. Table 3 shows the mean and standard deviation of Grit before and after therapy in the college students from single parent family. Culture is the norms and values shared by the group of people. To develop grit one can join the people who shows gritty nature or create gritty culture among the people they relate(Duckworth,2016). There was a significant difference in the scores of Grit, before therapy (M=3.05,SD=0.70) and (M=3.29,SD=0.46)conditions, thus t(20)= -0.78, p=0.443. Thus, the results suggest that Psycho education has created development in Grit in the college students from single parent family.

TABLE NO.3 SIGNIFICANCE OF DIFFERENCE BETWEEN GRIT BEFORE AND AFTER PSYCHO EDUCATION

Condition	Mean (SD)	t	Sig (2 tailed)
Before Psycho education	3.25 (0.70)	-0.78	.443
After Psycho education	3.39(0.46)		

Table 4 shows that there was a significant difference in before and after therapy scores of resilience among the participants (M=3.17,SD=0.79) and (M=3.64,SD=0.39)conditions, thus t(20)= -3.24, p=0.004. Though the t value is in negative direction, the values of mean and the statistically significant t value shows the efficacy of Psycho education in developing resilience among the participants. Each individual has innate resilience in them and by proper training they will know how to find the resilience within themselves (Reivich and Shatte,2002).

TABLE NO.4 SIGNIFICANCE OF DIFFERENCE BETWEEN RESILIENCE BEFORE AND AFTER PSYCHO EDUCATION

Condition	Mean (SD)	t	Sig (2 tailed)
Before Psycho education	3.17 (0.79)	-3.24	.004
After Psycho education	3.64 (0.39)		

Table 5 shows that, in the mindfulness variable participants has scored (Before therapy - M=3.50, S.D=0.81; After therapy - M=3.71, S.D=0.74) the t value of -1.51 with p=0.147 for mindfulness. The results clearly revealed the enhancement of mindfulness in the participants. Due to the

mindfulness training, the participants had the chance to understand the importance of awareness that has the capacity to free mind, at least for one time less moment, from the toxicity of self, others and environment(Zinn,2012).

TABLE NO.5 SIGNIFICANCE OF DIFFERENCE BETWEEN MINDFULNESS BEFORE AND AFTER PSYCHO EDUCATION

Condition	Mean (SD)	t	Sig (2 tailed)
Before Psycho education	3.50(0.81)	-1.51	.147
After Psycho education	3.71(0.74)		

Table no.6 shows that the college students psychological well being scored, M=3.80,SD=0.81 before therapy. College students from different cultural backgrounds can be developed in well-being by providing effective counselling and training programs(Yamaguchi, Akutsu, Oshio, and Kim,2017). Psycho education training has increased M=3.68,SD=0.74. Thus, t(20)=1.03, p=0.314 proves that, there is a significant difference in the development of psychological well-being.

TABLE NO.6 SIGNIFICANCE OF DIFFERENCE BETWEEN PSYCHOLOGICAL WELL-BEING BEFORE AND AFTER PSYCHO EDUCATION

Condition	Mean (SD)	t	Sig (2 tailed)
Before Psycho education	3.80(0.81)	1.03	.314
After Psycho education	3.68(0.74)		

DISCUSSION

This study proposes that college students from single parent family needed more attention because of the adversities they face in the family. If they are not handled with adequate care, new responsibilities they are suppose to face in the near future-like career, family etc may be affected. These effects can be dealt effectively, if other factors are favorable. For example, the level of health disadvantages in the children from divorced family is high in sub national regions than in the urban regions where more women were divorced (Greenway and Clark,2017).

This study has used Psycho education as a tool to favour development in the college students from single parent family. The famous positive psychology concepts like Resilience, Grit, and Mindfulness were used in the program. Mindfulness based communication course training has helped to improve the everyday resilience and decreased the stress level in the undergraduate students (Ramasubramanian,2017).

This study was conducted with a small sample size(N=20) and the results from the statistical analysis was modest. The authors will do future researches in the near future to develop the college students from single parent family through psycho education with different sample size, research designs and time conditions. Those researches will substantiate the findings of the current one.

Psycho Education Program has proved its validity by showing out the significant difference in Grit, Resilience and Mindfulness The researcher has received good feedback from the participants also and they showed more enthusiasm to attend future programs. Thus the objectives of the study has successfully achieved.

Limitations and Future Considerations

Due to Purposive Sampling, this study focused on all categories of single parent family, but the benefits of focusing only on one category say- college students from divorced family will be more. This study major objective is to prove the efficacy of Psycho Education - usage of before and after design with control group, would be more suitable to tabulate the purpose. While using, the control group, the heterogeneous errors can be minimized. Apart from all these, increasing the frequency of Psycho education program and continuing the same as longitudinal research would be more useful.

CONCLUSION

Studies having these 4 important concepts of positive psychology are limited. Few have combined resilience and mindfulness and few have tried psychological well being and resilience. The present research has tried to combine all these concepts and has succeeded in providing the knowledge on the same. In sum, Grit, Mindfulness, Resilience and Psychological well being in the college students from single parent family is enhanced. In short, this action research has thrown lights upon the beneficial effects of training Positive Psychology concepts in the participants.

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THE EFFICACY OF SUPER BRAIN YOGA ON STRESS AMONG HIGHER SECONDARY STUDENTS WITH HEARING IMPAIRMENT

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ABSTRACT

Brain integration or using both hemispheres is considered to be essential in developing the student's potential to learn.When we increase access to both hemispheres of the brain, it stimulates the intellectual functioning.It is a challenge especially in the case of hearing impaired students to cope up in school in higher secondary level, where they are expected to compete with normal students academically as they follow the same curriculum. Hearing impaired students also experiences communication barriers and these barriers restrict them from gaining information, which in turn leads to stress and social withdrawal. The present research paper had tried to use Super brain yoga exercise on hearing impaired students and analyse their stress indicator levels on different dimensions. Super brain yoga exercise will integrate the intuitive and emotion-based right hemisphere of the brain with the logical left hemisphere. This will help the students academically, which will subsequently benefit in the reduction of stress. The results of these exercises have been ascertained using revised Stress Indicators questionnaire. The subjects who are selected for the study were higher secondary hearing impaired students (N=24) between the age group of 16-18. They were given the super brain yoga exercise for 45 days continuously. The results of the pre and post intervention were assessed using paired sample t-test and level of significance is noted.

KEYWORDS: *Brain Integration, Super Brain Yoga, Hearing Impaired, Stress*

INTRODUCTION

The human brain is so sophisticated than any existing computer, it gives people powerful potential. From birth, the brain is developing and changing to adapt to the environment in which it is exposed to (Jensen, 1998). A complex system of 300 million neurons connects the brain's right and left lobes. "Breaking up content learning with physical movement is more effective than excessive content dumping" (Jensen, 2000).

Auditory, vestibular and visual systems work together to build our ability to learn, pay attention, process information, reduction of stress, and move our bodies smoothly. Our ears collect the sounds which provide critically important stimulation for the development of the brain. In the case of Hearing Impaired students, we can see that they have impairment in one of the sense and that is the hearing. Razavi (2012) showed in his study that students with hearing impairment had more stress compared with normal students.

Auditory-Oral approach is one mode of communication that is followed by the students who are selected for the present study. This mode of communication allows the child to lip-read, therefore encouraging the hearing impaired children to increase spoken language skill by combining auditory and visual cues (Beattie, 2006). If the child can communicate with others, then they will have a medium to talk about their stressful situation and can find a way to look for solutions.

What one individual experiences as very stressful, another may perceive as less stressfulor even irrelevant. Thus, daily stressors for children could be, for example, conflicts within family or peers, demands of school or, in the context of the child's hearing loss, perceived problems with communication. The stresses they experience not only cause physical symptoms, but also reflects emotional, social and sleep disturbances.Generally, several studies indicate high rates of depression, anxiety and stress in hearing-impaired and deaf children (Rothenberg et al). Nonuk et al. (2012) investigated prevalence of emotional and behavioral problems in 72 deaf students aged 6 to 18 years and compared them with control group. The results show that deaf students had significantly more internalizing problems than the control group and the highest differences related to symptoms of depression, anxiety and physical complaints.

Super brain yoga is a simple and effective technique to energize and recharge the brain. It is based on the principles of subtle energy and ear acupuncture. Super brain yoga is an exercise that involves squatting while holding the ear lobes with controlled breathing. Advocates claim that this exercise improves speech, language, communication and social behavior and reduces stress.

Any experience of information entering the brain including movement, results in neural activity. Getting the students attention and keeping it has been the brass ring in the world of teaching (Jensen, 1998). This study aims at increasing the whole-brain functioning of the Hearing Impaired students by incorporating the Super brain yogaexercise on their regular academic curriculum which will subsequently reduce stress that follows. Based on the research study formulated, the revised Stress Indicators questionnaireis used to find the effect of the Super brain yogaexercise discussed above.

THE PRESENT STUDY:

The present study is aimed at evaluating theefficacy of Super brain yogain the reduction of stress which in turn creates an enjoyable learning experience. This is a pre experimental study among hearing impaired students. The Super brain yogaexercise was incorporated in order to promote the whole brain learning of the Hearing Impaired students.

The variables observed by the investigator for the present study are, Independent variable is Super brain yogaand Dependent variable is stress.

NEED FOR THE STUDY:

The present study is conducted to find the effect of the Super brain yogaexercise on the Hearing Impaired individuals. Since the Super brain yogaexercise has been proved to have apositive effect on reduction on stressbased on the theoretical knowledge and review of literature, stress is chosen as the main variable of the study.

REVIEW OF LITERATURE

Eschenbecket al (2016) evaluated the effect of stressors and coping strategies in 70 children who are deaf or hard of hearing (D/HH). Within children with hearing problems, everyday stressors were experienced as more stressful than hearing-specific stressors. D/HH children had reported more social support seeking. Girls scored higher in seeking social support whereas boys reported higher amounts of media use as a way of coping.

Notash& Elhamkia (2016) had conducted a study to compare the feelings of loneliness, depression, and stress in students with hearing-impaired and normal students. The results showed that there was significant difference between feelings of loneliness, depression, and stress between hearing-impaired students and normal students. Since stress is playing a major role in hearing impaired students, the higher secondary students are taken for this present study as they will have more exam stress to do well in exams.

METHODOLOGY

This chapter deals with the research design, the tools used for data collection, the locale of the study and sampling technique used for the investigation as well as analysis of the data.

PURPOSE OF THE STUDY:

The purpose of this study was to see whether Hearing Impaired students engaging in Super brain yogaexercise on a regular basis has resulted in the reduction of stress. The various dimension of stress indicators are assessed by using the revised Stress Indicators questionnaire.

STATEMENT OF THE PROBLEM:

The problem of the study is to find out whether there is improvement in the Hearing Impaired students in level of stress of the various stress indicatorsafter the implementation of the Super brain yogaexercise.

OBJECTIVES OF THE STUDY:

The main objectives of the study are to study the efficacy of Super brain yogaonstress in various dimensions which included varied questions.

HYPOTHESES:

H1: There would be significant differences in stress among Hearing Impaired students before and after Super Brain Yoga exercise intervention. Based on this five sub hypothesis were framed.

- **H1.1:** There would be significant reduction of physical indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise intervention.

- **H1.2**: There would be significant reduction in sleep indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise intervention.
- **H1.3**: There would be significant reduction in behavioural indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise intervention
- **H1.4**: There would be significant reduction in emotional indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise intervention.
- **H1.5**: There would be significant reduction in personal indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise intervention

SELECTION OF SAMPLE:

Purposive sampling method involves deliberate selection of particular units of the universe for constituting a sample, which represents the universal Kothari (2000). A total sample of 24 students with Hearing Impairment where chosen for the study. It included(Males N=12 and Females N=12) within the age range of 16 to 18 years. The students are from English medium school. The mode of communication followed by the hearing impaired students is Aural-oral method.

SELECTION OF METHODOLOGY:

In order to achieve the objectives of the study the investigator selected experimental design. A descriptive study determines and reports the way things are. The study was done on 24hearing impaired students who were given practices on Super brain yogaexercise.

RESEARCH DESIGN:

The research design used to carry out the present study is single before and after without control group experimental design.

TOOLS:

The tool used for the present study includes; revised Stress Indicators questionnaire. The stress questionnaire is revised and it includes 5 dimensions. These include physical indicators, sleep indicators, behavioural indicators, emotional indicators and personal habits. Each dimension also has set of questions that are varying in number. Based on the population that is selected, few of the questions are omitted and the rest are remained intact. The reliability of the revised Stress Indicators questionnaire was done. The value of Cronbach's Alpha and the reliability score obtained is .715. This result showed that the test that is developed is reliable.

PROCEDURE:

The participants of the study included 24 higher secondaryhearing impaired students who were selected based on purposive sampling. Before administering the tests, clear instructions were provided to the students. During the pre-training session the students were instructed to give relevant answers to the data of Stress Indicators questionnaire. They were told that there are no right or wrong answers and they can choose only one option. During the mid- session, the students were initially modelled by the supervisor and made to follow the Super brain yoga exercise. Then they were made to do the exercises continuously every day in a similar manner for 45 days. In the post-training session again the same instruction that was given in the pre-training session was given and the data was collected based on their responses.

STATISTICAL ANALYSIS:

Paired t- test was used to analyse the data obtained fromStress Indicators questionnaire.

RESULTS AND DISCUSSION

To determine the effectiveness of Super brain yogaon stress of the Hearing Impaired students, a pre-test of the Stress Indicators questionnairewas administered to all the participants at the beginning of the study. This test also served as the post-test given at the end of the study after the implication of the Super brain yogaexercise.

		N	*Mean*	*S.D*	*T*	*Df*	*Sig*
Physical indicators	Pre	24	12.29	3.23	3.63	25	**
	Post	24	11.58	2.65			
Sleep indicators	Pre	24	4.17	1.6	.56	25	.13 NS
	Post	24	4.13	1.59			
Behavioural indicators	Pre	24	3.29	.955	2.07	25	*
	Post	24	3	.722			
Emotional indicators	Pre	24	21.7	3.45	3.92	23	**
	Post	24	20.7	3.41			
Personal habits	Pre	24	6.83	1.3	2.29	23	*
	Post	24	6.38	1.05			

** Significant at 0.01 Level, * Significance at 0.05 Level, NS = Not Significant

There was significant difference in the pre-testand post-test conditions of physical indicators (M= .708, SD= .95) and emotional indicators (M= .95, SD= 1.19) where P value is < 0.01 level.

There was significant difference in the pre-test and post-test conditions of behavioural indicators (M= .29, SD= .69) and personal habits (M= .45, SD= .97) where P value is < 0.05 level.

There was no statistically significant difference in the sleep indicators dimension (M= .04, SD= .35).

The overall hypothesis H1 which states that there would be significant differences in stressamong Hearing Impaired students before and after Super brain yoga exercise intervention was said to be partially accepted as statistically significant as H1.2 of the sub hypothesis is not accepted.

SUMMARY AND CONCLUSION

SUMMARY:

The aim of this study was to see whether hearing impaired students engaging in Super brain yogaexercise on a regular basis has enhanced theirlevel of stress in all the dimensions.The main objectives of the study are, to study the efficacy of Super brain yogaonstressin hearing impaired students.

The research design used to carry out the present study is single before and after without control group experimental design. The tool used for the present study is revised Stress Indicators questionnaire. The intervention used is Super brain yoga exercise. Paired t- test was used to analyse the data obtained fromStress Indicators questionnaire.

CONCLUSION:

The results of the pre and post intervention were assessed using paired sample t-test and significant improvements were foundin the hearing impaired students in terms of stress in dimensions like physical indicators and emotional indicators. The hypothesis H1 and its subscales states that there would be significant differences in stress and its dimensions among hearing impaired students before and after Super brain yogaexercise intervention. The sub hypothesis H1.1 and H1.4 are statistically significant at 0.01 levels. This result shows that the hearing impaired students experienced positive changes in their physical body and emotional stability after the incorporation of the super brain yoga exercise.

The sub hypothesis H1.3 and H1.5 showed statistical significance at 0.05 levels. The behavioral and personal habits improved after the integration of the super brain exercise. The significance might be more prominent if the sample size is increased and the intervention is done for a longer period of time.

H1.4 which stated that there would be significant reduction in sleep indicators of stress among hearing impaired students, before and after the implementation of Super Brain Yoga exercise was rejected. This might be due to the fact that sleep patterns cannot be altered easily as they are noticed in the preconscious state. Based on the results of this study, the researcher intends to use Super Brain Yoga exercise in instruction in the future to reduce stress and improve students, attention. Teachers should include the Super Brain Yoga exercise as part of the curriculum, in order to energize the children to speak and stimulate their brains and subsequently help them lead a stress free life.

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TRAUMA CHECKLIST TO IDENTIFY PSYCHOLOGICAL DISORDER IN ORPHAN AND SEXUALLY ABUSED CHILDREN

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ABSTRACT

Sexual brutality is seen to happen in every age, within all socioeconomic classes, and almost in all country with difference in the magnitude. Child sexual abuse is an all too common event in the lives of children and can produce severe psychological damage to victims both at the time of the abuse and years later. Child-victims of sexual abuse are at an increased risk for serious negative outcomes including violence, psychological problems, and mental health problems. A new study by an international children charity has found that 4 per cent of India's child population of 20 million are orphans. Most of these children have been abandoned by their parents. In this type trauma in children can lead to the posttraumatic stress disorder and variety of mental health disorder. The present study identifies the trauma symptom for sexually abused and orphan children. The sample consisted of 74 children containing 37 sexually abused and 37 orphan children, from the Government Nirbhaya home and Children home, Quilon - Kerala. Based on the statistical analysis the results are discussed and conclusions are arrived at.

KEYWORDS: *Sexually Abused Children, Orphan Children, Trauma Checklist*

INTRODUCTION

Sexual brutality is seen to happen in every age, within all socioeconomic classes, and almost in all country with difference in the magnitude. Children start at the age 5 are mostly high risk for experience to potentially traumatic events due to their trust on parents and caregivers (Lieberman & Van Horn, 2009; National Child Traumatic Stress Network, 2010). When a child feels extremely threatened by a happening he or she is involved in or witnesses, that event is called trauma. Traumatic situations are incident that engage the risk of physical hurt, bereavement or hurt to the bodily integrity of person or others and over and over again lead to approach of fear or helplessness (National Library of Medicine, 2013).UNICEF defines an orphan as a child under the age of 18 whose mother (maternal orphan), father (paternal orphan), or both parents (double orphan) has died from any cause (UNICEF, 2006). Sexual abuse was defined as a nonconsensual act of a sexual nature performed with a child or youth, including rape, incest, oral copulation, and penetration of the genital or anal opening by a foreign object (O'Toole, 2003). Child sexual abuse is an all too common event in the lives of children and can produce severe psychological damage to victims both at the time of the abuse and years later Carlson, E. B., Furby, L., Armstrong, J., & Shlaes, J. (1997); Fergusson, D. M., & Mullen, P. E. (1999) and Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Many researchers have identified posttraumatic stress disorder (PTSD) as a core manifestation of sexual abuse trauma because of the high frequency with which this disorder and related symptoms appear in sexually abused children. The majority of common trouble observed in sexually abused children crosswise all age be posttraumatic stress disorder (Ackerman, Newton, Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; McPherson, Jones, & Dykman, 1998; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988; Kendall-Tackett et al., 1993; Pfefferbaum, 1997). Additional than one-third of sexually abused children gather in criteria for a Diagnosis of PTSD with the DSM-IV (Ruggiero, McLeer, & Dixon, 2000; Widom, 1999). Posttraumatic stress disorder is definitely within the DSM-V as have a knowledgeable actual or threatened loss, serious damage, or sexual brutality, and applies to children older than six years and adults (American Psychiatric Association, 2013).

Within classify to meet the analysis of PTSD, an person should have knowledgeable one or more of the follow intrusion symptom later than the traumatic incident(s) occurred: recurring, instinctive, and disturbing distressing recollections of the traumatic occasion recurring upsetting thoughts; dissociative reaction (e.g., flashbacks); strong or long-drawn-out suffering at experience to cue that represent or look like an aspect of the traumatic occasion; and obvious physiological reactions to these cues. In adding, a person has to keep away from or try to avoid upsetting reminiscences, thoughts, or feelings regarding the traumatic occasion, or keep away from or try to avoid outside reminders (people, places, conversation, actions, objects, situation) that stimulate suffering linked with the trauma. Negative alterations in cognitions and frame of mind must be present, and evidence by: incapability to memorize an significant feature of the traumatic occasion; unrelenting and negative attitude or outlook about oneself, others, or the globe; persistent, indistinct cognitions about the reason or penalty of the trauma that guide the person to guilt himself/herself or others; unrelenting unenthusiastic emotional state; diminished notice in important actions; approach of detachment or separation from others; persistent incapability to practice optimistic emotions. Lastly, noticeable alterations in stimulation and reactivity have to be present. These take in bad-tempered behaviour and angry outburst, irresponsible or self-destructive behaviour, hypervigilance, inflated startle reply, problems with attentiveness, and sleep trouble.

Whetten,k., Ostermann,j., whetten,R., O'Donnell,K., Thielman,N., and Positive outcomes for orphans research team (2011). Examine the rates of potentially traumatic events and associated anxiety and emotional/ behavioral difficulties among 1,258 orphaned and abandoned children. This study indicates that orphaned and abandoned children are at high risk for experiencing further potentially traumatic events and that those who experienced different categories of events are at high risk for repeated exposure.

Atwoil,l., Ayuku,D., Hogan, J., Koech, J., Vreeman, R. C., Ayaya, S., & Braitstein, P. (2014) This study demonstrated differences in distribution of trauma and PTSD among orphaned and separated children in different domestic care environments, with street youth suffering more than those in CCIs or households. Interventions are needed to address bullying and sexual abuse, especially in extended family households. Street youth, a heretofore neglected population, are urgently in need of dedicated mental health services and support.

Li, X., Fang, X., Stanton, B., Zhao, G., Lin, X., Zhao, J. and Chen, X. (2009).The current study, utilizing the baseline data from a longitudinal assessment of psychosocial needs of children orphaned by HIV/AIDS or living with HIV-infected parents in China, was designed to assess the psychometric properties of the Trauma Symptoms Checklist for Children (TSCC) among children affected by HIV/AIDS in China. The outcome demonstrate sufficient reliability and validity of the TSCC among study population. Children who experienced more traumatic events scored significantly higher on all TSCC clinical scales and subscales than those children who experienced less such events. The Chinese version of the TSCC should provide mental health researchers and practitioners with a reliable and valid assessment instrument in studying posttraumatic distress and related psychological symptomology among children affected by HIV/AIDS in China.

Lanktree, C. B., & Briere, J. (1995). Studied the Treating multi – traumatized, socially – marginalized children: results of a naturalistic treatment outcome study. Integrative treatment of complex trauma (ITCT) is developed while the particular treatment that is empirically knowledgeable, culturally sensitive, extendable beyond the short term, and customized to the specific social and psychological issues of each child. This article examines the potential effectiveness of ITCT in assisting151 traumatized children living in an economically deprived environment. Results indicate significant reductions in anxiety, depression, posttraumatic stress, anger, dissociation, and sexual concerns as a function of time in treatment.

Killian, B., & Durrheim, K. (2008) examined the psychological distress and way in the social hold is examine in children 741 alive in nine prevalence HIV/AIDS community . This study separated gently orphaned numeral of model was 319 vulnerable with not orphaned 276,characteristically rising the results show that intervention mechanisms that allow children to way in social support would improve their resilience. Also, there seem to be refusal experiential basis intended for prioritizing the wants of orphans above the wants of children experience other form of main adversity.

Ali,S.A., and Ali. S.A (2014) examined theoretical paper explains the relationship between child sexualabuseand psychological disorders. Childhood sexual abuse (CSA) is a forceful sexual contactwitha child who is incapable of consenting. The impact of sexual abuse can range from physical to very severe psychological effects. Psychological disorders caused by child sexual abuse include panic disorder, anxiety, depression, substance abuse, low self-esteem and post-traumatic stress disorder.

Problem of the Study

To identify the psychological disorder in Orphan and Sexually abused children by using Trauma checklist.

Hypothesis

- There will be a significant difference between sexually abused children and orphan children in *sexual concerns.*
- There will be a significant difference between sexually abused children and Orphan children in *dissociation*.
- There will be a significant difference between sexually abused children and orphan children in *posttraumatic stress.*
- There will be a significant difference between sexually abused children and orphan children in *Anger*.
- There will be a significant difference between sexually abused children and orphan children in *Depression.*
- There will be a significant difference between sexually abused children and orphan children in Anxiety.

METHOD

Sample:- The sample consists of 74 children age is like 11-17 contacting 37 sexually abused children and 37 Orphan children from the Government Nirbhaya home and Children home, Quilon – Kerala, Were selected for the study. Purposive sampling is used in the study.

Scale

Trauma symptom checklist for children (TSCC) was developed by John Briere 1996. The scale consists Fifty Four items. The sub areas of Trauma symptom checklist for children are:-

1. *Sexual Concerns (SC*) Sexual thoughts or feelings that are atypical when they occur earlier than expected or with greater than normal frequency; sexual conflicts; negative responses to sexual stimuli; and fear of being sexually exploited. Has two subscales (SC-P (Sexual preoccupation) and SC-D (Sexual Distress).

2. *Dissociation (DIS)* Dissociative symptomatology, including derealization; one's mind going blank; emotional numbing; pretending to be someone else or somewhere else; day-dreaming; memory problems and dissociative avoidance. Has two subscales: DIS-O (Overt Dissociation) and DIS-F (Fantasy).

3. *Posttraumatic Stress (PTS)* Posttraumatic symptoms including intrusive thoughts, sensations, and memories of painful past events; nightmares; fears; and cognitive avoidance of painful feelings.

4. *Depression (DEP*) Feelings of sadness, unhappiness, and loneliness; episodes of tearfulness; depressive cognitions such as guilt and self-denigration; and self-injuriousness and suicidality

5. *Anger (ANG)* Angry thoughts, feelings, and behaviours, including feeling mad, feeling mean and hating others; having difficulty de-escalating anger; wanting to yell at or hurt people; arguing or fighting.

6. *Anxiety (ANX)* Generalized anxiety, hyperarousal, worry, specific fears (e.g. of men, women, or both; of the dark, of being killed); episodes of free-floating anxiety; and a sense of impending danger.

STATISTICAL TOOLS

Statistical tools used to analyze the data are mean, standard deviation, and children t test.

RESULT AND DISCUSSION

TABLE 1 SHOWS THE MEAN, S.D. AND'T' VALUE OF *SEXUAL CONCERNS* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN

	Group	*N*	*M*	*SD*	*SEM*	*t*	*df*	*p*
Sexual concerns	Sexually abused children	37	20.7	3.5	0.6	21.509	72	.000
	Orphan	37	5.6	2.4	0.4	21.509	63.588	.000

An independent sample t test reported a significant difference in sexual concerns by sexually abused children and orphan children t (63.58) = 21.50, p <.001, 95% *C.I.(*13.705 – 16.512). The sexually abused children drawing on an sexual concerns (M = 20.68, SD = 3.52) as compared to Orphan (M = 5.57, SD = 2.41) children.

TABLE 2 SHOWS THE MEAN, S.D. AND'T' VALUE OF *DISSOCIATION* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN

	Group	N	*M*	*SD*	*SEM*	t	df	p
Dissociation	Sexually abused children	37	21.9	3.5	0.6	22.36	72	.000
	orphan	37	6.5	2.3	0.4	22.36	61.573	.000

An independent sample t test reported a significant difference in Dissociation by sexually abused children and orphan children t (61.57) = 22.36, p <.001, 95% *C.I.(*14.0 – 16.75). The sexually abused children drawing on a sexual concerns (M = 21.9, SD = 3.5) as compared to Orphan (M = 6.5, SD = 2.3) children.

TABLE 3 SHOWS THE MEAN, S.D. AND'T' VALUE OF *POSTTRAUMATIC STRESS* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN.

	group	N	*M*	*SD*	*SEM*	t	df	p
Posttraumatic stress	Sexually abused children	37	20.5	3.07	.505	9.05	72	.000
	orphan	37	15.5	1.36	.225	9.05	49.72	.000

An independent sample t test reported a significant difference in Dissociation by sexually abused children and orphan children *t* (49.72) = 9.05, *p* <.001, 95% *C.I.(*3.89 – 6.11). The sexually abused children drawing on a sexual concerns (*M* = 20.5, *SD* = 3.07) as compared to Orphan (*M* = 15.5, *SD* = 1.36) children.

TABLE 4 SHOWS THE MEAN, S.D. AND'T' VALUE OF *ANGER* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN.

	Group	N	*M*	*SD*	*SEM*	t	df	p
Anger	Sexually abused children	37	19.73	2.88	.474	22.47	72	.000
	Orphan	37	5.70	2.47	.406	22.47	70.34	.000

An independent sample t test reported a significant difference in Dissociation by sexually abused children and orphan children *t* (70.34) = 22.47, *p* <.001, 95% *C.I.(*12.78 – 15.27). The sexually abused children drawing on a sexual concerns (*M* = 19.73, *SD* = 2.88) as compared to Orphan (*M* = 5.70, *SD* = 2.47) children.

TABLE 5 SHOWS THE MEAN, S.D. AND 'T' VALUE OF *DEPRESSION* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN.

	Group	N	*M*	*SD*	*SEM*	t	df	p
Depression	Sexually abused children	37	19.68	2.82	.465	14.58	72	.000
	Orphan	37	12.05	1.45	.239	14.58	53.73	.000

An independent sample t test reported a significant difference in Dissociation by sexually abused children and orphan children, *t* (53.73) = 14.58, *p* <.001, 95% *C.I.(*6.57 – 8.67). The sexually abused children drawing on a sexual concerns (*M* = 19.68, *SD* = 2.82) as compared to Orphan (*M* = 12.05, *SD* = 1.45) children.

TABLE 6 SHOWS THE MEAN, S.D. AND 'T' VALUE OF *ANXIETY* OF THE SEXUALLY ABUSED AND ORPHANED GIRL CHILDREN.

	Group	N	*M*	*SD*	*SEM*	t	df	p
Anxiety	Sexually abused children	37	15.11	2.15	.335	16.19	72	.000
	Orphan	37	8.35	1.33	.220	16.19	60.11	.000

An independent sample t test reported a significant difference in Dissociation by sexually abused children and orphan children *t* (60.11) = 22.47, *p* <.001, 95% *C.I.(*5.92 – 7.59). The sexually abused children drawing on a sexual concerns (*M* = 15.11, *SD* = 2.15) as compared to Orphan (*M* = 8.35, *SD* = 1.33) children

Result of the present study confirmed that there is a significant difference in proportion of orphan children than sexual abused children to report psychological disorder. The t value indicates that there is significant difference among the two groups .On the basis of mean score it was found that psychological disorder is higher in the orphan children than sexually abused children. Maniglio, R. (2009); Walsh, K., Fortier, M. A., & DiLillo, D. (2010) and Zink, T., Klesges, L., Stevens, S., & Decker, P. (2009). Childhood sexual abuse is a non – specific risk factor for a spectrum of psychological disorder, including depression, suicidal ideations, anxiety disorder and posttraumatic stress disorder, as well as physical health problems and at-risk sexual behaviors. Son, S.Y., Kim, T. K., & Shin, Y. J. (2007). Sexual abuse crowd has the significant higher score than the common group's one in stress scale after the other anxiety, depression, anger, and dissociation. TSCC has relatively shown the characteristics system and severity which were gained from the children who have experienced trauma, especially sexual abuse.

CONCLUSION

Sexually abuse be most traumatic events that and person can go through but when children are sexual abuse it can affect their life in lot of aspects. From the study it is observed that sexually abused children tend to have high psychological disorder than the orphan children. Sexually abused children groups scored high mean score than the orphan children in the facets like Sexual Concerns, Dissociation, Posttraumatic Stress, Angry Depression and Anxiety. It can be concluded that sexually abused children scored high significant difference in traumatic events.

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IMPACT OF INTEGRATED PSYCHOTHERAPY ON EMOTIONAL INTELLIGENCE AND ROLE STRESS AMONG EMPLOYEES

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ABSTRACT

Emotions drive people and People drive performance is what legends says...It's very important to manage our roles and deal effectively with stresses wherever we are, with special regard to our workplace. Goleman says, Emotional Intelligence is the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in ourselves and in our relationships. Pareek defines role stress as the conflict and tension due to the roles enacted by a person at any given point of time. It's always recommended to enhance our level of emotional intelligence through integrated psychotherapy, so that employees can deal effectively with their role stresses, which in turn increase the efficiency of employees as well as that of organization. The present study is conducted with an objective to evaluate the impact of Integrated Psychotherapy on Emotional Intelligence and Role Stress among employees. A total sample of 30 employees working in an organization will be selected for the study. The tools which are intended to use for the study are Role stress scale and Emotional Intelligence Scale. Results will be analyzed using SPSS 20 version. Discussion and conclusion part will be included in the full paper.

KEYWORDS: *Employees, Emotional Intelligence, Role Stress, Integrated Therapy.*

INTRODUCTION

Every individual experience stress both in their personal life and at work concern. People have to work with dead lines to function more efficiently and effectively. There are various external environmental factors that affects the individual's behavior at work concern. To operate the organization successfully low level of stress is required whereas excessive stress causes physical and psychological disequilibrium that results with physical and psychological disturbances among the individuals. The endocrinologist Hans Selye, a famous stress researcher, once defined stress as the "response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1976, p. 74) .

Based on this concept stress is body's physiological response to any demand that is place on it. Many of the demanding situation results in physiological reactions (eg. Accelerated heart rate). Stress is the condition in which an individual undergoes lot of constraints while working in the organization. Hence it necessary to identify the causes of stress and the respective steps to modify the behavior so that the individual energy is directed to the organizational growth and increase the productivity and a healthy work climate is proliferated.

An organization has various functions denoted as 'roles' and an individual is given with a specific role in which he or she is expected to perform. These roles differ from positions in the organizations. Pareek (1994) has defined role as a set of functions, which an individual performs in response to the expectations of others and his own expectations about the role. The stress experience by the individuals because of their role(Job) in the organizations is known as role stress. Organizational role stress occurs when the demands of the work is in excess with the worker's ability to cope up.

Emotional Intelligence (EI) is defined as the ability to understand and manage their own emotions and other people's emotions. Emotional Intelligence is the most important factor required for an individual in the organization to maintain a better relationship with their colleagues. If an individual has high level of emotional intelligence, it reveals that he or she will be able to express his or her emotions in a healthy manner and able to understand the emotions of others whom he or she work with and it improves the relationships and performance in the organization. Thus Emotional Intelligence helps in solving the problems faced by the individuals in the organization.

As every individual in the organization is facing stress in one way or the other, it can be managed with psychotherapy which results in increased productivity. As the workplace has various distractions, to improve their ability of attention in work, Mindfulness is one of the best psychotherapy.

Mindfulness means paying attention in a particular way; On purpose, in the present moment, and non-judgmentally. (-Jon Kabat-Zinn (Founder of Mindfulness-Based Stress Reduction (MBSR)). Mindfulness helps in developing the emotion regulation, attention focus, sensory clarity and equanimity in the workplace. Imagination rules the world. As such Guided Imagery is another Psychotherapy that helps the individual to focus on imagination that evokes relaxation, based on the concept of mind and body connection. Autogenic Relaxation Training uses the body's natural relaxation responses to hamper the unwanted Psychological and Physiological symptoms.

Alberto Chiesa and Alessandro Serretti(May 18, 2009) reported in their study that MBSR showed a nonspecific effect on stress reduction in comparison to an inactive control, both in reducing stress and in enhancing spirituality values, and a possible specific effect compared to an intervention

designed to be structurally equivalent to the meditation program. A direct comparison study between MBSR and standard relaxation training found that both treatments were equally able to reduce stress.

Dawn Bazarko, Rebecca A. Cate, Francisca Azocar, Kreitzer(20 Apr 2013) reported that individuals who continued their MBSR practice after the program demonstrated better outcomes than those that did not. Findings suggest that the tMBSR program can be a low cost, feasible, and scalable intervention that shows positive impact on health and well-being, and could allow MBSR to be delivered to employees who are otherwise unable to access traditional, on-site programs.

Nicola S. Schutte1 , John M. Malouff and Einar B. Thorsteinsson(April 2013) stated evidence from studies contrasting emotional intelligence intervention groups with comparison groups, suggests that training may increase emotional intelligence and improve outcomes related to emotional intelligence. These outcomes include mental and physical health, social relationships and work performance. Much work remains to be done to verify these initial findings and to uncover how training increases emotional intelligence, what specific training works best, and what important outcomes can be produced. Susan W Vines (1994) reported that there is significant difference in psychological distress and health seeking behaviors due to the impact of Guided Imagery.

Thus, the level of Role stress and Emotional Intelligence must be identified and this Integrated Psychotherapy can be applied for effectiveness among the employees that increases the productivity. This piece of research would identify the level of Role stress and Emotional Intelligence among employees and the effectiveness of Integrated Psychotherapy among employees.

HYPOTHESIS

- There is significant difference in Role stress between Pre-test and Post-test among the employees.

METHOD

Participants: The data for the study was collected from employees using purposive sampling. The sample was selected from a Private Company in Coimbatore district,Tamil Nadu. 30 Employees were selected for the study in which 15 employees were Experimental group and another 15 were control group. Their age group was 29 to 45.

MATERIALS

- Emotional Intelligence Scale
- Role Stress

Emotional Intelligence Scale:

Emotional Intelligence Scale was developed by the Anukool Hyde & et.al(1971). It measures the Self-awareness, Empathy, Self Motivation, Emotional stability, Managing Relation, Integrity, Self Development, Commitment, Altruistic Behavior. It has 34 Items. . High scores indicate that the employee has High emotional Intelligence, while low scores indicate that the employee has low Emotional Intelligence.

Role Stress

It was developed by Pareek(1994). It consist of 50 items and having 10 dimensions includes Inter-role distance, Role Stagnation, Role Expectation conflict, Role Erosion, Role Overload, Role

Isolation, Personal Inadequacy, Self role Distance, Role Ambiquity and Resource Inadequacy. Each Dimension consist of 5 items.

Statistical analysis

Mean, Standard deviation and t- test was used to assess the difference between the Pre-test and Post-test among the employees.

RESULTS:

TABLE : 1 SHOWS THE MEAN AND SD FOR THE ROLE STRESS AND EMOTIONAL INTELLIGENCE AND GROUPS.

Variables / Group	EMOTIONAL INTELLIGENCE			ROLE STRESS		
	N	MEAN	SD	N	MEAN	SD
Experimental Group Pre-Test	30	128.60	14.14	30	84.4	15.09
Control Group Pre-Test	30	132.6	9.86	30	62.26	30.11
Experimental Group Post-Test	30	134.2	10.87	30	67.0	18.12
Control Group Post-Test	30	129.8	13.58	30	78.86	13.82

While comparing the mean score between experimental pre-test and post-test, it is clear that post-test mean value is lower than pre-test mean value in Role stress and in post-test mean value is higher than pre-test mean value in Emotional Intelligence.

