CHAPTER ONE

ORIENTATION TO THE STUDY

"The ruins of a nation begins in the homes of its people"

African Proverb

1.1 INTRODUCTION

In the first chapter, the researcher will introduce the main ideas and terms to be addressed in this study. The main focus of the study will be rebelliousness during adolescence and a variety of therapeutic techniques that are used in the treatment of rebellious teenagers.

A rebel is a person who dissents from some accepted moral code or convention People whom Kenistone (in Choynowski, 1995) is prone to call rebellious reject not only the conventional values and institutional values of society, but the values and life styles of their parents. The individual rejects the legitimate goals by illegitimate means. They are likely to challenge the laws and institutions of the society, resent control, accept non-conformity in others and are non-conformists themselves.

Adolescence is a natural phase of development commencing at puberty and ending with physical and emotional maturity. It is characterised by psychosocial, cognitive and biological changes. Having to deal with these changes creates confusion, uncertainty and frustration in the adolescent. Confusion may also arise from the fact that the adolescent is neither a child nor an adult. It is also a period of doubt and questioning which Hill (1986) asserts may be necessary for

some to achieve the full development of a mature, steadfast faith. This stage was previously called a period of turmoil and stress.

During this period, the adolescent's perception of family changes. They often see the parents as belonging to another generation and this creates tension between the adolescent and the parents. Conflict generally escalates as a result of biological and psychological changes that take place in the young person's body (Emunah, 1985: 72). The adolescent resents being told by adults what to do and how to grow up. Feelings of anger and distrust towards authority figures are also apparent. From the preceding, it is safe to argue that moderate rebellion is a part of healthy development.

Society is an important influence on the adolescent's development, relationships, adjustment and behaviour. Society's expectations mould adolescents' personalities, influence their roles and guide their future (Rice in Clark, 1992: 282). However, if the adolescent's behaviour is condemned by the milieu, he/she may simply escalate their behaviour, never resolve their doubts and develop an entrenched attitude of rebellion. Emunah (1985: 71) concludes that this rebellion is against the responsibilities that independence and developing adulthood require.

Adolescence is a high-risk time for all youth in terms of experimenting with potentially health compromising behaviours. Some of these risks appear more dramatic than others, especially when the negative outcome occurs clearly as a direct and immediate result of the behaviour in question, such as death from overdose from drugs or unsafe sexual practices leading to increased risk for HIV infection. Accidents, resulting from drunken driving, rank equally with suicide as the major cause of death among this age group. Youths involved in those activities are seen as rebellious and alienated from the traditional institutions of society.

1.2 AWARENESS OF THE PROBLEM.

The researcher's interest arose out of the experience that she had when undertaking research on rebelliousness in adolescence at Bakenberg High School in the Limpopo Province. According to self-reports, an alarming number of learners engage in unwanted behaviour at home, schools and in the community. Compounding the problem is the fact that guidance teachers in the schools are not equipped to manage the many problems that are referred to them. For an example, they do not have basic counselling skills. Guidance teachers confessed that pupils do not respond to their attempts at intervening. Teachers also promote rebelliousness by pressuring learners to do homework and meting out punishment which is viewed as inappropriate by learners, for example, hoeing the grass or tilling the soil in the school yard. From the look of things, it appears that support services are non-existent or inefficient in almost all schools in the Limpopo Province.

Many professionals acknowledge their limited ability to turn around youngsters once their antisocial behaviour has become serious. It is not uncommon to see improved youngsters relapse after they are released from structured therapeutic programmes. A lot of treatment providers are not equipped to effectively address the range of problems that many youths experience. This shortage of available and efficacious interventions raised the question of whether life skills training will not be the answer to the above-mentioned problems.

A large body of research (Loeber, 1983 & 1990, Mitchell & Rosa, 1981, Patterson, 1982, Olweus, 1979 in Loeber, 1991) has shown that adolescent problems usually originate much earlier in development. It is the contention of this thesis that if policy makers could devote resources to working with pre-adolescent youngsters who appear to be having difficulties, the policy-makers will be adopting a cost-effective strategy in terms of both individual lives and societal benefits and henceforth combat rebelliousness in adolescence.

1.3 MOTIVATION FOR THE STUDY.

a) Psychology is undergoing an evolution or a paradigm shift. This shift is emerging from the accumulating evidence in the research literature that the history of early childhood antisocial problems is a good predictor of later antisocial acts. For example, boys described by their teachers as being thieves were likely to become persistent offenders appearing more than once in court at the rate of six times more than other boys not so labeled (Williams, 1985: 17).

b) Potential costs of rebelliousness are borne not only by the child and his family, but by the entire community.

c) The economic costs related to antisocial behaviours are increasing.

d) Mental health professionals are often at a loss of how to assess or treat some behaviour problems, for example, stealing.

e) It is not uncommon for improved youngsters to relapse after receiving therapeutic interventions.

The importance of the study is two-fold:

i) Academically

This study can provide some information on the importance of exploring different therapeutic techniques.

ii) Use in practice

a) This study may shed light on ways to identify resistance to therapy and how to handle it effectively.

b) The educational psychologist will be made aware that understanding the basic principles of therapeutic change guides the selection of interventions for effective treatment.

c) It may also give information to the educational psychologist on the efficacy and effectiveness of treatment methods for different aspects of rebelliousness.

d) Therapists will be aware that other factors such as therapeutic relationships account for therapeutic change and not only therapist techniques.

1.4 PREMILINARY LITERATURE REVIEW

Living a happy, healthy and stress-controlled life is a common goal of human beings at all stages of the life cycle. However, a most urgent problem today is that adolescents are turning to dysfunctional and self-destructive coping mechanisms to deal with the stressors and challenges associated with contemporary life. The researcher will now discuss the potentially health-compromising behaviours that adolescents experiment with.

Rebelliousness

Rebelliousness is a culturally contingent concept, the meaning of which changes constantly according to different ways in which it is taken up. Rebelliousness can be defined as the act of defying lawful authority and resisting control and conversion. Rebellion involves rejecting the existing or prevailing social expectations. The rebel attempts to overthrow the existing system and put in place a new one with new goals and new means of reaching these goals. Rebellion is a way of responding to social influences, which may either be covert or overt.

Apter and Kerr (1990: 307) identified two types of rebelliousness**.**

i) Proactive rebelliousness

This type of rebelliousness is primarily accompanied by and is directed towards obtaining immediate pleasure or excitement. The first goal of proactive rebelliousness is fun and excitement and the second is control over one's environment.

ii) Reactive rebelliousness

As the name implies, reactive rebelliousness refers to a reaction to an interpersonal disappointment, rebuff or frustration. It is an unpremeditated response that may take the form of revenge (Apter & Kerr, 1990: 307). Rebelliousness can be regarded as a socially facilitated and learned disposition to respond to social influences. Despite clear connectedness with the following range of concepts, rebelliousness has been ignored as a topic in its own right.

a) Suicide

Suicide to Ravi, Dorus and Borge (1985: 989) is the major public health concern in industrialised nations. It ranks as the second major cause of death in adolescence. Experience has taught us that adolescents become involved in mass suicide as a result of influence from other sources, for example, the portrayal of suicide on television may lead to statistically high rates of suicide attempts**.**

Kimberly (South Africa) experienced one hundred and ninety five (195) attempted suicides among adolescents between January and July 2003, forty of which were successful. It has also been found that at least ten teenagers attempt suicide per week (Special Assignment September 2: 2003).

b) Substance Abuse

Substance abuse is conceptualised in DSM-IV as a maladaptive pattern of substance use leading to adverse consequences that occurs in the absence of substance disturbance.

Tobacco use has been found to be the leading cause of preventable death in the USA. Each day, 3 000 adolescents across the United States of America become daily smokers. Between 1991 and 2000, the South African Narcotics Bureau arrested 33 814 people on charges related to the possession of cannabis and 59 539 for dealing in cannabis. During 2002, 4 613 people were imprisoned on charges related to the use and possession of cannabis and 1 407 on charges related to the trade and cultivation of cannabis (Parry, 2002: 693).

Results from studies such as the National Household Survey on Drug Abuse (NHSDA) have indicated that the gender gap in alcohol, tobacco and drug use no longer exists among youths 12 through 17 years. Girls, according to Amaro (2001: 259), seem to evidence more severe problems from drinking, including stronger addiction and withdrawal symptoms from substance use. Girls are more likely to have relapse than boys and are more vulnerable to peer pressure.

Efforts to combat drug problem have led to a variety of strategies over the past two decades. The three most widely used attempts to control drug use are supply reduction, treatment and prevention. Treatment shows little promise for completely eliminating drug use, particularly among the adolescents, despite the fact that millions of dollars are spent every year on treatment as a means of curtailing drug use (Polich in Harmon, 1993). Researchers feel that adolescent drug problem stem from life problems but not physiological dependence. This then implies that adolescent drug abusers are treated for the wrong reasons.

Recent research indicates that the incidence rate for adolescent abuse equals or exceeds that of all age groups. In a High School Senior survey done at the Institute for Social Research at the University of Michigan, 90% of seniors reported drinking and 41% reported smoking marijuana. Marijuana use among girls was correlated with several personality characteristics, which included being rebellious, unconventional in their thinking, valuing their independence, stretching the limits and being unable to delay gratification. For boys, marijuana use was

correlated with rebelliousness, unambitiousness, interest in girls, perception of different contexts in sexual terms and self-indulgence.

c) Anti-social behaviours

The prevalence of antisocial and delinquent behaviour in juveniles has increased dramatically over the past decades. However, the increase has not been confined to boys only. Dramatic increases over the last few generations have been noted for girls as well, decreasing the magnitude of the sex differences found in many older studies.

d) Juvenile delinquency

In South Africa and in Australia, adolescents believe that the most important cause underlying juvenile delinquency is related to the role of the peer group. In their self-report, adolescents involved in the study revealed that others easily influence them and that they are involved in delinquency to impress their friends (Tyson & Stones, 2002: 4). These results concur with a number of previous studies, which have concluded that friends and peers are regarded as a major cause of juvenile offending. Girls report less delinquency than boys do, with official statistics generally indicating that the ratio of male to female delinquency is about 5: l.

e) Adolescent Runaway

Runaway youths represent a large distressed subgroup of adolescents. Studies have revealed that one in eight children will run away before the age of 18 years. For single parents households, the figure increases to one in four (Meade & Slesnick, 2002: 449). These adolescents show higher rates of alcohol and drug use than children who live at home. The following table gives the reader a description of the literature search.

Table 1: Literature review.

FOCUS	AUTHOR	YEAR
Rebelliousness	Bru Apter and Kerr Mathye Yole	2001 1990 2000 2003
Behaviour	Bru Mitchell Farrington Vidini Patterson	2001 1981 1973 1983 1986
Counselling	Cohn Fitzgerald	1990 1995
Resistance	Sun Lovelace Beutler and Harwood	1995 1995 2000
Substance Abuse	Lang and Engelander, Baer and Kivlahan Harmon Amaro Cato Stephans and English Parry	2000 1999 1993 2001 1992 2002 2002

FOCUS	AUTHOR	YEAR
Family Therapy	Conoley Dowd and Milner Goldenberg and Goldenberg Yandoli	1987 1986 1991 2002
Runaway and homeless adolescents	Meade and Slesnick	2002
Assessment and Interview	Witt and Elliot	1983
Suicide	Perrone Ostraff Ravi Wellman	1987 1985 1985 1984
Skills training	Baloyi Leiber and Marhorr Moote and Wodarski Rooth	1998 1995 1997 1995
Antisocial behaviour	Loeber Serketich and Dumas	1990

FOCUS	AUTHOR	YEAR
Interventions	Nathan and Dohan	2000
	Bohart	2002
	Henderlong and Lepper	2002
	Kiselica	1988
	Shadish, Matt, Navarro and Phillips	2000
	Kelly	2000
Adolescence	Manning	1983
	Emunah	1985
	Duigan	1983
	Clark	1992
	Calabrese	1987
	Jacobs	1987
Group therapy	Leader	1991
	Viney, Henry and Campbell	2001
Individual therapy	Herbert	1981
	Corey	1996
	Egan	1994
	Sagawa	2002
	Stevens	1996
	Uys	1994
School-based programs	Lund	1996
	Edwards	1994
	Mathye	2000
	Henderlong and Hepper	2002
	Batshe and Knoff	1994
	Slee and Rigby	1994

1.5 STATEMENT OF THE PROBLEM

Grounded by the awareness and the literature survey that was done, the researcher will state the problem to be researched as follows: -

What therapeutic techniques can be applied to adolescents who are rebellious?

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The present study was designed to address the following research questions**:**

a In what ways does rebelliousness manifest itself?

b What interventions work in therapy?

c What are the possible methods that can be used to effectively treat different phenomena of rebelliousness?

1.6 AIMS OF THESTUDY

General aim

To make contributions to the social problem of rebelliousness and antisocial behaviour. These contributions make it possible for the educational psychologist to identify the problem.

Specific aims

a) To undertake an in-depth literature study on the phenomenon rebelliousness.

b) To explore a host of therapeutic techniques/approaches which are used in rebellious adolescents. This will enable the educational psychologist to bring about change in rebellious behaviour.

c) To conduct an empirical study to test techniques/approaches which are efficacious for rebellious behaviour.

1.7 ASSUMPTIONS

a) Specialised therapeutic techniques/approaches account for the outcome of therapy with regard to rebellious behaviour.
b) There is shortage of available and efficacious interventions to treat rebellious behaviour.
c) Some treatments are more effective for certain risk factors than for others.
d) A wide knowledge of therapeutic techniques/approaches enables the therapist to base her choice on their effectiveness.
e) A holistic approach produces more gains.

1.8 CLARIFICATION OF CONCEPTS

Adolescence

A period of physical, psychological and cognitive development accompanied by dramatic increases in the circulating hormones. The increase in hormonal secretions is associated with behaviour changes, which create uncertainty, confusion and instability (Emunah, 1995: 71).

Therapeutic techniques

Techniques are tools or methods that are employed by counsellors or therapists to facilitate effective therapy or positive behaviour change in clients.

Rebelliousness

Rebelliousness refers to the resistant way of relating to authority, convention or some perceived requirement. The condition of possibility for rebellion, therefore, is having something to rebel against.

1.9 SUMMARY

Young people have always rejected their dependence on their parents and have always reacted with hostility and criticism. They desire to be treated as grown-ups, where the adults listen to them, take their ideas into account and most important, let them act on their initiative.

The rebelliousness of today's youth is not different from previous generation's rebellions. The youths haven't changed in any substantially way. However, the society in which they grow up is different. For example, the insecurity in today's parents inevitably leads to helplessness in younger generations. From the preceding, researchers have argued that adolescence is a period of rebellion, which is considered as a normal developmental process.

> *"They need to rebel to become themselves. By rebelling, the adolescent redefines his boundaries and creates distance between himself and his parents."* This statement was made by Dr Israelstam, a senior psychiatrist at Tara Hospital in Johannesburg.

1.10 ORGANIZATION OF THE RESEARCH REPORT

This research comprises six chapters that have been divided as follows:

Chapter 1 covers the introduction and background of the research problem. The problem is formulated and the aims and significance of the study are stated.

An in-depth literature study of the phenomenon of rebelliousness will be provided in **Chapter 2.**

Chapter 3 focuses on the therapeutic techniques that are used in treating rebellious children.

A description of research design and method used in this study will follow in **Chapter 4**

The findings and the results of the empirical study will be analyzed and interpreted in **Chapter 5.**

The last chapter, **Chapter 6,** will provide the summary, implications, recommendations and the conclusion, of the study.

The figure below summarizes the layout of the chapters.

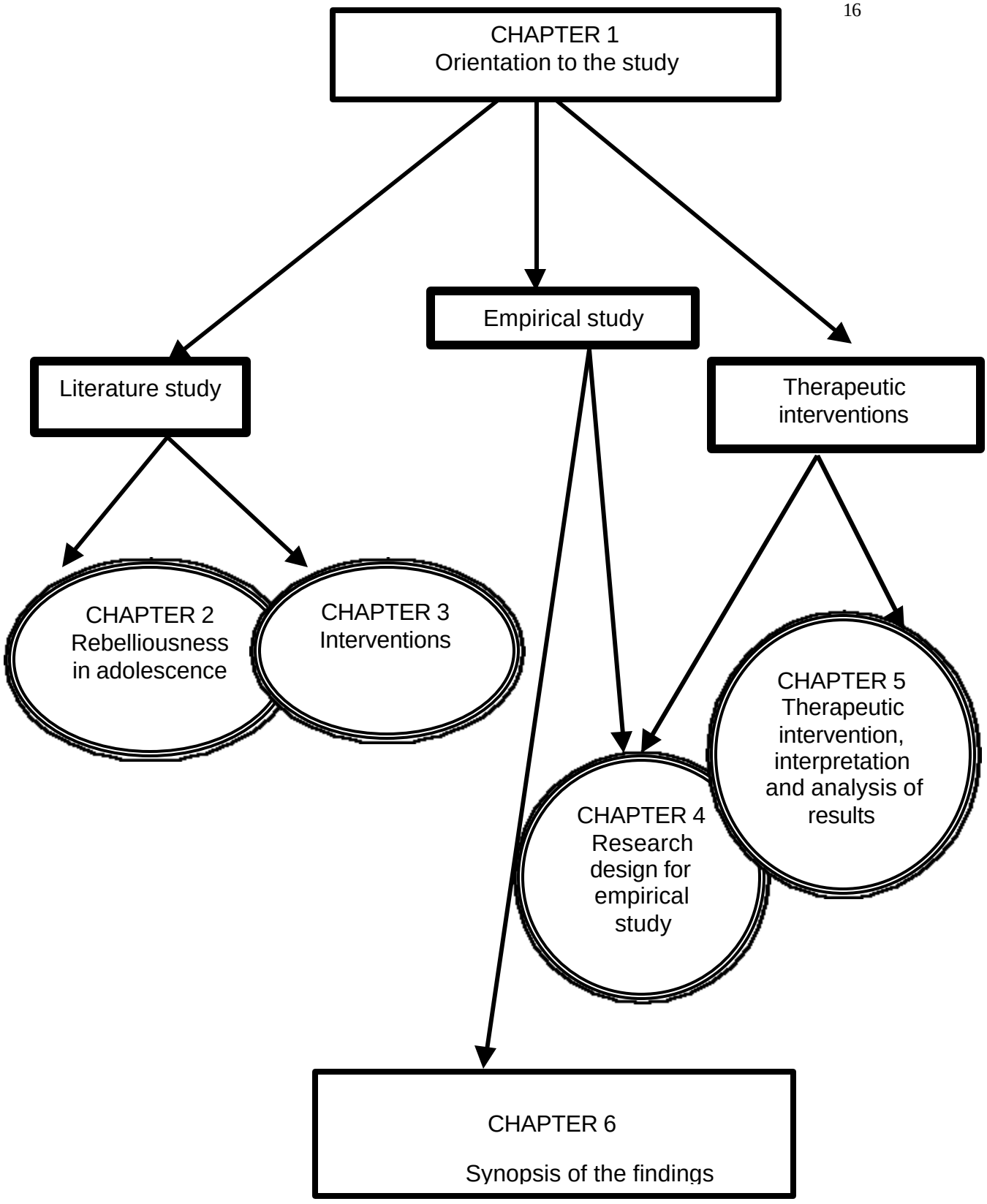

Figure 1: Statement of the problem and research programme

CHAPTER 2

REBELLIOUSNESS AND ADOLESCENCE: A LITERATURE REVIEW

2.1 INTRODUCTION

Given the substantial individual and social risks posed by antisocial behaviours, mental health professionals need to gain a comprehensive understanding of potential factors contributing to the causes and maintenance of these behaviours in young children. This chapter seeks to advance the understanding of different facets of rebelliousness in order to diagnose the severity of the phenomenon in adolescence and the type of intervention needed for a specific type of rebelliousness.

2.2 ADOLESCENCE

2.2.1 Developmental tasks of adolescence

Adolescence is a period of transition from childhood to adulthood, commencing at puberty and ending at 20 years. It is characterised by physical, psychological and cognitive changes. Puberty is a period of rapid skeletal and sexual maturation. Boys start secreting a hormone called testosterone, which is associated with the development of genitals, an increase in height and a deepening of the voice. Girls secrete oestrogen, which is associated with breast, uterine and skeletal development. Having to deal with these changes creates confusion, uncertainty and frustration in the adolescent. Confusion may also arise from the fact that he/she is neither a child nor an adult. It is also a period of doubt and questioning which Hill (1986) asserts may be necessary for some to achieve the full development of a mature, steadfast faith. This stage was previously called a period of turmoil and stress.

During this period, the adolescent's perceptions of family changes. They often see the parents as belonging to another generation. This creates tensions between the adolescent and the parents. Conflict generally escalates as a result of biological and psychological changes that take place in the young person's body (Emunah, 1985: 72). The adolescent resents being told by adults what to do and how to grow up. Feelings of anger and distrust towards authority figures are also apparent. From the preceding, it is safe to argue that moderate rebellion is a part of healthy development.

Society is an important influence on the adolescent's development, relationships, adjustment and behaviour. Society's expectations mould adolescents' personalities, influence their roles and guide their future Rice (in Clark, 1992: 282). However, if the adolescent's behaviour is condemned by the milieu, he/she may simply escalate his/her behaviour, never resolve his/her doubts and develop an entrenched attitude of rebellion. Emunah (1986: 71) concludes that this rebellion is against the responsibilities that independence and developing adulthood require.

The transition can be divided into the following phases"

a) Early adolescence (12-15 years)

This period starts during high school years and is characterised by early maturation for girls (starting at nine and half years) and late maturation for boys. Recent findings suggest that early maturation make girls experience more problems in schools but also independence and popularity with boys. Early maturing boys perceived themselves positively and had more successful peer relations than did their late maturing peers (Santrock, 2001: 182). The physical changes that occur form a sense of self.

b) Middle adolescence (15-18 years)

Erikson views the essential task of adolescence as that of identity versus identity diffusion. The central questions during this stage, according to Erikson' stages of development are "Who Am I"? Where Am I Going"? What Am I Going To Do With My Life"?. During this phase, the adolescent feels the changes much more acutely and as such, it requires substantial reorganisation and restructuring of the individual's sense of self. The internal self, the social self, and the socially comparative self become more prominent.

c) Late adolescence (18-22 years)

These college years are characterised by the broadening of intellectual capabilities, which provide new ways of thinking about themselves, values, problems and interpersonal relationships. This occurs as a result of a shift from concrete to formal operation thought. Changes in social roles provoke a new array of choices and decisions such as career and forming mature relationships with same or opposite sex peers. An important developmental task according to Pikunas (in Mc Farlane, 2000) is the acquisition of an appropriate philosophy of life.

It might be suggested that all young people must negotiate the same transitional phase of development. An interesting transition occurs during the teen years. Friends suddenly become more important than ever before. The courage to grow out of family relationships makes it possible for the child to have positive contact outside the family. The following summary explains the above:

CONTACT ➡ with the desire to belong.

POWER ➡ to influence the environment.

PROTECTION ➡ to survive and thrive.

WITHDRAWAL ➡ to refocus.

CHALLENGE ➡ one-self on the journey to independence.

2.2.2 Myths about adolescence.

The concept of adolescence is relatively new. However, it is plagued with misconceptions and outright myths. In the next paragraph, the writer attempts to debunk these myths, as a belief in these myths can distort perceptions, thus affect the way professionals deal with adolescents. Manning (1983: 823) concludes that decisions based on such assumptions have far-reaching effects on adolescents as a result of their influence on educational practices, interpersonal relationships and counselling programmes. Debunking of those myths will allow professionals who work with adolescents to maintain objectivity by helping them distinguish clearly between fact and myths.

That adolescence is a period of rebellious, antisocial, and unacceptable behaviour is a myth that is not supported by research findings. Too often the behaviour of a small percentage of adolescents becomes the norm for judging the entire population. For example, the perception of moral degradation of youth has been widespread over a long period of time. Studies of rebelliousness provide evidence that adolescents are not rebellious by nature and that rebelliousness is just an extreme and not a norm.

Another popular and widespread belief, actually a myth, is that there is a generation gap between adolescents and their parents. Without any doubt the differences in values and ideals do exist between the generations. Although differences do exist, they do not separate adolescents and their parents, as it was once thought. Contrary to the beliefs of many, adolescence is a relatively new concept. It was coined to make provision for the time when a person is not a child, yet did not have the authority to act as an adult (Manning, 1983: 826).

2.2.3 Teen years: A period of vulnerability.

Adolescence is a high-risk time for all youth in terms of experimenting with potentially health-compromising behaviours. Some of the risky behaviours which teenagers engage are more dramatic than others while some represent youthful experimentation and others become life-long habits with serious health consequences (Saragiani, Ryan & Petersen, 1999: 117). Experiencing physical changes, especially earlier than peers, is associated with greater vulnerability to risky behaviours such as substance abuse, sexuality and marijuana use. Due to physical changes, the adolescent is likely to confront new stressors, expectations and norms before they are psychologically ready to do so. The adolescent expresses frustration at having to deal with many so changes that he/she resorts to rebellion. This rebellion is against the responsibilities that independence and developing adulthood require (Emunah, 1985: 71).

School, educational and developmental psychologists tend to agree that peer victimisation is another common stressor among school-age children and that it often interferes with healthy development outcomes. Numerous studies show that children who are victims of bullying are at risk of a variety of adjustment problems, including depression, loneliness, anxiety, peer rejection and the others (Boulton & Underwood, 1992, Hawker & Boulton, 2000, Reid, 1989, Olweus, 1992).

Many teenagers have difficulty coping effectively in our rapidly changing social climate. As a result, they become alienated. Because a sense of belonging and self-identity is central to the adolescent experience, feeling unwanted and alienated may severely compromise the adolescent's psychosocial development. According to Lloyd (in Clark, 1992), teenagers who feel alienated may manifest with depression, substance abuse and may choose to align themselves with deviant subcultures. It has been established that today's adolescent turn to dysfunctional and self-destructive coping mechanisms to deal with the stressors

they are faced with. These self-destructive activities are used as leisure pursuits in response to boredom, frustration, pain and lack of hope for change (Cato, 1992: 294). Ample evidence suggests that the behaviour of young persons is affected by changes in self-esteem (Manning, 1999-2000 in Hester *et al,* 2003:130). For an example, early maturity in girls may pose a greater threat to girls engaging in sexual activities earlier. Low self-esteem has also been implicated in the development of drinking habits in adolescent girls and boys.

On the home-front, a lot of changes occur during adolescence. To start with, parents and adolescents become physically and psychologically distant from each other. This is seen in decreases in emotional closeness and warmth and an increase in time the young person spends outside home, with peers. Families break-up caused by divorce, entering stepfamily relationships, lower family income or increasing expenses all produce increased stress and make adjustment almost difficult to the adolescent. Parent and adolescent conflict escalates between childhood and early adolescence as he/she resents being told how to grow up by adults (Hill, 1986: 317).

2.2.4 Peer pressure

Peer pressure can be described as influence teenagers feel from their peers (Atwater: in Mc Farlane, 2000). As children grow, develop and move into early adulthood, involvement with one's peers occupies a particularly central role in a young person's life. They start questioning adult standards and the need for parental guidance. In a desperate attempt to belong and to be understood, the adolescents find themselves having to conform to values of delinquent peers and select a delinquent identity (Goff & Goddard in Mc Farlane, 2000).

Teenagers use verbal and nonverbal means to pressure members into risky behaviours such as sexual activity, drug and alcohol use and abuse and/or drunk driving. Rather than ordering a member to drink, more subtle ways are used to

coax a member into drinking. For an example, the group may infer that the teen behaves like a baby if he doesn't drink. In order to prove that he is not a baby, the adolescent finds himself conforming. A nonverbal method can be starring at one of the group members until he or she feels uncomfortable and perform the act.

Although peers have the potential to encourage problem behaviours, peer pressure can have positive results. It is thus common to find that adolescents like to spend time with their peers (they spend twice as much time with peers than with parents). The following are the net outcomes of peer involvement:

- The peer group is a source of affection, sympathy and understanding.
- Groups offer a place for experimentation and supporting.
- Peers encourage involvement in sport.
- Family values such as participation in religious activities are reinforced.
- Involvement with peers enhances the development of the necessary social skills for future interaction.
- The group provides an opportunity for practicing new behaviours.
- Peers provide a setting for achieving the two primary tasks of adolescence. These are:

a) <u>Identity</u> The finding of the answer to the question "**Who Am I?"**

b) <u>Autonomy</u> Discovering the self as separate and independent from parents.

From the preceding information, it is evident that social pressures that teenagers are subjected to render them vulnerable to psychological as well as emotional disorders. Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classification system, the adolescent falls on the following:

Axis I ➔ for the clinical symptoms or the disorder, for example, anxiety.

Axis IV ➔ for the existence of any precipitating factors.

