

**RESILIENCE THERAPY:
A GROUP INTERVENTION PROGRAMME
TO PROMOTE
THE PSYCHOLOGICAL WELLNESS
OF ADOLESCENTS AT RISK**

by

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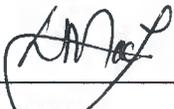
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JUNE 2000

DECLARATION

Student Number: 8513058

I declare that **RESILIENCE THERAPY: A GROUP INTERVENTION PROGRAMME TO PROMOTE THE PSYCHOLOGICAL WELLNESS OF ADOLESCENTS AT RISK** is my own work and that all sources used, or quoted, have been indicated and acknowledged by complete references



Mrs L.C. Mac Farlane

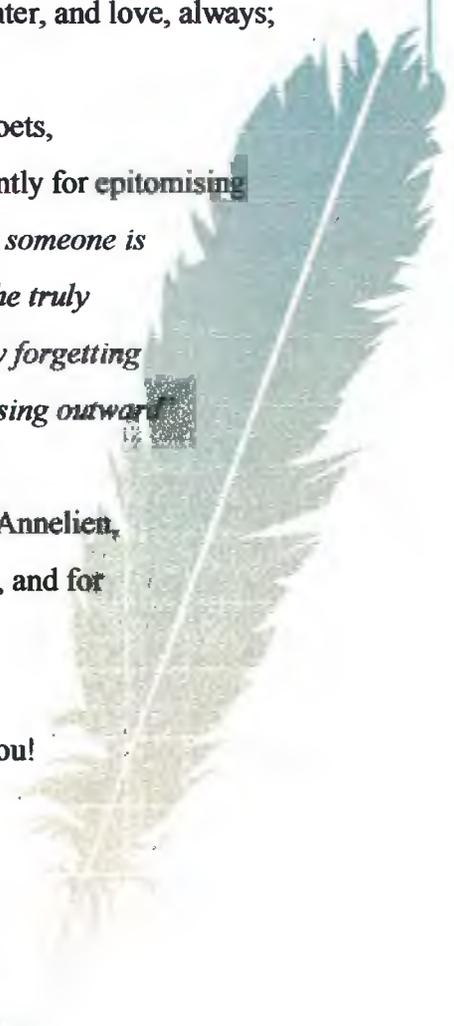
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 - ❑ Gordon, my husband, for building me winning posts, and thereby intervening to keep the spirit of resilience alive; and for unselfishly yielding me space, time, and inexhaustible encouragement to capture it on paper; and most importantly, for loving me marvellously;
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- 

- ❑ A special acknowledgement goes to the six members of the experimental group. The writer dedicates part of Mariah Carey's '*Hero*' to them, as this embodies the essence of resilience:

There's a hero
if you look inside your heart
don't have to be afraid of what you are
there's an answer
if you reach into your soul
and the sorrow that you know will melt away
and then a hero comes along
with the strength to carry on
and you cast your fears aside
and you know you can survive
so when you feel like hope is gone
look inside you and be strong
and you'll finally see the truth that
a hero
lies in you



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Degree: Doctor of Education (Psychology of Education)
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SUMMARY

This study focuses on the feasibility of inculcating resilience skills in adolescents using the forum of group therapy. Resilience equals the ability to surmount life's obstacles and continue towards self-actualisation, regardless. The study was initiated by the writer's masters thesis, which delineated the profile and characteristics of resilient adolescents. The writer believed that an intervention programme to effect resilience was overdue. Adolescents were generally afforded therapy re-actively. If intervention was to be an exercise in wellness, rather than in repair, a pro-active intervention programme targeting resilience had to be designed.

This study focuses on the provision of such a programme. The intervention programme is semi-structured and spans twelve one hour sessions. The intervention programme specifically targets adolescents, given the amplified vulnerability associated with this developmental phase. Should resilience be sabotaged during this phase of life, the repercussions are thought to be lasting.

Group therapy was chosen as the forum for intervention, given its suitability to adolescents. Adolescents are peer-group-minded, suggesting that therapeutic intervention by means of group work, would be ideal, if competently lead.

The personal attributes impacting on the ability to surmount life's challenges are targeted as an interrelated whole by the group therapy intervention programme involving an experimental group of six adolescents, who appear to have turned their backs on self-

actualisation. A control group, which receives no intervention, provides a contrasting profile. The study aims to provide educational psychologists with an intervention programme and an in-depth understanding of the phenomenon of resilience, so that vulnerable youngsters might ultimately be therapeutically assisted to choose a more resilient attitude and behaviour.

The results of the study suggest the feasibility of inculcating resilience skills. Four of the six group members in the experimental group show marked improvement. Of the remaining two members, one shows some amelioration of vulnerability. Furthermore, results suggest that personal choice underlies resilience, implying that resilience can be coached. Additionally, it would seem that schools can play a leading role in this coaching by facilitating intervention groups.

KEY WORDS

**resilience; intervention; group therapy;
vulnerability; personal attributes;
self-actualisation; protective factors;
risk factors; adolescent**

Date:

June 2000

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CHAPTER ONE

ORIENTATION TO THE STUDY

*No matter what they tell us
No matter what they do
No matter what they teach us
What we believe is true
No matter what they call us
However they attack
No matter where they take us
We'll find our own way back
I can't deny what I believe
I can't be what I'm not ...
I know
No matter what.*

(from "No matter what" by BOYZONE, 1998)

1.1 AWARENESS OF THE PROBLEM

"No matter what" was the salient characteristic of a group of ten resilient teenagers which the writer compared with a group of ten vulnerable teenagers in the course of her masters study. Regardless of the numerous, unwelcome odds facing the resilient youngsters, they battled on valiantly, always determined to overcome each obstacle, "... no matter what."

Intrinsic to the vulnerable group was an absolute dearth of the above attitude. Their lack of resilience manifested as negative social orientation, a negative self-concept, negative future orientation, a negative general attitude, an external locus of control, anxiety, hostility, evasiveness or a tendency to quit, and extreme excitability. Increasingly, in her contact with these vulnerable youngsters, the writer became aware that it had perhaps never occurred to these non-resilient teenagers to adopt a "no matter what" attitude.

The writer's masters work had provided her with a comprehensive understanding of the profile of resilient and vulnerable adolescents. As much as these profiles empowered her, they also frustrated her, because she lacked a comprehensive programme with which to effect change from vulnerability to resilience. It was no longer enough for her to be able to identify resilience and vulnerability: she desired to be able to empower adolescents by cultivating resilience. The writer began to consider the feasibility of teaching vulnerable youngsters resilience skills.

Her research of the phenomenon of resilience made the writer increasingly aware of the need for a therapeutic programme which might inculcate resilience among adolescents at risk. Rather than attempt to redress these manifestations in reactive therapy, the writer became convinced that a pro-active therapeutic programme was needed to inculcate and anchor resilience. Central to these thoughts was the verification she found in current literature suggesting that therapeutic intervention aimed at addressing vulnerability should ideally be seen as an exercise in the promotion of wellness, rather than as an exercise in repair (Cowen, Wyman, Work & Iker, 1995: 248). Cowen (1980: 259) expresses the concern candidly: "*We became increasingly, indeed alarmingly, aware of the frustration and pessimism of trying to undo psychological damage once it had passed a certain critical point . . .*" In order to promote psychological wellness, intervention would necessarily need to focus on the attributes which differentiate between resilient and vulnerable youngsters, and then on the protective mechanisms underlying the adaptive attributes. Again, in the words of Cowen (1980: 260): "*Key terms for the latter include educating and building, not diagnosing and treating individuals*". The writer became increasingly eager to 'educate' and 'build', or coach and empower adolescents in the ways of resilience.

In the course of her daily therapeutic contact with adolescents, the writer's awareness of the truth of Cowen's assertion spiralled as she witnessed increasingly that things first had to go rather drastically wrong in the lives of her clients before therapeutic intervention was afforded them. Her concern was augmented by the additional stressors experienced by adolescents, given the very nature of adolescence: "*One period of life characterised by rapid psychological, social, and cognitive changes that may generate stress is adolescence*" (Baldwin, Harris and Chambliss, 1997: 839).

It began to make more sense to the writer that when adolescents are at risk, they be afforded timely intervention which might empower them and assist them to face life's buffeting waves, and prolong their wellness, rather than be belatedly cast upon a therapist to be made whole again, as happens traditionally, when in a sense repair never equals production. Timely intervention would be possible, because the writer's masters work provided a profile of the individual at risk. What was still lacking, however, was an intervention programme targeted at inculcating resilience.

The writer began to consider means of intervening in order to achieve psychological wellness. She chose to focus on the personal protective factors impacting on resilience, rather than on familial or environmental factors, because of the ready accessibility of personal factors compared to familial or environmental factors, and because of the foundation laid by her masters thesis. Her masters work could form the theoretical foundation for an intervention programme, given its provision of resilient and vulnerable personal profiles. The profiles gleaned in her masters work would provide the basis for identifying vulnerability: any adolescents with whom the writer intended to work could be assessed using the same media as she had to establish the original vulnerable profiles. Following therapeutic intervention, targeting the personal, protective factors anchoring resilience, progress could be ascertained by re-assessing and comparing the second set of profiles to the original resilient profiles. Progress would then suggest the feasibility of inculcating resilience. A lack of progress would suggest that intervention in order to ameliorate vulnerability was not feasible.

In the course of therapeutic intervention with adolescents, the writer also noticed that group therapy provided an effective therapeutic vehicle. Adolescents identify strongly with their peers, and group intervention with its powerful dynamics, afforded adolescents a safe forum in which to explore and grow. This observation caused the writer to begin to consider a group intervention programme aimed at inculcating resilience skills.

The writer's growing awareness of the need for timely intervention to empower vulnerable youngsters, and her observation of adolescents' palpable comfort in a group setting, led her to ponder the following questions:

- Can resilience be inculcated?
- Does the inculcation of resilience suggest that risk factors are targeted, or that coping skills are targeted?
- Would an intervention programme need to be tailored to suit the specific distal and proximal variables impacting on the adolescent's context?
- Would group therapy be the ideal vehicle for the teaching of resilience skills?
- Would the pairing of resilient and vulnerable adolescents encourage resilience in the vulnerable adolescent?
- Would acquired resilience skills wane in the absence of maintenance therapy once group therapy had been concluded?
- Could resilience be influenced by the prevailing general attitude of the peer group?

The questions posed by the writer will be addressed in the course of chapter two, where the above questions coincide with the issues raised by the literature review. Although not all the questions will be addressed, this may not detract from the relevance of all the above questions.

1.2 DEFINITION OF RESILIENCE AND THE SALIENT ATTRIBUTES CHARACTERISING RESILIENCE.

The concept of resilience was explored in-depth by the author in her masters thesis: *An Educational-Psychological Perspective of the Personal Attributes which serve to anchor Resilience*. Broadly speaking, resilience may be defined as the "... drive to become what one can, ought to, and wants to become, despite the obstacles inherent to the individual's life world. The all-inclusive, dynamic image that the individual will hold about him/herself, will be coloured by the hand of cards life has dealt, but not tainted by it" (MacFarlane, 1998: 7). In other words, resilience implies an ability to rebound in the face of obstacles, rather than be crippled by such obstacles. Norman Garmezy (1993: 129) expresses this succinctly: "*The central element in the study of resilience lies in the power of recovery and in the ability to return once again to ... patterns of adaptation and competence.*" The following diagram, adapted from Hauser (1999: 3) summarises resilience:

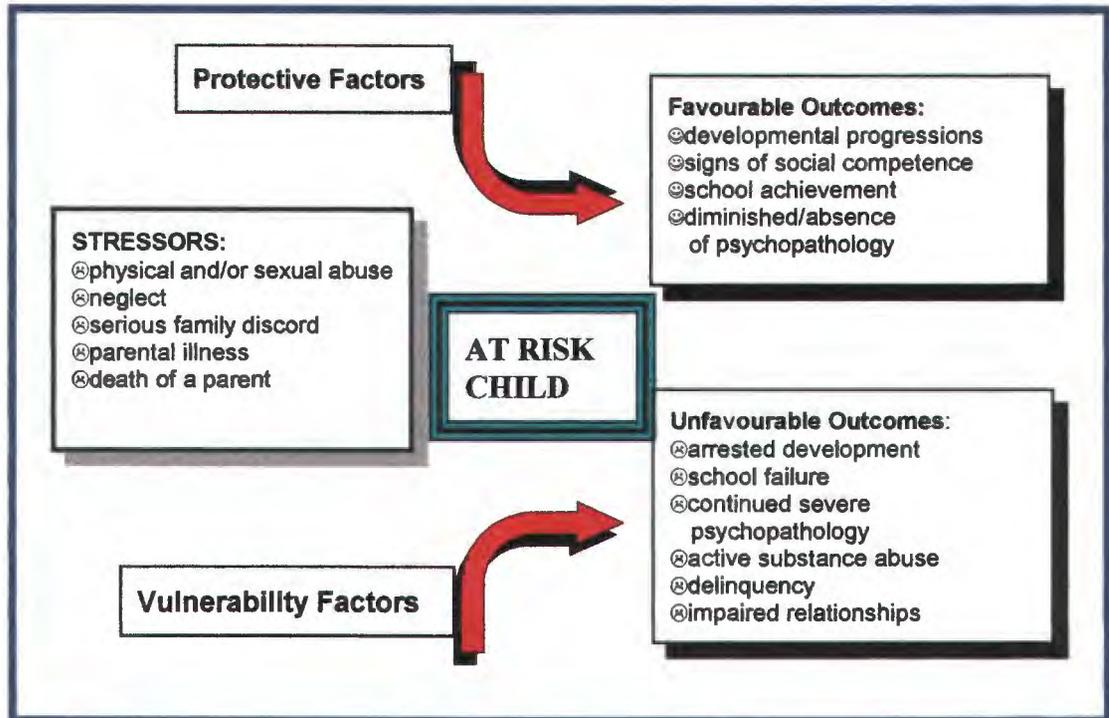


Diagram 1
Model of Resilience

The above diagram alludes to the positive role of protective factors in anchoring resilience. Protective factors appear to encourage resilience and stem from personal, familial and environmental origins. The writer's previous study indicated nine personal attributes which appear to protectively anchor resilience. These hallmarks characterise the personal protective factors giving rise to resilient outcomes, as suggested in the above diagram. The distinguishing attributes of the resilient group were as follows (MacFarlane, 1998: 187):

positive self-concept, suggesting a good relationship to the self, and positive self-talk.

positive attitude, suggesting the ability to remain cheerful and optimistic.

positive future orientation, suggesting tenacity, orientation to achieve and optimism.

assertiveness, suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.

enthusiasm, suggesting a tendency towards excitability and spontaneity.

drive, suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.

good interpersonal relationships, suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.

internal locus of control, suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.

anxiety, suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.



DIAGRAM 2
SUMMARY OF RESILIENT ATTRIBUTES

The above nine factors then, are what underpins resilience, or “... *the capacity to be bent without breaking and the capacity, once bent, to spring back ...*” (Vaillant, 1993: 284). Typically, vulnerable adolescents do not possess the adaptive mechanisms which underlie the above mentioned adaptive traits. Thus, in an intervention programme aimed at inculcating resilience, the above mentioned characteristics would form target areas, in order that the latter part of the following statement might be realised:

“Some of us finally blow apart in adulthood like long-fuse time bombs, while others grow to shine brightly like comets” (Diamond in Hauser, 1999: 1).

1.2.1 Resilience from the Perspective of Relations Theory

In terms of UNISA's perspective, namely Relations Theory, resilience could be delineated as the capacity to persevere towards self-actualisation, or ultimately the capacity ‘*to shine*

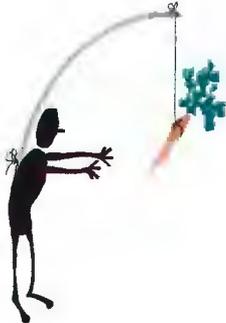
brightly like comets’ regardless of adverse life-experiences. Resilient youngsters may have a disturbing life world, characterised by poor relations and a deficient educational climate, but despite the instability of their foundation, they remain primarily unshaken. The individual's proclivity for resilience would be related to the nature of intra-psychic interaction occurring when the individual is faced with demanding or distressing life-experiences: the resilient individual would assign meaning to the experience in such a way, that his or her self-concept would remain unscarred, thereby facilitating continued involvement. The self-talk of the resilient individual will appraise the identity of the self, in terms of the trauma, in such a manner that the self-concept remains realistic and no immutable, unrealistic positive/negative meaning attribution eventuates. Rather than allow the trauma experienced to become a label of the self, it is given status only as an event, not as a life-sentence. This in turn impacts on the individual's behaviour, keeping him or her on the course of self-actualisation.

In the following section, the writer will provide an overview on the literature currently available on therapeutic intervention and resilience.

1.3 LITERATURE OVERVIEW

The field of resilience is a relatively new one. In her masters thesis the writer provides a comprehensive overview of the literature available on resilience (MacFarlane, 1998: 18-82). As the masters study was a precursor to this study, the literature themes, namely resilience as a personality trait; protective factors contributing to resilience; the impact of family on resilience; the role of therapeutic intervention; risk factors impacting on resilience; the impact of a learning disability on resilience; the role of the teacher and school programmes in the promotion of resilience; the impact of extra-familial factors on resilience; and the role of age and gender on resilience, will not all be reviewed again. Instead, the writer chooses to focus on the following sources of literature, because of their pertinence to the focus of this study, namely the augmentation of resilience in adolescents, or lack thereof, following participation in a group intervention programme:

Table 1
Major Themes in Current Literature

<u>THEME</u>	<u>SOURCE</u>	<u>FOCUS</u>
<p>Hallmarks of the resilient individual.</p> 	<p>Amongst others:</p> <ul style="list-style-type: none"> ❖ Werner and Smith, 1982. ❖ Garmezy, 1984. ❖ Rutter, 1983, 1984 and 1986. ❖ Masten, Best and Garmezy, 1990 ❖ Higgins, 1994. ❖ Berliner and Bernard, 1996. ❖ Rak and Patterson, 1996. ❖ Chubb, Fertman and Ross, 1997. ❖ Hart, Hofmann, Edelstein and Keller, 1997. ❖ MacFarlane, 1998. ❖ Hauser, 1999. 	<ul style="list-style-type: none"> ☞ Personal attributes anchoring resilience. ☞ Family protective factors supporting resilience. ☞ Extra-familial protective factors bolstering resilience. ☞ Risk factors that sabotage resilience.
<p>The role of therapeutic intervention in resilience.</p> 	<p>Amongst others:</p> <ul style="list-style-type: none"> ❖ Rolf, Masten, Cicchetti, Weintraub and Nuechterlein, 1992. ❖ Haggerty, Sherrod, Garmezy and Rutter, 1994. ❖ Cowen, Wyman, Work and Iker, 1995. ❖ Turner, Norman and Zunz, 1995. ❖ Focht and Beardslee, 1996. ❖ Perry, Albee, Bloom & Gullotta, 1996: 358) ❖ Beardslee, Wright, Salt, Drezner, Gladstone, Versage and Rothberg, 1997. ❖ Albee, 1998. ❖ Masten and Coatsworth, 1998. ❖ Hauser, 1999. 	<ul style="list-style-type: none"> ☞ The rationale for intervention. ☞ The impact of intervention on resilience. ☞ The feasibility of reproducing previous intervention studies.

<p>Group therapy as a vehicle for intervention.</p> 	<p>Amongst others:</p> <ul style="list-style-type: none"> ❖ Benner, 1985. ❖ Pickar, 1988. ❖ Corey and Corey, 1992. ❖ Corey, Corey, Callanan & Russell, 1992. ❖ Corder, 1994. ❖ Corey, 1996. ❖ Rose, 1998. ❖ Spitz and Spitz, 1999. 	<ul style="list-style-type: none"> ⇒ An explanation of group therapy. ⇒ The advantages of group therapy. ⇒ The disadvantages of group therapy. ⇒ Group therapy from an educational-psychological perspective.
<p>The Adolescent</p> 	<p>Amongst others:</p> <ul style="list-style-type: none"> ❖ Pikunas, 1976. ❖ Benner, 1985. ❖ Dryfoos, 1990. ❖ Rutter, 1990. ❖ Boehm, Schondel, Ivoska, Marlowe & Manke- Mitchell, 1998. ❖ Jaffe, 1998. 	<ul style="list-style-type: none"> ⇒ An overview of the concept of adolescence. ⇒ The risks associated with adolescence. ⇒ Adolescence from an educational-psychological perspective.

A glaring deficit in current literature is any intervention programme, especially a group intervention programme, which might be followed, or adapted, in order to inculcate resilience in general. This deficit necessarily impacts on the writer's demarcation of her study, as will be outlined in the following section.

1.4 DEMARCATION

For the purpose of this study, the writer intends to focus on the following issues:

- (a) the role of therapeutic intervention in resilience

- (b) the feasibility of group therapy as a vehicle for intervention targeting resilience
- (c) the creation of an effective intervention programme

As stated in the preceding section, neither the literature study nor the empirical study will focus on resilience in general, as this was done comprehensively by the writer in her masters thesis, which forms the foundation for this study. Instead, the writer is choosing to focus on how the comprehensive understanding of certain personal attributes anchoring resilience, gleaned from her masters study, might empower educational psychologists to intervene therapeutically in order that vulnerability might be redressed.

The writer has specifically chosen this demarcation, as the notion of pro-active intervention is in line with current thinking: “. . . *the concept vivifies an emerging paradigm-shift in mental health, built around the intriguing possibility that psychological dysfunction can better be approached through prevention than by struggling, however valiantly and compassionately, to undo deeply-rooted damage.*” (Cowen et al, 1995: 248) Furthermore, it appears to the writer that the provision of a general preventative therapeutic programme aimed at securing resilience, by augmenting personal protective factors, is necessary, given the lack of any such programme in existing literature.

1.5 STATEMENT OF THE PROBLEM

The problem which the writer wishes to target is the following:

**CAN RESILIENCE BE INCULCATED, AND HOW SHOULD AN
INTERVENTION PROGRAMME BEST BE CONSTRUCTED IN ORDER TO
ATTEMPT TO ADDRESS VULNERABILITY?**

This problem promotes investigation of further aspects:

- ☛ the role of intervention in resilience;
- ☛ group therapy as a vehicle for intervention; and
- ☛ the creation of an intervention programme targeting the timeous inculcation of resilience skills.

1.6 HYPOTHESES

Given the demarcation of this study, the writer assumes the following hypotheses:

- ☛ it may be empirically determined that resilience can be inculcated.
- ☛ it may be empirically shown that group therapy will provide a suitable forum for anchoring resilience.
- ☛ preventative therapeutic intervention, aimed at addressing vulnerability, is a feasible notion.
- ☛ it may be empirically demonstrated that inculcation of resilience skills will improve the overall functioning of the individual.

1.7 AIMS OF THE STUDY

The writer seeks to realise the following aims from an educational-psychological perspective:

- ↳ to conduct a literature study on the role of personal attributes in anchoring resilience, and on the feasibility of group therapy as a vehicle for intervention.
- ↳ to conduct an empirical study aimed at inculcating resilience by focusing on the adaptive mechanisms underlying the personal attributes thought to anchor resilience, as indicated in the writer's masters dissertation (MacFarlane, 1998).
- ↳ to design and implement a therapeutic programme in order to anchor resilience.
- ↳ to utilise group therapy as an effective forum for a therapeutic programme designed to anchor resilience.
- ↳ to document and describe the results of the intervention programme qualitatively, so that its effectiveness as a therapeutic tool for other psychologists might be ascertained.
- ↳ to empower adolescents at risk.

1.8 DEFINITION OF TERMS USED IN THE STUDY

For the purposes of this study, the writer wishes to clarify the following terms:

Relations Theory

Relations Theory supposes that every individual is relationally situated within his / her life-world, and that the relations within which the individual finds him- / herself, impact on the ability to self-actualise. The individual is in a relationship to others, to objects, to ideas, to God, and to the self. The individual's involvement in, experience of, and attribution of meaning to these relations results in a self-concept which feeds self-talk, which in turn impacts on self-actualisation.

Personal Attributes

Personal attributes refer to those characteristics which are a feature of the individual, as opposed to the individual's family or environment. Personal attributes are inherent individual characteristics.

Adolescents at Risk

Adolescents at risk refers to adolescents who face stressors which are liable to augment their chances of vulnerability. The genesis of risk factors may be

- ☞ personalistic,
- ☞ familial, or
- ☞ environmental (Carson, Swanson, Cooney, Gillum & Cunningham, 1992: 275).

Risk factors should be viewed contextually (Keogh & Weisner, 1993: 5-6). Risk factors are also thought to operate cumulatively, with concurrent risk thought to add up to more risk than the mere sum of individual risks (Rutter, 1983: 308).

Protective Factors

Protective factors are central constructs in the conceptualisation of resilience: *“These dimensions moderate the effects of individual vulnerabilities or environmental hazards, so that a given developmental trajectory reflects more adaptation in a given domain than would be the case if protective processes were not operating”* (Hauser, 1999: 4) In other words, protective factors ameliorate the negative effects of risk factors.

Intervention

To intervene means to “*come into a situation in order to change it*” (Collins Reference Dictionary, 1992: 257). Intervention, then, is carried out in order to affect change. In terms of affecting resilience, intervention must ideally be seen as an exercise in wellness, and not in repair (Cowen et al, 1995:248). When intervention is effective, it possesses the potential to impact favourably on long-term outcomes following adversity (Coie, Watt, West, Hawkins, Asarnow, Markman, Ramey, Shure & Long, 1993: 1018).

Group Psychotherapy

Group psychotherapy refers to an “... *experiential encounter group aimed at the ‘personal development’ of members through a process of inter-member relationships ...*” (Nelson-Jones, 1983: 178) The relationships in group therapy are fundamental: “*As its name implies, it is a method in which patients are treated in groups, with the group itself constituting an important element in the therapeutic process*” (Slavson: 1950: 3). The group is facilitated by a therapist, and there are multiple models of group therapy.

Psychological Wellness

Psychological wellness is more than the absence of maladjustment. Rather it is a composite state of internal harmony, social competence, mastery over changing demands and a realisation of potential. (Brodsky, 1988: 4 -15)

As indicated in 1.2, resilience is the propensity for superior adjustment in the face of risk factors. Resilience may be explained in terms of an absence of psychopathology, or maladaptive behaviour, regardless of stressors. It implies a "... *stubborn durability*..." (Haggerty, 1994: 12), as echoed in Newton's words:

"We cannot tell what may happen to us in the strange medley of life.

But we can decide what happens in us. . .

How we can take it . . .

What we can do with it . . .

And that is what really counts in the end."

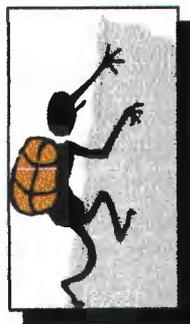
(in Buscaglia, 1992: 198)

1.9 A PREVIEW OF CHAPTERS

- ⇒ **Chapter two** provides a brief **literature survey** of **adolescence**, as well as the hallmarks of **resilience**. Thereafter the writer intends uniting these concepts, in order that it might become clear to the reader why adolescence is a particularly vulnerable time for teenagers who lack resilience skills, and why it would be necessary to instill resilience.
- ⇒ **Chapter three** will provide a **synopsis of group therapy** and investigate the efficacy of group therapy as a medium for inculcating resilience. This chapter is also based on a literature survey.
- ⇒ **Chapter four** will delineate the research methodology to be used in the empirical study, including the aim and motivation of the empirical study, as well as the actual research design to be followed (including the experimental group, diagnostic media to be employed, methods of evaluation and possible results of

this empirical study).

- ☞ **Chapter five** provides an **overview of the process** of the group therapy intervention programme conducted by the writer.
- ☞ **Chapter six** provides an **overview of the results** achieved by the group therapy intervention programme executed by the writer.
- ☞ **Chapter seven** will serve as a **conclusion** to this study incorporating findings of the literature survey, findings of the empirical study, as well as recommendations for further study.
- ☞ A **bibliography** will follow chapter seven, which is followed by an **addendum** containing the experimental group's drawings, as well as their EPI and personality profiles.



CHAPTER TWO

LITERATURE OVERVIEW: ADOLESCENCE AND RESILIENCE

“In case you’re worried about what’s going to become of the younger generation, it’s going to grow up and start worrying about the younger generation.”