TABLE 2: SHOWS THE EXPERIMENTAL GROUP PRE AND POSTTEST 'T' VALUE FOR THE VARIABLES: EMOTIONAL INTELLIGENCE, ROLE STRESS.

Variables / Groups	Emotional Intelligence		Role Stress	
	t - value	Sig	t - value	Sig
Experimental Group Pre –test VS Experimental Group Post –test	1.47	NS	3.06	**
Control Group Pre –test VS Control Group Post –test	0.71	NS	1.61	NS

NS – Not Significant, **p<0.05 level of significant

It is seen from table 2 that experimental group pre-test and post-test mean score differ significantly in Role stress. The significant difference is beyond 0.05 level. The result highlights that experimental post-test group display high response in Role stress. Employees are identified with stress in their life because of work pressure with lack of emotional intelligence. Mindfulness helps them to develop attention and awareness towards present. Guided imagery helps them to reduce

stress and promote healing and strengthen immune system. Autogenic Relaxation Training improves concentration and sleep quality and gives emotional balance. The present study showed that Mindfulness, Guided Imagery and Autogenic relaxation training was effective in reducing Role stress.

CONCLUSION

The study revealed that the effectiveness of intervention includes Mindfulness, Guided Imagery, Autogenic Relaxation Training among employees. The experimental group shows significant improvement in reducing Role stress.

LIMITATION

- The samples selected for the study restricted to Coimbatore district only.
- The interventions were given only for 6 days.
- Sample size for the study restricted to 30 employees only.

Suggestions

- The samples for further research could be expanded in more areas.
- We can apply this in workplace counseling for employees.

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MINDFULNESS BASED STRESS REDUCTION FOR STUDENTS WITH PSYCHOLOGICAL PROBLEMS OF PREMENSTRUAL SYNDROME (PMS): A PROSPECTIVE STUDY

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ABSTRACT

Premenstrual symptoms are upsetting up to 75 percent of women population. It distresses the physical and psychological wellbeing of women, and also it impairs their social functioning. The current study examined the efficacy of mindfulness based stress reduction for students with premenstrual syndrome. Students were assessed with psychological tools of General health questionnaire, premenstrual symptom screening tool, Role acceptance scale, depression anxiety assessment scale and psychological wellbeing scale. Those who scored above mean score of GHQ and PSST were taken up for the study.36 students were found to be having premenstrual syndrome out of 100 students, of them 2 had dysmenorrheal and 4 were not willing to participate in the study. Remaining 30 were allotted randomly to therapy and control group equally. Both the groups were compared after a period of 2 months thorough mindfulness-based stress reduction. Pre and Post assessment was done after the intervention of mindfulness based stress reduction, the results show that therapy group improved significantly in relation to reduction of premenstrual syndrome than the control group. There was also a change of attitude towards menstruation, improved role acceptance, better coping Strategies and psychological well-being.

KEYWORDS: *Premenstrual Syndrome, mindfulness based stress reduction, Role Acceptance and well-being*

INTRODUCTION

Most adolescent girls consider menarche as crucialoccurrence in their growth. Handling menstruation is considered a major challenge to every adolescent girl, which is a normal body function and it is as atorment aspect for the women. The profile of the woman's reproductive health is greatly influenced by the girl's response to menarche, her beliefs and attitude towards menstruation, and more importantlybehavior during the period of it. Premenstrual Syndrome (PMS) is a group of physical, mood-related, and behavioral changes that occur in a regular, cyclic relationship to the luteal phase of the menstrual cycle and that interfere with some aspect of the women's life. These symptoms occur in most depending on the girl's knowledge of sexual development and her attitude towards her own body, cultural belief, and onset of menstruation may involve feelings of excitement, fear of curiosity. Premenstrual symptoms start a few hours to 2 weeks before the menstruation and physical, psychological symptoms relieved within one/ two days or at the end of themenstruation. Students often find it difficult to handle the symptoms as it is cyclical and they are judging about period's related negative experiences and concluded that they are helpless. They are not able to accept the changes which take place during or before the menstruation, which in turn make them to perceive the symptomsexaggeratedly. Competitiveness leads to make most the girls pressured and unable to engage their life mindfully.

Menstruation is a subject of taboo, superstition and folklore and the handling for these to the young girls may be liable for any abnormal reactions to menstruation. One of the fallacies which carries the support of many of the religious belief is that menstruating women is unclean. This idea alone is enough to instill feelings of shame, embarrassment and resentment. Again, it is commonly believed that girls are in low physical state during menstruation and this attitude is encouraged by terms such as "poorly time". cycles, resolving usually with onset of menses, but certainly by cessation of menses. This cyclic symptom complex varies both in severity and in the degree of disruption of the person's work, home, or leisure life (Beckmann, et al., 2006).International Classification of Diseases (ICD-10) statesthat "PMSis characterized by an accumulation of physical, mood, cognitive, and behavioral manifestations that follow acyclic pattern, beginning between 1 to 2 weeks before monthly cycle (luteal stage) and vanishing on the main days of menstrual stream (follicular stage)". Not all late luteal manifestations are PMS, many are a piece of the ordinary experience of women in the reproductive years. Minor cyclical changes that occur in a temporal relationship to the menstrual cycle and are relieved during menstruation.More recently a well conducted study by Anandhalakshmi et al., (2011) found in a sample of 300 students among them 67% had premenstrual syndrome and 51% had dysmenorrhea.

American Psychological Association, Diagnostic and Statistical Manual, Fifth Edition (APA, DSM-5), defined*Premenstrual*dysphoric disorder (PMDD) can be differentiated from *Premenstrual Syndrome*(PMS) by the presence of minimal one affective symptom, such as mood swings, irritability, and/or depression. Premenstrualsymptoms are common, affecting up to 75 percent of women with regular menstrual cycles. Clinically significant PMS occurs in 3 to 8 percent of women (Epperson CN,2012), while PMDD affects about 2 percent of women. In India the *Prevalence* of *Premenstrual Syndrome*was 78.2% in Chandigarh, 42% in Vadodara, and Chennai 67% have widely varying *Prevalence*. Pandian, M. V et al (2016). Song et al. (2013) specified that individuals having a negative attitude towards menstruation had PMS more severely, Guvenc et al. (2012) found that individuals, who considered the menstruation as a debilitating phenomenon and denied the menstrual symptoms, experienced *Premenstrual Syndrome* much higher. (Song, 2013).

The way females perceive menstruation has an effect on their own body image, gender identity, self-acceptance, sexual and health behavior (McMaster et al, 1997). Beliefs and approaches about menstruation are usually acquired before puberty. Menstruation is a sign of transition from childhood to womanhood and perceptions of menstruation is exaggerated by socio-cultural factors during pre-pubertal period. These perceptions are shaped by personal knowledge, age, myths, traditions, societal attitude, and cultural beliefs (Chua & Chang, 1999). Menstruation related information of people determines their response to this event. Some studies have shown that, negative physical and psychological changes during menstruation period are associated with the perception of menstruation (Houston et al, 2006).

Misra et. Al (2017) reported in their study that many students from medical field reported higher psychological symptoms than physical symptoms among women with premenstrual dysphoric disorder or women without premenstrual dysphoric disorder.This defies the widespread notion that Indian women tend to somatize psychological distress more often than women from developed countries.

PMS seems to be cross cultural having source commonalities across ethnic groups and in different societies. The particular symptoms that predominate may vary among groups. Risk factors for the development of PMS have not been clearly established. Epidemiologic studies have failed to show a consistent association between PMS and age, socioeconomic status, diet, exercise, menstrual cycle characteristics or personality. The only clinical condition that has been consistently found to be associated with PMS is an increased prevalence of prior affective disorders particularly major depression.Although stress does not cause PMS, clinical experience indicates that a change in stressors can affect the intensity of symptoms. Lustyk et al (2011)studied the interrelationship between mindfulness qualities, premenstrual symptom severity reports (PMSR) and menstrual attitudes.he found a positive relationship between menstrual attitudes and PMSR. In addition, he reported that higher mindfulness qualities are related to lessor reports about premenstrual symptoms when compared to participants who had lower mindfulness qualities reported more premenstrual symptoms.Mindfulness practices has an impact on the acceptance of physical changes and related psychological problems of menstruation ,through practices aimed at dismissing negative anticipatory and judgmental thinking pattern. Mindfulnesspractices guides the person to be aware of present moment on purpose and beingnonjudgmental. The emphasis is on accepting thethoughts as not facts by practicing mindfulness to overcome preoccupation about past experiences related to PMS and apprehension negative experience of the symptoms. To be aware of experiences notbeing judgemental, resist and cling to anything, insteadcultivate awareness and disentangle from habitual reactions. This will help the person to have aapproachable and more compassionate relationship with our experience.

According to Kabat-Zinn (1990), mindfulness involves paying attention on purpose, in the present moment, on a moment-to-moment basis in an effort to cultivate an accepting or non-judgmental, non-reactive state of awareness. This awareness has been described as a detached metacognitive state in which one is aware of his or her thought processes without being caught up in them (Teasdale et al. 1995).

In the present study the sessions included education about the basic concepts of the mindfulness, training for mindful eating, walking and guided sitting traditional meditation. There are about 40% of the women population, who need combined management to correct the biological imbalances and disturbances and to manage the psychological and behavioral problems in result of PMS they experience. The study intended to methodicallyexplore the premenstrual syndrome and to use

psychological method of mindfulness-based stress reduction for a sample of students who have been identified as suffering from PMS based on psychological tests.

METHOD

Sample: The design adopted was a simple randomized group design. The study was carried out at two stages. The first stage was administering psychological tools to screen the sample of 100 graduate college students who were undergoing medical and paramedical courses.

1. To find out the acceptance of the role and its relationship with therapeutic outcome.
2. To find out the efficacy of mindfulness-based stress reductionin reducing premenstrual distress, and improved health status associated with premenstrual syndrome.

For the study, the subjects were recruited from the SRM Medical College with the permission of the concerned authorities. The participants for paramedical group included students from the Speech & Audiology department, Physiotherapy department & Occupational therapy department. The participants for the Medical group included M.B.B.S & Dental first year students. Permission from the respective head of the departments were taken. Students who had regular periods for the last 1 year with age group of 18 - 30 years in the absence of any physical and major mental illness were included in the study. Those who had any history of treatment for PMDD or who were currently taking psychotropic medication, or having dysmenorrhea or amenorrhea were excluded from the study.

Participants were informed about the purpose of the study and the nature of the study. A brief introduction about Premenstrual Syndrome was given to the participants. Subjects were informed that the study participation is confidential and informed consent was taken. The psychological tests were administered to the willing students in small groups of 10 to 15. Socio demographic details were taken. Following this, fixed set of Questionnaires were given to the students. Initially the *G*eneral Health Questionnaire-28 was given to the participants to screen for presence of any psychiatric distress. The participants with high score on psychiatric distress were excluded. The GHQ-28 questionnaire was followed by the *premenstrual* symptoms screening tool, which was used to identify the participants with and without *Premenstrual Syndrome*. After the PMS Screening tool, the *Role Acceptance* scale was administered to measure the sex *Role Acceptance* of women with PMS. Following it, the psychological well-being scale was administered to assess their mental health.

DESCRIPTION OF THE TOOLS:

General health questionnaire (GHQ-28)*(Sterling, 2011; Goldberg & Hillier, 1979).*:

The GHQ-28 was developed by David Goldberg in the year of 1978 and has since been translated into 38 languages. It was developed as a screening tool to detect those likely to have or at risk of developing psychiatric disorders, it is a 28-item measure of emotional distress. The GHQ-28 has four subscales, i.e. somatic symptoms (items 1–7); anxiety/insomnia (items 8–14); social dysfunction (items 15–21), and severe depression (items 22–28). It takes less than 5 minutes to complete. Each item is accompanied by four possible responses, *Not at all*, *No more than usual*, *Rather more than usual*, and *Much more than usual*.and the scoring is from 0 to 3 for each response with a total possible score on the ranging from 0 to 84. Using this method, a total score of 23/24 is the threshold for the presence of distress.

***Premenstrual* symptoms *screening tool* (PSST) (Steiner, Macdougall& Brown 2003).:**

Developed by Steiner and Colleagues (2003), in line with DSM-IV criteria into a scale for rating the severity of PMS symptoms. It is a 19-item instrument consisting of two domains. The first domain includes 14 items related to psychological, physical, and behavioral symptoms and the second domain (five items) evaluates the impact of symptoms on women's functioning. Each item is rated on a four-point scale (absence of symptoms=1, *mild*= 2, *moderate*=3, *severe*=4). For diagnosis of PMS, the following criteria must be present: (1) at least one of the symptoms 1 to 4 is severe; (2) in addition, at least four of the symptoms 1 to 14 are moderate to severe; and (3) at least one of a, b, c, d, and e is moderate to severe. The Reliability and validity of the scale, Computing Cronbach's alpha coefficient was found to be 0.89 for the first domain, 0.91 for the second domain, and 0.93 overall; well above the threshold (0.7). Content Validity Ratio (CVR) and Content Validity Index (CVI) were used to establish quantitative content validity. The CVR and CVI were found to be 0.7 and 0.8, respectively, well above selected standards (0.62 for CVR and 0.78 for CVI).

RYFF's psychological wellbeing scale: The Ryff inventory consists of 42 questions. It assesses thestudents self-accepting, are pursuing meaningful goals with a sense of purpose in life, have established quality ties with others, are autonomous in thought and action, have the ability to manage complex environments to suit personal needs and valuesThe response format for all items comprised six ordered categories labelled from 'disagree strongly' to 'agree strongly'. Twenty PWB items were positively worded and 22 negatively worded. Prior to analysis, negatively worded items were reverse scored so that high values indicated well-being. This made it easier to identify floor and ceiling effects.

After the completion of the assessments the scores were interpreted and feedback was given to the students, following which short term and long-term goals formulated.

Mindfulness based stress reduction:

The basic concepts about mindfulness was explained. how negative anticipatory and being judgemental about the experiences leads to have more problems related to life was explained. The association between the negative menstrual attitude and amplified experience of PMS was pointed out. The importance of acceptance, compassionate about the experiences was discussed. Relationship between lower mindfulness qualities increase distress related to premenstrual symptoms was described. Mindful eating was taught to have better positive experiences of life. Mindfulness sitting meditation was applied to recognize the thoughts as not facts with thought record and brining awareness through focusing on breathing and shifting to body scan. This was used to reduce the negative anticipatory experiences related to premenstrum. Further sessions mindful walking was taught to improve the physical health and alleviate the autopilot mode of thinking. Final session included the self-compassion, loving kind meditation was taught. All the above said procedures were carried out spread over a period of twice a week for two months.

STATISTICAL ANALYSIS:

The Statistical Package for *Social* Science (SPSS) 20 version was used for statistical analysis. Descriptive statistics were done for socio demographic data. After checking the data for normality applied Parametric test. Inferential statistics, such as "t" test used to compare the means of two groups.

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TABLE 1: COMPARISON OF PRE THERAPY SCORES OF THE CONTROL AND THERAPY GROUP (N=15 FOR EACH GROUP).

Variables	Control group (N=15)	Therapy group (N=15)	't' value	Significance
PSST				
Mean	30.27	40.13	0.018	NS
SD	8.81	9.18		
Psychological well being				
Mean	162.80	176.00	0.075	NS
SD	15.13	23.12		
DASS				
Mean	21.07	15.00	0.694	NS
SD	3.79	4.91		

Table 1 Gives scores on with regard to the two groups, theydo not vary significantly on PSST, psychological well-beingand DASStotal scores.The scores with regard to the pre assessment of the therapy and control group are comparable on, PSST;psychological well-being and DASS total scores

TABLE2: COMPARISON OF THE PRE AND POST SCORES OF THE THERAPY GROUP ON PSST,PSYCHOLOGICAWELL-BEING ,DASS SCORES AND THE SIGNIFICANCE LEVEL. (N=15)

Variables	Pre Therapy (N=15)	Post Therapy (N=15)	't' value	Significance
PSST				
Mean	40.13	26.27	0.01	S
SD	9.18	9.81		
Psychological well being				
Mean	176.00	211.27	0.01	S
SD	23.12	21.57		
DASS				
Mean	15.00	15.00	0.01	S
SD	4.91	4.91		

DISCUSSION

The 't' values revealed that there is a significant difference between the control and therapy group on PSST total and subscale scores indicating that there is a reduction of distress in the premenstrual symptoms. There was a noticeable improvement in reduction of symptoms when compared control group depicts that the Mindfulness based stress reductionis more effective. This is in the agreement with the findings of panahi et al (2016) mindfulness based cognitive therapy approach on reducing

the PMS. They reported that their study was the first to show that MBCT improves depression, anxiety, and symptoms of PMS and found individualswith a heightened ability to simply observe thoughts, feelings, and experiences in order to disengage automaticand often dysfunctional reactivity and at that time allow themtowork with more balanced relationships with themselves. Thislinking process may be an important key of the therapeuticmechanism. They concluded thatrelease from anxiety/depression symptomsmay improve the regulation of emotional affect and havecentral healing effects on women with PMS.

Bluth et al (2015) reported in their pilot study on the effectiveness of MBCTon PMDD and reduction in stress reactivity.Their self-acceptance was improved as they started to accept their role, observed the inner experiences non-judgementally with self-kindness and self-compassion and associated menstruation.which made them to experience positive feelings about menstruation, acknowledges and accepts multiple aspects of their own self. However, there was no change in the rumination.in the present study findings also show that reduction of anxiety and stress after the intervention of MBSR. Psychological well being was improved after the intervention. Which indicates that their self-acceptance, personal relations and purpose in life was enhanced.no previous study evaluated the effectiveness of MBSR in improving the psychological well being of women in lessening of PMS.

CONCLUSION

Two groups are comparable on all variables, hence improvement shown after the treatment is attributable to the psychotherapeutic intervention. The therapy group has shown significant overall improvement succeedingMindfulness based stress reductionon all the variables studied except on the subscales offeminine stereotypes, child bearing, and rearing. Mindfulness based stress reductionis found to be effective in reducing premenstrual distress. There is reduction in experience of pain, improved concentration, behaviour change, change in negative affect and autonomic reaction. There is also a significant improvement in psychological well-being after implementing mindfulness-based stress reduction. Limitation of the present study is the sample size is small, generalization is guarded. This study has contributed towards expanding the horizon of psychotherapeutic intervention in the management of premenstrual syndrome and emphasize the importance of psychological intervention in addition to medical management.

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EYE MOVEMENT DESENSITIZING AND REPROCESSING (EMDR) THERAPY

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ABSTRACT

Eye Movement Desensitizing and Reprocessing (EMDR) Therapy is an integrative approach of psychotherapy is used to relieve psychological stress especially trauma. There are extensive research has been done by using this technique to reduce the symptoms of Post-traumatic stress disorder (PTSD). The EMDR is also used to decrease the symptoms of anxiety, phobia, panic disorder and depression. The EMDR has a set of standard protocols which combines the various elements of many different treatment approaches. This paper discusses in detail about the EMDR and extensive meta-analysis of its empirical evidence to reduce the psychological problems and disorders.

KEYWORDS: *EMDR, Trauma, Intervention, Meta-Analysis, Anxiety, Depression, PTSD*

INTRODUCTION:

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories (Shapiro, 1989a, 1989b). Shapiro's (2001) Adaptive Information Processing model posits that EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR therapy the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus.

Therapist directed *lateral eye movements* are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used (Shapiro, 1991). Shapiro (1995, 2001) hypothesizes that EMDR therapy facilitates the accessing of the traumatic memory network, so that information processing is enhanced, with new associations forged between the traumatic memory and more adaptive memories or information. These new associations are thought to result in complete information processing, new learning, elimination of emotional distress, and development of cognitive insights.

EMDR therapy uses a 3-pronged protocol:

1. The past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information.
2. The current circumstances that elicit distress are targeted, and internal and external triggers are desensitized.
3. Imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning.

EMDR IN TREATING PTSD:

There are numerous researches revealed that, EMDR can be used for Post Traumatic stress disorder (PTSD) (May, D. 2019., Beer, R. 2018., et al.). Most of the patients that have been treated with EMDR Technique among the different studies have shown that significant improvement in terms of related Trauma affective symptoms, and in terms of relapse prevention.

EMDR IN TREATING BIPOLAR DISORDER:

EMDR seems to be a promising treatment in terms of related trauma affective symptoms and to elicit some positive effects in bipolar patients, including the treatment compliance and the disease awareness, so relevant in the therapeutic process of this psychopathological condition (Faretta et al., 2017).EMDR processing treatment effects are based on the ability to target and access dysfunctional material. The initially targeted manifestations of this material include the image, the negative cognition, and the physical sensations associated with the event.

Bipolar disorder is a psychiatric disorder, characterized by more or less severe mood swings, from the highest of high (manias) to the lowest of lows (depression). In its various forms, it affects about 4.5% of the American population (Miklowitz, 2008). Despite the demonstrated high heritability, few genes have been identified, and this search for susceptibility genes is hampered by several methodological limitations, and environmental risk factor for the disease remain misunderstood. Child Trauma is probably the most promising factor for further investigation. Individuals with severe mental illness (including bipolar patients) are more likely to experience trauma over their

lifetime than people in the general population. Traumatic events are so frequent in bipolar patients, and can worsen the course of the disease. Then is no surprise to diagnose in comorbidity with BD, also a PTSD for which the EMDR has been elected among the most appropriate treatments by the WHO (World Health Organization 2013).

EMDR therapy is guided by the Adaptive Information Processing (AIP) model (Shapiro 2001). According to this model, the traumatic memories are dysfunctionally stored and not fully processed and could be the cause of several mental disorders. The usefulness of EMDR has been not so far investigated in Bipolar Disorder, so the purpose of this review is to generally determine whether this technique can have mood stabilizing effects in bipolar disorder patients, although the majority of the available studies have been implemented on patients with subsyndromal symptoms (mild depression or hypomanic symptoms) (Tohen et al. 2009).

A number of reported unprocessed parenting experiences were a strong predictor for the level of parenting stress. The results support the Shapiro's adaptive information processing conceptualization of parenting stress and are discussed in the context of the development of an eye movement desensitization and reprocessing (EMDR) intervention to reduce parenting stress (Hase et al., 2017).

EMDR AND ADAPTIVE INFORMATION PROCESSING MODEL:

Eye Movement Desensitization and Reprocessing (EMDR) therapy has been widely recognized as an efficacious treatment for post-traumatic stress disorder (PTSD). In the last years more insight has been gained regarding the efficacy of EMDR therapy in a broad field of mental disorders beyond PTSD. The cornerstone of EMDR therapy is its unique model of pathogenesis and change: the adaptive information processing (AIP) model. The AIP model developed by F. Shapiro has found support and differentiation in recent studies on the importance of memories in the pathogenesis of a range of mental disorders beside PTSD. However, theoretical publications or research on the application of the AIP model are still rare. The increasing acceptance of ideas that relate the origin of many mental disorders to the formation and consolidation of implicit dysfunctional memory lead to formation of the theory of pathogenic memories. Within the theory of pathogenic memories these implicit dysfunctional memories are considered to form basis of a variety of mental disorders. The theory of pathogenic memories seems compatible to the AIP model of EMDR therapy, which offers strategies to effectively access and transmute these memories leading to amelioration or resolution of symptoms. Merging the AIP model with the theory of pathogenic memories may initiate research. In consequence, patients suffering from such memory-based disorders may be earlier diagnosed and treated more effectively (Horst et al., 2017).

Quality of Life and General Health, Psychological health, Social relationships and Environment showed non-inferiority of EMDR to CBT, while Physical health was inconclusive, EMDR therapy proved to be as effective as CBT for treating Panic Disorder patients (Jeon, 2017). EMDR therapy using standard protocol for trauma processing helped facilitating PTG in disaster survivors. To generalize these findings, further controlled studies comparing with other treatment modalities for PTSD are needed (Lehnung et al., 2017).

In 2015, more than 1.5 million refugees arrived in Germany, many severely traumatized. Eye movement desensitization and reprocessing (EMDR) therapy has been proven to be an effective treatment for acute and chronic traumatic stress symptoms. There was a significant difference between the treatment and the waitlist groups, indicating a significant decline in IES-R scores. Although differences in BDI scores did not reach significance, a large decline in BDI scores was

seen in the treatment group. These results provide preliminary evidence that it might be effective to treat groups of traumatized refugees with EMDR (Moreno-Alcazar, 2017).

EMDR therapy was superior to waitlist/placebo conditions and showed comparable efficacy to cognitive behavior therapy (CBT) in reducing post-traumatic and anxiety symptoms. A similar but non-statistically significant trend was observed for depressive symptoms. Exploratory subgroup analyses showed that effects might be smaller in studies that included more males and in more recent studies (Pilz, 2017).

EDMR IN TREATING SUBSTANCE USE DISORDER:

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic method that has been shown to be especially effective in traumatic disorders. Since the concept of an addiction memory has become widely accepted, the use of EMDR also in substance use disorders (SUD) treatment might count as a separate field. This review summarizes the current state of research on treatment effects EMDR in SUD. The literature search included the databases of PubMed and PsychInfo; four studies met the inclusion criteria. EMDR was found to be related to a decreased amount of craving, fear and depression and to an improvement of emotion regulation and management and self-esteem. Initial findings indicate a high therapeutic potential of EMDR in SUD treatment (Potik, 2017).One clinical case report provides additional support for the body of knowledge on the relationship between traumatic events and imagery in OCD. Therefore, trauma-focused treatments, such as EMDR therapy, which concentrates specifically on those experiences, might be especially effective (Schnurr, 2017).

Trauma-focused psychotherapy for posttraumatic stress disorder (PTSD) includes a range of theoretical approaches, but primarily is based on cognitive-behavioral theory. Eye Movement Desensitization and Reprocessing is another type of trauma-focused psychotherapy. Although there is some evidence to support present-centered and interpersonal approaches, trauma-focused psychotherapies have the most empirical support and are the most effective for treating PTSD and related problems (Torchalla and Strehlau, 2017). Psychotherapy interventions are beneficial for helping clients recover from PTSD symptoms and RTW. In studies that reported on work status, RTW rates increased over time and generally lay between 58% and 80% across follow-up time points. Narrative impressions were supplemented by calculation of Risk Differences for individuals working at pre-treatment versus posttreatment (Valiente-Gomez et al., 2017).

CONCLUSION:

Randomized Controlled Trial are still scarce in the psychiatric comorbid conditions but the available evidence suggests that EMDR therapy improves trauma-associated symptoms and has a minor effect on the primary disorders by reaching partial symptomatic improvement. EMDR therapy could be a useful psychotherapy to treat trauma-associated symptoms in patients with comorbid psychiatric disorders. Preliminary evidence also suggests that EMDR therapy might be useful to improve psychotic or affective symptoms and could be an add-on treatment in chronic pain conditions (van Schie., 2017).

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DIALECTICAL BEHAVIOUR THERAPY FOR BORDERLINE PERSONALITY DISORDER

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ABSTRACT

Personality disorder is being more prevalent in recent years and mostly goes undiagnosed and untreated. Most of the mental health problems are associated with the individual's personality make up. Any deviations in the personality turned to be disorder and it becomes problems for the individual and others. Initially it was thought that it's very difficult to change individuals with personality disorder. But with the help of researches the newly developed therapy called "Dialectical Behavioral Therapy" developed by Marsha M. Linehan has been proved to treat Borderline Personality disorder. This systematic review paper discuss about Borderline Personality Disorder (BPD) and the effectiveness of Dialectical Behavior Therapy (DBT) for BPD and other psychological researches.

KEYWORDS: *DBT, BPD, Depression, Suicide, Para-suicide.*

INTRODUCTION

Personality disorder is defined as a pervasive pattern of inner experiences and behavior that is deviant from person's cultural norms. These may be deviations in thoughts, emotionality, interpersonal relatedness and impulse control. Deviations in any of the above aspects need to be pervasive, stable, present at least since adolescence and not due to substances or another mental disorder. Importantly, these ways of thinking, feeling or behaving need to be significantly distressful and problematic (American Psychological Association, 2010).

BORDER PERSONALITY DISORDER (BPD)

A Pervasive pattern of inability of interpersonal relationships, self-image and affects and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that is potentially self-damaging.
5. Recurrent suicidal behavior, gestures or threats or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood.
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (for example: frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress related paranoid ideation or severe dissociative symptoms.

The essential feature of borderline personality disorder is a pervasive pattern of instability of interpersonal relationships, self-image and affects and marked impulsivity that begins by early adulthood and is present in a variety of contexts(Diagnostic and Statistical Manual for Mental Disorders 5^{TM}, 2013).

BIOLOGY OF BORDERLINE PERSONALITY DISORDER

In recent years, it was determined that people with BPD have a small or underactive anterior cingulate which is the part of the frontal cortex that puts the brakes on emotions. The less functional anterior cingulate in people with borderline personality disorder causes them to be flooded with emotions even if they know that the situation shouldn't be that emotionally charged. This leads to intense feelings of confusion, overstimulation and fear. People with borderline personality disorder have a high biological sensitivity to emotion (Frankenburg, Hennen, Silk, &Zanarini, 2003).

PREVALENCE

In the world's population prevalence of borderline personality disorder is estimated to be 1.6% but many are as high as 5.9%. The prevalence of borderline personality disorder is about 6%in primary care setting, about 10% among individuals seen in outpatient mental health clinics and about 20% among psychiatric inpatients. The prevalence of borderline personality disorder may decrease in old group adults (Diagnostic and Statistical Manual for Mental Disorders 5^{TM}, 2013).Borderline Personality Disorder is diagnosed predominantly (about 75%) in females.

RISKS AND PROGNOSTIC FACTORS

Genetic and Psychological: Borderline Personality Disorder is about five times more common among first degree biological relatives of those with the disorder than in the general population. There is also an increased familial risk for substance use disorders, borderline personality disorder and depressive or bipolar disorders.

Culture Related Diagnostic Issues: The pattern of behavior seen in borderline personality disorder has been identified in many settings all over the world. Adolescents and young adults with identity problems may transiently display behaviors like emotional instability, existential dilemmas, uncertainty, anxiety-provoking choices, and conflicts about sexual orientation those misleadingly give the impression of borderline personality disorder.

High Suicidal Risks: The possibility of suicidal behavior exists at all times during major depressive episodes. The most consistently described risk factors in a past history of suicide attempts or threats, but it should be remembered that most completed suicides are not preceded by unsuccessful attempts. The presence of Borderline Personality Disorder markedly increases risk for future suicide attempts(Diagnostic and Statistical Manual for Mental Disorders 5^{TM}, 2013).

DIALECTICAL BEHAVIOR THERAPY (DBT)

Dialectical Behavioral Therapy (DBT) is developed by Psychologist Marsha M. Linehan in 1980s which combines strategies from behavioral, cognitive and other psychotherapies especially to treat Borderline Personality disorder in 1993. Basically the person with Borderline personality disorder will have problems in managing the emotions and interpersonal relationships. Hence this DBT focus to teach new skills to manage the painful emotions and reduce the conflict in relationships. This is done through specifically focusing on four key areas.

1. Mindfulness- being in the present movement.

2. Distress tolerance- increasing the tolerance towards negative emotions rather than escape from such negative emotions.

3. Emotion regulation- enhancing the skills to manage negative emotions which cause distress to the person.

4. Interpersonal effectiveness- being assertive rather being aggressive and enhancing the feeling of self-respect and self-esteem which in turn reduces conflict in interpersonal relationships.

The DBT can be given as individual therapy, group therapy and even through telephone. On the whole DBT seeks to enhance the quality of the person's life through group skills training and individual therapy with a dialectical approach of support and confrontation through an integrated team approach.

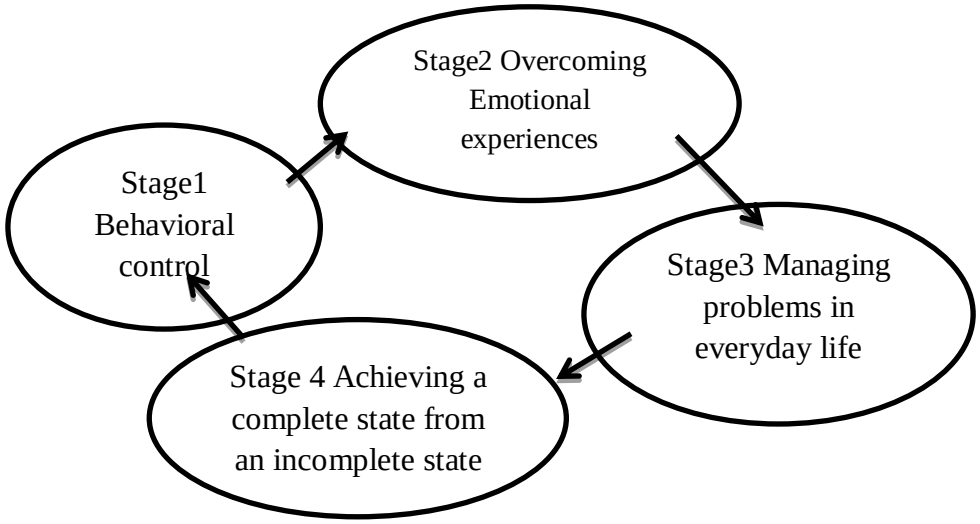
STAGES OF DIALECTICAL BEHAVIORAL THERAPY

STAGE 1: The main focus of this stage is behavioral control. The initial stages of the treatment involves treating people who undergoes life threatening behaviors like suicide attempts, excessive drinking and treatment interfering behaviors like dropping out of treatment, skipping therapy and major quality of life interfering behaviors like losing marriage, expelled from school, custody of children. The focus of this stage is to gain behavioral control which can be made only if people have skills to manage emotions without engaging in dangerous behaviors and are committed to the process of therapy.

STAGE 2: This stage focuses on emotional experiencing to reduce maladaptive behaviors, thoughts and beliefs. This is achieved by making them accepting facts, reducing self-blame & denial and resolving dialectical tensions regarding who to blame. This stage targets are worked on only when behavior is under control.

STAGE 3: This stage involves in solving the problems of everyday living and improves happiness and joy in life rather than focusing on the negative thoughts and ideations. This stage of treatment focuses on owning the individual's own behavior, building trust and learning to value one's own self.

STAGE 4: This stage focuses on achieving transcendence and building capacity for joy (Matta, 2010).



EFFECTIVENESS OF DBT FOR BPD

The DBT has been formulated and conceptualized as a treatment for multi-diagnostic treatment-resistant populations. It has been evaluated and focused to be efficacious for the treatment of Borderline personality disorder in 7 well controlled randomized controlled trials conducted across four independent research teams (Lynch, Chapman, Rosenthal, Kuo& Linehan., 2006). Further DBT was founded to be effective for reducing general mental health problems in college students especially to eliminate the confusion about self, decreasing their impulsivity, increasing their distress tolerance and improve their interpersonal effectiveness (Panipinto, Uschold, Olandese& Linn, 2015).

Moreover DBT was proved to be effective in treating chronically depressed older adults, older depressed adults with comorbid personality disorder and eating disorder (Lynch, Chapman, Rosenthal, Kuo& Linehan, 2006). Further DBT also shows significant benefits for the secondary outcomes of improved disability and quality of life, clinically useful results which maintain the theoretical constructs of the benefits of DBT (Carter, Willcox, Lewin, Conrad &Bendit, 2010).

CONCLUSION

- Dialectical Behavior Therapy (DBT) is found to be effective for treating BPD.
- It is also effective for treating depression in older adults and reducing Para suicidal and suicidal ideations.

IMPLICATIONS

The future researches may focus on using DBT for other disorders like Obsessive Compulsive Disorder and solving marital discords and self-harming tendencies. Moreover further research could be done to prevent adolescent suicidal behavior by using DBT.

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THE IMPACT OF INTERVENTION PROGRAMME ON SELF- ESTEEM AND ACHIEVEMENT MOTIVATION AMONG ADOLESCENT GIRLS

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ABSTRACT

Self Esteem refers to a person's sense of his or her worth. Achievement motivation is a need to attain excellence or success. The present study examined the impact of intervention on self-esteem and achievement motivation among adolescent girls. The sample consisted of 43 adolescent girls from Ujire, Karnataka. The study adopted one group pre-test post-test design. The following tools were used for assessment: Achievement Motivation Scale by Prof. Prathiba Deo and Dr. Asha Mohan. Self-Esteem Scale by Morris Rosenberg (1965). Intervention was given to all the students for 21 days. The intervention topics included life skill training, interpersonal skill training and academic skill training. Correlated t-test was used to find out the significance of the difference between pre and post intervention means. The results indicate that subsequent to intervention there was a significant increase in Self- Esteem and Achievement Motivation. The findings shows that the well-structured intervention programme can be used to enhance the self- esteem and achievement motivation of adolescent girls.

KEYWORDS: *Achievement Motivation, Self Esteem, Adolescents.*

INTRODUCTION

Adolescence falls between the ages 11 and 21 and it is considered the transitional stage from childhood to adulthood. It can be a time of disorientation and discovery. Often this transitional period can bring up issues of independence and self-identity. Adolescents often face tough choices regarding sexuality, school, social life, peer pressure etc. During this time, romantic interests, peer groups and appearance tend to naturally increase in perceived importance for some time during a teen's journey toward adulthood. The phase of biological changes of adolescence can be defined as puberty. At this stage, most youngster's physiological growth is complete and are physically capable of having babies. Most girls and boys enter this phase still perceiving the world around them in concrete terms: things are either right or wrong, awesome or awful. They rarely set their sights beyond present, which explains younger teens' inability to consider the long-term consequences of their actions. Self-esteem is an important component of emotional health which encompasses both self-confidence and self- acceptance through which people perceive themselves and their self- value. Self –esteem comes from different sources for children at different stages of development. Parental attitudes and behavior influence the self- esteem of young children. The physical and emotional changes that take place in adolescence, especially early adolescence, present new challenges to a child's self-esteem. Both boys and girls expend inordinate amounts of time and energy on personal grooming to achieve certain kind of look. Fitting with their peers becomes more important than ever to their self-esteem, and in later adolescence, relationships with opposite sex or same sex can become a major source of confidence or insecurity. There are several factors that influence self-esteem such as Age, gender, socio- economic status and body image. The term achievement motivation can be defined by considering the words achievement and motivation. Achievement refers to competence that is a condition or quality of effectiveness, ability, sufficiency or success. Motivation refers to the energization and direction or aim of behavior. Thus, achievement motivation may be defined as the energization and direction of competence-relevant behavior or how and why people strive toward success and avoid failure. Achievement motivation is a person's orientation to strive for task success, persist in the face of failure, and experience the pride in accomplishment (Gill, 2000).

A study by Dr. Veena Dani, titled "Enhancement of Adolescents' Self- Esteem by Intervention module", purposive sampling method was used for sample 416 boys and 242 girls. The experimental group was given intervention of 15 sessions. The results showed that there was a significant difference observed between pre-test and post-test which indicates that intervention has positive effect on self-esteem.