The DSM-IV system provides for the evaluation of clients in terms of a five-axis system, each of which measures the separate functioning dimension of a client. This evaluation method is a comprehensive approach that promotes an effective treatment programme. The following table is an illustration of the classification system:

Table 2: DSM-IV Classification of Mental Disorders.

Axis I = Clinical psychiatric syndrome.
Axis II = Developmental and personality disorders.
Axis III = Medical conditions.
Axis IV = Severity of psychosocial stressors.
Axis V = Global assessment of the level of functioning.

2.2.5 Adolescence from the perspective of the relational theory.

The child (adolescent) as a person
The "I"

The "I" forms the intrinsic core of the adolescent's being. The self can be divided into the "I" and the "Me", according to writers such as William James, Sullivan, Cooley and Bungantel (Jacobs, 1987: 2). The "I" is the subject of the adolescent and is present in every deed, thought, feeling, experience and plans because they are more than their objectified content (Mathye, 2000: 60). It is the spiritual aspect of the person and is integrated with other dimensions of being a person. Jacobs (1987) and Vrey (1979) view the "*I-process as the person being, which is expressed through the person's acting, speaking and so on". (*Mc Farlane, 2000:

25). In essence, the “I” is supportive and a driving force behind the adolescent’s thinking and actions.

The Self

Unlike the “I”, the self is subject, fact but also construct or gestalt of all the adolescent’s traits, habits and actions. It refers to the totality of the adolescent with its unique quality that is distinctive to the adolescent. It can be viewed as everything that the adolescent is and which he can call his own. According to Vrey (1979) the self includes a system of ideas, attitudes, values and whatever he commits to himself. It can be referred to as the centre of experience and of meaning, the home of the personality.

Identity and self-concept

The adolescent develops self-identity when he can answer the question “Who Am I? The development of self-identity influences the development of self-concept. Self-concept refers to the configuration of convictions concerning one-self and attitudes towards oneself, are dynamic and of which one is aware or may become aware (Vrey in Mathye, 2000: 61). An adolescent needs to develop a positive self-concept in order to achieve self-actualization or becoming the very best that one can become. Self-concept can also be seen as the focal point of relationships, which characterise his life-world.

A personal identity develops during the adolescent’s involvement in, experience of, and **attribution of meaning.** The teenager has to orientate him/herself towards physical objects, people and concepts. Attribution of meaning, according to Vrey (1979), is only possible if the adolescent knows, understands and is capable of action. Jacobs (1987: 3) asserts that the realistic attribution of meaning will enable the child to build his cognitive abilities and structures in order

to engage himself and participate in life progressively towards adulthood. Feelings, values and attitudes are used in attributing meaning.

Attribution of meaning is facilitated by **involvement,** which is referred to as the person's concern with a particular situation that requires him to act. Involvement requires willingness to participate by acquiring knowledge and taking action.

Jacobs (1987: 4) postulates that an individual's involvement is indicative of how he **experiences** and evaluates a situation. Experience therefore refers to the course of action and plays a decisive role in the adolescent's future behaviour. It is the sum total of feelings and meanings. Jacobs posits that the life of a teen is revealed in his experiences.

Self-actualization.

Self-actualization refers to the person's deliberate effort to fulfill his potential- it is becoming the very best that an individual can become. It develops as soon as physiological as well as psychological needs have been met. In order to realise future possibilities, the self-actualizing person must transcend him/herself or rise above the limitations of time and space, physical and mental abilities (Vrey in Mathye, 2000: 64). A realistic self-concept which incorporates an objective self-knowledge underlies self-actualization. The developmental tasks of adolescence include the following:

- Attribution of meaning.
- Development of a component of self.
- Desire to have meaningful relationships.

The next section will give a detailed exploration of the phenomenon of rebelliousness.

2.3 REBELLIOUSNESS

Rebelliousness is typical of youth and unusual in childhood. Within the home, rebelliousness usually becomes acute around the age of fourteen, when it is characterised by negative attitude and impertinence. Rebelliousness against social customs, values and structures appears later, at around the age of twenty. It could therefore be said that rebellion is the common ground on which every man bases his first values.

Yela (2000) has distinguished four types of teenage rebelliousness.

- **Regressive rebelliousness**

This type expresses itself as regressive rebelliousness in introversion, turning in upon oneself. It is often equivalent to a return to a period of infancy, which did not have any responsibilities. From this refuge, the adolescent adopts a passive protest against everything.

- **Aggressive rebelliousness**

This form of rebelliousness, unlike the former type, manifests itself through violence. This is typical of the weak person, of someone who cannot bear the difficulties of life and tries to alleviate his problem by making others suffer.

- **Transgressive rebellious**

The third type consists of going against society, either out of selfishness and self-interest or for sheer pleasure of flouting the rules.

- **Progressive rebelliousness**

The person in this type feels like it is his duty to stand up for his rights. This person wishes to live in a dignified manner, cannot bear the weight of injustice, accepts rules made by others but disputes and criticises them in order to improve them.

Rebellion against parents is the most common and the most obvious form of rebelliousness. The teenager's first objective is to sever his dependence on his parents and cease to be regarded as a child. To achieve this, the teenager realises that he has to compete against adults, which gives rise to the emergence of rebelliousness, conflict and rejection. We may therefore come to the conclusion that youth is a time of rebellion which is expressed more openly than it was previously. Basically the youth of today are rebelling against a society of material abundance and against the hypocrisy of parents who display double standards, for example, saying one thing and doing another. Teenagers are bitter about the world and seriously claim the right to set up their own system. In this regard we may ask whether youth, in trying to find security in their own way, aren't they causing new problems and even greater insecurity.

The figure below is meant to facilitate the reader's understanding of concepts with which rebelliousness is associated.

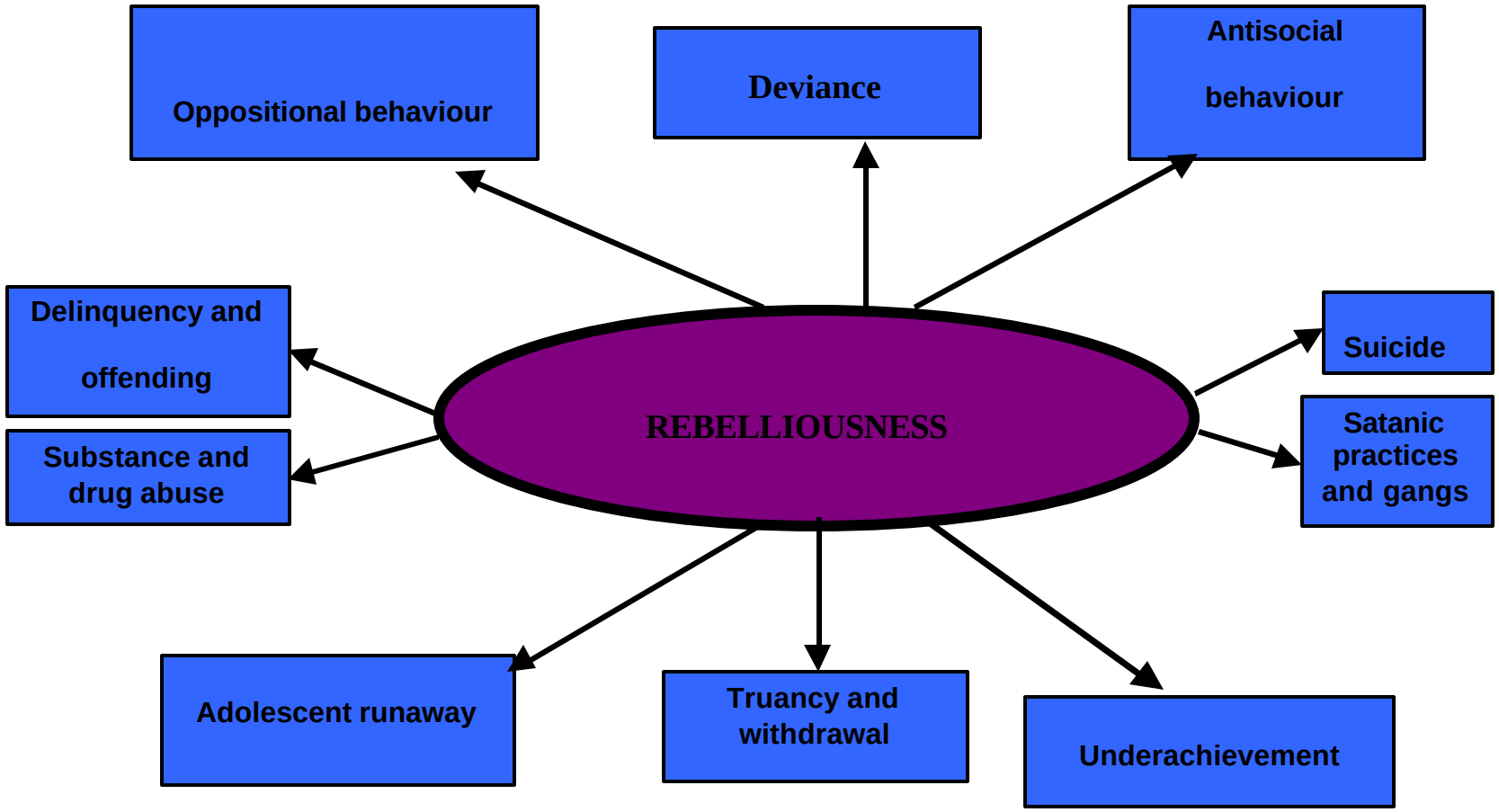

Figure 2: Concepts associated with rebelliousness

2.3.1 Concepts semantically associated with rebelliousness.

2.3.1.1 Aggressiveness

Verbal aggressivity expresses itself not only in yelling and rude words, but also sometimes subtle malicious remarks and negativistic refusals. It exposes rejection, threat, criticism, derogation, cursing and the negative evaluation of the person being attacked. Buss (in Choynowski, 1995: 182) is of the opinion that aggressiveness shows an indication to express one's negative feelings in a derogatory or insulting language, with a hostile tone of voice, which serves on a noxious stimulus delivered to another person.

Mounting evidence support the notion that there is considerable continuity between early evidence of aggression in childhood and later aggression in adulthood. It has been speculated that adolescents who come into contact with the police for offences such as aggravated assault, homicide, rape et cetera, are likely to have engaged excessively in fighting with their siblings at home or with their peers at school (Loeber, 1983: 2). Patterson (in Loeber, 1983) postulates that early aggression in the family home result from parental ineffectiveness in controlling aggression. Parents may respond to aggression in kind or allow it to occur, thus help accelerating further violent interchanges.

2.3.1.2 Substance Abuse

A most urgent problem today is that adolescents are turning to dysfunctional and self-destructive coping mechanisms to deal with stressors and challenges associated with contemporary life. Research revealed that adolescents use dangerous substances for entertainment, the relief of stress and for sensation seeking (Griffin & McDermott, 1998, Cato, 1992 & Saragiani *et al,* 1999). Cato alludes that over 3, 5 million youths between ages of 12 – 17 have tried marijuana, with half of them claiming habitual use. (Cato, 1992: 294)

Substance use was found to be prevalent also in street children. The percentage varies greatly depending on the region, availability of substances, age, gender and circumstances of children. Studies have found that between 25 and 90% of street children use substances of one kind or another.

According to a USA federal publication, Healthy People (2000) National Health Promotion and Disease Prevention Objectives, one in four American adolescents are at a very high risk for alcohol and other drug problems, school failure, early unwanted pregnancy and delinquency.

There is no single reason why adolescents take drugs. Most youngsters probably start from curiosity or because their friends are doing it. Researchers have proposed that the use of drugs is frequently a response to boredom, frustration, pain, powerlessness and lack of hope for change. According to Cato (1992), drugs are used in search for stimulus-arousal, new experiences, exploration, escape, adventure, excitement, connection with others, a sense of well being, self-understanding and sense of belonging. Depending on why they experiment with drugs and how they felt the first time, they may carry on and enjoy it. Continuing the habit also depends on whether they have the money to buy the drugs and the availability and accessibility of the drugs. Of the youngsters that do try drugs, few will try more than once or twice. Even fewer will become addicts.

It is difficult to tell with certainty that someone is taking drugs. The following are the signs: -

- Sudden changes of mood (from cheerful and alert to sullen and moody).
- Unexpected irritability or aggression.
- Loss or increase in appetite.
- Loss of interest in hobbies, sport, school work or friends
- Bouts of drowsiness or sleepiness.
- Lying or behaving furtively.

- Disappearance of money and belongings.
- Unusual powders, tablets, capsules, scorched tinfoil or needless or syringes.
- Unusual smells, stains or marks on the body or clothes.

In most cases, the first six signs are a part of normal growth and development.

The main dangers of substance abuse are having an accident while intoxicated, accidental overdose leading to unconsciousness and even death, dependence or addiction particularly if drugs are used regularly, risk of HIV/hepatitis B infection through shared needle use.

Substance abuse has been associated with a lot of untoward side effects, some of which are detrimental to a person's life. They include: -

- Confusion and frightening hallucinations.
- Unbalanced emotions or more serious mental disorders.
- Constipation, especially for regular users.
- Disturbance in the menstrual cycle in girls.
- Injections can cause infection, leading to sores, abscesses, jaundice or blood poisoning.
- Risk taking behaviours such as drunken driving.
- Depression as a result of hopelessness.
- Suicidal ideation and suicide-related behaviours.

Efforts to combat drug problem have led to a variety of strategies over the past decades. The three most widely used attempts to control drug use are supply reduction, treatment and prevention. Treatment shows little promise for completely eliminating drug use, particularly among the adolescents, despite the fact that millions of dollars are spent every year on treatment as a means of curtailing drug use (Polich in Harmon, 1993: 222). Researchers argue that adolescent drug problem stem from life problems but not physiological

dependence. This then implies that adolescent drug abusers are treated for the wrong problems.

2.3.1.3 Truancy

Children often play out their family difficulties initially in the school setting by first withdrawing, for example, daydreaming and frequently absenting themselves from school. Parents of truants, it is believed, encourage nonattendance and subsequent complicity with acts of truancy. The following are the behavioural manifestations of truancy:

- Social isolation in school.
- Academic failure.
- Negative perception of school, teachers and the curriculum.
- Defying authority.

2.3.1.4 Suicide

Mental health practitioners are faced with a number of social issues, including escalation in the incidence of suicide among young people. It has been reported that suicide is the second leading cause of death for school age youth. Frymier (in Peach & Reddick, 1991) report that the number of adolescent suicides has increased 300% during the past thirty years (Peach & Reddick 1991: 102). This may indicate the seriousness of suicide as a phenomenon and the problem may worsen. It has also been established that most teenagers, at one point in their lives, think about suicide. Many talk idly about it, some make threats or faint gestures such as taking a few pills or superficially cutting themselves.

The most frequent diagnosis for suicidal youngsters is depression and borderline personality disorder. Antisocial symptoms associated with conduct disorders have also been found to contribute to suicide ideation. Excessive life stress and a sense of hopelessness in dealing with one's life circumstances lead most

youngsters to attempt or commit suicide. Suicidal children have been found to have more chaotic and disruptive family lives.

Suicide is intended to send a message from one person to another. The act is performed for the individual who is the intended recipient of the message. The primary content of the message is anger.

The American Academy of Child Psychiatry has identified several warning signs indicating possible suicide attempts. These are: -

- Changes in sleeping and eating habits.
- Withdrawal from friends, family and regular activities.
- Violent or rebellious behaviour.
- Running away.
- Drug and alcohol abuse.
- Unusual neglect of personal appearance.
- Radical change in personality.
- Persistent boredom, difficulty in concentrating or a decline in the quality of school work.
- Frequent complaints about physical symptoms that are often related to emotions such as stomach aches, headaches or fatigue.
- Loss of interest in previously pleasurable activities.
- Inability to tolerate praises or rewards (American Academy, 1985).

Some authorities have suggested that suicide is not usually a spontaneous action, but commonly follows a sequence of maladaptive behaviours. The conditions most frequently associated with adolescent suicide include families plagued by divorce, communication barriers between parents and peers, dual career families, drug and alcohol addictions, parental, academic and peer pressures, rootlessness and family mobility and personal relationship problems (Peach & Reddick, 1991: 108).

School counsellors should be alert to adolescents considered at risk. At risk students may display one or more of the following characteristics,

- Has previously attempted suicide.
- Has made suicidal gestures.
- Is socially isolated (no friends or only one friend).
- Has a record of school failure or truancy (may have dropped out of school already).
- Comes from a broken home, has experienced a broken relationship at home or has a family crisis at the time of suicide attempt.
- Has spoken of suicide, either his or her or that of others'.
- Has a close friend or relative who was a suicide victim.
- Has experienced alcoholism or drug abuse in a family or self.
- Is not living at home.
- Is preoccupied with living or death.
- Has had a significant loss or anniversary of a significant loss.
- Displays sudden disruptive or violent behaviour in dealing with others.
- Is more withdrawn or uncommunicative and isolated from others than usual (Friedrich, Matus & Rinn in Peach & Reddick, 1991).

2.3.1.5 Underachievement

An underachiever is a student whose academic performance falls considerably below his measured ability or potential, that is, there is a large discrepancy between actual performance and intelligence test scores. Pecaut (1991: 29) defines an underachiever as bright, has ability but is inconsistent and lacks persistence, obedience to time limits and functional independence.

Adolescents may underachieve for a number of reasons. These include rapid mental changes, divergent thinking and personality inclination, unsupportive backgrounds, and conflict in the family and other relationships, poor personal adjustment and inadequate educational provisions. According to Krouse and

Krouse (in Mathye, 2000: 48), underachievement can be a result of weak academic skills, deficient self-control skills and interfering affective skills. This statement is consistent with Mathye's research findings that 63% of students admitted to having deficient working habits. Parents often have unrealistic expectation of the child – they want to gain middle class status by applying pressure on the child to obtain good grades. Metcalf and Gaier (1987) are of the opinion that the pressure applied on the child makes him react by disliking school and work below grade. The rebellion usually takes the form of passive resistance.

Students' attitude towards school and schoolwork is influenced by what goes on in the school itself. Schools send out signals to at-risk students that they are neither able nor worthy enough to continue until graduation (Callison, 1995: 21)

Another cause that may contribute to underachievement is grouping. Pupils who fail to meet or obtain the grade are often perceived as lazy, do not put an effort, do not want to pass, are stupid and are then grouped together. This grouping has a negative labeling effect on the children. It is believed to increase anxiety, alienation, exposure to pro-delinquent influences and values, and subsequently greater involvement in delinquency. Labels carry a stigma and are dehumanizing. Once labeled, the student would think he is so stupid that he will never make it. Labeling theorists (Becker & Lermert in Gottfredson, Fink, & Graham, 1994), suggest that once persons are labeled deviant, they start engaging in secondary deviance in response to the new label.

Teachers often punish learners who fail to pass school subjects. Punishment is viewed as a form of control. Once applied, it has a tendency of reducing the level of achievement. Birth order studies reveal that oldest children tend to underachieve.

Characteristics of the underachiever: -

- Have limited ambition.
- They are writing resistant.
- They have problems with reading, speaking and listening.
- Have a short attention span.
- Their thinking is simplistic and is resistant to new experiences and ideas.
- Have a high incidence of emotional difficulty.
- Poor work habits.
- Clumsiness and awkwardness in behaviour.
- Resistance to new experiences and ideas.
- A sense of inadequacy.
- Has been arrested once or twice for one offence or another.

The middle school system has a devastating impact on the lives of those students who are struggling with the learning process. Studies conducted by Reasoner (in Mathye, 2000) reported that students who underachieve receive at least 15 000 negative statements during twelve years of schooling. This inevitably lowers the student's self-esteem from 80% in pre-school to 12% just six years later, with resultant negative feelings about themselves, withdrawal and aggression.

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Silberman (in Nieman, 1998) argues that people's treatment of a person indicates our expectations of that person's behaviour and that those predictions could influence the person's behaviour (Nieman, 1998: 73). Teacher attributions provide consistent insights into the preceding issue.

The following have been identified as ways in which teacher expectations relate to scholastic performance: -

Self-fulfilling prophecy

Self-fulfilling prophecy arises when teacher expectations influence a student's actual achievement. Teachers often make erroneous expectations and induce students to perform at levels consistent with these expectations. For example, a teacher may hold an inaccurate belief that the student is dull and underachieving. A self-fulfilling prophecy occurs when this leads to negative student-teacher interactions which result in behaviour that ultimately ensures failure.

Seaver (in Kolb & Jussim, 1994) has also identified naturally occurring self-fulfilling prophecies. A teacher who previously taught a student's low achieving older siblings was assumed to hold low expectations of such students. Evidence consistent with self-fulfilling prophecy showed that children with low achieving older siblings performed worse than if their teacher did not have prior experience of teaching their older sibling (Kolb & Jassim, 1994: 27).

Students react to teachers' self-fulfilling prophecies by giving up, rebelling or withdrawing from class activities and work even less hard. Gifted children who believe that they are academically incapable, may find reinforcement for their negative self-beliefs by having their learning deteriorate.

Underachievers are often abounded with problems, which they often bring to the classroom. They may be truant, procrastinate and have feelings of competition where none exists. The chronic underachiever convinces himself and others that he is lacking in ability. He becomes skilled at making low scores in aptitude tests and playing the role of the conscientious dullard. The knowledge that everybody considers him dull lowers his anxieties but increases his depression, feelings of inferiority and a sense of alienation.

The following are ways in which parents contribute to underachievement: -

- Putting pressure on their children to obtain good grades in order to gain acceptance into superior vocational, academic and social settings.
- Pushing expectations even higher despite the child efforts.
- Giving no positive reinforcement.
- Encouraging competition among siblings.
- Negative labeling of a child or criticism.
- Middle class parenting.

Table 3: Family Environments of Underachievers (Rimm, 1988)

Characteristics	Underachieving
Family structures	
Size of family	Small
Birth order	More than half oldest
Adopted children in family	Quite a few
Male/female ratio	More males
Specialness	Specialness displaced for most A few never earned specialness
Age of parents	Older parents
Education of parents	Highly educated
Family climate	
Parenting style	Early, liberal the inconsistent
Discord and trauma vs. Secure	Considerable discord
Family relationships	
Father/mother	Some good, some bad.
Parent-child	More are bad.
Child/siblings	Mixed.

Structure and organization	
Values espoused and modeled by parents	Inconsistent and unpredictable.
Achievement orientation expressed	Value work and achievement.
Grade expectations	Reasonable and unpressured.
Social adjustment of children	Many not accepted by peers.
Father's career	Considerable frustration with career or if positive, not sharing interests.
Mother's career	Mainly homemakers, volunteers, busy but not satisfied.
Identification with same sexed parent	Few males identified with father; few females identified with mother.

Three kinds of underachievers have been identified by Metcalf and Gaier (1987)

a) Long-term underachiever

The student works below capacity over a period of time

b) Situational or temporary underachiever.

The student works below level due to disturbing experiences such as transfer to a new school, death in the family, family upheavals or an emotional crisis.

c) General underachiever.

These are students who work below their tested ability only in specific areas.

In her research on rebelliousness in Bakenberg High School in the Limpopo Province, the researcher identified the following family characteristics: -

- Low literacy level.

- Low socio-economic status.
- Over protectiveness.
- Lack of motivation on the part of the parents.

2.3.1.6 Stealing

Theft that does not involve confrontation or the use of force with a victim (that is non-confrontative stealing) is a specific type of juvenile criminal behaviour that often presents a crisis for parents and teachers and school administration (Miller & Klungness, 1986: 4). Non-confrontative stealing in childhood has been recognised as predictive of social maladjustment in adolescence and adulthood, later academic failure, psychopathology and delinquency. Children referred to clinical settings with problems of stealing and aggressions are at risk for later police contact than children referred for aggression only (Miller, 1989: 82).

According to Mathye (2000: 111), a fairly high number of pupils (63%) admit to stealing. These self-report were confirmed to a larger extent by their parents and teachers. These results seem to correlate with Miller's estimates, which were as high as 60%. A national survey on school crime undertaken by the National Institute of Education reveals that non-confrontative theft of personal property is the major crime occurring in elementary and secondary schools, and one of the more common problems brought to the attention of mental health professionals. According to Miller (1989: 82), an average of one out of eight teachers and one out of nine students reported incidents of stealing within a one-month period, in the schools that were surveyed.

Tremblay (1997: 33) is of the opinion that stealing tends to reach an early peak around age three and a later one between eight and eleven. Stealing that persists beyond early childhood rarely presents itself as an isolated issue. The longer stealing persists, the greater the risk that it will represent an early step on a developmental progression. Stealing then becomes incorporated into a

repertoire of antisocial behaviour which is usually combined with academic and occupational underachievement (Loeber, Miller & Klungness in Tremblay, 1997: 33).

Van den Berg (in Engelbrecht, 1995: 81) asserts that personality disorders such as psychophathy and low intelligence go hand in hand. Stealing in children can be symptoms of deep lying emotional, social and educational problems. It can include low self-concept, relationship problems between parents and children.

Underlying motives for stealing

a) Feelings of inadequacy

Some children steal because they are really needy. They might not have enough food to eat or enough clothes to wear. Children with low self esteem may steal to prove to friends that they too are able to do something right. Ruthe (in Engelbrecht, 1995: 83) concludes that this type of stealing is common amongst children who are over protected by their parents to the extent that they become passive and lack initiativeness. Overly strictness and criticism on the part of the parent may lead a child into stealing behaviour. Extensive research reveals that some children may steal in order to buy favours, whilst others steal to compensate for lack of affection especially in those children whose parents are unable to give attention.

b) Attention seeking

Another root cause of stealing behaviour may be that the child is seeking the attention of his parents. This occurs in the child who is emotionally deprived of love, warmth and attention.

c) Vindictiveness

Children who are brought up under strict conditions and with little affection can use stealing as a weapon to 'even the score'. Stealing out of vindictiveness, rebellion and aggression is common where parents set high standards for their children – standards which 'only angel could reach' (Ausubel & Sullivan in Engelbrech, 1995: 84). It sometimes appears as though these children deliberately steal in areas where their parents are especially vulnerable, in order to embarrass them.

d) Power seeking

After stealing some items, some children feel good about the fact that they have 'a solution' to the problem. This occurs in families where there is unwholesome competition and rivalry between siblings.

e) Perfectionism

Feelings of incompleteness can drive children to stealing behaviour; for example where they steal items such as stamps in order to complete their collection. It occurs in parenting styles where parents themselves are perfectionists, criticise children frequently and expect children to be the best in everything by setting very high standards for them.

- Other motives

Children sometimes steal due to peer pressure. In stealing, they develop feelings of belonging and recognition from the group, especially if stealing behaviour is considered as a status symbol of 'machosm'. Bad examples set by parents can lead children to stealing behaviour. Some children steal for adventure, and for the pleasure of escaping the police (Engelbrecht, 1995: 88).

The following are the characteristics of a child who steals according to Van den Berg (1992).

- Low self-esteem.

- Does not normally fall within a specific intelligence category.
- Performs poorly at school.
- Is generally tense and scared.
- Experiences emotional and socializing problems.
- Is generally raised in an autocratic style.
- Is more often a boy than a girl.
- Is from any socio-economic population level. (Van den Berg, 1992: viii)

The mental health practitioners, including the educational psychologist, should give attention to the distress signals, namely, theft behaviour of the child who steals. It is only by this kind of responsible treatment on the part of all whom are concerned about the welfare of the child, that the child can be helped.

2.3.1.7 Withdrawal and alienation

Adolescent alienation is a major problem of contemporary society, yet, according to Colabrese (1987), the problem is not taken seriously. To be alienated is to lack a sense of belonging, to feel cut off from the family, friends, school or work. Withdrawal is one form of covert rebellion often mistaken for conformity.

The following are the characteristics of a withdrawn person: -

- Passive.
- Dreamy and self-absorbed.
- Distances one-self from what is going on.
- Withdrawn into oneself.
- Not mixing.
- Downcast eyes, looking at nothing in particular with a sad expression in his eyes.
- An attitude of clear non-participation in the situation. On interview, the child seems to experience some emptiness (Vallejo, 1986: 114).

The alienated adolescent is disruptive, rebukes authority, drops out of school or becomes a passive participant, is prone to suicide, abuses alcohol and drugs and rejects the norms established by family, school and society.

2.3.1.8 Gangs and Satanism

Gangs have probably received more attention than any other delinquent groups. These are groups that claim a turf, associate regularly and are generally organised around illegal behaviour. Gangs vary in size and are typically composed of same sex and same ethnic group members.