- Roger Allan (Peter, 1978: 521)

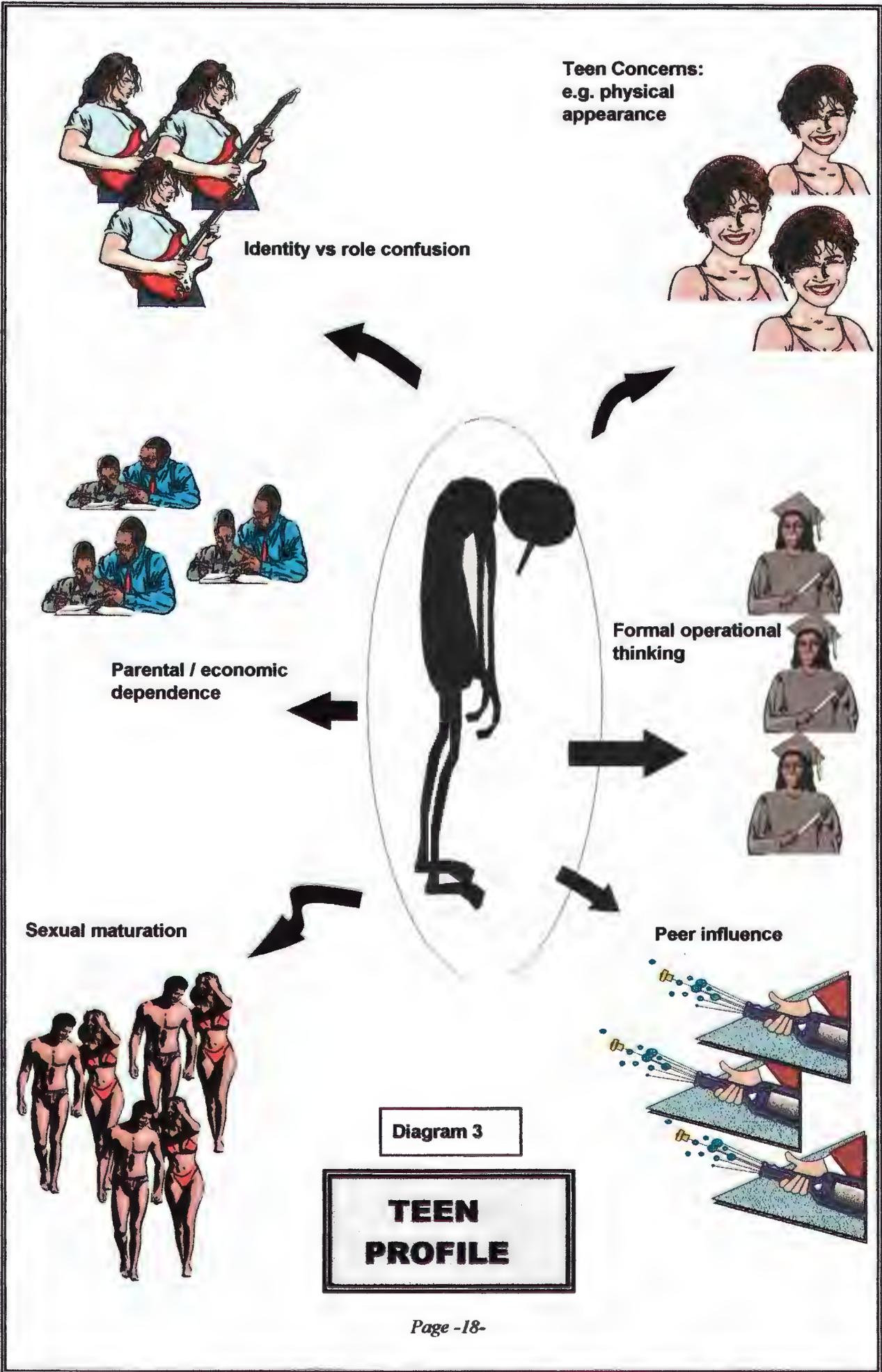
2.1 INTRODUCTION

In this chapter the writer intends to provide a brief overview of adolescence, as well as resilience. Thereafter the writer intends uniting these concepts, in order that it might become clear to the reader why adolescence is a particularly vulnerable time for teenagers who lack resilience skills, and also why the inculcation of resilience during adolescence is important.

2.2 ADOLESCENCE DEFINED

Adolescence, particularly in western culture has been variously defined as “. . . a time of storm and stress, and age of frustration and suffering, a span of intensified conflict and crises of adjustment, a phase of dreams and reveries, of romance and love, and an era of alienation from adult society and culture.” (Pikunas, 1976: 240). In other words, in order to define the essence of adolescence one might cite Charles Dickens in a wholly new context: “*It was the best of times . . . it was the worst of times.*”

The stereotypical portrayal of the adolescent generally ignores the central vulnerability of the adolescent, and instead portrays a creature who is rebellious, lazy, disrespectful, promiscuous, moody, opinionated, irresponsible, confused, secretive, and generally difficult (Jaffe, 1998: 8). Whilst there is some truth in this stereotype, the reality of adolescence is not that simple. What follows is a summary portrait of adolescence. Following the diagram, the writer will elucidate the salient features of adolescence.



2.2.1 The Phases and Tasks of Adolescence

Biologically speaking, adolescence is defined by the commencement of pubescence, and sets the stage for the transition from child to adult. Biological, emotional, social and cognitive transitions are required (Jaffe, 1998: 546).

This transitional phase may be divided into early (twelve to fifteen years), middle (fifteen to eighteen years) and late adolescence (eighteen to twenty-two), spanning the twelfth to twenty-second year in total then. The adolescent's tasks are essentially psycho-social and are only terminated when the notion of adult responsibility is both grasped and demonstrated (Benner, 1985: 25). The primary tasks to be faced in each phase may be summarised as follows (Benner, 1985: 25 - 26):

Table 2
Adolescent phases and corresponding tasks

ADOLESCENT PHASE	PRIMARY TASK
Early adolescence (Junior High School years)	<ul style="list-style-type: none"> • Coping with physiological changes • Early maturation for girls and late maturation for boys requires additional adaptation.
Middle adolescence (Senior High School years)	<ul style="list-style-type: none"> • Identity formation tasks, that is "... <i>synchronising of sexual potency, affectional feelings, self-image, and full responsibility for the self in both public and private behaviour</i>" (Benner, 1985: 26)
Late adolescence (College years)	<ul style="list-style-type: none"> • Psycho-social tasks, such as sexual relationships, preparing for marriage and family life, and preparing for a career.

Erikson views the essential task of adolescence as that of identity versus identity diffusion. This task implies discovering a satisfactory adult identity, or alternatively should this task not be successfully completed, a lack of direction in life. Havighurst agreed with Erikson, and posited a further eight developmental tasks to be completed (Jaffe, 1998: 56):

- Forming mature relationships with the same and opposite sex peers
- Acquiring a masculine or feminine social role
- Accepting one's body
- Attaining emotional independence of parental and other adult figures
- Planning and preparing for marriage and family life
- Preparing for a career and economic independence
- Cultivating values that steer one's behaviour
- Evidencing socially responsible behaviour

The life span development model views adolescent tasks as including physical maturation, the cognitive shift from concrete to formal operational thought, emotional intensity and finally attaching greater importance to the peer group (Moote & Wodarski, 1997: 147). Pikunas (1976: 258 - 259) also mentions the acquisition of an appropriate "*Weltanschauung*" or philosophy of life as an important developmental task of adolescence (particularly late adolescence).

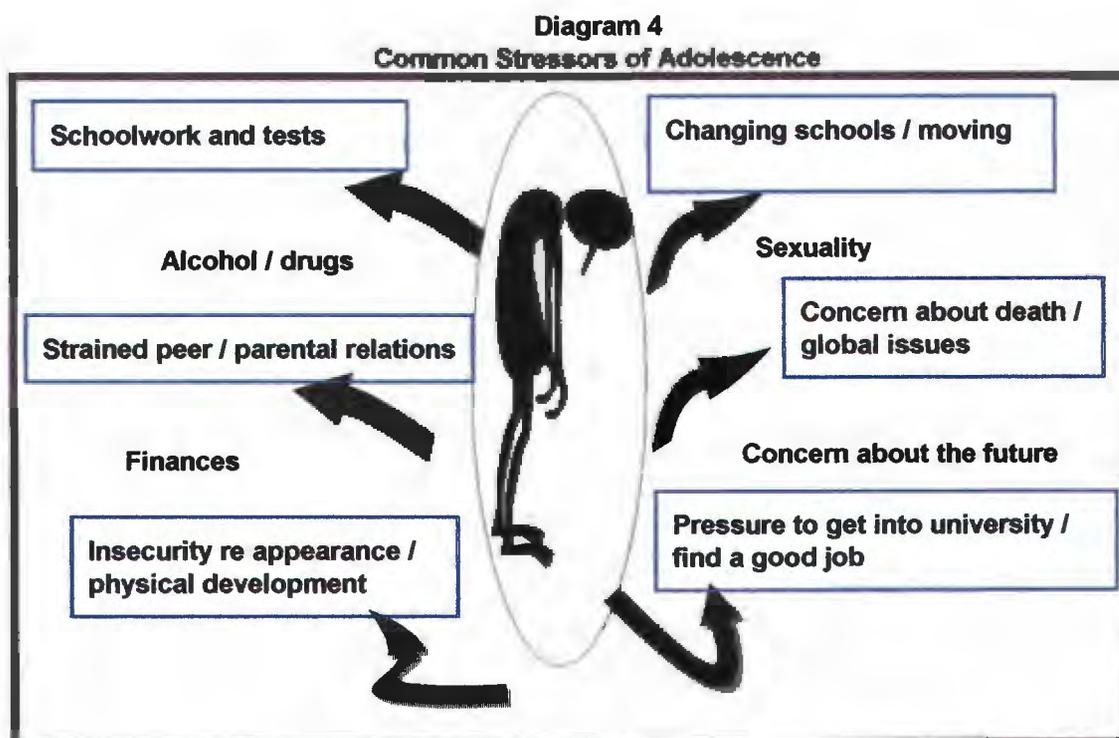
2.2.2 Adolescence as a Moratorium Arrangement

Adolescence, today, is really an extensive preparation for adulthood necessitated by the complex technological nature of our society. In pre-technological times such extensive preparation was unnecessary, and the concept of adolescence therefore different. School attendance is a mandatory feature of adolescence, and this coupled with the often extensive post school education many adolescents require in order to become fully functioning and economically independent members of adult society, prolongs parental and economic dependence. Thus, what is known as a ". . . *moratorium arrangement* . . ." (Jaffe, 1998: 14) is reached: "*Adolescence becomes a time of deferred adult privileges and deferred adult responsibilities.*" (Jaffe, 1998: 546). The writer is of the opinion that this state of limbo often frustrates adolescents, and is a source of friction between adolescents and their parents. Additionally, in the writer's experience of working with adolescents, the currently poor South African employment prospects following this moratorium period seems to lead to a lengthening of this time, which further heightens stress.

2.2.3 Adolescence as a Period of Heightened Vulnerability

The original notion that adolescence is experienced as chiefly stressful and onerous stems from theorists such as Erikson (1950) and Blos (1962). More recently, however, this notion has been challenged, and adolescence is no longer perceived as universally, or exclusively, trying (Rutter, Graham, Chadwick & Yule, 1974; Powers, Hauser & Kilner, 1989). Instead, adolescence is characterised as “. . . more a time of excitement, hope, and aspirations than of fear and uncertainty . . .” (Newcomb in Jaffe, 1998: 491).

Despite this shift in understanding, adolescence is still a transitional period requiring multiple adaptations from adolescents, and as such, one which allows the adolescent to be vulnerable, as vulnerability is increased during times of transition. Psychological disorders are certainly more prevalent during teenage years than during pre-adolescent years (Dryfoos, 1990; Rutter, 1990). Thus, when one defines adolescence, it must be emphasised that whilst “. . . adolescence is not a period of pathology, it is a time of heightened vulnerability” (Jaffe, 1998: 498). There are certain common stressors in adolescence which add to the vulnerability of this phase (Boehm, Schondel, Ivoska, Marlowe, Manke-Mitchell, 1998: 797; Jaffe, 1998: 495 & Kloep, 1999: 49 - 50):



The above mentioned stressors are considered to be normative. When there are multiple stressors present, the adolescent's vulnerability is heightened. When they are combined with non-normative stressors (death, chronic ill health, poverty and violence for example) risk is also amplified. The presence of stressors, normative and non-normative, added to the stress of the physical, emotional, social and cognitive transitions expected from the teenager, serves to magnify vulnerability which implies that the adolescent's ability to demonstrate resilience may well be curtailed. Kloep's research suggests that only when adolescents manage to concentrate on one (or a very limited number) of problems at one time do they circumnavigate risk. In contrast, "*. . . those who have to cope with too many hazards at once are likely to run into problems of adjustment*" (1999: 62).

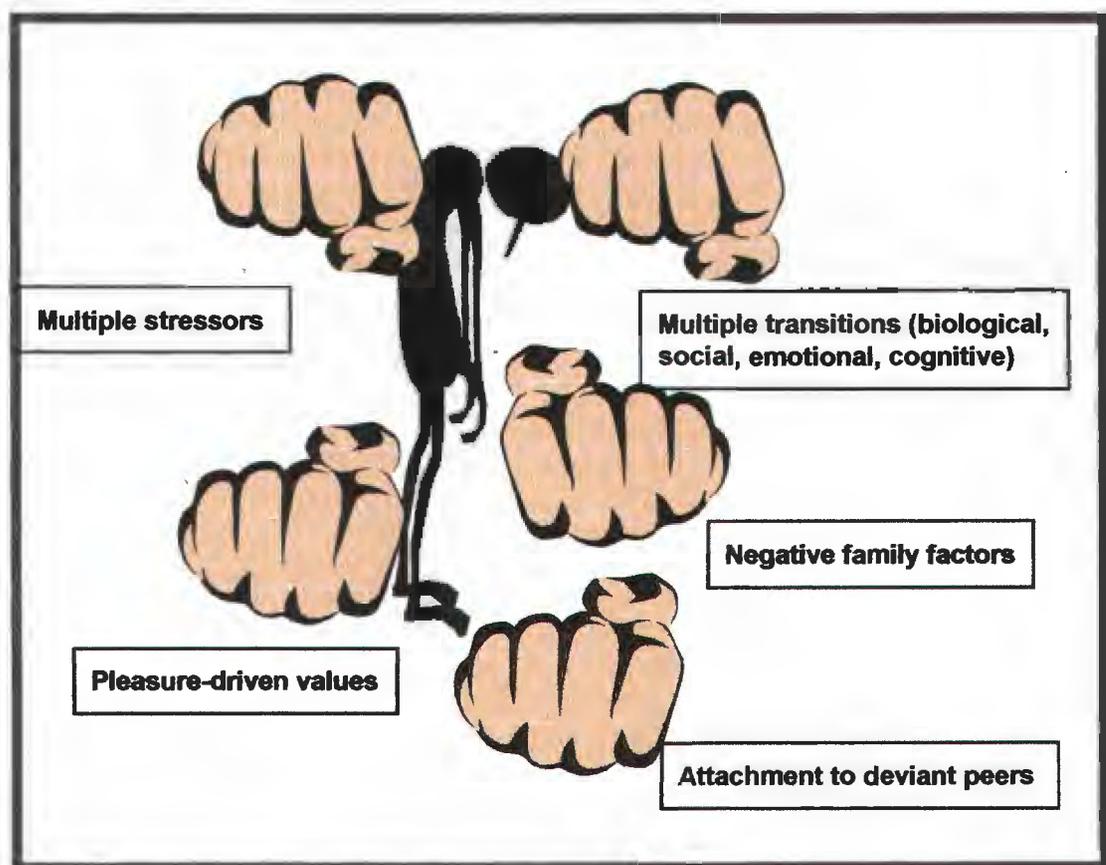
Family factors can also intensify the vulnerability of adolescence. Benner (1985: 27) mentions that adolescence is a notably sensitive time to experience parental stress, separation and divorce, and that when these are encountered, the after effects persist in subtle ways throughout adulthood. It would seem as if such negative experiences interfere with the adolescent's ability to define an identity in terms of marital relationships. A further danger associated with separation and divorce, is father absence. Father absence is often related to impulsivity, poor self-control and an inability to delay gratification. A greater propensity for delinquent behaviour is also associated with father absence (Benner, 1985: 27 - 28). When the family's functioning is persistently characterised by stress, the impact on resilience is deleterious, especially for adolescents, who are reported to show heightened stress levels and a recurrent depressed mood (Gore and Eckenrode in Haggerty et al, 1994: 29-30).

Peer group influence need not necessarily increase vulnerability, but when the adolescent associates with anti-social peers, risk may well be augmented. The peer group has been pinpointed as a pivotal arena for adolescent social growth and change. During this phase, risk-taking behaviour, including alcohol and drug use, increases (Moote & Wodarski, 1997: 147). Ultimately, in terms of adolescents needing to choose an identity, "*. . . by subscribing to the values of delinquent peers, adolescents select a delinquent identity*" (Goff & Goddard, 1999: 47). Some research has indicated that the adolescent's fundamental values influence the choice of a peer group and as such augment or inhibit

vulnerability. Such values stem from the adolescent's family, and so when the family of origin is dysfunctional, the adolescent's susceptibility to deviant peer attachments is heightened (Goff & Goddard, 1999: 49). When the adolescent's dominant values are ones of pleasure and excitement, a lack of self- and social-control results, with concomitant heightened risk. In their research on adolescent resiliency, Fergusson and Lynskey (1996: 289 - 290) indicate that non-resilient adolescents typically seek affiliations with delinquent peers and demonstrate novelty seeking behaviours consistent with values of pleasure and excitement.

A summary of all the factors discussed above which collude to make adolescence a period of heightened vulnerability, and simultaneously corrosive of resilience, is contained in the following diagram:

Diagram 5
Summary of factors resulting in heightened adolescent vulnerability



2.3 ADOLESCENCE FROM THE PERSPECTIVE OF RELATIONS THEORY

Before the writer provides an explanation of adolescence as seen from the perspective of Relations Theory, she would like to provide a table defining the jargon intrinsic to the understanding of Relations Theory, in order that the theory might be more readily comprehensible. The key concepts (as per Griessel and Jacobs, 1991) would include the following :

Table 3
Key Concepts of Relations Theory

CONCEPT	DEFINITION
Attribution of meaning	The individual attaches meaning to the relationships in which he finds himself. Meaning is both individual, and actively assigned. In other words it is intentional and personal. It facilitates meaningful orientation to the environment.
Involvement	Involvement suggests a willingness or drive to participate: it is " <i>... the psychic vitality or vigour with which a meaningful objective is pursued and achieved</i> " (Van den Aardweg and van den Aardweg, 1993: 191). It implies activity and intentionality. Attribution of meaning is facilitated by involvement.
Experience	Experience is the sum total of feelings and / or meaning deriving from an encounter. As the individual undergoes the experience, personal meaning is assigned which in turn impacts on the quality of a relationship. Experience can be negative or positive.
Self-identity	Identity formation is the process through which an individual goes to decide who he is. Self-identity answers the question 'Who am I?' It is a subjective view of the self, and is intrinsic to all actions.
Self-concept	The self-concept, or core of the personality, is the dynamic sum of beliefs and attitudes concerning the self-identity. It is generally measured against subjective standards and is highly significant to the self. Self-concept can be realistically or unrealistically positive or negative. It impacts directly on behaviour.
Self-esteem	The perception of how others see the self, and what their opinion of the self is, results in self-esteem. It is the evaluative part of the self-concept.
Self-actualisation	Self-actualisation is fulfilling potential: it is becoming the very best that an individual can become. It requires total involvement, and is an active process. A positive self-concept underlies self-actualisation.

Intra-psychic structure	The intra-psychic structure refers to the gestalt of the 'I', 'self', 'self-identity' and 'self-concept'. Intra-psychic relations refers to the individual's self-talk, or what he says to himself about himself. His self-talk impacts on his sense of identity, which in turn affects his self-concept and finally his behaviour.
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The intra-psychic structure of the adolescent (of all persons really) consists of the

- I,
- the self, and
- self-identity and self-concept.

This intra-psychic structure of the adolescent underpins all behaviour, and actually forms a unit. Distinction between the elements of this unit is only made for the sake of explanation.

The '**I**' is the subject of the adolescent and viewed as the spiritual dimension. It is pure ego, and thinks, feels, experiences, plans and chooses objectively: "*The I-process is the person be-ing, which is expressed through the person's act-ing, speak-ing and so on*" (Bugental as quoted by Jacobs & Vrey, 1992: 17). In a sense the '**I**' is the driving force behind the adolescent's actions and personality. All emotion is actively perceived by the '**I**', and forms an intrinsic core of the adolescent's being (Jacobs & Vrey, 1992: 16 -17).

The '**self**' in comparison, is the object. It is a construct or gestalt of all the adolescent's traits, habits and actions. It can be viewed as the home of the personality which is driven by the '**I**'; it is the locus of experience and meaning (Jacobs & Vrey, 1992: 18).

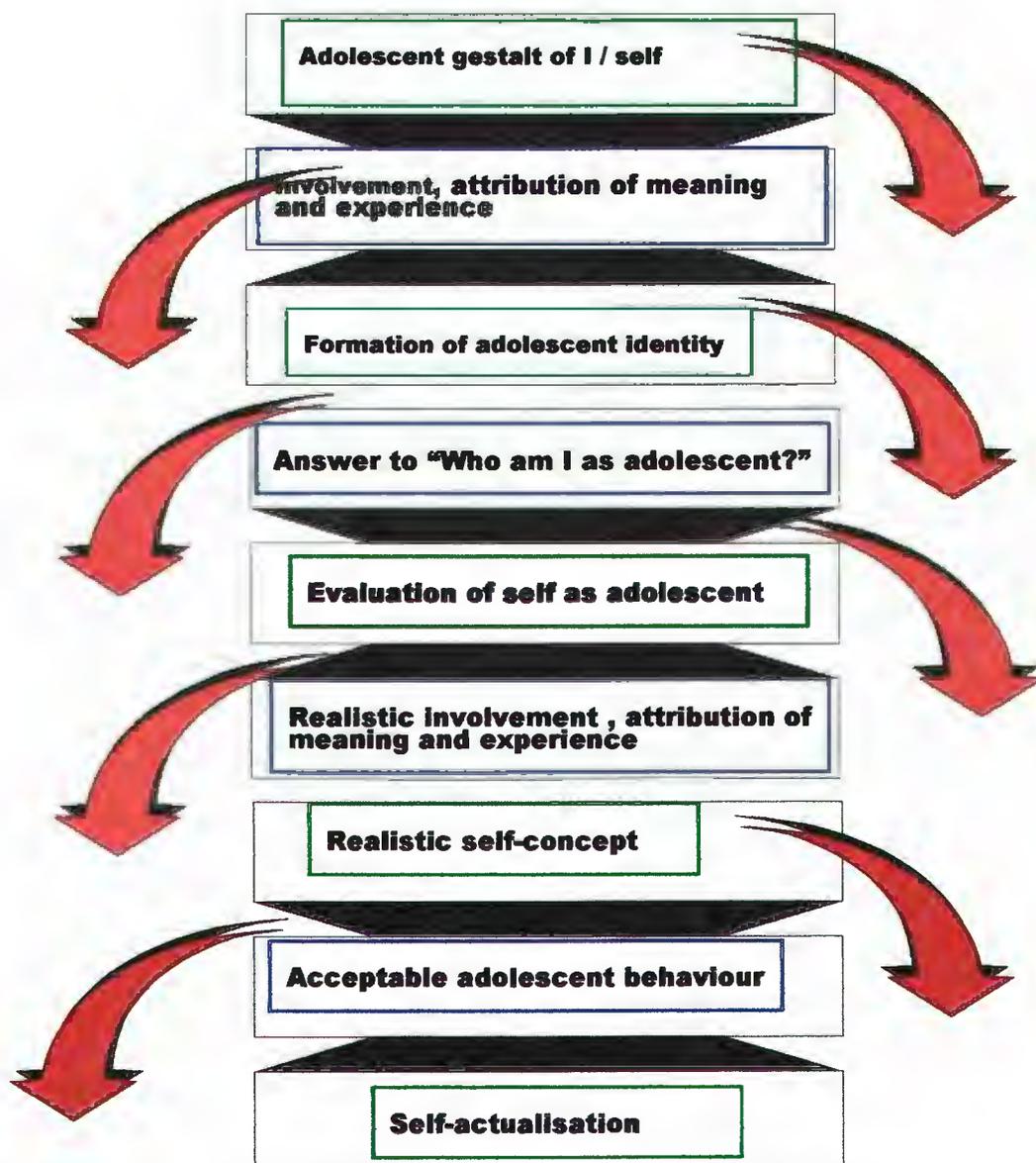
The ultimate goal of the adolescent is to achieve self-actualisation. Self-actualisation is achieved by means of a healthy **identity** and balanced **self-concept**. A personal identity is formed during the adolescent's involvement in, experience of, and attribution of meaning to the relations which characterise his life-world. The adolescent develops a self-identity when he can answer the question 'Who am I as adolescent?' His self-identity contributes to his self-concept, or how he sees himself. A realistic self-concept is a prerequisite for self-actualisation, or becoming everything that the adolescent can and should become.

In terms of the above, the developmental tasks of the adolescent include the following (Vrey, 1993: 166):

- The attribution of meaning to relations in which the adolescent finds himself, primarily because of a desire to make meaning out of life;
- the development of a competent self, given the desire to be somebody; and
- the desire to have a meaningful relationship with somebody the adolescent considers important.

The above can be summarised diagrammatically as follows:

Diagram 6
Adolescent tasks as seen from the perspective of Relations Theory



2.4 RESILIENCE DEFINED

Essentially, as stated in Chapter One, resilience is the capacity to recoil from life's stressors. Resilience encompasses those characteristics which enable individuals to thrive when they would be predicted to do poorly (Baldwin, Baldwin, Kasser, Zax, Sameroff and Seifer, 1993: 756).

Valent (1998: 531) compares resilient human beings to a balloon impacted upon by life's stresses. Once the stress recedes the balloon either returns to its original shape, or becomes more flexible, or may even be left thinner and more sensitised, but still whole. Should the balloon be punctured, there are still alternatives: patching, knotting, or even standing on the puncture to prevent any more air loss. Such is the nature of resilience: it is "*. . . the capacity to spring back, form knots, be patched, and if necessary be encased in a cute package or be otherwise moulded by the environment . . .*" (Valent, 1998: 531). In other words, resilience implies the ability to survive whatever stressor life hurls at one.

The capacity for resilience is attributed to a triad of factors, namely:

- personal factors,
- familial factors, and
- extra familial factors (Smith & Prior, 1995: 168 - 169).

When these factors provide amelioration for life's stressors they are considered to be protective. They are protective in that they function as assets which are actively used to cope with, overcome, or adapt to adversity (Bowen, Richman, Brewster and Bowen, 1998: 276). Factors conspiring to undermine resilience are thought to be risk factors. However, it is widely acknowledged that "*. . . resilience is more than just an algebraic sum of risk factors and protective factors. Resilience reflects that which characterises a twig with a fresh, green, living core: when stepped on, such a twig bends and yet springs back*" (Vaillant, 1993: 299). The writer will now delineate what is understood by each component of the triad of protective factors.

2.4.1 Personal protective factors

Personal protective factors are factors intrinsic to the resilient individual, either by virtue of biological predisposition or by virtue of dispositional attributes. Personal protective factors do not derive from either the individual's family, or from the extra familial milieu. They are what the individual personally introduces to the situation as opposed to that which is integral to the situation (Gore & Eckenrode in Haggerty et al, 1994: 34 - 38). The following diagram, taken from MacFarlane (1998: 24), summarises the personal protective factors discussed in current literature focusing on resilience:



Diagram 7
Personal Protective Factors

The above table, adapted from Mac Farlane (1998: 24) will form the basis for the writer's delineation of personal protective factors. Proceeding from birth order, and then moving clockwise, the writer will briefly explain each of these individual correlates of resiliency:

- (i) ***Birth order:*** resilient individuals are frequently first born, especially resilient males. A viable explanation for this phenomenon is reported to be the extensive and somewhat exclusive social interaction first-borns have with their mothers (Werner and Smith, 1982: 58-59). A good mother-child relationship amplifies the capacity for resilience in that it feeds a positive self-concept and a feeling of trust.

- (ii) ***Age-appropriate skills*** refers to a child having grasped age-appropriate sensorimotor and perceptual skills. Contending with his or her life-world and subsequent resilience “...entails the integration and application of developmental skills into daily living.” (Zeitlin and Williamson, 1994: 27). Werner and Smith (1982: 69-72) specifically allude to resilient children’s consummate scores on the Bender-Gestalt test. The writer hypothesises that age-appropriate skills also delight the child’s caregivers, resulting in a positive relationship which fortifies the potential for resilience.

- (iii) ***Cognitive competence*** does not denote an above-average intellectual ability, merely that a resilient individual has at least an average IQ. Of consequence, is that whilst resilient children do not have to be especially gifted, they exercise whatever talents they have effectively (Werner, 1995: 82). However, most studies of resilient individuals do indicate a positive correlation between the proclivity to overcome obstacles and intelligence.

Cognitive competence is also correlated to peer perceptions of academic achievement. This is especially true of adolescents. Resilient youngsters tend to choose peers who value academic achievement (Masten & Coatsworth, 1998: 211).

Additionally, IQ functions as a protective factor in terms of the potential privileges intelligent, disadvantaged youngsters will reap, in societies which set store by academic mastery (Masten, Best & Garmezy, 1990: 429).

According to Luthar (1991: 611), there are studies (e.g. Masten, 1982) that suggest that superior intelligence induces greater levels of sensitivity towards the

environment, thereby increasing the individual's stress, rather than alleviating it.