A study by Elsa Mary Jacob, titled " Enhancing Achievement Motivation: A strength based approach for Youth Development", showed that through life skill intervention there was a significant difference between pre-intervention and post-intervention which indicates that intervention enhanced achievement motivation among participants.

METHOD:

Research Problem

What is the impact of intervention programme on self -esteem and achievement motivation among adolescent girls?

Aim

To study the impact of intervention programme on self-esteem and achievement motivation among adolescent girls.

Objectives

- To assess the effect of intervention programme on Self-esteem.
- To assess the effect of intervention programme on Achievement motivation.

Hypothesis

- H0- There is no effect of intervention on self- esteem among adolescent girls.
- H0- There is no effect of intervention on achievement motivation among adolescent girls.

Variables

Independent variable

- Adolescent girls

Dependent variable

- Self Esteem and Achievement Motivation

Sample

Purposive sampling method was adopted for the study. The sample consisted of 43 participants of age range 16 to 18 years. The sample were selected from Maitreyi Ladies hostel- Wing B at Ujire, Karnataka.

Tools:

Deo – Mohan Achievement Motivation Scale (DMAMS)

Deo- Mohan Achievement Motivation Scale is developed by Prof. Prathiba Deo and Dr. Asha Mohan in the year 1985. The scale Consists of 50 items of which 13 are negatives and 37 are positive which are based on 15 factors.The test retest method was applied to obtain the reliability co-efficient of the scale. The obtained test retest reliability co-efficient was found to be 0.83. The co-efficient of correlation between scale and projective test was observed to be 0.54 which is high enough to establish validity scale.

Rosenberg Self- Esteem Scale

The Rosenberg Self-esteem Scale is a tool for assessing global self-esteem. It is the most widely used self-esteem measure in social science research. This scale was developed by Dr. Rosenberg M. in the year 1965. Ten statements are included in the self- report measure that pertains to self- worth and self-acceptance. A four- point scale ranging from “strongly agree” to “strongly disagree” is used as options.The Rosenberg Self-esteem Scale presents high rating in reliability areas: internal consistency has been 0.77 minimum Coefficient of reproducibility was at least 0.90 (Rosenberg, 1986).The RSES demonstrates concurrent, predictive and construct validity using known groups and the scale correlates significantly with other measures of self-esteem including Coppersmith Self-Esteem inventory

Inclusion criteria

- Participants who know Kannada and English language.

Exclusion criteria

- Participants who had less than 95% of attendance during the intervention.

Research Design

One group pre-test post- test design.

Procedure

The researcher used Rosenberg Self-esteem scale to measure the self-esteem and Deo Mohan Achievement Motivation scale to measure the Achievement motivation.

The procedure consisted of three phases: pre-intervention, intervention and post-intervention. Participants self-esteem and achievement motivation were assessed by the researcher in pre-intervention. In the intervention phase, the researcher planned and executed twenty one different interventions given to the participants for twenty one days. The intervention included life skill training, interpersonal skill training and academic skill training. After the intervention programme the researcher assessed the participant's self- esteem and achievement motivation. After the assessment, the data was tabulated and calculated.

The Hostel warden of the Maitreyi, Wing B, Ujire was contacted and the purpose of the research was explained to her. After obtaining her permission, the students were met and rapport was established with them. The nature and purpose of the research was explained to them and confidentiality was assured. Written consent was obtained from the participants. Rosenberg Self-Esteem scale and Achievement Motivation Scale was administered on the participants' one after the other with proper instructions as per the standard directions in the manual to the group.

After the pre-intervention, intervention was given for all the participants for twenty one days. An attendance sheet was maintained throughout the intervention programme to monitor the participation of the participants. Sessions were done in three phases: revision for 10 minutes about previous session, intervention for 40 to 45 minutes followed by summary and feedback for 10 minutes.

Intervention programme:

The following 21 domains of intervention programme were taught to participants with games, activities, videos and information. External resource persons were invited to conduct classes. 16 sessions were handled by external resource persons and 5 sessions were handled by the researcher.

Name of the intervention
Communication skills(10/08/2018): The rational is to develop effective communication skills among participants that helps them to improve relationships, allows them to function more effectively in social situation and develops confidence.
Self-awareness (11/08/2018): The objective is to know one's strength and weakness, to understand what motivates a person and what makes them happy which indeed helps in becoming a better person.
Self-control (12/08/2018)

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The rational is to learn self- preservation, increase will power and promote healthier behavior that indeed helps to manage motivational conflicts.
Self-defense (13/08/2018): The objective is to boost self- confidence, to keep oneself safe at all the time and improve physical and mental strength.
Interpersonal skills (14/08/2018): It is one of the skills required success. The rational is to develop emotional intelligence, conflict resolution and listening skills.
Anger management (20/08/2018): The rational is to help participants to express anger in healthier ways.
Assertiveness training (23/08/2018): Rational is to help participants stand up for themselves, to maintain appropriate balance between passivity and aggression.
Time management(24/08/2018): Rational is to create an environment conducive to effectiveness, to set priorities.
Problem solving (25/08/2018): The rational is to encounter the problems effectively. To be investigative and innovative.
Critical thinking (26/08/2018): The rational is to develop the ability to think critically and rationally. Learn to justify and reflect one's values and decisions. To enhance academic performance.
Leadership skills (27/08/2018): To objective is to be responsible for the achievement of results. To increase productivity and develop stronger commitment. To understand the role and importance of strategic planning.
Empathy(28/08/2018): The rational is to understand others perspective, to develop effective teamwork and negotiating in healthy manner.
Creative thinking (29/08/2018): The rational is to prompt participants to think out of the box. To meet new challenges.
Importance of goals and role models (30/08/2018): The rational is to create one's own success, to get inspired and improve performance.
Stress management (31/08/2018): The objective is to learn emotion focused and problem focused strategies. To seek social support in a healthy manner.
Motivation (1/09/2018): The objective is to help participants to overcome failure and increase productivity.
Team work (2/09/2018): The rational is to work collaboratively with group of people to achieve a goal. To develop idea generation and share work load.
Public speaking (3/09/2018): The rational is to help participants to become a fearless presenters/speakers. To win over the crowd. To motivate and influence other people.
Gratitude and suicidal awareness (4/09/2018) The rational is to appreciate positive life experience. Improving the sense of self worth. Helping to strengthen social bond and improve moral behavior.
Decision making (5/09/2018): The rational is to make better choices and develop rationality.

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Memory skills (6/09/2018):
The rational is to help students for better academic performance. To retrieve information easily.

RESULTS AND DISCUSSION

TABLE 1: CORRELATED'T' FOR PRE AND POST-INTERVENTION SCORES ON SELF-ESTEEM

Area	Pre-intervention	Post-intervention	df	't' value	'p' value
Self – esteem	M 19.47 SD 3.290	M 25.21 SD 1.897	42	9.834	0.001

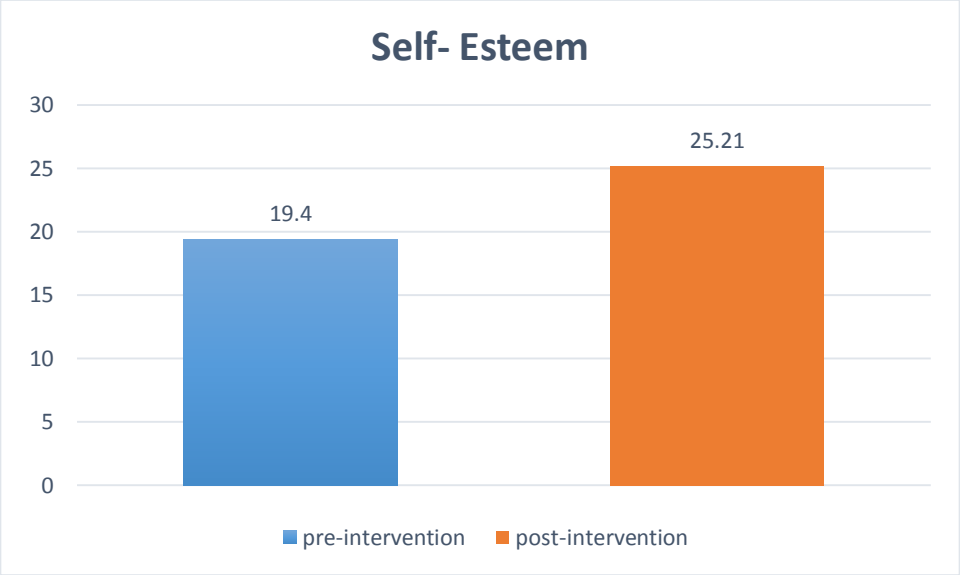

Figure 1 : Mean value of scores obtained in self- esteem in pre and post-intervention condition.

The Table 1 shows that there is a significant difference in the results of pre intervention and post intervention. examination on means in Figure 1 shows thatpost intervention mean is significantly higher than pre intervention mean.Thus, it can be infered that the intervention has contributed to the increase in the level of self- esteem among the participants. Hence, null hypothesis which states that there is no effect of intervention on self- esteem among adolscent girls is rejected.

This finding is similar to the findings of Sharma S (2015) who found self-esteem and collective self-esteem among adolescents with an interventional approach. The results showed that the participants who had received the intervention showed significant improvement in self esteem levels.

TABLE 2: CORRELATED'T' FOR PRE AND POST-INTERVENTION SCORES ON ACHIEVEMENT MOTIVATION

Area	Pre-intervention	Post-intervenntion	df	't' value	'p' vaue
Achievement motivation	M 153.91 SD 13.082	M 168.33 SD 10.016	42	7.778	0.001

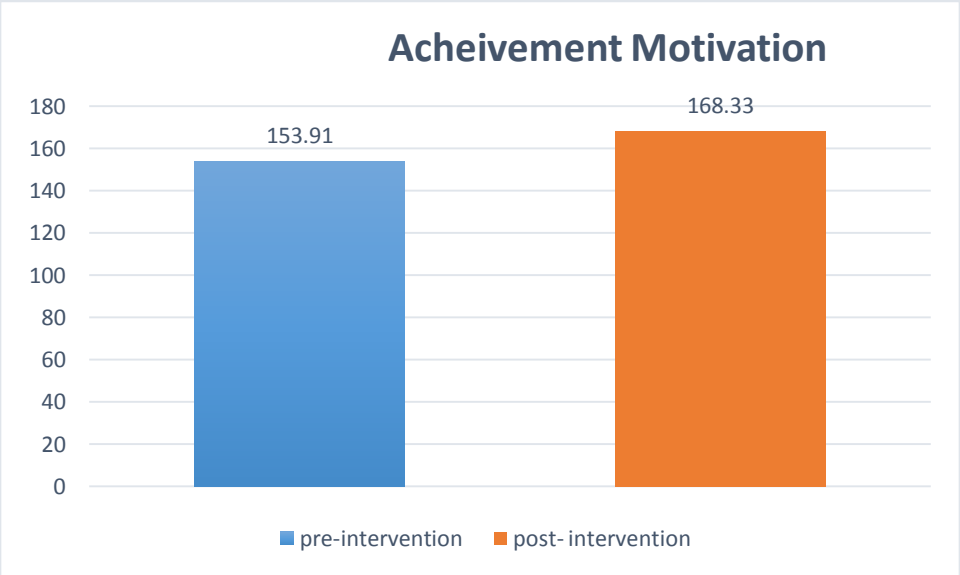

Figure 2 : Mean value of scores obtained in achievement motivation in pre and post-intervention condition.

The Table 2 shows that t ratio for achievement motivation is significant. In Figure 2 the examination of means shows that post intervention mean is significantly higher than the pre-intervention mean. Hence, it can be inferred that the intervention used in the research have contributed to the level of achievement motivation among the participants. Hence, the null hypothesis which states that there is no effect of intervention on achievement motivation among adolescent girls is rejected.

The finding is similar to the findings of Jain V (2015) that showed increase in level of Achievement motivation, Self–Efficacy, Subjective well- being and Academic Performance through intervention programme among Dalit Girl Students.

SUMMARY AND CONCLUSION

The present study was undertaken to study the level of achievement motivation and self-esteem among adolescent girls. The obtained results were analyzed using Correlated t-Test. The findings of the present study reveals that there is positive effect of intervention on achievement motivation and self-esteem among adolescent girls.Hence, intervention can be used as a strength-based approach to enhance self-esteem and achievement motivation. The study can be further improved by including control group. The module can be further used in schools and colleges to enhance the self- esteem

and achievement motivation of adolescents. The study has further scope by conducting on adolescent boys and participants of different age groups.

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LONELINESS AND FAMILY RELATIONSHIP AMONG ADOLESCENTS

R. Govarthini*; N. V. Amudha Devi**

ABSTRACT

Four hundred and thirty five (Boys = 178 and Girls = 257) belongs to Avinashilingam University, Karpagam University, Karunya University, Nehru College, Sri Krishna College, Hindustan College, Sri Guru College, St. Paul's College, Kongunadu Arts and Science College, KPM School, ELGI School, Nirmal Matha School, Sengothaya School, Keertiman School, GHSS School, St. Joseph's School, Coimbatore; Bharani park School and Sri Lakshmi School, Karur; Golden Gates School, Cluny School, and Holy Cross School, Salem; Kumari School, Nagercoil; Amity University, Haryana; Loyona College, Chennai were selected and administered with the case Study Schedule, Loneliness Inventory (Uma and Prof. Krishnan) and Family Relationship Scale (Dr. Sherry and Dr. Sinha). The results show that there is no significant relationship between boys and girls in Family Concentration and Family Avoidance and Loneliness; and significant relationship between boys and girls in Family Acceptance. There is positive relationship between Loneliness and Family Relationship, Loneliness and Avoidance, Acceptance and Concentration, Avoidance and Concentration; Education and family Avoidance, Family Type and Order of Birth in Family Avoidance, Order of Birth and Education, Family Type and Order of Birth in Family Concentration; and negative relationship between Acceptance and Avoidance.

KEYWORDS: *Loneliness, Family Type, Adolescents.*

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INTRODUCTION

"What we spend, we lose. What we keep will be left for others. What we give away will be ours forever".

-David McGee

LONELINESS

Loneliness can be describes as a state of solitude or being alone, loneliness is actually a state of mind. Loneliness causes people to feel empty, alone and unwanted. Loneliness, according to many experts, is not necessarily about being alone. Instead, it is the perception of being alone and isolated that matters most. Loneliness is the discrepancy between the desired and actual levels of social interactions.

DEFINITIONS OF LONELINESS

- Loneliness is a state of solitude or being alone, loneliness is actually a state of mind.
- Loneliness is an emotional state in which a person experiences powerful feelings of emptiness and isolation.

TYPES OF LONELINESS

- Interpersonal Loneliness
- Social Loneliness
- Cultural Loneliness
- Intellectual Loneliness
- Psychological Loneliness
- Existential or Cosmic Loneliness

SYMPTOMS OF LONELINESS

- Feeling sad, lonely, down
- Feeling excessively self critical, worthless
- Loss of self-esteem
- Unexplained crying or weeping
- Feeling tired, energy less, exhausted
- Changes in sleep patterns; i.e., insomnia, wanting to sleep too much or not at all
- Irritability
- Withdrawn behavior

CONSEQUENCES OF LONELINESS

- Loneliness decreases a person's immunity due to the negative feelings harboured within and also due to irregular exercising
- Loneliness increases heart attack and strokes, increases stress, and is associated with depression and suicide.

FAMILY RELATIONSHIP

Family relations can be complex at the best of times whether an individual is involved or it is happening to his/her children or friends.

DEFNITION OF FAMILY RELATIONSHIP

- Family is a institution for the socialization of children
- Family is a primary social group consisting of parents and their offspring, the principle function of which is provision for its members

TYPES OF FAMILIES

- Nuclear Family
- Single Parent Family
- Extended Family
- Childless Family
- Step Family
- Grandparent Family
- Foster-Parent Family
- Young-Parent Family
- Overage-Parent Family

CHARACTERISTICS OF GOOD FAMILY RELATIONSHIP

- Respect
- Trust and Support
- Honesty and Accountability
- Shared Responsibility
- Economic Partnership
- Negotiation and Fairness
- Non-Threatening Behaviour

REVIEW OF LITERATURE

The review of literature pertaining to the study, "Loneliness and Family Relationship among Adolescents", is categorized under the following headings

LONELINESS

- Vanhalst and Luyck (2014) examined the contribution of intra-individual characteristics and peer experiences in association with loneliness. This multi-informant study was conducted on 884 adolescents. The study showed that the low self-esteem and shyness, being poorly accepted by peers, being victimized, lacking of friends and experiencing poor quality friends each contributed to experiencing loneliness. This shows that low self-esteem and shyness, not being accepted by peers, lacking friends lead to loneliness.
- Doane and Thurston (2014) conducted a study on association among sleep, daily exercise and loneliness in adolescence: evidence of moderating and bidirectional pathways. The study was conducted on 78 adolescents over three days who were asked to complete diary reports of stressful experiences and self report loneliness. From the study it was clear that loneliness was significant moderator of the associations between daily stress and sleep duration and latency such that lonely individual have shorter sleep duration and sleep latencies after particularly stressful days.
- Laursen and Hartl (2013) studied on understanding loneliness during adolescence: developmental changes that increase the risk of perceived isolation. The inference from the

study were loneliness was typically defines in terms of feeling states. It was termed as perceived social isolation. Vulnerabilities differed across the lifespan. These included developmental changes in companions, developmental changes in autonomy and individuation, identity exploration, cognitive maturation, social perspective taking and physical maturation.

FAMILY RELATIONSHIP

- Koepke and Denissen (2012) explained how intra-personal change in identity evolves from transactions between parents and children were not sufficiently represented in the literature. In this article, a selective literature review of psychological approaches to identity development and separation individuation was presented with a focus on how the role of parents has been covered by approaches to identity development and on how general mechanisms of identity change could be filled with content by processes of separation-individuation. Specifically, it was illustrated how interpersonal differences in long-term related changes in identity formation, identity evaluation, autonomy, and separateness and attachment between parents and children, could be explained by parent-child transaction in the transition between childhood and adolescence and between adolescence and emerging adulthood. Finally, implications of an imagination perspective for the future empirical research were discussed.
- Ciagnani (2011) examined the age and gender differences in coping strategies used by adolescents in dealing with everyday minor stressors. Relationships with coping resources and the impact of coping on psychological well-being were assessed. Results showed that adolescents coping strategies differed according to problem domain. The most frequently used strategies were active and internally focused. Female used a wide range of coping strategies and coping resources. Moreover, the adoption of some strategies significantly affected adolescents psychological well-being.
- Brown and Bakken (2011) has done a research by drawing energy from a debate about the efficacy of parential monitoring, research over the first decade of the 21st century has traced numerous ways in which parenting practices and parent-child relationship features affected adolescents peer interaction, and how these 2 factors interacted to affect adolescent adjustment. Suggestions were offered to guide research towards a more contextually sensitive, integrative understanding of dynamic, reciprocal processes between general and peer-found parenting processes and adolescent peer relations.

METHOD

The procedure pertaining to the present study, "Loneliness and Family Relationship among Adolescents" was carried out with the following steps

OBJECTIVES

The main objectives of the study are as follows

- To assess the level of loneliness and Family Relationship among Adolescents
- To compare the level of Loneliness and family Relationship in adolescent boys and girls
- To compare the level of Loneliness and Family Relationship based on family acceptance, family concentration, and family avoidance.

NULL HYPOTHESES

- There is no significant difference in the level of Loneliness and Family Relationship among Adolescents

- There is no significant differences in the level of Loneliness and Family Relationship in Adolescent Boys and Girls
- There is no marked difference in the level of Loneliness and family Relationship based on the Family Acceptance
- There is no marked difference in the level of Loneliness and family Relationship based on the Family Concentration
- There is no marked difference in the level of Loneliness and family Relationship based on the Family Avoidance
- There are no symptoms of Loneliness and Family Relationship in Adolescent Boys and Girls
- There is no relationship between Loneliness and Family Relationship

AREA

The study was conducted in the Avinashilingam University, Karpagam University, Karunya University, Nehru College, Sri Krishna College, Hindustan College, Sri Guru College, St. Paul's College, Kongunadu Arts and Science College, KPM School, ELGI School, Nirmal Matha School, Sengothaya School, Keertiman School, GHSS School, St. Joseph's School, Coimbatore; Bharani park School and Sri Lakshmi School, Karur; Golden Gates School, Cluny School, and Holy Cross School, Salem; Kumari School, Nagercoil; Amity University, Haryana; Loyona College, Chennai. The reasons for selecting this area are

- Availability of the sample
- Permission of the institutional authorities to conduct the survey research

SAMPLE

Four hundred and thirty five adolescent boys and girls (Boys= 178 and Girls = 257) Avinashilingam University, Karpagam University, Karunya University, Nehru College, Sri Krishna College, Hindustan College, Sri Guru College, St. Paul's College, Kongunadu Arts and Science College, KPM School, ELGI School, Nirmal Matha School, Sengothaya School, Keertiman School, GHSS School, St. Joseph's School, Coimbatore; Bharani park School and Sri Lakshmi School, Karur; Golden Gates School, Cluny School, and Holy Cross School, Salem; Kumari School, Nagercoil; Amity University, Haryana; Loyona College, Chennai, were selected to serve as the sample. They in the age range of 15-18 years.

METHOD

Selection of the methods and tools is a very important aspect of the study, since it is the key to gaining the information. The needed information from the sample is collected through the methods of Case Study and psychological Testing.

TOOLS

Case Study Schedule was used to collect the demographic data of the subject

The Loneliness Inventory (LI) by Uma and Prof. Krishnan (2008) were used to assess the level of loneliness un adolescents. This inventory consists of 19 statements and five options. They are Never, Rarely, Sometimes, Many a Times, and Always. The subjects were asked to put a tick for the option that implies to them the most.

The Family Relationship Inventory (FRI) developed by Dr. Sherry and Dr. J. C. Sinha (2011) is used to assess the level of family relationship in the adolescents. The scale features 150 statements

52 relating to family acceptance, 41 concerning family concentration and 57 relating to family avoidance. The scale has two options. They are true and false. The students were asked to put a tick for the option that suits them the best.

PROCEDURE

Boys and girls were selected for the study. The selected subjects were asses using the case study schedule, Loneliness Inventory (LI) and Family Relationship Inventory (FRI).

RESULTS AND DISCUSSION

The study involves with four hundred and thirty five (Boys=178 and Girls=257) adolescents. Age of the subjects ranged from 16-18 years. Case Study Schedule, Loneliness Inventory and Family Relationship Inventory were administered to the subjects to assess the level of Loneliness and family relationship. Mean, Standard Deviation and ANOVA were used to find out the difference between the boys and girls in Loneliness and Family Relationship by using the Statistical Package for Social Science (SPSS).

TABLE 1: DISTRIBUTION OF THE SOCIO-DEMOGRAPHIC CHARACTERISTICS

VARIABLES	NUMBER	PERCENTAGE
Gender		
Boys	178	41
Girls	257	59
Education		
Secondary	66	15
Higher Secondary	88	20
Graduates	281	65
Family Type		
Nuclear	357	82
Joint	78	18
Birth Order		
1	212	49
2	131	30
3	85	20
4 and above	3	1

Percentages are rounded off

TABLE 2: LEVEL OF LONELINESS IN BOYS AND GIRLS N=435

LONELINESS	BOYS		GIRLS	
	N	PERCENT	N	PERCENT
LOW	51	**29**	**57**	**22**
MODERATE	**55**	**31**	**102**	**40**
HIGH	**72**	**40**	**98**	**38**

Percentages are rounded off

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TABLE 3: LEVEL OF FAMILY ACCEPTANCE IN BOYS AND GIRLS

LEVEL	GENDER	NUMBER	PERCENT
Extremely High	Boys	0	**0**
	Girls	1	1
High	Boys	6	3
	Girls	15	6
Above Average	Boys	16	9
	Girls	42	16
Average	Boys	66	37
	Girls	96	37
Below Average	Boys	47	27
	Girls	57	22
Low	Boys	34	19
	Girls	34	13
Extremely Low	Boys	9	5
	Girls	12	**5**

Percentages are rounded off

TABLE 4: LEVEL OF FAMILY CONTRACTION IN BOYS AND GIRLS

LEVEL	GENDER	NUMBER	PERCENT
Extremely High	Boys	9	5
	Girls	8	3
High	Boys	26	15
	Girls	24	9
Above Average	Boys	33	19
	Girls	65	25
Average	Boys	67	38
	Girls	102	40
Below Average	Boys	27	15
	Girls	44	17
Low	Boys	14	8
	Girls	13	5
Extremely Low	Boys	2	1
	Girls	1	0

Percentages are rounded off

TABLE 5: LEVEL OF FAMILY AVOIDANCE IN BOYS AND GIRLS

LEVEL	GENDER	NUMBER	PERCENT
Extremely High	Boys	31	17
	Girls	42	16
High	Boys	54	30
	Girls	73	28
Above Average	Boys	41	23
	Girls	66	26
Average	Boys	31	17
	Girls	43	17

Below Average	Boys	21	12
	Girls	27	11
Low	Boys	0	0
	Girls	6	2

Percentages are rounded off

TABLE 6: CORRELATION BETWEEN LONELINESS, ORDER OF BIRTH, FAMILY TYPE, EDUCATION OF BOYS AND GIRLS

VARIABLES	LONELINESS	ORDER OF BIRTH	FAMILY TYPE	EDUCATION
LONELINESS	1	0.054	0.041	0.043
ORDER OF BIRTH	0.054	1	**0.204****	0.040
FAMILY TYPE	0.041	**0.204****	1	-0.014
EDUCATION	0.043	0.040	-0.014	1

**. Correlation is significant at the 0.01 level (2-tailed)

A positive correlation has been found between order of birth and family type (r=0.024) which is significant at 0.01 level. This specifies that the order of birth and family type has great significance to each other.

TABLE 7: CORRELATION BETWEEN FAMILY ACCEPTANCE, ORDER OF BIRTH, FAMILY TYPE, EDUCATION OF BOYS AND GIRLS

VARIABLES	FAMILY ACCEPTANCE	ORDER OF BIRTH	FAMILY TYPE	EDUCATION
FAMILY ACCEPTANCE	1	-0.021	-0.045	**0.022**
ORDER OF BIRTH	-0.021	1	**0.204****	0.040
FAMILY TYPE	-0.045	**0.204****	1	-0.014
EDUCATION	0.022	0.040	-0.014	1

**=Significant at the 0.01 level

A positive correlation was found between family type and order of birth (r=0.204) which is significant at 0.01 level. This specifies that the order of birth and family type has a great significance to each other.

TABLE 8: CORRELATION BETWEEN FAMILY CONCENTRATION, ORDER OF BIRTH, FAMILY TYPE, EDUCATION OF BOYS AND GIRLS

VARIABLES	FAMILY CONCENTRATION	ORDER OF BIRTH	FAMILY TYPE	EDUCATION
FAMILY CONCENTRATION	1	-0.076	-0.033	0.012
ORDER OF BIRTH	-0.076	1	**0.204****	0.040
FAMILY TYPE	-0.033	**0.204****	1	-0.014
EDUCATION	0.012	0.040	-0.014	1

**=Significant at the 0.01 level

A Positive correlation was found between family type and order of birth (r=0.204) which is significant at 0.01 level. This specifies that the order of birth and family type has a great significance to each other.

TABLE 9: CORRELATION BETWEEN FAMILY AVOIDANCE, ORDER OF BIRTH, FAMILY TYPE, EDUCATION OF BOYS AND GIRLS

VARIABLES	FAMILY AVOIDANCE	ORDER OF BIRTH	FAMILY TYPE	EDUCATION
FAMILY AVOIDANCE	1	0.076	0.061	**0.297****
ORDER OF BIRTH	0.076	1	**0.204****	0.040
FAMILY TYPE	0.061	**0.204****	1	-0.014
EDUCATION	**0.297****	0.040	-0.014	1

**=Significant at the 0.01 level

A positive correlation was found between the order of birth and family type (r=0.204) which is significant at 0.01 level. This specifies that order of birth and family type has a great significance to each other. A positive correlation was also found between education and avoidance (r=0.297) which is significant at 0.01 level.

TABLE 10: CORRELATION BETWEEN LONELINESS AND FAMILY RELATIONSHIP AMONG BOYS AND GIRLS

VARIABLES	LONELINESS	ACCEPTANCE	CONCENTRATION	AVOIDANCE
LONELINESS	1	-0.066	0.075	**0.128****
ACCEPTANCE	-0.066	1	**0.178****	**-0.261**
CONCENTRATION	0.075	**0.178****	1	**0.160****
AVOIDANCE	**0.128****	**-0.261****	**0.160****	1

**=Significant at the 0.01 level

A positive correlation was found between loneliness and family avoidance (r=0.128) which is significant at 0.01 level. As the family avoidance of an individual increases, his/her loneliness also increases simultaneously. A positive correlation was found between family acceptance and family concentration (r=0.178) which is significant at 0.01 level. As the family acceptance of an individual increases, his/her family concentration also increase simultaneously. A negative correlation was found between family acceptance and family avoidance (r=0.261) which is significant at 0.01 level. An individual family acceptance increases, his/her family avoidance decreases simultaneously.

TABLE 11: MEAN AND S.D. OF LONELINESS AMONG BOYS AND GIRLS

GENDER	N	MEAN	STANDARE DEVIATION
BOYS	178	46.82	14.7
GIRLS	257	46.11	12.6
TOTAL	435	46.40	13.5

Table 11 represents that the loneliness score for the boys and girls seem to be the same. Thus, including that loneliness is an aspect that seems to be bothering the boys as well as girls equally.

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TABLE 12: MEAN AND S. D. OF FAMILY RELATIONSHIP AMONG BOYS AND GIRLS

VARIABLES	GENDER	N	MEAN	STANDARD DEVIATION
FAMILY ACCEPTANCE	Boys	178	31.62	6.67
	Girls	257	32.97	7.14
	Total	435	32.41	7.01
FAMILY CONCENTRATION	Boys	178	24.41	6.19
	Girls	257	24.72	8.19
	Total	435	24.59	7.43
FAMILY AVOIDANCE	Boys	178	27.42	11.54
	Girls	257	26.93	12.35
	Total	435	27.13	12.01

Table 12 represents that girls mean score is slightly high in family acceptance and family concentration and slightly low in family avoidance compared to boys.

TABLE 13: 'F' VALUE OF LONELINESS AMONG BOYS AND GIRLS

LONELINESS	SUM OF SQUARES	df	MEAN SQUARE	F
BETWEEN GROUPS	51.790	1	51.790	
WITHIN GROUPS	79370.61	433	18.304	
TOTAL	79422.40	434		0.28 NS

NS= Not Significant

Table 13 shows the 'F' value of loneliness among boys and girls. According to loneliness there is no significance between boys and girls in their loneliness score.

TABLE 14: 'F' VALUE OF FAMILY RELATIONSHIP AMONG BOYS AND GIRLS

FAMILY RELATIONSHIP		SUM OF SQUARES	df	MEAN SQUARES	F
FAMILY ACCEPTANCE	Between Groups	190.810	1	190.810	
	Within Groups	21134.707	433	48.810	3.91*
	Total	21325.517	434		
FAMILY CONCENTRATION	Between Groups	9.837	1	9.837	
	Within Groups	23947.326	433	55.306	0.18 NS
	Total	23957.163	434		
FAMILY AVOIDANCE	Between Groups	24.420	1	24.420	
	Within Groups	62623.111	433	144.626	0.17 NS
	Total	62647.531	434		

Table 14 shows the 'F' value of family relationship among boys and girls. There is significant difference in family acceptance between boys and girls and no significant difference in family concentration and family avoidance.

CONCLUSION

- There was no significant relationship between boys and girls in Family Concentration and Family Avoidance and Loneliness
- There was a significant relationship between boys and girls in Family Acceptance
- There was a positive relationship between Loneliness and Avoidance, Avoidance and Concentration, Education and Family Avoidance, Family Type and Order of Birth in Family Avoidance, Order of Birth and Education, Family Type and Order of Birth in Family Concentration
- There was a negative relationship between Acceptance and Avoidance

SUGGESTIONS FOR FURTHUR RESEARCH

The present study relating to the adolescent's in the urban areas. Further studies need to be conducted on large and varied samples.

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SPIRITUALITY, OPTIMISM AND EMOTIONAL INTELLIGENCE IN MIDDLE AGED ADULTS

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ABSTRACT

In the present study, "Spirituality, Optimism and Emotional Intelligence in Middle Aged Adults", an attempt has been made to understand the relationship between spirituality, optimism and emotional intelligence of middle aged adults. The study was conducted at Coimbatore. The Daily Spiritual Experience Scale(Underwood,2006), Life Orientation Test Revised (Scheier, Carver and Bridges ,1994)and Emotional Intelligence Scale (Schutte,et al,1998) was used to assess Spirituality, Optimism and Emotional Intelligence of middle aged adults. Results revealed that the middle aged adults had high spirituality, moderate optimism and high emotional intelligence. There is significant relationship between spirituality and optimism of middle aged adults. No significant relationship between optimism and emotional intelligence. There is significant relationship between emotional intelligence and spirituality of middle aged adults. There is no gender difference in spirituality, optimism and emotional intelligence among middle aged adults.

KEYWORDS: *Spirituality, Optimism, Emotional Intelligence, Middle Aged Adults*

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INTRODUCTION

Middle age

Middle age is generally a time period of higher fulfilment, better health, more authority and greater financial stability than any other stage of life. Adults in middle life may have responsibilities towards both younger generations and older generations. There are physical and psychosocial changes associated with this time period that is different for women and men. However, a primary change in thinking that defines middle life for both women and men is the strong belief in mortality coupled with an acceptance of the shrinkage in possibilities for the future. Individuals who feel stress associated with this process may go through "mid-life crisis"

Spirituality

Spirituality refers to a person's experience, or a belief in power apart from his or her own existence (Mohr, 2006).

Spirituality is a broad concept with room for many perspectives. In general, it includes a sense of connection to something bigger than ourselves, and it typically involves a search for meaning in life. As such, it is a universal human experience something that touches us all. People may describe a spiritual experience as sacred or transcendent or simply a deep sense of liveliness and interconnectedness.

Optimism

Optimism is a mental attitude or world view that interprets situations and events as being best. This also includes the concept of belief that the future events that are yet to happen will happen in the best interest also. A common idiom used to illustrate optimism versus pessimism is a glass with water at the halfway point, where the optimist is said to see the glass as half full, but the pessimist sees the glass as half empty.

The word is originally derived from the Latin optimum, meaning "best." Being optimistic, in the typical sense of the word, ultimately means one expects the best possible outcome from any given situation. This is usually referred to in psychology as dispositional optimism.

Emotional intelligence

"Emotional Intelligence", defined as, "the subset of social intelligence that involves the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (Salovey&Mayer, 1990).

Emotional intelligence (EI) is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and defuse conflict. Emotional intelligence impacts many different aspects of an individual's daily life, such as the way one behaves and the way one interact with others.

The Four Branches of Emotional Intelligence

Salovey and Mayer proposed a model that identified four different factors of emotional intelligence: the perception of emotion, the ability to reason using emotions, the ability to understand emotions and the ability to manage emotions.

- **Perceiving Emotions:** The first step in understanding emotions is to perceive them accurately. In many cases, this might involve understanding nonverbal signals such as body language and facial expressions.
- **Reasoning with Emotions:** The next step involves using emotions to promote thinking and cognitive activity. Emotions help prioritize what people pay attention and react to, and respond emotionally to things that garner attention.
- **Understanding Emotions:** The emotions that one perceives can carry a wide variety of meanings. If an individual is expressing angry emotions, the observer must interpret the cause of his/her anger and what it might mean.
- **Managing Emotions:** The ability to manage emotions effectively is a crucial part of emotional intelligence. Regulating emotions, responding appropriately and responding to the emotions of others are all important aspect of emotional management.

NEED FOR THE STUDY

The present study concentrates on the Spirituality, Optimism and Emotional Intelligence of Middle aged adults. Middle age adults were considered for the study, as they seem to undergo physical and psychological problems as a result of the transition in life. Transition means adjustment to new interest, new values and new patterns of behaviour. To withstand the transitions in life, having a strong spiritual outlook may help an individual to find meaning in life's difficult circumstances. Optimism relates with Spirituality. Optimism enables an individual to look at the brighter side of life. Emotions play a major role in a person's life, if managed intelligently it will help them to adapt to every life situations encountered. Spirituality, Optimism and Emotional Intelligence were taken as variables, as the higher scores indicate better coping with middle age crisis. Enhancing any one of the three variables can even promote an upliftment in the other two as they seem to be interrelated. The present study is conducted to understand the relationship between Spirituality, Optimism and Emotional Intelligence. This study is intended to create awareness about the importance of Spirituality, Optimism and Emotional Intelligence and their interconnectedness, and also its role in dealing with transitions that occur in middle aged adults.

Jaya and Joseph (2012) analyzed the Relationship among Spiritual Intelligence, Emotional Intelligence and Subjective Well-being. The sample consisted of Four Hundred and Eleven adults(age ranged from 20 to 70 years).The tools used was Spiritual Intelligence Self Report Inventory(SISRI) by King, Emotional Intelligence Inventory developed by Thomas and Sushama and Subjective Well being Inventory by Suhani and Sanandha Raj. The results indicated that there is significant relationship among spiritual intelligence, emotional intelligence and subjective well being.

Akhtar, Kazmi (2015) attempted to study on Optimism and Spiritual Well-being amongst members of majority and a minority community. The sample included sixty adults, both males and females with the age group of youngsters ranging between 18-25 years, out of which 30 were Hindus and 30 were Muslims. The tools for data collection were optimism-pessimism scale, to measure optimism/pessimism and a questionnaire for measuring spiritual wellbeing. The Result shows that the majority community are more optimistic and have a better spiritual well being than the minority community and they significantly differ on both the scales.

Shafaei, Saadati, Sabetkhah and Mirzaei (2014) attempted to study the Relationship between Optimism, Self-actualization, Religious Orientation and Psychological Well Being on Active and Non Active Olders. The sample consisted of 377 adults. The tools used were life orientation test –

revised (lot-r) (scheier et al., 1994), Ahvaz self-actualization scale (Esmailkhani et al., 1998), the Islamic religiosity scale (bahrami, 2005) and scales of psychological well-being (spwb; ryff, 1989a, 1989b). The results indicated positive significant relationship between optimism, self actualization, and religious orientation with psychological well being on active and non active olders. Optimism, self-actualization, religious orientation can predict active olders and non active older's psychological well being.

OBJECTIVES

- To assess the level of spirituality, optimism and emotional intelligence in the middle aged adults.
- To examine the relationship between spirituality, optimism and emotional intelligence of the subjects.
- To identify the significant difference in each of the variables such as spirituality, optimism and emotional intelligence between male and female middle aged adults.

Null Hypotheses

- There will be no difference in the level of spirituality of the subjects.
- There will be no difference in the level of optimism of the subjects.
- There will be no difference in the level of emotional intelligence of the subjects.
- There is no relationship between spirituality and optimism of the subjects.
- There is no relationship between optimism and emotional intelligence of the subjects.
- There is no relationship between emotional intelligence and spirituality of the subjects.
- There is no gender difference in spirituality, optimism and emotional intelligence of the subjects.