Why are so many youths, particularly in the inner city turning towards gangs? These are the questions that have largely been ignored by the public, parents, teacher and psychologists alike. Gangs originate in a variety of ways. Adolescents cluster to find answers for many new and urgent questions (Barlow & Ferdinand, 1992: 86). To start with, dissidence plays a major role in joining youth movements, which promises independence from adult pressures and provide security. Adolescents seek comfort from those who welcome them and who reinforce their sense of belonging. In their desperate effort to belong and feel worth-while, some may join gangs and cults and also worship Satan in order to satisfy their need for approval and self-worth. Other reasons for joining gangs are the search for meaning, security, love and the need to follow, seek revenge, power or both.

According to Lloyd (in Clark, 1992: 287) alienation from parents is an initial cause of adolescents turning towards delinquency and gang membership. Socio-economic factors contribute to gang affiliation. Members have been found to share similar backgrounds and characteristics. They usually belong to a dysfunctional family system, have low self-esteem, poor academic achievement and poor vocational training. Dawkins (in Clark, 1992) is of the opinion that their parents' educational level is low and many of them lack male role models. Such

adolescents are at risk for joining gangs because it offers an instant family, provides companionship, comradely, excitement, loyalty, identity and status.

Adolescent Satanists manifest the following signs and symptoms: - physical carving of Satanic symbols on their bodies, lengthy reciting of satanic liturgy, bizarre attire and hair colour and chalk-white complexion. According to Emmerson and Syron (1985), the female members are usually actively anorexic, nihilistic in view of the self and the future, and often have extensive suicide ideation and a history of suicide attempt. Adolescents engage in abhorrent behaviour in order to achieve rebel status. These behaviours are bloodletting, cutting and pain, sexual activities and drug manufacture and use.

Gang members are characterized by a variety of symptoms. Some change friends and develop a new vocabulary. Many of these youngsters have difficulty expressing their anger appropriately and often act-out violently.

These juveniles frequently have a dismissal outlook on life and display a lack of humor and spontaneity. These adolescents have been found to experience feelings of helplessness about the future. Depression with suicidal tendencies is frequently present. They have difficulty developing and maintaining intimate and flexible relationships. Their peer relationships are frequently superficial and centered round their mutual experience of gang or cult activity (Clark, 1992: 289).

Substance abuse is the hallmark of deviant subculture involvement. Gangs are more likely to abuse alcohol and stimulants while Satanists are heavy user of hallucinogenic drugs. Self-reports by adolescents reveal high involvement in sexual promiscuity, sexual deviance and engaging in sexual games and pornographic filmmaking.

When adolescents are not in agreement with parental values and morals, they create a culture of their own, complete with dress, language, tools, art and ethics.

The delinquent subculture temporarily insulates participants from sources of distress they may feel. Cohen (in Thio, 1998: 20) identifies three types of subcultures.

a) Delinquent subculture

In this subculture, members judge as wrong whatever values and behaviours that are considered right by conventional standards and vise versa (Thio, 1998: 20).

b) Conflict subculture

The youngster has, in this subculture, the opportunity to achieve a status within a violent delinquent gang as long as he or she meets the requirements, such as possessing great fighting skills and demonstrating enthusiasm for risking injury or death in a gang warfare.

c) Retreatist subculture

The only requirement is the willingness to enjoy and use drugs. Youths have a leader whose authority they respect and often become emotionally attached. This attachment strengthens the loyalty of the group.

Adolescents joining Satanism come predominantly from middle to upper middle class families. Emmerson and Syron (in Mathye, 2000: 54) identified the following characteristics in their assessment of the adolescents' families,

- Conflict and confusion over boundaries and rules.
- Poor problem-solving skills.
- Abuse of alcohol and drugs.
- Frequent abandonment of parental responsibility to other caregiver.
- Use of money to solve problems.
- Limited coping skills in life situations.
- Heavy involvement in careers, resulting in emotional neglect.

Adults have expressed different views on Satanism. Emmerson and Syron (1995: 153) consider Satanism to be an extreme form of rebellion. Some think it is merely a fad that will pass while some declare that these children need to be brought to God to be saved.

2.3.1.9 Adolescent Runaway

Adolescent runaway is viewed as an expression of independence, in which adolescents establish a sense of self (ego integrity) apart from their parents. Adolescent runaways cite the following as their reasons for running away from their parents.

- Difference in values and an attempt to find an acceptable value system.
- Poor parent-child relationship.
- Severe criticism and discipline.
- Betrayal and deprivation.

Other reasons accounting for running away as cited by Loeb (1986) are inadequate parental support or control, low empathy and lack of positive regard on the part of both parents and offspring, inadequate parental love or rejection and allowing less freedom. Runaway youths come from dysfunctional families, for example, where parents are separated, divorced in trouble with the law or abusing alcohol and drugs. The families lack some degree of family orientation. That is, they lack some degree of emotional closeness and are only somehow cohesive and adaptive. On the other hand, parents report that those children are uncooperative, insubordinate and disrespect parents and teachers.

Three types of runaway youths have been identified. The **floaters** run away for no apparent reason, the **splitters** intend to leave home permanently whilst the **hard-road freaks** make streets their permanent homes.

Most of the runaway youths experience high rates of clinical depression, high rates of psychiatric symptoms and other affective and anxiety disorders (Meade & Slesnick 2002: 450). Given that these youths are disconnected from their families and from society in general, they constitute one of the most vulnerable segments of society. They often engage in illegal activities, including prostitution, theft, truancy and sale and distribution of narcotics. Rotheram-Borus *et al* (in Meade & Slesnick 2002) assert that intravenous drug use and risky sexual practices place them at risk for contracting HIV. They are usually more aggressive, angry, impulsive, unstable, easily annoyed and preoccupied with suicide. Their profile includes lying, stealing, low self esteem, truancy, underachievement and susceptibility to negative influence by peers.

It has already been alluded to that the runaway youths try to find people whom they can trust. On the contrary, in the streets they find people who turn out to be pimps, pushers or pornographers. They end up finding themselves dealing with drugs, and having sex with improper and sometime abusive strangers.

2.3.1.10 Oppositional behaviour

The essential feature of Oppositional Defiant Disorder, according to DSM-IV, is a recurrent pattern of negativistic, defiant, disobedient and hostile behaviour towards authority figures that persists for at least six (6) months.

The following table depicts the Diagnostic criteria for Oppositional Defiant Disorder according to DSM-IV.

Table 4: Diagnostic Criteria of Oppositional Defiant Disorder.

A. A pattern of negativistic, hostile and defiant behaviour lasting at least six months, during which four (or more) of the following are present:
   1. Often loses temper.
   2. Often argues with adults.
   3. Often actively defies or refuses to comply with adults' request or rules.
   4. Often deliberately annoys people.
   5. Often blames others for his or her mistakes.
   6. Is often touchy or easily annoyed by others.
   7. Is often angry and resentful.

Negativistic and defiant behaviours are expressed by persistent stubbornness, resistance to directions and unwillingness to compromise, give in or negotiate with adults or peers. Defiance may also include deliberate or persistent testing of limits, usually by ignoring orders; arguing and failing to accept blame for misdeeds. The child directs his or her hostility to adults and peers by being aggressive or deliberately annoying others.

Many families provide abundant opportunities and means to act-out oppositional behaviour. Some parents, if not, purposely victimise the child, in some cases unaware of the pattern of the behaviour or its consequences for the child (Wernstein, 1995: 171). The behaviour is prevalent in parenting styles where the child is always pressured to achieve. Ironically, when the child achieves as expected by parents, their goal post shifts even higher and increases their insatiable demands (Apter, 1990: 215). The parents usually feel that the young adult could do even better and therefore criticize him even more.

In his helplessness, the child realises that if he or she conforms to his/her parents' demands, he or she cannot win. He or she turns negativism inwards

towards himself or herself and opposes his or her parents. Apter and Kerr (1990) argue that oppositional behaviour is a means by which the child tries to adapt to parental treatment of being pressured to achieve. The child finds himself or herself doing just the opposite of what their parents and teachers want them to do. On the contrary, he or she also does the opposite what he or she wants to do. He or she finds that his or her parents' values and aspirations are the same as his or hers, what the parents want for him or her is exactly what he or she wants for himself or herself. Therefore when the adolescent acts against his or her parents, he or she is of necessity acting against himself or herself, a thing which the adolescent will later blame others for.

Once the child is freed from parental control, oppositional behaviour simply disappears. According to Apter and Kerr, (1990: 221) these children grow up to be pressuring and criticising parents, thus continuing oppositionalism into the next generation.

2.3.1.11 Antisocial behaviour.

The development of antisocial behaviour has been found to be partly a function of exposure to biological and social risk factors. Studies have found that an early onset of menarche in girls was associated with higher rate of norm violations than later onset of menarche. Another important biological factor possibly involved in deviancy is the presence of toxic substances, which may possibly retard or negatively influence children’s neurological development. Other risk factors consist of factors in the child’s environment, such as family and peer group. It is assumed that postnatal factors, especially socialization practices by adults in the family, may lead to the development of antisocial behaviour. For example, bad parenting and a breakdown of the family are among the best predictors of later delinquency in adolescence. Ironically, Stanton and Samerow (in Kennear, 1995: 14) believe that the environment in which the child is brought

up is less influential than the choices that the individual makes when he or she responds to that environment.

Antisocial children suffer from a disturbance in the development of impulse control. One way of looking at early antisocial behaviour is to consider aggression as just one mode through which individuals get their way against the wishes of others. In fact antisocial behaviour is a term associated with an array of serious acts, such as deliberate theft, vandalism and aggression. However, not all antisocial behaviours involve harm to individual property. A number of victimless behaviours such as truancy, substance abuse and academic failure are common in the development of antisocial behaviour.

Antisocial behaviours have been found to be age-dependant. That is, some behaviours are more preeminent than others in a certain age group, for example, temper tantrums and fighting in early childhood and aggression and vandalism in adolescence. A large body of literature review suggests that there is considerable continuity among disruptive and antisocial behaviour, over time, even though they may manifest themselves differently at different ages. This implies that, to a certain extent, children with earliest disruptive behaviour during childhood and adolescence may manifest antisocial behaviour of a different kind in adulthood (Loeber, 1990: 6).

2.3.1.12 Delinquency and offending

Different scientists, over the years, have supported the legal definition of delinquency. Whatever the definition, the decision of the legislator is always relative to time and space and reflect the norms and values of a particular society. Cohen (in Thio, 1998) defines delinquency as" the violation of institutionalised norms that are shared and recognized as legitimate within the social system" while Cloward and Ollin also (in Thio, 1998) define it as "*behaviour that violates the fundamental norms of society and which, if reported*

to the agents of social control, would be judged delinquent by them" (Mathye, 2000: 39).

The causes of delinquency have been found to be manifold.

1. Individual/Personal

a) Biological

Research about birth order has established that first-born children and sister dyads are more antagonistic and distinctly non-conforming. Adler's theory about first-born children suggests that during the period when the child is the only child, he/she enjoy specialness. The birth of subsequent children dethrones the first-born child. If he or she manages to overcome the trauma of his or her specialness, he or she tries to emulate the parents and understand the importance of power and authority. But if first-born children are unable to regain parental favour, they become rebellious (Adler in Mathye, 2000: 40).

b) Personality traits

Hyperactivity, impassivity and short attention span often characterise delinquent youths. Le Blanc and Frachette (in Mathye, 2000) assert that they are likely to engage in drug abuse, sexual promiscuity and violence.

2. Social

Social theorists postulate that delinquent behaviour is a learned way of behaving. Peers have an influence on adolescent delinquency. Abundant research studies have concluded that delinquent behaviour is a function of association with delinquent peers.

It has been well documented that causes of delinquency reside within each family. The family can lead to the onset of problems and can therefore also play a major role in the solution of the problems. Duigan (1983) points out that many behaviour problems experienced by youths are rooted in parent-child interactional patterns. The extreme degrees of parental affection as well as the

parent's perception of the child's individuality have an unfavourable effect on the child's identification within the parent's life-style and values. Parents who are erratic and lenient in their discipline, authoritarian and put too much pressure on the child to achieve lead children to rebellion. Alienation from parents has been found to be an initial cause of adolescents turning towards delinquency. (Clark, 1992: 287)

The influence of the family structure in the prediction of juvenile delinquency has been widely researched. According to Geismer (in Mathye, 2000), it is not the absence or the presence of the parent per sé that leaves its mark on children's behaviour. Rather it is what the parents do, that has a noticeable impact on the degree of dysfunction and do not provide viable role models for young people who are seeking wisdom in interpersonal relationships.

3 Psychological

The lack of power, significance and the struggle for it lead people or youths to violence. Violence, or acts close to it, gives one a sense of power. Covert antisocial behaviours such as stealing, lying and fire setting are hypothesised to play a central role in the development of delinquency. A significant amount of scientific research suggests that delinquency starts in childhood and persists into adulthood (Loeber & Dishion, 1983; Patterson, 1982 & 1986; Miller & Klungness 1989: 82). Some studies have shown that 50 to 70% of juvenile offenders are arrested again in adulthood. These findings are consistent with Loeber's findings.

A youth offender usually comes from a broken home and has not internalised the norms and values of society. He underachieves, is arrogant and rebellious. The types of acts that they engage in may range from the most harmless to the most serious crimes, which may predispose them to problems with the law. These offences include common theft, for example, theft of bicycles or sums of money, burglary, vandalism, personal attack, drug trafficking and sexual offences.

2.3.1.13 Deviance

Sociologists define deviance as any behaviour that is considered deviant by public consensus. Higher consensus deviance is considered serious and lower consensus deviance is less serious.

Two major types of deviance have been identified by Thio (in Mathye, 2000: 27). These are the traditional perspective and the modern perspective. Within the modern perspective three views have been identified.

- The **relativist view** which views deviance as largely a label that is applied to an act at a given time.
- The **subjective view** which views deviance as a subjective experience.
- **Voluntary view** which views deviance as an act of choice; that is, people choose to be deviant.

Deviant behaviour develop over a period of time that is, it does not just happen. Social learning theorists believe that some behaviour patterns are learned through associations with other human beings. In order for learning to take place, the individual has to have a receptive attitude and manifest readiness for learning. Sutherland (in Mathye, 2000: 31) believes that the social environment in which the person finds himself plays a crucial role in the development of criminal behaviour.

Whilst control theorists consider the socialization of a child to be the main problem in the person's involvement in delinquent behaviour, strain theorists suggest that individuals involve themselves in criminal acts because of the pressures that are put on them to attain success. The strain results from the inconsistency between society's emphasis on the use of legitimate means of attaining the goals (Thio, 1998: 18).

Cohen (in Thio, 1998) identified three types of delinquent subcultures, which are the delinquent subculture, conflict subculture and the retreatist subculture.

2.4 DISCUSSION OF THE LITERATURE OVERVIEW

Rebelliousness can be regarded as a socially facilitated and learned disposition to react/respond to social influences such as family circumstances. These responses can be manifested covertly or overtly. Withdrawal is one form of covert rebellion where the adolescent withdraws into him/herself, become passive and distances the self from what goes on.

Teenagers' engagement in risky behaviours point to their vulnerability. They overtly engage in behaviours such as alcohol and marijuana abuse, aggressive acts, delinquency, deviance, sexual promiscuity and the others that have already been mentioned under concepts related to rebelliousness. Some of the many risky behaviours engaged in by adolescents become lifelong habits which potentially jeopardize their health and well-being.

Motivations for engaging in risky behaviours differ. Some engage in these behaviors as a response to boredom, frustration, pain, powerlessness and lack of hope for change. Some behaviours are engaged in as a way of experimentation, adventure, escape or connection with others. Self-reports reveal that adolescents sometimes enjoy doing things their parents forbid. Adolescents may, according to Skinner and Slater (1995: 349), become rebellious in order to establish autonomy and separate from their parents.

2.5 CONCLUSION

The present chapter has laid the ground for the understanding of the phenomenon rebelliousness.

It is well documented that the causes of rebelliousness reside within each family. Teenage behaviour disorders are seen as merely an extension of family social problems. As cited by Dr Israelstain, children from chaotic families are not really the problem, but their families are (Duigan, 1983: 10). He contends that children do in fact loudly and dramatically emit danger signals about society and the family.

The following chapter will address a variety of therapeutic techniques/approaches which are used by therapists in the treatment of rebellious youths.

CHAPTER 3

THERAPEUTIC INTERVENTIONS: A REVIEW OF THE LITERATURE

"Until all lions have their historians, all tales of hunting will glorify the hunter"
African Proverb

3.1 INTRODUCTION

There are many modes of intervention within the field of psychology, a fact which at times, adds to the confusion rather than clarifies the issues of dealing with problem behaviours. Some interventions are used extensively, despite little evidence of beneficial effects, while other interventions go generally unused despite strong evidence of effectiveness.

In this chapter, it is imperative to discuss client resistance and some obstacles to diagnosis, as therapeutic techniques strongly hinge on diagnosis. Identifying and understanding the influences that contribute to positive and negative developmental outcomes in therapy is essential to the development of effective interventions for adolescents.

3.2 RESISTANCE TO CONSULTATION

Many teenagers find their way to the treatment programmes through school, parental or third-party referral. The adolescent is likely to manifest resistance to consultation, as he/she hasn't voluntarily submitted himself to treatment. Besides, psychotherapy has been found to give rise to many expressions of resistance. It is the contention of the researcher that discussing client resistance to consultation will enable the educational psychologist to identify, minimise and

manage resistance effectively. Knowledge of resistance, according to Beutler and Harwood (2000: 115), helps the therapist adapt treatments to the client's reactions that reduce compliance. For example, high-resistance behaviours call for few or no therapist-directed interventions.

Resistance can be defined as failure on the part of a consultee to participate constructively in the consultation process. More specifically, resistance is any behaviour that thwarts the probability of a successful outcome or process. Resistance occurs when a patient's sense of freedom, image of self, safety, psychological integrity or power is threatened (Beutler & Harwood, 2000: 115)

School counsellors are increasingly being called on to provide consultation to other school personnel as well as to parents. Consultation is characterised by a problem-solving orientation in which the counsellor consults with teachers and administrative staff regarding problems they are encountering with students. Therefore the researcher can argue that consultation aims at a positive change in both client systems, for example, student and the consultee. In order to bring about change in students, teachers and administrators must also change. More often than not, teachers and administrators demonstrate resistance to the consultation process because of the implication that they themselves must change. (Dougherty, Dougherty & Purcell, 1991: 179).

3.2.1 Sources of resistance

The researcher aims at discussing the sources of consultee resistance and some actions that school counselors can take to minimise and manage the resistance.

- The most common source of resistance to consultation is **misconception** on the part of the teacher, administration, parents and students about the role of the counselor. The stakeholders may not know what consultation is all about and how the counselor implements the role of consultant. Such

misconceptions may make it difficult for administrators, teachers and students alike to take part in consultation. This research evidence is compatible with the researcher's research findings that pupils raised the concern that if they participate in the researcher's study on rebelliousness, their parents and/or the police will be notified (Mathye, 2000: 111).

- Another reason for resistance to consultation may be **fear of discomfort,** which may result from anxiety. Consultation brings the possibility for change that may cause discomfort in a person who wishes to maintain familiar patterns of behaviour.
- **Fear of disclosure** can be another source of consultee resistance. Dougherty *et al* (1991: 180) infer that the teacher may not feel comfortable disclosing their professional incompetence or imperfection. Ellis (in Dougherty *et al,* 1991) argues that the revelation that they may not always be in control professionally may bring about shame to the teacher.
- A consultee may feel that the student is **beyond help** and that the consultation will not do any good. Such feelings of hopelessness may lead the teacher to do nothing about the possibility of helping the student.
- **Fear of success** may also lead to resistance. For example, a teacher who has the ability to handle rowdy classes may fear consultation out of fear that he or she will always be given responsibility for such classes.
- Resistance may be motivated by **rebelliousness**. Consultees may view the behaviour of the counsellor as intrusive on their freedom.

Teachers and administrators may have cognitive distortions that may thwart the consultation process. Cognitive distortions are misinterpretation of reality that arise out of anxiety and fear about issues with the consultation process. McKay and Dowis (in Dougherty *et al*, 1991: 180) identified the following as examples of cognitive distortions: -

- Over-generalising, for example, that all sixth-graders are promiscuous.
- Catastrophising, for example, those students will get worse if they are helped.
- Blaming, for example, it is the students' fault.

The counsellor should strive to create positive expectations in teachers and administrators. Positive expectations include the following: -

- Maintaining objectivity.
- Getting appropriate support for consultation within the school.
- Making the counsellor's role as a consultant explicit.
- Using social influence.
  Emphasising the peer nature of the relationship.

3.3 OBSTACLES TO DIAGNOSIS

The role of the educational psychologist in the management of antisocial behaviour is two-pronged in nature. It is diagnostic, which includes assessment, and therapy. In terms of therapy, Van den Berg (1992: 128) is of the opinion that her function is that of psychotherapist and at the same time guides children and parents. In the next section, major obstacles in the diagnosis will be reviewed, as interventions are directly dependant on diagnosis.

a) Inadequate assessment procedures

The assessment of rebellious behaviour is complicated. The reason is that few standardised assessment methods have been developed to diagnose covert antisocial behaviours. Since the child is, in many instances, the only informant concerning the event, self-reports are often used for this purpose. However, there are few available standardised self-report measures that provide comprehensive information on rebellious behaviour. Even if appropriate self-report measures were available, Core and Hardt assert that young children are likely to give socially desirable responses, which may reduce the validity of this data (Miller & Klungness, 1989: 84). In a review of her research, Mathye (2000: 111) concluded that true confessions are unlikely, as respondents believed that the information would be passed over to their parents or police. A primary adult or third party refers most children with behaviour problems to a therapist. As parents have not witnessed the behaviour, they are often unable to

knowledgeably report on rebellious behaviour, which increases the likelihood of conflicting reports about the child's behavioural patterns. Another reason why parents' reports cannot be employed is that parents are reluctant to describe this behaviour, for example, stealing to young children.

b) Deficient labeling

An appropriate definition of rebellious behaviour is essential in order to make an accurate diagnosis. Difficulties in labeling occur because:

- There is little agreement on what constitutes rebellious behaviour, especially delinquency.
- Parents' frequent receptiveness to alternative explanations for their child's new possessions, for example, borrowing, finding or receiving a gift.
- Parents of delinquents rarely admit to delinquency in children.
- Parents apply a label only to extreme property violation.
- Feared negative public reaction.
- Parents' fear of potential social consequences for the child.
- Fear of legal ramifications (Klungness & Miller, 1989: 85).

c) Diverse antecedents

Delinquents often report that rebellion often occurs at particular times, places and with specific peers. Antisocial and disruptive behaviour may sometimes occur in retaliation towards a certain person or place. The amount of adult supervision provided has been negatively associated with student misbehaviour. Living circumstances where stealing is condoned or ignored may send a message that the behaviour is acceptable. Miller and Klungness (1989) postulate that the amount of exposure to criminal or delinquent behaviour in the community positively correlates with levels of criminal behaviour in school setting.

d) Multiple consequences

Studies have indicated that youngsters who manifest rebellious behaviour may receive reinforcement for their behaviour. For an example, Stumphause (in Miller

& Klungress, 1989) report that young thieves often feel a sense of power or control after successful, undetected theft. On the other hand, Henderson in Miller and Klungness (1989) concluded that older children might be enticed by the thrill of danger, which is associated with stealing, vandalism, aggression and gang behavour. Patterson (in Miller & Klungness, 1989) concludes that labeling of children as troublemakers set the stage for the likelihood of shoplifting.

e) Inconsistent child management

Parents of rebellious adolescents are, under general, inconsistent in tracking and applying consequences to any of their children's behaviours. They have been found to be more detached, less motivated and less insightful and less involved. Rebellious youths are likely to receive less supportive praise from adults even where these youths manifest appropriate social behaviour.

3.4 THERAPIST TECHNIQUES

At present, there are no documented treatment modalities that are specifically meant for rebellious behaviour as a whole. Instead, only interventions for different facets of rebelliousness such as stealing behaviour, aggression et cetera have been documented. The researcher will attempt to discuss some treatment modalities, even though some might not be specific to rebellious behaviour. The challenge facing the educational psychologist in psychotherapy is to answer the following questions: -

1. What treatment, by whom, is most effective with this type of individual with that specific problem and under which set of circumstances?

OR

What technique used by what counselor causes what change with what type of client in what situation?

OR

3 Is one form of therapy any more beneficial than another?

(Smith 1980:33, in Beutler & Harwood: 2000).

The answer to those questions inevitably leads the therapist to deciding on a suitable treatment method that produces greater benefits. This implies that the therapist should be aware of her intentions in using specific interventions (Hill, 1992: 689). The choice of interventions, according to Beutler and Harwood (2000), should take into account a variety of patient qualities and characteristics. Lambert (in Hubble, 1999) concludes that as much as 40% of the therapeutic change in psychotherapy clients is attributable to client variables and extra therapeutic influences. Coping styles are patient variables that have been found to interact most successfully with treatment procedures (Beutler & Harwood, 2000:16). Other patient characteristics that have been found to correlate with a distinguishable response to different families of interventions are motivation, ego-strength, and ability to identify focal problem and the level of functional impairment.

Figure 3 provides a graphic display illustrating the extent to which each of these therapeutic factors contribute to outcome of therapy.

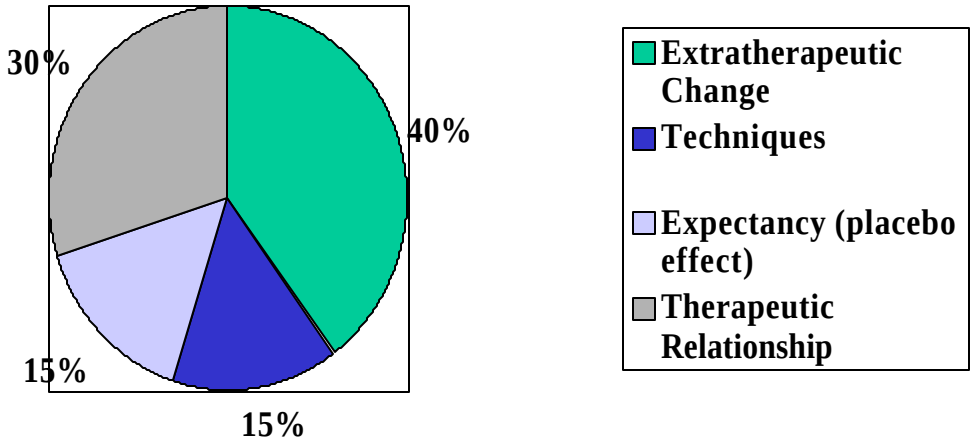

Figure 3: Percentage of Improvement in the Psychotherapy Patient

The selection of interventions for effective treatment is best derived from an understanding of basic principles of therapeutic change. Within these principles, the therapist can be guided to make several decisions, the net result of which is to develop a comprehensive strategy of treatment that is compatible with the particular needs and variables of the patient. These differ from patient to patient. These principles are, as identified by Beutler and Harwood (2000: 179) as follows:

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1. Therapeutic change is greatest when the therapist is skillful and provides trust, acceptance, acknowledgement, collaboration and respect for the patient and does so in an environment that both supports risk and provides maximal safety.
2. Risk and retention are optimised if the patient is realistically informed about the probable length and effectiveness of the treatment and is provided with support and comfort.
3. Benefit corresponds with treatment intensity among functionally impaired patients.

4. Therapeutic change is most likely when the patient is exposed to objects or targets of behavioural and emotional avoidance.
5. Therapeutic change is greatest when the relative balance of interventions either favours the use of skills building and symptom removal procedures or favours the use of insight and relationship-focused procedures.
6. Therapeutic change is most likely when the initial focus of change efforts is to build new skills and alter disruptive symptoms.
7. Therapeutic change is greatest when the directiveness of the intervention is either inversely correspondent with the patient's current level of resistance or authoritatively prescribes a continuation of the symptomatic behaviour.
8. The likelihood of therapeutic change is greatest when the patient's level of emotional stress is moderate.
9. Therapeutic change is greatest when the patient is stimulated to emotional arousal in a safe environment until problematic responses diminish or extinguish.

One would expect therapist techniques to have a large amount of positive outcomes in terms of behaviour change. On the contrary, psychotherapy may unintentionally evoke many expressions of resistance in a client, and occasionally by design (Beutler & Harwood 2000: 115). In deciding on the choice of treatment, the therapist must be able to identify those aspects of her interventions that may precipitate resistant patterns and behaviours. The therapist needs to design adjustments that are meant to reduce anxiety.

Beutler and Harwood (2000: 120) have suggested some techniques and procedures that are likely to be effective for working with patient resistance. These are,

- Provision of opportunities for self-directed improvement.
- Increasing reliance on non-directive interventions.
- Paradoxical interventions.

- De-emphasis on non-confrontative procedures and those that invoke the therapist's resistance.

3.4.1 Individual therapy

Individual therapy may be best for an adolescent who is extremely anxious or narcissistic, as he or she may be difficult to contain within a group.