The writer would also like to draw attention to the cumulative protective factors often attending cognitive competence (such as elevated socioeconomic status, parents who are preoccupied with stimulating their children, and educational advantages) and would like to propose that this scenario as a whole forms a buffer for the child at risk.

- (iv) Advanced *self-help skills* are accentuated in Werner and Smith's longitudinal study: resilient children are described as behaving self-sufficiently, yet are also apt to request help when required (Werner, 1995: 82). Joseph (1994: 35-37) endorses the theory that resilient youngsters are adept at self-help, characterizing them as taking charge of themselves and actively seeking solutions. They display initiative. With regard to adolescents, resilient adolescents "... *tend to cope with problems in a more active manner, rather than being fatalistic, passive and resigned*" (Born, Chevalier & Humblet, 1997: 681).

Barnard (1994: 140) reports that resilient children can "... *selectively disengage from the home and engage with those outside, and then re-engage...*" thereby defending the self during unfavourable circumstances, and so exhibiting innovative self-help skills.

Resilient adults are seen to employ self-help activities by admitting their adversity: "*They make the horrific comprehensible... by recognising, reading, analysing, and speaking out about human pain*" (Higgins, 1994: 308). In so doing, they determine not to bow indefinitely to life's constraints.

- (v) Werner and Smith (1982: 130-135) propose that resilient individuals are *free from distressing habits*, principally during infancy and childhood, which encourages the formation of positive social relationships. Babies who display exasperating habits (such as crying inconsolably) are not as easily accepted by their mothers, or caregivers, and this impacts on later resilience.

In older individuals, aggressive habits are thought to undermine resilience (Masten et al, 1990: 429-430). This is especially true of adolescents (Freitas and Downey, 1998: 271). This makes sense to the writer as distressing habits impede social orientation, which in turn saps the likelihood of resilience.

- (vi) A **high activity level** implies active participation in school, church or community proceedings. Non-resilient youth have been described as passive and sedentary, and this even influences their propensity to seek help (Blocker and Copeland, 1994: 292). The writer believes that activity also implies enthusiasm which combats feelings of aimlessness and despair typical of the non-resilient: "*People's mental distress often resulted from bleak, hopeless lives*" (Albee, 1998: 121).

In young children, activity level relates to the level, velocity and frequency of the motor component of their behaviour (Chess in Dugan and Coles, 1989: 184). The writer supposes that energetic youngsters interact more with their milieu, and in so doing develop a cache of experience which may be used in uncommon situations, or to solve problems, thereby advancing the potential for resilience.

- (vii) "*We are all more resilient when we have a firm sense of who we are and that we are loveable. Success breeds success, whereas the expectation of the repetition of past failures can make us depressed and 'brittle'.*" (Vaillant, 1993: 302).

In the light of the above quote then, a **positive self-concept** fosters resilience in that it encourages attempts to adapt, in contrast to the passivity which often accompanies hopelessness and a defeatist attitude: "*Resilient children may enter a situation more prepared for effective action by virtue of their self-confidence; subsequently, successful mastery of a difficult situation would be expected to increase self-efficacy and reinforce efforts to take action.*" (Masten et al, 1990: 431). Thus, a positive sense of self appears to infuse the individual with a feeling of personal power. With respect to adolescents, peer interactions assume prime importance. The consequence for the self-concept, which is constructed according to social feedback, is critical. Should an adolescent be accepted by his/her peers,

the self-concept will be positive and motivate a resilient attitude and behaviour (Salmivalli, 1998: 336).

Based on Jacob's Relations Theory, the writer is of the opinion that when an individual is incessantly handicapped, that individual's experience, attribution of meaning and involvement will not lead to self-talk which denounces the individual and tarnishes the self-concept, leaving it vulnerable. Instead, the resilient individual will realistically attribute meaning, and in so doing will not allow the pendulum of the self-concept to become permanently, and unrealistically, riveted in a negative position.

- (viii) An *internal locus of control* suggests that the resilient child assumes the origin of change to be located within in him/herself, as compared to the vulnerable child who experiences him/herself to be at the whim of outside forces (Felsman in Dugan and Coles, 1989: 74). Thus, an internal locus of control allows the individual to eschew feelings of helplessness, thereby nurturing "... *the capacity to expect well and ultimately to develop an internal image of oneself as a survivor...*" (Felsman in Dugan and Coles, 1989: 75). Furthermore, Luthar (1991: 611) is also of the opinion that an internal locus of control means that learned helplessness is avoided. Chubb, Fertman and Ross (1997: 117) reinforce this notion: "*Internal locus of control is the expectation that reinforcement is the result of one's own effort . . .*"

Chubb et al (1997: 124) suggest that locus of control becomes less external as adolescence progresses. They also suggest that this trend takes longer to occur in adolescent males. The writer supposes that earlier physical maturation in girls may play a role in female adolescents feeling more empowered, whilst male adolescents are still coming to terms with their changing bodies.

It is crucial to understand that an internal locus of control does not signify that the individual necessarily believes in his or her power to control external forces, rather "*... it means I can control myself and accept responsibility for my own decisions*

and their consequences.” (Joseph, 1994: 31). Herein lies the assuagement of the stress, because in taking charge of the situation, the stressor is managed. The writer suggests that resilient youngsters make the choice to accept that although they are helpless to control their circumstances, they can at least control their attitude to these circumstances, and in so doing they reframe the situation for themselves, thereby encouraging resilient behaviour.

- (ix) A *desire to improve* is demonstrated by resilient individuals, who clasp at life’s second chances. Second chances often take the form of adult education programmes; active church participation; elective military service; or a healthy marriage (Werner, 1995: 83).

Furthermore, “*The resilient child is oriented towards the future, is living ahead, with hope.*” (Murphy in Anthony and Cohler, 1987: 100). The writer sees this as an unwillingness to be sucked into the desolate maelstrom of the individual’s present life-world, and a resolve to improve on current circumstances. The fundamental issue is that “. . . *the person remains engaged in the struggle to prevail*” (Carver, 1998: 260). Therefore, the resilient individual is oriented towards achievement and a positive future, because he/she looks beyond the present, by being goal-orientated towards a better future (Barnard, 1994: 139).

Wyman, Cowen, Work and Kerley (1993: 657) propose that positive future prospects expedite, rather than merely co-occur with, resilient behaviour, fundamentally because positive future orientation modifies the youngster’s reaction to stressors. They also accent that positive future orientation may be related to self-esteem, locus of control, socio-emotional and academic functioning, thereby suggesting that “*Rather than being connected narrowly to distant goals, future expectations seem to be part of the fabric of a child’s ongoing self-experience and the attitudes and feelings with which she or he engages in the world.*” (Wyman et al, 1993: 658).

Watt, David, Ladd and Shamos (1995: 233-234) recount that resilient individuals from all walks of life possessed the mettle to improve and surmount their adversity: “... *the resilient subjects all agreed that transcending is a process which must be chosen and nurtured. In the minds of these people, there were no other alternatives.*”

- (x) ***Positive social orientation*** is a skill which the resilient individual appears to wield expertly. Resilient individuals are described as “... *friendly and well-liked by peers and adults, interpersonally sensitive, socially responsive and more ‘cooperative’, ‘participatory’, and ‘emotionally stable’.*” (Hauser et al in Dugan and Coles, 1989: 114). The aptitude for developing intimate relationships is apparent from infancy (Werner and Smith, 1982: 51-59) throughout the different developmental stages (Masten et al, 1990: 432).

The resilient adolescent is socially responsive: “*By developing stronger connectedness to significant others, adolescents seem able to feel better about themselves . . .*” (O’Koon, 1997: 481). In fact, Blocker and Copeland (1994: 291) cite social responsiveness as the foremost differentiating factor between resilient and non-resilient youth. Masten and Coatsworth (1998: 209 - 210) are of the opinion that positive social orientation extends beyond social responsiveness to include the ability to befriend prosocial peers, as this influences development positively. With respect to adolescents, positive social orientation includes the ability to request and benefit from assistance. This, in turn, fosters self-confidence (Carbonelli, Reinherz & Giaconia, 1998: 270). Born, Chevalier and Humblet (1997: 680) suggest that resilient adolescents generally have a larger social network, and report greater social satisfaction.

- (xi) ***An ability to focus and control impulses*** is integral to resilience: “*Self-control is a prerequisite for a number of the traits needed for resilience. Indeed, it’s the basic foundation for our feelings of internal control...*” (Joseph, 1994: 109). Self-discipline inspires the individual to continue despite the odds, and begets a ‘let-

me-meet-the-challenge' mentality.

Masten and Coatsworth (1998: 208) suggest that self-regulation promotes peer popularity. Intrinsic to such self-regulation is the ability to focus attention, which is generally absent in the attention deficit youngster. Hauser, Vieyra, Jacobson and Wertlieb (in Dugan and Coles, 1989: 114) are also of the opinion that resilient children's ability to govern impulsive drives, allows them to delay gratification, which is seen by them as a manifestation of resilience. The writer suggests that delayed gratification is socially acceptable, which in turn fosters positive social relations, providing sources of support for the individual.

A lack of self-regulation in adolescents frequently promotes aggression. Extreme impulsivity also correlates with acting out tendencies and delinquency (Freitas and Downey, 1998: 271). Self-regulation is therefore necessary to encourage positive adolescent social ties, which in turn further encourages resilience.

An ability to remain focused is important in terms of task completion and perseverance in the face of difficulty. Being able to focus, and persevering, is a prerequisite for mastering a challenge (Joseph, 1994: 110-111).

(xii) Eloquent *communication skills* are reported by Werner and Smith (1982: 72-76) to favourably influence caregivers and school teachers, thereby possibly mitigating the individual's journey through life. Feeble communication skills would also lead to emotional frustration, thereby incapacitating resilience (Moriarty in Anthony and Cohler, 1987: 117). The writer has frequently witnessed the silent torment of adolescents who lack communication skills: they appear emotionally impotent.

(xiii) A *good-natured disposition* implies an ability to be positively oriented to others and show low emotional reactivity:

"Positive temperament attributes have a particularly significant role in individual children's capacities to maintain adaptive behaviours in domestic, social and learning settings, despite severe stress exposure. These attributes also appear to

play an important part in primary relationships such as mother-bonding, which in turn further facilitate stress adaptation.” (Smith and Prior, 1995: 177-178).

The principal process through which temperamentally demanding children are placed at risk appears to include arduous interactions with their parents (Tschann, Kaiser, Chesney, Alkon & Boyce, 1996: 185). The writer is of the opinion that adolescents who do not enjoy a good-natured disposition are even more easily earmarked as the quarry, and are often in trouble. This must necessarily incapacitate adolescents' likelihood of acquiring positive self-concepts, which in turn abrades the potential for resilience.

A good-natured disposition is further linked to being warm. Werner and Smith (1982: 55) report that resilient individuals were perceived as being more cuddly and affectionate in infancy and beyond. Smith and Werner assert that a good-natured temperament serves to evoke positive responses from an array of caregivers, which must have a positive bearing on the child and its later development. The writer also associates a good-natured temperament to positive acknowledgment from peers, which results in a constructive ripple effect.

- (xiv) A *sense of curiosity* implies liberty to venture and discover, which in turn reverberates on the individual's capacity to solve problems. In terms of resiliency, a sense of curiosity should encourage a task-oriented, problem-solving disposition (Blocker and Copeland, 1994: 287).

- (xv) *Autonomy* impacts on resilience in that the opinion of the self as “...*stable, separate, independent, and private.*” (Young-Eisendrath, 1996: 116) is empowering and heightens a sense of control. With respect to adolescents, autonomous functioning is heightened by association with a cohesive, well-functioning family (Carbonelli et al, 1998: 266). Born et al (1997: 680) endorse this view, asserting that resilient adolescents “. . . *are immersed in a non-conflictual, cohesive environment in which autonomy and open-mindedness are enhanced.*” It makes sense to the writer that family stability and support lends credence to the adolescent's perception of him-/ herself as stable.

Wolin and Wolin (1993: 88) see autonomy as “... *the right to safe boundaries...*”. Resilient individuals succeed in distancing themselves from the cradles of trouble and adversity. Wolin and Wolin match autonomy, in terms of resilience, with “*emotional disengagement*” (1993: 98-100).

The writer suggests that many non-resilient or vulnerable adolescents are enmeshed in the turmoil of the context in which they find themselves, and in this way they surrender a sense of identity. From the perspective of Relations Theory, the writer believes that resilience is fed by a determination to attribute meaning to the self as an individual, thereby disallowing experience to impinge on the sense of self as an autonomous individual, and ensuring that meaningful involvement will continue.

- (xvi) ***Special interests or hobbies*** aid resilience in that individuals who have an area of prowess, be it appreciated by themselves or society, feel powerful. The interest could be academic, athletic (sport-related), artistic or mechanical (Masten et al, 1990: 438). Regardless of the source, hobbies and interests provide unfailing gratification and enjoyment for resilient individuals, thereby shoring up resources for managing stress (Joseph, 1994: 33-34).

Additionally, special interests “...*aid in the establishment and pursuit of goals, and goals give people reasons for persevering.*” (Joseph, 1994: 33). In this sense, hobbies provide structure, both to the present as well as to the future (Born et al, 1997: 680).

- (xvii) ***Representational competence***, first cited by Anthony and Cohler (1987), refers to an exceedingly stressed individual’s capacity to make meaning out of the adversity or stressful situation, “...*by retreating to mental safety to recuperate and by using fantasy to transform unpleasant reality into more tolerable situations.*” (Blocker and Copeland, 1994: 287).

This facilitates positive attribution of meaning to events within the resilient's life-world. Barnard (1994: 139-140) adds that connotations can be assembled from scientific or religious worlds too. Murphy (in Anthony and Cohler, 1987: 102) reports that resilient children joust insufferable pressures by "... *shifting to more gratifying activity, temporary regression, biding [their] time, containing and letting out fantasy, and sheer determined courage...*"

Luthar (1991: 613) suggests that "*The stressfulness of any life event depends a great deal on the child's appraisal of it.*" Although the aptitude to regard events in a positive light is not analogous to representational competence, the writer believes that the capacity to reason optimistically is very protective, possibly more so than using fantasy to transfigure stressful life events. Seen from the viewpoint of Relations Theory, the writer would like to postulate that the potential for positive self-talk will enable the individual to cope with stressful life events: sound self-talk equips the individual to cognitively restructure his perspective, thereby assigning healthy meaning to his life-world.

The writer believes that the above is especially true for resilient adolescents, and would like to cite Levy in support of the role of self-talk: "*It may be concluded that this continual reassessment of self-concept is a central feature of the adolescent developmental process, which trains the self to adapt to the environment by emotional adjustment and consequential adherence to behavioural standards*" (1997: 673). The adolescent's propensity for resilience is coloured by how life events are viewed, and this in turn impacts on behaviour, which influences social feedback and response, thereby either augmenting or sapping resilience.

Park (1998: 27) summarises the ability for representational competence, or meaning making, succinctly as "... *emotion-focused strategies . . . meaning-making or cognitive coping that enables the person to change the meaning of unalterable stressors.*" Ultimately then, coping is a question of choice.

In her master's study, the writer used the above information to inform the findings she made when assessing resilience in a group of apparently resilient adolescents. Her findings replicate, but also add to the above. According to the findings of her master's work (Mac Farlane, 1998: 150 - 151) the personal attributes which underlie resilience may be summarised as follows:

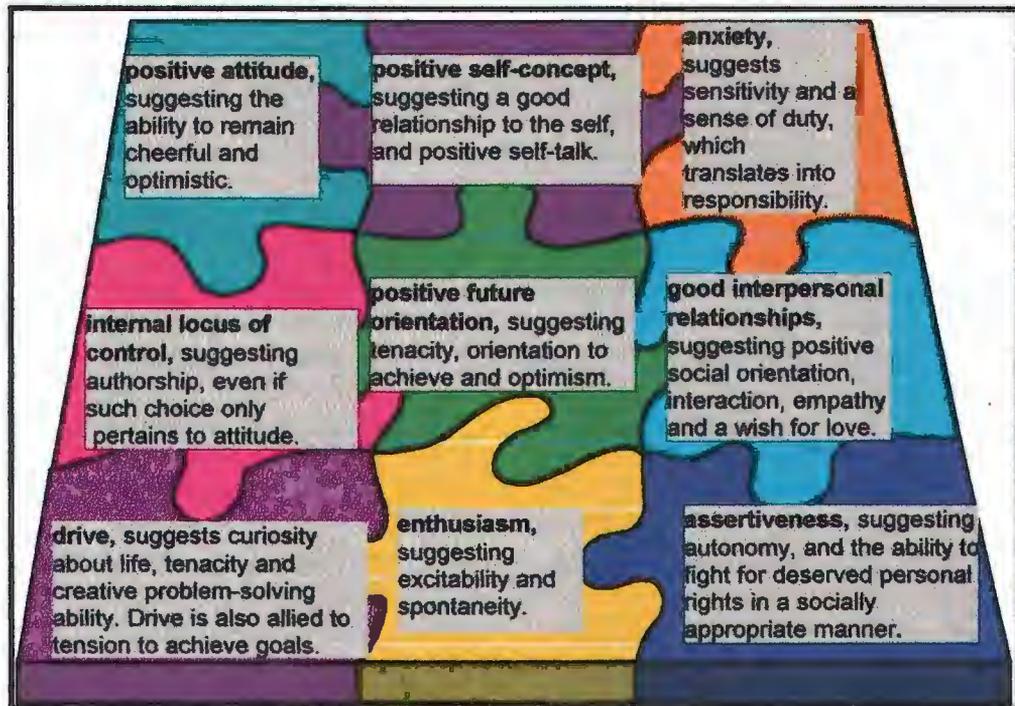


Diagram 8
Personal attributes of resilience

An essential point that needs to be established with reference to all of the preceding personal protective processes, is that the above factors must be understood in collaboration, or in terms of a protective process. In the writer's opinion, then, it would probably be of limited value to target one protective factor for inculcation. The above mentioned personal protective factors function inter-relatedly, as depicted graphically by means of the puzzle-symbol. The repercussion for any intended intervention strategy is clear: the gestalt of personal protective factors needs to be instilled.

Resilience is also underpinned by familial factors, as discussed briefly in the following subsection.

2.4.2 Familial Protective Factors

Although familial protective factors fall outside the scope of personal protective factors (which is the focus of this study), the writer includes a cursory list of familial protective factors because of their potential to impact on personal protective factors. Hauser (1999: 8) refers to the “*reciprocal connection between individual and relational protective factors*”.

Familial protective factors refer to those factors hailing from the individual’s family which augment resilience. It must be mentioned that families also possess the potential to induce risk. This is especially true of the dysfunctional family. In a study comparing resilient adolescents with non-resilient adolescents (Carbonelli, Reinherz & Giaconia, 1998: 263) the role of the family was emphasised: “. . . *resilient adolescents are advantaged in some specified areas of family functioning. These areas include family cohesion, better communication, and fewer difficulties in performing family functioning.*” When a family fulfils a protective function, the following is true of the family:

- competent, loving parents who serve as effective role-models (Hauser, Vieyra, Jacobson and Wertlieb in Dugan & Coles, 1989: 117; Masten, Best & Garmezy, 1990: 432; Turner, Norman & Zunz, 1995: 31).
- positive parent-child relationships (Masten et al, 1998: 208; Rutter, 1987: 87; Smith and Prior, 1995: 177; Werner and Smith, 1982: 63 - 65). A warm, positive relationship with a caring adult is considered the single most important protective factor (Turner et al, 1995: 31).
- healthy communication (Hauser et al in Dugan and Coles, 1989: 117 - 119; Turner et al, 1995: 31).
- four or fewer siblings, spaced more than two years apart (Barnard, 1994: 139; Rak and Patterson, 1996: 369; Werner and Smith, 1982: 134 - 135).
- presence of additional caretakers, such as extended family members or older

siblings (Rak and Patterson, 1996: 369; Werner and Smith, 1982: 76).

- minimal conflict and family cohesion (Barnard, 1994: 141; Hammen, 1991: 211; Turner et al, 1995: 31).
- family attitude to adversity (Carson, Swanson, Cooney, Gillum, and Cunningham, 1992: 294).
- presence of reasonable rules and structures which are both coherent and consistent (Baldwin, Baldwin and Cole in Rolf, Masten, Cicchetti, Weintraub and Nuechterlein, 1992: 277 - 279; Joseph, 1994: 112 - 117; Turner et al, 1995: 31; Rak and Patterson, 1996: 369; Werner, 1995: 83). Included in these structures are strong traditions and rituals, such as family dinner for example.
- clear hierarchical structure, evidencing firm boundaries, with the parents in charge, sharing a balanced alliance (Berlin and Davis in Dugan and Coles: 1989: 89; Turner et al, 1995: 31).
- being given family responsibilities which internalises a feeling of adequacy (Turner et al, 1995: 31)
- absence of poverty (Berlin and Davis in Dugan and Coles, 1989: 99; Sameroff and Seifer in Anthony and Cohler, 1987: 54 - 57; Sameroff and Seifer in Rolf et al, 1992: 59). In fact, at the Biannual Congress of the World Federation for Mental Health, poverty was delineated as the chief obstacle to mental health and consequently deleterious to resilience: "*Poverty dampens the human spirit creating despair and hopelessness*"(Albee, 1998: 125).

When the above characteristics are true of a family, it is generally true that resilience is encouraged.

In addition to both personal and familial factors, environmental factors play a protective role too, as discussed in the following subsection.

2.4.3 Environmental Protective Factors

Although environmental protective factors also fall outside the scope of personal protective factors (which is the focus of this study), the writer includes a list of environmental protective factors because of their potential to modify personal protective factors. Environmental factors are thought to supplement individual protective factors (Wandersman and Nation, 1998: 652).

Extra familial, or environmental factors, which operate protectively are thought to support the development of resilience. Scott Heller, Larrieu, D'Imperio and Boris (1999: 334) contend that resilience is dependent on the environmental context. As such, protective elements found in the environment possess the capacity to be very powerful indeed. In contrast, a lack of environmental support is thought to be risk-inducing. In Drummond's study on the causes of youth suicide in New Zealand (1997: 932), the most common problem was found to be a lack of environmental protective services and resources.

Extra familial factors operating as protective factors include the following:

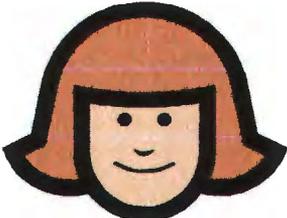
- schools that promote resilience and positive school experience (Masten et al, 1990: 438 - 439; Rutter: 1989; Scott Heller et al, 1999: 333; Turner et al, 1995: 31; Wandersman et al, 1998: 652). Positive school experiences serve as a particularly strong protective factor for adolescent girls (Turner et al, 1995: 32). Schools promoting resilience provide a safe haven within a larger, risk-infested milieu, thereby encouraging pupils to feel safe and self-actualise (Wandersman et al, 1998: 652).
- supportive relationships with community members such as church leaders, teachers, sports coaches, good neighbours, school counsellors, and health workers (Masten et al, 1990: 438 - 439; Rak and Patterson, 1996: 369; Turner et al, 1995: 31; Wandersman and Nation, 1998: 652). Teachers who serve as mentors operate as a very strong protective factor for adolescent boys (Turner et al, 1995: 33).
- positive peer affiliations (Fergusson and Lynskey, 1996: 287; Werner, 1985: 83).
- religious affiliations (Masten et al, 1990: 430; McGinnis, 1990: 48 -51).

- affiliations with positive social groups (Wandersman and Nation, 1998: 652).
- involvement in extracurricular hobbies or activities (Scott Heller et al, 1999: 333).

2.4.4 Summary of Protective Factors

If one was to summarise the triad of protective factors operating to secure and augment resilience, it would look as follows:

Table 4
Summary of Protective Factors

PROTECTIVE FACTOR	EXAMPLES
INDIVIDUAL 	<ul style="list-style-type: none"> ■ good-natured disposition ■ cognitive competence ■ internal locus of control ■ positive self-concept ■ communication skill ■ autonomy ■ advanced self-help skills ■ talents ■ desire to improve self
FAMILIAL 	<ul style="list-style-type: none"> ■ close relationship to caring parent ■ family structure and rules ■ absence of poverty ■ extended and supportive family network ■ clear family hierarchy ■ minimal conflict ■ positive family attitude to adversity ■ healthy communication ■ four or fewer siblings
EXTRA FAMILIAL 	<ul style="list-style-type: none"> ■ bonds with pro-social adults ■ positive peer affiliations ■ attending effective schools ■ religious affiliations ■ affiliations to pro-social organisations ■ extra curricular activities

There is a lack of consensus in current literature concerning the role of protective factors in resilience (Carbonell, Reiharz and Giaconia, 1998: 252). The following models are proposed:

- The **balance model** as proposed by Werner and Smith (1982) and Loesel and Bliesener (1994) suggests that as long as the balance between protective and risk factors is manageable, the individual will cope. In other words, there is a process of interaction (O’Leary, 1998:427).
- The **compensatory model** views protective factors as neutralising risk factors, by either initially lowering the risk or ameliorating risk throughout the individual’s development (O’Leary, 1998:427). In other words, there is no interaction between risk and protective factors in this model.
- The **CAPS model** (cognitive-affective personality system) as proposed by Freitas and Downey (1998: 263 -185) integrates the context in which the individual finds him- or herself, the psychological mediating units (which appear to be synonymous with protective factors) and the interrelationship between the psychological mediating units, and between these units and the given context.

Ultimately, in this regard, the writer is reminded of Michael Rutter’s words: *“People knuckle under because of the sum of accumulated risk factors minus the sum of accumulated positive experiences ... there is doubtless something to this idea ... [but] it appears inadequate to account for this phenomena ”* (1985: 600). In other words, there is more to the phenomenon of resilience: it is a complex gestalt, and must be understood as such. A reductionist view of resilience would be inadequate.

In the following section, the writer will provide a summary of risk factors.

2.4.5 Risk Factors

In order to define resilience, the writer referred to Valent’s balloon metaphor (1998: 531). She chooses to extend this metaphor in order to define risk factors: risk factors are those factors which endanger the balloon’s status quo, or those obstacles which conspire to make the balloon vulnerable. Risk factors, then, have the potential to sabotage resilience.

The genesis of risk factors is either personal, familial or environmental. Risk factors are also thought to be cumulative and interactive (Carson et al, 1992: 275). The various risk factors are summed up in the following diagram adapted from MacFarlane (1998: 53). Additions to the diagram are influenced by Coie et al (1993: 1022).

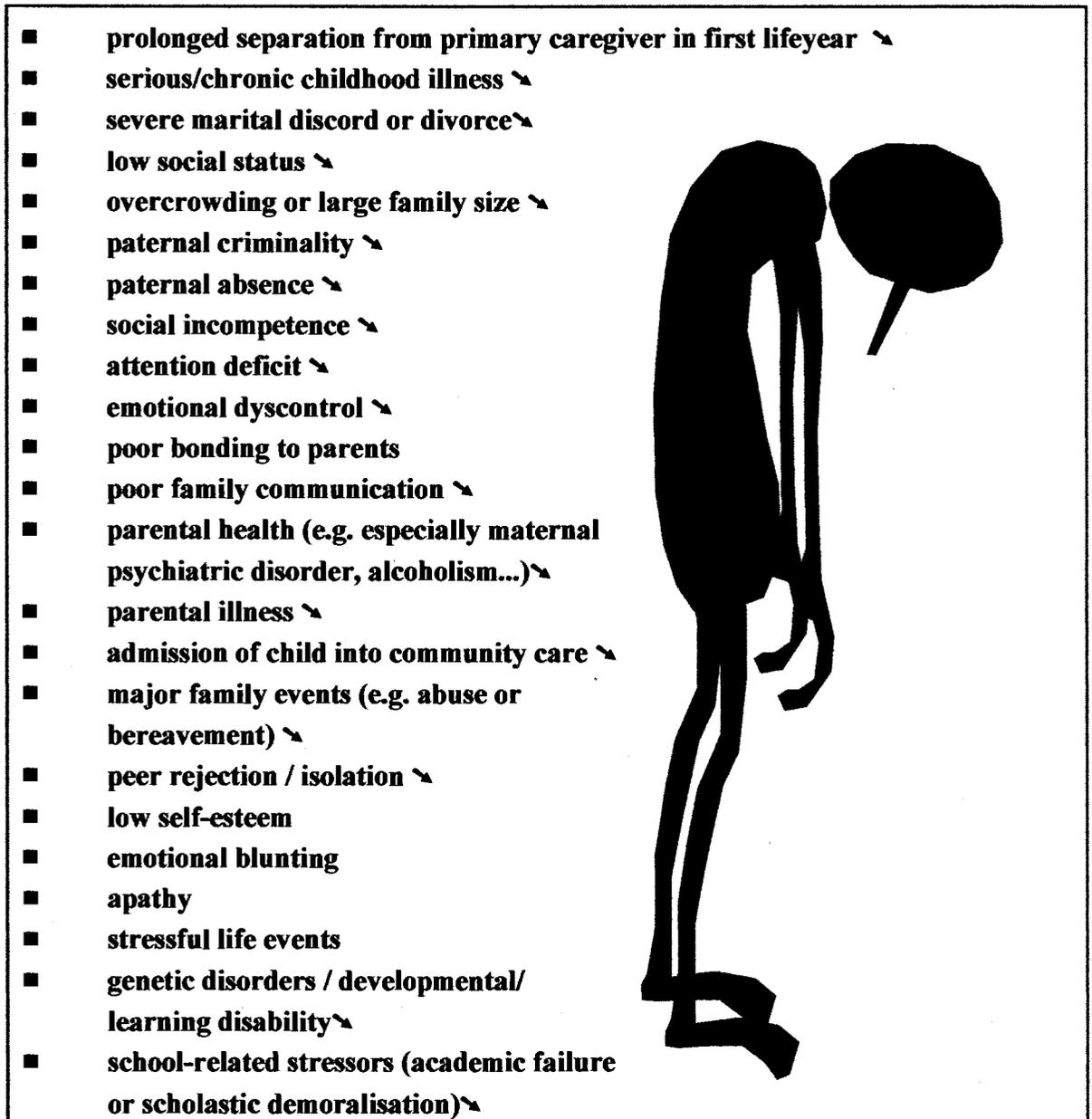


DIAGRAM 9

Risk Factors

When the above risk factors are present, and especially when they are multiple, resilience may be sabotaged. In the following section, the writer will discuss the efficacy of intervention strategies in inculcating resilience.