Sample

- Hundred Middle aged adults 40 to 50 years, were selected as subjects for the study which included both men and women. Convenience sampling method was used to select the subjects.

Tools Used

1. Socio Demographic Status Profile was evolved to collect the personal details from the subjects.
2. Daily Spiritual Experience Scale (Underwood, 2006.) was used to measure the level of spirituality in the subjects. The scale consists of 16 statements with 6 point rating scale. The questionnaire was given to each subject and they were asked to rank the statements to indicate, how they see themselves.
3. Life Orientation Test Revised (Scheier, Carver and Bridges,1994) was used to measure the Optimism level in the subjects. The scale consists of 10 statements with 5 point rating scale. The questionnaire was given to each subject and they were asked to rank the statements appropriate to one's experience.
4. Emotional Intelligence Scale (Schutte, et al., 1998) was used to measure the level of Emotional Intelligence in the subjects. The scale consists of 33 statements with 5 point rating scale. The questionnaire was given to each member and they were asked to rank the statements appropriate to one's emotional experience and feelings.

Analysis of Data

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

- Mean and Standard Deviation
- Analysis of Variance
- Coefficient of Correlation

TABLE 1: SHOWING THE LEVEL OF SPIRITUALITY OF THE SUBJECTS N=100

Spirituality	N	Percentage (%)
Low (16-36)	-	-
Moderate (37-56)	10	10
High (57-76)	52	52
Very High (77-94)	38	38

Lawrence and Duggal (2001) discussed spirituality as a transcendental need, giving meaning to life, and contributing to the self wholeness and stability. Spirituality refers to a person's experience, or a belief in power apart from his or her own existence (Mohr, 2006). Piedmont (1999) suggested that spirituality provides individuals with a new personal centering that brings them in connection with a higher reality and creates an experience of joy and security and a sense of coherence to existence despite the internal and external conflicts faced by a person.

It is very enlightening to note that a large majority (90%) of the subjects had high to very high level of spirituality which might be attributed to aging process. Hence the null hypothesis "There will be no difference in the level of spirituality of the subjects", is rejected. Jung (1943, 1964) argued that around midlife individuals typically begin to turn inward to explore the more spiritual aspect of the self. The proponents of post formal stages of cognitive development share with Jung the idea that spirituality is the product of the maturational process that occurs in the course of adult life (Alexander et al., 1990; Sinnott, 1994).

TABLE 2: SHOWING THE LEVEL OF OPTIMISM OF THE SUBJECTS N=100

Optimism	N	Percentage (%)
Low (0-8)	-	-
Moderate (9-16)	83	83
High (17-24)	17	17

Scheier and Carver (1985) defined optimism as "the global generalised tendency to believe that one will generally experience good versus bad outcomes in life". Optimism may be beneficial in several ways. Firstly, optimism naturally promotes a more positive mood, which helps to ward off depression and anxiety. Secondly, optimism also encourages greater persistence in the face of obstacles, which in turn is likely to result in greater success. Finally, there is evidence that optimists

actually look after their health better than pessimists. They are more likely to seek out information about potential health risks and change their behaviour to avoid those risks.

Life Orientation Test Revised is one of the most popular tests of optimism and pessimism. Using this tool, the levels of optimism were classified as high, moderate and low. On using this tool on the subjects the results were generated and classified under appropriate types.

It is very encouraging to note from Table2 that, 83% of the subjects had moderate level of optimism. The subjects of the present study might be accepting and perceiving life in a positive attitude as a result of their experiences in life. Hence the null hypothesis "There will be no difference in the level of optimism of the subjects", is rejected. The positive effects of optimism have been demonstrated across diverse stressful situations (Lightsey, 1996; Scheier and Carver, 1985). Positive effects of optimism could either be mediated through positive coping strategies, for example, optimists use more problem-focused strategies, information seeking and positive reframing (Scheier et al., 2001), or through psychosocial variables such as perceived social support and perception of control.

TABLE 3: SHOWING THE LEVEL OF EMOTIONAL INTELLIGENCE OF THE SUBJECTS N=100

Emotional Intelligence	N	Percentage (%)
Low (33-66)	-	-
Moderate (67-100))	8	8
High (101-134)	76	76
Very High (135-165)	16	16

Goleman (1995, 1998, 2001) has conceptualized emotional intelligence (EI) as a set of abilities that draw on the emotional resources of the individual which contribute more to success in life than do traditional intelligence. EI has been defined as the ability to know and manage one's own as well as other's emotions. Goleman (1995) suggests five major domains of emotional intelligence, such as self awareness, Self regulation, Motivation, Empathy, and Social skills. It is very pleasing to note that a maximum (92%) of the subjects had high to very high emotional intelligence which might be attributed as positive outcome of the maturation and learning processes. Hence the null hypothesis "There will be no difference in the level of optimism of the subjects", is rejected. The following study shows a similar trend.

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TABLE 4: SHOWING THE MEAN AND STANDARD DEVIATION OF THE SUBJECTS ON SPIRITUALITY, OPTIMISM AND EMOTIONAL INTELLIGENCE

Variable	N	Mean	Standard Deviation
Spirituality	100	72 (High)	11.33
Optimism	100	14 (Moderate)	2.67
Emotional Intelligence	100	123 (High)	12.47

Table 4 shows the mean and standard deviation of the subjects on spirituality, optimism and emotional intelligence. It is encouraging to note that, on the whole, the subjects had high, moderate and high spirituality, optimism and emotional intelligence respectively. Spirituality and emotional Intelligence being high for the middle aged adults, the complementary variable of optimism could be expected to be on the higher trend.

TABLE 5: CORRELATION BETWEEN SPIRITUALITY AND OPTIMISM OF MIDDLE AGED ADULTS

		Spirituality	Optimism
Spirituality	Pearson Correlation	1	.275**
	Sig.(2-tailed)		.006
	N	100	100
Optimism	Pearson Correlation	.275**	1
	Sig.(2-tailed)	.006	
	N	100	100

** Correlation is significant at the 0.01 level (2-tailed)

Table 5 shows that there is significant correlation at 0.01 level between spirituality and optimism of middle aged adults. This shows that when the level of spirituality increases, the level of optimism also increases. Middle aged people have a strong belief in a supreme power which has control over every aspect of their life, and thus they follow some religious ritual which influences their level of optimism. Hence the null hypothesis, "There is no relationship between spirituality and optimism of the subjects" is rejected. A similar result is seen in the following study.

TABLE 6: CORRELATION BETWEEN OPTIMISM AND EMOTIONAL INTELLIGENCE OF MIDDLE AGED ADULTS

		Optimism	Emotional Intelligence
Optimism	Pearson Correlation	1	.131
	Sig.(2-tailed)		.195
	N	100	100
Emotional Intelligence	Pearson Correlation	.131	1
	Sig.(2-tailed)	.195	
	N	100	100

Table 6 shows that there is no significant correlation between optimism and emotional intelligence of middle aged adults. It is observed that optimism has no relation to one's level of emotional intelligence because optimism is a component of emotional intelligence. Hence the null hypothesis, "There is no relationship between optimism and emotional intelligence of the subjects" is accepted.

TABLE 7: CORRELATION BETWEEN EMOTIONAL INTELLIGENCE AND SPIRITUALITY OF MIDDLE AGED ADULTS

		Emotional Intelligence	Spirituality
Emotional Intelligence	Pearson Correlation	1	.400**
	Sig.(2-tailed)		.000
	N	100	100
Spirituality	Pearson Correlation	.400**	1
	Sig.(2-tailed)	.000	
	N	100	100

** Correlation is significant at the 0.01 level (2-tailed)

Table 7 shows that there is significant correlation at 0.01 level between emotional intelligence and spirituality of middle aged adults. It indicates that, when emotional intelligence is high, spirituality is also high. If people have belief in spirituality, they are better in managing their emotions. They may be aware of their own self and they are able to understand others as well. Hence the null hypothesis, "There is no relationship between emotional intelligence and spirituality of the subjects" is rejected.

In a similar study conducted by Jaya and Joseph (2012), "Relationship among Spiritual Intelligence, Emotional Intelligence and Subjective Well-being", it was found that there is significant relationship among spiritual intelligence, emotional intelligence and subjective well being.

TABLE 8: APPROXIMATE 'F' VALUE OF SPIRITUALITY, OPTIMISM AND EMOTIONAL INTELLIGENCE BETWEEN MALE AND FEMALE MIDDLE AGED ADULTS

Variable	Source of Variance	Sum of Squares	Df	Mean Square	F
Spirituality	Between Groups	123.210	1	123.210	.959
	Within Groups	12587.380	98	128.443	
	Total	12710.590	99		
Optimism	Between Groups	10.240	1	10.240	1.442
	Within Groups	695.800	98	7.100	
	Total	706.040	99		
Emotional Intelligence	Between Groups	380.250	1	380.250	2.480
	Within Groups	15028.500	98	153.352	
	Total	15408.750	99		

Table 8 indicates the Analysis of Variance for Spirituality, Optimism and Emotional Intelligence between Male and Female middle aged adults. It is observed that there is no significant difference in the Spirituality, Optimism and Emotional Intelligence between male and female middle aged adults. Hence the null hypothesis "There is no gender difference in spirituality, optimism and emotional intelligence of the subjects", is accepted.

CONCLUSION

- Fifty two percentages of the participants had high spirituality. Therefore, the null hypothesis, "There will be no difference in the level of spirituality of the subjects" is rejected.
- Eighty three percentages of the participants had moderate optimism. Therefore, the null hypothesis, "There will be no difference in the level of optimism of the subjects" is rejected.
- Seventy six percentages of the participants had high emotional intelligence. Therefore, the null hypothesis, "There will be no difference in the level of emotional intelligence of the subjects" is rejected.
- The coefficient of correlation between spirituality and optimism is statistically significant at 0.01 levels. Hence the null hypothesis, "There is no relationship between spirituality and optimism of the subjects" is rejected.
- The coefficient of correlation between optimism and emotional intelligence is statistically not significant. Hence the null hypothesis, "There is no relationship between optimism and emotional intelligence of the subjects" is accepted.
- The coefficient of correlation between emotional intelligence and spirituality is statistically significant at 0.01 level. Hence the null hypothesis, "There is no relationship between emotional intelligence and spirituality of the subjects" is rejected.
- There is no gender differences in spirituality, optimism and emotional intelligence of middle aged adults. Hence the null hypothesis, "There is no gender difference in spirituality, optimism and emotional intelligence of the subjects" is accepted.

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ON THE NEED OF VALUE BASED PRACTICES ACROSS HUMAN LIFE SPAN: A THEORETICAL FRAMEWORK

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ABSTRACT

In the recent years, due to the proliferation of western education system, the significance of these values have diminished. These values include achievement and power. Third, values that concern openness to change reflect a general motivation to explore, discover and approach novelty. These values include self-direction, stimulation and hedonism. The purpose of education is the development of an all-round and well-balanced personality of the individuals and also to develop dimensional human intellect to help our citizens become more democratic, cohesive, socially responsible, intellectually competitive and culturally rich. Thus, the paper throws light on value's significance and acts as resource for future assessment of the values and its need to consider indirect approaches like the services the members benefit from the society and insight into the sanctioned behaviour. Hence the articles which are related to the study topic were identified and included in the paper, and the non-relevant research articles were eliminated to narrow down the results.

KEYWORDS: *Self-Direction, Eliminated, Stimulation*

INTRODUCTION:

Every individual is unique and not to be compared with others. Everyone has a role to perform. Our educational and economic institutions envisage comparing. Every human being is inherently genius, intelligent, zestful and loving. We naturally care about each other, care for environment, enjoy cooperative relationship and living. We feel zest, eager to know everything and deal with everything that is going on. We continuously see additional information, integrate accumulated knowledge and remain up to date. We are continuously flexible and function towards a goal of optimum outcome. Our inherent attitude is to see that everything goes well for all and our capacity is limitless (Subbaraman, 2016)

In ancient times, India had the Gurukula system of education in which anyone who wished to study went to a teacher's (Guru) house and requested to be taught. The guru taught everything the child wanted to learn, from Sanskrit to the holy-scriptures and from Mathematics to Metaphysics. All learning was closely linked to nature, nurture and life.

The modern school system was brought to India, including the English language, originally by Lord Thomas Babington Macaulay in the 1830s. The curriculum was confined to “modern” subjects such as science and mathematics, and subjects like metaphysics and philosophy were considered unnecessary. Teaching was confined to classrooms and the link with nature was broken, as also the close relationship between the teacher and the student (Kumar,2016).

OBJECTIVE:

The main objective of the study is to enable the readers to understand the need of values across human life span as well as in an individual’s childhood development and student life. In addition, the paper focuses on delivering the significance of values and morality and its inclusion in the educational curriculum.

NEED FOR STUDY:

The purpose of education is the development of an all-round and well-balanced personality of the individuals and also to develop dimensional human intellect to help our citizens become more democratic, cohesive, socially responsible, intellectually competitive and culturally rich. India is known for its cultural heritage and value system, and has been given touch stone importance in the life of every individual. The education system of ancient India was unique, and aimed at inculcating value codes and morality in children. In the recent years, due to the proliferation of western education system, the significance of these values have diminished. As a result, behavioural and psychological discrepancies are prevalent across human lifespan in increasing number and severity, which in turn is directly affecting the society. Hence an attempt was made to explore the perceived value system of our society.

METHODOLOGY:

In the present study the theoretical framework was designed based on the need and importance of value based practices in human life. A broad range of systematic review of literature was carried out in the designed theoretical framework. During the initial analysis of articles we found that although the present study area has a wide scope and important practical applications, there were only few articles available. Hence the articles which are related to the study topic were identified and included in the paper, and the non-relevant research articles were eliminated to narrow down the results.

Value education: Foundation and Outlook:

Educationists who launched the grounds in the present century were on the other hand involved with a humanistic ideology and focussed on including curricular objectives, nurturance and progress as a human. They were also concerned with infusion of a desirable set of values enhancing the democratic welfare and later emphasis on "significant learning" (Rogers, 1961) and "intrinsic learning" (Maslow, 1968) were established. Delving into the value domain involves two stages:

- Firstly, defining, describing, and differentiating various value areas.
- Secondly, cataloguing the value development process.

Borsodi (1965) stated that every human action is the reflection of an individual value, and every human institution is the outgrowth of a social value (Singh and Nath, 2010).Values reflect abstract goals that transcend specific situations, vary in importance and guide evaluations and behaviour of individuals and groups (Schwartz and Bilsky, 1987., Schwartz 1992).

The theory of basic values has highlighted four higher order categories of values. First, values that concern self-transcendence reflect a motivation to connect with others and transcend selfish concerns. Second, values that concern self enhancement reflect a motivation to promote self-interest, even at the expense of others. These values include achievement and power. Third, values that concern openness to change reflect a general motivation to explore, discover and approach novelty. These values include self-direction, stimulation and hedonism. Fourth, values that concern conservation reflect a motivation to preserve and protect the status quo. These values include security, tradition, conformity, humility and face. These categories of values differ in terms of the content and the direction of the motivational concerns they reflect (Schwartz, 1992).

Pre-requisites of values in childhood:

All the time children are pressurised to outwit others. Their time to play or being with other children is neglected. Childhood is robbed. Children are to please others and behave well for even for love and approval. The effort to win causes anxiety, tension and illness and self-esteem is lost ultimately. Morality involves mastering knowledge and intelligence so that one acquires effective use of his/her abilities of discrimination and judgement. At certain stage of human development, moral codes of divinity and community were perhaps functionally significant in maintaining order in a social system. But in modern global scenario, autonomy codes apparently have greater functional value (Subbaraman, 2016).

- **Age and personality development:**

Freud proposed that personality was formed by about the age of five and was subject to little change thereafter. Studies of personality development over time indicate that the personality characteristics of preschool children changed dramatically as shown by follow up studies conducted over six to seven year (Kagan, Kearsley and Zelazo, 1978). Other studies suggest that the middle childhood years (ages 7-12) may be more important in establishing adult personality patterns that the early childhood years.

Noted child development psychologists Jerome Kagan reviewed the literature and concluded that personality appear to depend more on the temperament, morality and experiences in later childhood than on early parent child interaction (Kagan, 1999).

A person's unique character type develops in childhood largely from parent-child interactions, the values taught to them, the ethical exposure given to them. By incorporating these, the child tries to maximise pleasure by satisfying the id demands, while parents, as representatives of society try to impose the demands of reality and morality (Schultz and Schultz, 2009).

- **Need for achievement in childhood:**

Although need achievement apparently is established in childhood, the possibility exists that it could be enhanced or suppressed, strengthened or weakened by expectation of elders or teachers in schools. However it becomes necessary on the part of the elders to inculcate moral values in their pretext of attaining achievement (Schultz and Schultz, 2009).

- **Self-development: Carl Rogers**

As infants gradually develop, a more complex experiential feel from widening social encounters, one part of their experience becomes differentiated from the rest. This separate path, defined by the words I, Me and myself, is the self or self-concept. The formation of the self-concept involves distinguishing what is directly and immediately a part of the self from the people, objects and events that are external to one's self (Schultz and Schultz, 2009). The self-concept is also the image of what we are, what we should be and what we would like to be. Ideally, the self is a consistent pattern and organised whole. Peck and Havighurst(1960) conducted a study on moral character and values. They identified five stages of self-development. These stages were named the (1) amoral, (2) expedient, (3) conforming, (4) irrational conscientious and (5) rational-altruistic value development (Singh and Nath, 2010).

Student Connectedness:

The value of connectedness should not be underestimated in our efforts to understand as well as reduce and prevent violence. A longitudinal study identified risk and protective factors of adolescent's health and morbidity (Resnick et al., 1997). Results from this study concluded that health risk behaviour, with the exception of history of pregnancy, may be caused by lack of parent-family and perceived school connectedness, and lack of ethical brought up.

All human beings are susceptible to feelings of disconnection. Children or adolescents are those with EBD (Emotional and Behavioural Disorders), may be especially vulnerable to these feelings. Student behaviour, including behaviour that is violent, is to a certain extent linked to the perceptions that students have regarding their school experience and these perceptions are critically influenced by the values incorporated by each individual throughout their childhood (Johnes and Johnes, 2001). When school personnel (that is teachers, administrators, support staff, building staff) family members and community members develop supportive and valuable relationship with children and adolescents, they increase the likelihood that a student who is in trouble will reach out to them or use ethical ways to resolve them (Dwyer and Osher, 2000). Thus schools and communities must make intensive efforts to facilitate positive adult student relationship and care.

Noblit, Rogers and McCadden (1995) asserted that caring is a value that provides the foundation for instruction, discipline, classroom organisation and all other classroom pedagogy. Positive relationship with student provides the foundation for effective classroom management. Positive teacher student relationship remains a critical factor in influencing the motivation, performance and behaviour of all students, especially students for whom school is challenging (Johnes and Johnes, 2001).

Implications:

This study provides benefit of enabling further researchers to understand and explore about values. Further, the paper provides theoretical framework about values which aids in the development of value based education.

CONCLUSION:

In current trends cross-cultural perspectives are explicitly growing central to values. Thus, the paper throws light on value's significance and acts as resource for future assessment of the values and its need to consider indirect approaches like the services the members benefit from the society and insight into the sanctioned behaviour.

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ACCEPTANCE AND COMMITMENT THERAPY IN ADOLESCENTS AND CHILDREN - AN OVERVIEW

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ABSTRACT

Acceptance and commitment therapy is an empirically based intervention strategy which focuses on enhancing the psychological flexibility in an individual, thereby to lead a meaningful and valued life. It uses acceptance and mindfulness strategies together with commitment and behavioural change strategies to promote the psychological flexibility. This third wave behavioural therapy has garnered much popularity and research interest in recent years. A brief history of Acceptance and Commitment Therapy (ACT) and the Hexaflex model which serve as foundation to this specific intervention strategy is outlined. An account of relational frame theory (RFT) and how ACT differs from traditional Cognitive Behavioural Therapy (CBT) approaches are also explained. The paper seeks to explore the effectiveness of ACT as an intervention strategy with clinical population and in specific addressing the issues in adolescents. Though the research evidences are growing in number with adult population, effectiveness of ACT intervention with adolescents and children are still in infancy. Hence, in the current paper, the feasibility and efficacy of ACT with children and adolescents are discussed in the light of existing literature in both national and international levels. Research evidences are summarized to explore the existing gaps in literature to which the future studies have to focus on.

KEYWORDS: *Psychological Flexibility, Hexaflex Model, Relational Framework Theory, Acceptance and Commitment Therapy, Cognitive Behavioural Therapy, Adolescents*

INTRODUCTION

Acceptance and commitment therapy is a novel psychotherapeutic approach that uses acceptance and mindfulness approaches to address the problem of psychological suffering. This approach has garnered popularity and research interest in recent years with the publication of first official manual in 1999 (Guardino, 2011). This mindfulness based behavioural therapy is shown to be effective with a wide range of clinical conditions (Harris, 2006). Despite the growing empirical support for ACT among adult population, the evidence of its utility among children and adolescents are relatively less. This article will provide an overview of evolution of ACT, core therapeutic processes and research evidence on its effectiveness with children and adolescents till date.

Evolution of ACT:

Acceptance and commitment therapy is one among the new intervention strategies with both behavioural and cognitive wings, which is contextual and based on analysis of human language and cognition (Hayes, 2004).

Zettle has explained the development of ACT in three phases in one of his articles. This included initial formative phase in the late 1970s and early 1980s, a late transitional period beginning from late mid 1980s and the recent phase in which ACT has been completely integrated in to a functional contextualistic approach to psychotherapy. A detailed explanation on each of these phases is beyond the scope of this article. In brief, ACT started out of an understanding that verbal behaviour and language played a major role in the initiation, maintenance and treatment of abnormal human behaviour. Hayes (1981) developed the first treatment manual termed as "comprehensive distancing" and later works were done to evaluate its efficiency. The essence of this treatment is that the attempts to control thoughts and feelings are counter-productive often and make the problem worse (Cullen, 2008). Most of the times people may try to control their thought and feeling by escaping or avoiding them which leads to the further exacerbation of the problem. This experiential avoidance in excess underlies much of human suffering (Hayes & Melanchon, 1989).

Emphasis on language component and verbal antecedents later gave rise to the Relational Frame Theory (RFT) which is marked as a significant development of transitional period by Zettle (2005). ACT is based on RFT which is an extension of Skinner's concept of radical behaviourism. This deals with the role of language in clinical conditions, especially the impact of verbal and rule governed behaviour (Cullen, 2008). RFT, as explained by Hayes and Smith (2005) is a basic research programme on how the human mind functions and the ways in which the tools used for problem solving are capable of creating suffering. Efforts were taken during this time to replace the term of comprehensive distancing so as to clearly distinguish it from cognitive therapy. Terms such as "contextual approach to psychotherapy" (Zettle & Hayes, 1986), "A contextual approach for therapeutic change"(Hayes, 1987) and contextual therapy (Zettle & Raines, 1989) were started to be used in the place of comprehensive distancing.

The use of the term "Acceptance and Commitment Therapy" was first documented in the title of a paper in May 1991 by Hayes and his lab members (Zettle, 2011). Another major development in the recent time was the inclusion of values identification and clarification to ACT, which took this contextual psychotherapy further away from comprehensive distancing.

Currently, ACT is found to be highly efficacious with a wide range of presenting complaints (Smout et al., 2012; Pull, 2009; Harris, 2006). A growing research interest is observed in ACT judging by the number of people attending the conference and workshops (Cullen, 2008).

Underlying philosophy and core therapeutic process:

The founder of ACT has called their approach to research "Contextual Behavioural Science (CBS)". This term has originated from Behavioural Psychology and emphasizes developing interventions rooted in theoretical models linked to principles that are themselves constantly upgraded and evaluated (Hayes et al, in press). ACT is based on the pragmatic philosophy of functional contextualism which views psychological events as on-going actions of whole organism interacting in and with historically and situationally defined contexts (Hayes et al., 2006). The goal of functional contextualism lies in prediction and influence of psychological events with precision, scope and depth (Hayes, Strosahl & Bunting, 2004).

The six core processes of ACT, also termed as hexaflex model is linked to each other in various ways. It can be diagrammatically represented as follows.

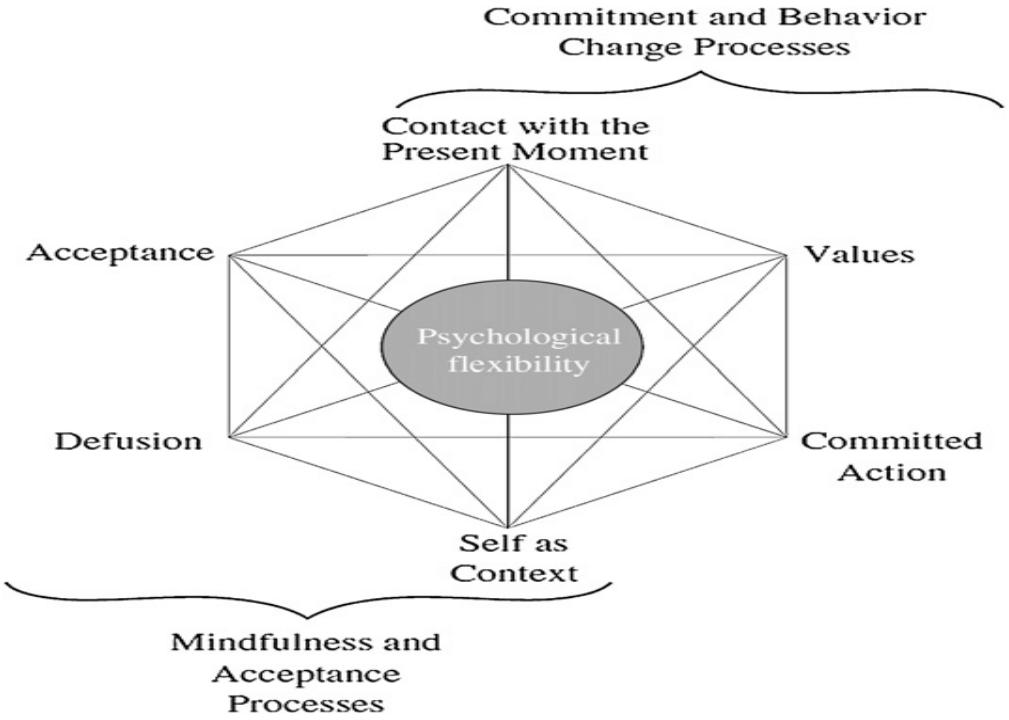

Figure 1. The proposed hexaflex ACT processes and their relationship to psychological flexibility (Hayes, et al., 2006)

The aim of ACT is to create a rich and meaningful life while accepting the pain that inevitably goes with it (Harris, 2007). The general goal of ACT is to enhance the psychological flexibility. The psychological flexibility in turn has two major components which include (a) the ability to be psychologically present and (b) ability to control behaviour to serve valued ends. Psychological flexibility is gained through six processes which are conceptualized as positive psychological skill and not merely a process to avoid psychopathology (Hayes, et al., 2006). Thus the goal of ACT is not symptom reduction, but simply a bi-product.

Acceptance: This involves actively contacting psychological experience. This has to be done without unnecessary attempts to change the frequency or form of the private experience. For example the person with anxiety is taught to feel anxiety, as a feeling and without defence.

Cognitive Defusion: This technique helps to alter the undesirable nature of private events and thoughts by changing the way one relates to the specific thought. In simple terms noticing the thoughts, rather than being caught up in thoughts. For example an unwanted thought could be watches dispassionately, repeated out until the sound remains or treat it as an external agent giving it shape, colour, size, speed or form.

Being Present: This aspect promotes non-judgemental contact with psychological and environmental events as they occur. The goal is to experience the events in a direct way so that behaviour is flexible and in tune with the values people hold. A sense of self termed "self as process" is actively encouraged by which the person tend to have non-judgemental on-going description of thoughts, feelings and other private events.

Self as context: This involves a transcendent sense of self. It is consistent perspective from which to observe and accept changing experiences. This is important because from this stage onwards one can be aware of one's own experiences, without attachment to them. Self as context is developed by mindfulness exercises, metaphors and experiential processes. This idea was the foundation from which both ACT and RFT developed.

Values: Values are chosen life directions that give meaning to life. ACT uses a lot of exercises to help clients choose life directions in various domains. In ACT acceptance, defusion and being present are not ends in itself, but also leads to a valued life.

Committed action: ACT encourages effective actions congruent to the values chosen. ACT may look very much like traditional behavioural therapies except the "values" aspect which are not achieved as an object. The protocol involves therapy work and homework links to short, medium or long term behaviour change goals. The behavioural change goals can in turn make the person come in contact with psychological barriers which are to be addressed through other ACT processes.

Core ACT processes are overlapping and interrelated to one another. The six processes can be chunked in to two groups. Mindfulness and acceptance process involve defusion, contact with the present moment, acceptance and self as context as this would provide a workable definition of mindfulness. Commitment and behavioural change process involve contact with the present moment, self as context, values and committed action. (Hayes, et al., 2006)

ACT and Traditional Cognitive Behavioural Therapy (CBT):

ACT and Traditional CBT have their own similarities and differences as noted by Forman and Herbert (2009). Forman and Herbert further elaborated that ACT and CBT belongs to the larger family of behaviour therapies and hence has several core principles of behaviour theory. Both the therapies give more emphasis on roles played by conditioning techniques in learning and strengthening of behavioural response. ACT and CBT view verbally mediated cognitive process as playing a critical role in development and maintenance of psychological issues. Both are goal oriented therapies and emphasize more on present and future than the past, inculcate an increased awareness of subjective experiences, include behavioural activation, homework assignments and specify the importance of collaborative therapist-client relationship.

Major difference between CBT and ACT lies in the aspects of perception of psychopathology, core interventions, proposed mechanism of actions and targeted outcomes as stated by Forman and Herbert. Cognitive Behavioural Therapy views psychopathology due to biased information processing as characterized by maladaptive beliefs and automatic thoughts (Clark, Beck & Brown, 1989; Beck, 1995). ACT views psychopathology as stemming from psychological inflexibility due to fusion with thoughts, problematic attempts to control thoughts, emotional avoidance and lack of clarity in one's core values. The core intervention strategy of CBT includes identification of basic beliefs and associated automatic thoughts thereby to restructure the dysfunctional cognitions to more adaptive and accurate ones. ACT on the other hand makes use of numerous therapeutic strategies, some of which are borrowed from earlier approaches to foster six core processes of defusion, acceptance, self as context, value clarification and committed action. The goals of CBT focus on reducing the frequency and intensity of presenting complaints. Whereas ACT goal is not symptom reduction and places more emphasis on individual core life values. The proposed mechanism of action in cognitive therapy is cognitive restructuring to correct the information processing biases overtime leading to therapeutic improvement. ACT targets process such as defusion and acceptance to enhance psychological flexibility and thus therapeutic improvement. Both ACT and CBT are found to be effective with a wide range of problems and are continued to be used in clinical practice.

Effectiveness of ACT:

ACT has been used with wide variety of clinical problems. Reviews available till date suggest that ACT is effective across a range of severities from psychosis to relatively less severe issues. Hayes (2006) himself has conducted a meta-analysis on efficacy of ACT. A total of 24 studies conducted using ACT as an intervention on diverse populations such as depression, anxiety disorder, psychotic disorders, work place stress, epilepsy and drug dependence were indicative of moderately strong effects. A meta-analysis was conducted by A-Tjak et al (2015) with 39 randomized control trials of ACT to assess the efficacy. The study included 1821 patients with mental disorders and somatic health problems who underwent ACT. Results indicated that ACT outperformed control conditions at post treatment and follow up assessments. Findings show that ACT is more effective than treatment as usual or placebo and is effective in treating anxiety disorders, depression, addiction and somatic health problems. In yet another study by Pinto et al (2015) which examined the effectiveness of 10 week ACT post diagnostic group programme, it was seen that ACT is effective in increasing psychological flexibility and improving psychological symptoms in trans-diagnostic population. However, study also showed that many patients did not respond to the intervention.

However, studies conducted till date mostly represent smaller pilot studies with methodological limitations which serve as a limitation. Hence, more replication trials and sophisticated designs are necessary to confirm the initial findings (Guardino, 2011).

ACT with adolescents and Children:

Empirical support for ACT interventions with children and adolescent populations are still in the earlier stages of development (Murrell, Coyne & Wilson, 2004). Very few empirical studies were done on child population; however, there is an increasing research interest in this area. In the systematic review of intervention studies, Swain et al (2015) have found out from emerging evidences suggesting ACT is effective in treatment of children across multitude of presenting

problems. Literature review of ACT in children with physical health concerns has shown promising results with enhancement of psychological flexibility in children.

In a one year longitudinal study conducted in Australia with a sample of seven hundred and seventy six tenth graders, pro-social tendencies were positively associated with "Acting with awareness", emotional awareness and experiential acceptance and these variables predicted well-being over a year. Greater self-reported acceptance was associated with less distress, in a sample of 122 adolescents with chronic pain (McCracken et al., 2010). Mindfulness – an important component in ACT is found to be effective in children with learning problems. In a study by Thornton, Williamson and Cooke (2017), mindfulness based group was conducted on young people with learning problems and found out that mindfulness can be effective and accessible with young people for learning disabilities. Another study by Haydicky et al (2012) was conducted to analyse the effectiveness of mindfulness training programme on executive functioning, internalizing and externalizing behaviour and social skills in clinical sample of adolescent boys with learning disabilities. Integra Mindfulness Martial Arts – a manualized group treatment programme was done on children with learning problems. Results clearly indicated that MMA showed promise as an alternative treatment for youth with learning problems. However, more studies will be required to explore the utility of ACT with children.

In a case study by Heffner and colleagues (2002), ACT was successfully used to reduce school refusal, which was maintained the same in 2 years follow-up. In yet another case study by Morris and Greco (2002) using ACT modules, reduction in social anxiety and increased school attendance was observed. In a randomized control trial of 38 adolescents with clinical depression, ACT treatment adapted for teens was compared with treatment as usual condition (TAU). It was found that adolescents in ACT condition reported lower depression levels than the ones in the TAU and further improvements were seen in post intervention to the 3 months follow up period. However, for this study sample size was small and hence only limited inferences could be made (Hayes, Boyd & Sewell, 2011). A recent study was done in Iran by Azadeh, Zahrani and Besharat (2016) on effectiveness of ACT on interpersonal problems and psychological flexibility in female high school students with social anxiety. The sample of 30 students was randomly assigned in to experimental and control groups. Adolescents in the experimental group received 10 sessions of 90 minutes ACT. The results revealed that experimental group significantly differed from the control group in terms of interpersonal effectiveness and psychological flexibility. A pragmatic controlled trial of seven week ACT programme was conducted with young people who had a parent with cancer. Post intervention results revealed an enhanced psychological flexibility and thus helped building resilience in young people (Patterson et al., 2015). In yet another study done in Iran, on students having learning disability, ACT was an effective training model that reduced social anxiety in students (Rostami et al., 2014). ACT was also used in the treatment of student vocalists for the treatment of music performance anxiety (Juncos et al., 2017). A small group of seven vocalists received 12 sessions of ACT. Enhanced psychological flexibility and improvement in performance quality were observed at the end of the intervention period. These research evidences till date clearly shows that ACT is a promising intervention for young people especially in dealing with depression and anxiety issues.

In a case study of 14 year old girl with generalized idiopathic pain, individual 10 sessions of ACT was administered. This resulted in reduction of emotional avoidance and increase in school attendance (Wicksell et., 2005). Greco (2006) tried ACT protocol with 15 teenagers having functional abdominal pain. Participants reported decreased functional disability and internalizing

symptoms post intervention and at 1 month follow-up. In a pilot study by Wicksell, Melin and Olsson (2007), ACT based treatment strategy was used on 14 adolescents with chronic debilitating pain. Following the treatment and in the next 3 and 6 months follow ups, improvements were observed in these adolescents in the areas of functional ability, school attendance, catastrophizing and pain. This shows that ACT can be successfully used in the rehabilitation of adolescents with chronic pain.

Heffner and colleagues (2007) have used an integrated form of ACT and CBT in the treatment of a 15 year old girl with anorexia. Over the course of 14 sessions, there was a noted reduction in anorexic symptoms and drive for thinness. In a 17 year old male diagnosed with schizophrenia experiencing auditory hallucinations with poor response to medications ACT intervention was administered for 9 weeks. 40 per cent reduction in hallucination was observed which was maintained for 7 months post treatment (Garcia & Perez, 2001). In a randomized control trial for adolescents to prevent sexually transmitted disease three hundred and ninety nine adolescents were recruited from STD clinics. They were randomized in to treatment and usual care conditions. Adolescents in the treatment group received integrated ACT components. Adolescents in the treatment group reported significantly fewer risky sexual behaviours and more acceptance of emotions (Metzler et al., 2000). Gomez and colleagues administered a brief ACT protocol to "At risk" adolescents with conduct disorder and impulsivity. Five adolescents took part in this study who was receiving treatment for the last few years without any positive result. The brief protocol emphasized various aspects of ACT including values and defusion skills. Participant and teacher reports obtained showed a high positive change at the end of the intervention in the areas of family, social relationships, school achievement and occupational status. A very recent feasibility study by Burkhardt and colleagues (2017) conducted in Australia, as a universal prevention programme for adolescents revealed positive results. ACT intervention was found to be accepted and feasible among school students and was helpful in reducing the levels of depression, anxiety and stress.

ACT in India:

There are only very few studies of ACT documented in India concerning child and adolescent population. Poddar, Sinha and Mukherjee (2017) have conducted a study on impact of ACT on valuing behaviour of parents of children with neuro-developmental disorder. The sample constituted parents of 5 children with neuro-developmental issues. Nine session protocol of ACT was administered for six weeks. Comparison of pre-post treatments revealed significant differences in values and psychological flexibility and the findings were supporting the effectiveness of ACT as an intervention strategy with parents. In yet another study on effectiveness of ACT on parents of children and adolescents with autism spectrum disorders, it was found that ACT had a significant impact and lead to a reduction in anxiety and depression, thereby enhancing the psychological flexibility and quality of life in parents (Poddar, Sinha & Urbi, 2015).

Directions for future research:

ACT, a scientifically based psychotherapeutic modality is gaining much popularity in recent years and the research works are progressing forward. Though there are many studies done on adult populations, empirical support for its utility among child and adolescent population are still in the earlier stages of development. Emerging literature has a few case studies, open and preliminary randomized control trials of ACT on young people. These studies are lacking adequate sample size, and methodology because of which it is difficult to generalize and make inferences. In spite of all

these pitfalls, ACT seems to be a viable treatment modality with promising results as indicated by outcomes studies. Especially in Indian context there is a lack of adequate studies of ACT with young population. This is indicative of a gap in literature to which the future studies can focus on.

Larger samples with efficient methodology and more randomized control trials that compare ACT with gold standard treatments can be of a great use to strengthen its evidence base.