3.4.1.1 Behavioural techniques

The majority of treatments used for rebelliousness have taken a behavioural orientation. Although behavioural techniques do not eliminate all instances of rebelliousness, behavioural interventions have been used successfully to reduce them. The therapist who subscribes to the behaviourist therapist asks him or herself the following questions: -

- How can I change the child's behaviour?
- After the unwanted behaviour has stopped, how can I help him or her maintain the non-rebellious behaviour? (Herbert in Van den Berg, 1992:129).

Treatment procedures have been organized into behaviour therapy, relaxation training, systematic desensitization, modelling and observational learning, assertion, self-management programmes and self-directed behaviour.

a) Behaviour therapy

Behaviour therapy can be understood by considering three major areas of development. These are classical, operant conditioning and cognitive therapy. It is beyond the scope of this chapter, in this researcher's opinion, to comprehensively discuss the above developments.

The general goals of behaviour therapy which occupy a place of central importance are to increase personal choice and effective living. Clients in

behaviour therapy formulate specific, unambiguous and measurable goals and take an active role in deciding about their treatment (Corey & Corey, 1996: 287). Together, the therapist and the client discuss the behaviours associated with the goals, the circumstances that need to change and what clients need to do to bring about change. In putting the preceding into action, Egan (1994: 34) suggests that the counsellor asks the following questions: “What do you want?” How do you want to get there?”

During the assessment phase, the behaviour therapist assists clients to identify the nature of their problems. They are asked to consider their antecedent behaviours and cognitions or what it is that they do and say that leads to problems (Sagawa, Oka & Chaboye, 2002: 368). The therapist and the client then formulate specific behavioural goals, set priorities and establish a plan of action. The therapist establishes commitment to work from the client, which is formalised by a written ‘therapy contract’ (Stevens, France & Robson, in Sagawa *et al*, 2002: 368; Corey & Corey, 1996: 288.)

The therapeutic relationship in behaviour therapy is seen as pivotal to behaviour change. The behaviour therapist uses him/herself therapeutically to facilitate change in a client. Nathan and Stuart (2000: 970) allude that although behaviour therapy has evolved from experimental psychology, it has developed clinically effective procedures to bring about behaviour change. In the next section, the researcher will briefly describe a variety of techniques that are available to behavioural therapists.

b) Relaxation Training

Relaxation training is used to help people to cope with stress produced by daily living. Progressive relaxation initially developed by Jacobson (1938) can be taught to people who have trouble getting comfortable and calm. It is meant to reduce arousal and thereby control emotion and cognition. It is postulated that,

in states of deep muscle relaxation, thought and imagery effectively disappear (Uys & Middleton, 1994: 252). This can be achieved by training individuals in deep muscle relaxation. Muscle relaxation simply involves alternating the tensing and relaxing various muscle groups.

c) Systematic desensitisation

This technique is used primarily for anxiety and avoidance reactions. Systematic desensitisation comprises three main elements, according to Corey and Corey (1996). First the client is given systematic training in muscle relaxation and secondly he or she is asked to imagine increasingly fearful scenes whilst in a state of calm. The therapist works with the client to develop a hierarchy of anxiety for each of the identified areas. With repeated practice of the imaginal experience of the anxiety-producing scenes, the client gradually acquires the ability to tolerate anxiety. In desensitising, the client is requested to imagine a neutral scene. Then a list of anxiety-producing scenes is presented to the client if he or she remained relaxed. The therapist then moves progressively up the hierarchy until the client experiences anxiety, at which state relaxation is induced again (Corey & Corey, 1996: 292).

Convert sensitisation procedures have been used to change rebellious behaviour of adolescents. Aversive consequences are imaginally applied to create an avoidance response to the undesirable stimuli that trigger the rebellion (Guidry, 1975: 169). The client is requested to imagine an extremely noxious situation immediately after imaging a rebellious act, for example, his/her developing septic sores after using his/her hands for stealing or hitting someone. Practices with this procedure begin with imaginary situations and proceed to in vivo practice during therapy sessions and outside. In some instances the client imagines being punished after committing an act of rebellion. That is, the client practices imagining a hierarchy of aversive events to increase the potency of aversive

consequences. The implementation of this technique brought success in the treatment of stealing, including long-standing compulsive stealing in adolescents. A subsidiary method is also used to increase the potency of aversive consequences. A client is instructed to systematically imagine negative repercussions of disruptive behaviour, for example, being caught; the police being called, being handcuffed, being put into the police car and driven to central lock-up; answering questions before a judge and parents finding out about the behaviour. These actions are cues to remind him or her to practice even outside of sessions.

d) Modelling and observational learning

Modelling is based on the premise that through the process of observational learning – clients can learn to perform desired acts. The aim of modeling is to teach new behaviours, basic survival and social skills. Uys and Middleton (1997: 44) argue that the desired behaviour is demonstrated to the client with the aim of prompting him/her to perform that behaviour.

e) Assertion

The goal of assertion training is to teach clients that they have the right to express their thoughts, feelings and beliefs in a direct, honest and appropriate manner without violating other people's rights.

f) Self-management programmes and self-directed behaviour

In self-management interventions, clients are taught to use coping skills in problematic situations. Clients are encouraged to carry out these strategies in their daily lives. Corey and Corey (1996) assert that people make decisions to control or change certain specific behaviours.

The following behavioural interventions, which are specifically for stealing behaviour, involve five steps:

Step one – identifying instances of stealing

Parents should first check the child's room with the child present. Amnesty is recommended in the case where stolen items are found during this first search. The reason for this is that the child might not have been aware of any consequences at the time of stealing. Patterson (in Williams, 1985) cautions parents not to search the child's room for unspecified items, as that is a role of a detective. Searching the child's room indiscriminately constitute an invasion of privacy or a source of secondary reinforcement for theft (Williams, 1985: 21). Careful observation of the child's activities will be sufficient to provoke suspicion when it is warranted.

Step two – apology for theft

The parent must insist on a confession and apology to the victim of theft when explanations of suspicious circumstances are not satisfactory. The parent must accompany the child in order to supervise the apology. Aversive consequences, such as suspension of privileges, must be applied should the child refuse to cooperate.

Step three – Return of the stolen item

During the period of apology the stolen item is returned if it is not damaged or consumed. The item is replaced as close as possible with the new item at the child's expense if it is no longer intact. For example, the child might offer to prepare a lunch for the victim of theft the following day if he had stolen the classmate's lunch at school.

Step four: Restitution + 100%

In this type of restitution, the child is required to pay the owner of the stolen item an amount of money that equals the value of the stolen item. Parents should

provide their children with household chores beyond their usual responsibilities in order to earn money for restitution, if they do not possess sufficient funds. Alternatively, the stealer may be required to perform chores for the victim of the theft, chores which the latter considers sufficient to substitute for financial restitution (Tremblay & Drabman, 1997: 36). Aranati (1990) postulates that this technique is effective with school going children in the sense that if they are only required to return the stolen item. Many of them feel that they have in any case nothing to lose (Van den Berg, 1992: 130). A study on the use of these techniques on mentally retarded children revealed that stealing behaviour reduced dramatically from 50% on the first day, 75% on the second day and 100% by the fourth day and subsequently no stealing recurred.

Step five: Role reversal

Tremblay's position is that, as a measure of over correction, the child must relinquish his/her valued possessions of approximately the same value and if possible, same function to the stolen item (Tremblay & Drabman, 1997: 37). The aim is to add salient and logical consequences that are experiencing the loss of one's own possessions.

g) Cognitive behaviour modification

Cognitive behaviour therapy (CBT) is an approach used to modify problematic behaviour. It is underpinned by the belief that cognitions are real, they influence behaviour and can be changed because they are learned (Sagawa *et al,* 2002: 367). The aim of CBT is to help clients acquire strategies to better manage their behaviours in a socially acceptable manner.

Success has been reported by several researchers in teaching disruptive and aggressive adolescents anger management skills through the application of cognitive-behavioural techniques.

Cognitive behaviour modification is an approach that combines behaviour modification techniques with cognitively based approaches. The counsellor should, in addition to helping the youngster to understand how certain external events may cue and reinforce rebellious behaviours, help youths identify how his/her interpretations and feelings about those external events may contribute to aggressive responses. The ABC analysis, which is recommended by Munden and Arcelus (in Clark, 1999), allude that **A**ntecedent events (what happened before the **B**ehaviour) and **C**onsequent response (what happened following the behavior influence the expression of most behaviour.

Below are the anger management techniques.

The first step to anger control programmes is to record how often the behaviour occurs, for example, becoming angry. The client is taught how to record his daily anger outbursts graphically. This is done in order to provide concrete representation of these behaviours.

The BDA (BEFORE, DURING and AFTER) Programme, advocated for by Kiselica, (1988: 302) is also used to help the client think differently about his anger outbursts. In this programme, the client is required to list as many anger provoking situations as he can think of. He also needs to analyse how he responded to those situations. One goal of anger control is to help the client to understand how his sequence of **before, during and after** is self-defeating and how replacing them with an alternate set of BDA's might be self-improving. The client is first helped to realise that specific thoughts sparked his aggressive behaviour and how his after thoughts may reinforce the sequence of self-defeating behaviour.

This table below illustrates the self-directed questions for anger provoking situations

Table 5: Being criticized by a peer**.**

Before	
1. What did someone do before I became angry?	1 Some guy criticized me.
2. What was I thinking about before I became angry?	2 "That guy is trying to put me down. So I will show everyone how tough I am.
During	
1. What did I do once I become angry?	1 "I threatened the person. I punched the person in his face. I cursed and yelled at the teacher when she tried to break up the fight".
After	
1. What happened to me or anyone else afterward?	1 "I received in-school suspension. The guy was hurt because I gave him a bloody nose".
2. How did I feel afterwards?	2 "I felt good at first because I proved how good I was. Later I felt bad because the kids think I am a bully"
3. What did I say to myself after wards	3 "I showed the chump (immediate thought) "I wish I could stay out of trouble" (later thought).

Finally, the client is helped to generate a set of self-improving BDAs, which he could use to guide his behaviour whenever he felt an outburst of anger. The reader is referred to the following table:

Table 6: Being criticized by a peer.

Before 1. What can I say to myself to keep from getting angry when criticized by a peer	1 "It isn't worth getting upset over" "I'll just walk away". "Maybe the guy is really trying to help me instead of trying to put me down" "I want to have a good day, so I won't let this upset me"
During 1. What can I do instead of punching someone who criticizes me?	1 "Walk away "Listen to the criticism and then discuss other subject" "Ignore him"
After 1. What happened to me or anyone else afterwards? 2. How did I feel afterwards? 3. What can I tell myself afterwards?	1 "I stayed out of trouble and nobody was hurt". 2 "I felt good for not fighting" 3 "I feel good. I'm having a good day". "I did it"

h) Positive reinforcement: The promotion of alternative behavior

Positive reinforces are the most potent tools in a good behaviour management programme. Positive reinforcement involves the presentation of a stimulus, following the required act, thus increasing the frequency of the behavior. The aim of positive reinforcement is to eliminate unwanted behaviour and train the child in some alternative prosocial acts. For example,

Behavior → **Rewarding stimulus** → **Behavior** (consequence).

Herbert (1981) posits that positive reinforcement is a method of choice when:

- A new behaviour is to be incorporated into the child's everyday behaviour.
- There is a need to increase the strength of an already acquired behaviour.
- An increase in the strength of a particular behaviour causes an unwanted incompatible response to decrease its strength (Herbert, 1981: 94).

It is important to let the child know what he or she is being rewarded for, and what the contingencies are. The following are suggestions by Ingersoll (in Clark, 1999: 68) for using positive reinforcement.

- Reinforce generously and often enough.
- Reward the child for trying as well as for success.
- Specify with the child the type of behaviour that is expected.
- Reinforce in small steps.
- Help the child attain the desired behaviour.
- Do not mix criticism with praise.
- Do not reward what has not happened yet.

Rewards should be given soon after desirable behaviour has been manifested. Activities that the child enjoys can be used, for example, watching television or playing computer games. Herbert (1981) cautions against using the same type of reward as rewards, he believes, lose reward value as time goes on. Therefore, only meaningful rewards should be given for reinforcement to be effective.

i) Negative reinforcement

Negative reinforcement is applied in order to get the child behave in a desirable way and to stop him from acting in unwanted manner. Making the removal of the aversive stimulus contingent upon a required behaviour does this.

Timeout is another behaviour modification technique that has been used successfully to decrease disruptive behaviour in young adults. Stuart and Laraiya (1998: 867) define timeout as a short-term removal of the client from

overstimulating and sometimes reinforcing situations. It has been found that with timeout, clients have more control over the process and it offers an alternative of less humiliation.

Timeout may act as a reinforcer of the behaviour it is intended to punish. For example, being sent to a room which has entertainment, such as books, TV and toys may prove to be attractive to the child. Herbert (1981: 124) posits that if timeout is to be effective, it needs to be supplemented by the reinforcement of an alternative and more appropriate behaviour.

3.4.2 Family therapy

If children are to be understood, they must be viewed as products of the interactions in the environments, including the family. In family systems theory, each member of a family is seen as an interconnected part of a whole and each member influences and is influenced by every other member.

Abundant research has revealed that children are an extension of family problems. They emit danger signals about potential flaws in the family and society. This therefore implies that family therapy should be given as a treatment of choice to deal with the core dysfunction (Yandoli, 2002: 4-9).

The family therapist focuses on all family members –their dynamics, roles, rules and means for resolving family conflicts. It is probably more useful to think of family therapy as a way of helping the family to examine how they may help in dealing with problems with which they are confronted. The therapist works on improving communication and understanding between family members. The provision of family therapy is not without constraints. However, it will not be discussed again, as the principles are the same.

3.4.2.1 Structural Interventions

Structural interventions challenge the family's patterns of interaction, forcing the members to look beyond the symptoms of the identified patient. The therapist offers leadership, direction and encouragement to examine and discard rigid structures that are no longer functional (Goldenberg & Goldenberg, 1991: 177). An effective therapist would join the family system and accommodate it to its style, with the aim of facilitating movement towards the goals of treatment. Goldberg and Goldberg (1991) are of the opinion that joining makes the family know that the therapist understands and is working with and for them.

3.4.2.2 Strategic Interventions

In this approach, the therapist devises individually tailored strategies for solving the client's presenting problems. Goals are clearly set, therapy carefully planned in stages in order to achieve these goals. The strategic therapist aims at bringing about change through issuing out directives which the family must carry outside of the therapeutic sessions. Homework assignments are given for several reasons:

- To get people to behave differently, so they have different subjective experiences.
- To gather information as to how the family's action outside of the sessions is.
- To gather information as to how the family will respond to the suggested changes.
- In order for them to change their behaviour towards one another.

Strategic family therapists sometimes make use of paradoxical interventions in dealing with oppositional clients. The reason is that the easiest way for the client to oppose the counsellor's directives is by changing the problem. This approach is systems focused. The client is asked or told to continue to perform the problem behaviour for which he or she came to therapy to get. The intervention

is designed to get client or family decide that they will not do what they have been directed to do. This is called symptom prescription (Conoley, 1987: 470, Dowd & Milne, 1986: 241). Symptom prescription places the client in a double bind, in the sense that if the problem behaviour can be performed deliberately, it is, by implication, under the client's control. At the same time, the problem might not be as dominant as first thought, if the client does not choose to do it. Placing a client in a double bind necessitates therapeutic change, regardless of the client's response. Other strategies used are restraining, which is used when the therapist tells the client not to change or to go very slowly towards the desired goal and positioning in which the therapist avoids the usual complementarity of symptoms (Conoley, 1987: 469).

Pretend techniques, often used by madness are less confrontational, less apt to invite defiance and rebelliousness but still helpful in over coming family resistance. The client or family is manipulated into 'pretending' to have a problem and 'pretending' to help.

3.4.2.3 Systematic Family Therapy

In this technique/approach, the family is seen at monthly intervals by a team of therapists who plan strategy together. Families are given assignments between sessions, which are usually in the form of paradoxical prescriptions. Systematic interventions aim at giving information in order to influence families to change their destructive, self-defeating behaviours (Goldberg & Goldberg, 1991: 21). The techniques used are as follows,

Hypothesising: This refers to the active efforts to formulate, in advance of the session, what is believed might be responsible for maintaining the family's problems. Hypothesising helps the therapist to ask the kind of questions that will confirm, necessitate revision of, or repute the suppositions.

Circular questioning: This technique focuses attention on family connections rather than individual symptoms. Several people are asked the same question about their attitude towards the same relationship. This helps the therapist to probe more deeply without being confrontational.

Neutrality: Refers to the therapist's efforts to remain allied with all family members and not allowing him or herself to be caught in family coalitions.

Positive Connotation: Refers to a form of reforming in which symptomatic behaviour is seen as positive because it maintains the systems balance.

Family rituals: Rituals such as birthdays are suggested by the therapist in a tentative way as experiments and are not expecting to be a permanent way of doing things.

3.4.3. Group therapy

3.4.3.1. Definition

Group psychotherapy for adolescents is, according to Leader (1991), a psychosocial process wherein the therapist uses emotional interaction in small, carefully constructed groups to effect *amelioration of personality dysfunctions in* individuals specifically selected for this purpose *(*Leader, 1991: 83). Through group therapy the adolescent becomes aware of new behavioural possibilities in relationships with peer and authority figures.

Adolescents are social beings who are in the midst of learning their social skills and are often more trusting of others their own age than of adults. Since adolescents are usually susceptible to peer pressure, they are particularly responsive to interventions that involve peers. This makes group therapy setting an ideal choice because they often operate in groups (Viney, Henry & Campbell

2001: 373). Although Dishion (in Viney *et al,* , 2001) are of the opinion that grouping antisocial youths in interventions can lead to unintended negative effects such as an increase in violence, research has shown that group therapy is the most effective type of therapy. It has been found to create more change than any other form of therapy used in the treatment of adolescents.

The setting in which group therapy occurs varies greatly. Treatment of delinquent youths often takes place wherever the youths are, that is, at school, in the therapist's office or their place of rehabilitation. Some groups meet for brief periods of time whilst others are open-ended and long term. A short term therapy, for example, cognitive-behavioural groups, run for twelve to sixteen weeks, whilst a long term therapy such as the psychoanalytic group may run for a year or more. Groups can either be open or closed. A closed group does not accept new members once it has started. Dexter and Wash (2001: 285) posit that closed groups are more stable and promotes loyalty. Open groups allow the replacement of a member who leaves after the group has started.

It is advisable to have two or more facilitators within a group as they will help each other with feedback. A highly structured group is characterised by the directiveness of the leader, whereas an unstructured group has less organised activities.

The figure below illustrates the continuum of groups.

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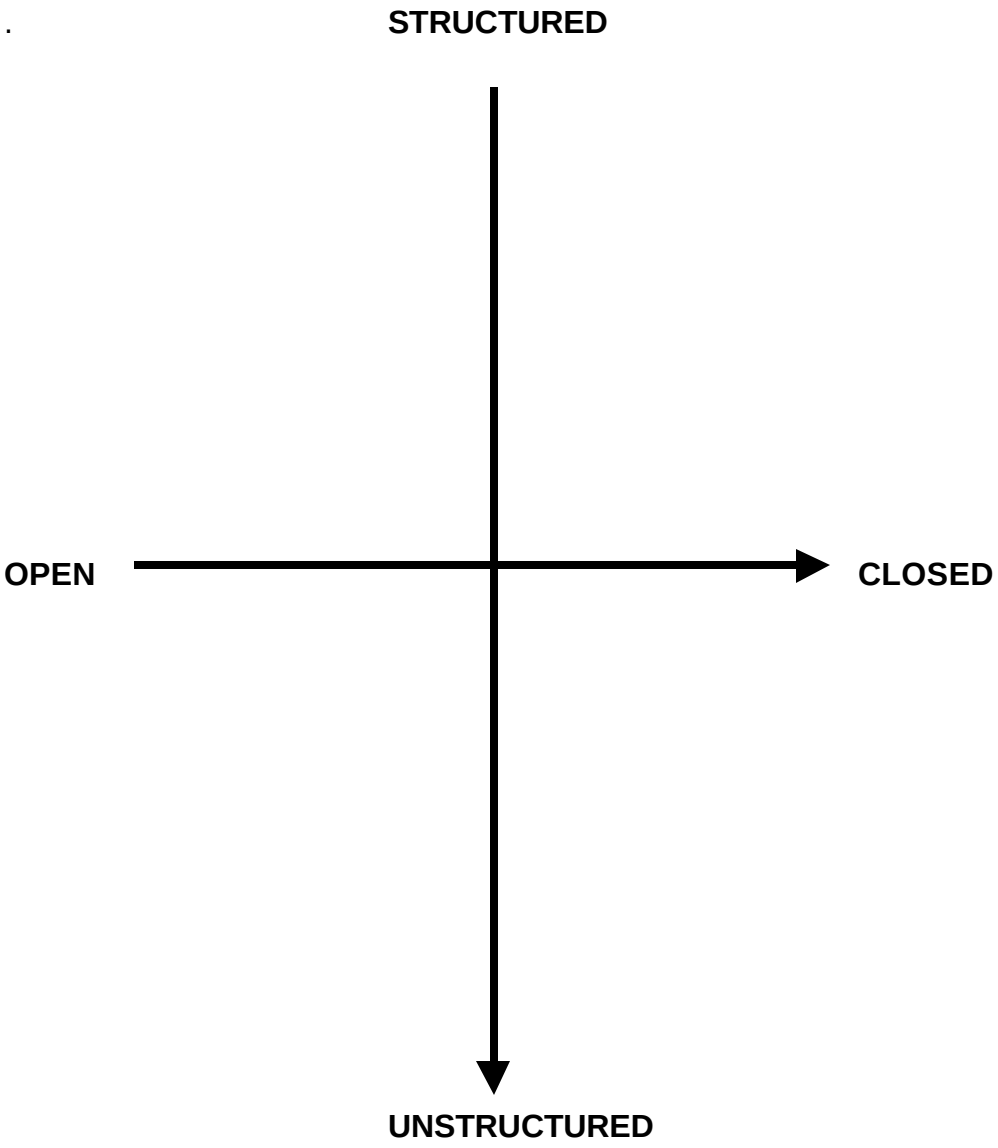


Figure 4: Group continuums

3.4.3.2 Types of groups.

The following table summarizes the group types as seen by Corey and Corey 1992:

Table 7: Group types.

TYPE OF GROUP	ACTIVITIES
Insight oriented group	Providing information aimed at increasing knowledge and helping relatively healthy people function better on an interpersonal level.
Issues/ counselling group	An experience aimed at solving specific, short-term issues which are usually of an interpersonal nature.
Experiential psychotherapy group	Emphasis is placed on experiential learning.
Self-help/support group	Assist individuals who are battling with a common problem such as obesity
T-groups	Teaches members interaction skills in order to function successfully.
Substance abuse groups	Teaches drug refusal skills and the identification of high-risk behaviours

3.4.3.3. Goals of group therapy

The primary purpose of group therapy is to provide a forum to support each other, to confront maladaptive behaviour patterns and to mobilize the power of the peer group in a productive manner. Leader (1991:83) posits that group therapy for adolescents provides the therapeutic environment where they can work through their interpersonal problems.

3.4.3.4. Group selection and composition.

While there are many kinds of adolescent therapy groups, groups may be defined by age, setting or purpose. The following categories are used when dividing adolescent therapy groups according to age:

Early adolescence ⇔12-15 years.

Mid adolescence-⇔15-18 years.

Late adolescence ⇔18-22years.

The therapist who mixes these three groups runs the risk of less interest on the part of older adolescents in the concerns of younger members, while the younger members may feel anxious and seduce the older ones into regressive behaviour.

Groups can either be homogeneous or heterogeneous. Leader (1991: 84) contends that homogeneous groups provide an arena where commonality of issues can reduce the feeling of isolation, alienation and/or shame. On the other hand, heterogeneous groups offer a wider range of identification. Groups that are heterogeneous in respect of diagnosis also function best. A group can also incorporate the disabled adolescents such as those with physical limitation, if it is to function better.

3.4.3.5. Group size and membership.

In organizing therapy groups the following must be taken cognizance of:

- Developmental characteristics.
- Needs and activities.

The major criterion for the selection of the members of the group includes age, diagnosis, intelligence level and the stage of development. Cohesive bonds are formed easily when groups are appropriately matched with respect to development form such as common goals and tasks.

The purpose of the group must of necessity inform group size. It is recommended that a group should be large enough to allow for interaction and small enough to encourage group participation. The recommended size of the

group should be six to ten participants. Seedat, Duncan and Lazarus (2000: 317) postulate that too big a size obstructs intimacy and equality in participation.

3.4.3.6 Ground rules

Ground rules must be laid down in the first session by members of the group together with the group leader. The rationale behind laying ground rules is to facilitate the process of group therapy. Ground rules should cover the following factors:

- Attendance that is punctual and frequent.
- Contract of confidentiality which assures that whatever is discussed will be kept in confidence.
- Values and participative style.
- Eating /smoking.
- Safety.
- Expectations concerning participation, quitting and feedback.

3.4.3.7 Advantages of group therapy

There are many potential benefits to groups for youths. The following items are, according to Dexter and Wash (2001: 288) curative factors in group therapy and are most helpful to adolescents.

- Carthasis- the expression of strong emotions.
- Interpersonal learning (input).
- Self-disclosure- revealing personal information to the group.
- Self-understanding- discovering and accepting previously unknown thing about self.
- Guidance.
- Instillation of hope- optimism regarding one's potential progress.
- Altruism-improvement of self-image.
- Universality-the feeling of "we are all in the same boat".

- Family reenactment.
- Group cohesiveness- a sense of belonging.
- Interpersonal learning (output).

Working with teenagers in groups is certainly challenging but it is preferred because it offers protective factors that allow teenagers to remain resilient in the face of difficult life circumstances. These protective factors are :

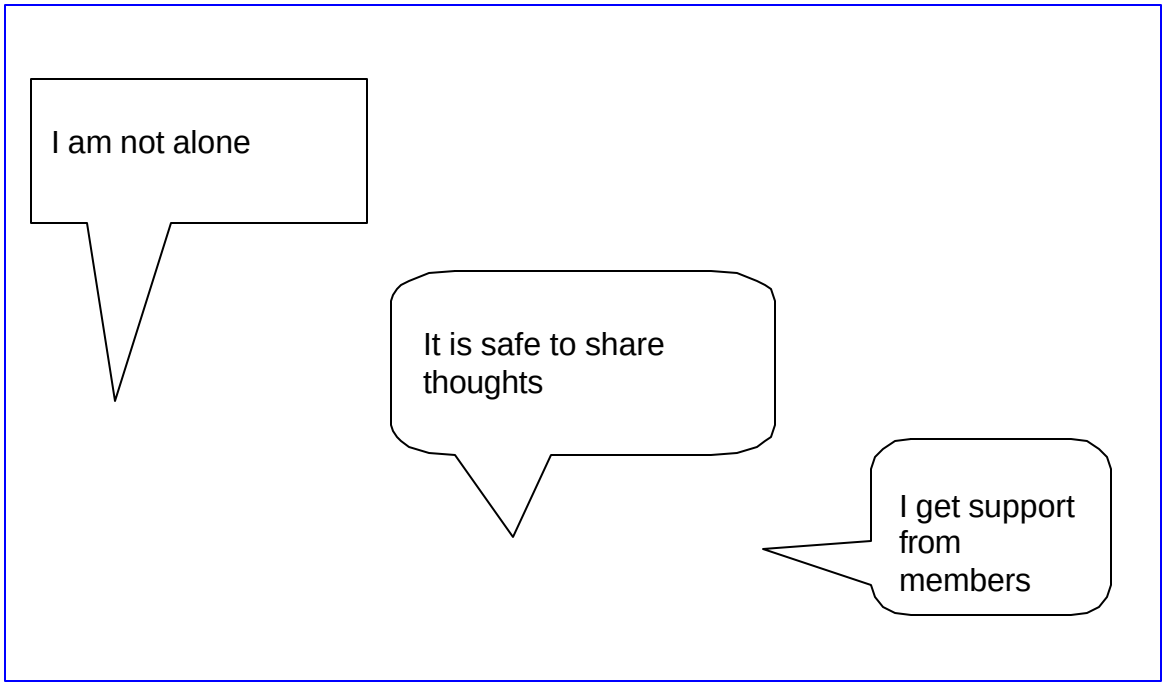


Figure 5: Protective factors for resilience

3.4.4. Life-skills training

Life-skills training has been used to refer to "the formalised teaching of requisite skills for surviving, living with others, and succeeding in a complex society" (Moote & Wodarski, 1997). Life skills are behaviours that enable individuals to adapt to and deal effectively with the demands and challenges of life. "*If you give a man a fish, you feed him for a day. If you teach him how to fish you feed him for a lifetime*". The preceding saying is a clear indication that life-skill training is meant to prepare students for life by equipping them to survive.