2.4.6 The Efficacy of Interventions in Order to Inculcate Resilience

Before the writer discusses the efficacy of group interventions to date, she would like to discuss the concepts of intervention and prevention.

2.4.6.1 The rationale for intervention

“Prevention at its best represents both an effort to foster competence and to prevent problems” (Masten and Coatsworth, 1998: 216). This point of departure has generally been adhered to in the preventative disciplines. Ordinarily in terms of physical health, intervention and prevention practices are followed:

- the noxious agent causing the problem is identified and eradicated;
- the resistance of the host to the noxious agent is strengthened; and
- transmission of the noxious agent to the host is prevented (Perry, Albee, Bloom & Gullotta, 1996: 358)

The writer is of the opinion that the above strategy can be applied to the management of risk factors, in order that resilience may be inculcated and augmented. The noxious agent would be risk factors contributing to diminished resilience, the strengthening of the host's resistance would entail an intervention programme, and the prevention of transmission would entail curtailing risk factors by educating parents and communities.

The risk factors faced by adolescents are multiple, as delineated in preceding sections of this chapter. Identification and amelioration of these risk factors is possible: *“Prevention practitioners have reported evidence that these risk factors may be buffered by modifiable psychosocial and cognitive skills”* (Okwumabua, Wong, Duryea, Okwumabua and Howell, 1999: 62). Such *“psychosocial and cognitive skills”* would form the content of an intervention programme targeting resilience.

Prevention is possible, despite adversity: *“Stress, exploitation, lack of social competence, low self-esteem, social isolation are all preventable. Social competence can be attained by those who are incompetent.”* (Albee, 1998: 126). In other words, vulnerability does not have to be accepted as a perennial status quo. By intervening pro-actively the incidence of vulnerability can be reduced. As Turner, Norman and Zunz (1995: 25) remind us:

“When President Clinton said in his inaugural address that ‘there is nothing wrong with America that cannot be fixed by what is right with America’ he was expressing the philosophy behind the resiliency approach”. Resilience implies intervention and prevention by its very definition.

According to Turner et al (1995: 27 - 28), the model of resilience builds on a three theoretical foundations:

- Bandura’s Social Learning Theory;
- Beck’s Cognitive Behavioural Theory; and
- Mills’ Health Realization Theory.

The basic tenets of the above theories are as follows:

- Social Learning Theory posits that behaviour is learned and moulded by observing others’ behaviour and observing others’ reaction to own behaviour.
- Cognitive Behavioural Theory contends that how we think about ourselves is pivotal.
- Mills’ Health Realization Theory testifies to the significance of thoughts, perceptions and behaviour modelling.

In the light of the above, intervention is infinitely possible: resilience can be learnt and modelled. Adolescents can be taught to modify their way of thinking, and perception can be altered.

With respect to the timing of intervention strategies, Adams et al (1990: 239) urges the necessity of intervention programmes during high school years, if the potential vulnerability of adolescence is to be addressed.

2.4.6.2 Previous intervention strategies

Many interventions have been initiated with adolescents as focus for a variety of reasons. Among these the following may be cited:

- ❑ Adolescent prevention programmes, including the prevention of alcohol abuse, substance abuse (The HIPP Programme, for example, as reported by Carlson, 1990: 289 - 301; The Be a Star Community Based After-School Programme, for example, as reported by Pierce & Shields, 1998: 175 -183) adjustment to school transitions (Sixth Grade Transition Groups, for example, as reported by Hellem, 1990: 303 - 311), adolescent violence, depression, academic attrition, AIDS prevention programmes and so on.
- ❑ Adolescent self-esteem or social skills programmes (A community based approach for preventing violence among African American youth, for example, as reported by Okwumabua et al, 1999: 61 - 73).
- ❑ Family or Parental training programmes in order to foster optimal adolescent development. DARE to be you (Miller-Heyl, MacPhee and Fritz, 1998: 257 - 282) and Project HOPE (Stevenson, McMillan, Mitchell and Blanco, 1998: 278 - 317) are examples of such programmes.

Resilience intervention strategies are generally divided into three categories (Masten and Coatsworth, 1998:214):

- ❑ risk-focused (the aim of the strategy is to eliminate or avert risk factors and stressors).
- ❑ resource-focused (the aim of the strategy is to add resources to the individual's life in order that he / she might cope more competently with risk factors).
- ❑ process-focused (the aim of the strategy is to promote adaptational systems which encourage resilience, such as improved parent-child relationships, or the fostering of mentoring relationships, or equipping teachers to inspire self-efficacy).

The writer is of the opinion that providing a group therapy intervention would qualify as a resource-focused intervention, as the skills which resilience group therapy seeks to inculcate would serve the purpose of counterbalancing risk. Simultaneously, resilience group therapy would qualify as process-focused given the group process aimed at reinforcing adaptation. Being a member of a therapeutic group aimed at inculcating resilience might be seen as a protective process in itself. The writer is adamant that this

is the only route to follow if intervention is to be seen as an exercise in wellness, rather than one of repair.

Resilience studies to date have largely focused on understanding the phenomena which contribute to and detract from resilience. Prevention studies have sought to understand how deliberate attempts to alter the course of development impact on resilience. The primary models have been either targeted the reduction of risk, or the promotion of competence (Masten et al, 1998: 214). According to Masten et al (1998: 214) programmes promoting competence have targeted the imparting of skills such as interpersonal problem-solving skills (Spivack and Shure, 1974); assertiveness training (Rotheram-Borus, 1988); and resistance and life-skills (Botvin and Tortu, 1988). These programmes suggested that skills could be modified, but the consequences for adjustment were apparently limited.

Studies documenting the reaction to therapeutic intervention have shown the merit of intervention in terms of augmenting the potential for resilience. Beardslee, Wright, Salt, Drezner, Gladstone, Versage, and Rothberg (1997: 196 - 204) scrutinised the long-term effects of two forms of preventative intervention aimed at amplifying families' understanding of parental affective disorder, and to deflect the development of depression in the offspring of these parents. The results showed inexorably that there was improved long-term adaptive behaviour, despite the potential risk. Intervention transpired either in the form of lecture discussion groups, or in therapist-facilitated groups, and resulted in ameliorated coping strategies, and understanding, as well as lessened feelings of guilt and responsibility for the youngsters. The parents who collaborated reported increased comprehension of the risk and suffering their children faced. It was also apparent that the therapist-facilitated group led to more pronounced mediation of risk, than the lecture discussion group.

In their narration on therapeutic intervention with families troubled by affective disorder, Focht and Beardslee also report that intervention supports the potential for resilience, especially as the children are supported to cognitively conquer the obstacles their context has thrown at them: *"Helping children label and define what is happening to themselves and to their parents helps them to develop and to expect a sense of coherence regarding*

their emotions. It helps them to trust their own experience." (Focht and Beardslee, 1996: 421). McGinnis also emphasises the cognitive component of inculcating resilience, and suggests that learning to observe and manage negative trains of thought is an important intervention-strategy (1990: 60-70).

There is also a shift towards balancing on-the-spot-counselling with vulnerable young people, housed in residential care programmes, with pragmatic opportunities for therapeutic intervention. In this sense, intervention is seen as an incremental, ongoing strategy, with envisioned setbacks, by counsellors who are alert to every subtle manifestation within the relationship they establish with the youngster at risk. This intervention is based on the belief that resilient youngsters model themselves after resilient mentors ((Fitzgerald, 1996: 9-17). The Brothers Project is a well-documented example of mentoring high risk youth (Royse, 1998: 145). Mentoring is believed to make a difference: ". . . *caring adults do make a difference in the lives of vulnerable youth*" (Royse, 1998: 157).

Modelling of a different kind is used in the intervention technique reported as effective by Quinton, Pickles, Maughan and Rutter (1993: 763-783), which uses supportive cohabiting relationships to empower defenceless youngsters. In this intervention approach, peers are used as models, with vulnerable, aberrant peers being paired with resilient, non-deviant peers.

Berlin and Davis (in Dugan and Coles, 1989: 101-104) suggest that time-limited groups, which allow children to disclose the secrets that put them at risk (for example, alcoholism within their family) and to make sense of the turbulent events within their families, provide children at risk with therapeutic opportunities which escalate the aptitude for resilience.

Pless and Stein (in Haggerty et al, 1994: 326-347) document various forms of fruitful interventions, including support groups, therapist-facilitated intervention and educational or training approaches. The preponderance of these interventions have, as their foundation, intervention rather than cure. Despite the success of many of these intervention studies, Pless and Stein raise their concern that few, if any, of these studies have been reproduced.

They believe the chief reason for this to be a general failure to define original risk and protective factors. The writer is reminded of Baldwin, Baldwin and Cole's admonishment that if intervention for the sake of resilience is to be successful, intervention must be tailor-made to suit the specific proximal and distal variables within the specific given context (in Rolf et al, 1992: 257-279). Therefore, the writer is of the opinion that it may well be fruitless to replicate intervention strategies.

Nevertheless, the writer is of the firm opinion that intervention has merit.

2.5 ADOLESCENCE AND RESILIENCE

In the introduction to this chapter, the writer mentioned that she would first illuminate the concepts of adolescence and resilience individually, before indicating their relevance to one another. In the following section the writer intends to delineate why adolescence and resilience should be seen within one framework.

2.5.1 The impact of adolescence on resilience

Adolescence has been previously defined in this chapter as a transitional period or a period of multiple challenges. *"Inherent in any profound challenge is the potential for crisis or opportunity"* (O'Leary, 1998: 425). As such, adolescence provides the potential for vulnerability or resilience. Adams, Bennion, Openshaw and Bingham (1990: 226) are inclined to view adolescence as a *"window of vulnerability"* in that *"As youths move from the relatively protected environment of childhood, through the transition of adolescence and its corresponding autonomous independence striving, on the way to adulthood, we believe that they are at increased risk for negative consequences."*

The writer concurs with the above perspective. When the stressors of adolescence, and risks believed to have the potential to sabotage resilience, are reviewed comparatively, then the *potential for crisis* appears to outweigh the *potential for opportunity*. The following table illustrates the multiple risks associated with adolescence:

Table 5
Pairing of adolescent risks and stressors

COMMON STRESSORS OF ADOLESCENCE	CORRESPONDING RISK FACTOR
schoolwork and tests	school related stressors / lack of cognitive competence (MacFarlane, 1998: 64; 151)
changing schools / moving	anxiety (MacFarlane 1998: 150)
insecurity re appearance / development	lack of positive self-concept (MacFarlane 1998: 29; 150)
strained peer / parental relations	poor social orientation (MacFarlane 1998: 32; 150)
concern about the future	negative future orientation (MacFarlane 1998: 150)
negative family factors	negative family functioning (MacFarlane 1998: 38 - 40)
sexuality	anxiety (MacFarlane 1998: 150)
concern about death / global issues	lack of optimism (MacFarlane 1998: 20; 151)
alcohol / drugs / deviant peer attachments	lack of self-control (MacFarlane 1998: 30; 151)
finances	low social status (MacFarlane 1998: 43)

As noted in the table above, for every common stressor of adolescence there is a possible, corresponding risk factor. In other words, for the adolescent who is already lacking in resilience skills, adolescence becomes potentially a period of intense risk. Furthermore, adolescence is a period of multiple stressors and heightened vulnerability (Jaffe, 1998: 498). In terms of risk, when stressors are cumulative and concurrent, risk is believed to be augmented (Masten et al, 1990: 426). Adolescence might then be viewed as a period in which resilience is significantly threatened. Finally, risk factors may not be separated from context: *"The study of psychopathology has evolved from an exclusive focus on characteristics of the individual to more interest in the contexts in which the individual is embedded"* (Baldwin et al, 1993: 741). Therefore, when studying the adolescent, not only must the adolescent's individual characteristics inviting risk be studied, but also the very nature of the adolescent context, which as indicated by Jaffe (1998: 498) is potentially risk-inducing. Adolescence apparently does not lend itself to anchoring resilience. For this very reason, the writer believes a concerted effort must be made to counter the risks of adolescence by instilling resilience skills. If resilience skills are to target the risks of

adolescence, the following specific resilience skills must be targeted:

Table 6
Resilience skills to be targeted

COMMON STRESSORS OF ADOLESCENCE	CORRESPONDING RISK FACTOR	NECESSARY RESILIENCE SKILL
schoolwork and tests	school related stressors (MacFarlane, 1998: 64; 151)	Positive attitude, coupled with drive to achieve.
insecurity re appearance / development	lack of positive self-concept (MacFarlane 1998: 29; 150)	Positive self-concept.
strained peer / parental relations	poor social orientation (MacFarlane 1998: 32; 150)	Positive social orientation.
concern about the future	negative future orientation (MacFarlane 1998: 150)	Positive future orientation and enthusiasm.
negative family factors	negative family functioning (MacFarlane 1998: 38 - 40)	Internal locus of control, even if authorship only extends to attitude.
concern about death / global issues	lack of optimism (MacFarlane 1998: 20; 151)	Positive attitude, internal locus of control.
alcohol / drugs / deviant peer attachments	lack of self-control (MacFarlane 1998: 30; 151)	Internal locus of control, assertiveness and anxiety. Anxiety implies a sense of responsibility.
finances	low social status (MacFarlane 1998: 43)	Positive attitude and internal locus of control.
sexuality	anxiety (MacFarlane, 1998:150)	Anxiety translating into responsibility.
Changing schools	anxiety (MacFarlane, 1998:150)	Drive, suggesting tenacity and problem-solving ability.

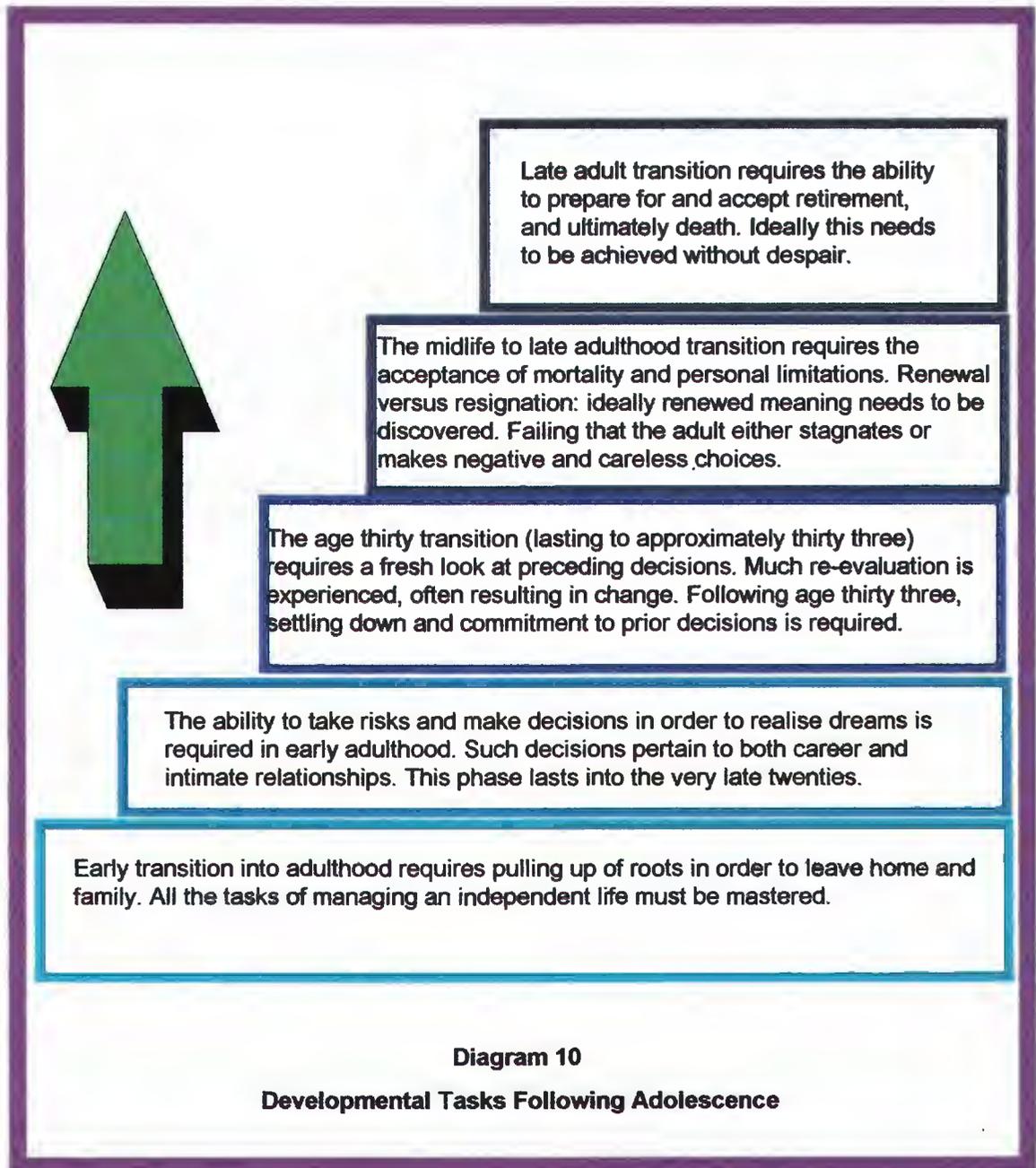
The acquisition of resilience for adolescence has a wider impact though: its necessity is not limited to adolescence. Stressors are not limited to adolescence only. The writer is of the persuasion that resilience in adolescence (and even in childhood) forms the foundation for psychological wellness in later life. When the writer was reading a book on psychological well-being, she came across confirmations of well-being according to three of the major categories of personality theories, namely psychoanalysis, behaviourism and humanism (Brodsky, 1988: 58 - 59). She began to believe that what would be classified as wellness by these theories is reflected in personal resilient attributes. She has tabulated her thinking on the matter as follows:

Table 7
Well-being and resilience

Personality Theory	Proof of Well-Being	Resilience Correlate
Psychoanalysis	<input type="checkbox"/> An active or dominant ego is demonstrated. <input type="checkbox"/> The ability to love and work is demonstrated.	<input type="checkbox"/> Assertiveness or autonomous functioning, and an inner locus of control suggest a well-managed personality. <input type="checkbox"/> Good interpersonal relationships and positive future orientation suggest the desire to love and work.
Behaviourism	<input type="checkbox"/> Competence and self-efficacy are demonstrated. <input type="checkbox"/> Behaviour is directed at gaining positive reinforcers	<input type="checkbox"/> Assertiveness and drive suggest competence. <input type="checkbox"/> A positive self-concept and positive social and future orientation imply aspirations towards positive reinforcement.
Humanism	<input type="checkbox"/> Demonstration of the tendency towards self-improvement. <input type="checkbox"/> spontaneity and integrity. <input type="checkbox"/> unconditional caring <input type="checkbox"/> desire for / or actualised experiences.	<input type="checkbox"/> Drive suggests tension to achieve goals. <input type="checkbox"/> Enthusiasm is intrinsic to resilience. <input type="checkbox"/> Good interpersonal relations suggest empathy and love. <input type="checkbox"/> Drive and enthusiasm suggest the pursuit of actualised experiences

In other words, what the writer is attempting to illustrate is that the impact of resilience is far-reaching. It promotes the capacity for well-being. Well-being is not limited to adolescence. In the writer's opinion, if the foundation for resilience is not laid in adolescence, the structure of adult well-being will be a shaky one indeed. For this reason, intervention needs to encourage resilience, and intervention is especially important during adolescence when well-being is generally threatened, and apt to have extensive, adult repercussions.

To further demonstrate her belief, she will hypothesize on the effect of a dearth of resilience on the developmental tasks following adolescence: "*As a stage of development, adolescence is important because of the developmental tasks encountered and because it sets the stage for adulthood*" (Chubb et al, 1997: 125). The writer is of the opinion that without resilience, the 'stage' will be bare of essential props and the adolescent will struggle to fulfil adult tasks. Adult tasks entail the following (Brodsky, 1988: 223):



The tasks of adulthood and old age are many and exacting. The personal protective factors associated with resilience must be learnt in adolescence in order to bolster the individual to achieve the waiting developmental tasks. Should resilience not inform the required development completed during adolescence, Cowen's words will be wasted: "... *it might be more sensible, humane, and ultimately more effective to prevent psychological dysfunction . . . from the start rather than trying to deal, however conscientiously and compassionately with the devastating residuals of established disorder*" (1980: 260).

Without resilience skills the future trajectory of the adolescent might well be slippery. The writer is going to borrow an analogy used on the 'Oprah Winfrey Show' in 1998 to illustrate the necessity of resilience inculcation for this future trajectory.

People were generally divided into three categories:

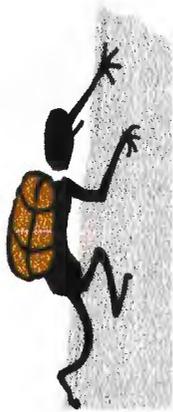
- quitters,
- campers, and
- climbers.



Quitters quit or withdraw from the race of life. Quitters would be those individuals who lack resilience. When life's developmental tasks become too onerous, they opt out. They do not master the skills to live triumphantly or to manage their lives optimally. For example, if the early adulthood transition of pulling up roots is too threatening, given inadequate autonomy or negative future orientation, the individual may never embark on independence, and remain at home. Or, instead of being willing to risk and make a dream come true, because of a lack of drive, the individual may just forego his or her dreams, thereby impoverishing his or her existence. Essentially, to coin Vaillant's phrase: there is no "*Adaptation to life*"(1977 : preface).



Campers progress to a certain level, and then decide to progress no further. At some stage they become overwhelmed by life's demands and so climb no further. For example, when renewal rather than resignation is required, an inadequate self-concept or dissipated internal locus of control may sabotage the potential for renewal. Or when intimate relationships were established, a lack of autonomy or assertiveness might allow such relationships to degenerate into co-dependent or dysfunctional relationships. Some resilience was initially demonstrated to underscore the progress, but not enough to sustain effort. They merely survive.



*Climbers demonstrate resilience. They are determined to “. . . thrive, not just survive, after having encountered some great difficulty or adversity” (Young-Eisendrath, 1996: 20). Resilient individuals do not face fewer stressors; they merely possess intrinsic protective factors which assist them to survive and thrive. Life’s developmental tasks and stressors are faced and conquered, perhaps essentially because they demonstrate “...the capacity to be resilient, to respond to difficulty with development, is rooted in many diverse factors, but it consistently depends on **one** thing: the meaning you, the individual, make of where you are.” (Young-Eisendrath, 1996: 21-22)*

To conclude then, the inculcation of resilience skills is invaluable, not only because of the risks associated with adolescence, but because resilience is necessary to bolster a ‘*climber*’ attitude for life. If adulthood, with its risks and decisions; and middle age with its uncertainties; and old age with its need for wisdom and acceptance; are to be mastered, the individual requires a sense of curiosity, a positive temperament, enthusiasm, the ability to make meaning of adversity, a continued desire to improve, an internal locus of control, a positive self-concept, a sense of humour, good communication skills, self-help skills, positive social orientation, autonomy, . . . in short, resilience.

Ultimately, if resilience is to inform adulthood, adolescents need to learn the truth of Westheimer’s words: “*Our way is not soft grass, it’s a mountain path with lots of rocks. But it goes upwards, forwards, towards the sun*” (in Exley, 1999: 76). If adolescents are to learn the truth of these words, then intervention is required. Studies to date have targeted the promotion of competence with some success (Masten et al, 1998: 214), but the writer is of the opinion that these studies have focused too selectively. She believes that the inter-related affiliation of personal protective factors must be targeted as a whole, if sufficient impact is to be made.

In the following chapter, the writer will expand on group therapy and its suitability for adolescents.



CHAPTER THREE

LITERATURE OVERVIEW: GROUP THERAPY WITH ADOLESCENTS

"It is in the shelter of each other that the people live"

Irish Proverb

3.1 INTRODUCTION

In this chapter the writer intends to approach the concept of group therapy from three perspectives:

1. She will provide a brief overview of what is currently understood by the concept of group therapy.
2. Following the general exposition of group therapy, she will focus on the advantages and disadvantages of group therapy for adolescents.
3. Thereafter the writer will discuss group therapy from the perspective of Relations Theory, which is her point of departure as a UNISA student.

3.2 A DEFINITION OF GROUP THERAPY

"Man is a social animal, and his neuroses can often be treated in a social context. One psychotherapist can work with several patients, who at the same time greatly influence one another." (Slavson, 1950: 3)

Group therapy, as suggested by the above quote, is an experiential vehicle for personal development via a process of inter-member relationships. Essentially, group therapy may be defined as "... *'several emotionally disturbed people who meet with the therapist as a group for the purpose of helping find a more comfortable and effective adaptation' ..*" (Benner, 1987: 478). The advantage of group therapy is contained in the very possibility and nature of these inter-member relationships: "*Over time practitioners discovered that*

the group setting offered unique therapeutic possibilities. Exchanges among the members of a therapy group are viewed as instrumental in bringing about change. This interaction provides support, caring confrontation, and other qualities not found in individual therapy.” (Corey and Corey, 1992: 10). Groups, by virtue of inter-member relations, possess potential healing power.

Group therapy may be either time limited (short term) or long term. Typically, a time limited group runs for ten to sixteen weeks. There are pragmatic advantages for short term groups in that it is often not viable for group members to faithfully attend sessions extending over twelve months or longer. Conventionally, psychoanalytic group therapy is of a long term nature, whereas cognitive-behavioural groups tend to be time limited (Corey, Corey, Callanan and Russell, 1992: 35 -36). Since its inception in 1905 with the pioneering work of Joseph Pratt, there has been a proliferation of group therapy models, including existential groups, non-directive groups, gestalt groups, psychodrama groups, encounter groups and so on (Benner, 1987: 478 - 482).

A summary of the types of groups would constitute the following (Corey and Corey, 1992: 10 - 14; and Spitz and Spitz, 1999: 9 - 13):

Table 8
Summary of group types

TYPE OF GROUP	FOCUS
Classical Group Therapy Group	A corrective emotional experience designed to alleviate specific symptoms of psychological problems. A variety of methods are employed, depending on the therapist's premise from which he/she works. Psychoanalytic, Gestalt, Existential, Cognitive Behavioural, or Transactional Analysis groups are all examples.
Group Counselling Group	An educative and preventive experience designed to resolve specific, short-term issues, often of an interpersonal nature.
Personal growth groups	A developmental experience designed to assist relatively healthy people function better on an interpersonal level.

T-Groups	An educative experience designed to emphasise human relations skills for successful functioning by teaching members to observe their own interactions.
Self-help Groups	A supportive experience designed to assist individuals struggling with a common problem by creating a support system (for example, Alcoholics Anonymous).
Structured Groups	An empowering experience designed to provide members with increased awareness of a specific problem, and the tools to cope with it. Structured groups operate thematically.
Psychodrama Groups	An awareness experience emphasising experiential learning via theatrical methods.
Crisis Groups	A short-term experience which aims at regaining emotional equilibrium based on crisis intervention principles.
Confrontational Groups	A confrontational experience which uses group pressure in order to change detrimental behaviours, such as substance abuse.

In the following subsections the writer will outline some of the basic tenets of group therapy.

3.2.1 Group Size

Although group size is determined by the purpose of the group per se, it should primarily centre around constituting a group large enough to allow for interaction, and small enough to facilitate all members being involved, and sensing that they belong. Rose (1998: 49) reports that member satisfaction seems to increase until the group totals six, and to decline thereafter. An average of five to nine members appears to be considered the norm (Spitz and Spitz, 1999: 18).

3.2.2 Group Composition

The membership of a group is crucial and is achieved by means of a selection and screening process: “. . . the leader screens and selects group members whose needs and goals are compatible with that of the group, who will not impede the group process, and

whose well-being will not be jeopardized by the group experience" (Corey and Corey, 1992: 80). Careless composition has the potential to torpedo a group.