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ALIENATION AND LEARNED HELPLESSNESS AMONG HOSTELLERS AND DAYSCHOLAR: A COMPARATIVE STUDY.

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ABSTRACT

Alienation of man appeared as the fundamental evil of capitalist society ~Karl Marx

Alienation occurs when a person withdraws or becomes isolated from their environment or from other people. It's both sociological and psychological, and can affect one's health and aggravate existing medical conditions. Sociologist Melvin Seeman provided a robust definition of social alienation in a paper published in 1959, titled "On the Meaning of Alienation." The four features (Powerlessness, meaninglessness, social-isolation, and self-estrangement) he attributed to alienation hold true today in how this phenomena is studied. Learned helplessness on the other hand, is the belief that failure is inevitable and a feeling of hopelessness when faced with a particular situation. It is an extreme lack of failure caused mostly due to reinforcement of failure. Alienation from one's society may lead to the behaviour of learned helplessness along with other factors influencing it. The aim of the present study was to compare and to evaluate alienation and learned helplessness among hostellers and day scholars. By using Convenience sampling 60 students aging from 18 to 25 years were identified, among whom 30 were day scholars and 30 were hostellers from Coimbatore. The scales used to measure alienation (' The alienation scale' by ***Dr. Hardeo Ojha)*** *and learned helplessness (Learned helplessness questionnaire (LHQ) by Luana Sorrenti,et.al 2014). Based on the research objectives, statistical techniques such as mean value and Independent 't' test will be used. Results revealed that day scholars and hostellers does not differ in alienation but have significant difference on learned helplessness. The mean value shows that hostellers have high level of learned helplessness compared to day scholars. The study also reveals that there is no correlation between the variables- alienation and learned helplessness.*

KEYWORDS: *Alienation, Learned Helplessness, Day Scholars and Hostellers.*

INTRODUCTION

The word alienation is derived from the Latin word 'alienus' meaning "of another place or person". Alienation is a psychological state in which an individual feels relatively powerless, norm less, apartness, strangeness, cynicism, meaningless, dissatisfied and socially isolated and developed a sense of loss of relationship with others (Seeman, 1959). The concept of alienation was originally put forth by Karl Marx, a German sociologist in his "theory of alienation". According to him alienation is described as the isolating, dehumanizing, and disenchanting effects of working within a capitalist system of production. While Karl Marx's theory of alienation was majorly focusing the early industrial capitalism it is still prevalent in the 21st century. The concept of alienation as stated by Karl Marx has been classed into four types (a) Economic and social alienation, (b) Political alienation, (c) Human alienation, (d) Ideological alienation. The most prevalent human alienation has two aspects. The first aspect is that human beings would strive to attain their basic needs. The second aspect says that once when human beings have attained their basic needs they are more struck in attaining their higher order needs becoming strangers to each other (alienated). 21st century has invisible increase in alienation majorly due to technology addiction (ignoring the physical presence of people around) causing poor interpersonal relationships.

Sociologist Melvin Seeman in a paper published in 1959 titled "On the meaning of alienation" has mentioned six features of alienation. They are (1) Powerlessness- belief that one has no power over his or her life course, (2) Meaninglessness- A person is unable to understand how their own work contributes to the whole, (3) Social isolation- a person has no sense of belonging, (4) Self estrangement- alienated people may be disconnected from themselves no sense of identity of personal fulfilment, (5) Normlessness- a person feels disconnected from social norms or believes that social rules for behaviour have broken down, (6) Cultural estrangement- arises from discrepancies between personal and societal values (e.g., freedom).

Alienation has been proved to increase physical, psychological as well as social issues. Mental disorders especially eating disorder are caused due to alienation. Research suggests that parental support can help teens to overcome alienation. Researches also suggest that strong parent- child relationship in childhood can help a child cope up with bullying (a major cause of alienation).

The concept of learned helplessness was discovered accidentally by psychologists Martin Seligman and Steven F.Maier. Learned Helplessness is the belief that "one can't change the course of negative events- that failure is inevitable and in surmountable". The Learned Helplessness model by Martin Seligman straddles the behavioural and the cognitive: situational factors that foster attitudes leads to depression. Learned Helplessness causes low self-esteem, passitivity, poor motivation, frustration, cognitive representation of uncontrollability and so on. Adopting explanatory style, ABC model for reframing negative thoughts and using SMART method will help in unlearning learned helplessness.

Both Alienation and Learned Helplessness is very much prevalent during teenage and young adulthood as they face different social groups and new situations which might be uncontrollable. This study focus on Alienation and Learned Helplessness among day scholars and hostellers. Students who are day scholars in many studies have been proved to have more social support compared to hostellers. Hostellers on the other hand will be exposed to people of different cultural background. The level of social relationship and the motivation to cope with difficult situations will

be different among both. Many studies have proved difference among both in various aspects including the physical and psychological state of them.

OBJECTIVES:

The aim of the present study was to compare Alienation and Learned Helplessness among Day scholars and Hostellers.

Hypotheses:

1) There will be significant difference between Day scholars and Hostellers in Alienation.

2) There will be significant difference between Day scholars and Hostellers in Learned Helplessness.

3) There will be significant relationship between Alienation and Learned Helplessness.

METHOD

Sample:

The sample of 60 students (30 Day scholars and 30 Hostellers) by using Convenient sampling technique were identified from Universities and colleges in Coimbatore. The age range of the samples was 18 to 25 with mean age of 21.8. Day scholars who stayed outside their home (rented room or home) were excluded.

RESEARCH DESIGN:

Exploratory research design was followed for the present study.

Tools:

1. The Alienation Scale- Dr.Hardeo Ojha (1993).

2. Learned Helplessness Questionnaire (LHQ)- Luana Sorrenti,et.al (2014).

Alienation Scale

The Alienation Scale was developed by Dr.Hardeo Ojha (1993). This scale consists of 20 statements divided into six factors: Powerlessness, Normlessness, Meaninglessness, Social isolation, Self estrangement, and Cultural estrangement. Each statement consists of five responses: Strongly agree, Agree, Undecided, Disagree and strongly disagree. This scale was used to measure the alienation level of the respondent.

Learned Helplessness Questionnaire (LHQ)

The Learned Helplessness Questionnaire (LHQ) was developed by Luana Sorrenti,et.al (2014). This scale consists of 24 statements with two dimensions (Learned Helplessness and Mastery Orientation). Each statement has five responses: Not true, slightly true, somewhat true, moderately true and absolutely true. The scale is used to measure the overall Learned Helplessness of the subject.

Procedure:

The subjects were collected few personal data and then they completed Alienation scale (Dr.Hardeo Ojha 1993) and Learned Helplessness Questionnaire (Luana Sorrenti,et.al, 2014). The subjects were instructed not to omit any statements.

Statistical analysis:

Data was analysed with the SPSS for Windows Version 20. Mean and Standard Deviation was used to compare groups and Independent't' test was used to test significant difference between groups. Peasrson correlation was also used to test the significant relationship between the variables.

RESULTS AND DISCUSSION:

TABLE 1: SHOWS THE MEAN VALUE AND STANDARD DEVIATION FOR ALIENATION AND LEARNED HELPLESSNESS AMONG DAY SCHOLARS AND HOSTELLERS.

Variables / Groups	Alienation			Learned helplessness		
	N	Mean	SD	N	Mean	SD
Day scholars	30	59	7.99	30	67.4	12.02
Hostellers	30	58.5	9.20	30	72.9	10.32

TABLE 2: SHOWS THE T - VALUE FOR THE COMPARISON GROUPS (DAY SCHOLARS AND HOSTELLERS) IN ALIENATION AND LEARNED HELPLESSNESS.

Variables / Groups	Alienation		Learned helplessness	
	t - value	Sig	t – value	Sig
Day scholars Vs Hostellers	0.225	0.823 (NS)	1.882	0.065*

*Significant at 0.05 level, NS – Not Significant

TABLE 3: SHOWS THE CORRELATION BETWEEN THE VARIABLES- ALIENATION AND LEARNED HELPLESSNESS.

Variables	Correlation
Alienation and Learned Helplessness	0.161 (NC)

* (NC) - No Correlation

The table 2 shows that there is no significant difference between Day scholars and Hostellers in Alienation but they differ in learned helplessness. Table 1 show that hostellers have high learned helplessness compared to day scholars. Table 3 highlights that there is no significant relationship between alienation and learned helplessness.

The results indicate that day scholars and hostellers do not differ significantly in alienation. Day scholars having been living with their family, are guided by them many a times and will have very lesser chance to be isolated. Hostellers, on the other hand, though they are living away from their family will have an extended social support from their friends or roommates from different cultural background. With technology being updated it is easier for them to be in touch with their family living far away, acting as a symbolic social influence. Students in hostel not only learn the theoretical material they also learn how to enhance their personal abilities and learn to live independently (Mishra, 1994).

The study also reveals that there is significant difference between Day scholars and Hostellers in Learned Helplessness and with the mean score which shows hostellers to have high learned helplessness. Hostellers when they are exposed to the realistic world might feel experiencing

repeated uncontrollable situations in the society. When people come to believe that the events and outcomes in their lives are mostly uncontrollable, they have developed learned helplessness (Seligman, 1975). Hostellers, at the beginning of their hostel life might face adjustment problems and find it quite difficult to overcome it with limited parental guidance.

The results of the present study also highlights that there is no significant relationship between alienation and learned helplessness. Learned helplessness has major emphasis on the negative or aversive stimuli that one face rather than the individual's degree of isolation. Even though the factors of both alienation and learned helplessness overlap the study has revealed to show no correlation among them in day scholars and hostellers.

CONCLUSION:

From the results it can be concluded that the day scholars and hostellers differ only in learned helplessness with hostellers having learned helplessness.

Learned helplessness might lead to a lot of psychological issues, affecting the quality of life. Hostellers must be given more guidance by their educational institutions and the suggestions given by hostel students must be considered.

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THE EFFECTIVENESS OF MEDITATION, RELAXATION AND MINDFULNESS WITH INTEGRATED CBT A PILOT STUDY ON MATERNAL CHILD BIRTH SELF EFFICACY AND FEAR OF CHILD BIRTH

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ABSTRACT

Motherhood, being a mother is a pleasing experience in a women's life. Women's mental health during pregnancy has broad and enduring consequences for both women and their children. Childbirth-related self-efficacy is associated with fear of childbirth. (Salomonsson et al.,2013) Schwartz et al. (2015) showed that a high level of fear was correlated with low self-efficacy. Women with fear of childbirth do not concentrate on the tasks but on their perceived inability to cope with those tasks. Tilden et al. reported that childbirth self-efficacy is a psychosocial factor that can be modified through various efficacy-enhancing interventions. The current study aims on an intervention program of Meditation, Relaxation and Mindfulness with integrated CBT to improve Self Efficacy ie. outcome expectancy and efficacy expectancy and thereby reducing Fear Of Child Birth among the Pregnant women in their third trimester.The pilot study was carried out on a sample of 35 low risk naturally conceived, educated pregnant women between 18-40 of age. Appropriate tool is administered to the sample for collection of data. Purposive sampling method was adapted. An intervention program of 8 sessions is given to the sample and analysis is done with the collected data. Statistically significant improvements and large effect sizes were observed for childbirth self-efficacy and fear of childbirth. It seems that self-efficacy is a psychological factor that can be enhanced through structured maternal education and can bring a positive evaluation of the childbirth experience rather that fearful. The study contributes to the mental health of pregnant

women. Improved Child Birth Education and coping techniques can improve maternal mental health and associated child health outcomes.

KEYWORDS: *Self Efficacy, Fear of ChildBirth,CBT, Meditation, Relaxation, Mindfulness.*

INTRODUCTION

Motherhood, a life's greatest experience of a women. It is the stage in which life goes through various physiological and psychological suffering along with expectation and hope. A period of enormous biological, psychological and social challenges for the mother to be and time of significant life change for the women. The associations of early childhood attachments and internalized parenting models are activated during pregnancy (Raphael-Leff 1986). Some women welcome the challenges of childbirth, others may feel a significant amount of anxiety and concern (Escott et al. 2004; Huizink et al. 2004). Almost every pregnant woman is at least a little bit nervous about delivery, which is a normal reaction to an unknown situation, this fear of childbirth (FOC) is also known as fear of vaginal delivery. These fearful women often have difficulties in focusing on the foetus in this distressed situation; this can lead to later problems in mother-infant bonding (Areskog et al. 1984, Broden 2006). They also fear losing control and getting panicked during delivery. Pregnant women with severe FOC run an increased risk negative birth experiences (Waldenstrom et al.,2004). FOC is often the reason for caesarean section on the woman's request (Nieminen et al, 2009) which probably means that elective caesarean section is more common among these women (Laursen et al, 2009). This might reflect that these women doubt their own capacity to cope with the upcoming labour and birth. A woman's self confidence has been shown to be important in influencing how the birth is perceived and coped with. Pregnant women's perception may influence the meaning and consequences of childbirth. One way to investigate a woman's perception about childbirth may be to study thought a woman's self-efficacy (Ip, 2007). Self-efficacy or confidence in ability to cope with labour can be considered as an important factor affecting pregnant women's motivation of normal childbirth and their interpretation of childbirth outcomes (Lowe, 1993). Pregnant women with FOC identify behaviours that will help, but doubt their capability to apply such actions during labour. Low self-efficacy as well as severe FOC imply a risk factor for symptoms of post-traumatic stress disorder after giving birth (Soet et al., 2003).

Tilden et al. reported that childbirth self-efficacy is a psychosocial factor that can be modified through various efficacy-enhancing interventions. A review of the quantitative literature on the effect of childbirth self-efficacy on perinatal outcomes reported that "increased childbirth self-efficacy is associated with a wide variety of improved perinatal outcomes" (Tilden et al., 2016). Bandura's self-efficacy theory, helps to analyze coping behaviors. Manning and Wright has studied the role of self-efficacy in the women's ability to cope with childbirth (1983). Bandura's theory states that "expectations of personal efficacy determine whether coping behaviors will be initiated, how much effort will be expended, and how it will be sustained in the face of obstacles and adverse experiences" (Bandura, 1977). A person with high self-efficacy is also more willing to pursue an activity in spite of difficulties, than a person with lower self-efficacy. As a person judges that she is able to perform behaviour, she uses the behaviour with increasing confidence (Kear, 2000). Maimburg et al. report that a good birth experience in the long term is more likely when attending a structured antenatal program and if medical intervention is avoided during birth (Maimburg et al, 2016).

The aim of the current study is to improve mental health by improving self-efficacy and reducing fear of birth and thereby improve birth outcomes. Improving the self-efficacy of pregnant and birthing women can help to reduce perceived pain during childbirth(Callister, 2003) and act as a preventative measure for women who may experience psychological trauma of childbirth(Soet et al, 2003). Improved self-efficacy is associated with lower psychological and physiological stress reactivity, as it acts as an important link between maternal stress and child development (Talge et al, 2007). Training and giving guidelines to pregnant women can indeed help them through rising their awareness about childbirth and the related psychological readiness improvement to cope with labor pain (Besharati et al, 2011).

The current study is related to the effectiveness of Meditation, Relaxation and Mindfulness with integrated CBT on Maternal Child Birth Self Efficacy and Fear of Child Birth among Pregnant Women of third trimesters who conceive naturally with and without Hormonal Regulation.

Aim of the Study

The effectiveness of intervention involving Meditation, Relaxation and Mindfulness with CBT on Child Birth Self Efficacy and Fear Of Child Birth among third trimester pregnant women who conceive naturally.

METHODS

Hypotheses

H_1: There will be a significant difference in Outcome Expectancy before the Intervention program and after the Intervention..

H_2: There will be a significant difference in Expected Expectancy of the Pregnant Women before the Intervention program and after the Intervention.

H_3: There will be a significant difference in Fear of Child Birth of the Pregnant Women before the Intervention program and after the Intervention.

H_4: There will be a negative correlation between Fear of Childbirth and Self Efficacy.

Sampling

A purposive sample of 35 Educated Pregnant women in their third trimester constitutes the study sample. The sample was drawn from a private hospitals in the Coimbatore city of TamilNadu. The age of the studied sample ranged between 18- 40 years. Women are recruited based on the following inclusion criteria 1) having an educational background (Minimum Degree) so as to understand and answer the questionnaire 2) low-risk pregnancy 3) in their third trimester.

Measures

The following instruments were used to collect data from the sample:

Personal Data Questionnaire- This is a researcher tailor made Questionnaire, to collect the personal information related to Pregnant Women. It consist of variables as Age, Order of Pregnancy, Current Week of Pregnancy, Education, Any Cases of previous abortions, miscarriages etc.

The only validated questionnaire for screening of FOC is the Wijma Delivery Expectancy Questionnaire (W-DEQ) (Wijma et al. 1998). The W-DEQ is the most accepted and used method to assess the FOC (Nieminen et al. 2009, Adams et al. 2012, Wiklund et al. 2012, Lukasse et al. 2014a).. The questionnaire measures the intensity of emotions linked to the expectations of the delivery. The WDEQA consists of 33 items on a 6-point Likert scale (0 = do not agree; 5 = totally agree). The total score ranges from 0 to 165; the higher the score, the greater the fear the pregnant

women experience. Women whose score are higher than 85, have a clinical fear of childbirth. Women have to answer while imagining how labor and delivery are going to be, and how they expect to feel. Items 2, 3, 6, 7, 8, 11, 12, 15, 19, 20, 24, 25, 27, and 31 are reverse-scored. All the Cronbach's alpha test values and composite reliability indices are greater than .70. Thus, according to Streiner and Norman's (2008) indications, the WDEQ proves to be a reliable instrument, with good internal consistency.

The *Childbirth Self-Efficacy Inventory* (CBSEI) measured self efficacy and birth outcome expectancies (Cronbach's α .86 to .96). Delivery self-efficacy questionnaire itself consisted of two parts: The first part with 16 questions on outcome expectation and the second part on expected delivery self-efficacy with another 16 questions. Outcome and self-efficacy expectations could be considered as "a belief on that the expected behavior would result in special outcome" and "a belief that one enables to do necessary behaviors in special situations",respectively (Khorsandi, 2008).

Intervention

A tailor made intervention was given on 8 sessions along with their hospital for the sample. During the initial session the Intervention program was briefed with the collection of pre intervention data. After the 8th session post intervention data was collected. The intervention covered the following topics.

Cognitive behavioral therapy or CBT : Commonly known as a "Talk Therapy". This is a therapy which focuses on negativity in life and tries to channel emotions and thought process in a more positive way. This is achieved by a series of sessions. During these sessions, tried to get into patients frame and focus on the things that bother them and things that bring out the negativity in them. In many cases, requested to talk a lot and open up themselves. Breaking the thought process, and then looking at many scenarios of life differently. With CBT. women learns strategies and is able to confront thoughts that trigger distortions, acquiring coping strategies, awareness skills and the ability to be introspective, evaluating troublesome issues before they get a negative grip on her mind and emotions. Cognitive behavioral therapy helps to develop a mind-body connection as a woman learns that what she is thinking produces an emotional response in her that affects her body.

Guided Imagery: Guided imagery is the act of closing eyes and imagining in a positive place. It can be done with words from another person or with music. You can also imagine this positive place in silence. The relaxing effect of guided imagery is often a sense of calm and peacefulness. Is done with words at the hospital and with music at home.

- Sit comfortably and close your eyes.
- Focus on your breathing, feeling your chest rise and fall with each breath in and out.
- Imagine your favorite place. Pay attention to the sounds, colors, scents and textures.
- Take some time to enjoy the calmness in this place and enjoy your sense of peace and comfort.
- Finish with several deep breaths. Keep your breaths slow and easy. Let your breathing settle to a depth and rate that is smooth and comfortable.

Relaxation: Simple Breathing (Meditative Pose or comfortably sitting with back, chest and head held straight ,taking a long, slow breathe through nose. Hold the breath for three counts. Exhaling is slowly through the pursued lips. Relax the muscles in face, jaw, shoulders and stomach.

Meditation: Closing the eyes, and keeping the hands in Gyan Mudra, focuses on the normal breathing pattern.

Pranayama: Pointer finger and middle finger of the right hand rest between the eyebrows. Closing the right nostril with the right thumb, inhale through the left nostril and close the left nostril with ring finger, open the right nostril and release the breath slowly through the right side. Pause brief at the bottom of the exhale.

Mindfulness Training: Mindfulness training is the practice of awareness and attention exercises focused on accepting one's present state of emotions, thoughts, and physical sensations. Mindfulness in their day today activities, Mindful Breathing, Eating Mindful, Walking Mindful. Dealing with barriers and introduction to the cognitive model. Learning to take awareness intentionally to the breath. Staying present, taking a wider perspective and relating differently to experience. Relating to negative thoughts. Managing warning signs, mastery and pleasurable activities.

The participant we asked to follow the same at home every day for 20 minutes.

RESULTS AND DISCUSSION

TABLE I COMPARISON OF FEAR OF CHILD BIRTH BEFORE AND AFTER INTERVENTION

Dimension	Group	Size	Mean	S.D	Calculated t value	Sig (2-tailed)
Fear Of Child Birth	Before Intervention	35	101.20	11.884	6.444	.000
	After Intervention	35	86.51	6.368		

*p <0.05 Statistically Significant

Table 1 shows that Fear Of Child Birth before intervention is higher than after intervention. Mean value is 101.20 & 86.51 and S.D. 11.884 & 6.368 before and after intervention which shows significant difference in Fear Of Child Birth of both the groups. The obtained 't' value is 6.444 with .05 level of significance which confirms that Intervention program has a positive effect on Fear of Child Birth.

TABLE 2 COMPARISON OF OUTCOME EXPECTANCY BEFORE AND AFTER INTERVENTION

Dimension	Group	Size	Mean	S.D	Calculated t value	Sig (2-tailed)
Outcome Expectancy	Before Intervention	35	81.83	12.678	-6.551	.000
	After Intervention	35	100.09	10.542		

*p <0.05 Statistically Significant

Table 3 shows that Outcome Expectancy before intervention is lesser than after intervention. Mean value is 81.83 & 100.09 and S.D. 12.678 & 10.542 before and after intervention which shows significant difference in Outcome Expectancy of both the groups. The obtained't' value is 6.551 with .05 level of significance which confirms that Intervention program has a positive effect on Outcome Expectancy.

TABLE 3 COMPARISON OF EXPECTED EXPECTANCY BEFORE AND AFTER INTERVENTION

Dimension	Group	Size	Mean	S.D	Calculated t value	Sig (2-tailed)
Expected Expectancy	Before Intervention	35	81.60	11.400	-8.112	.000
	After Intervention	35	101.63	9.133		

*p <0.05 Statistically Significant

Table 3 shows that Expected Expectancy before intervention is lesser than after intervention. Mean value is 81.60 & 101.63 and S.D. 11.400 & 9.133 before and after intervention which shows significant difference in Outcome Expectancy of both the groups. The obtained‘t’ value is 8.112 with .05 level of significance which confirms that Intervention program has a positive effect on Expected Expectancy.

TABLE 4 DESCRIPTIVE STATISTICS

	Mean	Std. Deviation	N
OE	79.31	10.332	35
EE	79.40	9.014	35
FOC	101.20	11.884	35

Table 4 shows the descriptive statistics of Outcome Expectancy, Expected Expectancy and Fear Of Child Birth. The table shows the mean as 79.31, 79.40 and 101.20 for Outcome Expectancy, Expected Expectancy and Fear Of Child Birth while the standard deviation remains 10.332, 9.014 and 11.884.

TABLE 5 CORRELATION BETWEEN OUTCOME EXPECTANCY, EXPECTED EXPECTANCY AND FEAR OF CHILD BIRTH

		OE	EE	FOC
OE	Pearson Correlation	1	.895**	-.753**
	Sig. (2-tailed)		.000	.000
EE	Pearson Correlation	.895**	1	-.735**
	Sig. (2-tailed)	.000		.000
FOC	Pearson Correlation	-.753**	-.735**	1
	Sig. (2-tailed)	.000	.000	

**. Correlation is significant at the 0.01 level (2-tailed).

b. Listwise N=35

Table5 represents correlation between Pregnancy Women Outcome Efficacy, Expected efficacy and Fear Of ChildBirth. Outcome Efficacy and Expected Efficacy shows the Pearson Correlation

coefficient as .895 which is significant as p<.001 for a two tailed test. The coefficient value shows that OE is positively correlated to EE. For the Outcome Efficacy and Fear of childbirth the Pearson correlation coefficient is.-.753, which is significant as p < .001 for a two-tailed test. The coefficient value shows Outcome Efficacy is negatively correlated to Fear Of childbirth. Similarly The coefficient value shows that OE is positively correlated to EE. For the Expected Efficacy and Fear of childbirth the Pearson correlation coefficient is .-.735, which is significant as p < .001 for a two-tailed test. The coefficient value shows Expected Efficacy is negatively correlated to Fear Of childbirth.

The current research claims the effectiveness of the intervention program reinforces self-efficacy in coping with the childbirth process, and the study results indicate a rise in self efficacy. Our study showed a significant difference before and after intervention in terms of mean scores of childbirth fear, childbirth expectation and childbirth self-efficacy after the intervention. These results are similar to the findings of the study of Khorsandi and colleagues who reported a decrease in delivery fear after intervention in intervention group (2008). Ghaffari also found that the higher self-efficacy mean score of intervention group in comparison with control group is due to the educational intervention effect (2010).

Romano and Lothean (2008) suggested that the contents transmitted in the preparation courses reinforce the belief that medical technology and intervention ensure a safe and orderly birth, but do not promote the women's self-confidence or their ability and function in the childbirth process. A study on self-efficacy beliefs and fear of childbirth in nulliparous women indicated lower efficacy expectancy was associated with higher FOC (Salomonsson B, 2013). In various women, low childbirth self-efficacy is an important mediator of severe FOC, since perceived inefficacy in coping makes situations scary (Bandura, 1982). For women who have low or defined childbirth self-efficacy, suitable behaviours to use during labour and delivery need to be identified and taught, and then actually used and supported during the birth process.

A pilot study demonstrated that a blended mindfulness and skills-based childbirth education intervention was acceptable to women and was associated with improvements in women's sense of control and confidence in giving birth (Byrne et al, 2014).

In Hausenblas et al study(2008), educational intervention had lead to increase self-efficacy among pregnant mothers in field sport. The self- efficacy and increased attention to the important predictors of health behaviors adoption by pregnant women help them to cope up with the fear of childbirth and prepare them comfortably for the delivery process. Due to the importance of self-efficacy in controlling fear and pain of labor, educational intervention strategies designated to increase self-efficacy could reduce the fear and may enhance the ability of mothers to overcome the pain of labor is indicated in the current study.

In contrast, several other researchers reported no connection between participation in preparation courses and perception of self-efficacy in childbirth, the use of painkillers in childbirth and satisfaction with the childbirth (Bergström et al,2009, Escott et al 2005,Fabian et al 2005,Spiby 2003) The lack of intervention effect found in the study by Escott et al (2004) may be explained by the dynamics of the self-efficacy concept itself, as described by Lowe(2000).

CONCLUSIONS

Pregnant Women with high Fear Of Child Birth consider that they have a limited capacity to manage the labour and delivery. In various women, low childbirth self-efficacy is an important mediator of severe FOC, since perceived inefficacy in coping makes situations scary. The current

study on involving Meditation, Relaxation and Mindfulness with CBT on Child Birth Self Efficacy and Fear Of Child Birth proved to a have a positive effect on Child Birth Self Efficacy and thereby reducing Fear Of Child Birth. An increase of self-efficacy occured with the intervention, as it provides women with an intimate one-on-one informational session, allowing her to feel important and provides a platform to ask any questions to offer her peace of mind, thus meeting her essential needs. CBT based counselling provides women with a sense of autonomy. Pregnant women who attend routine prenatal Gynecologist appointments are not provided with enough knowledge regarding emotions, bodily changes, and coping mechanisms. The Intervention of Meditation, Relaxation and Mindfulness with integrated CBT if given along with their prenatal doctor appointment, a woman would spend a large quantity of her pregnancy practicing these behavioral and cognitive strategies, so she might naturally begin to do them when the process of labor and delivery begins. Prenatal educational intervention is the foundation for a positive Pregnancy and delivery experience by reducing fear of childbirth and increasing maternal self-efficacy. Implementation of Interventional education should be seriously considered as an important element during Prenatal Care.

LIMITATIONS AND FUTURE RESEARCH

The major limitation of the current study is that only third trimester pregnancy is considered for the study. More over the pregnancy is low risk pregnancy. All the pregnant women are educated and hold minimum a degree. The current study also didn't differentiate the intervention on Nulliparous and Multiparous separately. The study covers only a limited sample which could be increased and can differentiate the pregnancy of PCOD controlled and uncontrolled. The current intervention program was carried out through 8 individual session , this could be increased. No Follow up study was done. The research is continued further and the intervention program is continued for more sessions. Further the follow up study is also to be done. Post natal analysis of the 3rd trimester women who delivered between the sessions also can be taken.

Implications

It will be better if self efficacy is enhanced through maternal education program , in which they receive information about the physiology of birth, routine procedures along with breathing exercises and relaxation practice, support from partner and encouragement of professionals. These maternal education improves their confidence and there by reduces Fear Of Child Birth and also can reduce the complications and Caesarean delivery. Many women also perceive that their health care personnel did not adequately meet their needs, and her expectations for delivery become diminished. In nursing practice, an increase of self-efficacy can occur with the promotion of CBT, as it provides women with an intimate one-on-one informational session, allowing her to feel important and provides a platform to ask any questions to offer her peace of mind, thus meeting her essential needs. The major implication of the current study is in hospitals , clinics which need to include the program as a routine during the prenatal check up. This can also be included in infertility treatment centres. The program can also be done along with the prenatal classes.

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INDIAN PERSONALITY CONSTRUCT 'THAMOGUNA' (INERTIA) IN RELATION TO FIVE FACTOR MODEL

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ABSTRACT

In 1961, two United States Air Force researchers, Ernest Tupes and Raymond Christal, analyzed personality data from eight large samples. The total sample size of the study is fixed to 400 participants, using stratified sampling method of data collection. Lust for action inevitably leads to grief and pain because either his ability or the opportunity available , may not help him to achieve what he desire to achieve or his very success may generate intense hostility among the other with whom or for which he works. The study found that the practice of yoga had a significant impact on different areas of adjustment as well as in building a positive image about oneself. As a whole the total sample size of our aggregate research work of four people was 42. For the purpose of an in-depth analysis a subsample of nine participants has been selected considering their group mean scores. A significant positive correlation was identified between Inertia and Neuroticism. A significant Mean deviation of scores of Openness to experience was found to exist between subsamples of Inertia and Activation. Further statistical analysis was done on the basis of scores elicited by the five factor model of personality inventory.

KEYWORDS: *In-Depth, Openness, Neuroticism, Aggregate*

INTRODUCTION

The present study attempt to look at the concept of personality from an Indian perspective. This study is titled as "**Indian personality constructs thamoguna (inertia) in relation to five factor model**". The major objectives of the study were to identify an extreme group of inertia and to identify an extreme group of activation as a comparison group and to find the direction and degree of relationship of inertia with each of the five factors of personality and to arrive at an index of combined effect. Finally to compare the mean differences of inertia and activation subgroups with respect to the five factors. The total sample size of the study is fixed to 400 participants, using stratified sampling method of data collection.

The major finding of the study is that the combined effect of all the five factors on Inertia is represented by a single factor i.e. Openness to experience, this correlation coefficient is -0.591.

Triguna theory of personality.

According to Mathew (1995) ancient Indian thought, particularly samkhya yoga, speaks of three qualities in all nature. Inertia (Inertia), activation (Rajas) and stability (satva). An individual's mind who can be described and differentiated from mind of other people in terms of the extent to which it has these three concepts.

The complex nature of personality with its intricacies has inevitably resulted in different ways of approaching the problem of studying personality. Among them the trait and type approaches focused on measurement and qualitative analysis of behavior. Other approaches focused on comprehensive explanations and accounts of behavior.

Birth, death, old age and sorrow exist in this world due to the tri gunas and therefore, the real and the highest goal of human life is to seek liberation from the network of these gunas.

Thamas, the principle of inertia is a passive and inert which suffers all shocks and contacts without any effort of mastering response and by itself would lead to a disintegration of the whole action of the energy and a radical depression of substance. But it is driven by the kinetic power of rajas and even in nescience of matter is met and embraced by an innate though dispossessed preserving principles of harmony and balance and knowledge, the satva. (Sinha, 1985).

The man dominated by Thamasa develops a personality which is prone to confusion and delusion. That is he does not have either the energy or zest of the man dominated by rajas, nor the enlightment of one in whom satva is predominant. This type is characterized by inattention, lack of understanding, indolence and hunger.

By contrast, the person in whom rajas is more predominant is given to attachment to the objects of desire. He is full of unrest. He is lustful and greedy. He is creature of impulses and emotions. Lust for action inevitably leads to grief and pain because either his ability or the opportunity available , may not help him to achieve what he desire to achieve or his very success may generate intense hostility among the other with whom or for which he works.

Person dominated by satvaguna is characterized by intelligence and clarity of vision. His desires and emotions are under control. He is free from lust anger and greed. His speech is truthful, pleasant and beneficial and gives no offence to others. Good memory and understanding, equally well disposed to all. (Kuppuswami, 1985)

Five factor model of personality.

The first major inquiry into the Lexical Hypothesis was made by Sir Francis Galton. This is the idea that the most salient and socially relevant personality differences in people's lives will eventually become encoded into language. The hypothesis further suggests that by sampling language, it is possible to derive a comprehensive taxonomy of human personality traits.

In 1936, Gordon Allport and H. S. Odbert put this hypothesis into practice. They worked through two of the most comprehensive dictionaries of the English language available at the time and extracted 17,953 personality-describing words. They then reduced this gigantic list to 4,504 adjectives which they believed were descriptive of observable and relatively permanent traits.

Raymond Cattell obtained the Allport-Odbert list in the 1940s; added terms obtained from psychological research, and then eliminated synonyms to reduce the total to 171. He then asked subjects to rate people whom they knew by the adjectives on the list and analyzed their ratings. Cattell identified 35 major clusters of personality traits which he referred to as the "personality sphere." He and his associates then constructed personality tests for these traits. The data they obtained from these tests were analyzed with the emerging technology of computers combined with the statistical method of factor analysis. This resulted in sixteen major personality factors, which led to the development of the 16PF Personality Questionnaire.

In 1961, two United States Air Force researchers, Ernest Tupes and Raymond Christal, analyzed personality data from eight large samples. Using Cattell's trait measures, they found five recurring factors, which they named "Surgency", "Agreeableness", "Dependability", "Emotional Stability", and "Culture". This work was replicated by Warren Norman, who also found that five major factors were sufficient to account for a large set of personality data. Norman named these factors Surgency, Agreeableness, Conscientiousness, Emotional Stability, and Culture. Raymond Cattell viewed these developments as an attack on his 16PF model and never agreed with the growing Five Factor consensus. He refers to "...the five factor heresy" which he considers "...is partly directed against the 16PF test". Responding to Goldberg's article in the American Psychologist, 'The Structure of Phenotypic Personality Traits', Cattell stated, "No experienced factorist could agree with Dr Goldberg's enthusiasm for the five factor personality theory". This determined rejection of the FFM challenge to his 16 factor model is presented in an article published towards the end of his life and entitled 'The fallacy of five factors in the personality sphere', Cattell, (1995),

Big Five personality traits

The "big five" are broad categories of personality traits. While there is a significant body of literature supporting this five-factor model of personality, researchers don't always agree on the exact labels for each dimension. However, these five categories are usually described as follows:

1. **Extraversion**: This trait includes characteristics such as excitability, sociability, talkativeness, assertiveness and high amounts of emotional expressiveness.
2. **Agreeableness**: This personality dimension includes attributes such as trust, altruism, kindness, affection, and other prosocial behaviors.
3. **Conscientiousness**: Common features of this dimension include high levels of thoughtfulness, with good impulse control and goal-directed behaviors. Those high in conscientiousness tend to be organized and mindful of details.

4. **Neuroticism**: Individuals high in this trait tend to experience emotional instability, anxiety, moodiness, irritability, and sadness
5. **Openness to experience**: This trait features characteristics such as imagination and insight, and those high in this trait also tend to have a broad range of interests.

It is important to note that each of the five personality factors represents a range between two extremes. For example, extraversion represents a continuum between extreme extraversion and extreme introversion. In the real world, most people lie somewhere in between the two polar ends of each dimension (Goldberg, 1981).

Need and significance of the study

With the increasing realization that many of the western psychological concepts and methods lack relevance to different cultural system the need for developing indigenous psychology was recognized all over the world. In recent time more and more researches have taken active interest in promoting and developing indigenous psychology. The structure , nature and evolution of human personality are elaborated in these sources with special reference to the concept of triguna.

The present study attempt to look at the concept of personality from an Indian perspective. On the philosophical basis of sankhyasastra and its empirical implication in personality psychology as the concept of triguna . It is in the sankhyasystem, that this concept has gained prominence as a major exploratory construct. It's a dualistic philosophy, which postulates two independent simultaneous existing realities purusha(consciousness) prakriti(nature or matter). The gunas act together and never exist in isolation. They interact and compete with each other. The degree of pre dominance of one guna determines the individual's personality type. Based on the above understanding personalities are categorized into three as sattvic ,rajasic and thamasic types. **Statement of the problem**

This study is titled as "**Indian personality constructs thamoguna (inertia) in relation to five factor model**".

OBJECTIVES

1. To identify an extreme group of inertia and to identify an extreme group of activation as a comparison group.
2. To find the direction and degree of relationship of inertia with each of the five factors of personality and to arrive at an index of combined effect.
3. To compare the mean differences of inertia and activation subgroups with respect to the five factors.

HYPOTHESIS

1. There will be significant difference between Inertia and at least some of the dimensions of five factors of personality.
2. At least some mean differences of Inertia and Activation subgroups on five factors will be significant.

As far as the present study is concerned, it deals with personality characteristics of both oriental and western theories.

It may be noticed that the Eastern psychologies in spite of their strong principles and powerful stream of thoughts were remained unrecognized for many decades. Eastern Psychologies put forward well-defined theories and principles in every area, thus in personality too.

Studies related to Triguna theory.

Mohan and Sandhu (1988) conducted a study to develop a scale to measure the personality trait. They administered their triguna personality inventory and Eysenk Scale of extraversion and Neuroticism to male and female college students. No sex wise difference was observed in any of the trigunas. Sattva was negatively correlated with extraversion and positively correlated with introversion. Rajas were positively related to extraversion while tamas and Neuroticism were significantly related.

Gupta and Kumar (2007) studied Impact of yoga practices on adjustment patterns and self-concept. The study found that the practice of yoga had a significant impact on different areas of adjustment as well as in building a positive image about oneself.

Daftuar (1999) investigate the relationship between Maslow's Need hierarchy and the three gunas. Results reveals that satwa worked at the self actualization level rajas at the self esteemed level and tamas at the basic need level of Maslow's theory. Interrelationship between gunas and maslow's need were reported.