Brown (in Moote & Wodarski, 1997) found that decision-making is a crucial skill in adolescent development, especially concerning dependence/independence matters. Today, teenagers have to make choices about involvement with gangs and violence, alcohol and drugs, sex and pregnancy and other potentially damaging risk-taking behaviours. An adolescent requires certain competencies in order to be able to communicate and solve problems effectively and take decisions that are sound.

There are many such skills, the core life skills involve the ability to:

- Make decisions.
- Solve problems.
- Communicate effectively including listening, being assertive and to negotiate.
- Cope with emotions and stress.
- Be self-aware.

It has already been established that adolescents are turning to dysfunctional and self-destructive coping mechanisms to deal with the stressors and challenges associated with contemporary life. These findings are consistent with theoretical models that suggest that adolescents engage in antisocial behaviour because they lack the necessary skills for prosocial behaviour or because they have limited opportunities and have weak commitment to conformity (Hirshi; Cloward & Ohlin in Mathye, 2000: 30 and 33).

Skills deficit is viewed by researchers as the major pre-disposing individual risk factor and is related to the development and maintenance of problem behaviours such as substance abuse, gang involvement and violence. Recent investigations (Hains & Hains, 1988: 96, Greening, 1997: 51; Griffin & McDermott, 2000: 603) have proved that delinquents are deficient in social problem-solving skills. This deficiency may increase the likelihood of producing delinquent behaviour, unsuccessful, inappropriate or antisocial solutions in problem situations. Bennett

(in Harmon, 1993: 222) argues that adolescent drug problems stem from 'life problems'. Therefore, treating individual problem behaviours such as substance abuse implies that youths are treated for wrong problems.

Services for at-risk youths must include prevention programmes that focus on teaching students skills for recognising and resisting social pressures to engage in risk-taking behaviours. For example, substance abuse prevention approaches that involve training in resistance skills and broader based life skills have been found to be very effective. Through a variety of learning techniques, adolescents are taught to use alternative methods of coping with the demands of living without using maladaptive patterns such as substance abuse.

The goal of social skills development is to:

- Promote positive changes in youths' behaviours.
- Reduce the risk factors for adolescents.
- Use an ecological model of youth, family and peer interaction.
- Enhance family and community stability.

Skills training approach assumes that the youngster is motivated to bring about change in his life, seeks to modify cognitions and prescribing skills. Youths who enter skills training programmes should be willing to be treated so that they will not prematurely terminate treatment (Davis, Wolfe, Oreinstein, Bergamo & Ryan, 1994: 766). It teaches coping behaviours through instruction, modelling directed practice and feedback. These include:

- Assertiveness training.
- Increasing self-esteem.
- Stress-management.
- Anger-management techniques.
- Exploration of feelings.
- Decision-making.
- Problem-solving skills.

- Communication skills.

3.4.5. School-based interventions

When institutions release mentally ill adolescents, the juvenile delinquent or prisoners below 21 years, the adolescents all go to school. Thus schools serve as converging places for a variety of behaviourally and emotionally disturbed teenagers. As an implicit goal of all school systems is to foster growth and development, schools need to be fully equipped to deal with rebellious adolescents. Unfortunately not all schools are equipped with skills to deal with inappropriate behaviour. The following are the commonest ways of dealing with inappropriate behaviour in schools.

a) Exclusion from class school

Parents and teachers are often worried about maintaining standards in school and that any inappropriate behaviour will affect learning and teaching. It has been found that the commonest and most effective way of removing rebellious behaviour from school is to exclude the offender (Lund, 1996: 1). Disruptive youths, troublemakers and underachievers are often grouped together and placed in an alternative school for dropouts. These schools are considered dumping grounds for social misfits and underachievers (Osborne, 1990: 45).

Students whose behaviour is viewed as rebellious are labeled and teachers end up seeing no hope for the future attainment of the objective of education. Some schools suspend misbehaving students albeit temporary. In her master's dissertation, Mathye (2000) became aware that students who misbehave are often excluded from class.

b) Control oriented discipline

The most common approach to discipline in the schools is through administrative policies that are controlling. Control in schools is meant to prevent many of the behaviour problems schools are faced with. Policies are put in place and enforced strictly. Students are then required to follow rules that emanate from policies. Teachers also apply control over pupils by tightly controlling the course content. Ironically, control evokes resistance in students, which in turn makes the administrators react by making rules more strict, punish more severe, and instituting more behavioural and administrative restraints (Edwards, 1994: 34). Arguably schools unintentionally encourage rebellion in the students by using excessive control.

Control in school is commonly achieved through rewards and punishment. Rewards have been found to be powerful means of controlling behaviour. Behaviour modification techniques can be applied to shape students behaviour as desired.

Rewards can be in the form of praise, a nod and/or tangible things such as a star. Unfortunately rewards do not always have positive effects. It has been found that students who receive extrinsic rewards become less motivated to work hard without the reward. The suggested reasons for this, according to Edwards (1990: 342) are:

- Rewards make people feel controlled and this interferes with their desire for self determination.
- Rewards encourage “ego involvement” to the exclusion of “task involvement”.
- The promise of a reward may convince the receiver that the activity is not worth doing for its own sake.

Rewards may also be given in the form of verbal reinforcement when an adolescent exhibits the desired behaviour, for example, praise. Henderlong and Hepper (2002: 774) warn that praise, like penicillin, must be administered with

caution. When given as a way of controlling, praise can stifle or delay the development of autonomous individuals. For example, praise which is meant for the individual rather than for the task or to denote one child being better than the other may unknowingly undermine intrinsic, motivation. Although praise is seen as positive, Henderlong and Hepper (2002) propose that adolescents become very uncomfortable with praise that evaluate them and will deliberately misbehave to prove you wrong.

On the other hand, numerous studies such as Olweus (1984); McFadden (1986) and Askew, (1989) argue that schools can reinforce aggressive or bullying behaviour through indicating stereotypical notions of masculinity such as independence and competetiveness (Slee. & Rigby 1994: 3).

c) Control with punishment

Punishment is the second, commonly used form of control. Punishment implies using force rather than reinforcement to achieve control. Before it was abolished in South Africa, punishment used to occupy the largest portion of discipline in schools. Like praise, punishment does not always carry positive effects. What follows below are a few research findings regarding the effects of punishment according to Edwards (1994: 343).

- Effects of punishment are negated unless equal treatment is given to all those who deserve punishment.
- Punitive and angry teachers promote more disruptive and less involved students.
- The students of more punitive and disapproving teachers are less likely to comply with teachers' demands.
- Punishment promotes more misbehaviour when rules governing teacher expectations are not accurately specified.

- Some children may find intended punishment to be reinforcing, thus stimulating an increase of misbehaviour.

At Bakenburg High School, where the researcher undertook her research on rebellious behaviour in the year 2000, misbehaving students are often punished by doing manual labour, such as hoeing the grass in the school yard. Students sometimes refuse to accept the punishment for a variety of reasons. For example, a male student said this about hoeing the grass *"I don't accept the punishment because it is unfair"* (Mathye, 2000: 130). Some refuse to accept the punishment when it is meted out by a lady teacher.

d) Control through programs

Policies need to be developed for the following reasons,

Table 8: Reasons to develop policies

- To provide an opportunity to put shared values about the ways school communities should behave into practice.
- To develop a positive reputation for the school within the community.
- To enable all members of the school community to behave appropriately towards each other.
- To provide a school ethos that is positive and conducive to learning and teaching.
- To encourage the development of high self-esteem in all members of the school community.
- To provide an appropriate learning and teaching environment.
- To provide a definition of appropriate and inappropriate behaviour.
- To enable appropriate rewards, sanctions and punishments to be developed (Lund, 1996: 3).

Despite the seriousness of bullying in schools, the response of the school personnel has been, according to Batshe and Knoff (1994: 171), disappointing.

From the reports by students, it is evident that school personnel do relatively little to intervene in the bullying circle at school. Batshe and Knoff (1994) cite the following as reasons for non-intervention,

- It may be helpful to turn a blind eye to the problem.
- Teachers are less motivated to intervene because of the social skills of the victim.
- The behaviour of the victim may play a role.

Schools need to develop comprehensive and integrated to prevent and reduce bullying. Researchers such as Olweus, Underwood and Lochman (in Batshe & Knoff, 1994) and others have suggested a host of district, building, classroom and student – level interventions.

Discussions with parents, teachers and children gave rise to the recommendation that anti-bullying programmes should incorporate the following elements which are best described using the following acronym.

P	=	Policy
E	=	Education
A	=	Action
C	=	Coping
E	=	Evaluation

Figure 6: The PEACE plan

Policy - A clear statement should be made against bullying as part of the school's behaviour management policy.

Education - Teachers, parents and children should identify what is meant by bullying and discuss the implementation of policy statement at school and classroom level.

Action - Bullying needs to be monitored regularly and appropriate rules and sanctions should be developed.

Coping - It is important to help bullies and victims cope with their day to day difficulties.

Evaluation - Programmes must involve the evaluation of their effectiveness.

3.4.6 Bibliotherapy

In an era where reading is being replaced by passive media such as television, bibliotherapy can be regarded as extremely helpful. Martin and Martin (1983: 313) call it an effective growth process for adolescents. It can be used effectively in groups as well as in individual sessions.

Bibliotherapy is helpful in children who are motivated, shy or quiet and need information in order to open up about a sensitive topic. It can also be used when the child is angry and seems reluctant or refuse to talk about personal issues. Maladaptive behaviour patterns can be altered through reading a book. Reading a book has been found helpful in regular as well as in remedial classes, as it

promotes involvement (Timmerman, 1983: 293). It has been found that children often have difficulty verbalising their emotions. Martin and Martin (1983) are of the opinion that reading a book enables the youngsters to get in touch with their feelings. Counsellors and teachers should have books readily available.

3.5 DISCUSSION OF LITERATURE REVIEW

Therapists favour treating the client in all the modalities required whether it be individual, group and or family therapy. Leader (1991: 87) postulates that combining different treatment modalities in treating antisocial behaviour has been found to be very beneficial. Together they produce greater benefits than anyone could produce by itself.

Unfortunately, psychotherapeutic interventions do not always give rise to intended outcomes. Some clients may express resistance to treatment albeit by accident. It takes a skilled therapist to identify those aspects of their own interventions that may precipitate resistant patterns and behaviours. The aim of applying therapeutic interventions should be to bring about desired change in the adolescent's behaviour. Thus, this power for change should primarily reside in the potent techniques/strategies used by the therapist (Bohart & Tallman, 2002: 35)

3.6 CONCLUSION

Change is at the heart of psychotherapy and the goal of almost all interventions. This chapter highlighted a myriad of therapeutic techniques that can be used by therapists to treat the rebellious adolescent. In some instances their efficacy was also highlighted. Parents and mental health professionals who work with adolescents who are rebellious should realise that one intervention alone is rarely effective in the management of rebellion.

In the next chapter, the researcher will discuss the methodology of the empirical study and give a description of the research design.

The aspects covered in this chapter are illustrated in the following figure:

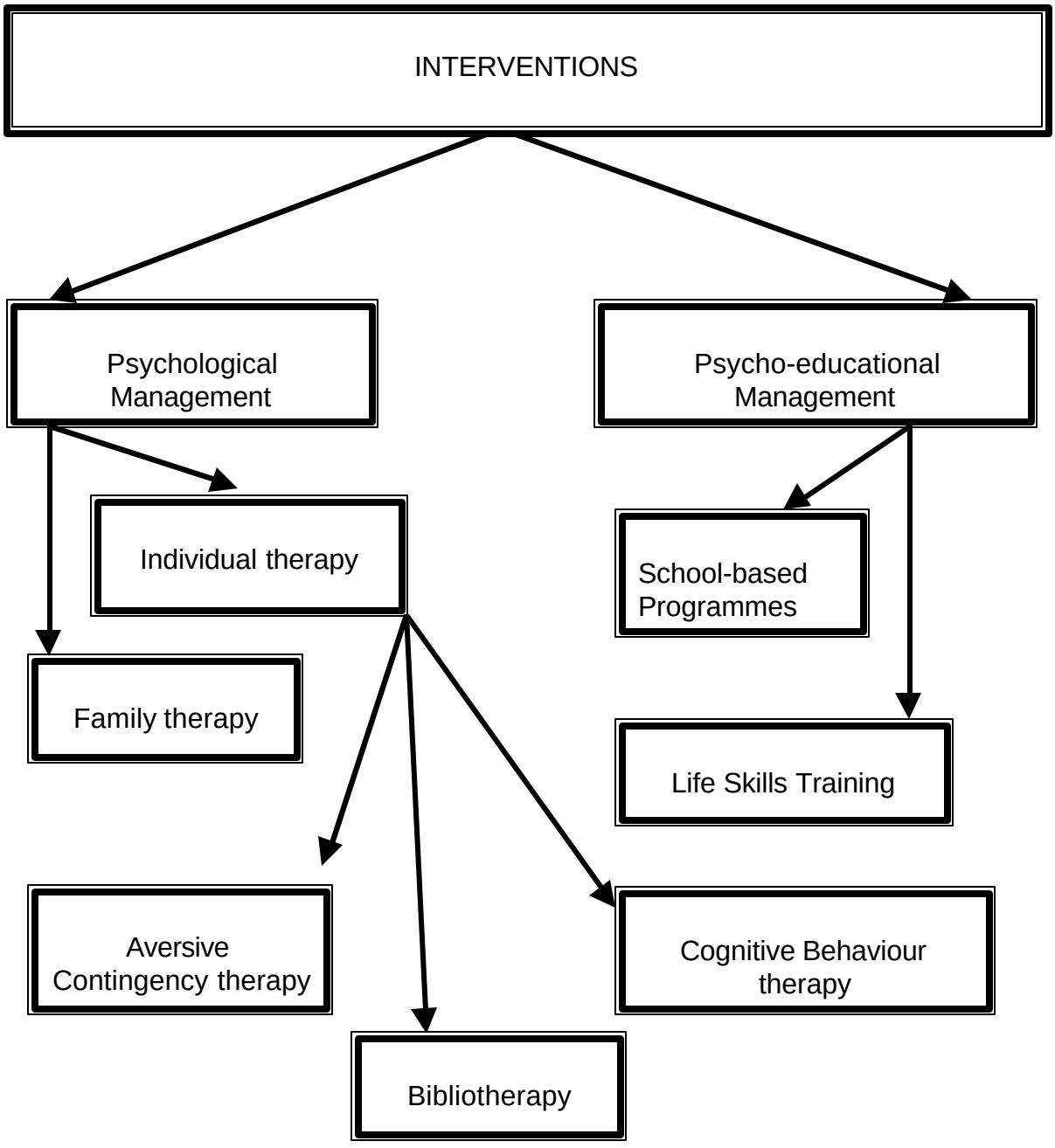


Figure 7: Summary of Chapter 3

CHAPTER 4

THE RESEARCH DESIGN

"What can be done with fewer means is done in vain with many"

William of Ockham (1300-1349)

4.1 INTRODUCTION

In Chapter 1, the introductory orientation and statement of the problem were presented, the problem was explored, terms described and the study programme was outlined. Whilst many health providers acknowledge that they are not equipped enough to effectively address the range of problems that many youths experience, there is abundant literature available which can be put to good use to enable the child to attain his or her development to the optimum. The importance of early intervention has been highlighted and the use of multi-modal intervention plan has been advocated to bring about the greatest success.

Chapters 2 and 3 are based on the findings gathered from the literature study. Whilst Chapter 2 gave a detailed description of the phenomenon of rebelliousness and its related concepts, Chapter 3 explored various options regarding therapeutic interventions. These two chapters gave rise to the following, which will be the focus of this chapter:

- Specific research question.
- Aims of the study.
- The hypothesis.
- Research method.

4.2 THE SPECIFIC RESEARCH QUESTION

The researcher is concerned about the lack of psychological support services in the schools as many school-going children experience problems that, it is believed, lead to the development of criminality. The question to be investigated in this thesis seems disarmingly simple, namely,

What therapeutic techniques can be applied in order to effectively address the range of problems that many youths experience?

The question gains immediate complexity, especially, when one realises that many schools, elementary through high school, do not have support services and academic programmes are often inefficient. Activities that would develop or reinforce creative talents are virtually non-existent. It has been widely documented that a thread runs through childhood to adolescence for anti-social behaviour. This means that children with problem behaviours become adults who display some kind of unacceptable behaviour. It is the contention of this thesis that resources should be devoted to working with adolescent youngsters before they manifest behavioural difficulties.

4.3 THE PURPOSE OF THE STUDY

The most common purpose of social science research, according to Barbie (1992) in Mathye (2000: 92) is to explore, explain and describe human behaviour, situations or events. Qualitative researchers collect data by interacting with selected persons in their settings. The goal of qualitative research is to understand the social phenomenon from the participant's perspective.

The aims of this study were stated in paragraph 1.6. They are,

a) To provide an in-depth literature study which will focus on:

- The phenomenon of rebelliousness.
- The therapeutic programmes that are used in treating rebellious children.

b) To conduct an empirical study which will investigate the following interventions:

- **Family therapy**

The rationale behind the choice of this treatment modality is that involvement of the family and parent participation is the biggest predictor of success in the treatment of teenagers, as many youth problems have been found to reside within the family.

- **Group therapy** which will take a psycho-educational format (Skills training)

Research has shown that, being susceptible to peer-pressure, adolescents are particularly responsive to interventions that involve peers (Viney *et al,* 2001: 373). Group work is preferred because adolescents frequently operate in groups. Programmes will include the teaching of:

- Decision making skills.
- Communication skills.
- Goal setting.
- Increasing self-esteem.
- Assertiveness.
- Self-concept enhancement.
- Stress management techniques.

The therapeutic goals of skills training are as follows:

- Life skills training programmes teach young adolescents how to make informed, deliberate, and constructive decisions that will reduce their health-compromising behaviours.
- Life skills can improve the interpersonal skills of teenagers, thus help them relate better with others and solve interpersonal problems effectively.
- Offer a constructive learning opportunity to meet complex and rapid changes in society.
- Use the knowledge that they gained to make constructive decisions.
- Life skills promote healthy behaviour so that teenagers can successfully achieve their goals.

- **School programmes** such as programmes to combat stealing and bullying.

4.4 RESEARCH DESIGN

4.4 1 The rationale for the study.

From the research findings presented thus far, it has become evident that adolescents present with a variety of problems which mental health professionals are not always sure on how to handle. In her master's dissertation conducted at Bakenberg High school in 2000, the researcher's findings were that many learners were referred to guidance teachers for a variety of behaviour problems, for example, stealing. Guidance teachers admitted that they usually do not know how to handle the problem. This made the researcher become aware of the need for therapeutic programmes that will help teachers and parents alike, deal with these problems that they are confronted with on a daily basis.

There are many modes of intervention within the field of psychology, a fact which, at times, adds to the confusion rather than clarify the issues of dealing

with problem behaviours. Mental health professionals are often at a loss of what therapeutic techniques to use for what type of a problem. Some admit to being ill-equipped for dealing with some problems. Some use some treatment modalities extensively with little evidence of beneficial effects while they do not make use of other interventive strategies, despite strong evidence of effectiveness. This arguably correlates with the fact that many youngsters relapse after they are released from structured therapeutic programmes.

In her daily therapeutic dealings with the adolescents, the researcher was alerted to their particular deficiency in skills and their need for competency enhancement. It is the position of this researcher that efforts need to be directed towards prevention of high-risk behaviours to avoid negative consequences on adolescence and beyond. Her growing awareness of the need for early intervention to empower vulnerable youngsters hinges on the premise that it is very difficult to turn around antisocial behaviour once it has set in. For these reasons, the writer finds herself subscribing to the notion of *"prevention is better than cure".*

While this researcher acknowledges that prevention is not easy, it often requires collaboration amongst various mental health practitioners. In a school setting, successful preventive intervention rests on establishing a learning environment which supports students' positive and adaptive behaviour and identify students who require more individualized programmes (Hester, 2003: 130).

4.4.2 The therapeutic point of departure

The researcher intends using awareness and exploration as ways of approaching her study. First and foremost, the therapist will create a therapeutic environment that is conducive to psychotherapy. Stuart and Laraiya (1998: 867) describe a therapeutic milieu as a controlled environment that provides clients with a stable and coherent social environment that facilitates the development and

implementation of the treatment. In this environment the therapist provides trust, acceptance, acknowledgement, collaboration and respect for the client without being judgmental. The psychologist will form a therapeutic alliance with the client. Nathan *et al* (2000) concludes that a therapeutic alliance is the most important factor in determining positive therapeutic outcomes.

The goal of psychotherapy is the treatment of emotional, cognitive or behavioural dysfunction. Through psychotherapy, youngsters will be brought to the states of awareness about their behaviour and how they can change them. Mc Nab (1993) in Clark (1999) believes that *"therapy becomes a process of establishing awareness and relevance of the context in which change and growth can take place".* For example, bullies are made aware that they overpower others because they feel powerless. The adolescent is enjoined to give up the "might is right" struggle and develop personal power instead (Wells, 1987: 180). The task of the therapist is to help the client decide what the problem is, in what areas of life it is experienced, how it affects functioning and feelings, what coping strategies have been employed and what resources are available. The educational psychologist will form alliance with the client.

In her experience as a psychologist, this researcher has become aware that attempting to treat rebellious youth without treating the family is futile. The goal of family-based intervention is to focus attention on the patterns of behaviour that help maintain rebellious behaviour.

This researcher intends teaching life-skills in the form of group therapy. This she believes will be more effective as adolescents prefer being in groups.

4.5 ASSUMPTIONS

In qualitative research, the researcher is not bound to a specific hypothesis. Rather, the hypothesis develops as insight into the problem being investigated develops. Qualitative researchers develop the hypothesis as they gain more and more understanding of the problem being investigated. The researcher proposes the following hypotheses.

- It may be hypothesized that individual therapy is less effective in treating teenage problem behaviours.
- It may be hypothesized that group therapy provides a forum for adolescent to confront maladaptive behaviour.
- It may be empirically determined that all treatment approaches are equal.
- It may be hypothesized that therapeutic change is greatest when the therapeutic procedures do not evoke patient resistance.

The reader is here cautioned that the hypothesis may probably change as the study progresses.

4.6 RESEARCH METHOD

This study is characterized by a literature as well as an ideographic research. The literature study comprised a discussion on rebelliousness and a comprehensive view on the concepts related to it, that is, deviance, oppositional behaviour, delinquency, aggression, substance abuse, suicide, stealing, truancy, runaway and underachievement. The literature study was conducted in order to facilitate the understanding of the phenomenon of rebelliousness and to determine the contents of a successful therapeutic programmes for youths with behaviour problems. The ideographic research will involve the application of therapeutic interventions in a practical situation.

4.6.1 Qualitative research method

Qualitative research is used as an approach in which procedures are not strictly formalised, where the scope is more likely to be undefined, and a more philosophical mode of operation is adopted. It is a systematic, subjective approach used to describe life experiences. The study will take a qualitative orientation as it works with people on a person-centered level. It is also appropriate as it takes place in a natural setting to discover the natural flow of events and processes. The researcher decided to use qualitative research because of a preference to insight, exposure and interpretation rather than testing the hypothesis.

Qualitative research is concerned with the understanding of the social phenomenon from the participant's perspective. Understanding is acquired by analysing the many contexts of the participants and by narrating participants' meanings of these situations and events. Mc Millan and Schumacher (1993: 273) postulate that these meanings include their feelings, beliefs, ideals, thoughts and actions. Qualitative research is therefore concerned with understanding a certain phenomenon from the participant's perspective. It generally investigates small, distinct groups in depth and makes context-bound generalizations. Schumacher and Mc Millan (1993) conclude that data for qualitative research is collected through interaction with the selected persons, interviewing and by obtaining any relevant documents. In fact, qualitative methods provide information that enables the researcher to see beyond the simple dependant variable (Mac Farlane, 2000: 77). By observing the entire context, the ethnographer is in a unique position to understand elements that influence behaviour, to articulate and interpret them- to reconstruct these multiple constructed realities.

The researcher also makes use of a descriptive approach in her literature review. The aim is to answer part of her research question.

4.6.2 Demarcation of the study

Rebelliousness has been found to be semantically associated with almost eleven concepts, which have already been enumerated on page 104. It is clearly outside the scope of this thesis to write the therapeutic programmes for all the behavioural problems experienced by adolescents, as this may even exhaust the possibility for future research. Researchers are increasingly finding that problem behaviours in teenagers are interrelated. For example, heavy substance abuse is related to early sexuality, underachievement, dropping out of school and delinquency. Thus, as a means of addressing the critical question in 4.2, attention will only be given to detailing the therapeutic programmes that embrace all the problem behaviours and especially for problems that feature high according to the research findings that appear below.

4.6.3 Data collection

Wickman's (1979) four year study of the clinician-teacher-child attitude related to the seriousness of the children's behaviour problems revealed the following findings (Vidoni, 1983: 96):

Table 9: Ranking of Mean Ratings of the Relative Seriousness of Behaviour Problems in 1979

	Teachers	Mental Health Professionals	Children
Stealing	1	3	1
Cruelty/Bullying	6	2	3
Destroying materials	3	1	2
Untruthfulness	5	5	7
Smoking	22	45	5

The similarity between the above scale and the researcher's previous scale (Mathye, 2000: 104), urged the researcher to use them as a basis for data collection. The aim of the questionnaires was to determine the parent-teacher-child ranking related to the seriousness of the child's misbehaviour problems. Preceding from this, the researcher will formulate a diagnosis which will later form a basis for drawing the therapeutic programmes.

Table 10: Diagnostic forms

Form 1: Truancy	Parent: N =14		Teacher: N=25		Child: N= 100	
	Neg. Resp	%	Neg Resp	%	Neg Resp	%
• Stays away from school	9	64	13	52	23	23
• Negative perception of school	1	7	18	72	25	25
• Under achieve	7	50	20	80	39	39
Totals	17	40	51	68	87	29

Form 2: Withdrawal	Parent		Teacher		Child	
	Neg Resp	%	Neg Resp	%	Neg Resp	%
• Would rather be alone	5	36	4	16	22	22
• Refuses to talk	9	64	13	52	22	22
• Stares blankly	o	0	11	44	25	25
• Sulks	7	50	6	24	7	7
• Unhappy, sad, depressed	8	57	7	28	17	17
• Day dreams	0	0	17	68	38	38
• Distances self from what goes on	6	43	10	40	15	15
Totals	35	50	68	39	146	29

Form 3: Antisocial behaviour	Parent		Teacher		Child	
	Neg Resp	%	Neg Resp	%	Neg Resp	%
• Assaults	3	21	6	24	4	4
• Vandalizes	2	14	9	36	18	18
• Steals	7	50	13	52	63	63
• Aggressive	6	43	13	52	22	22
• Blames others	6	43	10	40	48	48
Totals	24	34	51	49	155	31

Form4: Oppositional behaviour	Parent		Teacher		Child	
	Neg Resp	%	Neg Resp	%	Neg Resp	%
• Anxiety over ability	0	0	8	32	52	52
• Inferior	0	0	9	0	38	38
• Low risk-taking tendencies	0	0	4	16	58	58
• Sense of alienation	0	0	5	20	3	3
• Affectional anxiety	2	14	3	12	19	19
Totals	2	3	20	16	170	34

Form 5: Delinquency	Parent		Teacher		Child	
	Neg Resp	%	Neg Resp	%	Neg Resp	%
• Runs away from home	5	36	5	20	4	4
• steals at home and outside home	5	36	9	36	35	35
• attacks people	3	21	8	32	4	4
• throws rocks or bottles at passing cars, buildings	0	0	1	4	3	3
• uses alcohol	6	43	5	60	7	27
• uses dagga or other drugs	4	29	12	48	2	2
• sexual offences	0	0	3	12	5	5
• fights	8	57	13	52	22	22
• has bad friends	6	43	14	56	48	48
• enjoys defiant rock music	7	50	2	8	83	83
Totals	44	32	82	33	223	22

Form 6: Substance abuse	Parent		Teacher		Child	
	Neg Resp	%	Neg Resp	%	Neg Resp	%
• abuses alcohol	6	43	11	44	11	11
• abuses dagga/ other drugs	2	14	9	36	5	5
• no interest in schooling	6	43	18	72	10	10
• aggressive	7	50	12	48	12	12
• association with dagga abusers	4	29	9	36	7	7
• association with alcohol abusers	3	21	8	16	16	16
Totals	27	33	67	42	61	10

Form 7: Aggression	Parent		Teacher		Child	
	Neg. Resp	%	Neg. Resp	%	Neg. Resp	%
• defiant	10	71	14	56	31	31
• destroys others' things	3	21	9	36	45	45
• demands attention	1	7	13	52	14	14
• bullying	3	21	11	44	5	5
• threatens	4	29	7	28	12	12
• argues	5	36	16	64	37	37
Totals	26	39	70	47	144	24

Form 8: Suicide	Parent		Teacher		Child	
	Neg. Resp	%	Neg. Resp	%	Neg. Resp	%
• talks about suicide	2	14	0	0	5	5
• changes in behavior or personality	4	29	9	36	11	11
• making final arrangements	0	0	2	8	12	12
• tried to kill self before	3	21	2	8	3	3
Totals	9	21	13	17	31	8

Form 9: Runaways	Parent		Teacher		Child	
	Neg. Resp	%	Neg. Resp	%	Neg. Resp	%
• ran away from home before	4	29	6	24	2	2
• disrespects	11	79	12	48	10	10
• abuse dagga/ drugs	6	43	8	16	3	3
• abuse alcohol	6	43	6	24	12	12
• uncooperative	10	71	17	68	28	28
• easily annoyed	6	43	5	20	31	31
• poor self-image	0	0	10	40	27	27
Totals	43	51	64	34	113	16

Form 10: Underachievement	Parent		Teacher		Child	
	Neg. Resp	%	Neg. Resp	%	Neg. Resp	%
• feelings of inadequacy	0	0	6	24	15	15
• poor work habits	0	0	19	76	51	51
• unsatisfactory relationship with peers	2	14	4	16	14	14
• problems with reading, speaking and listening	1	7	13	52	29	29
• fails tests and exams	10	71	18	72	48	48
• poor self-image	0	0	8	32	22	22
Totals	13	31	68	43	179	30

Table 11: Teacher Report Form

School-related problems	Teacher=n 25	
	Neg resp	%
• disrupts other pupils	18	72
• incomplete class assignments	19	76
• fails to finish homework	20	80
• does not concentrate	20	80
• School related problems	15	60
• defy rules	21	84
• talks out of turn	7	28
• opposes teachers	19	76
• skips classes	12	48
• late coming	22	88
• swears at teachers	17	68
• assaults teachers	1	0
• makes sexual advances at teachers	0	0
• carving on desks and other school property	18	72
• does not wear school uniform	23	92
• arrogant	20	80
• poor relationships with peers	13	52

Respondents' ranking of rebelliousness

The respondents view the incidence of rebelliousness as follows (in rank order):

Table 12: The occurrence of rebelliousness

Parents	Teacher	Children
Runaway	Truancy	Oppositional behavior
Withdrawal	Antisocial behaviour	Antisocial behavior
Truancy	Aggression	Underachievement

A significant number of learners, 63 % according to Mathye (2000: 111), admit to stealing. This self-report was confirmed to a larger extent by their parents and teachers. It is interesting to note that there is a pattern of correlation between the above findings, Miller and Klungness (1989) and Wickman's (1979) results where stealing was rated as number one problem behaviour by both teachers and children.