Group composition should be informed by the following (Corder, 1994: 45; Corey and Corey, 1992: 80; Shapiro, Peltz, and Bernadett-Shapiro, 1998: 30 - 32; Spitz and Spitz, 1999: 15 -16):

- homogeneity or similarity of members
- similar ego strength
- avoidance of isolates (one person of different gender, for example)
- at least two verbally active members
- no more than two verbally passive members in a group of six to eight members
- the type of group to be conducted

Spitz and Spitz (1999: 15) suggest that heterogeneity is necessary to provide for interaction and learning, but sufficient homogeneity is necessary for group cohesion and support. The writer concurs: she has experienced frustration when working with a group which is too homogeneous, because this stifles variety needed for divergent role modelling and input. Equally, she has experienced exasperation when a group is too heterogeneous, because then empathy and understanding have been sabotaged.

In terms of adolescent groups Shapiro et al (1998: 205) and Pickar (1988: 763 -764) recommend that group members should fit within a three year age bracket. Should this age span be exceeded developmental tasks may be too different and thereby divisive. When grouping learning disabled adolescents with mainstream adolescents, the writer has found this rule of thumb misleading, as learning disabled adolescents, in the writer's experience, are frequently emotionally delayed, when compared to their mainstream peers.

3.2.3 Group Stages

Each group shares universal stages. These stages may be summarised as follows (Rose, 1998: 397 - 400; Spitz and Spitz, 1999: 71 -77):

Table 9
Summary of Group Stages

STAGE	CHARACTERISTICS
<p>INITIAL STAGE</p> 	<ul style="list-style-type: none"> • anxiety • scepticism or resistance, especially if the group is not a voluntary one • development of roles within the group • concerns about trust / low risk taking • silence / awkwardness • factual communication
<p>TRANSITION STAGE</p> 	<ul style="list-style-type: none"> • struggle for control • inter-member conflict • determination of the safety level of the group • fear / defensiveness • confrontation • expression of feelings
<p>WORKING STAGE the phase of concentrated learning</p> 	<ul style="list-style-type: none"> • commitment of members to exploring problems / feelings • involvement • here-and-now focus • direct and meaningful interactions, including confrontation • group cohesion / intimacy
<p>FINAL STAGE</p> 	<ul style="list-style-type: none"> • facing the inevitable ending of the group; sadness / anxiety • completion of unfinished business • evaluation • plans for follow-up sessions

3.2.4 Group Ground Rules

Group ground rules are important as they facilitate the group process. Corey and Corey (1992: 90) suggest that it is really immaterial whether the ground rules are suggested by the group members, or presented by the leader, as long as ground rules are broached. Shapiro et al (1998: 205 - 206) emphasise that in adolescent groups it is necessary to set

ground rules which are effective without appearing to be overly imperious, given adolescents' larger-than-life perception of reality. Ground rules may be discussed in a preparation session preceding the actual commencement of the group, or in the group's initial session.

Typically ground rules should cover the following (Corder, 1994: 85 - 86; Corey and Corey, 1992: 90 - 91; Corey et al, 1992: 40; Pickar, 1988: 764; Shapiro et al, 1998: 205 - 206; Spitz and Spitz, 1999: 46 - 50):

- confidentiality
- regular attendance
- punctuality
- expectations concerning interpersonal feedback (no labelling or verbal abuse, for example)
- procedure for premature exiting of the group (that is, the need for an explanation to the group prior to quitting)
- eating / smoking
- safety (that is, no violence)
- self-directed time-outs
- expectations concerning participation and feedback

3.2.5 Frequency and Duration of Group Meetings

According to Corey and Corey (1992: 85 - 86) there is no hard and fast rule for determining the frequency and duration of group meetings. A basic rule of thumb would be determined by the age of the participants and the situation. For example, when the group is catering for children or adolescents within the school system, the frequency would have to take the school's timetable into account, and the duration would have to correspond to their concentration span. Well functioning adults on the other hand may generally attend a two-hourly, weekly meeting. In the writer's experience, learning disabled adolescents do not benefit from group meetings which last for longer than sixty minutes, given their frequently impaired attention span.

In the following section the writer will discuss the efficacy of group therapy for the adolescent population.

3.3 THE ADVANTAGES OF GROUP THERAPY FOR ADOLESCENTS

As alluded to in Chapter Two, adolescence is a period of intense development and adjustment. Adolescents are bombarded by accelerated demands to grow up, experiment, and challenge parental and societal conventions. Shapiro et al (1998: 202) summarise the adolescent's position succinctly: "*When adolescents face conflicts, they are often in the disquieting position of dealing with adult-level problems with little more than child levels of maturity.*" Group therapy provides an answer to this dilemma.

Corey and Corey (1992: 316) focus on the substantial anxiety and feelings of separateness resulting from the paradoxical nature of adolescence, and suggest that in this context, group therapy is a prime vehicle for facilitating adolescent growth as it provides an arena for adolescents to experience that they are not alone in their conflicts. Moreover, given the salience of the peer group for adolescents, group therapy provides advantages not provided by individual therapy. The writer is of the opinion that group therapy is almost a natural medium for adolescent therapy, given this peer group salience. Pickar (1988: 762) extends the importance of the group medium by suggesting that it neutralises the stigmas associated with therapy: "*The opportunity to talk with peers seems less associated with being ill and can be perceived as less susceptible to adult domination.*"

Group therapy also affords adolescents the opportunity to explore alternative solutions to the paradoxical nature of their world: "*...members experiment with new behaviours in a 'lab' setting where they may try out new solutions to common difficulties. By providing a 'developmental womb', the effective group offers a powerful medium in which this population can experiment*" (Shapiro et al, 1998: 203). Risks taken within the confines of the group lead to growth, rather than failure. Experimenting with roles and solutions within the group allows the adolescent a unique opportunity to practise in what is tantamount to a miniature real-life situation: "*Interactions in group therapy ultimately*

approximate styles of relating in the real world, and the group setting provides a safe and protective environment for improving their means of relating to others” (Pickar, 1988: 765).

Corder (1994: 1) perceives the benefits of group therapy for adolescents as being “. . . rooted in the relationship of group functions to the typically described tasks of adolescence.” In other words group therapy caters for the development of peer attachments, empathy, independence, and feedback concerning teenage issues. Research conducted by Corder (1994: 5 -11) suggests that there are certain curative factors in group therapy which emphasise the advantageous nature of group therapy for adolescents. The factors which are viewed as curative are as follows:

Table 10
Curative factors intrinsic to adolescent group therapy

FACTOR	DESCRIPTION OF FACTOR
Catharsis	<input type="checkbox"/> being able to verbalise negative affect instead of holding it in <input type="checkbox"/> learning to express emotion
Existential	<input type="checkbox"/> learning that ultimate responsibility for how life is lived is personal, regardless of how much support and guidance is received
Interpersonal Learning	<input type="checkbox"/> other group members honestly relaying what they think of an individual <input type="checkbox"/> being a group member provides the opportunity to learn how to approach others
Family Re-enactment	<input type="checkbox"/> being part of a group is suggestive of the family experience, only in a more accepting and understanding way
Group Cohesiveness	<input type="checkbox"/> belonging to a group that understands and accepts
Universality	<input type="checkbox"/> experiencing a common standing
Altruism	<input type="checkbox"/> helping others and being significant in their lives

Shapiro et al (1998: 201 - 204) view the crises of adolescence as arising from insufficient resources for meeting the demands made. Group therapy is seen as ameliorating this deficiency, typically by providing the following advantages:

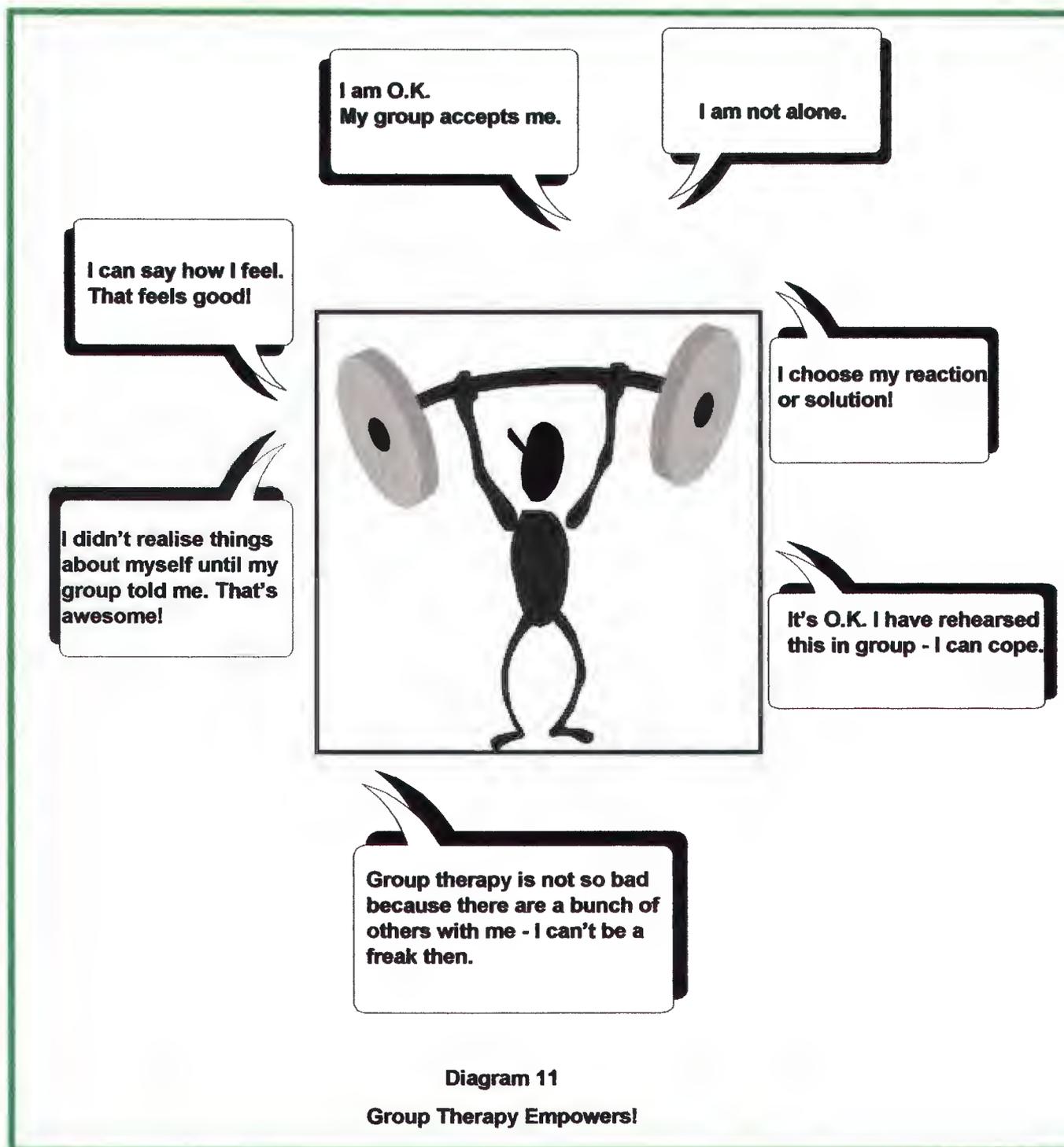
- gaining a sense of the universality of their experience
- development of empathy
- exposure to problem resolution
- cathartic expression of feelings which lessens strong, negative emotion
- experience of acceptance and support
- exploration of relational and sexual concerns

The above listed advantages echo the curative factors of catharsis, universality, group cohesiveness and existentialism featured in Table 10. This suggests the pivotal role of these factors in the advantageous nature of group therapy for adolescents. The writer is of the opinion that adolescents yearn to define themselves and for this reason the above listed advantages are beneficial, precisely because they facilitate self-definition in a safe, nurturing environment.

Raubolt (in Pickar, 1988: 763) cites the following reasons as rationale for emphasising the benefits of group therapy for adolescents:

- group therapy allows for a more comprehensive understanding of the adolescent, because the therapist is able to view the adolescent interacting with his/her peer group;
- as adolescents are often coerced into therapy, the initial (or consistent) resistance which is often experienced, is lessened by the peer support received from the group resulting in a more effective working alliance;
- group therapy provides a safe setting for rehearsing new behaviours and attitudes, thereby inculcating problem-solving skills;
- group member relationships facilitate the separation-individuation process and detachment from childhood dependency; and
- group therapy attenuates the immoderate reliance on adults which may be fostered by individual therapy, and simultaneously teaches and supports independent functioning.

In conclusion then, the writer would summarise the benefits of group therapy for the adolescent as follows:



The above diagram bears testimony to Schechtman, Bar-El and Hadar's conclusion:

"There are many advantages to groups for adolescents: they are a natural way for adolescents to relate to each other . . ." (1997: 203).

3.4 THE DISADVANTAGES OF GROUP THERAPY FOR ADOLESCENTS

The advantage of group therapy affording adolescents a safe haven in which to learn and grow, can paradoxically also function as a disadvantage: group members may become too dependent on the group as a support system and consequently fail to function autonomously. This is especially hazardous in the case of adolescents who are already susceptible to peer pressure: group therapy has the potential to reinforce this propensity (Rose, 1998: 19).

Furthermore, the advantage of group therapy offering adolescents a model for pro-social behaviours, can also degenerate into the modelling of anti-social behaviours. Rose (1998: 19) suggests that “. . . *such phenomena as group contagion and mutual aggression can get out of hand more readily in groups than in the therapist-client dyad.*” Dishion, McCord and Poulin (1999: 755) propose that peer aggregation, especially during early adolescence, has the potential to have negative or iatrogenic effects. Mutual bonding, the kinds of youth (especially depressed youth with comorbid disruptive behaviour disorders), and age (early adolescence) have the potential to escalate adolescent problem behaviour, especially in the long term (Dishion et al, 1999: 762 - 763). Youth experience active reinforcing of deviant behaviour within a group confine by means of laughter and group interest: “. . . *the reinforcement processes within the peer groups are quite subtle and potentially powerful*” (Dishion et al, 1999: 762).

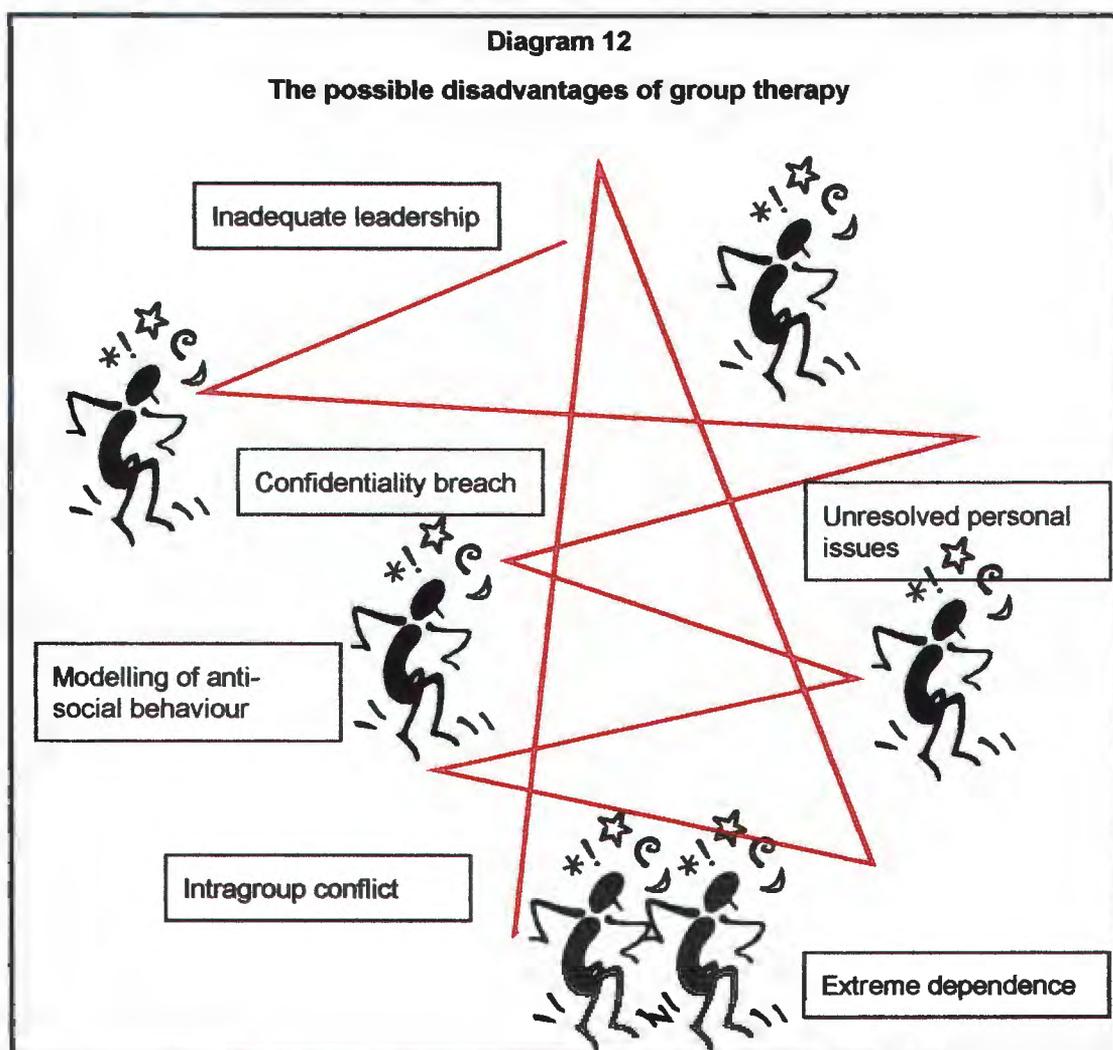
Nevertheless, Dishion et al (1999: 763) do concede that “. . . *not all interventions using peer groups with difficult children have had iatrogenic effects.*” The writer would also like to add that there are methods of dealing with such dysfunctional group occurrences, including purposely altering group cohesion or changing the communication structure of the group. One can conclude from this, though, that lack of group leader or therapist expertise, could translate into a serious disadvantage for effective group process.

Similarly, because of the nature of intimate group functioning, group problems may arise which could possibly interfere with the pursuit of therapy goals. Resolving such problems is advantageous, because it reinforces problem-solving skills, but also disadvantageous,

because it is time-consuming (Rose,1998: 35 - 36). Intimate group functioning may also give rise to confidentiality problems, but if this is dealt with early on in therapy, by setting a limit or rule concerning confidentiality for example, the potential for confidentiality becoming a problem is minimised (Corey & Corey, 1992: 54; Rose,1998: 19). Scapegoating may also occur, and must be managed by adequate leadership (Corey & Corey, 1992: 55).

A further disadvantage is the specific focus of brief group therapy: because of its brevity and fixed focus, individual problems which do not relate to the focus point cannot be addressed in the scope of group therapy, and this might cause frustration for the individual, or even hamper progress. In order to minimise this disadvantage, selection of group members must be very carefully done (Scott and Stradling, 1998: 8).

A summary of the disadvantages of group therapy includes the following:

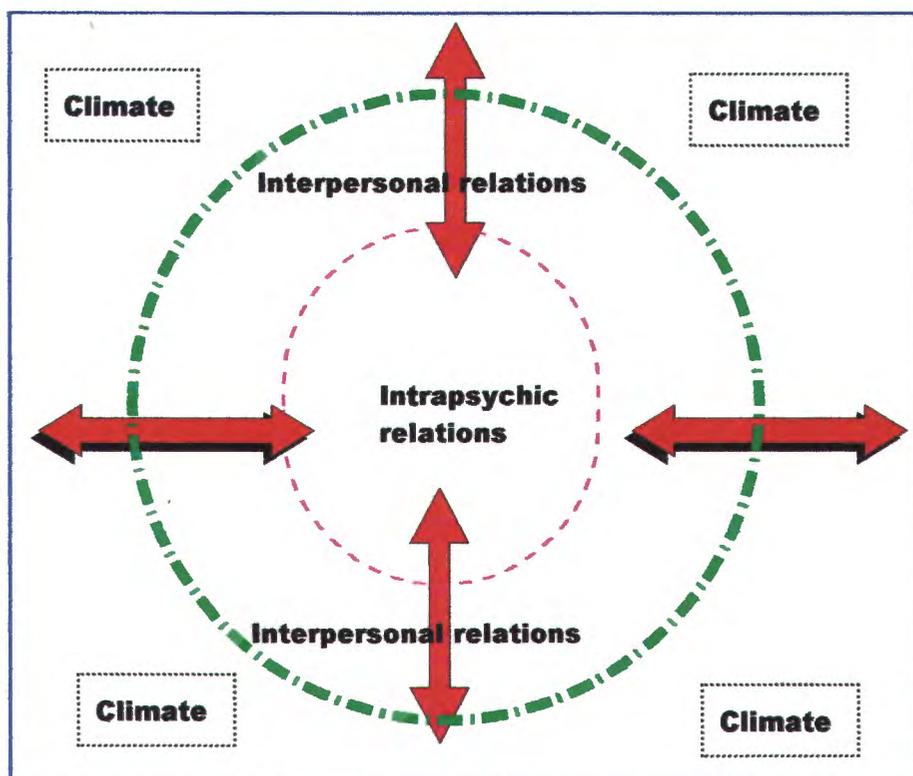


3.5 GROUP THERAPY FROM THE PERSPECTIVE OF RELATIONS THEORY

Relations Theory posits that every person is mutually connected to other persons (including parents, siblings, peers and teachers), objects, ideas, the self, and God. These relationships are ordinarily dynamic and interactive, and result from the individual's involvement in, experience of, and assigning of meaning to his life-world. These relationships, which can be positive or negative, impact on the individual's identity formation, self-concept, and ultimately, the individual's self-actualisation.

Group therapy provides a unique context of relationships. It is comparable to a workshop in which the character of the individual is whittled and sandpapered (Griessel and Jacobs, 1991: 19). Within a group situation every individual has an impact on the next so that identity formation is a dynamic process. Self-actualisation is encouraged when the climate within the group is healthy. A healthy climate is characterised by love, mutual trust, understanding, respect, unconditional acceptance and discipline. The effect of the group on the individual can be summarised with the aid of the following diagram:

Diagram 13
Group Therapy seen from the perspective of Relations Theory



The above diagram, which is adapted from Griesel and Jacobs (1991: 38) requires an explanation:

A group consists of individuals who stand in relation to one another, and the dynamics of their relationships impact on how each individual defines himself or his intra-psychoic relations. (Intra-psychoic relations refers to the individual's self-talk, or what he says to himself about himself. His self-talk impacts on his sense of identity, which in turn affects his self-concept and finally his behaviour.) In the diagram the writer has chosen to make the boundaries porous in order to illustrate how the climate of the group impacts on the interpersonal relations within the group and vice versa, and how this in turn impacts on the intra-psychoic relations of each individual and vice versa. The red arrows symbolise the prerequisite involvement, attribution of meaning and experience. The intensity of the individual's experience of group therapy can diminish or augment his involvement, which necessarily impacts on the meaning which is attributed. As a result of these psychoic dynamics, the individual becomes aware of a specific identity. The individual's relationship to the other group members results in his evaluating this identity, which gives rise to a certain self-concept, which in turn shapes self-esteem and behaviour. The function of the group would be to assist each individual to improve his intra-psychoic relations, in order that he would ultimately function more adaptively.

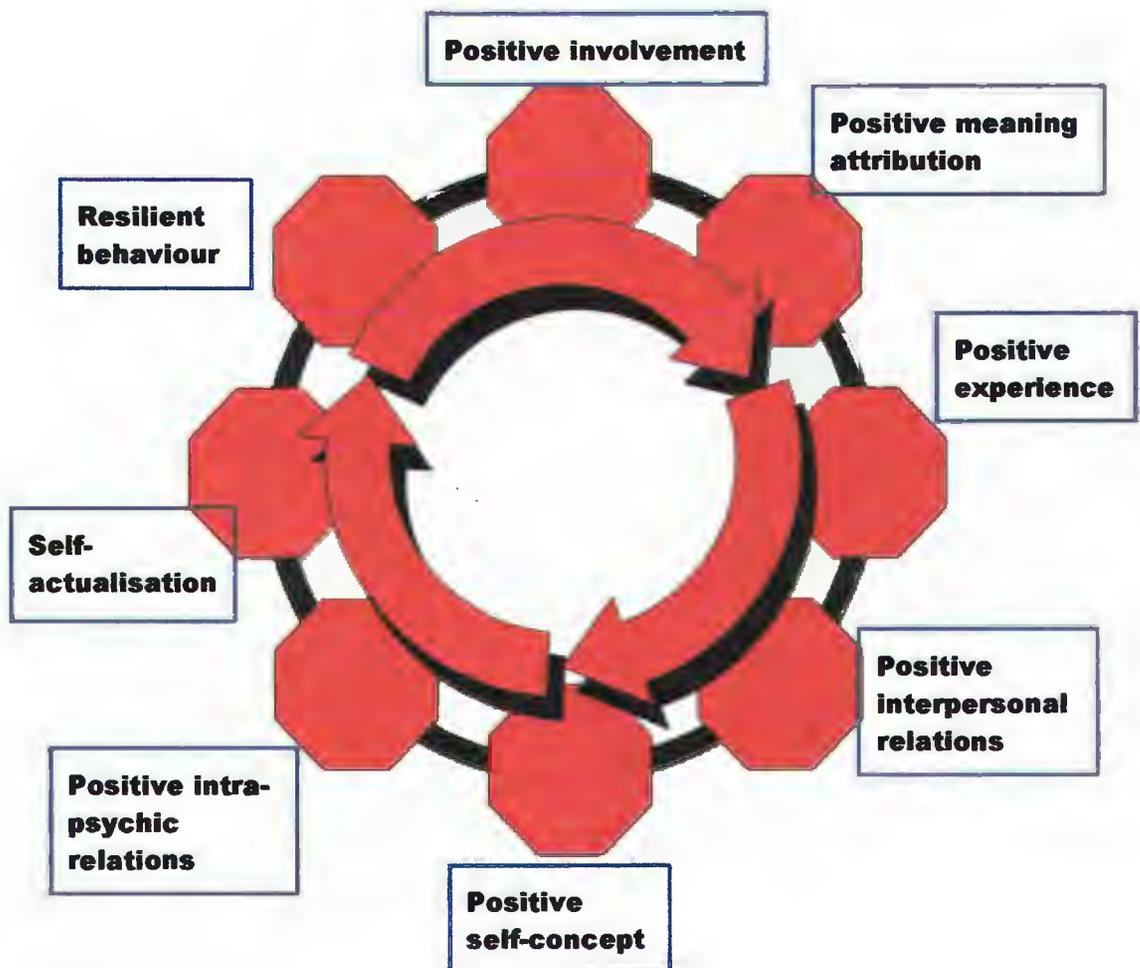
Group therapy, in other words, has the potential, optimally, to effect a safe, accepting climate in which individuals can learn about themselves from others. Individuals who involve themselves in the group process, and attribute meaning to it, and what it reveals about themselves, will experience themselves differently. What they learn will affect what they say about themselves to themselves, and ultimately then their behaviour. When group therapy works positively, the impact on their attitude to themselves, and their behaviour, will be beneficial. Ultimately in terms of resilience, the purpose of the group would be to facilitate healthy, resilient intra-psychoic relations. The vulnerable individual talks negatively to himself about himself. This results in a diffuse or negative identity, which in turn ricochets onto his self-concept, making it negative, and generating non-resilient behaviour. The aim of group therapy would be to facilitate resilient self-talk, in order that

a resilient attitude and resilient behaviour might be inculcated.

The desired effect of group therapy aimed at resilience, from the perspective of Relations Theory, could be summarised with the aid of the following diagram:

Diagram 14

The desired effect of group therapy, from the perspective of Relations Theory



In the following chapter, the writer will delineate the research methodology to be used in the empirical study.



CHAPTER FOUR

RESEARCH DESIGN

“The time to repair the roof is when the sun is shining.”
(John F. Kennedy in Canfield and Kirberger, 1998: 206)

4.1 INTRODUCTION

This brief chapter forms the vanguard to the empirical study. It will explain how the empirical study, which aims to inculcate resilience in vulnerable youngsters, will proceed. Furthermore, the chapter provides a synopsis of both the aims and motivation of the empirical study, as well as the actual research design to be followed. This synopsis will include information on the research group, diagnostic media to be used, the group intervention programme to be followed, method of evaluation, and possible results of this empirical study.

4.2 THE RESEARCH PROPOSAL

4.2.1 Study Aim

The fundamental aim of this study is to investigate the possibility of inculcating resilience skills in vulnerable adolescents, by means of a group intervention programme. Such an investigation is primarily sought for two reasons:

- ☛ our youth needs to be pro-actively assisted to face life’s challenges successfully, in order that psychological wellness might be encouraged and self-actualisation in all senses achieved;
- ☛ and, educational psychologists need to be equipped with a programme to encourage resilience, in order that the above mentioned aim might be achieved.

4.2.2 Motivation for the Study

As delineated by the writer in Chapter One, her motivation for this study was derived in part from her masters study, and in part from her daily contact with adolescents in therapy.