Unnikrishnan (1998) Studied on the concept of 'thri doshas'. The test was administered to 139 patients suffering from pre dominating vatham, pitham, khapha diseases. Analysis of variance and t test supported the traditional concept that those suffering from vatha type of diseases have more activation pitha type more stability and khapha more inertia.

A study cited by Deepthi (2001) in which Sajani studied the satva, rajas and tamas factors among individual with anxiety disorder and normal. The results indicated no significant difference between rajas and tamas factors among normal.

A study cited by Deepthi (2001) in which Preetha investigated the dimension of emotional disposition and personality in relation to psycho cutaneous disorders. The study concluded that the psycho cutaneous groups are found to be characterized by relatively lower scores of inertia, and higher scores on activation and stability when compared to other skin disordered groups.

METHOD

Stratified random sampling technique was used for identifying the preliminary sample. The population of the study consisted of students residing in the Calicut university hostel. The available population was 800 (600 from ladies hostel and 200 from men's hostel). were stratified on the basis of sex, the total sample included PG and MPhill students of Calicut University. It was decided to choose 50% of the population as the sample of the study, Stratified method of sampling elicited 300 females and 100 males from the total population.The availability and co-operation of the 400 students during the process of data collection was made confirmed.

Mathew's IAS rating scale was administered to the total sample. Considering the scores tabulated 30 participants who have high scores for the domain of inertia, were selected from the list. Then the scores of activation were subtracted from inertia, to get the differences of scores between them. After arranging the difference in an ascending order a list of 30 was created who have maximum difference between inertia and activation. The subjects who appear in both the lists were selected as

the sample representing high inertia. The number of subjects was 21. The minimum score difference between inertia and activation was 22.

Using similar procedure a group having highest score for activation was also selected from the total sample. This group of participants possessed a minimum difference of 23 between their scores of activation and inertia. Further studies were done on these 21 participants by our co-researchers. As a whole the total sample size of our aggregate research work of four people was 42. For the purpose of an in-depth analysis a subsample of nine participants has been selected considering their group mean scores.

TOOLS

The present study had made use of two tools, one for measuring big five personality dimensions and IAS Rating Scale for identifying participants having dominant personality trait of Inertia.

I.A.S Rating Scale

The IAS Rating scale is a revision of two personality inventories, such as Mathew SRT inventory and Mathew temperament Scale. The IAS Rating Scale measures 3 broad behavioural tendencies of personality component Inertia, Activation and Stability.

Vinod Kumar (1995) reported split half reliability of 0.73, 0.89 and 0.86, for the scales I, A and S, respectively; in a sample of 43 adult for self rating. The trait classification has a high degree of construct validity as they are based on highly developed and anchored on a time tested traditional concept of personality. Significant mean group differences have been reported on the three scales in a variety of studies.

Calicut University Personality Inventory

MSc final year students (2001-2007) of the department of psychology university of Calicut under the supervision of Dr.T. Sasidharan has attempted to develop a standardized test for measuring these traits suited for Malayalam speaking population of Kerala.

The internal consistency reliability found on openness to experience, neuroticism, extraversion, agreeableness and Conscientiousness are 0.90, 0.89, 0.82 and 0.85, 0.81, respectively. And validity has been established by correlating the present test with other test ratings.

PROCEDURE

The total sample size of the study is fixed to 400 participants, using stratified sampling method of data collection. They are selected from the whole population of Calicut University hostels. After providing information regarding the study verbal consent was obtained, and then the participants were administered with Mathew's IAS Rating Scale, the scores obtained revealed the pattern of distribution of personality traits of the participants. On the basis of this score 21 participants having extreme Inertia traits are administered with Calicut University Personality Inventory. Further statistical analysis was done on the basis of scores elicited by the five factor model of personality inventory.

STATISTICAL ANALYSIS

For the statistical analysis were done on the basis of scores elicited by five factor of personality. The statistical techniques likes mean, S.D, correlation and t- test were used for the present study.

Correlational Analysis

Summary of correlation of Inertia on Big Five factors are presented in table 4.2, the correlational analysis was done to know whether there exist any significant correlation between Inertia and Big Five factors.

TABLE 3. 2 SUMMARY OF CORRELATION OF INERTIA WITH BIG FIVE FACTORS AND ACTIVATION

Variables	Correlation Coefficient
Activation	-0.734**
Openness	-0.591**
Neuroticism	0.364*
Extraversion	-0.263
Agreeableness	-0.480
Conscientiousness	-0.339*

**P<.01, *P<.05

Direction of the correlation between Inertia and activation is found to be negative and the amount is 0.734, it implies that as the Inertia increases, activation tends to be decreased. It is an expected result from the methodology itself. The amount implies that nearly 54% of the variance in Inertia can be explained (or predicted) by the variance in activation. It further implies that there is a large amount of common factor between them. This common factor is one variable which has opposite relationship with inertia and activation.

There exist a positive correlation only between the study variables inertia and Neuroticism ($r=0.364$, $p<0.05$). Thus 13% of the variance of inertia can be explained by the variance OF neuroticism. This result supports the study conducted by Mohan and Sandu (1988).

Mohan and Sandu (1988) administered their triguna personality and eysenck scale of extraversion and neuroticism to male and female college students. The results showed that tamas and neuroticism were significantly related.

There existed a negative correlation between all the other four variables and inertia. In the case openness to experience the negative correlation is significant at 0.01 level ($r=-0.591, p<0.01$) which indicate that 35 percentage of variance of inertia can be explain by the variance of openness to experience.

When inertia is correlated with conscientiousness a significant negative correlation was found, which was statistically significant at 0.05 levels. This indicates that an increase in the characters tics or qualities of inertia may lead to a degree in the characteristics of conscientiousness of the participants.

Test of Mean Differences

For the purpose of an in depth analysis a sub-sample was formulated by considering the group means. In the sub-sample participants were included those having there score of inertia above their group mean of 55. Similarly, participants having score for activation above 47 were included. t-test was administered to evaluate whether there exist any significant difference between two groups of inertia and activation, with respect to Big Five factors. The results are presented in table 4.3.

TABLE 3.3 MEAN DIFFERENCE BETWEEN TWO SUB-GROUPS OF INERTIA, ACTIVATION ON BIG FIVE FACTORS

Variables	Group	N	Mean	Std. Deviation	t
Openness	Inertia	9	11.33	5.454	3.01**
	Activation	9	19.11	5.510	
Neuroticism	Inertia	9	17.44	11.577	1.33
	Activation	9	11.67	6.042	
Extraversion	Inertia	9	17.44	4.447	1.50
	Activation	9	20.44	4.003	
Agreeableness	Inertia	9	20.44	7.282	1.89
	Activation	9	19.89	5.231	
Conscientiousness	Inertia	9	14.22	4.893	0.55
	Activation	9	15.44	4.586	

**p<.01

Only the score of openness to experience possessed a significant mean difference between the two sub-groups of inertia and activation. Which is significant at a 0.01 level (t= 3.01, p<.01). This explains that the two sub-groups of activation and inertia differ significantly in their characteristics of openness.

CONCLUSION

The results elicited provided information regarding the negative significant correlation between the study variables inertia and openness to experience. Similarly, a significant negative correlation was obtained between Inertia and conscientiousness. A significant positive correlation was identified between Inertia and Neuroticism.

A significant Mean deviation of scores of Openness to experience was found to exist between subsamples of Inertia and Activation.

The major finding of the study is that the combined effect of all the five factors on Inertia is represented by a single factor i.e. Openness to experience, this correlation coefficient is -0.591.

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DANCE MOVEMENT THERAPY & ACCEPTANCE COMMITMENT THERAPY FOR STRESS AND EATING DISORDERS

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ABSTRACT

According to Cigna 360^0 Well-being survey future results revealed that 87% people across the globe are undergoing severe stress. Further it revealed that 95% of Indian Millennial (18-34 years) are stressed compared to the global average stress percentage. In India 89% of population suffering from stress which is higher than other countries and one in eight Indians have serious trouble in dealing with stress. There is a strong link between stress and mental health conditions including depression, anxiety, sleep and eating disorders. The Dance Movement Therapy (DMT) is used as a therapeutic intervention, which supports intellectual, emotional and motor functions of the body, to treat mental illness. The DMT help the individual to achieve emotional, physical, cognitive and social integration which in turn benefits in stress reduction and managing mood disorders. Stress and eating disorders are closely related especially in young adolescents and adults. The Acceptance and Commitment Therapy (ACT) is form of Cognitive Behaviour Therapy helps the individual to overcome the symptoms of eating disorders and promotes self-esteem. The ACT uses metaphors and focuses on controlling thoughts, feelings and behaviours. This paper discuss about the DMT & ACT and its empirical evidence through extensive review of literature.

KEYWORDS: *DMT, ACT, Stress, Eating Disorders, Depression, Anxiety.*

INTRODUCTION:

Acceptance and Commitment Therapy (ACT):

Acceptance and Commitment Therapy (ACT) is an action oriented approach to psychotherapy that stems from cognitive behavior therapy. It was initially developed by Steven. C. Hayes in 1982 for creating a mixed approach, which integrates both cognitive and behavioural therapy. Rather than eliminating the difficult feelings of an individual, ACT helps a person to be with present and move towards a valued behavior. ACT mainly focuses on 3 areas such as accept the reactions and be present, choose a valued direction and take action. Through this the individual learn to stop avoiding, rejecting and struggling with the inner emotions and, instead, it helps a person to accept these deeper feelings are appropriate responses to certain situations that should not prevent the individual from moving forward in lives. In recent years the ACT helps to treat workplace stress, anxiety, obsessive compulsive disorder, and psychosis. It can also be used to treat medical conditions such as chronic pain, substance abuse and diabetes.

Dance Movement Therapy (DMT):

Dance Movement Therapy (DMT) was developed by Marian Chase in 1940's. It was early formulated to teach dancing; Dance Movement Therapy integrates the ways of bringing out the individual emotions thought the expression of the individual (loneliness, shyness, fear, anger, etc). Dance Movement Therapy improves the perceptual ability of the people towards his/her own freedom of expression and emphasis on the emotional connects towards a situation.

Dance Movement Therapy is defined as a form of creative body oriented psychotherapy that uses movement, dance and verbal intervention to promote the emotional, cognitive, physical and social integration of the individual, for the purpose of improving health and wellbeing. DMT tends to treat patients with antisocial and movement disorder, anxiety, depression and many psychiatric illnesses. The dance therapy was introduced in the Red Cross, St. Elizabeth's Hospital by Chase, the rhythmic action and movement of the body induced relaxation of an individual.

DMT was founded based on the idea that the motion and emotion are interconnected. DMT's physical component offers increased physical strength, coordination, mobility and decreased muscular strength. It is applicable for all population and with individuals, group, couples, or families. DMT commonly used to treat physical, psychological, social and cognitive issues such as chronic pain, obesity, anxiety, depression, communication issues, etc.

According to Cigna 360^0 Well-being survey future results revealed that 87% people across the globe are undergoing severe stress. In India 89% of population suffering from stress which is higher than other countries and also there is a strong link between stress and mental health conditions including depression, anxiety, sleep and eating disorders. Drug treatment may be ineffective due to high cost and side effects. So, there is a need for evidence based treatment which is affordable and accessible to all. The present study discuss about the DMT & ACT and its empirical evidences.

AIM OF THE STUDY:

The aim of this study is to discuss the effects of Dance Movement Therapy and Acceptance and Commitment therapy for stress and eating disorders through discussing extensive reviews of the literature.

RESEARCH QUESTION:

Does Dance Movement Therapy (DMT) improves the stress management and decreases the depression and anxiety levels?

Does Acceptance and Commitment Therapy (ACT) help to overcome the symptom of eating disorder and promote self-esteem?

DANCE MOVEMENT THERAPY AND STRESS:

Stress is a physical, mental, social and emotional response to any perceived threat or demand. Research has demonstrated that the Dance Movement Therapy can be effective in the treatment of stress.

Iris Brauninger (2012) conducted a study on DMT Group Intervention in Stress Treatment: A Randomized Control Trial. 162 self-selected clients suffering from stress were assigned to a Dance Movement Therapy intervention who received 10 group therapy sessions. Negative strategies, Positive strategies and Relaxation were tested for short term and long term treatments. Significant short term improvements were observed in Depression, Anxiety and Obsessive Compulsive Disorder. Significant long term improvements were occurred in Depression, Interpersonal sensitivity, Paranoid thinking and Psychoticism. Results suggest that DMT group treatment were more effective to improve stress management and reduce psychological distress.

Theorell, T., et al., (2003) 36 female patients with fibromyalgia were used for the present study with 20 patients under treatment group and 16 under control group. The patients in the experiment group were given dance or movement therapy and they were videotaped before and after the session which took place for about 5 months. The video interpretation scores were analyzed using Mann-Whitney U test and non-parametric test. The result of the present study shows that there was a positive effect in the FMS patient's attitude towards herself which in turn decreased pain and increased well-being.

DANCE MOVEMENT THERAPY AND DEPRESSION:

Depression is highly prevalent mood disorder that impairs a person's social skill and quality of life. Here there are evidences shown that DMT helps to decreases the level of depression.

Punkanen, M., et al., (2014) conducted a pilot study on Emotion in motion: Short term group form Dance Movement Therapy in the treatment of depression. 21 participants with depression, aged 18 to 60 years, received 20 session of group Dance Movement Therapy and measurements including psychometric questionnaires, were taken before and after the intervention. The finding suggested that the short term group form of DMT intervention had a positive effect on patients with depression.

Jeong, Y. J., et al., (2005) assessed the profiles of psychological health and changes in neurohormones of adolescent with mild depression after 12 weeks of DMT. In this, the plasma serotonin concentration increased and dopamine concentration decreased in the DMT group. So, DMT is effective in modulating concentrations of serotonin and dopamine, and in improving psychological distress in adolescents with mild depression.

ACCEPTANCE & COMMITMENT THERAPY AND ANXIETY:

Anxiety is a body's natural response to stress and it is characterized by worry, nervousness, fear, palpitation, sweating, dizziness and so on when they think of an uncertain outcome. Everyone has it

at one point of time in their life and it interferes with one's daily activities of life. Forman, E. M., et al., (2007) conducted a study on "A randomized controlled effectiveness study of ACT and cognitive therapy for anxiety and depression". A randomly selected 101 outpatients reporting moderate and severe level of anxiety and depression were assigned to ACT or to cognitive therapy. There has been a greater improvement in depression, anxiety, functioning difficulties, quality of life, life satisfaction, and clinician-rated functioning, who receives ACT and cognitive therapy. The result suggests that ACT is a feasible and an appropriate treatment and also the effectiveness of ACT is equivalent to the cognitive therapy.

A systematic review of ACT in treatment of anxiety was done including 38 intervention studies provided preliminary support that the ACT is an effective treatment for reducing anxiety (Swain, J., et al., 2013).

ACCEPTANCE & COMMITMENT THERAPY AND STRESS:

Orsillo, S. M., & Batten, S. V. (2005) conducted a study to describe the application of a behavioral psychotherapy, acceptance and commitment therapy to the treatment of post-traumatic stress disorder. PTSD occurs as a result of excessive, ineffective attempts to control unwanted thoughts, feelings and memories, especially those related to the traumatic events. ACT is a therapeutic method designed specifically for the individuals with PTSD. The result suggests that ACT is a successful treatment for PTSD individuals and it has been proved through a case example. Further, in 2011, Brinkborg, H., et al., were conducted a study to examine the effect of a brief stress management intervention based on the principles of acceptance and commitment therapy (ACT) on stress and general mental health for social work in a randomized, controlled trial. The finding suggests that the intervention successfully decreases a level of stress and increases a person's general mental health.

ACCEPTANCE & COMMITMENT THERAPY AND DEPRESSION:

Folke, F., et al., (2012) investigated the feasibility of a brief ACT in a sample of unemployed individuals on long-term sick leave due to depression. The participants were randomized to a non-standardized control condition or to the ACT condition. The ACT participants improved significantly on measures of depression, general health and quality of life when compared to the participant in the control condition. Result indicates that ACT is a favorable treatment for depression.

ACCEPTANCE & COMMITMENT THERAPY AND EATING DISORDER:

Juarascio, A., et al., (2013) conducted a study to examine the efficacy of an ACT based group treatment for eating disorder. Both anorexia nervosa and bulimia nervosa group were involved. The researcher examine whether the addition of ACT groups to treatment-as-usual at a residential treatment facility for eating disorders would improve treatment outcomes. ACT receiving patients exhibited lower rate of re-hospitalization. The result suggests that ACT is a feasible treatment option for individuals with eating pathology.

Juarascio, A. S., et al., (2010) tried to examine several questions related to the treatment of eating pathology within the context of a larger randomized controlled trial that compared standard CBT with ACT. The results indicated that the two treatments were differentially effective at reducing eating pathology. Specifically, CBT produced modest decreases in eating pathology whereas ACT produces larger decreases. These findings suggest that ACT is a useful treatment for disordered eating.

ACCEPTANCE &COMMITMENT THERAPY AND MULTIPLE SCLEROSIS:

Pakenham, K. I., et al., (2018) conducted a study on evolution of ACT training for psychologists working with people with Multiple Sclerosis. Data was collected through online questionnaire from 34 psychologists before the before the workshop and at a 6 month follow up. 94% of participants acknowledged benefits, more than 90% indicated efficaciousness, almost all participants reported intention to apply ACT, and scored more than 75% of examination. Result suggests that ACT is personally and professionally helpful for psychologist in the multiple sclerosis fields.

CONCLUSION:

- From the above evidences, there is an understanding that the Dance Movement Therapy improves stress management and had a positive effect on individuals who experiencing a symptom of depression and anxiety. The DMT helps to promotes healing by encouraging self-expression. It also helps to decreases the stress, increases muscular strength, heightened self-awareness and self-esteem and helps for better coordination and mobility.
- Acceptance and commitment therapy is efficacious for stress, anxiety, depression and eating disorder.

LIMITATIONS AND IMPLICATIONS:

- The present study is only based on the secondary data sources.
- This can be done as qualitative study in order to understand the effectiveness on therapy in various disorders in detail.
- Further quantitative intervention studies may be done to examine the effectiveness of these therapies.

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THE IMPACT OF MEMORY SATISFACTION AND DISTRACTION OF ATTENTION ON SELF-ESTEEM AMONG UNIVERSITY STUDENTS

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ABSTRACT

Memory is a survival tool for present life. The need of memory satisfaction lead to increases in mood, when recall facilitates well being. Distraction of attention is caused by the lack of ability to pay attention; lack of interest in the object of attention; or the great intensity, novelty or attractiveness of something other than the object of attention. Self-esteem reflects an individual's overall belief &subjective emotional evaluation of their own worth.There are so many prevalence of data in India regarding the students, who have committed suicide before their examination results are announced, the reason might be due to the low self-esteem on their academic performance. The lack of satisfaction of memory and distraction of attention are the major impact of reducing the level of self-esteem that could be the reason for students committing suicides. The aim of the study was to find that the low level of self-esteem is causedby the low level of memory satisfaction and high level of distraction of attention. In this study, Conveniencesampling method was followed, the total sample of 50 students selected from Coimbatore district, TamilNadu.Based on the research objectives, statistical techniques such as Mean, SD and Correlation testused for the present study. In this study result shows that there is no relationship between all the three variables and the students included in the study scored high level of Self-Esteem, Moderate level of Memory Satisfaction and High level of Distraction of Attention.

KEYWORDS: *Memory, Satisfaction of memory, Distraction of attention, Self esteem- Suicides.*

INTRODUCTION

Memory plays a big role in our life. It allows us to remember skills that we have learned, or retrieve information that is stored in the brain, or recall a precious moment that occurred in the past. The need of memory satisfaction to increases in mood, when recall facilitates well being. When the individual having good memory or having satisfaction with their memory they feels more confident, they more comfortably move with others, they will be more bold and enthusiastic; but if the individual feel they unsatisfied with memory they feels of low self worth, anxious and depression, more fear about the future which stops their further actions in their life and this affect their personality, attention, self-esteemect., Distraction of attention is the diverting the attention of an individual from a desired area of focus blocking or diminishing(decline, reduce, decrease) the reception of desire information it is because of lack of interest in the object of attention, unable to pay attention by both internally and externally. If the individual have more distracted easily it affect their memory, the feeling of depression and aggression occurs. They can't easily achieve their goals, which tend to misinterpret by their own self in their self concept, self esteem."Self-esteem is a positive or negative orientation towards oneself; an overall evaluation of one's worth or value". (Rosenberg). Self esteem is important to help yourself gain a positive attitude and grim with confident. Self esteem predict our behavior, future life, and personality it is necessary to survey the life. The person have low self esteem, mostly they depend the others or they more willing to quit their life. Interventions for poor self esteem are making more structured routine, praise frequently, Teach conflict resolution skills, coping skills, relationship skills, relaxation techniques and social skills. Interventions for low level of memory satisfaction giving more memory activities (memory cards), assignment works to improve memory. Intervention for Distraction of attention meditation, activities in sports (archery, carom, chess, puzzles), giving reward when their attention is not distracted.

NEED FOR THE STUDY

Nowadays many adolescence concentrating more and spending time in social media. There are evidence research studies relived that it affects their cognitive process and relationships. Which creates a problems like lack of satisfaction of memory and distraction of attention are the major impact of reducing the level of self-esteem that could be the reason for students committing suicides. So, the present study helps to find whether the low level of self-esteem is caused by the low level of memory satisfaction and high level of distraction of attention or not.

OBJECTIVES

To study the impact of memory satisfaction and distraction of attention on self-esteem among university students.

HYPOTHESIS

- There will be a significant relationship between Memory satisfaction and Distraction of attention.
- There will be a significant relationship between Memory satisfaction and Self-esteem.
- There will be a significant relationship between Distraction of attention and Self-esteem.

METHODOLOGY

Sample:

A total of 50 samples (Post Graduate students) who were identified from Coimbatore districts forms the subjects. The age range of the sample was 20 to 22 years, with a mean age (21.00 years). Inclusion and Exclusion criteria followed for the present study.

Research design:

Exploratory research design was followed for the present study.

TOOLS

- MultifactorialMemory Questionnaire (MMQ)-Satisfaction scale, developed by Angela K. Troyer, Ph.D& Jill B. Rich,Ph.D (2018). It is used to measure the one's subjective level of memory satisfaction. It is 5 point scale and response formulate is (strongly agree, agree, undecided, disagree, strongly disagree) with the maximum score of 72and minimum score of 0.
- Letter Cancellation Scale was developed by Natu Agarwal (1997). This scale is used to measure the one's subjective distraction of attention. This scale consist of totally 1600 shuffled English alphabets (25 column and 64 rows)
- Self Esteem Scale (SES) – developed by Dr. Santosh Dhar& Dr. UpinderDhar (1997). It is used to measure one's subjective level of self esteem. It has 6 dimension namely, 1.Positivity, 2.Openness, 3.Competence, 4.Humility, 5.SelfWorth, 6.Learning Orientation. It if 5 point scale with 23 items and the response formulate is (strongly disagree, disagree, neutral, agree, strongly agree)

PROCEDURE

The samples were taken from educational institution, Coimbatore district. The data were collected directly from the sample by giving both the Multifactorial Memory Questionnaire (MMQ)-Satisfaction scale and Self Esteem Scale (SES) scale, asked to response the questionnaire. Then the subject were asked to do the letter Cancellation Scale by giving the following instructions to the sample, 'this is the a sheet containing different alphabets you have to cancel the letters "A,E,I,O,U" you start when I say start and stop when I say stop, work as fast as you can. In case you make a mistake, ignore and proceed to the next cancellation. You will also get to do a trail. The subject is given a trail for a period of one minute after which the actual testing begins. The first series is called normal series and it is done for a period of one minute. The subject is instructed to draw a line after the row of the last cancellation letter at the end of every series. The series is also named at the side of the page. The next series is the auditory distraction series. The subject is again encouraged to work as fast as possible but is distracted by tapping on the table once in every 5 seconds. So this is administrated for the full time limited of one minute. The third series and last series is the tactual distraction series in which the subject is distracted by pinching the dominant hand every 5 seconds. After completed the total number of letter correctly cancelled is calculated by using the formula "TCC=NCC-(NWC+NLO)x2"

TCC is the total number of letters correctly cancelled, NCC is the number of letters cancelled correctly, NWC is the number of letters wrongly cancelled, NLO is the number of letters left out.

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STATISTICAL METHOD

Data was analyzed with the SPSS for Windows Version 20.0. Mean was used to compare groups and Correlation test was used to test the significant relationship between the groups.

RESULT AND DISCUSSION

TABLE 1: SHOWS THE MEAN SCORE OF MEMORY SATISFACTION, DISTRACTION OF ATTENTION AND SELF-ESTEEM.

SELF ESTEEM		DISTRACTION OF ATTENTION		MEMORY SATISFACTION	
N	Mean	N	Mean	N	Mean
50	86.3	50	91.7	50	50.76

The above table 1 shows that the mean score of Self-esteem and Distraction of attention are high, which shows that the students selected for the present study get distracted easily because of lack of interest in the object of attention, unable to pay attention by both Internally and Externally (Hunger, fatigue, illness, worries and day dreaming) they might knows their value, role and responsibilities for their own actions and they don't look to others to make decision making for them. They might have a confident about their own abilities, feels worthy, more flexible, having good listening skills, and communication skills. They might have more confident even be independent from others so, easily they taking care of themselves in Physically, Mentally, Emotionally and spiritually. Thesestudents scored average in Memory satisfaction which shows that they need to take some measures to improve their memory satisfaction level. The reason might be having feeling of anxiety, depression regarding their memory, when they forgetting.

TABLE 2: SHOWS THE CORRELATION OF SELF-ESTEEM, DISTRACTION OF ATTENTION AND MEMORY SATISFACTION.

VARIABLES SAMPLES	SELF ESTEEM & DISTRACTION OF ATTENTION		DISTRACTION OF ATTENTION & MEMORY SATISFACTION		MEMORY SATISFACTION & SELF ESTEEM	
	r	Sig	r	Sig	r	Sig
UNIVERSITY STUDENTS	-0.195	NS	0.029	NS	-0.126	NS

From table 2, we can observe that there is no significant relationship between all the three (Self-esteem, Distraction of attention and Memory satisfaction) variables. Which means that the Self-esteem does not affected by the Memory satisfaction and distraction of attention of an individual. The reason might be the sample size is low or if the samples are chosen as school students then the significant relationship between these variables may occurs.

CONCLUSION

- In this study results shows that there is no relationship between all the three variables.
- In general, the students selected for the present study have a high level of Self-Esteem, Moderate level of Memory Satisfaction and High level of Distraction of Attention.

LIMITATIONS AND SUGGESTIONS

- The dimensions of Self-esteem and Memory scale are not considered.
- Comparative study can done between school and college students.
- Gender difference can also include.
- The study may get more effective when samples are taken as school students (SSLC & Hr. sec).Along with this study suicidal rates survey research can be included.

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RELIGIOUS COMMITMENT AND PSYCHOLOGICAL WELL-BEING

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ABSTRACT

The significance of a society can be judged from the place that it grants to women. Of the numerous features that rationalize the prominence of India's prehistoric culture, one of the greatest is the privileged position assigned to women. On the optimistic side women have made rapid step in all phase of modern life. But on the pessimistic side, Indian women experiences many disabilities and distresses both physically and mentally and also from social injustices. Consequently, it happens to be essential to focus on mental health of the women and ways to improve the well-being of the women. In the present years, there has been a growing interest of research in the field of religiosity and psychological well-being. Researchers have identified religiosity as one of the main means to enhance the psychological well-being. The present research aims to identify the relation between religious commitment and various aspects of psychological well-being among women college students in Coimbatore district. Self-esteem, Life satisfaction and Optimism are characterized as predictors of psychological well-being. The sample (N= 75) was taken from women college students studying at various educational institutions. The measures used were (a) The Religious Commitment Inventory by Worthington et al(b) Rosenberg Self-esteem inventory by Rosenberg.(c) Life satisfaction scale by Diener, Emmons, Larsen and Griffin.(d) The Life Orientation Test – Revised Lot-R by Scheier & Carver. The data was analyzed using appropriate statistical techniques and results shows that there is a strong relationship between religious commitment and the aspects of Psychological Well-being. The results were discussed and future recommendations were given.

KEYWORDS: *Religious commitment, Psychological Well-Being, Self-esteem, Life satisfaction, Optimism*

INTRODUCTION

The significance of a society can be judged from the place that it grants to women. Of the numerous features that rationalize the prominence of India's prehistoric culture, one of the greatest is the privileged position assigned to women. On the optimistic side women have made rapid step in all phase of modern life. But on the pessimistic side, Indian women experiences many disabilities and distresses both physically and mentally and also from social injustices. The reality of women's lives remains invisible to men and women alike and this invisibility persists at all levels beginning with the family to the nation. Although geographically men and women share the same space, they live in different worlds. Sprawling inequalities persist in their access to education, health care, physical and financial resources and opportunities in the political, economic, social and cultural spheres. The main discrimination lies in the area of health and well-being. In the present day, there is a considerable increase in psychological illness and the level of psychological well-being of women is getting poor. These psychological illnesses escorted with women's self-concept of personal growth and purpose of life, leads to lower level of psychological well-being. Consequently, it happens to be essential to focus on mental health of the women and ways to improve the well-being of the women. Researchers have identified religiosity as one of the main means to enhance psychological well-being. A number of research results show a positive relationship between religiosity and wellbeing, mental health, self-esteem(e.g. McCullough and Willoughby 2009; Powell et al. 2003). A significant correlation were found between Arabic scale of mental health, self-esteem, optimism and religiosity (positive) (Ahmed Abdel-Khalek&David Lester, 2013) and religious involvement is positively correlated with life satisfaction (Benson et al., 2006; Kelley & Miller, 2007). Even though research evidences supports the relationship which lies between religiosity and many facets of health and well-being, still there is a shortage of awareness prevails in the society, which leads to the scarcity in the inspection of religious and mental health among youngsters, especially women students. Accordingly, the intention of this research was to study the relationship between religiosity with psychological well-being in a sample of Women Students from different institutions in Coimbatore. In the present study, self-esteem, life satisfaction and optimism were taken as predictors of psychological well-being.

Religion refers to the outward worship, creeds, and theology, which reflect an understanding of God and the world (Ellens 2008).Recent researches show an increasing interest in the study of various aspects of religiosity particularly in psychology (Emmons &Paloutzian, 2003).As stated by Baetz, Griffin, Bowen, Koenig, & Marcoux (2004), results of many community studies show that religious involvement and commitment are moderately connected with better mental health. Based on these reviews, Religious commitment was taken as a predictor of religiosity.

After the investigation of abundant research studies on Religiosity and Psychological well-being, the present study aims at finding out the relationship between various aspects of psychological wellbeing and religiosity. In order to achieve the objective of the study, the following hypotheses were formulated with the help of the literature review. The major hypothesis H1 states that there will be significant relationship between Religious Commitment and Psychological wellbeing among Women Students. The first sub hypothesis H1.1 states that there will be significant relationship between self-esteem and religious commitment among Women College students. The second sub hypothesis H1.2 states that there will be significant relationship between life satisfaction and religious commitment among Women College students. The third sub hypothesis H1.3 states that there will be significant relationship between optimism and religious commitment among Women

College students. These hypotheses were verified using appropriate tools and various statistical techniques.

METHOD

Participants

A convenience sample of 75 (M_{age} = 20.71 years, age range: 19 to 35 years) female students were selected from different institutions in Coimbatore. All participants were asked to fill in the questionnaires separately on various occasions.

Materials and procedure

The study relied on the following sets of Independent measures such as,

Demographic Variables: The first component of the questionnaire included arrange of demographic questions about age, education, religion, and Institution.

The Religious Commitment Inventory (Worthington Et Al., 2003): This was developed by Worthington et al. (2003). It is used to assess the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living Thus, RCI-10 consists of a total of 10 items rated on a five point scale from 1 - Not at all true of me to 5 - totally true of me. For the purpose of this study only total full score was used. The reliability of the scale in the present study is found to be 0.916

Rosenberg Self Esteem Scale (Rosenberg 1965): This Likert-type scale consists of 10 items which are rated on a 4-point scale where the responses for each item range from 'Strongly disagree' to 'Strongly Agree'. In the present study average scores were used in all measures, so there was a need to avoid 0 values and therefore the value of 1 was assigned as the lowest rating.The reliability of this scale in the present study is found to be 0.839.

The Life Orientation Test – Revised Lot-R (Scheier&Carver, 1985): Optimism was measured with the Life Orientation Test developed by Scheier & Carver, in 1985. It is a 12 item scale scale that assesses dispositional optimism. Participants were asked about the extent to which they agreed with each statement on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).Cronbach's alpha was 0.76, and the test–retest reliability was .79 in other reports. Only the whole scale was used in the analysis because the major interest of the study was in the distinct pathways to optimism rather than to subscale of the construct. The reliability of this scale in the present study is found to be 0.782.

Satisfaction With Life Scale(Swls) Diener, Emmons, Larsen, And Griffin (1985) : Life satisfaction was assessed using a five-item scale developed byDiener, Emmons, Larsen, and Griffin (1985). Participants indicate the extent to which they agree with each statement on a 5-point scale ranging from *Strongly Disagree* (1) to *Strongly Agree* (5). High scores on this scale indicate greater life satisfaction and psychological well-being. The reliability of the scale in the present study is found to be 0.685

Procedure

The participants were given brief description about the research and asked to fill in the questionnaires individually with all the helpful information provided. Participants were assured that their responses will remain anonymous and that only the researchers would have access to their

data. They had the chance to fill them right away or hand them over later to administrator. Participants had the right to withdraw anytime.

Statistical tools

Data was analyzed using SPSS for scrutinizing scores on religious commitment, self-esteem, optimism and life satisfaction scales. Mean and SD were calculated. To understand the relation between self-esteem, optimism and life satisfaction and religious commitment among women college students, Pearson's bi-variate correlation was used.

Results

TABLE 1 MEAN AND STANDARD DEVIATION SCORES OF THE ENTIRE VARIABLE UNDER STUDY

	Mean	Std. Deviation
Religious Commitment	30.78	9.69
Self Esteem	29.76	5.32
Optimism	36.18	6.29
Life Satisfaction	25.72	5.08

Table 1 shows the Mean, Standard deviation and for the samples on the basis of variables used in the present study.

TABLE 2 CORRELATION FOR THE ENTIRE VARIABLES UNDER STUDY

	Self-Esteem	Optimism	Life Satisfaction
Optimism	.793**		
Life Satisfaction	.662**	.664**	
Religious Commitment	.644**	.687**	.557**

**** Correlation is significant at the 0.01 level**

The above table shows the Pearson correlation for Religious Commitment and Self Esteem scores of women college students. The value r =.644** shows that there is a clear positive correlation existing between the religious commitment and self-esteem at 0.01 level for women college students. The value r = .687** shows that there is a strong positive correlation existing between Religious Commitment and Optimism at 0.01 level for women college students. The value r = .557** shows that there is a significant positive relationship between Religious commitment and Life Satisfaction at 0.01 level for college girls. This result indicates that the present study confirms the relationship between the religious commitment and the various aspects of psychological well-being.

DISCUSSION

The intention of this research study was to investigate the relationship exists between religious commitment and various aspects of psychological well-being among women college students. Consequently the research examined four hypotheses concerning the intercorrelation among religious commitment and the various facets of psychological well-being such as self-esteem, optimism and life satisfaction. Relying with the hypotheses, the findings of the study indicates that the relationships do exist between religious commitment and in every measure of psychological well-being analyzed, which has possibly significant implications. As anticipated, the acquired scores are highly significant and positively correlated on the religious commitment and the

measures of psychological wellbeing. Regarding the first sub hypothesis on religious commitment and self-esteem, the results of the present study reveals that there do exist a highly significant relationship between both the variables. This is supported by the previous research done by Krause (1995) in which he found that self-esteem is highest among elderly people with the greatest amount of religious commitment and lowest among older adults with only modest levels of religiosity. Moreover self-worth inclines to be lowest for those with very religious commitment rather than those with moderate levels of religious commitment. In other Studies by Magdalena Błazek and Tomasz Besta during 2010 and Dogan, T., Totan, T., Sapma, F.(2013) gives positive relationship between Self-esteem and Religiosity which is proven by the present study as true for the sample of college girls. Thus the present study is proving the past researches carried out with the same variables. Thus the hypothesis H1.1 which states "There will be positive relationship between Self Esteem and Religious Commitment among Women Students"is accepted.

The result regarding the second sub hypothesis on religious commitment and optimism indicates that the present study confirms the positive relationship between the variables. The results found were in similarity with the past research study carried out by Abdel-Khalek& Lester, (2006), on the relationship between religiosity and optimism, a growing number of research studies indicate that religiosity is positively associated with optimism and negatively with pessimism. Dember (2002) found that Optimism is related to higher religious commitment. In accordance with the past researches which proves the positive correlation between religiosity and optimism the present study also provides its result supporting this trend. This result suggests that through developing religious practices optimism level of women can be improved. Thus the hypothesis H1.2 which states that "there will be positive relationship between Religious commitment and optimism among Women Students" was accepted.

With regard to the third hypothesis, a correlation analysis shows the strong positive relationship between Religious commitment and Life Satisfaction among women college students at 0.01 level. The finding of the present research verifies the study by Roemer (2009) which states that there exist a strong positive correlation between life satisfaction and happiness (SWB) and religious affiliation and devotion among non- Christian sample. Steger and Frazier (2005) conducted two studies and found that meaning in life mediated the relation between religiousness and life satisfaction as well as the relationship between religious behaviors and well-being. Authors concluded that ''religious individuals might feel greater well-being because they derive meaning in life from their religious feelings and activities''. Chaeyoon Lima and Robert D. Putnam (2010), the researchers suggest that religious people are more satisfied with their lives because they regularly attend religious services and build social networks in their congregations. This is similar to the findings of the present study. Thus the hypothesis H1.3 which states, "There will be positive relationship between religious commitment and Life satisfaction among Women Students "is accepted.

Accordingly, religious commitment was also significantly related to the various measures of psychological well-being. This serves as evidence for the past study done by ItaiIvtzan, Christine P. L. Chan, Hannah E. Gardner and Kiran Prashar during (2013) and Shobhna Joshi, ShilpaKumari and Madhu Jain (2008) in which a strong relationship between the variables of Religiosity and Psychological well-being were demonstrated. Thus the present study also proves the same for the sample of women college students. There found to be a strong relationship between various predictors of Psychological Well-being like Self-esteem, Life satisfaction and Optimism with religious commitment. As stated by Baetz, Griffin, Bowen, Koenig, &Marcoux (2004) and Koenig (1998), results of many community studies show that religious involvement and commitment are

moderately connected with better mental health. The findings of present study also confirm the results of the previous reviews. Thus the hypothesis H1 which states that "There will be significant relationship between Psychological wellbeing and Religiosity among Women Students" is accepted.