4.7 INFORMATION REGARDING SUBJECTS

Clients used in the study are referred by parents, teachers, the court and general practitioners in the geographical area who have already diagnosed the presence of behaviour or emotional problems. Some of the adolescents might have already been treated with medication.

The profile of the subject might look like the following,

- Falls within 12-18 years age group.
- Is truant.
- Has been in contact with law enforcement agencies for misbehaviour.
- Comes from a dysfunctional family.
- Is a chronic underachiever or has anxiety over achievement.

In her daily therapeutic encounter with adolescents, the researcher became aware that most youths lacked skills, for example, leisure-time skills. Generally, in her dealings with adolescents, the researcher also realised that many adolescents lack skills to cope with the many problems that they are faced with.

Deficient social problem-solving skills have also been linked to such problems as aggression, stealing and substance abuse in youngsters.

4.8 THE ROLE OF THE RESEARCHER.

The modified version of the previous scale served as a basis for data collection and, to a certain extent, data analysis. The diagnosis that she arrives at creates a challenge for drawing the therapeutic programmes that can truly interrupt antisocial behaviour in teenagers with a long and extensive history of antisocial behaviour. Being a therapist herself, the researcher will use her knowledge and expertise of therapeutic techniques in drawing programmes.

The present study is important to the understanding of the context in which the actions of mental health professionals and teachers should be viewed. Mental health professional were once seen to be more interested in emotional adjustment, are presently shifting towards a concern for disruptive behaviour. This attitude, according to Vidoni (1983: 98), could be attributed to the daily contact that mental health professionals have with children and school environments. Marshall and Rossman (1989) in Roets (2001: 112) posit that researchers that undertake qualitative research should play such a role in order to enhance the field for research.

4.9 ETHICAL ISSUES

The researcher works with groups of youths who come from different cultural and religious backgrounds. In a study like this, it is very important for the writer to refrain from making value judgment and not to impress her own personal values on the subjects.

Another important factor that needs to be taken cognisance of in social research is that of informed consent. Adolescents are not considered capable of giving

free, informed consent in the usual sense. Even though their parents or guardians must consent for them, the assent of the child will still be obtained (Arnold, 1993: 8). In cases where obtaining consent becomes difficult as in cases of abuse or neglect, the educational psychologist will devote some effort to education and consultation about the potential benefits to the teens of being included in the treatment programmes. The process of informed consent allows for explicit explanation of what actions will follow and which individuals will receive this information. (Meade & Slesnick, 2002: 457).

In the questionnaires that were concluded, subjects were promised anonymity and confidentiality. An irony occurs when the therapist sometimes encounters information that requires reporting. The adolescent must be informed of the explicit limits to confidentiality using concrete examples which they can understand.

4.10 CONCLUSION

The present chapter gave an in-depth account of the research methodology to be employed in this study. The research problem, the aim of the investigation, the data collection methods and the research design were discussed.

The process of the empirical research study that will be undertaken is summarised by the following table:

Table 13: The Empirical Research.

Technique	Focus	Sessions
Individual therapy	Therapy undertaken to provide a therapeutic environment in which clients can feel comfortable to air their feelings. The main focus will be on behaviour change.	At least six per client.
Family therapy	Parental involvement and educating parents about adolescent development were the main focus of therapy. Parents are taught skills that they were also required to practice outside sessions. These are done in the form of parent-child workshops.	Six
Group therapy	Core lifeskills that are taught to adolescents are communication, goal-setting, problem-solving assertiveness, stress management and self-concept enhancement. Use is made of worksheets, role-plays, activities and discussions.	Eight
School-based programme	Long and short-term policies formulated by all members of the school community.	Two

CHAPTER 5

INTERVENTION MODEL FOR REBELLIOUS YOUTHS

"The best way to make children good is to make them happy"

Oscar Wilde (Lankton 1989:379)

5.1 INTRODUCTION

In this chapter, the researcher will provide the reader with an overview of the process of the empirical study as described in Chapter 4. There were at least six therapy sessions per programme, each lasting sixty minutes.

Throughout the study, it has become apparent that adolescents engage in different problem behaviours at the same time. It would seem most practical and beneficial to target all of these behaviours using one programme. Educational psychologists and other professionals working with rebellious youth need to understand that one intervention alone is rarely effective in the management and eradication of rebellious behaviour.

At present there are no existing interventions that are holistically applicable to rebellious behaviour *per sè.* Currently available intervention techniques have been found to concentrate on the presenting problem, rather than looking at the problem holistically. For example an aggressive adolescent may also present with low self-esteem, underachievement, a sense of inadequacy and communication problems on the home-front. This has arguably led to the interventions being ineffective in completely eliminating rebellious behaviour. The researcher's encounter with interventions discussed in Chapter 3 also alerted her to a number of points that rule out the use of traditional interventions. In this chapter, the researcher intends writing out therapeutic programmes that combine modalities, such as individual, family and group therapy and school

interventions, with the intention of fully changing rebellious behaviour and its consequences on adolescence and beyond.

Working with youths, especially those who exhibit significant behaviour problems, is challenging. It requires the setting of realistic goals and expectations. It is important to place interventions in a wider context and to recognise that a combination of treatments not only addresses the different aspects of the problem but also maximize the strength of each specific treatment. With these views in mind, a holistic programme was implemented in which each individual adolescent was put through individual, family and group therapy. The therapy was also extended to the schools where they attended.

A diagrammatic representation of the holistic programme is illustrated in figure 8.

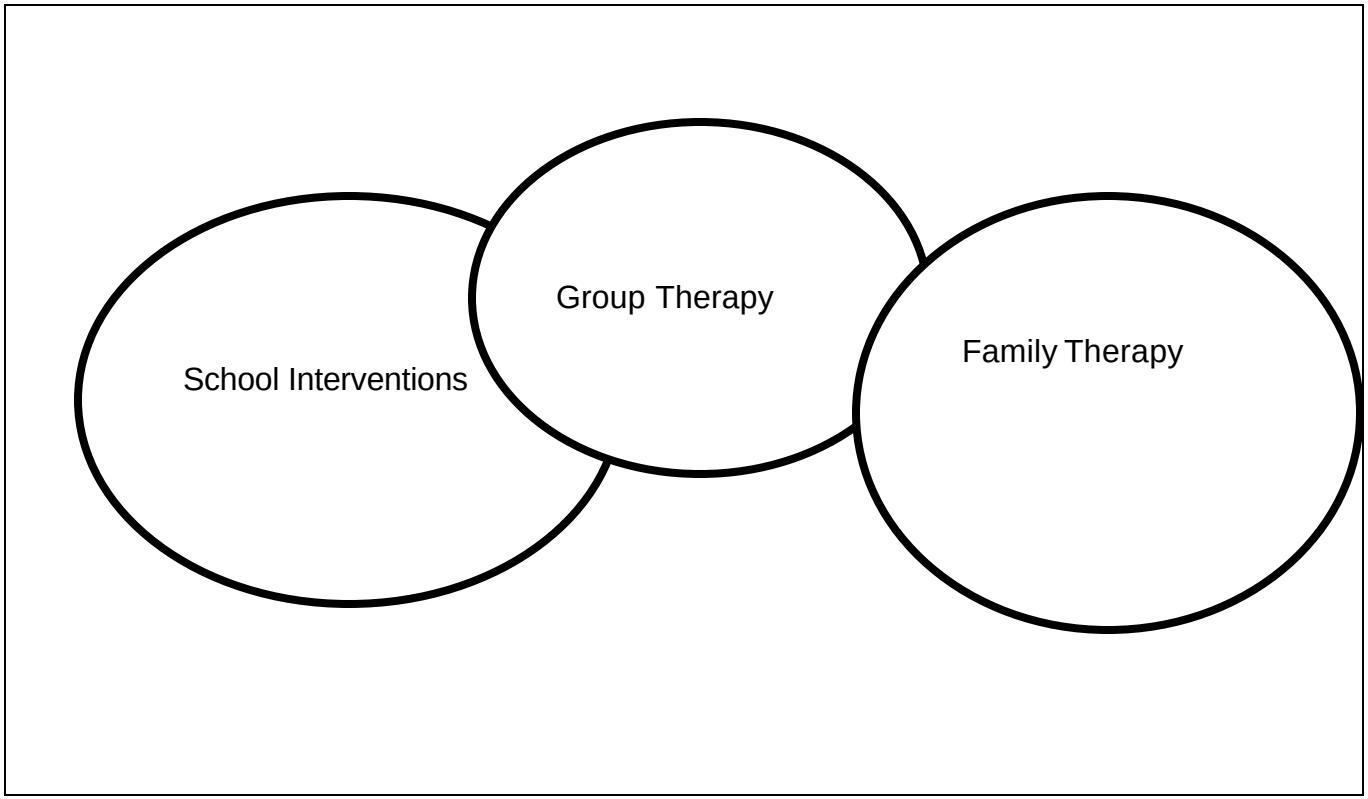


Figure 8: A representation of the holistic programme

5.2 METHODS OF INTERPRETING THE RESULTS

Since this chapter is on intervention strategies, sessions within programmes will be analysed and interpreted. This will be done as follows:

- An overview of each individual therapy session will be interpreted and the outcomes of each session will be highlighted.
- Group therapy programmes will be analysed collectively, according to the main themes that emerged.
- The processes and outcomes of family therapy programme will be analysed.
- Checklists (Apppendix E and Table 23) will be analysed quantitatively.
- School intervention programmes will be analysed.
- A broad overview of the outcomes will be explained.

5.3 OUTCOMES OF RESEARCH

A discussion of the outcomes of therapy follows:

5.3.1 Individual therapy

a) Selection of the testees

Owing to the nature of their presenting problems, the clients were selected for a one-to-one therapy. On assessment, which revealed a certain amount of withdrawal and anxiety, the therapist decided to build rapport first before putting them through group therapy.

b) The role of the therapist

The therapist's role is to: -

- Establish rapport on which trust is built.
- Decrease or eliminate inappropriate behaviours and replace them with appropriate behaviour.
- Involve the client as a full partner in the therapeutic process.

- Increase life skills.

c) Venue

The therapy took place in the therapist's office.

d) Date and duration of sessions

For each client, therapy took place once a week for six weeks, though not on successive weeks. The dates were as follows: -

Table 14: Dates for individual therapy

	August	**September**	**October**
Youth 1, 4 and 5	12 and 19	5, 11 and 26	10
Youth 2	8, 14, 21	3, 18, 28	
Youth 3	11, 20	1, 10, 25,	
Youth 6	13, 21, 29	10, 29	3

e) Background of testees

Youth1

Identifying particulars

Name : Loliwe.

Age : 16.

Gender : Female.

Grade : 9.

Position in the family : Third of four children.

Reason for referral :Rebelliousness: Substance abuse, underachievement.

Referred by : School.

Family background

Loliwe's mother is unmarried and works in an urban area. The family's socio-economic status is very low. She lives with her two elder sisters who are neither schooling nor working. There are no rules in the family.

Youth 2

Identifying particulars

Name : Agnes.

Age : 17 years.

Sex : Female.

Grade : 9.

Position in the family : Last of eight.

Reason for referral : Rebelliousness: Underachievement.

Referred by : School.

Family background.

Agnes's parents are both pensioners living on an old age grant. Her grandparents have many grandchildren to look after and do not offer normal parental input. Parental values espoused concerning educational attainment makes her view school as a necessary process.

Youth 3

Identifying particulars

Name : Singita

Age : 20.
Gender : Male.
Grade : Tertiary Education (Attended one semester only).
Position in family : Only child.
Reason for referral :Rebelliousness: Dagga abuse and gang involvement.
Referred by : Parents.

Family background

Singita was brought up in a religious family. His widowed mother is unemployed. His mother became depressed after her husband's death and for many more years that followed.

Youth 4

Identifying particulars

Name : Nick.
Age : 19.
Gender : Male.
Grade : 10.
Position in family : First of two children.
Reason for referral : Rebelliousness: Aggression.
Referred by : Parents.

Family background

Nick lives with his parents who are government employees. His father is a manager of a company. Nick's father is very often away from home on business trips. The parents argue constantly. In one heated argument, Nick physically attacked his mother. The mother reports that Nick is unruly and always answers back when spoken to.

Youth 5

Identifying particulars

Name	: Montsho.
Age	: 14.
Gender	: Female.
Grade	: 6.
Position in family	: Third of four.
Reason for referral	: Rebelliousness: Attempted suicide.
Referred by	: Parent.

Family background

Montsho lives with her single mother in a crowded two-bed roomed house. The family's socio-economic status is low, as the mother works at a nearby hospital as a cleaner. Montsho tried to hang herself in the garage after she was jilted by a boyfriend.

Youth 6

Identifying particulars

Name	: Warena.
Age	: 17.
Gender	: Male.
Grade	: 6.
Position in the family	: Last of three.
Reason for referral	: Rebelliousness: Stealing.
Referred by	: Court.

Family background

Warena lives with his grandmother who is a pensioner. He steals money and goods such as cameras and video machines from other people's homes. He was arrested after community members alerted the police about his involvement. The court ruled that he be given a five year suspended sentence and undergo counselling/therapy. This is his third arrest in five years.

Background of the testees

All the names used in these case studies are fictitious.

5.3.1.1. Format of individual therapy sessions.

Youth 1

SESSION 1

Process

The therapist introduced herself and announced the name by which she prefers to be called with. The client was given the opportunity to introduce herself. Data was collected using an interview schedule. The questions revolved around school, home circumstances, friends, habits and relationships. The interview yielded the following information. At age 10, Loliwe dated a man in his twenties who obtained drugs and alcohol for her. By the time she came to high school, she was using drugs on a daily basis and regularly fought other youngsters. At the end of the interview, the therapist discussed the ground rules for the subsequent sessions.

Outcomes of the session

The therapist managed to build a therapeutic relationship of trust. Although it was a process of getting acquainted, the client did not open up readily. She answered questions as briefly as possible. Slight resistance was identified by the therapist. This could be attributable to the fact that the client did not voluntarily submit herself for therapy but was referred.

SESSION 2

Process

Loliwe explained how she tried, over the years, to stop using drugs but failed. The therapist asked Loliwe to spell out what she wants to accomplish.

Outcomes of the session

Her short-term goals were to focus her attention on her school work. On a long-term basis, she wants to stop using drugs and do away with bad friends. Of note is the fact that contracting and goal setting were well accepted by the client.

SESSION 3

It turned out during the previous session that Loliwe was angry with herself for abusing drugs.

Process

Loliwe was asked about what makes her angry A scale of 0 – 10 was given for her to plot the amount of anger she had. She was asked to discuss what substance abuse means to her. Loliwe was asked to describe how, when and with whom she smokes dagga. Feelings were explored. These feelings are grief, alienation and shame.

Outcomes of session

Of significance is the amount of anger that Loliwe exhibits towards herself. When asked to plot her anger on a scale of 0 – 10 Loliwe plotted it on 8. The following figure serves to clarify her answer.

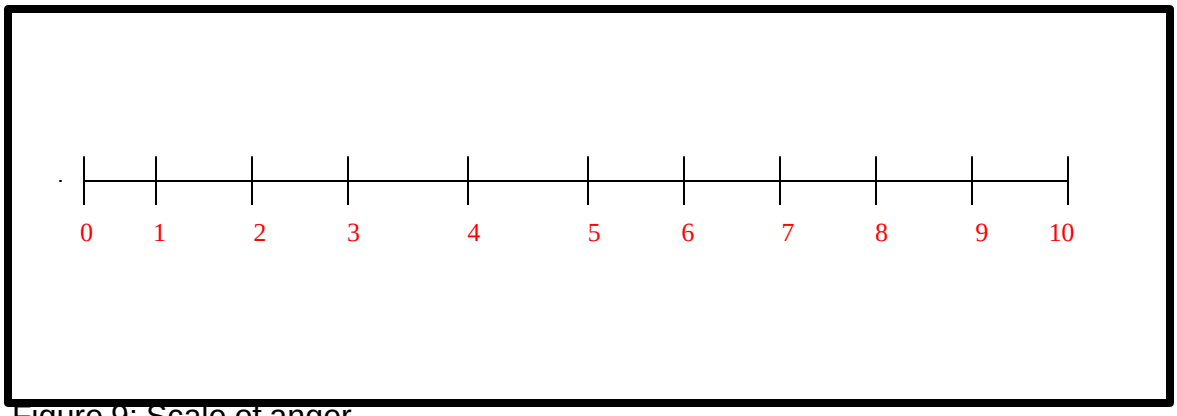


Figure 9: Scale of anger

Substance abuse to her represents failure, weakness and worthlessness. The session was therapeutic, as feelings such as low self-concept were discussed freely by the client.

SESSION 4

Owing to the amount of anger that Loliwe proclaimed against herself for having started to use drugs in the first place, the therapist decided to use clay to help her work on her anger.

Process

Loliwe was instructed to take a handful of clay and knead it. She was asked to mould the clay into a shape that embodied a person, house or animal. Loliwe build a person whom she called Queen (her second name). She kept on destroying the person aggressively. The therapist gave her a clay cutter to cut the clay into pieces. When she destroyed the person, the therapist requested her to hit it with fists. Praise was given abundantly by the therapist

Outcomes of the session

The client was so angry with herself that she stabbed herself (clay) with a knife (pen). Kneading and cutting the clay helped Loliwe release anger. Throughout

the procedure, Loliwe kept on verbalizing her negative feelings. Of significance was the extent to which she was relaxed towards the end of the session, given the amount of anger she manifested at the beginning of the session. This could also be attributed to the soft music that played in the background.

SESSION 5

As it came out that Loliwe has a low self-concept the therapist decided to empower her by raising her self-concept.

Process

Loliwe was alerted to the fact that therapy is nearing an end. The client was asked to write down on a piece of paper her negative attribute or qualities after discussing negative self-talk with her. Loliwe was taught that she has choices of turning around her negative to positive self-talk. Praise was given abundantly. A piece of paper was given on which Loliwe was to write down her most positive qualities.

Outcomes of the session

The purpose of this session, as already mentioned, was to empower Loliwe and to raise her self-concept. She reported feeling good about herself for the first time in many years. She felt more self-confident.

SESSION 6

Process.

A metaphor was read to Loliwe. The moral of the story, which is that the main character emerged a hero, was explored together with the client. Accomplishments of the previous sessions were discussed. She no longer felt angry towards herself.

Outcomes of the session

The reading of the metaphor brought new insights to Loliwe. In the discussions that followed, it emerged that Loliwe believed that she would emerge a winner out of her situation. She believed that she has the power to bring positive change in her life. Although the prospect of termination was well accepted by Loliwe, she requested the therapist's contact details, "just in case I needed to talk". Therapeutically, this session instilled hope in the client.

Youth 2

SESSION1

Process

Agnes explained that she gets low grades despite her hard work. She is studying grade 9 for the third time. Asked what her expectations of the therapy sessions were, Agnes delineated three goals to be accomplished during the year. These were, to put an effort on her studies, to improve grades and to pass grade 9. Rules of the therapy sessions were established together with the therapist.

Outcomes of the sessions

It came out in the first session that Agnes views school as a painful process. Feelings of inadequacy, low self-esteem and frustration were voiced out.

SESSION 2

Process

The therapist administered an aptitude test in order to determine if Agnes possesses the potential to enable her to attain a certain level of competence.

Outcomes of the sessions

Agnes appreciated the fact that she has an average intelligence and should easily be able to pass grade 9. However, the suggestion for remedial teaching was solid evidence for her that she was worthless.

SESSION 3

Owing to the fact that Agnes claims to get low grades despite her hard work, the educational psychologist decided to teach study skills.

Process

The starting point was to establish how Agnes manages her time. She was taught how to draw a time-table and a year-plan. She was given a home-work assignment of drawing a year-plan for herself.

Outcomes of the session

A discussion on time management revealed that Agnes does not use her study time effectively. Although she has a weekly time-table, she finds it difficult to stick to it.

SESSION 4

Process

Different study methods such as the SQR3 were explored together with the client.

Outcomes of the session

Agnes enjoyed learning about the study methods. However, she did not understand the reasons why she should study everyday, even when she does not have a test to write. Her home-work assignment was to practice the SQR3 study method in the following week.

SESSION 5

Process

Owing to her revelation about constant lack of concentration, Agnes was taught concentration strategies. The psychologist prompted her to check her progress weekly. The parents and teachers will also be requested to keep track of her progress.

Outcomes of the session

It came out that Agnes was not thrilled by the prospect of her teachers checking her progress. She felt that they have a negative attitude towards her.

SESSION 6

Process

Agnes was taught how to take notes during lessons. In concluding the project on study method, the psychologist devoted time to discussing the preparation for tests and examinations. Termination was also discussed.

Outcomes of the session

The session turned out positively in the sense that Agnes was confident that the knowledge that she has about study skills, will help her to prepare for examinations thoroughly.

Youth 3

SESSION 1

Process

The client was given the opportunity to "tell his story". He was previously, a member of a gang which was involved in drug trafficking and car hijackings. He felt dirty, guilty and worthless. Singita was asked what his expectations of the therapy sessions were.

Rules of the therapy sessions were established together with the therapist.

Outcomes of the session

Chief amongst Singita's concerns was the notion of confidentiality. He wanted to be assured of complete confidentiality before he could tell his story. He feared

that if people knew who he was, he will be rejected. Once his trust was won, Singita was highly verbal and willing to tell his story in a detailed manner.

SESSION 2

Process

Singita was given opportunity to talk about how the gang operated. Intense feelings of fear and anger were identified and explored. Support was given throughout.

Outcomes of the session

Singita admitted that he had never before disclosed such secrets to anybody else. Of note is the fact that the client reported feeling relieved after pouring out his emotions. Following the therapist's encouragement, Singita felt increasingly free to mention feelings that he had kept to himself. Some of the feelings, for example anger, were outside his awareness.

SESSION 3

Singita arrived unannounced without prior appointment. He looked disheveled and his eyes were red. He came to bid the therapist farewell as he had decided to take his life.

Process

The therapist determined the immediate event preceding the thought. It turned out that Singita took drugs for two days in succession. The degree of the existing suicidal intent was assessed. Singita was given the freedom to talk about his self-destruction without being judged.

Outcomes of the session

Feelings of intense worthlessness and hopelessness were expressed. Telling his story helped reduce his pain and lessened his focusing on the present.

SESSION 4

Process

The family history was explored in order to determine if there was a family history of suicide. Emotional support was offered throughout.

Outcomes of the session

Although there is no identifiable history of suicide in the family, his mother was depressed most of the time. He manifested high levels of low self-esteem and distress. This may stem from the fact that his brother is favoured because he excels in all aspects.

SESSION 5

Process

Singita was taught breathing exercises (Benson's). To count slowly from 10 -1 whilst eyes focus on a specific object. Taught to tense and relax progressive muscles (to exercise outside sessions).

Outcomes of the session

Singita reported feeling less stressed after the therapy session.

SESSION 6

Singita cancelled the appointment telephonically an hour before the appointment. He promised to re-schedule the appointment as soon as he had the time.

Youth 4

SESSION 1

Process

Nick has been expelled from school. A month before, he nearly beat a learner to death for hiding his books. He explicitly explained that his goal is to end this aggression as he feared that he will be killed.

Outcomes of the session.

Feelings of helplessness, inadequacy and extreme anger were identified and explored. Much of his hostility may arise from the regular beatings he received from his father.

SESSION 2

Process

Further discussions revealed that Nick's aggression occurs at home, school and in the neighbourhood. In one of his bouts of anger, Nick wrecked his father's car somewhat deliberately.

Outcomes of the session

Nick verbalized intense anger and hatred for his father for physically molesting him in childhood.

SESSION 3

Process

Given the amount of anger that Nick manifested towards his father, the therapist applied the "empty chair" technique. He was encouraged to tell his father, who was supposed to be in an empty chair, how he feels about how he used to treat him.

Outcomes of the session

Nick carried out the activity with intense concentration and anger. He stared at the chair and stood motionlessly when he was talking.

SESSION 4

Process

He carries a gun to school everyday for “protection”, he says. He does not want to be like that but he does not have control over it. He believes he is aggressive towards people because they provoke him. Nick was made aware of things he has control over as opposed to the things that he does not have control over. He was taught that he can have control over his aggression if he makes that choice. The therapist encouraged him that in spite of his past difficulties, he was capable of controlling his temper. Nick was given a home-work assignment to monitor how and when this aggression occurs.

Outcomes of the session

It appeared that Nick does not wholly “own’ his problem. For example, he blames other people for his behaviour. Nick was given a homework assignment aimed at helping him identify a range of cognitive distortions that may be problematic for him.

SESSION 5

Process

The therapist suggested that Nick’s aggression seems to stem from irrational beliefs. She introduced Ellis’ ABC method which emphasises that people upset themselves via their belief systems. A worksheet was used to help Nick challenge his thinking. Nick was requested to identify an incident in the past week in which his thinking influenced how he reacted.

Outcomes of the session

Nick appreciated the discussion and declared that it helped him see the ”bigger picture” of how he becomes aggressive. Of significance was the visible way in which he saw the value of disputing such beliefs**.**

SESSION 6

Process

The looming termination of therapy was discussed with Nick. A behavioural contract was negotiated and signed by both parties.

Outcomes of the session

Right at the outset, Nick expressed sadness at having to terminate therapy, although he felt ready to terminate. In response to the question "*What was most outstanding for you in therapy*?" he said *"Therapy made me try not to blame other people.*

A suggestion to join a therapy group was well accepted by the client.

Youth 5

SESSION 1

Process

Montsho lost a boyfriend to another girl. She feels she is better off dead than see him with another girl. She is experiencing significant life-style changes. She cannot eat or sleep. The client's distress was acknowledged.

Outcomes of the session.

Montsho feels isolated, hopeless and lifeless. Although she told her story with clarity, she experienced difficulty in concentration.

SESSION 2

Process

The client brought the following poem to therapy. The poem was discussed at length. To her, the falling of the leaves from the tree symbolized her death. She reported feeling alone and worthless.

The tree

Here I stand alone.
The birds have flown.
The squirrels have gone.
I feel isolated.

My bark is dry.
My branches are cracking.
My core is rotting.
I feel dead.

The ground is cold.
The wind is icy.
The sky is grey.
I feel frozen.