During her masters study the writer became aware that the need for a therapeutic programme which might inculcate resilience among adolescents at risk was pressing. Rather than attempt to redress these manifestations in reactive therapy, the writer began to believe that a pro-active therapeutic programme was needed to inculcate and anchor resilience. Her growing belief was verified in current literature, which suggested that therapeutic intervention aimed at addressing vulnerability should ideally be seen as an exercise in the promotion of wellness, rather than as an exercise in repair (Cowen, Wyman, Work & Iker, 1995: 248). Furthermore, the writer's masters work furnishes a profile of resilience (Mac Farlane, 1998: 145 - 149), which would form the goal for intervention: therapeutic intervention would strive to achieve this resilient profile. Equally, her master's work provides a profile of vulnerability (Mac Farlane, 1998: 142 - 145), which would form the basis for a comparative comparison to be made to ascertain whether resilience had been inculcated.

Secondly, in her daily therapeutic dealings with adolescents, the writer became aware of their particular angst, and their need for coping skills. It saddened the writer that adolescents were not afforded an opportunity to learn resilience skills. Generally, in her dealing with teenagers, it seemed that only once the teenager's life had crumbled was therapy recommended. She lamented that the old proverb: "*A stitch in time saves nine*" apparently did not inform a concept of timeous therapy.

Both of the above factors encouraged the writer to commence an investigation which might prove that resilience skills can be inculcated timeously, and consequently provide fellow professionals with a programme for doing so.

4.2.3 The Research Hypothesis

As stated in Chapter One, the writer proposes the following hypotheses:

- ☞ it may be empirically determined that resilience can be inculcated.
- ☞ it may be empirically shown that group therapy will provide a suitable forum for anchoring resilience.
- ☞ preventative therapeutic intervention, aimed at addressing vulnerability, is a feasible notion.
- ☞ it may be empirically demonstrated that inculcation of resilience skills will improve the overall functioning of the individual.

4.2.4 The Research Design

Research design in the field of social sciences may be categorised into three basic approaches:

- experimental research which “. . . offers the opportunity for drawing direct cause-and-effect conclusions . . .” (Sprinthall, Schmutte & Sirois, 1991: 52). Experimental research has three fundamental characteristics:
 - ☞ an independent variable which is manipulated,
 - ☞ all further variables are held constant, if possible, and
 - ☞ the effect of the manipulation of the independent variable on the dependent variable is observed (Rosnow & Rosenthal, 1996: 12 - 16; Van den Aardweg & Van den Aardweg, 1993: 88).
- ex post facto research which focuses on investigating “. . . facts limited to correlation and measurement, as the independent variable is not subject to the researcher’s control” (Van den Aardweg et al, 1993: 89). Ex post facto research provides retrospective theories about the probable relations between variables.

- descriptive research attempts to describe, rather than to establish cause and effect. There is no intervention by the researcher (Rosnow & Rosenthal, 1996: 12 - 16; Van den Aardweg & Van den Aardweg, 1993: 62 -63).

The writer wants to establish whether therapeutic intervention causes augmented resilience skills. A small group of vulnerable adolescents will therefore be subjected to a group intervention programme, in order that it might be ascertained whether their levels of resilience might be augmented, and their overall functioning improved. The writer is therefore employing an experimental research design in essence.

However, within this research design she makes use of a qualitative, ideographic approach. The ideographic approach “... *attempts to understand and describe the individual* ...”(Van den Aardweg et al, 1993: 114). The writer wishes to substantiate her choice of a qualitative approach, given the unfortunate truth that “... *qualitative research does not yet have the general acceptance that quantitative paradigms enjoy* ...” (Marshall & Rossman, 1995: 142).

In this study, the writer is concerned with documenting and describing the change wrought in resilience levels, following an intervention programme, in order to establish the efficacy of such intervention, and in order to prove that resilience can be inculcated. Her focus is the six individuals, and their progress, or lack of progress, following their participation in the intervention programme. Marshall and Rossman (1995: 13) emphasise that a qualitative approach provides a “... *‘thick description’ ... and systematic and detailed analysis which yield valuable explorations and explanations of processes*”. The writer desires to provide a rich description of the six group members in order to equip educational psychologists with an understanding of the concept of resilience, and in order to convince her colleagues that resilience should be championed therapeutically and pro-actively. Qualitative methods characteristically subscribe to the following (Marshall & Rossman, 1995: 11):

- qualitative methods provide information which generates understanding of the phenomenon;

- qualitative methods allow identification of areas where intervention will be effective;
- and qualitative methods allow the consequences of intervention to be observed.

In short, qualitative methods provide “. . . *information that will enable you to see beyond simple dependent variables*” (Marshall & Rossman, 1995: 11). The writer wishes to take this study beyond the point of cause and effect: she wishes to provide a rich description of individual progress in terms of acquiring resilience, or lack thereof.

The writer is convinced that the merit of this study lies in the understanding of the concept of resilience, and its propensity to be inculcated. The qualitative approach focuses on:

- a detailed description promoting understanding. Even quantitative data is described informatively, using language rather than just numbers;
- an inductive approach. Data is used interpretatively to generate principles;
- the ultimate meaning of the data, rather than the data per se; and
- the process of the research, rather than just the product (Cohen and Manion, 1996: 88 - 89).

The above characteristics all conspire to elucidate understanding, promoting the feasibility of a qualitative approach to this study.

The writer also makes use of a descriptive approach during her literature overview in order to answer part of her research question. To quote Marshall et al (1995: 28) again: “*A thoughtful and insightful discussion of related literature builds a logical framework for the research. . .*”

A summary of the research design is summarised by the following figure:

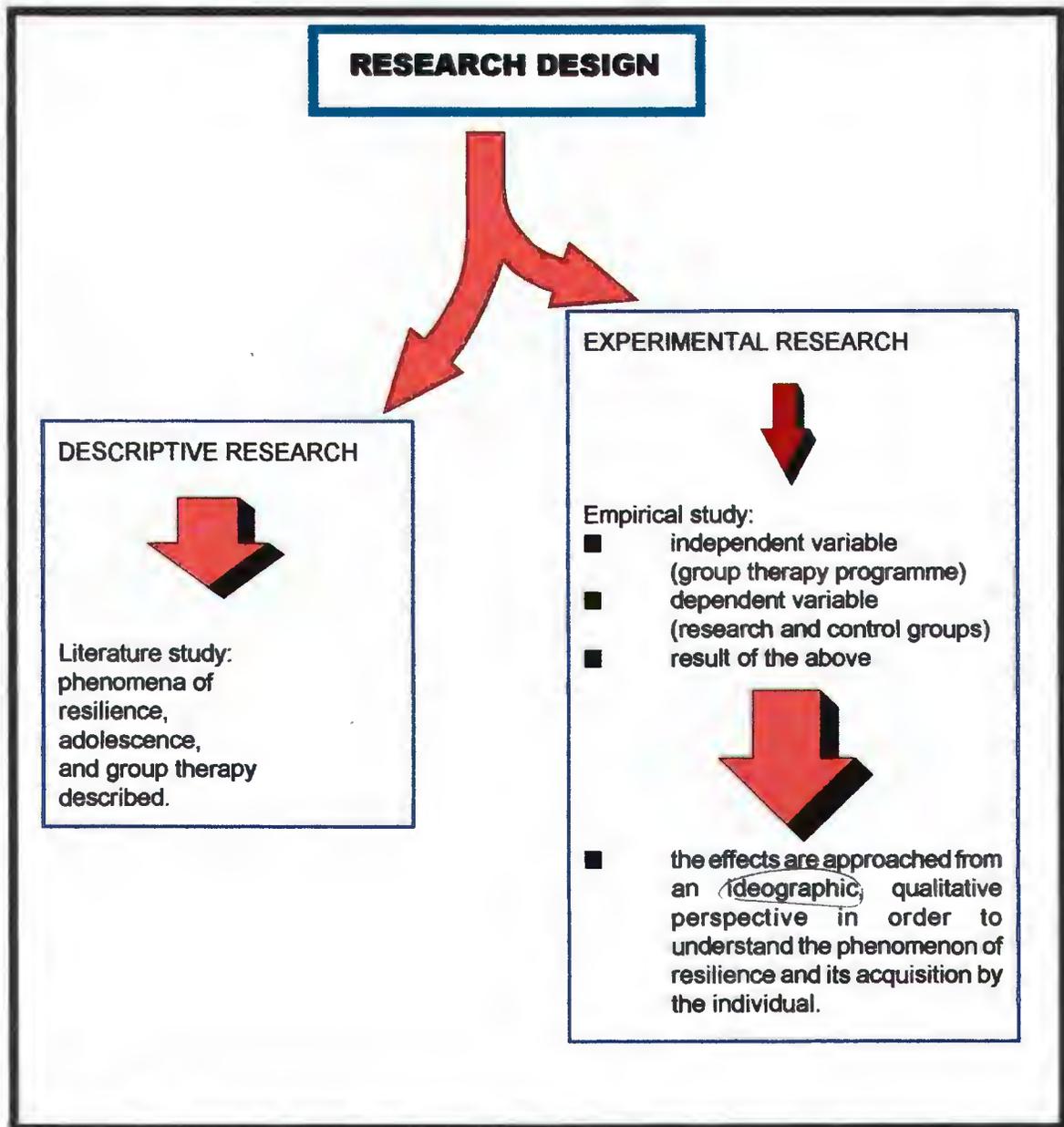


Figure 1
Summary of Research Design

4.2.4.1 The independent variable to be manipulated

The independent variable which is to be manipulated is the group therapy intervention programme. The design of the group intervention programme is based on the findings of the writer's master's work (MacFarlane, 1998). The programme will consist of twelve hour-long sessions. The writer decided to limit the sessions to sixty minutes for two reasons:

- ☞ the group members are all learning disabled and/or suffer from the attention deficit disorder. Consequently, their attention span is limited, and longer group sessions would, therefore, probably be meaningless;
- ☞ and by making the sessions an hour long, group members should all be afforded an opportunity to participate meaningfully.

The actual programme content is based on the characteristics of resilient adolescents, as opposed to vulnerable adolescents (MacFarlane, 1998: 145 -149) , and will focus on the following themes:

Table 11
Summary of intervention sessions' focus

SESSION	FOCUS
1	introductory session
2	self-knowledge
3	choice / internal locus of control
4	attitude and anxiety
5	assertiveness skills
6	faulty thinking
7	personal bill of rights
8	empowerment
9	future orientation and drive
10	social orientation
11	self-concept
12	closure

4.2.4.2 The research group (or dependent variable)

The dependent variable is the research group which is to acquire resilience skills. The writer will draw the sample group from a homogeneous population of secondary school pupils with whom she has daily contact. The population is homogeneous in that all learners attending this school are learners with special educational needs: these learners have all been diagnosed as being learning disabled. The writer has observed that this disability in itself is often enough to hamper resilient behaviour. Furthermore, the group is culturally homogeneous, in that all the members of the research group are English mother-tongue speakers, and all members are currently in Grade 10.

Two groups of six pupils will participate in this study. The writer decided on this number of members given the general rule of thumb in literature that a group of six to eight adolescents is most desirable (Corey and Corey, 1992:85; Spitz and Spitz, 1998: 18) and the definite suggestion that ‘... a group size of six members makes it possible to involve everyone at every session.’ (Rose, 1998:49).

Pupils will be assigned randomly, in order to strengthen the internal validity of the research: “Groups formed in this way are said to be independent of each other, since the selection of a subject for one group in no way influences which subject is to be assigned to other groups. The random-sample procedure gives us a high degree of confidence that the samples will be generally equivalent to each other (helping to promote internal validity), and that the results may be generalised to the population from which the groups were selected (helping to promote external validity)” (Sprinthall et al, 1991: 59). The experimental group will participate in the group therapy intervention programme, whilst the control group will not.

Group members were suggested to the writer by her colleagues within the school’s psychology department, based on interaction with these members leading to a belief that they present with vulnerability. The members were then screened by the writer as to their willingness to participate, as well as their suitability.

4.2.4.3 Observation of the effect of the manipulation of the independent variable on the dependent variable

In order to observe the effect of the manipulation of the independent variable on the dependent variable the writer will employ an ideographic, qualitative approach as described previously. In order to understand and describe the individuals being coached in resilience skills, and in order to understand and describe the effects of this coaching, qualitative research methods are used to gather and interpret data. These research instruments will be applied both before and after the group intervention, in order to provide a comparison by which to ascertain the effect of the manipulation of the independent variable on the dependent variable. The writer will evaluate group members to ascertain initial levels of resilience. She will employ the same data collection instruments as used in her masters work, in order that resilience levels might be compared to the resilience profile established by her master's work.

The writer will employ **qualitative research methods** to interpret the data gathered: "*Qualitative methods ... are approaches used to systematically gather data, but the data are purely descriptive and therefore not numerical*" (Sprinthall et al, 1991: 100). The qualitative instruments which will be employed include projective techniques and standardised personality questionnaires. Projective techniques may be defined as "*... procedures to measure personality in which a testee is asked to respond to an ambiguous or unstructured stimulus. The testee is expected to project his own needs, wants, fears, anxieties and desires through his expression*" (Van den Aardweg, 1993: 185 -186). The following qualitative instruments will be implemented:

- ⇒ **An incomplete sentences questionnaire** designed specifically for the use of this study and targeting personal attributes as possible factors in resilience. The value of this projective technique lies in "*The underlying premise ... that testees are inclined to project themselves through their completion of the sentences revealing aspects of their personality and problem areas*" (Van den Aardweg et al, 1993: 186). A blank is included below:

1. When I think of the future _____
2. Giving up _____
3. I am mostly _____
4. I often feel _____
5. I hope that _____
6. Sometimes I am afraid _____
7. I have failed _____
8. One day I shall _____
9. When the odds are against me _____
10. I look forward to _____
11. If I have a problem _____
12. Secretly _____
13. The only problem is _____
14. I can't _____
15. If I want to _____
16. Other people _____
17. My secret ambition in life _____
18. When luck turns against me _____
19. When I am older _____
20. I can _____

⇒ **Draw-a-Person-in-the-Rain** which is a projective technique measuring the testee's personality and propensity for coping with life's difficulties, as symbolised by the rain. *"The assumption that drawings and art reflect the personality of the drawer is old and long-accepted"* (Blau, 1992: 6). If the drawer includes protection against the rain, it is generally hypothesized that he is capable of overcoming the odds.

⇒ **The Three Wishes Technique** which is also a projective technique, measuring the testee's hopes, desires, future orientation, and so on. It is a very unstructured technique, which simply invites the testee to make any three wishes. His wishes are then analysed as projections.

- ⇒ **The Forest Adventure metaphor** is also a projective technique. The subject is told the following story, which is then embellished at various stages by him. The embellishments may then be symbolically interpreted in terms of levels of resilience. The writer originally chose to use this metaphor, which she adapted from a popular quiz, because it is enjoyed by the adolescents at the school from which the groups will be drawn. The metaphor reads as follows:

Once upon a time you began a journey into a large forest. You had never been to this particular forest before. There were many trees and plenty of birds and animals. The air was full of birdsong and other forest sounds. Every now and again something scampered away in the undergrowth. You looked around the forest as you journeyed. (1) How did you feel as you went along?

Presently the sun began to set and the light around you began to fade. You realised that night was falling and so you decided to settle down for the night. (2) What preparations did you make and where did you sleep?

*The following morning you set off on your journey once more. All around you little creatures were scurrying to and fro. The forest was a hive of activity. Birds called to one another and once you saw a snake slithering away. Suddenly, as you rounded a corner, a huge old grizzly bear lumbered out into your path. (3) What did you do?
.....*

Later on, around about midday, you reached a lake. As far as you could see, there was no way around the lake. You needed to continue your journey, however. (4) What did you decide to do?

*Finally, you neared the end of your journey. The trees were starting to thin and you could catch glimpses of blue sky. It was also much quieter now. You quickened your steps, eager to finish. Then, as you came up a rise you reached a solid, brick wall. It was huge and seemed to go forever in either direction. (5) How did you handle this one?
.....*

The writer will utilize standardised personality questionnaires in order to obtain numerical data that might be analysed as proof of resilience traits or vulnerability traits. The numerical data will be used qualitatively to augment her understanding of each individual group member. The following instruments will be employed:

- ⇒ **Adolescent Self-Concept Scale** which measures the robustness of the adolescent's self-image. A score of 1 - 3 suggests poor self-image, 4 - 6 suggests average self-image and 7 - 9 suggests good self-image.

- ⇒ **Emotional Profile Index** which is a personality test measuring the 8 basic dimensions of emotion, thereby providing information about basic personality traits and conflicts.

- ⇒ **High School Personality Questionnaire** which measures 14 basic personality traits. Each factor is scored on a continuum of 1 - 10, with scores of 1 - 3 being considered low, 4 - 7 being considered average, and 8 - 10 being considered high.

In addition to the above qualitative data gathering methods, the writer also intends to make use of what Marshall and Rossman (1995: 77 - 98) term primary and supplemental methods of data gathering. Marshall and Rossman consider primary methods of gathering information to include:

- participation in the setting

- direct observation

- interviewing

- document review.

As suggested by the name, participant observation "... demands first hand involvement..." (Marshall et al, 1995: 77) which the writer will achieve by virtue of her facilitating the group therapy, and by virtue of her position as psychologist on the staff of the school from which the

group participants are drawn. Furthermore, her detailed notes of each therapy session will facilitate observation. The writer will also interview the group members periodically to verify information gleaned from projective tests, and to ascertain progress, if any. Of importance is the method of interviewing: “... *the participant's perspective on the phenomenon of interest should unfold as the participant views it, not as the researcher views it*” (Marshall et al, 1995: 80). Document review will be two-pronged: the writer will employ a historical analysis, which will entail reviewing each subject's school records and psychological file. This is necessary for establishing a background to each participant (Marshall et al, 1995: 89). Secondly, the writer will review all written documents generated by the group members in the course of the intervention programme. The writer considered asking each member to keep a diary, but their learning disability would impact negatively on this: not only are their literacy skills limited, but the majority of group members indicated distinct antipathy to diary writing in the initial interviews held by the writer.

In terms of supplemental methods, The writer will also make use of a questionnaire: “*Questionnaires typically entail several questions that have structured response categories and may include some that are open-ended.*” (Marshall et al, 1995: 96). The writer will also ask the pupils' teachers to complete before and after questionnaires on the group members, in order to obtain before and after accounts of general behaviour. The questionnaires will look as follows:

QUESTIONNAIRE

Dear Teacher

_____ will be involved in group therapy aimed at inculcating resilience skills, or skills which should facilitate his/her coping with life's curve balls.

Resilience is characterised by the following traits:

positive self-concept, suggesting a good relationship to the self, and positive self-talk.
positive attitude, suggesting the ability to remain cheerful and optimistic.
positive future orientation, suggesting tenacity, orientation to achieve and optimism.
assertiveness, suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.
enthusiasm, suggesting a tendency towards excitability and spontaneity.
drive, suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.
good interpersonal relationships, suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.
internal locus of control, suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.
anxiety, suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.

Please ascertain whether _____ evidences these characteristics. Your co-operation is appreciated.

Resilience trait	yes	no
positive attitude		
positive self-concept		
positive future orientation		
assertiveness		
enthusiasm		
drive		
anxiety		
internal locus of control		
good interpersonal relationships		

1. Please describe typical behaviour.
2. Please describe typical interpersonal relations.
3. Please describe typical levels of self-control.
4. Any further comments?

Thank you for your co-operation. It is greatly appreciated!

PROGRESS QUESTIONNAIRE

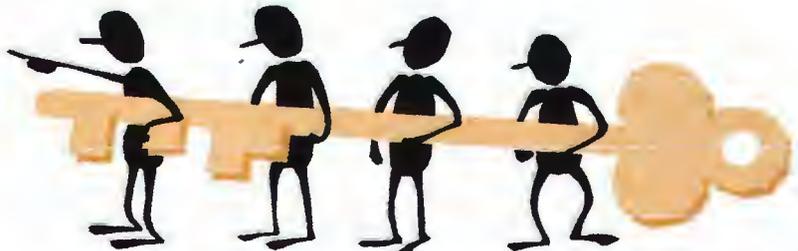
Dear Teacher

_____ is involved in group therapy aimed at inculcating resilience skills, or skills which should facilitate his/her coping with life's curveballs. Please would you complete the following questionnaire in order that I might ascertain the effectiveness of the programme.

1. Have you noticed any changes in behaviour of late? If so, what?
2. Have you noticed any changes in interpersonal relations of late. If so, what?
3. Have you noticed any change in self-control of late. If so, what?
4. Any further comments?
5. Please indicate which of the following resilience traits are present now, if any:

Resilience trait	yes	no
positive attitude		
positive self-concept		
positive future orientation		
assertiveness		
enthusiasm		
drive		
anxiety		
internal locus of control		
good interpersonal relationships		

Thank you for your co-operation. It is greatly appreciated!



By using qualitative methods, the ultimate gain for the writer is summarised by Massey, Cameron, Ouellette and Fine (1998: 351): “*Qualitative work enables researchers to be educated by our respondents about how they thrive, not necessarily if they thrive . . .*” The writer is not only interested in documenting group members’ response to the group therapy intervention; she is interested in understanding the process.

4.2.5 Possible Outcomes of the Study

- A clearer understanding of the feasibility of intervention in anchoring resilience.
- A clearer understanding of the role of intervention in anchoring resilience.
- An indication of the success of a group intervention programme aimed at inculcating resilience amongst vulnerable adolescents.
- A demonstration that the inculcation of resilience skills improves the overall functioning of the individual.
- A foundation of guidelines for group intervention programmes designed to inculcate resilience.
- Further research into means of inculcating resilience.

In the following chapter the process of the empirical study will be reported.



CHAPTER FIVE

REPORT ON THE PROCESS OF THE EMPIRICAL STUDY

“Storms make oaks take deeper root.”
(George Herbert in Exley, 1999: 77)

5.1 INTRODUCTION TO THE STUDY

In this chapter, the writer will provide the reader with an overview of the process of the empirical study. This will be accomplished by supplying an overview of the format of each session, as well as by highlighting salient process notes. There were twelve therapy sessions in total, each lasting sixty minutes, as delineated in Chapter Four.

5.2 FIRST GROUP SESSION

5.2.1 Format of Session One:

Session one was primarily an introductory session, and the rationale for the steps below was based on the introductory nature of this session. The following steps were planned:

1. Each group member would be asked to identify his/her initial feeling when asked to join the group.
2. Each group member would be asked to discuss what he/she thought would be gained from being a group member.
3. The concept of resilience would be explained to the group.
4. Basic group rules would be identified. The group rules would be standard group rules:
 - ☞ confidentiality would be the foremost ground rule;
 - ☞ commitment for the full twelve weeks would be expected;
 - ☞ punctuality would be required;
 - ☞ when a group member would like to comment about another group member, the comment should be addressed directly to the member in question;
 - ☞ and members would be expected not to interrupt when another is talking.

5. Specific homework for the following week would be given: the homework would entail selecting any symbol which might summarise how the group member was currently feeling. This would be presented to the group.

5.2.2 Salient Process Notes:

Of interest was the unanimous negativity with which group members experienced being invited to join the group. The comments were of such a negative nature, that the writer deemed it necessary to record them, as they bear witness to the group members' extremely poor self-concept. The following table serves to summarise the comments made:

Table 12
Initial Comments on Group Inclusion

COMMENT	NO. Agreeing
"I felt like the odd one out because I was selected . . . like there was something wrong with me!"	3
"I felt like I was mentally disturbed . . . or like a guinea pig, but one with problems . . . mad!"	4
"I thought I was in trouble . . . the only time I get called out, I'm in trouble!"	2

Of further significance, was the visible way in which the above revelations caused individual members to warm to one another. There was an immediate atmosphere of camaraderie, and a great deal of agreeing.

In terms of expectations, group members were divided. Four of the members hoped that they would learn skills that would equip them to deal with authority figures. Included in this hope was a vociferous hatred of parental figures and teachers. The remaining two members were unsure as to how they could benefit from the group.

The general response to the concept of resilience was positive. The writer demonstrated the concept by bending a fresh, green twig and allowing the group to witness how it slowly returned to its original position. The demonstration was repeated with a dry twig, and quite

obviously the result was dramatically different: the twig snapped. The dry twig's inability to return to its original shape and position when pressure was applied, was likened to a lack of resilience. The group, with the exception of Subjects A and F, was outspoken about their need for resilience skills, especially in the face of home and school pressures. Subject A ventured the opinion that she felt she was already resilient. The group did not support her hypothesis. Subject F was withdrawn.

5.3 SECOND GROUP SESSION

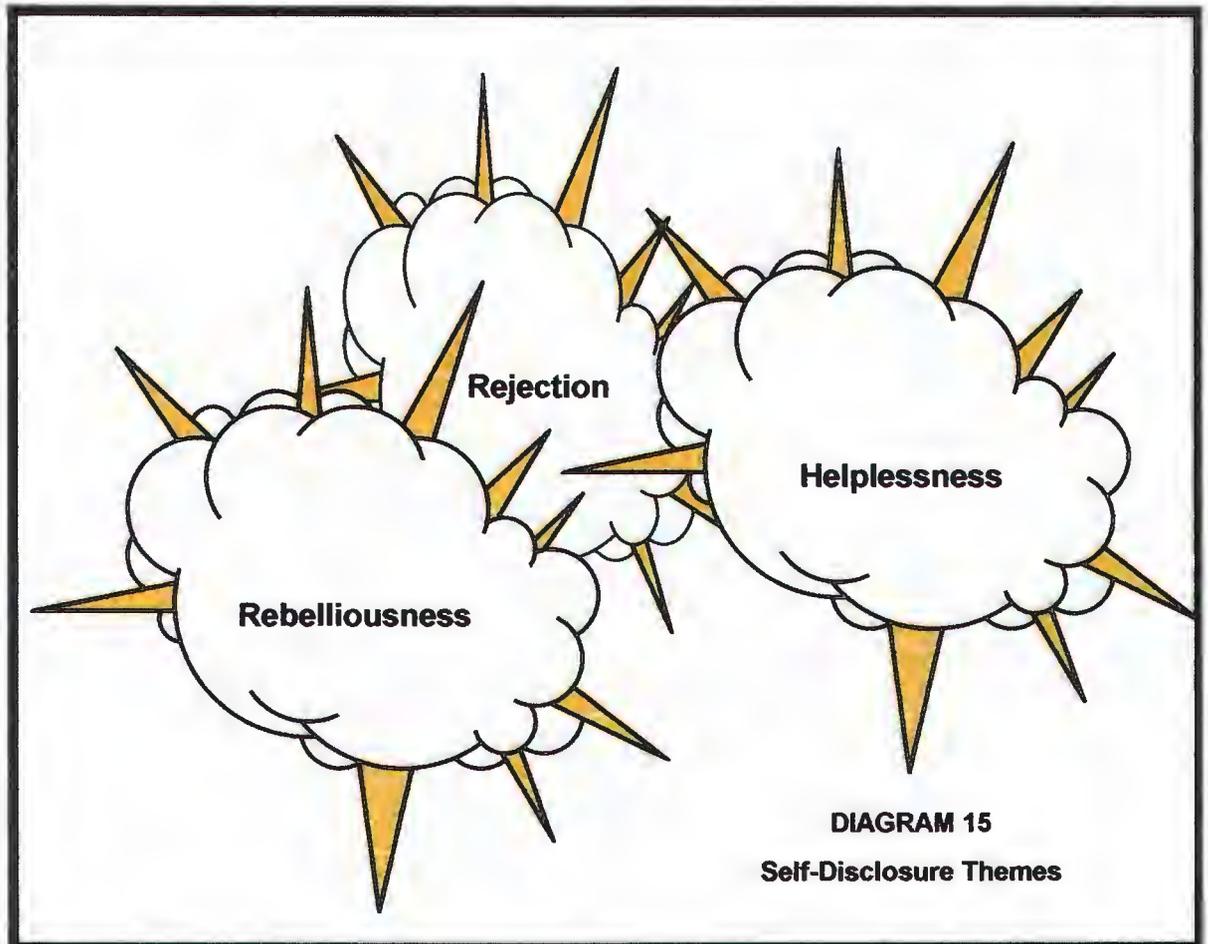
5.3.1 Format of Session Two:

Session two was aimed at providing group members with knowledge about their fellow group members, but simultaneously with self-knowledge too. Self-knowledge is necessary if self-concept is to be augmented. Using this as rationale, the following steps were planned:

1. Each member would be asked to talk about him-/herself for as long as it would take an egg timer to empty. Members would be encouraged to ignore superficial detail, and focus on those areas of their lives which demonstrate the need for resilience skills. The writer would initiate the exercise, thereby modelling self-disclosure for the group.
2. Each member would present and explain the symbol which he/she had chosen to represent him-/herself.
3. A symbol worksheet would be distributed to the group, so that each person could select a symbol from the given list for him-/herself, and then for the others. The choice of symbols would then be compared and discussed.
4. Homework for the following week would be given: given the self-knowledge gleaned in this session, each member should determine personal goals for him-/herself that may be realised by means of the group sessions.