CONCLUSION

The current study examined the relationship between religiosity and Psychological health of Women College Students. The results provide some evidence for the notion that there is significant relation between their religious commitment and various aspects of psychological well-being which includes Self-esteem, optimism and satisfaction with life. Furthermore, the findings highlight the need for developing an intervention model surrounded by the Asian multicultural perspectives which brings in positive changes in the Psychological Well-being of Women in the society. Practical approach towards problem solving should be studied in order to bring fruitful changes in the society. However, the present study does have some limitations such as, it focus only on only positive constructs which were taken as predictors of psychological well-being. There are many other psychological problems which influence the psychological well-being of women. Such Negative aspects of psychological well-being were not taken while operational zing psychological well-being and generalization too is not possible as the sample size is low. Therefore, more sample from a divert population should be included in future studies.

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A STUDY ON ANXIETY, STRESS AND DEPRESSION IN RELATION TO FRIENDSHIP AMONG ADOLESCENT GIRLS

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ABSTRACT

"Some people go to priests. Others to poetry. I to my friends". This quotation by Virginia Woolfe would be the perfect way to start this study. "A faithful friend is the medicine of life.", a quote by Apocrypha is also apt for this study. Adolescents; the bright hope of the future are characterized by many physical, emotional and developmental changes. However, during this stage, some of adolescents, experience anxious feeling, overwhelming sense of fear, depression and academic stress. Today's school life develops anxieties, tensions, frustration and anger leading to a negative impact on the mental health of students. As a result more and more students are facing adjustment problems in every sphere of life- personal, social and emotional. The present study aims to analyze the Stress, Anxiety and Depression levels in relation to Friendship among Adolescence girls. For the present study, inventories, namely Depression, Anxiety, Stress Scale – 21(DASS-21) by Lovibond and Lovibond, 1995 and Dimensions of Friendship Scale (DFS) by Sunanda Chandna& N.K. Chadha (1986) were used to obtain data. A total of 300 Adolescents within the age range of 14-17 years in Coimbatore district were selected through quota sampling technique, and have been systematically arranged and analyzed. Pearson Correlation Coefficient statistical technique revealed enlightening findings that Friendship is negatively related to Stress and Anxiety and positively related to Depression.

KEYWORDS: *Stress, Anxiety, Depression, Friendship, Adolescent Girls*

INTRODUCTION

Adolescence is a time of substantial changes both physiologically and psychologically. It is also a period of time when individuals are particularly vulnerable to develop symptoms of anxiety, stress and depression.

With complexities increasing in life, youth as well as children are facing psychological problems such as anxiety, tension and emotional upsets in day to day life. Emotional pressure is increasing at an alarming rate leading to unrest and frustration which has a negative impact on the mental health. We, human beings are constantly striving to establish a satisfactory relationship with our environment through the process of adjustment in order to live happily and function effectively.

Everyone has friends – sometimes only one, while at other times, many. But one needs to ask himself/herself about the importance of friendship. What is the importance of friendship to a person? How does having a friend help us in our time of need, problems and sorrow? Would our friendships bring relaxation or tensions? Does friendship have effect on our emotional problems such as Anxiety, Stress and Depression?

Developing relationship especially friendship surely can lead to better mental health to make an effective living. People who have good friends, who know how to manage their feelings well and who can deal effectively with others' feelings are at an advantage in every domain of life.

REVIEW OF LITERATURE

Anxiety

Omotere Tope (2011) in a study titled "Age, Sex and Test Anxiety as a Predictor of Examination Malpractice among Secondary School Students" in Nigeria investigated Age, Sex and Test Anxiety as a predictor of Examination Malpractices among Secondary School Students using Ijebu-Ode Local Government Area of Ogun State as case study. Two hundred students (100 males and 100 females) were randomly selected from four secondary schools in Ijebu-Ode Local Government Area of Ogun State. The instrument utilized for the study was a questionnaire named "Questionnaire for Examination Malpractice among Students" (QMAS). The results showed that the combined factors of age, sex and test anxiety influences students' participation in examination malpractice.

Stress

Five stressors attained statistical significance in the regression model. When the sources of stress are cross checked, the study by García-Ros, and Luis (2012)showed that perceived stress was a generalized phenomenon in the first year of university studies, and that the highest levels are obtained in the areas of oral presentations, academic overload, lack of time, and taking exams. Their questionnaire evaluated four complimentary dimensions (academic obligations, academic record and future prospects, interpersonal difficulties, and expressing one's own ideas), with a significant relationship of reduced magnitude with academic performance, the female students presenting higher values on all of them. MazoZea and Yeison (2013) studied degrees of academic stress in university students and noticed that different educational environments have different stress levels. And the results predict high level of chronic stress due to the IEA situations that correspond to classroom intervention, mandatory home work, and writing an exam; being a female and 18, 23, and 25 years old were associated mostly to stress (Pozos-Radillo, & Garcia, 2014).

Depression

Hankin and Abramson (2002) found that high school girls had a more negative attributional style than boys, and this cognitive vulnerability mediated the gender difference in depression. The findings regarding gender difference and attributional style may reflect the different measures of attributional style used which vary widely in their reliability (Conley, Haines, Hilt &Metalsky, 2001).There are other maladaptive cognitive styles that have been associated with depression, including dysfunctional attitudes (which are negatively biased assumptions and beliefs regarding oneself, the world, and the future); and negative inferences about the self (e.g. we doom ourselves to failure before we even being in that situation); and consequences of negative events (Abramson,Metalsky, & Alloy, 1989).

Anxiety, stress and depression

Preeti, Singh and Kumar (2017) studied out "Study of Depression, Anxiety and Stress among School Going Adolescents" It is a cross sectional study, in which 200 adolescents were taken; equally boys and girls using purposive sampling. Assessment was done using Depression, Anxiety and Stress Scale-DASS (Hindi Version). The results indicated that the scores of students in all three domains of Depression, anxiety, and Stress scale were found to be remarkably correlated. It was seen that depression was significantly more among the female students than the male students. Overall findings suggest that these adolescents are at high risk of developing depression and anxiety disorder. Adolescents with stress need to be identified early and interventions to reduce academic stress needs to be provided which are likely to affect the occurrence and severity of depression and anxiety.

Friendship

According to Helgeson (1994) an interpersonal orientation leads women to develop strong social support networks that can buffer them against adversity. Some women cross a line from an interpersonal orientation to an excessive concern about their relationships with others, which leads them to silence their own wants and needs in favor of maintaining a positive emotional tone in the relationships, and to feel too responsible for the quality of the relationship. This leads these women to have less power and to obtain less benefit from relationships. Women do score higher than men on measures of excessive concern with relationships, and high scores on these measures have been correlated with depression. Similarly, studies on children and adolescents find that girls who have greater need for social approval, engage in more reassurance seeking, and have greater social-evaluative concerns and are more prone to develop symptoms of depression (Little & Garber, 2005; Rudolph & Conley, 2005). For example, Rudoph and Conley (2005) found that social evaluative concerns fully mediated the gender difference in depression among a group of adolescents.

Psychologists' emphasis of its psychodynamic aspects, the role of friends in the process of separation from one's parents is necessary to achieve a mature identity (Coleman, 1997). Friends also help to shape the ability to manage oneself and thus increase one's autonomy.

Need for the study

A study on this concept **"Anxiety, Stress and Depression in relation to Friendship among Adolescent Girls"** is very much relevant to this present situation because adolescent girls are facing a lot of emotional difficulties related to friendship. The researcher is of the opinion that disturbance or reduction in the level of friendship leads high emotional difficulties.

Findings suggest that girls with emotional problems especially early adolescents would tend to be anxious, depressive and stressed. Nowadays girls have peer problems such as not being able to make friends, having difficulty getting along with peers or being picked on by other girls.

Girls need to learn skills related to making friends and maintaining friendships, such as cooperation, sympathy and helping others. The absence of peer problems and the presence of positive relationships would enhance healthy emotions. As a student of psychology the researcher felt that she must do something to boost healthy friendship, so the researcher decided to motivate them to have a good peer relation with understanding and adjustments. Then later the researcher made it as a scientific study, to help the students who are having difficulties.

RESEARCH METHODS

Hypotheses

H1.There exists negative relationship between anxiety of adolescent girls and their friendship.

H2. There exists negative relationship between stress of adolescent girls and their friendship.

H3.There exists negative relationship between depression of adolescent girls and their friendship.

H4. There exists negative relationship between anxiety, stress, depression of adolescent girls and their friendship dimensions.

Research design

The present study has been conducted by employing descriptive survey method of research.

Sample

The sample size of the test was taken from 300 adolescent girls studying 10^{th} 11^{th} and 12^{th} in Coimbatore district. The respondents were selected at non-random/non-probability sampling design. The sampling used was quota sampling design conducted in three schools of Coimbatore district Metro Matric Higher Secondary School, Holy Angels Matric Higher Secondary School, Holy Cross Matric Higher Secondary School. Among three schools 100 girls were chosen for the research and among 500 were chosen for the study. The adolescents were very open and co-operative enough to answer the questions. The researcher met each respondent personally and distributed the set of questionnaire and explained the procedure to fill them up. The respondents took initiative to fulfill their responsibility with great interest

Tool for Data Collection

The researcher has used the following questionnaire to find out the facts regarding the anxiety stress and depression in relation to friendship of adolescent girls. It includes Depression Anxiety and Stress Scale- 21 and Dimensions of Friendship Scale.

Depression Anxiety Stress Scale – 21 (DASS-21)

This was designed to measure emotional distress in three sub categories (Lovibond and Lovibond, 1995) of depression (e.g. loss of self-esteem/incentives and depressed mood), anxiety (e.g. fear and anticipation of negative events) and stress (e.g. persistent state of over arousal and low frustration tolerance). It was a self-reporting questionnaire with 21 items (seven items for each category) based on a four-point rating scale. To calculate comparable scores with full DASS, each 7-item scale was multiplied by two. Items included, “I found it hard to wind down”, “I was aware of dryness of my month” and “I couldn’t seem to experience any positive feeling at all”. Participants were asked to

rate how many of each of the items applied to them over the past week, with "0 = did not apply to me at all" to "3 = applied to me very much, or most of the time". The higher the score the more severe the emotional distress.

Values between 0.40 and 0.74 were taken as an indication of good reliability,>0.40 as an indication of poor reliability. Anxiety Cronbach's α was 0.80; depression was 0.80; stress was 0.77; overall was 0.88.

Dimensions of Friendship Scale (DFS)

It was developed by Sunandha Chandna and N.K. Chadha in 1986. It comprised of eight dimensions: Enjoyment, Acceptance, Trust, Respect, Mutual Assistance, Confiding, Understanding and Spontaneity.

The reliability of the scale was established by the author by using (i) Test retest method and (ii) Split-half method. The test-retest reliability was found to be 0.78. The split-half reliability found out in the case of odd-even items was 0.72 andfor the first-second halves was 0.76. Both these reliabilities were significant whichindicated that the scale was highly consistent and reliable.

Scoring of the items:

Each item can have only one response 'Yes' or 'No'. Items measuring positive trait and responded as 'yes' were given a score of one, the negatively worded items were given a score zero for a 'yes'; response and a score of one for 'no' response. Therefore, the higher the score, the higher was the respondent on the particular dimension. The sum of all the scores gave the total friendship score. Higher scores reflected greater friendship.

Result

H1. There exists negative relationship between anxiety of adolescent girls and their friendship.

TABLE 1: THE COEFFICIENT OF CORRELATION BETWEEN ANXIETY AND FRIENDSHIP

Variables	Mean	SD	Pearson's coefficient of correlation	Significant value
Anxiety	3.8867	2.56823	-0.070	.228 NS
Friendship	44.6500	3.95131		

DISCUSSION

Table 1 shows that the coefficient of correlation between anxiety and friendship is -0.070. The calculated value of correlation is more than the table value at 0.05level of non-significance. Therefore, the relationship between anxiety and friendship is negative and non-significant. This means that high friendship leads to less anxiety.

H2. There exists negative relationship between stress of adolescent girls and their friendship.

TABLE 2: THE COEFFICIENT OF CORRELATION BETWEEN STRESS AND FRIENDSHIP

Variables	Mean	SD	Pearson's coefficient of correlation	Significant value
Stress	5.8800	3.47263	-0.064	.267 NS
Friendship	44.6500	3.95131		

DISCUSSION

Table 2 shows that the coefficient of correlation between stress and friendship is -0.064. The calculated value of correlation is more than the table value at 0.05 level of non-significance. Therefore, the relationship between stress and friendship is negative and non-significant. This means that high friendship leads to less stress.

H3. There exists negative relationship between depression of adolescent girls and their friendship.

TABLE 3: THE COEFFICIENT OF CORRELATION BETWEEN DEPRESSION AND FRIENDSHIP

Variables	Mean	SD	Pearson's coefficient of correlation	Significant value
Depression	3.1967	2.99911	0.041	.484 NS
Friendship	44.6500	3.95131		

DISCUSSION

Table 3 shows that the coefficient of correlation between depression and friendship is 0.041. The calculated value of correlation is more than the table value at 0.05 level of non- significance. Therefore, the relationship between depression and friendship is positive and non- significant. This means that high friendship leads to high depression.

H4There exists negative relationship between anxiety, stress, depression of adolescent girls and their friendship dimensions

TABLE 4: THE COEFFICIENT OF CORRELATION BETWEEN ANXIETY, STRESS, DEPRESSION AND FRIENDSHIP DIMENSIONS

Friendship dimension	Mean	SD	Anxiety	Significant value	Stress	Significant Value	Depression	Significant value
Enjoyment	5.4667	.77301	-.076	.189	-.044	.449	-.100	.083
Acceptance	5.6900	1.24864	.070	.224	.014	.812	.099	.086
Trust	5.6633	1.24169	.026	.657	-.066	.254	.091	.117
Respect	5.4200	.97301	-.141*	.014	.022	.706	-.032	.583
Mutual Assistance	6.3767	1.07329	.014	.805	-.087	.131	.002	.975
Confiding	6.7867	1.24619	-.210**	.000	-.021	.722	-.029	.617
Understanding	5.4500	1.20790	.000	.996	-.121*	.036	.086	.136
Spontaneity	3.7967	.87054	.054	.351	.103	.076	-.044	.452

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is significant at the 0.01 level (2- tailed)

DISCUSSION

Healthy friendships are a major factor in our lives, that lead to our well being and better lives. Especially, in adolescence, The presence of friendships definitely lead to better and wholesome lives. Anxiety, Stress and Depression are such factors that cause great emotional distress in a youngster's life. Such factors create obstacles to the process of growth and development. This study shows that presence of good friendships lead to less anxiety, stress and depression in our lives. At the same time, Adolescence is a period of great storm and stress that cause huge emotional upheavals; hence friendships being present alone do not guarantee absence of Anxiety, Stress and Depression. Sometimes, as seen in the case of Depression, The presence of friends itself had a weak but positive correlation to Depression, paving the road for further in depth study in the area.

Suggestions for further study

- A similar study can be done with students of higher age group.
- A study of stress, anxiety and depression in relation to school environment can be conducted.
- A study of stress, anxiety and depression in relation to social environment can be done.
- A comparative study of stress, anxiety and depression of students of male and female can be done.

CONCLUSION

Thus, friendship alone is not cause for Anxiety, stress, depression but other factors also contribute for emotional disturbance. In fact, the study shows that friendship helps to reduce the tensions and make the adolescents move on in their life. The healthy friendship helps the adolescents to reduce the anxiety, stress and depression caused by other factors and situations like family and school.

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"TEACHING ACTION WORDS TO CHILDREN WITH HEARING IMPAIRMENT – INDIVIDUAL CASE"

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ABSTRACT

A purposive case analysis method was adapted to analysis the case to find their performance in teaching learning process while through proper positive intervention with the help of different modes and materials. The investigator conducted the study in "Avinashilingam Early Intervention Unit" located in TVS at Coimbatore District. From early intervention unit investigator selected a sample (Hearing Impaired Student) age 5. The experiment method was adapted and it was used to record the entry behaviour (pre test) and exit behaviour (post test) of an individual. The study was planned to conduct in four phases. The result revealed that the children with hearing impairment facing more challengers in early stages of life for the purpose of learning action words incase if we provide proper positive intervention to particular task defiantly the child can use that opportunity and overcome the issues.

KEYWORDS: *Hearing Impairment, Challengers, Teaching, Learning, Modes of Communication*

INTRODUCTION

"Respect the verbs in your life. Life is a verb. Live is a verb. Live Life. Action verbs bring life to writing.

Jerriann Wayahowl Law

"We speak because we hear, and we speak what we hear" **(Flexer 1999**). Normally hearing infants born with the capability of learning to produce sounds of any spoken language in the world. A child with normal hearing learns to speak by listening to the speech and language stimulation provided in his environment and modeling his own utterances in orderly sequence as he grows. The average child will have achieved basic competency in his or her primary language by the age of about three and half years. The child with hearing loss runs the risk of failing to learn language at the normal time. The hearing impaired children have deficit in vocabulary depending upon the degree of hearing loss while general vocabulary knowledge increases the gap between children with normal hearing and children with hearing loss. Children with hearing loss do not learn as much incidental vocabulary as do children with normal hearing. Hearing impairment affects the acquisition of grammatical rules for use in comprehension and expression of spoken language.

Due to loss of hearing sense, the child vocabulary is limited since if the child receives **3 E's (i.e., Environment, Experience, and Exposure**) in their life which is not used in a proper way because they are protected by their parents and the environment.

STATEMENT OF THE PROBLEM

The goal of inclusive growth and sustainable development of person with disabilities is to provide an environment that supports the independent functioning of individuals with disabilities so that they can participate without assistance, in everyday activities. Children with hearing impairment face a number of challenges that other students do not face. Due to the hearing problem some of these students require highly specialized equipment and individual based in-service to help them learn effectively. So the researcher wants to analyze "**Teaching Action words to Children with Hearing Impairment – Individual Case"**

REVIEW OF LITERATURE

Unawareness and frustration leads a child to hinder in their performance of speech and language. Due to that reason the child may not aware about prepositions, adjectives, verbs, tenses etc., in the form of language. All sub-topics (prepositions, nouns) in grammar in their regional language (tamil) can be taught using real objects or any things but action words (verbs) is fundamental for all. A verb indicates the time of an action, event or condition by changing its form. Through the use of a sequence of tense in a sentence or in a paragraph, it is possible to indicate the complex temporal relationship of actions, events, and conditions.

But it is not considered as important and no one taking steps to teach them in initial stages, Learning to read has been found to be a difficult process for many young children with hearing loss, and there have been many research reports over the past 80 years showing that a large percentage of children with hearing loss typically read at significantly lower levels than their hearing peers (**McAnally, Rose, & Quigley, 1999**). In fact, the average reading level for a deaf American high school graduate has been reported as being at a third- or fourth-grade level (**Paul, 1998; 2001).** Furthermore, actual engagement in reading has been shown to be problematic (**Ewoldt, 1986; Limbrick, McNaughton, & Clay, 1992; McAnally et al., 1999).**

Various interactive models have been proposed which all see reading as a constructive cognitive process with the reader as an active participant in the act of reading. All recognize that readers bring to the task of reading their prior knowledge and that readers develop and apply a large repertoire of processing strategies (**McAnally et al., 1999).** Many children with hearing loss face particular challenges when learning to read and write since their prior knowledge has been limited by their hearing loss. It has been shown that children with hearing loss are generally learning how to read and write a language that they may not have yet mastered orally or in any other mode of communication. **Paul and Quigley (1990**) argued that most children with hearing loss have not developed an internal representation of English and cannot express their thoughts in English as a primary mode.

Indeed, learning to read and write for children with hearing loss can be seen as tantamount to learning the language itself (**Mayer, 1998**). Consequently children with hearing loss may not have a store of background experiences that are linked to language, owing to a lack of communication between the child, the family, and other people. Without this link they have difficulty connecting their experiences to printed words **(Mayer & Wells, 1996; McAnally et al., 1999; Paul & Quigley, 1994; Watson, 1999).** They may have a limited language base for reading and have not yet developed the ability to link information from language to their schemas or to use inferring skills and figurative-language abilities to the same extent as hearing children **(Paul, 2002; Paul & Quigley, 1990, 1994; Zaitseva, Pursglove, & Gregory, 2000).** For this reason, contexts that facilitate language acquisition of young children with hearing loss as they learn to read and write are important **(Larney, 2001; Nittrouer&Thuente Burton, 2003)**

The vocabularies of deaf students and the rate of acquisition of new words have been found to be far below those of their normally hearing peers **(Anderson &Freebody, 1985; LaSasso& Davey, 1987; Paul, 1984; Paul& O'Rourke, 1988)**. In relation to their use of context cues, many hearing impaired students are caught in a vicious circle, Their impoverished vocabularies limit their reading comprehension. The poor reading strategies skills limit their ability to acquire adequate vocabulary knowledge from context **DeVilliers & Pomerantz (1992). Marschark (1993**) proposed that the extra cognitive demands placed on children with hearing loss at the word recognition level contribute to difficulties they may have in using context cues which otherwise would aid in syntactic processing. Writing has been found to assist hearing children with learning to read, but for many children with hearing loss, learning to write is difficult.

NEED FOR THE STUDY

The students with hearing impairment faces many problems in daily life specifically in communication, to overcome difficulties in language verbs i.e., action words need to be taught to hearing impaired students to lead an independent life.

- Teaching of verbs is not easy as teaching nouns, prepositions, adjectives etc., Nouns and other sub- topics in grammar can teach through objects, things etc., but verbs cannot teach like others.
- Each and every sentence is based on verbs. From that only words differentiated as past, present and future.
- There is no opportunity will be provided for them to learn language at an earlier stage which is a needed one so I selected action words to develop language of a child.

Objectives

The major objectives of the study are to:

- To study the case.
- To teach the basic verbs (action words) which are used in day to day activities?
- To assess the ability.

Limitations

- This study is limited to the sample collection because adopting purposive sampling method.
- The study is limited because it is carried for a single case.

METHOD

Selection of the Sample

A purposive sampling technique was adopted to select the hearing impaired students enrolled in Special school at Coimbatore district. The investigator conducted the study in "Avinashilingam early intervention unit" located in TVS at Coimbatore district. From early intervention unit investigator selected a sample (hearing impaired student) age 5.

Selection of Method

To evaluate the child performance in knowing the action words. Case study method was adopted.

Selection of the Tool

The investigator used case study to find out the background information of the Child. Another tool consists of a checklist which mainly emphasizes on action words that were in regional language (Tamil). The checklist was used by the investigator to find out the performance of the hearing impaired child in the selected area i.e., action words. The tool was used to record the entry behaviour (pre test) and exit behaviour (post test) of an individual.

Description of the Tool

The tool was constructed in the following sections:

Section 1: Deals with the personal details and background of the child.

Section 2: Action words includes checklist consist of 20 (Daily activities based).

Training Package

The package consists of 20 action words in the child regional language .the action words are taught through different modes of communication with flash cards which represent the pictures of those words. It makes clear to the child about the word in printed form and action.

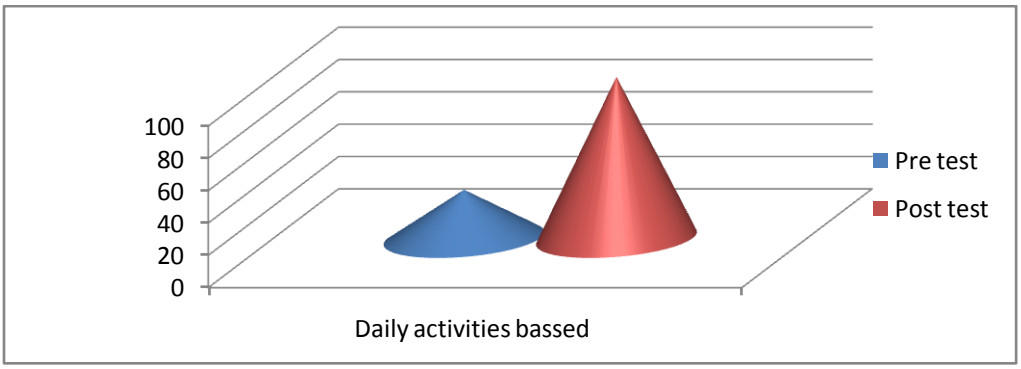
RESULT AND DISCUSSION

It is clear that the performance of the hearing impaired student in action words which are used in the area of daily activities is 30% in pre test. After the proper intervention through various modes, the student achieved 100% score. It means that **"the positive intervention is more important based on the need and mode of the child".**

In the Pre test, the child is assessed to know the level of performance in Daily activities based action words. The child able to answer only three words, though the child knows the action, the graphical representation of the word and pronunciation is not aware by the child. It is because the

lack of exposure towards the verbal communication and graphical representation of the action words used in our daily life. Due to that reason, the child is not performed well in pre-test. After the proper intervention through total communication mode the child performed well in Post test. Though the child is interested, but the exposure is not provided at the earlier stage to develop his vocabulary.

TABLE 1: COMPARISON OF PRE TEST AND POST TEST IN DAILY ACTIVITY BASED ACTION WORDS



CONCLUSION

Nowadays, educating the children with the hearing impairment is the challenging job for the special educators. Because the literacy skill of the hearing impaired is inadequate. **Asmita huddar & Varsha Gathoo (2006)** The children with moderate to severe loss of hearing may pick up the small number of words and speak her through simple, but mostly grammatically incorrect sentence. But children with severe to profound loss, who are born deaf or have become deaf in very early childhood, do not acquire most of the language and speech that they heard continuously as repeated flow of language. They are not exposed to the enormous amount of language simulation experience by hearing children during the early years. **Paul (1992)** has noted that , **if the language exposure provided in natural way, then the language will automatically play its role in cognitive development. Hence use of sign language as a first language is supposed to have cognitive justification.** Present day educational program has required many adaptation and more different option which are capable of carrying out the overall development of the children with hearing impaired.

It can be concluded that the educational needs for all children are unique. Teachers without specific training in the area of hearing impaired they may not be to teach effectively, especially to teach the action verbs. This case study further concluded that teaching of action words in the area of daily activity based to hearing impaired students has improved their vocabulary and also improved their day to day activity.

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ENHANCING THE INTRAPERSONAL AND INTERPERSONAL SKILLS AMONG RURAL SCHOOL STUDENTS THROUGH SOCIAL LEARNING INTERVENTION

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ABSTRACT

In the development of rural youth's life skills, psychology has vital role to play. Hence this study examined the social learning intervention to improve the intrapersonal and interpersonal emotional competency among rural school students. Ability to identify, understand, regulate, express and use one's own and others emotions is the vital part of individual academic and work place performances (Jaege, 2003). 50 students from 11th grade participated in this study. Purposive sampling method was used to select the sample. Single group Pre, post and follow up research design were used. The study consists of four phases 1) pre-test phase 2) Intervention phase (social leaning intervention) 3) Post-test phase and 4) follow up Phase. 12 sessions of social learning intervention was conducted for 3 months. Mean, SD, ANOVA, Post hoc tests were used to analyze the data. Results show that students' intrapersonal and interpersonal emotional competency significantly improved.

KEYWORDS: *Individual, Intrapersonal, Competency*

INTRODUCTION

Throughout the world many small countries have developed in many aspects in terms of economics, sports, science and education. India is the second largest populated country in the world but struggling to compete with other nations. The participation of the youth in national development is crucial. Concentration on rural youth development is the important part in the process of getting them into the mainstream of the international society (Vatankhah, 2013). Solution is required for making them internationally competent individuals. Apart from the normal classroom teaching method, additional techniques should be included to the development of school students. In rural youth development many stake holders need to play their respective roles, most importantly Psychologist must contribute lot to the educational system of our country. Identifying solution to rural youth development by the current study contributes by examining the social learning intervention for rural school students to develop their interpersonal and intrapersonal emotional competency. Social learning is the major factor in students skills development, skilled adult guidance is crucial in skill acquisition for adolescents (Bandura, 1989., Vygotsky, 1978., & Spence, 1995). According to Velayudhan and Palanisamy (2015) rural students believe that mere degree from the college will help them to get into a job as well as they give very less importance for life skills development.

Emotional Competency

Emotional competency development is important for individual's success. Ability to identify, understand, regulate, express and use one's own and others emotions is the vital part of individual academic and work place performances (Jaege, 2003). High emotional competency improved the students' prosocial behavior. Emotional competency was the major predicting factor of success than IQ (Mayer, 2000). In the work place how employees emotionally handles a situation is more critical in determining the outcome of the situation. Individuals with high emotional competency know how to regulate their anger or anxiety and it enhances success on the job and life (O'brien, 1996). Emotional competency provides the method to develop people's skills which are considered important in students' careers. In addition to these, emotional competency is a major factor for prediction of effective leadership (Mishra, 2001). Emotional competency is believed to cover a various social and cognitive functions connected to the expression of emotion (Schutte et al., 1998). Emotional competency makes individual to process effectively their attention to feelings, clarity of feelings, discriminate feelings, and mood-regulating strategies (Mayer & Salovey, 1993). According to Goleman (1995) cognitive intelligence may help some individuals for entry into a particular field and emotional intelligence may serve a vital role in determining how successful they will be after entering the field. The ability to perceive emotions such as anger, disgust, fear, sadness, and so forth in other people is a fundamental part of social life. Without this ability, people lack empathy for loved ones, make poor social judgments in the boardroom and classroom. (Lindquist, Gendron, Barrett, & Dickerson, 2014). The ability to perceive emotions is the most fundamental ability in the four hierarchically interrelated abilities of perceiving, using, understanding, and regulating emotions in the self and others (Joseph & Newman, 2010). The mounting evidence shows that intrapersonal and interpersonal emotional competency is the major predicting factor of individuals' success in education and career. On the other hand naturally a question is arising that what is the method that is suitable to develop the intrapersonal and interpersonal emotional competency, in the process to find out the answer to this question this study

examined the social learning intervention for intrapersonal and interpersonal emotional competency development among rural school students.

Social Learning on Emotional Competency

Individual's immediate social context influences his emotional competency development. Lack of modeling and reinforcement from others will lead to the low emotional competence (Spence, 1995). The individuals' immediate social context is playing vital role in intrapersonal and interpersonal emotional competency therefore this study employed the following social learning techniques which are modeling, role playing, reinforcement, and feedback in the intervention. Video modeling improved the students emotional competences that includes peer interaction, increased on-task behavior, and decreasing inappropriate behavior (Bake, 2009). Training with social learning techniques include role play, feedback, and instructions significantly improved the students' ability of perceive emotions in others, 10 session of intervention took place as 1 session per week each session lasted 2 hours (Sarah, 2016). Role play and video modeling techniques has improved the adolescent's emotional learning and empathy with those who are from different culture (Lim, 2011).

METHOD

Objective

To find out the effectiveness of social learning intervention on intrapersonal and interpersonal emotional competency development among rural school students.

Sample

11^{th} grade rural students were selected from the Government Higher Secondary School located in rural area of Coimbatore district in Tamil Nadu, 50 students participated. The purposive sampling method was used to select the sample. Purpose of the research was explained to the school principal and parents.

Hypotheses

1. Rural students' intrapersonal emotional competency skill was improved after the social learning intervention.
2. Rural students' interpersonal emotional competency was significantly improved after the social learning intervention.

Inclusion criteria

- First generation school students
- Students from poverty and below poverty line
- Students from Scheduled caste (SC) and Scheduled tribe (ST) Other backward Class (OBC).
- Students from rural area and hills station.
- Government school students

Exclusion criteria

- Those who have studied in private schools prior to the current school
- Students from above poverty line
- Students of the educated parents
- Students already had exposure with similar Training programs.

Tools Used

The Short Profile of Emotional Competence (S-PEC) developed by Mikolajczak, Brasseur, Hauwel (2014) was used to collect the data in pre-test, post-test and follow up test. The questionnaire consists with 20 items, 10 for each intrapersonal and interpersonal dimension. Participants can respond the items by using five point Likert's scale (never to very often).

Social Learning Intervention

The intervention of this study developed based on the social learning theory. Bandura (1989) proposed the model called reciprocal determinism. In this model behavior, cognition and other personal factors, and environmental influences all operate as interacting determinants that influence each other bidirectionally. The intervention phase includes 12 sessions, one session per week and each session lasted for 2 hours. The modeling video graphs were shown in the initial stage of the intervention with the theme of emotional competency. In the video modeling shows the scene of how to perceive the ones own emotional state and as well as perceiving the others emotional state. Followed by the video modeling students performed the role play activity under the supervision of the facilitator in it students performed the situation in which understanding, identifying, regulating, using one's own emotion and others emotion technique took place. Participants were separated as four teams for role play session. After the role play session individual feedback was given to the participants by the facilitator as well as from the peer group. Reinforcement was also given by the facilitator and peer group to the participants for their performance on understanding others emotions.

RESEARCH DESIGN

Single group Pre-test, Post-test, and follow up experimental method was used to identify the effectiveness of the social learning intervention.

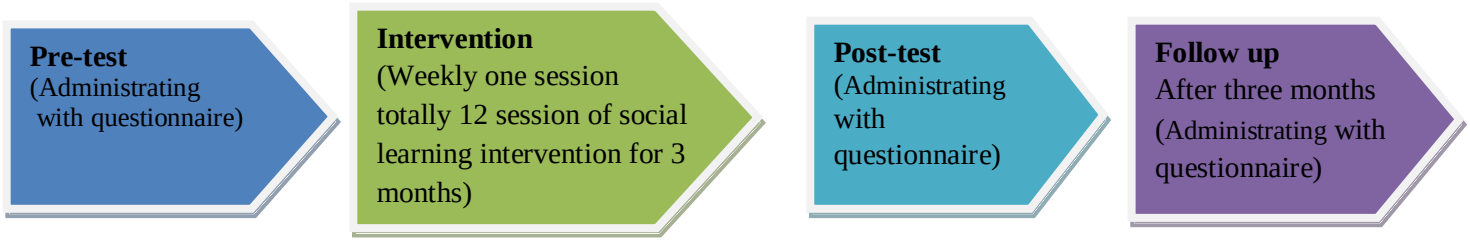

Figure 1 shows the four phases of the study

Statistics

Mean, SD, ANOVA, Post hoc tests were used to analyze the data. SPSS 16 software was used to process the data.

RESULTS AND DISCUSSION

TABLE 1 MEAN AND SD OF PRE-TEST, POST-TEST AND FOLLOW-UP IN INTRAPERSONAL EMOTIONAL COMPETENCY

Intrapersonal Emotional competency		N	Pre-test		Post-test		Follow Up	
			Mean	SD	Mean	SD	Mean	SD
	Identification self	50	3.79	.88	4.24	.67	4.55	.49
	Understanding self	50	2.94	.97	3.94	.83	4.08	.65
	Expression Self	50	3.14	1.13	4.03	.88	4.41	.72
	Regulation Self	50	3.40	1.00	4.51	.51	4.82	.28
	Use Self	50	3.26	1.05	4.10	.78	4.09	.67

TABLE 2 F VALUE FOR PRE-TEST, POST-TEST AND FOLLOW-UP IN INTRAPERSONAL EMOTIONAL COMPETENCY AMONG THE RURAL ADOLESCENTS

Source of variation	Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Within group variance	Identification Self	14.60	1.78	8.18	20.31	.000
	Understanding Self	38.91	1.69	23.01	37.76	.000
	Expression Self	42.49	1.69	25.08	34.98	.000
	Regulation Self	55.74	1.40	39.59	71.71	.000
	Use self	23.24	1.88	12.35	26.32	.000

TABLE 3 POST-HOC TEST FOR PRE-TEST, POST-TEST AND FOLLOW UP IN INTRAPERSONAL EMOTIONAL COMPETENCY AMONG THE RURAL ADOLESCENTS

Intrapersonal skills	Phase(I)	Phase(J)	MD	Sig
Identification Self	Pre-test	Post-test	0.45	**
		Follow-up	0.76	**
	Post-test	Follow-up	0.31	**
Understanding Self	Pre-test	Post-test	1.00	**
		Follow-up	1.14	**
	Post-test	Follow-up	0.14	NS
Expression Self	Pre-test	Post-test	.89	**
		Follow-up	1.27	**
	Post-test	Follow-up	.38	**
Regulation Self	Pre-test	Post-test	1.11	**
		Follow-up	1.42	**
	Post-test	Follow-up	.31	**
Use self	Pre-test	Post-test	.84	**
		Follow-up	.83	**
	Post-test	Follow-up	.01	NS

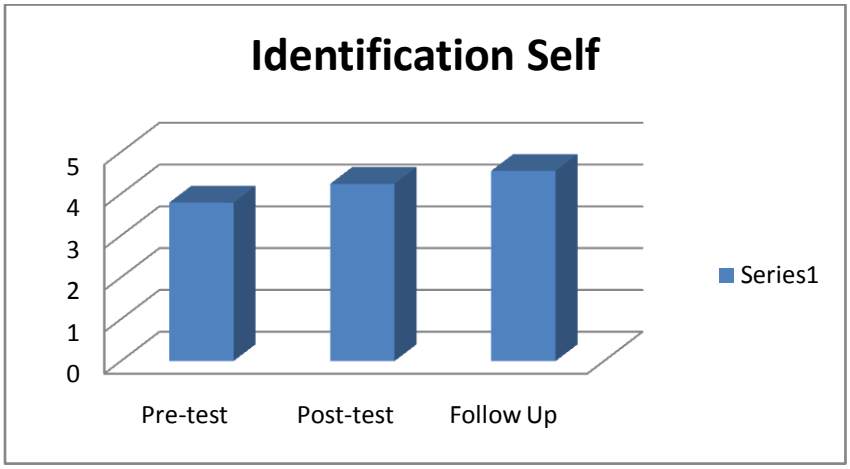

Figure 2 shows the level of Identification self skills of the rural students in pre-test, post test and follow up.

Table 3 shows the post-hoc analysis results of intrapersonal emotional competency skills of rural adolescents. In identification self dimension pre-test and post-test was significantly different (MD=.45, p=.000). Similarly pre-test and Follow up test found to show significant difference (MD=.76, p=.000). Difference between post-test and follow up test also found to be significant (MD=.31, p=.000). Results indicated that self-identification dimension has significantly improved after the social learning intervention. Self-identification skills can help them to be aware of the emotional changes in different situations.

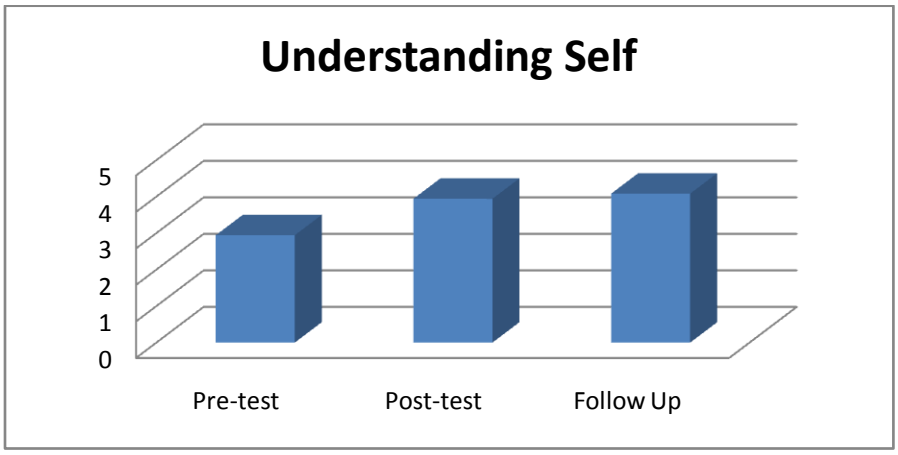

Figure 3 shows the level of understanding self of the rural students in pre-test, Post test and follow up.