I need the Spring
I need strength.
I need growth.
I need life.

Figure: 10. The poem

Outcomes of the session.

The relationship of trust has been established. She is interacting well with the therapist.

SESSION 3

Process

The client was requested to spell out what and who will gain from her death. The disadvantages of suicide were also explored.

Outcomes of the session

Montsho identified more disadvantages of her death than gains. But she still felt that life had no meaning for her anymore.

SESSION 4

Process

Montsho's belief about life after death was explored and how she would like to be remembered by family and significant others. The client was encouraged to take part in exercise activities outside of the sessions

Outcomes of the session

It appeared that Montsho romanticised death and had not comprehended its finality. The therapist helped the client with coping strategies.

SESSION 5

Process

Montsho's support system was explored. Familial history of suicide was also looked into. On realizing that Montsho had acquired more effective coping strategies, the eminence of termination was discussed.

Outcomes of the session

The client was able to look at the situation objectively. She began to accept her situation and began to appreciate the importance of family.

SESSION 6

Process

A no-suicide contract was negotiated with Montsho. In this contact, which Montsho and the therapist signed, Montsho declared that she would never commit suicide.

Outcomes of the session

Montsho started to verbalise satisfaction with herself and reacting spontaneously. She said she felt hopeful and alive again. . She reported experiencing a feeling of autonomy over her life. These feelings were likened to leaves that are growing on a tree.

Youth 6

SESSION 1

Process

In the early stages of assessment, Warena claimed that he was being framed for theft by his friend. He later confessed to stealing from the grocery store, house-breaking and theft of money and items such as televisions.. He proclaimed that he wanted to stop stealing despite the fact that his friends hail him as a hero.

Outcomes of the session

Feelings of inadequacy and worthlessness were identified and explored. Of significance is the fact that not getting caught after stealing made him feel good about himself.

SESSION 2

Process

The whole session was devoted to exploring the consequences of stealing. He was encouraged to imagine how jail will be like, how giving up his freedom will do to him and how giving up his pleasurable activities will be like.

Outcomes of the session

Exploring the consequences made Warena feel scared. He expressed feelings of shame and regret.

SESSION 3

Process

The client was taught to block obsessive and intrusive thoughts by simply screaming “STOP”. He was also encouraged to picture a huge neon flushing the letters “STOP”.

Outcomes of the session

Although Warena promised to practice thought blocking technique in real situations, he found the technique very ridiculous.

SESSION 4

Process

Warena was trained in deep muscle relaxation. He was asked to alternatively tense and relax various muscle groups. Warena is expected to carry out these exercises when he feels the urge to steal.

Outcomes of the session

Warena reported feeling much relaxed after the exercises. His homework assignment was to practice outside the therapy sessions.

SESSION 5

Process

The therapist applied aversive imagery in which Warena was conditioned to imagine his hands immediately breaking out in puss-ridden sores as soon as he touches an item that's he intends stealing.

Outcomes of the session

Of note is the fact that Warena once more thought that the technique is ridiculous and childish. On the contrary, he gave permission to include his grandmother in therapy.

SESSION 6

Process

Warena's grandmother was invited to attend the session. The therapist requested her to monitor Warena's activities. She was also encouraged to give reinforcements for no-stealing behaviour. A behavioural contract was negotiated with Warena. The following is the contract.

Table 15: Behavioural contract.

Name: Date: I, the above, declare that no matter what happens I will never steal. Signature of client: Witness: Therapist:

Outcomes of the session

The therapist concluded, from his assessment, that Warena is ready to terminate therapy

5.3.2 Family therapy

Parent training is the treatment of choice as opposed to traditional family therapy. Parent training has long been recognized as an effective intervention for children with externalising problems such as aggression. Its main purpose is to help parents understand that rebellious behaviour is a necessary part of development and emancipation from parents.

a) Selection of participants

Parents of the participants of individual and group therapy were selected because it is believed that the most rapid and effective way to treat adolescent problems would be to treat the parent-child dyad together. It is fruitless to treat an adolescent without involving the family since the family help in maintaining the behaviour. Permission to include parents was first sought from adolescents. Occasionally, other family members were included. In the researcher's master's dissertation she found that many parents work in the urban areas. Therefore, only six parents/ grandparents were available for selection. Some grandparents were too old to attend.

b) Dates and duration

Families were seen for one hour for up to six sessions. Sessions took place on Saturday or Sunday afternoons because of parental commitments. The dates were as follows;

Table 16: Dates for family therapy.

August	September	October
23 and 30	6, 13 and 24	12

c) Venue

Family therapy was held in the researcher's office. The office was found to be central, comfortable and had few distractions.

d) Background of testees

The following characteristics apply to parents who took part in family therapy:

- Married, divorced or single.
- Semi-literate to illiterate.
- Unskilled labourers.
- Low-income.

e) Methods used

- Discussions
- Role plays
- Worksheets

f) The role of the therapist.

- Creating a milieu in which members can risk evaluating their actions without fear.
- Building self-esteem.
- Making members aware of how they perceive others.
- Asking for and giving information in a non-judgmental and congruent manner.
- Reeducating members to be accountable.

5.3.2.1 Format of family therapy sessions.

SESSION 1: GETTING TO KNOW EACH OTHER

Research reports suggest that one of the difficulties in involving families in therapy is that they often feel that they are seen as the cause of their children's problems (Yandoli, 2002: 420). It is the task of the therapist to emphasise that the reason for their involvement is to explore how they can help. For this reason, it was decided that the sessions follow an educational rather than a therapeutic approach.

Rationale

- To become acquainted and strengthen peer support. Parents who receive more social support tend to be more responsive to their children and are less punitive.
- To create a safe environment in which to voice concerns and feelings.
- To introduce the programme.
- To facilitate the understanding of adolescence as a developmental process and reduce frustrations with children's behaviour.
- To increase parents' sense of self-worth and competence.

Process

- The facilitator introduced herself and the reasons for the meeting
- Parents were requested to introduce themselves and give reasons for their involvement.
- The facilitator explained the ground rules for the sessions.
- Factual information on developmental tasks that confront both adolescents and parents was given and discussed and how these tasks can influence their behaviour towards each other.

- Since the adolescent's task of achieving emotional independence from parents is the cause of much of the conflict and misunderstanding, it received special emphasis.
- The topics that were to be discussed in the next session were identified.

Outcomes of the session

Parents expressed hopefulness that they will get much needed support from other parents who are faced with the same problems. They also felt hopeful that they will share information on parenting skills. Many expressed guilt feelings and self-blame about their parenting skills. This commonality served to unite the group.

SESSION 2: COMMUNICATION SKILLS

Rationale

- To facilitate awareness of communication styles in their families.
- To provide guidelines for improving communication
- To create an atmosphere in which hostility is minimised so that members would feel comfortable in expressing their viewpoints.
- To build relationships and closeness with family members

Process

- Communication patterns in families were discussed.
- Members, including children were encouraged to voice their opinions.
- Parents voiced that they were bothered by the teenager's rebelliousness when a disagreement occurred.
- Parents were advised to:
  - ❖ Communicate openly.
  - ❖ Listen to their children.
  - ❖ Say "NO" firmly.
  - ❖ Make their homes child-friendly.

- Parents were provided with a checklist on guidelines on the handling of a rebellious adolescent.

Outcomes of the session

A few significant trends were noted in this session. Parents began to express real concerns about their child rearing practices and their willingness to begin to listen to their children. Teenagers and other family members began to express themselves to their parents in an open and frank manner without the same degree of hostility that has been observed earlier. Parents were optimistic that open communication can improve their relationships.

SESSION 3: EFFECTIVE DISCIPLINE

Rationale

- To create an awareness of the need to give consistent, firm discipline which is combined with love.
- To provide guidelines on how to improve behaviour.
- To provide guidelines on effective discipline and limit-setting.

Process

- Adolescents were first given the opportunity to discuss how and what they are punished for.
- Feelings were explored. Adolescents felt that discipline is sometimes harsh and very inconsistent.
- Parents were also given the opportunity to explain how they discipline their children.
- A discussion on effective discipline was discussed at length.
- Parental guidance was given in the form of worksheets.

Outcomes of the session

Parents became aware of their inconsistency in disciplining children. Of significance was the way in which some parents would go out of their way to show the teenager that he/she is a good parent, to the detriment of the other parent. Parents were found to be lax in their discipline, issued vague instructions that children cannot readily comply with.

SESSION 4: PARENTAL INVOLVEMENT

Insights from the researcher's master's dissertation revealed that parents do not take part in their children's school activities. Research concludes that the emotional involvement between parents and children has a great impact on his or her long-term well being. Parental involvement, according to Mathye (2000) leads to adolescent adjustment, better achievement, better school habits and fewer disciplinary problems. Intimate parental involvement not only brings increased self-concept but can also facilitate change in the parent's behaviour.

Rationale

- To encourage parents to have interest in the activities that their child is involved in.
- To create awareness of the parent's quality of involvement with their child.

Process

- Parents were advised on ways of being involved with their children. This can be done through:
  - ❖ Providing instruction.
  - ❖ Giving assistance with homework.
  - ❖ Celebrating their children's success.
  - ❖ Spending quality time with children.

Outcomes of the session

Not all parents were convinced that involvement is necessary. One parent manifested resentment towards being involved in the child's schooling. He felt that instruction is the duty of the teachers, not his.

SESSION 5: STRESS MANAGEMENT TECHNIQUE

(Jacobson's Progressive Muscle Relaxation)

It became apparent in the previous sessions that many parents live under constant stress because of their children's behaviours. Well-documented evidence links depression and anxiety as comorbid disorder (Clarke 1990 in Phillips, Corcoran & Grossman 2003). Many families experience excessive tension when faced with stressful situations. This heightened level of tension may result in impaired interpersonal functioning, such as irritability and punitive child rearing practices.

In the previous session the therapist requested parents to put on comfortable clothing, as they will be required to lie on the floor when doing exercises.

Rationale

- To recognise stress triggers and the impact of stress on the family.
- To provide parents with an opportunity to experience a moment of relaxation and its effects on their functioning.
- To learn effective stress management.

Process

Participants were requested to lie on their backs, in a circle, with their eyes closed. Soft music was played in the background. Using a calm voice, members were requested to tense (for ten seconds) and relax groups of muscles of the whole body interchangeably:

After the exercise, parents were required to discuss their reactions to the exercises.

Outcomes of the session

The exercises brought complete relaxation to parents. They realised how peaceful relaxation made them feel. They made commitment to put aside time in their daily schedules for relaxation.

SESSION 6: TERMINATION

One parent (single parent) dropped out of the sessions.

Rationale

- To bring closure.
- To explore the feelings as compared to the first session.
- To evaluate the achievements.

Process

- The parents were alerted that it was the last session.
- Members freely discussed how they felt about the workshop.
- They also discussed what they benefited from the workshop.

Outcomes of the session

Parents expressed gratefulness for having been included in the therapy. They felt that more intensive and frequent workshops are needed. It is interesting to note that in just six weeks of therapy, parents reported experiencing improved family functioning. They stressed that the parenting skills that they had learnt, had made them more confident and self-aware.

5.3.3 Group therapy

a) The selection of participants

The six adolescents that were used in the individual sessions, formed part of the group. As indicated before, their problems consisted of the following.

- Underachievement.
- Stealing.
- Aggression.
- Have used substances in high levels over an extended period.
- Gang involvement.
- Attempted suicide.

Their parents formed part of the Family Therapy Proagramme.

b) Dates and duration

The group therapy programmes consisted of eight sessions, which took place on Saturdays for fifty minutes. These took place on the following dates:

Table 17: Dates for group therapy.

August 2003	September 2003	October 2003
16, 22 and 30	6,20,27	4,18

c) Venue

Group therapy was held in the office of the researcher. The office was suitable as it is comfortable, spacious and had very few distractions as is the case in the outside building of the main house.

d) Methods used

- role plays
- physical activity
- simulation
- discussions

5.3.3.1. The format of group therapy sessions

SESSION 1: "GETTING TO KNOW YOU"

Rationale

Session one was primarily an introductory phase aimed at relationship building, helping members come to terms with who they are and facilitating the process of other sessions.

Process

Participants would be asked to form a circle. Each participant makes eye contact, throws the ball in the air whilst shouting out his/her name and a positive label attached to it. The descriptive word should start with the first letter of the person's name, for example Joyful Julia, Happy Henry et cetera. Afterwards, members would be asked to find partners they do not know very well. They are given few minutes in which to share the following information.

Table 18: "Me, myself."

My name is……..
The meaning is…….
I feel……. .about myself/my name
I prefer to be called…….
My strength are:…….my weaknesses are……

The group leader invited comments from the group about the importance of a name, especially here in South Africa. Attention was given to the preferred name.

Together with the group, the therapist discusses rules and contracts. These are:

- Confidentiality – no information will be divulged to any other person unless in life-threatening situations.
- Commitment for all the sessions would be expected/stressed.
- Attendance and lateness.
- Punctuality is a requirement.
- Members are expected not to interrupt when another is talking.
- Not talking through the leader, but addressing the member directly.
- Each member was asked to identify what he/she would gain.
- The concept of rebelliousness will be discussed with the group.

Outcomes of the session

Two members felt negative about their names. (Two of them are nicknames based on their appearance.) Of significance is the number of members who felt neither positive nor negative towards their names. They said they felt 'nothing' about their names. Members learned how to pronounce others' names properly. This session created a special atmosphere in the room. Members affirmed each other verbally. Participants' attention was focused on the activity. The session provided an indication of how people feel about their names.

SESSION 2: COMMUNICATION SKILLS

Rationale

The rationale for teaching communication skills is to improve communication style in their relationships at home, school and with friends, and to raise awareness to barriers in communication.

Process

Listening skills

Members were briefly taught about listening skills and congruent communication Participants' were asked to sit in a circle. The facilitator distributed two kinds of sweets for each person. Each participant was to find a partner from the group with the same kind of sweet. One person in each pair was the listener the other

one was a speaker. The listener was instructed to listen without speaking or asking questions

The role-players were instructed to sit with their backs against each other and the speaker narrated a very short story for about five minutes whilst the other listened. At the end of the exercise, the listener would be instructed to repeat what they heard as accurately as possible. The facilitator was sure not to tell where the message started to be distorted. Members were given the opportunity to discuss the implications of this exercise for communication.

Participants then exchanged roles where listeners became speakers and speakers became listeners.

Responding skills

The group leader modelled appropriate responses that reflect active listening and non-judgmental responding. Group members would be given scenarios to which they were to give appropriate responses. One such scenario is,

"You find out that some friends of yours went out on Saturday and didn't invite you".

The facilitator requested members to rehearse appropriate responses with each other.

Expressing feelings

The group leader would explain that sharing of feelings depend on understanding and openness. Each participant is given a copy of faces, which will be given in each session (the reader is referred to Appendix D). Participants would be asked to circle the faces depicting the way they are feeling. They would be asked to

share these in pairs. They are reminded that they do not have to share feelings they regard as private. Feedback would be given from different pairs.

Outcomes of the session

It was identified during the session that messages were distorted by adding or removing some words in order to give the message some meaning. The result was that the message ended up longer or shorter than it originally was. On the first day of the workshop, more than four people circled anxious and sad on the copy of faces. The group leader explained that it was normal to feel anxious as one is never sure of what will happen. Many pointed out that they also felt anxious about the future and what it holds. Members identified that many of the feelings were similar in the sense that they usually feel frustrated when given too much adult responsibility. Most of the participants would like to change from feeling hopeless to feeling positive about the future.

SESSION 3: PLEASANT ACTIVITIES AND GOAL SETTING

Rationale

The purpose of this session is to increase pleasant reinforcements in their lives, which further improves their mood.

Process

Positive actions were taught as actions that adolescent must take each day, irrespective of whether they like it or not. Participants are given a list of suggested pleasant activities and the number of times these activities should occur per week. These are, for example, calling a friend, visiting the zoo, reading a book, taking a walk. Teenagers are taught that engaging in positive activities each day leads to positive spirals in mood. The figure below serves illustrates the feelings

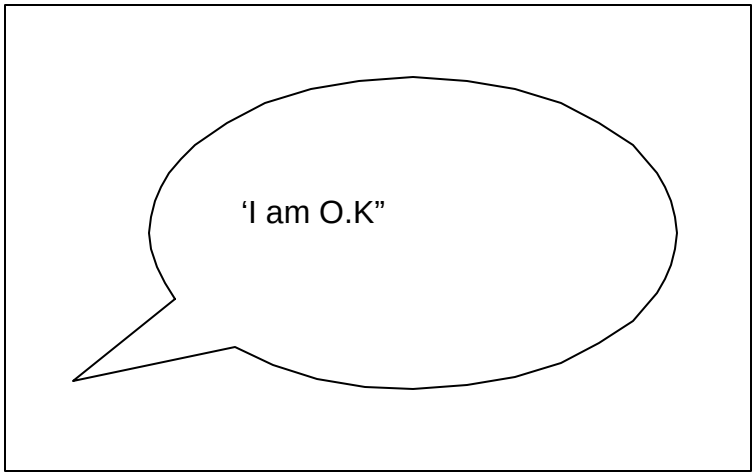


Figure11: Positive spirals

At this stage, youths are encouraged to:

- Set goals, devise strategies to achieve their goals, persevere with achieving goals, assess their progress, accept and celebrate their successes.
- Adolescents are taught to set goals that are realistic, specific and attainable. For example “I want to increase my pleasant activities from two to four per week rather than” I want to increase my activities. Participants are made aware of potential stumbling blocks as well as support that is available.

As a way of celebrating their success, participants were asked to identify rewarding activities that they can use to give themselves when they have achieved their goals. To assist teenagers with goal setting, use was made of the journey metaphor, which is a beneficial tool for learning life skills. The adolescents are told that goal setting is similar to going on a journey. The following is the symbolism of a journey.

Table: 19: The journey (Adapted from Edna Rooth)

Journey	**Goal Setting**
We need to know where we want to go. We could visualize our destination.	We have to know what we want to achieve. We could visualize ourselves achieving our goals
We need to use a road map in order to know which road to take.	An action plan is necessary in order to make decisions about what we want and aim for
When we are on the road, we need to take breaks to check if we are still on the right road.	Progress needs to be evaluated.
We need to be aware on the road; we need to take breaks to check if we are still on the right road.	Take into account things that can stop us from achieving our goals.
We have to set realistic time frames such as, we can travel so many kilometers a day.	Set realistic time frame targets for achieving our goals.
We can use different modes of transportation to get to the destination	We can use different strategies to achieve our goals.

Their homework assignment was to set at least one reasonable goal during the upcoming week.

Outcomes of the session

Of concern to the facilitator are the negative thoughts that were expressed by teenagers. The figure below highlights the negative thoughts.

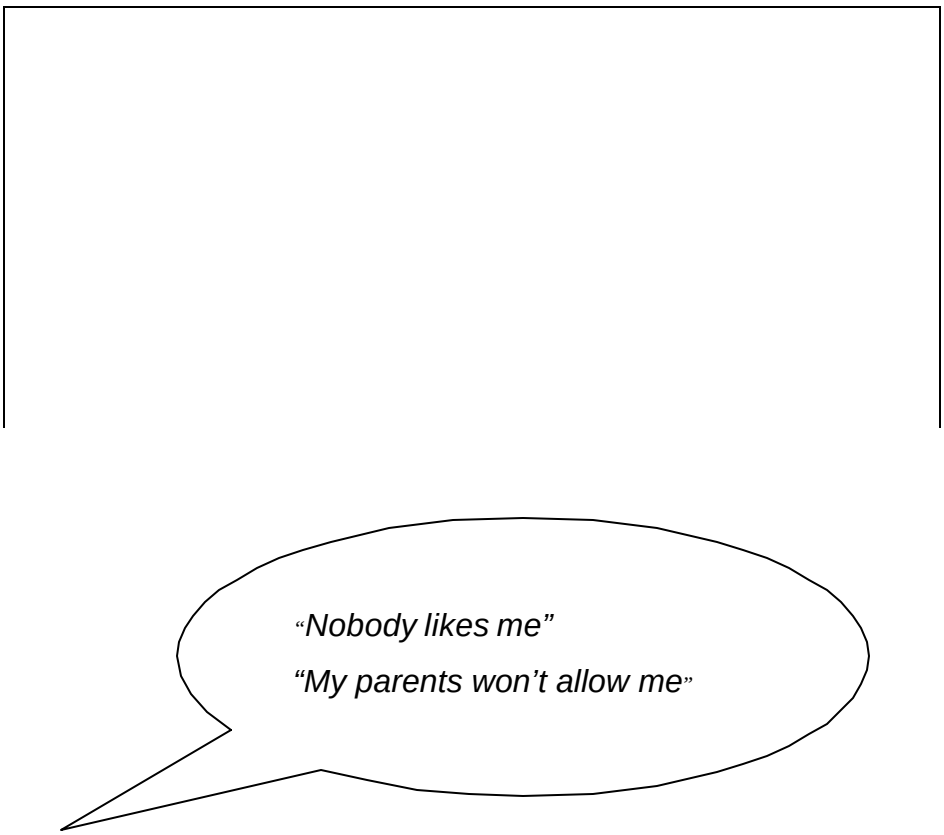


Figure 12: Negative spirals.

In response to these comments the therapist had to point out that there are things students can do that are under their control and they also do not take much time. They were taught that they could change negative thoughts and increase positive ones.

SESSION 4: ASSERTIVENESS TRAINING

Given the group's active participation and enjoyment of the communication session and their newly found willingness to talk about their feelings, the members needed to be empowered by teaching them assertiveness skills.

Rationale

This session was aimed at teaching members to stand up for themselves, have self-respect and not to let other people take advantage of them.

Process

Members were given worksheets in which they would decide which type of person they think they are between passive, assertive and aggressive. (members would explore the types) Members would discuss instances where they acted passively, assertively or aggressively.

Members were taught how to deliver messages, which prepare them to make their own messages. The following worksheet was used during group work.

Table: 20: Assertiveness. (Adapted from PPASA)

Focus	**Description**	**Words to say**
1. Explain your feelings	Describe the behaviour that violates your rights	'I feel frustrated when'… 'I feel when' ……... 'I don't like it when' ……
2. Make your request	State clearly what you would like to have happen.	'Could you please ……..…. 'I would like it better if' ……
3. Find out how the other person feels about your request	Invite the other person to express his/her feelings or thoughts about the request.	"How do you feel about that?" 'Is that OK with you' 'What do you thin'
4. Accept with thanks	Say thanks. if the person	"Great, I appreciate that".

	agree to the request.	"Thanks, I appreciate that"

After practicing, members were taught steps to deliver their own messages. These messages were practiced in pairs. Using the above guide, members were to choose a situation in which they needed to assert themselves. The chosen situation was role-played, followed by a discussion about the successfulness or unsuccessfulness of assertive messages.

Outcomes of the session

Four members were passive whilst three were found to be aggressive. This definitely correlates with widely documented research reports that many teenagers engage in risky behaviours because they lack assertiveness skills. It became apparent that members equated aggressiveness with assertiveness. At the end of the session, members had mastered the steps of delivering the messages.

SESSION 5: STRESS MANAGEMENT

Rationale

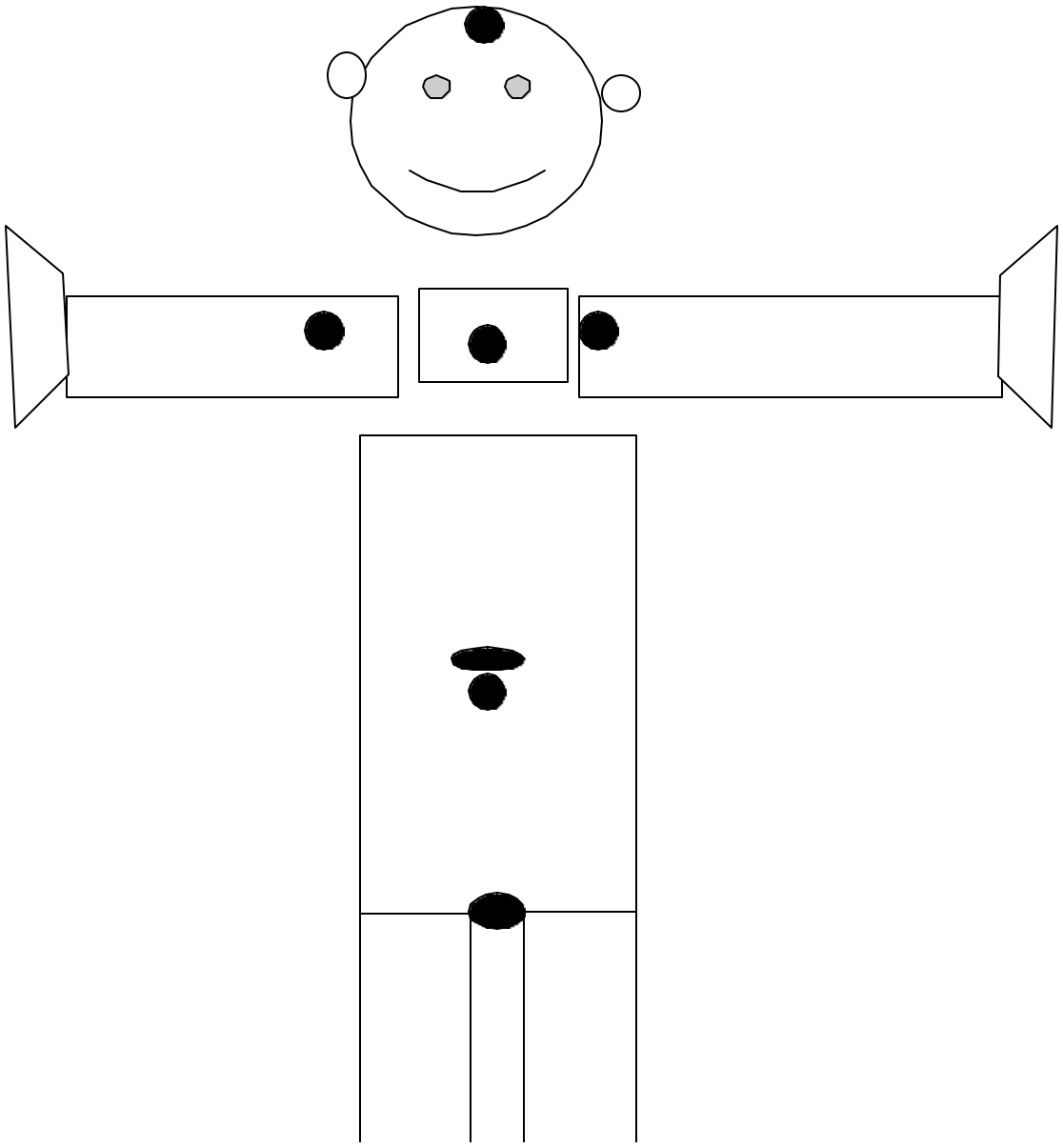
- To help clients manage their stress.
- By being relaxed, it is assumed that the teenagers will be able to make improved decisions regarding life situations and feel better about themselves.

Process

Before the relaxation technique was taught, the members were taken through the following exercise which is aimed at making them aware of their own stress response. The following instructions were given, with 10 seconds pause after each sentence:-

“Sit back comfortably and let your eyes close. Please recall a particular stressful event which you have experienced. Remember your anger, fears, sadness, the sights, smells, sounds and tastes. Remember the reaction of persons involved. You will be required to describe the situation to the group members. Monitor your reaction as I tell you that we are not necessarily going to discuss our situations. (Taken from Kathryn Apgar and Betsy Callahn: Stress Management).

Members were given a picture of a person on which they were to point where it hurts when they are stressed.



(Key : = Where it hurts.
Figure 13:"What hurts? where?" (Adapted from Edna Rooth)

These exercises, together with its discussion, took about 15 minutes, after which progressive muscle relaxation was taught.

As the therapist had prepared the members in the previous session, they wore comfortable, loose-fitting clothes. The facilitator provided an outline of how the session would progress.

The members were asked to lie on their backs (on the floor) and turn their arms outwards, palms facing up. Instructions were given slowly, and clearly using a calm, passive voice. The members were asked to gently tense for 10 seconds and relax for 10 seconds each of the different muscle groups in turn. (These were specified in the instructions)

Outcomes of the session

What was immediately apparent to the group leader was that all group members experienced stress differently.

- Most members pointed the heart as the place where it hurts the most when stressed.
- One outstanding outcome of the pointing of the parts was a member (male) who pointed below the belt.
- He was willing to discuss his experiences despite the fact that the facilitator asked them to talk only if they feel ready.

- The member openly discussed that his penis does not get an erection when he is stressed. Another male client concurred

A female member discussed an incident where she ran into a busy traffic road and was nearly hit by an oncoming car. Even after the "near death" experience, she did not feel frightened or guilty that she nearly caused an accident.