5.3.2 Salient Process Notes

The self-disclosures included themes which ran throughout the group. The following diagram serves to summarise these themes:



Once again, these common feelings served to unite the group. They seemed to find solace in the common experience of rejection by, and antipathy for, parents and authority figures. The feeling that they belonged nowhere, and were somehow different from others, predominated. Furthermore, one and all projected an inability to control or change their circumstances.

When it came to presenting their symbols, the group members varied. The following table summarises their symbols:

SUBJECT	SYMBOL	SIGNIFICANCE
A	Butterfly	It can fly away from trouble, but it is also easily hurt, and very vulnerable. Furthermore, it is beautiful, which according to Subject A, is the complete opposite of herself. She wishes she were attractive.
B	Ladybird	It has a very hard exterior, protecting a soft interior. Her inner self has been hurt too much in the past, with the result that she needs to protect herself. She doesn't feel that she can do this for herself, and so is very dependent on her boyfriend.
C	Torn piece of white paper	The ragged appearance symbolises the brokenness of his life, but the white colour in the middle may suggest that all is not lost. Certainty that all was not lost was sorely lacking.
D	Mask	Everything seems fine on the outside, but actually underneath the surface nothing is fine, and everything is churning out of control. The out-of-control feelings are experienced as frightening, and as there is nobody to help, or confide in, they must simply be hidden.
E	Pressure Cooker Valve	The pressure cooker valve is supposed to let off steam, and symbolises that he can only take so much pressure before exploding. Subject E feels threatened by his own temper, which he feels he cannot control.
F	?	Subject F could not find or think of anything which might symbolise himself. It was pointed out that perhaps he is afraid to think more deeply about himself, or that he may be lacking in self-knowledge. He did not respond.

TABLE 13
Summary of Group Symbols

In the symbol exercise which followed the above exercise, much group discussion was generated. A copy of the symbol exercise (Saretsky, 1994: 115) is included below:

What Kind of Person Are You?

Someone once said that there are nine types of people - Which are you?



Wheelbarrow - Will go only when pushed.



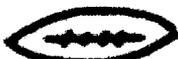
Canoe - Has to be paddled.



Kite - Will fly away unless someone holds tightly to the string.



Cat - Content only when petted.



Football - Never know which way it will bounce.



Balloon - Full of hot air, may burst at any time.



Trailer - Will go wherever pulled.



Neon Lights - Always going off and on.



Gold Watch - Open-faced, pure as gold, dependable, self-motivated.

To summarise, two members identified with the football symbol, suggesting that one never knew which way they would bounce; two chose the kite symbol, suggesting that they would fly away unless someone held tightly to the string; one chose the balloon symbol, suggesting that he was full of hot air and might burst at any time, and the final member (Subject F) chose the gold watch symbol, suggesting that he was open-faced, pure as gold, dependable and self-motivated. This final choice angered another group member, who suggested that "gold watches" were non-existent. The member who had made this choice simply backed down. His reaction was pointed out to him.

Subject D, who had chosen the balloon symbol asked if he might explain why he felt that way at present. In brief, he had fought with his best friend, and the argument had resulted in him giving his best friend a blood nose. He missed the friend sorely, but did not know how to make amends. The group suggested that he apologise. When he voiced his scepticism at his friend's reaction, a role-play was decided on, so that he might practise various scenarios, including a worst-case scenario. Subject E played the role of his friend. Initially the role-play was very aggressive and unforgiving, but eventually he relented. Assertiveness techniques (as opposed to aggression) were demonstrated by means of this role play. A discussion on tone of voice was also facilitated.

5.4 THIRD GROUP SESSION

5.4.1 Format of Session Three:

Given the constant references to helpless feelings in the previous session, reflecting an external locus of control, the third session aimed at making the group members aware of personal choice, in order to facilitate an internal locus of control. Based on this primary goal, the following steps were followed:

1. Group members would be made aware of what they have no control over, as opposed to what they do have control over. The following diagram would be used. Group members would be asked to add personal examples of what they have no control over, and examples of what they do have control over. The examples would then be discussed by the group.

**no
control**

There is no control over:

**SKIN COLOUR
AGE
LINEAGE
GENES**

.....
.....



There is control over:

**WEIGHT
CHOICE OF FRIENDS
DRESS
MUSIC PREFERENCE
ATTITUDE**

.....
.....



CONTROL

DIAGRAM 16

Control versus No Control

2. Following the exploration of what group members do have control over, as opposed to what they do not have control over, the notion of choice is to be introduced. The writer will describe a situation in which she was faced with a choice as to how she could act. The example to be used by the writer will entail an incident when the writer was standing in a queue and a stranger simply pushed in. The writer will delineate several choices, such as pushing the stranger back out of the queue, or swearing at the stranger, or bursting into tears. The writer will end with the question -or?- and then encourage the group to brainstorm alternatives. The aim of the exercise is to demonstrate that choices are viable, and that ultimately the most liberating choice is that of attitude.
3. Group members will then be asked to articulate a recent situation in which they actually had a choice of actions, but had not realised this at the time. The original choice is to be described. The group will then brainstorm other alternatives.
4. Finally, Baz Lowman's latest hit will be played to them, as an illustration of choices. The lyrics are included below:

Class of 99, wear sun screen
 enjoy the power and beauty of your youth
 never mind, you will not understand the power and beauty of your youth until they have faded
 but trust me, in twenty years you'll look back at photo's of yourself
 and recall in a way you can't grasp now
 how much possibility lay before you
 and how fabulous you really looked
 you are not as fat as you imagine

don't worry about the future, . . . or worry,
 but know that worrying is as effective as trying to solve an algebra equation
 by chewing bubblegum
 the real troubles in your life are apt to be things that never crossed your worried mind
 the kind that blind sights you at four p.m. on some idle Tuesday
 do one thing everyday that scares you

sing

don't be reckless with other people's hearts
 don't put up with people who are reckless with yours

floss

don't waste your time on jealousy:
 sometimes you're ahead
 sometimes you're behind
 the race is long, and in the end, it is only with yourself

remember compliments you receive, forget the insults
 (if you succeed in doing this tell me how)
 keep your old love letters; throw away your old bank statements

stretch

don't feel guilty if you don't know what you want to do with your life
the most interesting people I know didn't know at 22 what they wanted to do with their lives; some of the
most interesting 40 year olds I know still don't

get plenty of calcium
be kind to your knees
you'll miss them when they're gone

maybe you'll marry, maybe you won't
maybe you'll have children, maybe you won't
maybe you'll divorce at forty,
maybe you'll dance the funky chicken on your 75th wedding anniversary
whatever you do, don't congratulate yourself too much
or berate yourself either
your choices are half chance, so are everybody else's

enjoy your body: use it every way you can
don't be afraid of it or what other people think of it
it's the greatest instrument you'll ever own

dance!
even if you have nowhere to do it but in your own living room

read the directions even if you don't follow them
do not read beauty magazines: they will only make you feel ugly

get to know your parents
you never know when they'll be gone for good
be nice to your siblings; they're your best link to your past
and the people most likely to stick with you in the future
understand that friends come and go
but with a precious few you should hold on:
work hard to bridge the gaps in geography and lifestyle
because the older you get, the more you need the people you knew when you were young

travel

accept certain inalienable truths: prices will rise; politicians will philander
you too will get old
and when you do, you'll fantasise that when you were young
prices were reasonable, politicians were noble and children respected their elders
respect your elders

don't expect anyone else to support you
maybe you have a trust fund, maybe you'll have a wealthy spouse
but you never know when either one might run out

don't mess too much with your hair or by the time you're 40, it will look 85

be careful whose advice you buy, but be patient with those who supply it
advice is a form of nostalgia
dispensing it is a way of fishing the past from the disposal, wiping it off, painting over the ugly parts and
recycling it for more than it's worth
but trust me on the sun screen.

5.4.2 Salient Process Notes

Group members responded well to the diagram concerning control and lack of control.

Typical issues under the control heading included:

- ☺ choice of clothing
- ☺ choice of food

- ☺ choice of friends
- ☺ choice of cigarette brand

Significantly, the right and ability to choose one's thoughts and actions were not included. The notion of choosing an action, thought or attitude was new to the group. Consequently, the follow-up exercise of discussing a previous incident and brainstorming alternative choices was empowering, but very foreign initially. As a result, a number of the incidents needed to be role played in order to demonstrate the power of choice in determining an ending, even if the choice was relegated to attitude only. Typically, the incident involved an authority figure.

Baz Lowman's rap-song was well received, and applauded by half the group, who were already familiar with it. What was new, however, was that one has the choice to think differently, as he does. The group was encouraged to form their own opinions and to think original thoughts. Their homework entailed recognising opportunities for choice of attitude, where previously they would have thought they had no control.

5.5 FOURTH GROUP SESSION

5.5.1 Format of Session Four:

The aim of this session is to embroider on the notion of choice relating to attitude. An awareness of the impact thoughts have on one's reaction to an obstacle must be fostered. In order to do this, the following steps will be followed:

1. The following extract will be read to the group as an introduction:

"The meaning of the here and now is beautifully illustrated by a Zen story of a monk who was being chased by two tigers.





He came to the edge of a cliff. He looked back - the tigers were almost upon him.

Noticing a vine leading over the cliff, he quickly crawled over the edge and began to let himself down by the vine. Then as he checked below, he saw two tigers waiting for him at the bottom of the cliff. He looked up and observed that two mice were gnawing away at the vine.

Just then, he saw a beautiful strawberry within arm's reach. He picked it and enjoyed the best tasting strawberry in his whole life!

Although only minutes from death, the monk could enjoy the here and now.

Our life continually sends us 'tigers' and it continually sends us 'strawberries'. But do we enjoy the strawberries? Or do we use our valuable consciousness worrying about the tigers?"

(Travis and Ryan, 1988: 200)



The extract will be used to discuss the fundamental choice of thinking about life events as '*tigers*' or '*strawberries*', in order to ultimately teach reframing skills.

2. Group members will be asked to list the most pertinent '*tigers*' and '*strawberries*' in their lives.
3. Each member will read the list to the group. Salient issues will be discussed.

5.5.2 Salient Process Notes:

Typically, the lists of '*tigers*' far outweighed that of '*strawberries*'. A summary of the group's '*tigers*' reflects the following:

TABLE 14
Summary of '*Tigers*'

TIGER	NUMBER OF MEMBERS
friends/irritating peers	5
teachers/authority figures (e.g. prefects)	4
peer pressure	4

one/both parents	3
homework/tests/studying	3
challenging activities	3
shouting/noise	3
siblings	2
craving illegal substances	2

Other '*tigers*', not generally shared, included:

- money, or the lack of it
- food and weight
- unfairness
- wasting of time
- bad memories
- waking up early

Of significance to the writer was the group's attitude to '*tigers*'. Generally, '*tigers*' were viewed as invincible, and consequently immutable and enduring. There was a unanimous attitude of disbelief to the writer's suggestion that '*tigers*' can be tamed, caged, shot or even transformed into '*strawberries*'.

A case in point was when Subject B mentioned her weight as a '*tiger*'. Subjects C, D and E immediately voiced their disagreement, providing the opportunity for her '*tiger*' to be viewed from close up. Subject B could be shown that her '*tiger*' had been set on the prowl by her mother, and that it was actually her mother's '*tiger*'. She began to see that her weight was actually a '*strawberry*': she is a lovely young woman, who should delight in herself. The group helped her come up with a coping statement to this effect: "I am not overweight - that particular '*tiger*' has been sent home to my mother who is its rightful owner. I am lovely and am allowed to enjoy the '*strawberry*' of my loveliness."

A very common '*tiger*' was that of academic failure. Of the six group members, five have failed and repeated a grade. The admission of this '*tiger*' proved to be a very uniting experience for the group. In fact, this revelation created a change in subject F. For the first time since the group's inception he participated freely. Members shared feelings of stupidity, embarrassment and a belief that nothing would ever be easy for them. The only group member who has not failed a grade to date, is Subject E. Interestingly enough, in the context of this group, he perceived this as a '*tiger*', because it made him different from the others. The group very quickly reassured him that his being able to cope academically was a '*strawberry*'. The writer pointed out to him that his true '*tiger*' was possibly a fear of being different and the consequent fear of rejection, as with his stepfather.

Because the group had participated in depth regarding their '*tigers*', the session came to an end without the group being able to discuss their '*strawberries*'. The group also voiced a need to discuss their '*tigers*' further. A decision was therefore made to continue with the discussion in the following session.

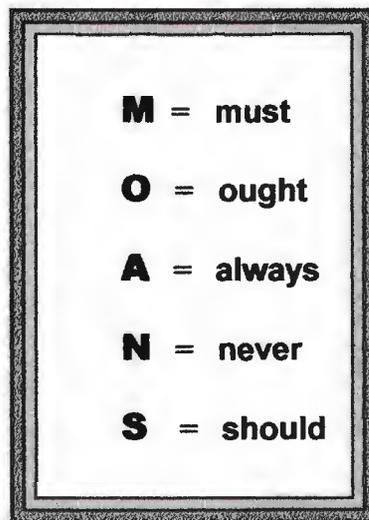
5.6 FIFTH GROUP SESSION

5.6.1 Format of Session Five:

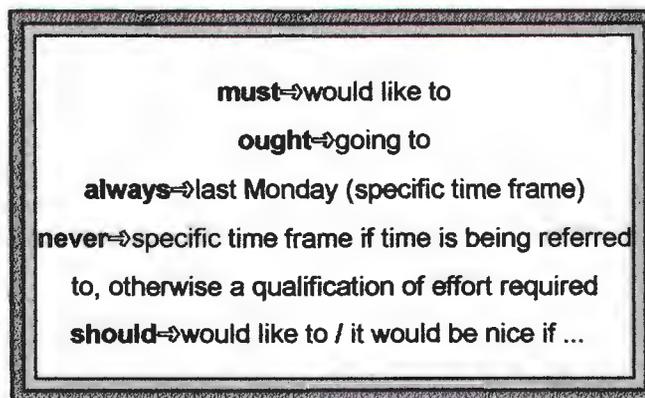
1. Given the decision at the close of the previous session to further discuss '*tigers*', the immediate aim of this session would be to fulfil this group need.
2. In addition, it became obvious to the writer in the previous session that group members required skills to control or deal with their '*tigers*'. Therefore, the writer determined to
 - ☺ teach assertiveness skills,
 - ☺ and make group members aware of faulty language.

In terms of assertiveness skills, the writer would focus primarily on fogging techniques and I-messages. This choice was influenced by the difficulty group members had with teachers and parents, as well as friends and peers.

The decision to make group members aware of faulty language came from how they spoke about their 'tigers'. Words such as *must*, *should*, *always* and *never* were frequent and vehement. In order to create this awareness, the writer determined to introduce the group to the MOANS as explained by Golden and Lesh (1994: 76-77). MOANS is an acronym for five words which typify faulty language:



The trick is to create an awareness of the rigidity imposed by these words. The aim is to encourage members to listen for the MOANS, and to replace them with esteem-building alternatives: "*The esteem-building alternatives are characterized by realistic preferences and self-responsibility versus the unrealistic, blaming rigidity of the moans.*" (Golden & Lesh, 1994: 77). Examples of replacing the moans could be as follow



Members' 'strawberries' would be discussed in conclusion, just to make members aware that their lives contain positive elements too, thereby anchoring a positive attitude.

5.6.2 Salient Process Notes:

What was immediately apparent to the writer was whole group engagement. A readiness to share and participate was very evident. What was also conspicuous was that the word *choice* had become a part of the group members' vocabulary.

The '*tiger*' introduced by Subject B was one that she had previously not included on her list, namely that of lack of control in determining personal plans. She stated that she was feeling angry and frustrated that her plans for her weekend had been altered by others, and that she was helpless to control this. The group immediately pointed out to her that perhaps the change of plans could be seen as a camouflaged '*strawberry*', and that she should allow herself to look forward to the new plans. Subject B countered this by indicating that she was *never* at liberty to control her fate. This provided the ideal opportunity for the writer to introduce the MOANS.

The group listened intently. Subject C related this to his preoccupation with poor marks, suggesting that if he could learn to say, "*I would like good marks!*" as opposed to his usual "*I must get good marks!*" he would probably be much more relaxed about tests. Members were encouraged to become policemen against the MOANS, both in their personal thoughts and speech, and in terms of fellow group members' speech.

Subject A immediately began to talk about her '*tiger*', namely a teacher who would never give her additional assistance. Subject D challenged her about this, because following her own teacher's apparent uninterest, she had approached his teacher for assistance, who had willingly agreed. The only trouble was that Subject A had not kept the appointment, although the teacher had waited. Subject A had a list of excuses for this, none of which convinced Subject D or other group members for that matter. Subject A then monopolised group time and continued slating her teacher. The body language of the group clearly showed their resentment. The writer drew Subject A's attention to this, and suggested that perhaps her '*tigers*' may be created in part by her lack of attention to the effect she has on others when she continuously finds excuses for herself. The writer then asked whether the group had any further suggestions for Subject A. Subject B suggested she go back to

the teacher who was willing to help and apologise for not keeping her appointment, and see whether the teacher would still be willing to help her. Subject A agreed.

Subject C asked if he could share his biggest '*tiger*', namely that of his craving for marijuana. Subject F agreed with alacrity. When he was asked to describe his '*tiger*' to us, it became apparent that he could more or less control it, until peers openly discussed their plans involving illegal substances. In such cases the temptation seemed to haunt him. Subject D suggested that he simply ask his peers not to discuss drugs and drug-related activities around him. Subject C explained that he would feel stupid. Subject A countered that he would feel more stupid should he be caught a second time. The writer introduced a Reality Therapy technique, based on Subject A's comment, whereby Subject C was encouraged to indicate what he wanted from life, and what he was doing in order to obtain this. Then this was compared with what smoking grass again would achieve.

In addition the concept of I-messages was introduced. The following format was suggested:

I feel _____
when you _____
because _____
so please _____

The group then split into pairs and practised using I-messages in terms of one of their '*tigers*'.

Finally, in terms of the '*tiger*' of marijuana, a buddy system was encouraged. Because Subject D had at one stage used marijuana recreationally, and quit subsequent to his parents discovering his habit, he was more than willing to be available as a buddy.

The next '*tiger*' to be discussed was that of teachers who tended to be insulting or unavailable. Subject F was particularly upset by this '*tiger*' and explained that he frequently wished he could physically attack one of his teachers in particular. When asked to embroider, he explained that the teacher humiliated him frequently by calling him

names and shouting at him for the smallest misdemeanour. Other members in the group reported similar experiences. Typically, they reported arguing or shouting back at the teacher as means of coping with the situation. When the writer asked whether they had ever tried apologising, the group was scandalised. This gave the writer an opportunity to introduce the concept of fogging.

The writer asked subject F to role play with her. He was to take the role of the teacher who continuously harangued him, and the writer would take the role of a pupil. The role of the other group members was to coach him to be as mean as possible. Initially the writer kept finding excuses in response to the 'teacher's' insults. Then the writer became cheeky. All of this merely served to spur subject F on. The group discussed what they had witnessed. The second time around, the writer initially tried finding excuses, and then in response to the next retort, she merely said: "I'm sorry, Miss". The result was quite astonishing: Subject F was stopped dead in his tracks. Again, the group discussed what they had witnessed, and compared the second outcome to the first. They were eager to try the technique. Other means of fogging, such as agreeing with what was being said, were also demonstrated. The group was very positive about the newly learned technique.

5.7 SIXTH GROUP SESSION

5.7.1 Format of Session Six:

1. Following on from the previous session, the writer wanted to make group members aware of faulty thinking, by introducing Ellis' ABC method, as faulty thinking in itself can be responsible for unnecessary '*tigers*'.
2. Following the explanation by the writer, group members would identify an event in the preceding week that had seemed like a '*tiger*' to them, and then attempt to see in which way their thinking had contributed. Their example would then be discussed by the group.

3. Group members would be asked to challenge their thinking.

5.7.2 Salient Process Notes:

The writer introduced the notion of self-talk and the effect that it has on creating or diminishing tigers by a personal example. She related an incident which had happened to her the previous day, by using the following table:

Table 15
Self-Talk

	<p>I left work in a perfectly happy mood. On my way home the radio was playing, the window was down . . .it was a glorious day.</p> <p>I stopped at a red robot.</p>
	<p>As I stopped, a stunning red sports car drove up beside me. I turned to admire it.</p>
	<p>Inside the car were three youngish men, and they seemed to be looking in my direction. They were all laughing loudly.</p>
	<p>Of course I wondered what they were laughing at. Whatever I thought (or said to myself) would affect my mood . . .</p>
	<p>If I said to myself that they were laughing at me, I would feel sad perhaps.</p>

	<p>If I said to myself that they were laughing at my car, because it's quite old and ordinary, I would perhaps feel angry.</p>
	<p>If I said to myself that they were laughing at a joke that one of them had just told, my mood would probably not change, and I would drive on unaffected.</p>
<p>1 + 1 = 3</p>	<p>What causes feelings then:</p> <ul style="list-style-type: none"> ☞ the event (i.e. the car with the laughing passengers)? ☞ or the way I think about the event?

The group then discussed the notion that how we think about an event causes the feeling, and not the event itself. This was a very new concept to them, and they struggled to grasp it. The writer asked them to write down an upsetting event which had occurred in the past week. They were asked to record the event in the following way:

A	B	C
the event (i.e. what happened)	self-talk (i.e. what you thought about what happened)	emotion (i.e. how you felt about what happened)

Once they had done this, the three columns were discussed. Generally, column A related to a person who had upset them. Of interest to the writer was that they could readily complete columns A and C, but not column B. The writer used this to stress to the group how low their awareness of their self-talk is. She suggested that they add a column D. Column D was to allow them to challenge column C, by thinking differently, or altering Column B. This made it a little easier for group members.

Significantly, Subject D could think of no event which had upset him. The writer suggested that in that case he sit back and listen to the others and learn from their example. He immediately wondered whether his inability to comply with the demands of the exercise meant he was not normal. His doubts created an excellent example of what the writer was trying to demonstrate to the group. As a group they recorded the following:

Table 16
Group ABC Response

A	B	C
the event (ie what happened)	self-talk (ie what you thought about what happened)	emotion (ie how you felt about what happened)
inability to think of example for group exercise	I'm not like the others; maybe I'm stupid, or abnormal	feel bad

The group was then asked to challenge the thought process of column B. They devised the following challenge:

Table 17
Modified Group ABC Response

A	B	C	D	E
the event (ie what happened)	self-talk (ie what you thought about what happened)	emotion (ie how you felt about what happened)	challenge	new emotion
inability to think of example for group exercise	I can't think of something, I'm not like the others; maybe I'm stupid, or abnormal	feel bad	I can't think of something just yet, but I'll keep trying	neutral

The group then discussed their challenges, and supplied ideas for alternative challenges. They still struggled with the concept though, and were very dependent on the writer for assistance. As the time was unfortunately up, the writer asked them simply to be aware of their self-talk during the ten day holiday which started that day. She indicated that they would spend more time on self-talk when they met again.

5.8 SEVENTH SESSION

5.8.1 Format of Session Seven:

1. In order to recreate unity following the ten day holiday the writer planned to use one of Canfield and Wells' self-concept exercises (1994: 197). The "*Four Drawings*" exercise was used because it would also lend itself to adaptation to the concept of '*tigers*' and self-talk.

2. Following a short relaxation exercise, the following instructions were given:
 - ☞ Subjects were to imagine a blank movie screen in the middle of their foreheads, or just above their noses.
 - ☞ They would then be asked four questions. Following each question, they were to project the answer onto their movie screens, and then draw what they saw.
 - ☞ The four questions were:
 - (a) Where am I?
 - (b) Where am I going?
 - (c) What obstacles or '*tigers*' will I face?
 - (d) What new thinking skills will I need to develop to face these '*tigers*'?

3. Each subject's drawings were then discussed.

4. Finally, each subject would be encouraged to draw up a personal bill of rights, to remind them that they deserved to combat their '*tigers*'. A bill of rights refers to a list of statements about the prerogatives which each group member is entitled to, by virtue of their being human.

5.8.2 Salient Process Notes

The group participated readily in the drawing activity. Once they had completed their drawings, each was asked to talk about what they had drawn, without any interruption from the others. The following table serves to summarise their drawings:

Table 18
Summary of Four Drawing Responses

Subject	Where am I drawing	Where am I going drawing	'Tigers' to be faced drawing	New thinking skills drawing
A	Climbing a steep and precarious mountain. At this point in time I am approximately half way up.	Towards a world of further study, followed by a business career.	My biological mother, as well as my parents, because they want me to do things their way, and my marks.	I have to learn to be less sensitive and to think differently about what others mean. I always think the worst.
B	I am part of a graph, which shows progress and regression. I seem to progress and fail all the time. I wish I could just progress.	I am heading for a journey which will still have ups and downs, but one in which the downs will not be so severe, because I will have learnt how to cope with them.	My biggest tiger is the way I think about stuff. I don't always think I deserve to have a good life. I must think differently about life.	I need to become stronger, mostly in my mind and the way I think.
C	I am on a journey; I'm kind of halfway. It looks like the grass is so much greener on the other side though.	I'm headed for the greener side.	Life's expectations are my tigers. There are so many things I have to get and do . . . sometimes it feels like I'll never get there.	I need to believe that I can keep going. I must learn not to give up. The harder it gets, the more determined I must be.
D	I'm part of a graph. The graph is never smooth. I'm sort of half way.	I'm headed upwards. Things can only improve for me.	Sometimes it's like I'm in a maze, and I'm losing my way. Things that bug me, especially unfairness and extreme authority, can make me feel lost.	I have to focus on where I'm headed and learn to think differently about the maze. I can win!

E	I'm in a tent. It's not permanent or safe. It's like I'm camping, just waiting for where I should go.	I don't know where I'm headed. Sometimes it feels like there's just a big black hole ahead of me.	The biggest tiger is my father. He hates me. It makes me mad.	I have to turn my back on what hurts, and get away. Even if I crawl away to start with. I have to deal with the tiger of my father.
F	I'm on a journey. There's a fork in the road and I have some decisions to make.	I'm headed for an island where there are no worries.	My biggest tiger is school. I am so scared of failing again. Also, if I don't finish school, I won't get a good job.	I have to start thinking differently about school and studying. I must believe that I'm not stupid, only lazy, and that I can change that.

Once each subject had revealed the four drawings, the writer asked for comments. Subject D immediately suggested that Subject E's father was like his maze, and that Subject E probably did not know where he was going because of his father blocking his way. Subject C agreed. Subject E also agreed, but said he felt powerless to change his father. Subject A suggested that he ignore his father, but then she countered her own suggestion, saying that she actually could also not ignore her mother. Subject D mentioned prefects and peers who frustrated him beyond measure, and whom he could not ignore either. The writer suggested that they consider what they were thinking when these people caused enormous feelings of frustration. Again, this was not very easy for the group, but with the writer's assistance, light dawned. For example, when subject E's father screamed at him, subject E was not feeling worthless because of the screaming, but because of the meaning he attached to the screaming: that is, the screaming was seen as proof that he was worthless. Instead, he could see the screaming as proof of his father's impatience; something entirely independent of him.

In addition, the writer suggested that the group learn to visualise whomever was frustrating them differently. In learning to visualise these people in compromising situations, their power to frustrate would be lessened. For example, visualising a prefect in a giant nappy, with a dummy, would make the prefect laughable rather than threatening. Whilst they would have to be careful to control their facial expressions, following the above exercise

would provide relief to group members. The writer then suggested to the group that they visualise their human '*tigers*' in compromising positions. A great deal of hearty laughter followed.

The writer then explained the concept of personal rights to the group. She used a basic example from Canfield and Wells (1994: 94) and Bourne (1999: 278):

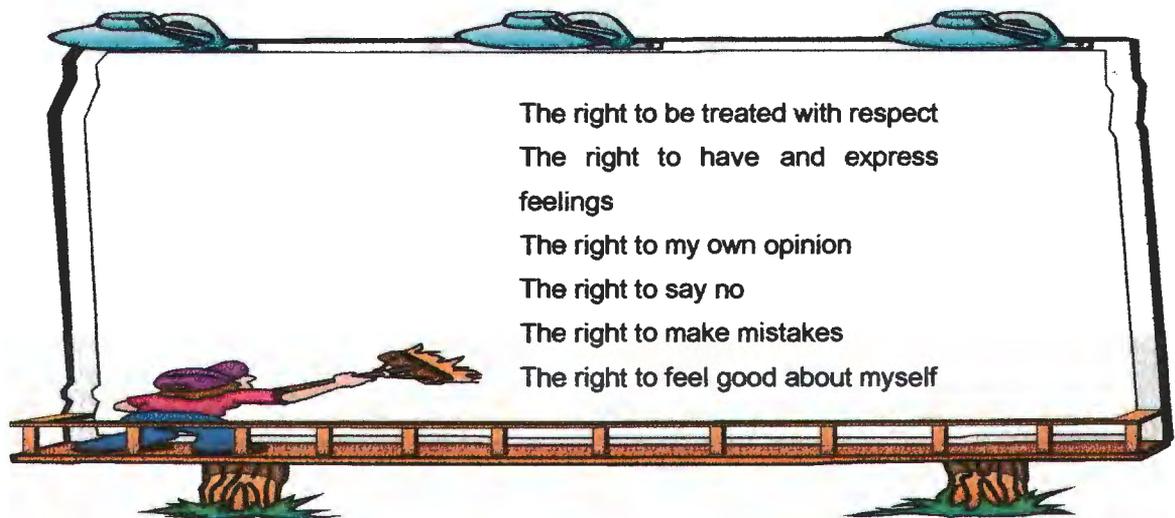


Diagram 17
Example of Bill of Rights

Group members were then encouraged to write their own bill of rights, one which would encourage them to tame their '*tigers*'. Generally, group members' rights stressed the notion of choice, and the right to a positive attitude. The right to be treated with respect, especially by adults, was also emphasised. Underlying their rights was an understanding of personal responsibility. For example, in Subject A, C, and E, the right to be treated with respect was tempered by the right to be the very best that they could possibly be. Only Subject F's rights failed to reflect the right to choose. His rights were limited to the belief that he has a right to enjoy life. Very little personal responsibility was reflected in his bill of rights. The group's homework was to be cognisant of their rights and live accordingly, as this would ultimately encourage self-actualisation.