Table 3 shows the significant difference between the pre-test and post-test (MD=1.00, p=.000) in understanding self dimension. Similarly difference between the pre-test and follow up test was found to be significant (MD=1.14, p=.000). Difference between the post-test and follow up test was not significant (MD=.14, p=.000). The results show that social learning intervention effectively improved the understanding of self dimension.

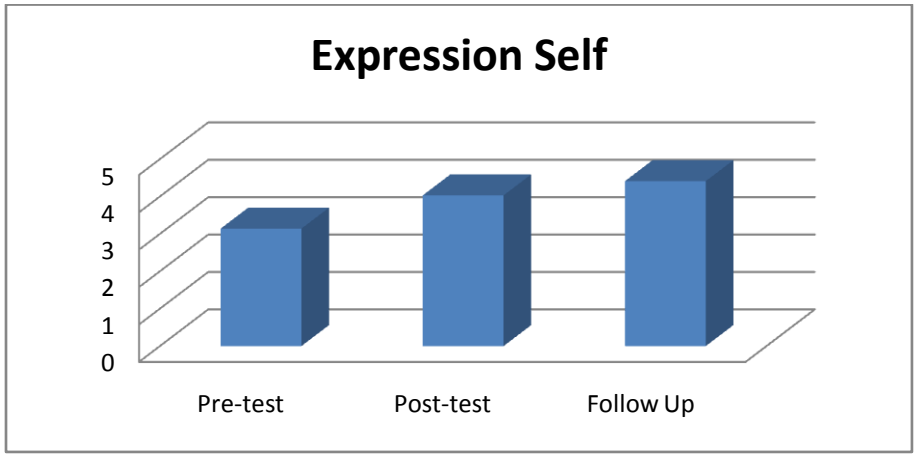

Figure 4 shows the level of Expression self skills of the rural students in pre-test, Post test and follow up.

Table 3 indicated that difference between the pre-test and post-test was found to be significant (MD=.89, p=.000) in Expression self dimension. Likewise difference between the pre-test and Follow up test also found to be significant (MD=1.27, p=.000). Difference between the post-test and follow up also was found to be significant (MD=.38, p=.000). After the social learning intervention rural adolescent students expression self dimension improved and it shows that they have acquired the skills to express their emotion in socially acceptable manner from social learning intervention. During the intervention role play was done by the participants with facilitator's support regarding how to express oneself before others in acceptable way, after that necessary feedback were given to the participants from the others point of view.

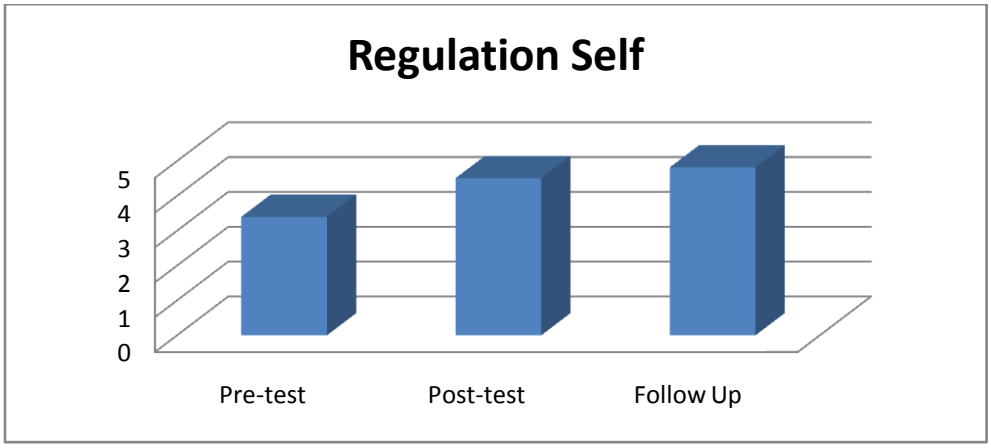

Figure 5 shows the level of regulation self skills of the rural students in pre-test, Post test and follow up.

Table 3 shows significant difference in regulation self dimension during the pre-test and post-test results (MD=1.11, p=.000). Similarly difference between the pre-test and follow up test was found to be significant (MD=1.42, p=.000). Likewise difference between the post-test and follow up test results was also found to show significant difference (MD=.31, p=.000).

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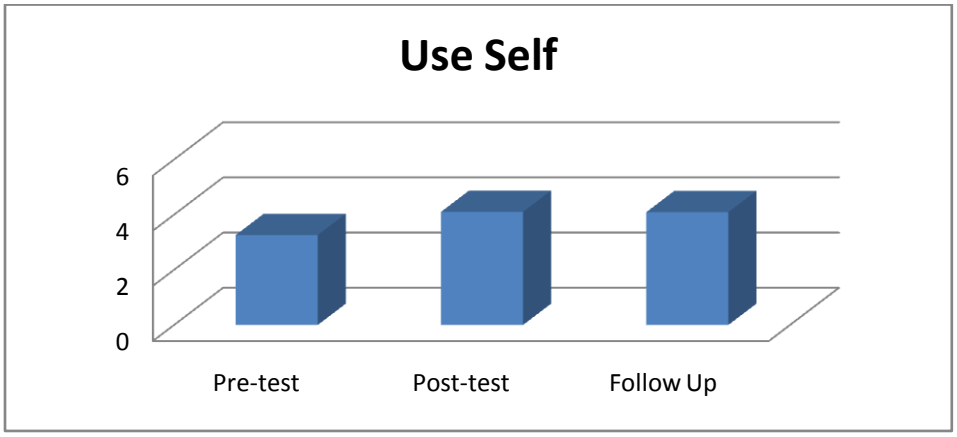

Figure 6 shows the level of Use self dimension among the rural students in pre-test, Post test and follow up.

In table 3 difference between the pre-test and post-test on use self dimension was found to be significant (MD=.84, p=.000). Similarly difference between the pre-test and follow up test found to be significant (MD=.83, p=.000). On the other hand difference between the post-test and follow up test was not significant (MD=.01. p=.000). The results revealed that the self skill improved after social learning intervention particularly comparison between pre-test, post-test and pre-test, follow up results shows significant difference. There is no significant improvement was found between post-test and follow up.

TABLE 4 MEAN AND SD OF PRE-TEST, POST-TEST AND FOLLOW-UP IN INTERPERSONAL EMOTIONAL COMPETENCY

		N	Mean	SD	Mean	SD	Mean	SD
Interpersonal Emotional competency	Identifying Others	50	2.56	.98	3.81	.80	3.76	.70
	Understanding others	50	3.48	1.05	4.30	.62	4.23	.67
	Listening others	50	2.94	1.04	3.88	.68	3.77	.66
	Regulation other	50	3.23	.97	3.98	.63	4.14	.58
	Use others	50	2.94	.95	4.00	.63	4.46	.51

TABLE 5 F VALUES FOR PRE-TEST, POST-TEST AND FOLLOW UP IN INTERPERSONAL EMOTIONAL COMPETENCY AMONG THE RURAL ADOLESCENTS.

Source of variation	Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Within group variance	Identifying Others	50.083	1.870	26.786	42.991	.000
	Understanding Others	20.663	1.459	14.159	16.286	.000
	Listening Others	26.410	1.547	17.075	21.300	.000
	Regulation Others	23.603	1.777	13.283	21.525	.000
	Use Others	60.760	1.470	41.346	62.802	.000

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TABLE 6 POST-HOC TEST FOR PRE-TEST, POST-TEST AND FOLLOW UP PHASES IN INTERPERSONAL EMOTIONAL COMPETENCY AMONG THE RURAL ADOLESCENTS

Interpersonal skills	Phase(I)	Phase(J)	MD	Sig
Identifying Others	Pre-test	Post-test	1.25	**
		Follow-up	1.20	**
	Post-test	Follow-up	.05	NS
Understanding Others	Pre-test	Post-test	.82	**
		Follow-up	.75	**
	Post-test	Follow-up	.07	NS
Listening Others	Pre-test	Post-test	.94	**
		Follow-up	.83	**
	Post-test	Follow-up	.11	NS
Regulation Others	Pre-test	Post-test	-.75*	**
		Follow-up	-.91*	**
	Post-test	Follow-up	-.16	NS
Use Others	Pre-test	Post-test	-1.06*	**
		Follow-up	-1.52*	**
	Post-test	Follow-up	-.46*	**

In table 6 post-hoc analyses shows the difference in interpersonal emotional competency skills of rural students between pretest, posttest and follow up test. Interpersonal emotional competency skills contain the following dimensions identifying others, understanding others, listening others, regulation others, use others.

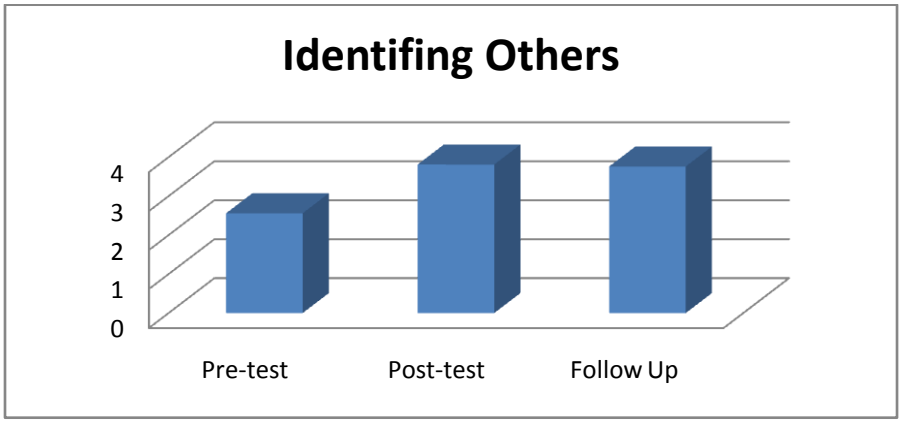

Figure 7 shows the level of dimension of identifying others among the rural students in pre-test, post test and follow up.

Table 6 shows the difference between the pre-test and post-test found to be significant (MD=1.25, p=.000) in identifying others dimension. Similarly difference between the pre-test and follow up test was found to be significant (MD=1.20, p=.000). after the social learning intervention rural students skill for identifying others emotional state is improved but there is no significant difference between the post-test and follow up test (MD=.05, p=NS).

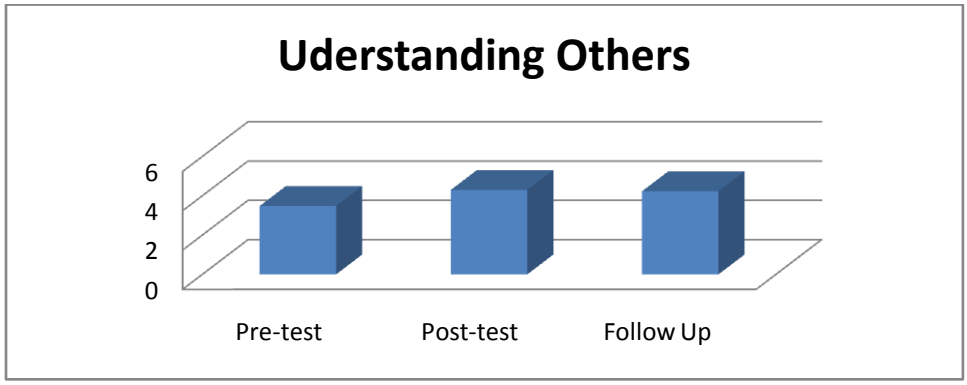

Figure 8 shows the level of dimension of understanding others among the rural students in pre-test, post test and follow up.

In understanding others dimension there was a significant difference between the pre-test and post-test (MD=.82, p=.000). Likewise difference between pre-test and follow up test was found to be significant (MD=.75, p=.000). There was no improvement in understanding others dimension among the rural students after the post-test because results show that no significant difference between the post-test and follow up test (MD=.07, p=NS).

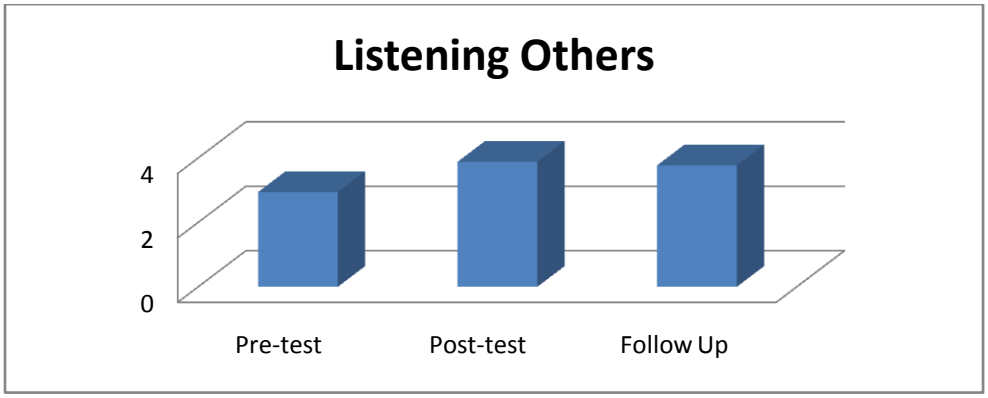

Figure 9 shows the level of dimension of listening others among the rural students in pre-test, post test and follow up.

Difference between the pre-test and post-test was found to be significant (MD=.94, p=.000) in listening others dimension. Similarly difference between the pre-test and follow up test was also found to be significant (MD=.83, p=.000). There is no significant difference between the post-test and follow up (MD.11, p=NS). Results revealed that after the post test the level of the skill to listening to others did not get improved.

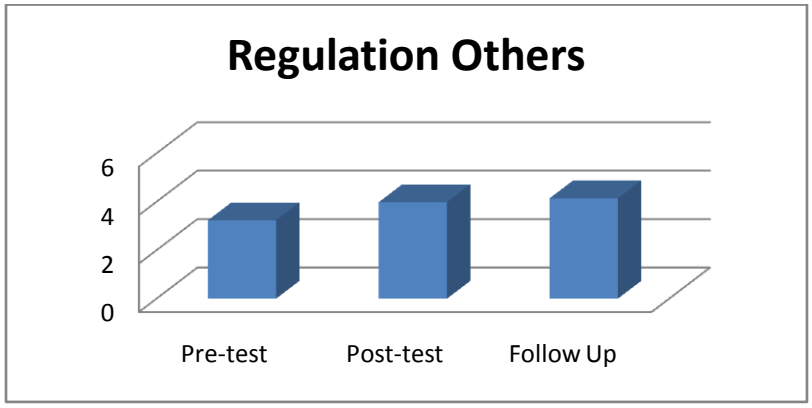

Figure 10 shows the level of dimension of regualtion others among the rural students in pre-test, post test and follow up.

In table 6 the difference between pre-test and post-test was found to be significant (MD=.75, p=.000) in regulation others dimension. Similarly difference between the pre-test and follow up test also was found to be significant (MD=.91, p.000). Difference between post-test and follow up was not found to be significant (MD=.16, p=NS).

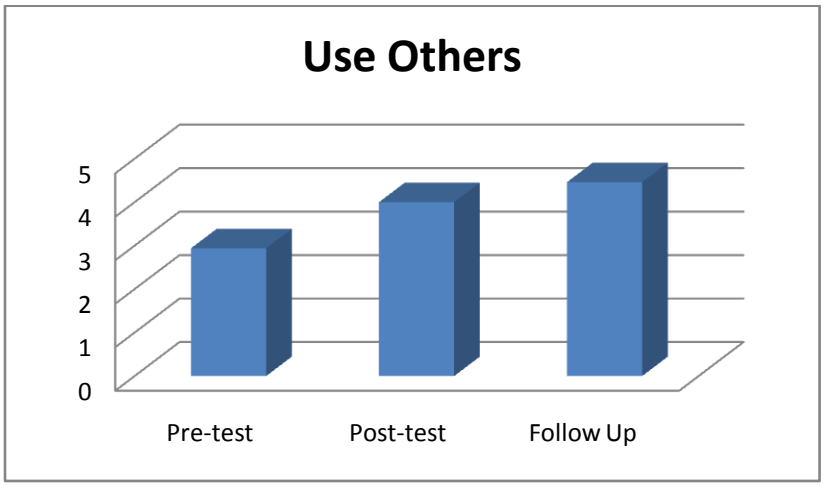

Figure 11 shows the level of dimension of use others among the rural students in pre-test, post test and follow up.

Table 6 shows that difference between pre-test and follow up test was found to be significant (MD=1.06, p=.000) in use others dimension. Likewise difference between the pre-test and follow up test also was found to be significant (MD=1.52, p=.000). In interpersonal emotional competency dimension difference between post-test and follow up test was found to be significant (MD=46, P=.000).

On the whole the result of post-hoc analyses in table 6 revealed that effectiveness of social learning intervention was highly helpful to improve the interpersonal emotional competency skills among the rural students. Social learning intervention helped rural adolescents to improve their interpersonal skills and intrapersonal skills. During the intervention, modeling about the techniques of interpersonal emotional competency development videos was shown to the participants. In the role playing sessions participants performed like how an individual can use, understand, regulate, manage the emotions in various situations also in the role playing situation students were performed

with the theme of how to use others emotion, understanding others emotion, and regulating other emotions. After the role playing session facilitator gives the feedback to the participants with theoretical concepts of the emotional intelligence. The audiences also give the feedback about the role play of interpersonal skills and intrapersonal skills. All student participants recorded the feedback of both facilitator's and the audiences'. During the reinforcement session the facilitator reinforced the students to maintain the good characteristics in interpersonal and intrapersonal emotional competence. With the high level of interpersonal and intrapersonal emotional competency rural students can improve their personal abilities as well as they can understand others emotions so that they can handle the situation when other individuals are involved. Particularly in their career they are able to work effectively and productively in the team where number of persons involved from various cultural contexts.

Emotionally competent individuals could respond flexibly with others regardless of their behavior (Berrocal, et al., 2013). Ghiabi and Besharat (2011) found that individuals' emotional intelligence strongly influences the interpersonal behavior skills. In social learning approach one of the major elements is learning through personal thinking. According to Jenaabadi (2014) thinking about and making one's own idea about the way of regulating emotion in various situations has helped individuals to improve their emotional competency and role play technique also helped to develop emotional competency of the individuals. Emotional competency improves the interpersonal relationship skills and individuals with high emotional competency interact with others positively and make understanding about others (Petrovici, Dobrescu). Understanding, regulating, and using emotion can help individuals to work effectively and for students emotional competency strongly related with academic performances (Jaeger, 2003). Emotional competency highly correlated with the job performance (Côté, 2006). High emotional competence is important for children's to make healthy relationships with others (Parke, 1994; Saarni, 1990).

The foremost aspect of emotional intelligence is the perceiving emotions; it is the important ability for individual to indentify one's own emotions. The second aspect of the emotional intelligence is using the emotions particularly in the decision making situations mostly emotionally intelligent person can capitalize upon his or her changing moods in order to best fit the task at hand. The third branch of emotional intelligence is the understanding of emotions that helps individuals to recognize the emotions in various situations and it can help predict as to how emotions evolve over time. The fourth branch of emotional intelligence is managing emotions and it is the ability to manage one's own emotion and also others. Those having emotion management ability can perform better in different situations, also they are capable of controlling others emotions. Emotional intelligence positively correlated with the transformational leadership thus emotional intelligence is the important predictor of the transformational leadership (Barbara Mandel, 2003). High level of emotional intelligence plays a huge role in improving the efficacy of the individuals' decision making so that high level of emotional intelligence can help individuals in effective decision making (Chauhan, 2007). Employees those are had high emotional intelligence got high salary and promotions in their organization (Singh, 2008). So the students those are improving their emotional intelligence will get good salary and quick promotion in their carrier. Rational emotive behavior therapy helped to improve the emotional intelligence of the managers (Srivastava, 2010). Jiang, Vauras, Volet, &Wang (2016) reveled that in the class room students can perceive the teacher's emotions both positive and negative and they also proposed that in the process of emotion regulation individuals better to use reappraisal method than suppression method for control their emotion (Diedrich, 2016). Reappraisals method has helped the individuals with border line

personality disorder to regulate their emotions. (Sauer, 2016). Mindfulness awareness training program was helped to regulate the individuals with borderline personality disorder (Fitzpatrick, 2016).

CONCLUSIONS

The results clearly show that social learning intervention was the effective method to enhance the rural students' intrapersonal and interpersonal emotional competence. Dimensions of the intrapersonal emotional competency including identification self, understanding self, expression self, and regulation self significantly improved. According to the results, participants' intrapersonal emotional competency improved. On the other hand students' interpersonal emotional competency was significantly improved including following dimensions indentifying others, understanding others, listening others, regulation others. Therefore social learning intervention improved the rural students' interpersonal emotional competency.

IMPLICATIONS

- Schools located in rural area can institute the social learning intervention in their curriculum.
- Social learning training can be given to school teachers for helping their students.
- NGOs working on rural youth development can use social learning intervention.
- School psychologist can use social learning intervention to improve school student's emotional competency.

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TYPES OF PSYCHOTHERAPY

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ABSTRACT

Acquiring understanding in the area of psychotherapy is becoming very significant in this contemporary era. Psychotherapy, or talk therapy, is a way to assist people with a wide range of mental illnesses and emotional difficulties. Psychotherapy can help control disturbing symptoms so a person can function better and can increase well-being and curing. Tribulations helped by psychotherapy include difficulties in coping with daily life; the impact of trauma, medical illness or loss, like the death of a loved one; and specific mental disorders, like depression or anxiety. There are numerous types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in amalgamation with prescription or other therapies. In this article the researcher wants to throw light or create insights on the various types of psychotherapy. It is envisaged that due to globalization and digitalization, the future of the youth is likely to be turbulent resulting in increased mental health issues. In order to combat with the enduring situation it is essential or inevitable that all of us need to have more in-depth knowledge regarding psychotherapy. In this paper the research would like to venture in to information relating to the meaning of psychotherapy, types of psychotherapy, and its application.

KEYWORDS: *Application of psychotherapy, Meaning of psychotherapy, and types.*

INTRODUCTION

Psychotherapy is the psychosomatic management of emotional, behavioral and personality disorders, and involves contact between counselor and client using hypothetical based methods. Psychotherapy may be defined as the healing of arousing and behavior tribulations and disorders by psychological means. (Kolb, 1968).

According to Wolberg (1967) psychotherapy is the management, by emotional means, of problems of a disturbing nature in which a skilled person consciously establishes a specialized affiliation with the client with the object a) of removing, modifying or retarding current symptoms b) of mediating concerned patterns of activities and c) of promoting constructive personality augmentation and expansion.

APA Definition of Psychotherapy

Psychotherapy is a mutual effort by one or more therapists and one or more clients in therapy to accomplish a set of predefined goals. It requires the relevance of an officially educated specialized therapist who uses assorted techniques that are based on psychological doctrine to support a person or a group of people with their troubles or goals. The term *formally trained professional therapist* insinuates that the individual has received some type of advanced education and has some type of designation as being certified as proficient and qualified to apply these principles.

Problems helped by psychotherapy include hitches in coping with everyday life; the collision of shock, curative disease or failure, like the bereavement of a dear one; and accurately emotional disorders, like depression or nervousness. There are several types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in amalgamation with prescription or other therapies.

History

The ancient Greeks were the first to recognize psychological disease as a medicinal circumstance, rather than a sign of malicious deities. They acknowledged the healing importance of encouraging and reassuring vocabulary. With the fall of the Roman Empire, the middle Ages saw the arrival of a conviction in the mystical as an origin for mental illness and the use of anguish to achieve confessions of demonic custody. However, some physicians began to support the use of psychotherapy. Paracelsus (1493-1541) advocated psychoanalysis for handling of the insane.

Whilst there were strewn references to the significance of "talking" in the management of disturbing tribulations, the English psychiatrist Walter Cooper Dendy first introduced the term "psycho-therapeia" in 1853. Sigmund Freud developed psychoanalysis around the turn of the century, and made thoughtful contributions to the field with his images of the unconscious, immature sexuality, the use of dreams, and his model of the human mind.

For the next fifty years, Freud's methods of dream therapy and diverse versions of it were the main psychotherapy used in clinical practice. Around the 1950s, the growth of American psychology led to new, more active therapies that involved the psychotherapeutic practice.

Psychotherapy in INDIA

During the past four decades, Indian Psychiatrists have articulated apprehension over the appropriateness of western model of psychotherapy for Indian patients. Surya and Jayaram

(1964) drew thought to the basic considerations for carry out of psychotherapy in an Indian setting. They felt that the western perception of ideal mental health involves investigating for intra psychic assimilation which is at disagreement with Indian concepts because it fails to take into explanation faith and religion.

Among emergent countries, India offers a wealthy field of ethnically appropriate psychotherapeutic structure from its own philosophies and systems of medicine. Psychiatrists have commented at length on psychotherapeutic principles described in the Bhagavad Gita.

Neki discussed confidentiality and solitude in the Indian context and opined that these terms do not still survive in Indian Languages and, in the socio-cultural context; the concepts of privacy could severe people from mutually dependent society. Therefore, he recommended family therapy or at least couple of sessions with the family members along with dyadic therapy in order to help the advancement of the treatment.

Verma raised objections to the applicability of the Western type of psychotherapy in India. He pointed out seven separate features of the Indian population, which may not help psychotherapy work in the Indian context in comparison to the western population. They are as follows:

1. Confidence/interdependence.
2. Deficient in psychological complexity.
3. Communal detachment between the doctor and the patient.
4. Spiritual faith in revival and fatalism.
5. Guilt accredited to misdeeds in past life.
6. Privacy.
7. Individual accountability in judgment production.

He also viewed that the history of psychotherapy in India shows that it differed from the West in the following lines:

1. It was not destined only for the sick.
2. The tolerant and the therapist cannot be considered colleagues and hence dyadic relationship is not feasible.
3. The patient has to acknowledge what the therapist considers as ‘truth’.
4. Everyone is not measured fit for psychotherapeutic association.

However, with globalization, escalating levels of education, higher sense of knowledge on human rights and the wider utilize of electronic media even among the rural population, whether these clarification position today is an applicable question. Varma and Ghosh, in a research, of the practice of psychotherapy, on 32 Fellows of the Indian Psychiatric Society, found that short-term supportive therapy was used by greater part of them. Some experienced other forms of psychotherapy including psychodrama.

On the other hand, Shamasunder held the observation that psychotherapy can be successfully conducted on the Indian population. Rao practiced existential psychotherapy and substantiated that the existential philosophy is not unfamiliar to ‘Eastern’ culture and can be used effectively. He also argued that those who took a stance against the appropriateness of ‘Western Psychotherapy’ in

Indian culture were focusing their point of view based on the psychoanalysis and not on other forms of psychotherapy of Western origin and emphasized that existential philosophy is very much closer to the Indian philosophical psychology.

Different approaches

The American Psychological Association reports that there are several hundred unusual types of psychotherapy being experienced. As it turns out, the majority of the forms of psychotherapy that are presently being experienced can be traced back to one or more of several major schools of deliberation or paradigms that have subjugated clinical psychology since its inception.

Sigmund Freud is the founder and originator of the psychodynamic paradigm and psychodynamic therapy. The basic approach to healing in the psychodynamic school is to facilitate a human being grow to be conscious of their own unconscious sources of discomfort or dysfunctional behavior and to understand how these were developed as a function of their early experiences and how they are maintained. Helping an individual accomplish insight into their personal reasons for their deeds and then helping them readjust their attitudes is often the goal of psychodynamic therapy.

The behavioral paradigm, or behaviorism, grew out of experimental psychology and originally relied profoundly on the use of experiments with animals to develop its theories. Behaviorists believe that behavior is a function of the conditions that are present before the organism acts and the results of the organism's action (the antecedents and consequences of behavior). Thus, the most well-known acronym in behaviorism, ABC (Antecedents – Behavior – Consequences), sums up the establishment of nearly every approach to behaviorism. A number of behavior therapy techniques include aversion therapy, assertion training, etc. There are a number of techniques from the behavioral model that are collective with other paradigms, including diaphragmatic breathing, progressive muscle relaxation, exposure techniques, etc., which are useful in the treatment of different issues, including substance use disorders.

The cognitive paradigm developed as a direct reaction to the behavioral paradigm. The behavioral paradigm under leaders such as B.F. Skinner and John Watson made the assertion that all behaviors were a function of their antecedents and/or consequences. Cognitive psychology is concerned with the philosophy and analysis processes that occur in individuals. Cognitive therapy is apprehensive with helping an individual to become aware of and to transform certain types of beliefs, attitudes, thoughts, judgments, problem-solving methods, etc., that compel dysfunctional or unwanted behaviors, such as depression or even substance use/abuse. cognitive therapies and Cognitive Behavioral Therapies (where cognitive techniques and behavioral techniques are combined) currently dominate most of the formal treatment approaches used in psychotherapy today. Some of the major names in cognitive therapy and Cognitive Behavioral Therapy include Aaron Beck (cognitive therapy), Albert Ellis (Rational Emotive Behavioral Therapy or rational therapy), and Marcia Linehan (Dialectic Behavior Therapy)

The humanistic paradigm developed as a number of individuals in the field of psychology began to investigate issues that concerted on issues connected with thoughts of security, goals, striving to improve oneself, and connecting with others. Based on Maslow's theory of hierarchy of human needs notions of others, Carl Rogers developed a mode of therapy that was client centered. He believed that all persons are motivated to accomplish their fullest impending however; this quest is caught up by "conditional" environment. Rogers's approach to therapy was to help individuals liberate themselves of their perceptions based on the opinions of others and to endeavor to be the best person they could possibly be. This approach was one of honesty and acceptance in

therapy, and Rogers was the first major therapist to perform research on the effectiveness of psychotherapy. In addition, the main principles of Rogers's humanistic approach to therapy (client-centered therapy) are often referred to as significant components of *the common factors of therapy*, meaning that these principles/factors are ingredient of the foundation principles that make any form of psychotherapy valuable. These include such things as the therapist being honest and genuine with the client, accepting the client for who they are, and benevolent the client unrestricted positive regard (meaning that the therapist values the client despite all of the client's issues and perceived imperfections).

Finally, the fifth major paradigm is the biological approach. It involves using medications to treat psychological problems. In all current conceptualizations of therapy, a number of aspects of biology are incorporated into treatment, such as the breathing techniques, relaxation, visualization, a sense of belonging, and treatments to address anxiety, depression, and even substance use disorders.

Basic Approaches over All Paradigms

Psychotherapy is often performed on individual or on a group of individuals. Conveniently enough, the general terms for these designations are:

- *Individual psychotherapy***:** This is psychotherapy performed on one person in a sitting, usually by one therapist. Individual psychotherapy has the compensation of being more personal, more alert on the specific issues of the individual, and far more confidential as only the therapist and the client are aware of what goes on in sessions.
- *Group psychotherapy***:** This is psychotherapy performed on more than one person in a session by at least one therapist. Group psychotherapy offers persons a possibility to learn from others, get diverse perspectives, and, in some cases, experience issues that would not be brought up in individual sessions. Group therapy includes marital therapy, family therapy, and specialized groups of individuals with the same or similar issues that are treated by one or more therapists. Group therapy is a widespread approach used in the treatment of substance use disorders.

Empirical research has provided evidence that both group and individual psychotherapy are successful in treating a number of issues, including issues with substance use disorders. Some types of psychotherapy, such as Dialectic Behavior Therapy, require that clients attend both individual and group sessions, and some substance use disorder management programs often have the same requirement

Types of Psychotherapy

Mental health professionals use several types of therapy. The choice of treatment type depends on the patient's exacting illness and circumstances and his/her preference. Therapists may combine fundamentals from diverse approaches to best congregate the necessities of the person receiving management. Some of the therapies include:

Cognitive behavioral therapy (CBT) helps people distinguish and transform opinion and behavior patterns that are negative or ineffective, replacing them with more accurate thoughts and realistic behaviors. It can help a person focus on current problems and how to solve them. It often involves working new skills in the "real world." CBT can be supportive in treating a variety of disorders, including depression, anxiety, trauma related disorders, and eating disorders. For example, CBT can

help a person with depression identify and modify pessimistic thinking patterns or behaviors that are causative to the depression.

Dialectical behavior therapy is a specific type of CBT that helps regularize emotions. It is often used to take care of people with constant desperate feelings and people with intermediate personality disorder, eating disorders and PTSD. It teaches new skills to assist people take personage accountability to change harmful or troubling behavior. It involves both individual and group therapy.

Interpersonal therapy (IPT) is a short-term form of treatment. It helps patients comprehend fundamental interpersonal issues that are niggling, like unsettled grief, changes in social or work roles, conflicts with considerable others, and problems relating to others. It can help people learn healthy ways to articulate emotions and ways to advance communication and how they relate to others. It is most often used to treat depression.

Solution-Focused Brief Therapy (SFBT) concentrates on finding solutions in the contemporary time and exploring one's anticipation for the future to find quicker decision of one's problems. This method takes the approach that you know what you need to do to move forward your own life and, with the suitable instruction and questioning, are capable of finding the best solutions.

Psychodynamic therapy is based on the thought that behavior and mental well-being are predisposed by childhood experiences and unsuitable recurring thoughts or feelings that are unconscious (outside of the person's awareness). A person works with the therapist to improve self-awareness and to change old patterns so he/she can more fully take charge of his/her life. **Psychoanalysis** is a more intensive form of psychodynamic therapy. Sessions are typically conducted three or more times a week.

Acceptance and commitment therapy (ACT) is an action-oriented approach to psychotherapy that originates from conventional behavior therapy and cognitive behavioral therapy. Clients learn to stop avoiding, denying, and struggling with their inner emotions and, instead, accept that these deeper feelings are appropriate responses to certain situations that should not thwart them from moving forward in their lives. With this considerate, clients begin to recognize their issues and hardships and commit to making crucial changes in their behavior, regardless of what is going on in their lives, and how they feel about it.

Clinical hypnotherapy: Clinical Hypnotherapy means using sophisticated methods of hypnosis and other techniques to take care of a variety of medical and psychological problems. Modern Clinical Hypnotherapy is an 'integrative' field of study. This means that the best elements of many other forms of therapy have been integrated into Clinical Hypnotherapy. This includes behavioral psychology, cognitive psychology, EMDR, NLP as well as the most effective elements from the classical theories proposed by Freud, Jung and Adler, as well as the latest physiological research in terms of how the mind functions.

Supportive therapy uses guidance and encouragements to facilitate clients develop their own possessions. It helps build self-esteem, reduce anxiety, strengthen coping mechanisms, and improve social and population functioning. Supportive psychotherapy helps patients deal with issues connected to their mental health conditions which in turn affect the rest of their lives.

Additional therapies sometimes used in combination with psychotherapy include:

- Animal-assisted therapy – working with dogs, horses or other animals to bring comfort, help with communication and help cope with trauma
- Creative arts therapy – use of art, dance, drama, music and poetry therapies
- Play therapy – to help children identify and talk about their emotions and feelings

Applications

Interpersonal therapy (IPT): The goals of IPT include reducing symptoms of depression and humanizing interpersonal communication. These are achieved in initial face to face interactions with the client where the following are achieved:

1. Restricted diagnosis of depression
2. Psycho education about causes and symptoms of depression
3. Interpersonal context of depression are identified
4. Strategies for dealing with the context evolve and are attempted.

Cognitive behavioral therapy*:*

Common CBT interventions include*:*

Setting pragmatic goals and knowledge of how to solve problems (e.g., engaging in more social activities; learning how to be assertive)

Learning how to handle stress and anxiety (e.g., learning relaxation techniques such as deep breathing, coping self-talk such as "I've done this before, just take deep breaths," and distraction)

Identifying situations that are often avoided and steadily impending feared situations

Identifying and engaging in pleasurable activities such as hobbies, social activities and exercise

Identifying and demanding negative thoughts (e.g., "Things never work out for me")

Keeping track of feelings, thoughts and behaviors to become aware of symptoms and to make it easier to change thoughts and behaviors

Dialectical behavior therapy (DBT) provides clients with innovative skills to control painful emotions and reduce conflict in relationships. DBT specifically focuses on providing therapeutic skills in four key areas. First, *mindfulness* focuses on improving an individual's ability to accept and be present in the current moment. Second, *distress tolerance* is geared toward increasing a person's tolerance of negative emotion, rather than trying to escape from it. Third, *emotion regulation* covers strategies to manage and change intense emotions that are causing problems in a person's life. Fourth, *interpersonal effectiveness* consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships.

Solution-Focused Brief Therapy (SFBT): It is used to treat people of all ages and a variety of issues, including child behavioral problems, family dysfunction, domestic or child abuse, addiction, and relationship problems. Although not a cure for psychiatric disorders such as depression or schizophrenia, SFBT may help improve quality of life for those who suffer from these conditions.

CONCLUSION

Acquiring understanding in the area of psychotherapy is becoming very significant in this contemporary era. Psychotherapy, or talk therapy, is a way to assist people with a wide range of mental illnesses and emotional difficulties. Psychotherapy can help control disturbing symptoms so

a person can function better and can increase well-being and curing. Tribulations helped by psychotherapy include difficulties in coping with daily life; the impact of trauma, medical illness or loss, like the death of a loved one; and specific mental disorders, like depression or anxiety. There are numerous types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in amalgamation with prescription or other therapies.

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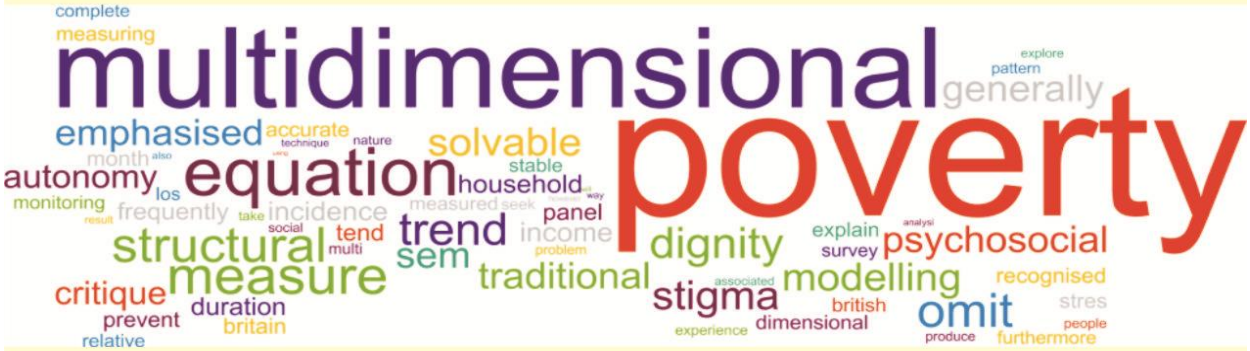

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