The members participated actively and with interest in progressive relaxation techniques and breathing exercises. Members were able to relax very effectively during the exercise and reported feeling good about themselves after wards. Some proclaimed that they would practice them outside the session.

SESSION 6: SELF-CONCEPT ENHANCEMENT

Rationale

To empower young people to make the best choices through building self-concept.

Process

Clients would be given a copy of the "Index of self-esteem" checklist (Appendix E). They are given 10 minutes to complete it. The therapist indicates to the clients that there is no wrong or right answer, it is just an indication of how one feels. Instructions on the checklist are explained thoroughly so that clients know exactly what to do.

Together with the group, the therapist would brainstorm what they understand by the concept 'self-esteem'. Each participant would be given a small amount of clay. Participants would mould and transform the blob of clay into a shape embodying some negative quality the client is aware of in him/herself. After a few minutes participants would be asked to slowly transform this into a positive quality.

A period of sharing with other group members then follows. The therapist would point out that no negative statements (put-downs) should be said about others. Praise would be given abundantly. The homework assignment would be to write five positive words to describe self.

Outcomes of the session

From the checklist (Appendix E), ± 6 clients scored above 50. This means that they have an extremely negative self-concept.

Key:

0–30 =Healthy,

50 =negative self-concept,

42–43= practically OK.

The following are the results,

Table 21: Results of Self-Esteem Index

Youth	Score
1	57
2	63
3	43
4	43
5	69
6	53

Self-acknowledgement was achieved and a positive self-esteem in return. Some members admitted that, until now, they have never felt good about themselves. Participants got to know each other well. Members affirmed each other through the knowledge of each one's good qualities.

SESSION 7: PRODUCTIVE PROBLEM-SOLVING.

Rationale

The aim of this session is to assists adolescents to:

- Learn how to solve problems that they are faced with on a day to day basis.

- Become aware that inability to solve problems may result in emotional, physiological or behavioural disorders.
- Appreciate and take a realistic view that we all are continually faced with problems, which we must solve in order to maintain equilibrium.
- Become aware that a person's ability may be enhanced by training in general skills that will enable them to deal independently with day-to-day challenges.

Process

Teenagers were given a piece of paper that has nine dots on it. They were asked to draw a straight line through the dots without going over the same line twice nor lift the pen whilst writing. Members were given ten minutes to discuss the puzzle. Steps to problem solving were taught.

Outcomes of the session

All adolescents participated readily in the activity. They explained that they never thought that one needs to be taught how to solve problems.

SESSION 8: CLOSURE

Rationale

Given the fact that it was the group's last session, the writer wished to achieve closure.

Process

The therapist intended to take the group on an outing/walk to the mountain. On the way, members discussed their feelings at that time, as compared to the first. Based on the previous homework about positive attributes, members discussed each other's positive attributes.

Outcomes of the session

Members expressed sadness at having to separate, but pointed out that it was not a sign of resistance to termination. They were adamant that the skills they

have leant, they would apply to their life situations. Many emotions were expressed at having to part. The outing brought relaxation to members.

5.3.4 School-based programmes

Particulars

School : Bakenberg High School – Limpopo
Date of intervention : 2003-10-07
Members involved : Teachers including guidance teachers and parents/grandparents

The researcher views adolescent behaviour as a product of interaction between the adolescent's environment (school, peer group and family) and his or her personal characteristics. Therefore, the researcher visited the school attended by the participants of group therapy in order to continue with therapy. During the researcher's previous research at the school, it turned out that the school did not have policies to deal with problematic behaviours of students. As a starting point, the researcher helped the school develop long, medium and short-term policies based on the needs of the parents, teachers and learners. For the effectiveness of the policy, all stakeholders such as students, teachers and parents (especially parents of the therapy group) were involved in the planning and the implementation. At a later stage, they will also be involved in the evaluation of the policy.

Background

The research undertaken by the researcher in the year 2000 at the above-mentioned school on rebelliousness revealed the following about the school: -

Learners

Learners did not apply themselves fully to school activities, as they believed that school is just a 'pass time'. They deliberately came late to school and left whenever they wanted, usually at breaks. They were truant and underachieved

tremendously. Their self-reports revealed various behaviour problems such as stealing and withdrawal.

Teachers

Teachers did nothing about the behaviour problems manifested by students because of fear of intimidation from community members.

Parents

Parental involvement in school activities was non-existent because of one or more of the following reasons,-

- Absence from home.
- Low level of literacy.
- Living below the bread line.

Parents were only summoned to the school when their child misbehaved, in which case they would almost always be on the side of the child.

As an extension of this researcher's previous research (Mathye 2000), the present study recommended the following strategies**:**

Long-term strategies

Aims:

- To teach academic skills effectively
- To make all students and teachers feel safe, secured and succeed in their learning efforts.
- To decrease adolescents' exposure to acute and chronic stressors.
- To encourage appropriate behaviour between all members of the school community, including parents and teacher.
- To enable appropriate rewards and punishments to be developed.

Period: 3–5 years (to be reviewed after 5 years)

Process

1. Develop a code of conduct for students, teachers and parents.

   The code of conduct, in which students are involved in its development, should specify what appropriate, as opposed to inappropriate, behaviour is.

   - ❖ firm limits are laid down for inappropriate behaviour.
   - ❖ code of conduct must specify the types of consequences for violation of rules.

2. The creation of a positive school environment which is characterised by warmth, feeling of belonging, positive interest and parental involvement. The environment should promote creativity, responsible risk-taking, mutual trust and respect and, most important, positive attitudes of teachers, learners and parents.
3. Put in place a system of monitoring students' activities in class and in the school as a whole.
4. Teach prosocial behaviour, such as dealing with peer pressure and resolving interpersonal problems. Teaching proactive skills is reinforcing to learners and it minimises disruptive behaviours.
5. Provision of developmentally responsive guidance programmes that are meant to meet the needs of the adolescents. This means that the school should have properly qualified teachers who will deal with an array of emotional and behaviour problems that learners present with.

Short-term strategies

Aim:

- To relate the overall school behaviour policy to classroom management, teaching and learning practices.

Period**:** Daily and weekly.

Process:

1. Provide a consistent classroom structure.
2. Provide high rates of student involvement in class activities, whereby young adolescents work towards achievement.
3. Define behavioural expectations for appropriate school behaviour.
4. Acknowledge and promote appropriate behaviour through the day in the class.
5. Develop a code of conduct together with learners and explain the consequences if these rules are not upheld.
6. Develop “zero tolerance” towards any behaviour problem. Outline a systematic program for dealing with escalating, severe or dangerous student behaviour. Sanctions should be non-hostile and non physical.
7. Provide tangible reinforcement in the form of ‘points’ or ‘tokens’.
8. Provide a wide range of individualized interventions.
9. Involve parents.
10. Form a class council (peer), whereby all offences are reviewed by learners under the guidance of the teacher.

Outcomes of the session

Members of the school community were not aware that the school should be having a behaviour policy. Parents who were involved in the planning expressed great interest in the formulation of the rules. They participated actively and offered valuable information.

5.4 OVERVIEW OF THE RESULTS OF THE PROGRAMME

The profile of the participants

Table 22: Profile of the participants

Individual & group therapy		Family therapy		School based programme	
Gender					
male	4	male	2	male	12
female	2	female	4	female	4
Age:					
12-18	5	33-39	2	25-38	8
19-25	1	40-47	1	39-46	4
		48-65	3	47-65	2
Educational standard:					
grade 6-12	5	diploma	1	diploma/degree	6
out of school	1	literate	1	literate	2
		semi-literate	4	semi-literate	8
Marital status:					
single	6	single	2	single	2
married	0	married	3	married	12
divorced	0	widowed	1	divorced	2
Total number of participants	6		6		16

5.4.1. Results

Participants' responses were significantly similar, despite the fact that they participated in different programmes. Most of the participants rated most of the issues in a positive way. Many felt that they gained a lot from the therapy group. Parents, especially, felt that more intensive and frequent workshops are needed. They felt that they could not have achieved personal growth without the group. Of interest was the view of one participant who said:

"What happened in the group was more important than what was said"

Parents reported greater awareness of the difficulties and the understanding of their children. Definite benefits to family functioning were also reported. They reported being less stressed after the intervention program and being more tolerant towards their children.

The programme exerted a positive influence on the youths' ability to solve problems. By having been exposed to a variety of difficult situations (simulated) and practicing a variety of responses, the teenagers' ability to cope improved. The teenagers now view stressors as a challenge that can successfully be dealt with.

Participants of group and family therapy were requested to evaluate their group experiences by responding to a Lickert-type scale to six statements. The following table indicates that the participants were very positive about their experiences.

Table 23: Participants' responses (n= 12)

	Agree	Undecided	Disagree
1. I think the activities helped me to	86%	12%	2%

further understand myself.			
2. Activities helped me to further understand others.	89%	11%	0%
3. What I learned helped me to become more responsible.	96%	4%	0%
4. I loved being included as a member of this group.	98%	2%	0%
5. I would recommend a similar group for others.	92%	8%	0%
6. Frequent workshops should be held.	98%	2%	0%

Members of the school community expressed great interest in the formulation of rules. They participated actively and offered valuable information. They feel that policies would give them directions in dealing with rebellious behaviour. Although guidance teachers felt ill-equipped to deal with behavioural and emotional problems of children, they made a concerted effort to, at least, avail themselves. Management became aware, for the first time, that the provision of a safe school environment is the key to prevention of rebellious behaviour.

5.4.2. Main themes that emerged

Themes, despite the fact that they were similar, manifested themselves in unique ways in various participants. The following themes arose from different participants in each session.

- Anxiety.
- Feelings of worthlessness.
- Isolation.
- Feelings of inadequacy.
- Low self-concept.

- Lack of trust.

When people realize that they do not live up to social expectations, they start to feel rejected. This rejection is perceived as the rejection of the self and not the unacceptable behavior. The individual then starts perceiving him/herself in terms of others' perceptions. The negative impact on the individual occurs through feelings of guilt, worthlessness and self-hatred.

When parents experience inadequacy in their parenting skills, they withdraw and become uninvolved. On the contrary, adolescents apply a different strategy to feelings of inadequacy. They usually become aggressive towards people with authority.

Parents, children and school personnel experience anxiety alike. When faced with stressful situations, many people experience excessive tension. This tension is experienced by the individual as overwhelming and uncomfortable and may lead to further depressed mood. Depressed people tend to distort their thinking in a way that affects them negatively. They utter negative thoughts such as the following. *" I am worthless, I have nothing to look forward to".*

Educators also felt inadequate about their roles. They disclosed that they sometimes promote rebellion in the learners, although unintentionally.

The results of the research had an impact on the following three interconnected areas:

5.4.2.1 Group processes

a) Safety and security

The importance of safety and security within the groups was highlighted by a number of participants in all three groups. This could probably be seen as an

essential condition within the group that allows the other process to occur. Most members, in the beginning, expressed vulnerability to exposure, as reflected in comments such as the following. "*I did not feel free to discuss deeply personal aspects of myself with anybody because they will see me as a bad one* ".

Psychological safety was provided through elements of rituals, such as beginning and ending sessions at the same time. Comments such as the following reflect a sense of trust and security that was generated in the group: "*I met people who could be trusted*" and "*the ability to voice views/opinions in ways that are not overwhelming*".

A number of participants highlighted the importance of the group as a safe place where possible changes to behaviour could be tested**.** They also appreciated the amount of support they get from the group.

b) Information sharing

One of the aims of group therapy was to give participants information, for example, developmental issues in adolescence. The sharing of information and experiences in small groups seems to benefit participants in diverse ways outlined below.

- Re-invention of identity.
- Insights into attitudes towards people and issues.
- The discovery of new ways of treating people.
- Self-reflection.
- Better understanding.
- Opening up of new realities.

c) Interactive learning

A significant process for the participants appears to be cognitive learning that takes place. Valuable information was exchanged; for example, parenting skills.

Because of the safe environment that was created, parents and teenagers learn to discuss sensitive issues; such as discipline and communication patterns. Parents became aware of their inconsistency in disciplining and how this affects interaction on the whole

Verbal feedback taken at the end of group therapy suggested that the learning of life skills exerts a positive influence on the teenagers' ability to solve many of the social and psychological problems they are faced with.
Learning also occurs in the form of receiving feedback on how others have handled situations, having various issues discussed and being able to discuss how to handle personal situations. This feedback is particularly significant for parents who always thought that only the teenager has a problem, not them. Learning is shown by a number of comments such as the following, *"I now see things from another perspective"* and *"It was an educational experience to interact with others who had gone through similar experiences".*

In this programme, group members learn to work co-operatively together
Members' response to the question "*What did you learn from the group experience?"* was: *"acceptance and the ability to listen without judgment".*

Of importance, parents learn how to respond positively to their children.

d) Self-affirmation

The perception that people matter to others and that they appreciated them had positive effects. The process of self-affirmation is clearly important for individuals who have experienced a sense of worthlessness and low confidence. Some members from both group and family therapy reported feeling good about selves for the first time in many years. They explained that they feel good after receiving affirmation and encouragement from other members. Participants indicated that the positive affirmation gives meaning to their lives. They appreciated that the group allows people to be and to express who they are

without fear of ridicule. It came out that each participant achieved growth and change in a unique way.

e) Belonging

One of the processes in the group that the participants indicated as having been important for them, especially parents, is the development of a sense of belonging. Social isolation and rejection is often a problem for families who are struggling to deal with a rebellious adolescent. In the group the members are provided the opportunity to interact with other people who face similar issues and experience the world in similar ways. This enables them to become aware that they are not alone in having problems and that other people with similar problems are still worthwhile people. This promotes the experience of bonding with others. It is this connectedness to others that appears to be a key protective factor in allowing adolescents to remain resilient in the face of difficult life circumstances. The comment below, which was made by one of the participants and agreed to by few others, could indicate the extent of belongingness felt by members: "*I feel that I have come home*".

5.4.2.2 Personal changes

The preceding group process appears to result in a number of significant changes that the research participants highlighted. The majority of participants felt that the therapy helped in many aspects of their lives. These are:

a) Self-awareness and tolerance of others

A significant number of participants point to an increase in self-awareness, which is accompanied by a decrease in self-loathing and guilt. An increase in self-esteem and the development of a more positive outlook in interaction with other people was also reported. These changes can possibly be seen as relating to the group process, such as affirmation received from group members and the facilitators and the sense of belonging that developed.

Of note is the fact that members became aware of their negative thinking and how these affected their behaviour. The BDA (the reader is referred to table 6) made the members particularly aware that their thinking affects their feelings and how they behave. The session on discipline made parents aware of their inconsistency in disciplining and that this creates confusion in the adolescents. Members became aware that the heightened level of stress that they experience lead to anxiety and impaired interpersonal functioning.

It is possible that the process of accepting oneself, of having views expressed which are different from one's own in a safe environment and of witnessing the pain which others experience, leads to a greater awareness of the diversity of human experience that in turn leads to greater tolerance of others. Adolescents learnt to be permeable to the views of others by sharing openness and sensitivity.

b) Self-confidence

Much of the guilt feelings experienced by parents at the beginning of the sessions stemmed from the fact that they were not confident to deal with their teenagers' behaviour and emotional problems. Relaxation techniques practiced during and outside the sessions for individuals, groups and families helps members to relax and subsequently deal with their problems effectively. This new achievement made them feel good about themselves again. This also appears to be accompanied by a change in mood and a general perspective on the world, for example, being more realistic and more positive. Learning healthy activities and developing own potentials help members re-anchor self-confidence. After learning that they have the power to make positive things happen in their lives, their self-esteem increased, so did their self-control.

The development of this sense of confidence is highlighted by a number of participants with the following positive spirals: *"I am OK." "I can".*

Feeling more confident about themselves brought more preparedness for their anticipated tasks.

c) Increased self-disclosure

A fair number of participants indicated that changes have occurred in this regard due to group experience. Members feel grateful that they now know that self-disclosure includes stating positive feelings. The safe environment provided by group experience makes disclosure easy. This was accompanied by the knowledge that they will not be rejected for their disclosure. Instead they will be supported

5.4.2.3 Relationship changes

The changes that occur within the group members on an individual level inevitably lead to positive changes in their relationships. Some of the changes that appear to occur as a result of the group experience are the following:

a) Increased honesty

A number of participants indicated that the group experience has allowed them to be more honest in their interaction in the sense of being more willing to express their feelings.

b) Improved interpersonal functioning

Engaging youth as collaborators in their interactions, rather than subjects or targets, has brought several positive spirals. For example, the involvement of youth in the discussion of communication enhances their resourcefulness and ultimately improved relationships with their parents. This is shown by the following response made by a parent: *"I now get along better with* my *child."*

5.5 CONCLUSION

In the next chapter, the following will be addressed: the summary of the study, findings, contributions, limitations and recommendations.

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

"*Two roads diverged in a wood, and I took the one less traveled"*
And that has made all the difference."

Robert Frost
"The road less traveled"

6.1 INTRODUCTION

In this final chapter, and those preceding it, the researcher takes the position of reflecting on the study as a whole and on the questions that the study possibly answered or failed to. The chapter will also reflect on new questions, possible implications, recommendations for both therapeutic interventions and theoretical frameworks.

The assumptions that the researcher has introduced form an integral part of this researcher's research. The views have been chosen by someone who does not approach rebelliousness as a *tabula rasa*, but with the researcher's own opinion that stems from her interaction with youths at risk.

6.2 SUMMARY OF THE RESULTS.

6.2.1 Summary of the results from the literature study.

This study aimed at discussing, understanding and modifying the behaviour of adolescents. It did so by discussing the different facets with which rebelliousness is associated. These are summarised below.

Table 24: Facets of rebelliousness.

BEHAVIOUR	DESCRIPTION
Deviance	➔The behaviour that is considered deviant by public consensus
Aggressiveness	➔ There is continuity between early aggression and later aggression in adulthood ➔ Expresses itself in yelling and rude words, subtle malicious remarks and negative refusals. ➔ Exposes rejection, threats, criticism, cursing and negative evaluation of a person.
Substance abuse	➔ Teenagers between 12-17 have tried substances. They say it makes them feel better. ➔ Dangers include accidental over dosage, risk of HIV infection through shared needles, motor accidents.
Withdrawal and alienation	➔ Alienated adolescents are disruptive, rebuke authority, passive and reject norms established by the family.
Gangs and Satanism.	➔Teenagers join gangs in search of meaning, security, seek revenge, power or both. ➔ Members belong to dysfunctional family system and lack male role models. ➔ Substance abuse is the hallmark, whilst self-report reveals high involvement in sexual promiscuity.

Runaway	➔ Causes include need for independence, inadequate parental support or control and parental rejection.
Truancy	➔ Behavioural manifestations include social isolation in school, academic failure, negative perception of school and teachers and defying authority.
Suicide	➔ Many teenagers think about suicide at some stage in their lives. ➔ The second leading cause of death for school-age group. ➔ Follows feelings of unhappiness, rage, hostility and a wish for revenge. ➔ Teenager usually communicates suicide intention distress signals or cues.
Underachievement	➔ Performance falling considerably below measured ability or potential. ➔ Can take a passive or active form. ➔ Parents contribute by putting too much pressure on the child to achieve, attaching a negative label to the child, giving no positive reinforcement and encouraging competition.
Oppositional behaviour.	➔ Prevalent where the child is always pressured to achieve. ➔ Recurrent pattern of negativistic, defiant, disobedient and hostile behaviour is the essential feature.
Antisocial behaviour.	➔ Biological and social risk factors are responsible for its development. ➔ There is considerable continuity between childhood disruptive behaviour and delinquency.

Treatment modalities that are often used with rebellious behaviour have been explored. The writer chose a behavioural approach as the interventions are widely known for their efficacy, especially behaviour change. It remains the responsibility of the therapist to choose a suitable treatment method that

produces greater benefits. The choice of interventions should take into account a variety of patient variables and characteristics.

Behavioural techniques/interventions used in the treatment of stealing are:

- Aversive contingency management approaches.
- Positive contingency management approach.
- Self-control approach.
- Self reinforcement.
- Parent training approach.
- Response-cost.
- School and Community Prevention approaches.

Systematic

Involvement of the family has been found to be the biggest predictor of success in therapy. Family systems have been found to contribute greatly to the maintenance of antisocial behaviour, especially substance abuse (Yandoli, 2002: 403). This is so because children with antisocial behaviour remain enmeshed in their families of origin. Participation of the family will minimize the risk of relapse. The goal of family-based treatment is to bring about change in the family system's pattern of behaviour. However, Stary (1981: 13) suggests that family involvement should be done with the adolescent's consent. Three types of family therapies are summarised belo

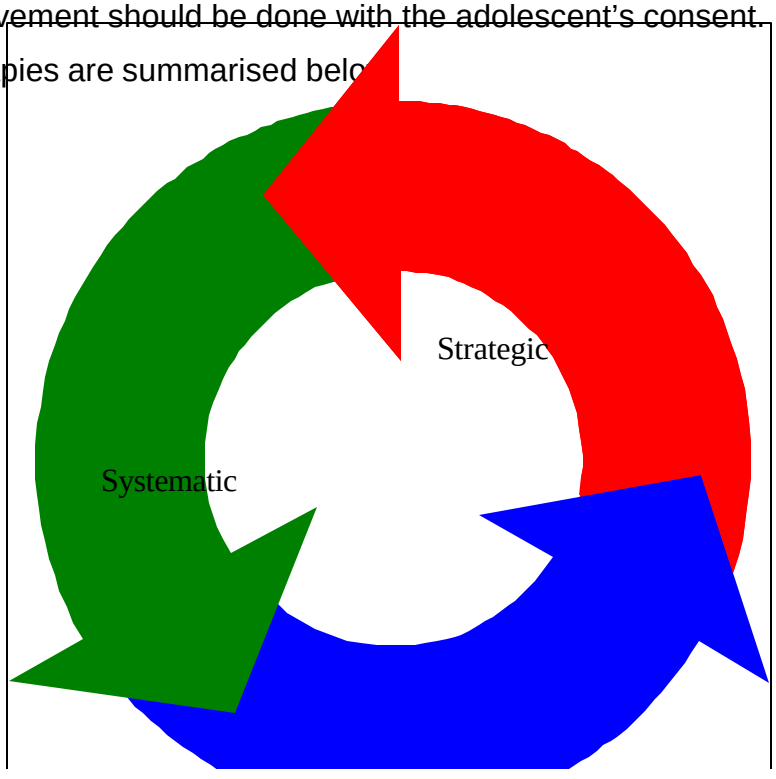


Figure 14: Types of Family Therapy

The following table describes the focus of each family therapy type.

Table 25: Types of family therapy.

Type of therapy	Focus
Structural	Challenge the family's pattern of interaction.
Strategic	Develop strategies for solving the client's problems
Systematic	Aims at giving information in order to influence change

Because social interaction with their peers is important to children with problem behaviours, group work is included in their treatment program. In the group, teenagers learn socialization skills, experience emotional support and collectively learn how to solve problems.

The life skills approach is an interactive, participatory, youth-centred educational methodology that focuses on transmitting information. The therapist's intervention could be guided by pursuing the following therapeutic goals with teenagers with problem behaviour:

1 To enhance youths' ability to take responsibility for making healthier choices, resisting negative pressures and avoiding risk behaviours.
2 To raise self-esteem by helping students attribute to themselves the power to make positive things to happen in their lives and to prevent negative ones from happening.
3 To empower adolescents.

Games, building trust, exercises, ethnic music instruments, collages, role-plays, drawings, dance, audiovisual activities and group work are some of the common methods used.

6.2.2 Summary of the results from the empirical study.

The number of people who took part in the treatment has already been mentioned in Chapter 5. The reader is referred to Table 21.

The following table summarises the treatment programme that was undertaken.

Table 26: Treatment programmes.

Technique	Focus	Sessions
Individual therapy	Therapy was undertaken to provide a therapeutic environment in which clients can feel comfortable to air their feelings. The main focus was on behaviour change.	At least six per client.
Family therapy	Parental involvement and educating parents about adolescent development were the main focus of therapy. Parents were taught skills that they were also required to practice outside sessions. These were done in the form of parent-child workshops.	six
Group therapy	Core life-skills that were taught to adolescents were communication, goal-setting, problem-solving, assertiveness, stress management and self-concept enhancement. Use was made of worksheets, role-plays, activities and discussions.	Eight
School-based	Long and short-term policies were	Two

programme	formulated by all members of the school community.	

Overall, these intervention programmes were regarded as extremely positive for all participants. Most felt that these programmes enriched their lives in a meaningful way and led to self-awareness and, most important, empowerment. Many participants applauded the worth of the programmes and expressed the need for ongoing support.

6.3 CONTRIBUTIONS OF THE STUDY

- The realisation that traditional methods have some real limitations and that a holistic approach to rebellious behaviour have some real complementary strengths, is probably a major fact to be learned form this study (See Figure 6).
- The present study provides evidence that there is much that can be done to assist youth at risk before their rebellious behaviour result in psychiatric sequelae.
- The programme demonstrates that a pattern of underachievement can be broken.
- The study is the first South African study to focus on rebelliousness and ways of dealing with it in such broad detail. Currently there are no published reports regarding interventions for rebellious adolescents.
- A unique feature of this study is that it described a new holistic programme in detail.
- Different techniques/approaches bringing with them a different set of assumptions and different ways of looking at root causes of rebellious behaviour can be used together to answer questions posed in Chapter 1
- The present study gives insight into different kinds of treatment modalities employed by therapists when helping rebellious youths.

- This study has, in the opinion of the researcher raised the hope that therapy can indeed turn rebelliousness around.

6.4 DISCUSSION OF FINDINGS

Research question: In what ways does rebelliousness manifest?

Aim: To undertake an in-depth literature study on the phenomenon rebelliousness

Findings: The most common behaviour problem with adolescents, according to questionnaire results, is stealing, bullying, aggression, destroying of property, and truancy. Withdrawal manifests itself overtly and covertly. Many teenagers manifest different behaviour problems at the same time, for example, a substance abuser may withdraw, steal, lie excessively and inevitably underachieve. These findings are consistent with Harmon's (1993) findings.

Research question: What interventions work in therapy?

Aim: To explore a host of therapeutic techniques/strategies which are used in rebellious youth.

Findings: Not one technique is effective on its own. Different techniques/approaches bring with them a different set of assumptions and different ways of looking at root causes of rebellious behaviour. These findings, in combination with previous research, point to the effectiveness of all treatment modalities when used to complement each other.

Research question: What are the possible methods that can be used to effectively treat different phenomena of rebelliousness?

Aim: To test techniques/strategies which are efficacious for rebellious behaviour.

Findings: Skills training, in combination with other treatment techniques/approaches, have been found to be very effective in treating broad-based adolescent life problems. Given that adolescents engage in different delinquent behaviours at the same time, Harmon (1993) argues that it would be beneficial to target all these behaviour problems using just one programme.

6.5 LIMITATIONS OF THE STUDY

There are several limitations of this study that should be noted. These are:

- Generalising these results requires caution as the research was conducted in the Limpopo Province only.
- The effectiveness of the programmes were only tested over a medium term.
- Another limitation is the fact that the sample was predominantly black and low socio-economic status. Therefore, the findings cannot be generalized.
- The efficacy of using a holistic approach, especially life skills training, with teenagers of more limited intellectual skills, has not been proven. Perhaps the intervention needs to be adapted so that it is appropriate for lower functioning adolescents.
- A definite limitation, which had a negative bearing on the study, is that, most parents work away from home as migrant laborers. That made it difficult for the researcher to get hold of them.

6.6 RECOMMENDATIONS

This study may have raised as many questions as the researcher has answered. These questions raised valid issues which should be addressed in future research.

- Programmes for targeting youths should include a series of follow-up sessions in order to increase the likelihood of sustaining any positive effects.
- Future research should determine the effectiveness of the programme over a longer period.
- The need for an effective guidance service in schools needs to be looked into. By this the writer is not necessarily implying that all guidance teachers should be experts in this field, taking cognizance of the financial implications involved. They could at least have basic counseling skills in order to effectively manage children's' problems

6.7 CONCLUSION

This thesis has described a holistic treatment model for adolescent problems that can be implemented in a family, group and school setting.

There is always hope amongst therapists that each new technique or approach will provide "the answer" and will be great advance over the previous efforts. The challenge facing practitioners is to make a shift from traditional individualised assessment and interventions. The trend is to view youths' problems as resulting from the reciprocal interaction of intrapsychic variables and his or her environment, for example, school, family and group. To do so will require that mental health practitioners devote significantly more time and energy to ensuring that treatment modalities meet the unique areas of adolescent need. Such effort will enable practitioners to make significant improvements in the quality and effectiveness of interventions with these most challenging clients.

As a researcher, I am encouraged to believe that the holistic approach to treating adolescent difficulties has been robust effective and will bring life-long change in adolescent behaviour.