5.9 EIGHTH GROUP SESSION

5.9.1 Format of Session Eight:

1. Given the group's enjoyment of the visualisation activity in the previous session, and their newly found ability to talk freely about their 'tigers' and what they needed to empower themselves, the writer decided to use a second visualisation activity in order to allow group members to feel empowered.
2. Following the exercise, members would again be invited to draw what they had visualised.
3. The visualisation exercise was taken from Wells (1990: 120-121) and reads as follows:

Imagine that you're digging in the earth with a shovel. You might be preparing a garden for planting, or digging holes for a fence post. Or maybe you're just digging for the fun of it to see what you can dig up.

As you dig, feel the wooden handle of the shovel in your hands. Hear the scunch of the shovel each time it bites into the earth. Smell the rich loamy odour of the earth.

What are you wearing on your feet? Boots? Loafers? Or are you barefoot?

You're digging away when suddenly the metal edge of your shovel thunks against a hard object. Curious you shovel out more dirt, exposing the corner of a box. Kneeling down, you excitedly scoop away with your hands to reveal a metal strongbox. It might be plain, ornate, old or new.

Pulling it free, you lift it out and place it on the ground. On the top is a rectangular gold plate bearing the following inscription:

What's in this box will make you strong
For however often, for however long
More valuable than gold
Into yourself enfold
For to you it does belong.

The hasp on the lid is held fast by a padlock. You give it three sharp tugs and it opens. Heart pounding with anticipation, you place your hands on either side of the lid and lift it open. Inside is a dazzling ball of golden-white light. It's the clearest, most radiant light you've ever seen.

The ball of light floats up out of the box and hovers just in front of you at about shoulder height. Free of the strongbox, the ball of light expands and comes alive with thousands of dancing sparks of light. This ball of light represents your strength, your power, your will to act.

Choose an area within you which needs strengthening. It could be that your mind needs strength for concentration, or your throat needs strength for clear expression. Maybe your heart needs strength for emotional peace, or your stomach for digesting something that's happened. On the physical level there might be some part of your body that's been ill, or a bone that is broken. There might be certain muscles that you want to strengthen.

Once you've decided on the physical, emotional or mental area you may want to make strong, say three times "I call strength to my (mind/ heart/ etc)." Then inhale sharply, sucking the ball of light into whatever area you have named. Picture the ball of light inside you, and feel it spreading a warm glow. Feel that area relax and absorb strength.

If there's more than one area you want to strengthen, no problem! Look in your strongbox. Another ball of dazzling light awaits your call. And as soon as you use that one, another ball of dazzling light will pop up. *Your power can be shut away and buried, but it can't be depleted. However often you need strength, and for however long, your power is there for you.*

5.9.2 Salient Process Notes

Once group members had drawn their strongbox, they were invited to share (should they wish to) the areas to which they had summonsed the dazzling light. Subject E commenced. He had wanted to strengthen his hand, which had been broken (seemingly purposely) by his stepfather in the preceding week. The group commiserated with him and shared in his frustration. Subject A pointed out that he did not actually know that his stepfather had purposely meant to break his hand, and that he could choose to think differently. He admitted that he also needed to strengthen his mind, so that he could think differently. The group as a whole agreed that this was necessary, because they experienced him as a negative thinker. Subject E asked that they say no more, because he disliked being the cynosure of attention. The writer suggested that perhaps he needed to think negatively at this point and so felt to vulnerable when faced with the option of changing.

Subject C volunteered to reveal his drawing. He had needed to strengthen his throat, so that he might say nicer things, especially to his girlfriend. In general, he had also wanted to strengthen his body, because he just did not feel good generally. Subject B commented that he certainly said many more positive things than he had previously.

Subject F then volunteered that he had wished to strengthen his mind regarding school. He explained that he wished he hated school less. Subject D asked whether he truly hated school, or whether he was merely afraid of failing again. Subject F was astounded. Subject C then explained that when he was lax about his schoolwork, he hated school too, but that it was not really school, but his attitude to the schoolwork which was the problem. Subject F seemed very sheepish, and so the writer suggested that he just take time to think about what his fellow group members had said.

Subject A was next. She explained that she had summonsed strength to her heart because she cared too much about others and too little about herself. She had too little self-confidence to let people know when they had let her down. The writer asked her to provide an example. Subject A hesitated initially, and then informed the group that when she entered class, the boys would generally comment: "*The whale's just come in the room!*"

The writer then encouraged her to explain how she felt when that happened, and she explained that she wished she could die. Subject E who does attend some classes with Subject A confronted her then, saying she laughed with the class when this happened. Subject A agreed, saying that whilst it was initially a joke, it was not anymore. The writer then encouraged Subject A to tell Subject E what she actually wanted. Subject A explained as follows: *"I don't want you guys to tease me. Please don't. Well, only a little if you have to!"* This provided the ideal opportunity for the group to make Subject A aware of the mixed messages she gives. She then roleplayed again with Subject E, until she could provide an assertive message. At the end of this, Subject A was beaming. She verbalised how good it felt to be able to stick up for herself.

Subject B volunteered next. She indicated that her heart needed strength, as she became very jealous whenever her boyfriend was friendly to any other girl. Subject C suggested that maybe it was her mind that needed the strength, because her jealousy probably stemmed from what she was thinking. She agreed. When asked what she was thinking she explained that she always thought that she was not good enough for him, and was bound to lose him sooner or later. The group unanimously disagreed. They suggested that she challenge her thinking and think instead that their long-term relationship was proof of how well suited they are, or that she rather think how lucky he was to have her as a girlfriend. Subject B agreed to try.

Finally, Subject D disclosed that he had called strength to his mind and throat, as he wished to control his anger and voice an opinion rather than using his fists. The group supported him in this by indicating that they had noticed that he had not been involved in any fights lately. He appreciated their encouragement, but added that he was struggling not to use his fists. Avoidance tactics, such as leaving the room, or going for a jog, were suggested to him.

The group's homework was to practise summoning the strength which they did in fact possess in order to deal with their 'tigers'.

5.10 NINTH SESSION

5.10.1 Format of Session Nine:

1. In order to assist group members to realistically evaluate where they were headed, the writer planned to use the WDEP principle from Reality Therapy.
2. Each step of this principle would be explained to the group and then completed individually, before being discussed by the group as a whole. Thus each group member would delineate *what (w)* he /she wanted from life; what he/she was *doing (d)* to obtain what was wanted; then *evaluate (e)* whether what was being done was effective enough; and finally create a measurable *plan (p)* to achieve what was wanted (Corey, 1996: 262-263).

5.10.2 Salient Process Notes

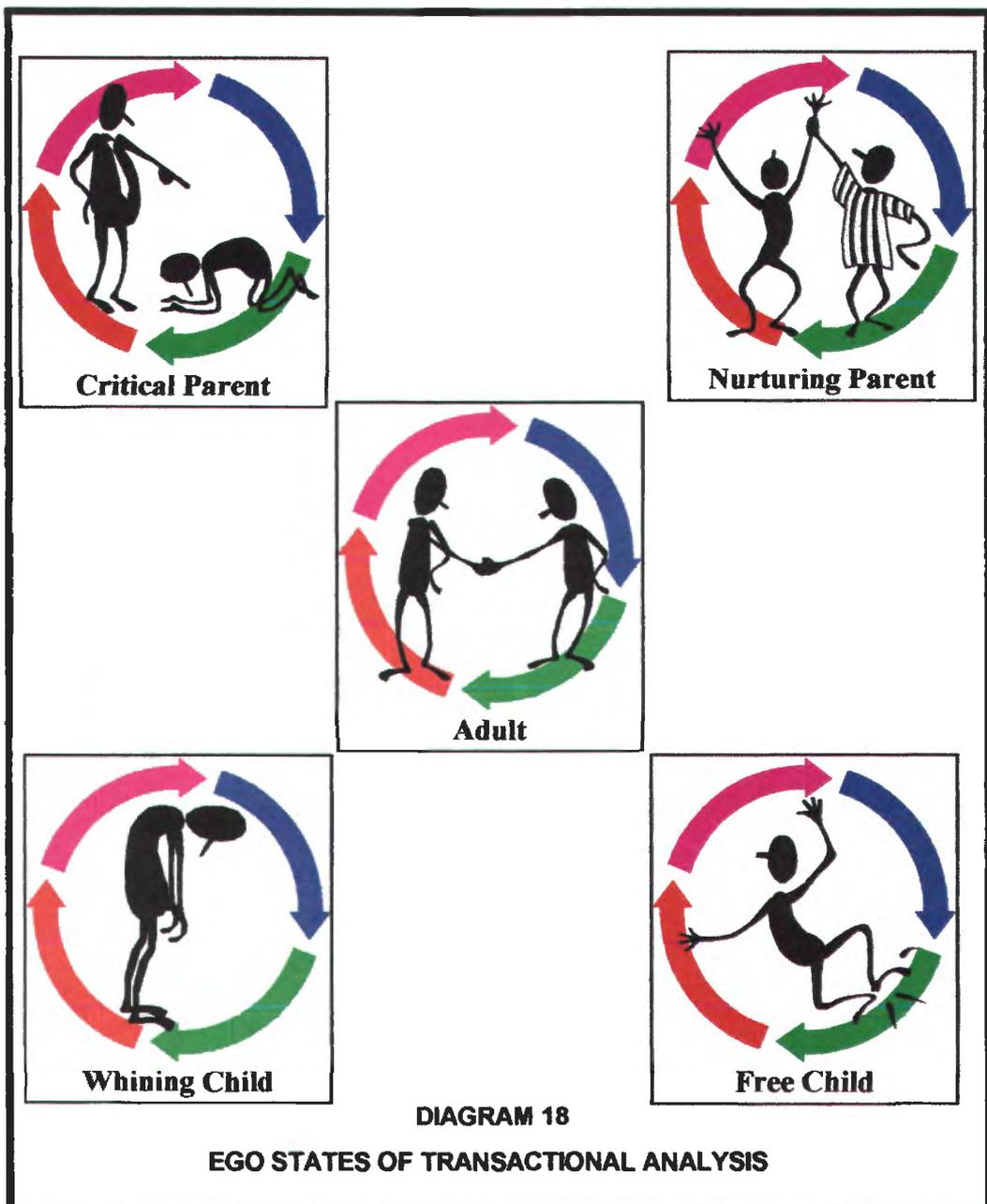
Before the session commenced, Subject E asked if he could share something that had happened to him that week. He explained that once again during the preceding week, his stepfather had wanted to hit him. This time, however, instead of thinking about how much this meant he was hated, he suddenly thought that he did not deserve this treatment! Consequently, he said the following: *"Dad, if you punch me today, or one more time, I will call child welfare, because I don't deserve this!"* According to Subject E his stepfather screamed a number of profanities at him, but then stalked out, without hitting him. The group broke into loud applause and jubilation. Subject E admitted that when his stepfather walked out, he felt almost more scared than he had when his stepfather had been about to hit him, but that it also felt so good to have stood up to him.

The session then continued as planned, until it came to relating *what* was wanted. Prefects had just been chosen at the school which the group attends, and feelings were running high. The result was that the group felt that the new prefects were bossy in the extreme and unjustly critical. The group's general response was typical of the whining child in Transactional Analysis, which provided an opportunity for the writer to explain which ego

state they were transacting from, compared to the prefects.

The following key applies to the diagrams which follow as a guide to the ego states of Transactional Analysis:

- A nurturing parent encourages, praises, comforts, accepts.
- A critical parent criticises, finds fault, rebukes, rejects.
- An adult listens, evaluates facts, reaches a compromise.
- A free child acts spontaneously, delights in life, plays.
- A whining child blames, pities himself, sulks, throws tantrums.



Each group member was encouraged to identify with which state they identified one of their 'tigers'. Five of the members identified the critical parent state. One identified the whining child state. Then they were asked to identify from which state they reacted when confronted by this 'tiger'. Three chose the whining child (Subjects A, D and E), two the free child (Subjects C and F), and the remaining member (Subject B) the critical parent state.

Member B was especially amazed at her new awareness of her critical parent role towards her mother, which vacillated with that of whining child. She realised that because her mother was so frequently critical towards her, she had reacted, rather than acted. Her new insight encouraged her. She was no longer doomed to become like her mother, but could instead choose the state from which she was going to act.

The group was astounded by the insight which the above exercise provided. They were determined to transact from the adult state in the coming week. Assertiveness skills learned in the previous sessions were quickly revised as part of the repertoire of adult skills. The group departed in a very positive spirit.

5.11 TENTH GROUP SESSION

5.11.1 Format of Session Ten:

1. The writer first wished to complete the WDEP planning process which had been initiated in the previous session.
2. Following this, she wished to indicate to the group how attitude played a vital role in present behaviour and future planning. The majestic theme from 'Time' would be played in this conjunction, as it is both moving and thought-provoking. The lyrics are as follows:

The theme from 'Time'

(by Dave Clarke, 1986)

Stand before me on the Sign of Infinity all you of the Earth. With the granting of the law of probation, comes the application of change. I will give you the key. And with this knowledge, please realise comes the responsibility of sharing it. I will show you the way:
(It's very simple).

Throughout the universe there is order.
In the movement of the planets . . . in nature . . . and in the functioning of the human mind.
A mind that is in its natural state of order is in harmony with the universe,
and such a mind is timeless.

**Your life is an expression of your mind.
You are a creator of your own universe,
for as a human being you are free to will whatever state of being you desire
through the use of your thoughts and words.
There is great power there.
It can be a blessing or a curse.
It's entirely up to you, for the quality of your life is brought about by the quality of your
thinking.**

Think about that.

**Thoughts produce actions.
Look at what you are thinking.
See the pettiness and the envy and the greed and the fear and the other attitudes that
cause you pain and discomfort.**

Realise that the one thing you have absolute control over is your attitude.

See the effect that it has on those around you,
for each life is linked to all Life and your words carry with them chain reactions
like a stone that is thrown into a pond.
If your thinking is in order, your words will flow directly from the heart, *creating ripples of love.*

***If you truly want to change your world, my friends, you must change your thinking.
Reason is your greatest tool.***

It creates an atmosphere of understanding which leads to caring which is love.
Choose your words with care.
Go forth . . . with love.

3. Finally, the group would be assisted to see how attitude had shaped their lives by a drawing activity in which they depicted their lives as a tree:
 - ☛ the roots would equal past influences on their lives and their attitude to these 'roots';
 - ☛ the branches would equal current influences on their lives and their attitude to these 'branches';
 - ☛ and finally, the new shoots would equal hoped for future developments.

5.11.2 Salient Process Notes

Group members had very little difficulty pinpointing what they wanted, although what they wanted was very generally delineated (happiness, for example). When the difficulty of achieving broad goals was explained, they narrowed what they wanted. Each group member was then asked to focus on the goal which they perceived as currently most important. Their focus points were as follows:

TABLE 19
Current Goals

CHOSEN FOCUS	NUMBER OF GROUP MEMBERS
Friends	3
Appreciation	2
Improved body	1

Group members also struggled to plan how to achieve their goals, once again because their suggestions were generally very vague. They succeeded in identifying what they were currently doing, and they could also evaluate the merit of what they were currently doing. The writer, therefore, had to introduce the elements of successful planning: she had to explain that in order for a plan to succeed, it had to be simple, attainable, measurable, and immediate. Furthermore, it would have to be of such a nature that the group member would be in control of the plan rather than dependent on somebody else for the plan's success, and the group member would have to be committed to the plan and implement it on a continuous basis (Corey, 1996: 262-263).

Once this was complete the writer asked group members how the imagined attitude impinged on planning. Members were of the opinion that it could obstruct planning, or even derail planning. Four of the members returned to the metaphor of '*strawberries*' and '*tigers*', suggesting that negative attitude might prevent one from believing in '*strawberries*', let alone one's right to expect '*strawberries*'. At this point the writer played the powerful theme from '*Time*' to the group.

The general response to the theme was one of identification. Group members expressed agreement with the sentiment that there is great power in the way one thinks. Subject E referred to the power he had unwittingly given his father by thinking of him as all powerful, and by continuously brooding over his father's rejection of him. Subject B related this to her relationship with her mother. Subjects C and D related this, of their own accord, to the inflexible hierarchy of power at school which they struggled with. Subject A said she had begun to think differently of late, and that it was making a difference. Subject F merely commented on the length of the theme, saying it was difficult to concentrate and that he did not like the music.

The writer then introduced the art activity. During this activity the group chatted spontaneously about how they thought, and how this impacted on their lives. They related well to the metaphor of the tree. What became clear to them as they drew was that often the 'roots' were replicated as 'branches', and that their original attitude to the 'root' had been carried over to the 'branch'. Significantly, the majority of life influences were related to significant others: every group member alluded to negative interaction with at least one parent as a 'root', and then to other significant people (including teachers, grandparents and friends). Changing schools and failing were other common 'roots' that had impacted extensively on their lives. This provided the opportunity for the writer to show that they had perhaps never consciously thought about their attitude to the negative influences in their lives, and that their original thoughts were therefore still impacting on their current lives. The session ended with the group determined to monitor the power of their thoughts.

5.12 ELEVENTH SESSION

5.12.1 Format of the Session:

1. As this was the group's penultimate session, and because especially two of the six members had seemed to struggle to gain self-awareness and self-knowledge, the writer decided to conduct a metaphoric exercise. Members would first be asked to choose any animal they would like to be, should they be able to change into animals, and identify their reason for doing so.
2. Thereafter, each member would repeat the exercise, but for each remaining group member. Before the close of the session, they would reveal what they had written and why. The writer hoped that in this way members would attain further self-knowledge.
3. Finally, the writer wished to remind group members of the imminent demise of the group. She would do so with the aid of the following diagram:

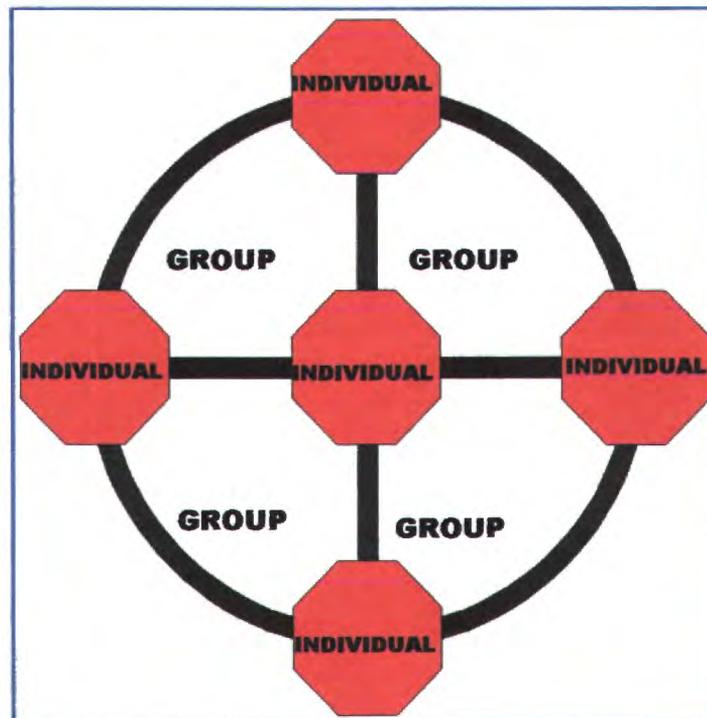


DIAGRAM 19
RELEASE OF THE GROUP

The above diagram would be used to illustrate that although the support of a group is strong and experienced as binding, in reality a group is still only a number of individuals joined together for a common purpose. When the purpose becomes exhausted, members are still individuals capable of autonomous functioning.

5.12.2 Salient Process Notes

The group thoroughly enjoyed this activity. A summary of their choices would look like this:

Subject	Type of animal	Reason:
A	Butterfly	It's protected by its cocoon when first entering the big world, and can fly away when endangered.
B	Lady Bird	It is lady-like, pretty and the shell on top protects the softer inside.
C	Ant	Ants can pick up ten times their weight and get in anywhere.
D	Tiger	To be strong, fierce, graceful, and in order to do anything without difficulty
E	Lion	Because lions take control of their situation
F	Dolphin	Playful

Table 20
Summary of self-chosen animal metaphors

When it came to choosing for their fellow group members, there was initially much teasing, but then an air of extreme seriousness descended on the group. Their choices may be summarised as follow:

Table 21

Summary of group-chosen animal metaphors

Group Member	Animals	Reasons	Response
Subject A	Elephant (pink ballerina elephant), pigeon, sloth, owl, sloth.	She is gentle, but very shy and generally keeps to herself. She allows herself to be ridiculed. She is very lazy.	Subject A was indignant about being portrayed as lazy, but the others cited sufficient examples so that she could not really argue. She then agreed when Subject C suggested that she did not like to face the not so positive sides to herself. She also agreed that she was shy, and she liked being thought of as gentle. Subject B pointed out to her that she could not afford to be gentle when classmates ridiculed her. Subject E commented that she was more assertive in class now though.
Subject B	Bat, chimp, tortoise, cat, lion.	She is caring, placid and shy sometimes, but she can be unpredictable and hurtful.	Subject B agreed that she was unpredictable. She explained that she became easily frustrated, and would then moan at those around her. Subject E said he really disliked it when she did that, because she was generally so caring. It was suggested to Subject B that she count to ten before commenting, and then if she still found she wanted to comment she should write down what she was going to say. If she still wanted to say it, she should first consider the consequences. At the end of this, if she still wanted to go ahead and comment, she could do so.
Subject C	Monkey, hyena, bunny, elephant, orangutan	He is generally playful and full of mischief. He is also caring and unafraid.	Subject C commented that his playfulness was something which he had to conquer at school, because it was interfering with his class work and getting him into trouble. He agreed that he was caring, but disagreed with the sentiment that he was unafraid. Subject B mentioned that he had completed a rehabilitation programme and still coped at school, especially with the rumours and labels. The others agreed that this constituted courage. Subject C beamed!

Subject D	Rottweiler lion, lion cub, hippo, bird.	He has a lot to say, and although he may appear to be cute, he is aggressive and dangerous.	Subject D agreed. He said that he was aware that his temper was volatile, but he felt that since he had been part of this group it had improved. He asked the group for feedback, and the consensus was that his temper was vastly improved. The writer then suggested that he continue to pay attention to the warnings his body would give him, should he be about to lose his temper, and that he either count backwards from 100 in 3's before reacting, or leave and go for a run.
Subject E	Dog, dog caterpillar, cheetah, chimp.	He is full of energy and generally comes back for more, but generally has the last laugh.	Subject E said that in the course of this group he had become aware that he had too much energy, and that it could frustrate those around him. He was trying to control himself now. As far as coming back for more went, he had not previously felt that he had the last laugh. Again, since he had learnt to act rather than react he had begun to feel more in control.
Subject F	Vulture, eagle, sloth, beetle, bat.	He is quiet and always on his own, never quite fitting in or knowing where he's going. He is also lazy, picking on what others leave behind.	Subject F did not seem to be perturbed by the others' impression of him. Instead he laughed and said he knew he was lazy and unmotivated, but that he had given up trying to change because it was pointless. Subject C commented that at one stage he too had felt that way, but that sheer determination could change the way things were. Subject F merely grinned. He then informed he group that he had decided to quit school at the end of the year and work for his uncle. Maybe he would complete his schooling through the post. Subject D pointed out that studying through the post required more dedication than being at school. Subject F just shrugged. His mind was made up, he said.

Of significance to the writer was the perspicacity of the group members' animal metaphors. They had managed to make one another aware of their individual areas of vulnerability. Despite the sensitivity of some of the observations made, the group departed in good spirits with a predominant sense of camaraderie. The only member who was

excluded was Subject F, and the writer gained the firm impression that the group had given up on him.

The writer used the release of the group diagram to remind members that they would be able to continue to function, despite the group's demise. Group members expressed their dismay at the imminent dissolution of the group, and requested that the group continue in the new year. The writer explained that in terms of group process their dismay was normal, and suggested that the option of maintenance sessions be discussed in the new year. She also reminded group members that the group had been time-limited from the outset. She stressed that although group members had begun to rely on the group for support, each member remained an autonomous individual, and referred to the diagram. Although members were not happy at the prospect, the visual explanation reinforced the notion of their ability to function self-sufficiently.

5.13 TWELFTH SESSION

5.13.1 Format of Session Twelve:

1. Given that this was the group's last session, the writer wished to make a comparison with their feelings in the first session.
2. She also wished to achieve closure, and intended doing so by making use of a scroll activity. Each scroll consisted of a large piece of brown paper. There was one per group member, and each was placed at a different place in the room. Towards the end of the session, each member would be asked to write a positive affirmation on every scroll about the member concerned. The scroll would then serve as a reminder to each member that he/she was a worthwhile individual who could choose resilience.

5.13.2 Salient Process Notes

Right at the outset, group members expressed their sadness at this being their last session. The writer referred back to the diagram used in the previous session, stressing that although group members had begun to rely on the group for support, each member remained a self-reliant entity. They agreed, suggesting that their sadness did not imply dismay. The writer reminded them of their initial suspicions and doubts at being asked to join the group. General laughter ensued. The writer then asked each member to jot down three things that had meant the most to them as group members. A summary of common group members' responses reflected the following:

Table 22
Meaning Attributed to Group Experience

RESPONSE	NUMBER OF MEMBERS
I learnt to focus on the positive / think positively	4
I learnt to change my expectations / see things differently	4
I learnt to see myself as I truly am	2
I learnt conflict resolution skills	2
I learnt not to worry about what others think	2

Only Subject F's responses were not duplicated by any other group member. Furthermore his responses were limited to having enjoyed group interaction. They suggested a lack of group-induced growth.

Next, the writer asked group members to indicate what had changed in their lives subsequent to them having been taught resilience skills. Once again, their responses may be summarised as follows:

Table 23
Change due to learned Resilience Skills

RESPONSE	NUMBER OF MEMBERS
Positive / altered thinking	6
Stress decrease	5
Improved / altered relationships	5
Altered focus	2
New found assertiveness	2

In response to what they would have liked done differently, four of the six members responded that they would like nothing changed, one that a smaller group would have been preferable, and one that greater openness among members would have been an advantage. Ironically, the latter comment was from a group member (Subject F) who seldom participated spontaneously.

Finally, the writer asked members to review how they felt at the close, compared to how they had felt initially on becoming part of the group. Their responses were diametrically opposed to their initial responses:

Table 24
Ultimate Meaning Associated with Group Membership

RESPONSE	NUMBER OF MEMBERS
Privileged / special	4
Happier / good	2

Subject E then asked whether it would not be possible to have resilience groups for other pupils who they knew were struggling to cope. Subject B agreed and added that there was a great deal of speculation in their standard concerning the resilience group. The writer then asked them if they had to define resilience to their fellow pupils what they would say. The answers were revealing:

Resilience is learning to think differently because then you know you can only be beaten when you say so.

Resilience is like a monkey that just clings to the tree when the wind is rough, so that when the sun is out again it can scamper and play again.

Resilience is never giving up no matter how much you hurt.

Resilience is believing in yourself, even if nobody else will.

Resilience is keeping life's tigers out of your strawberries

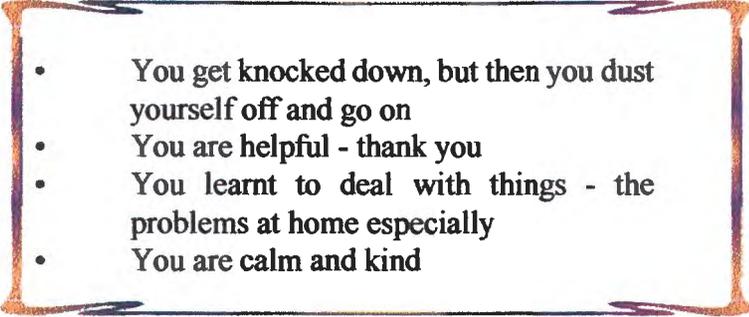
Resilience begins in your attitude.

Diagram 20

Group Definitions of Resilience

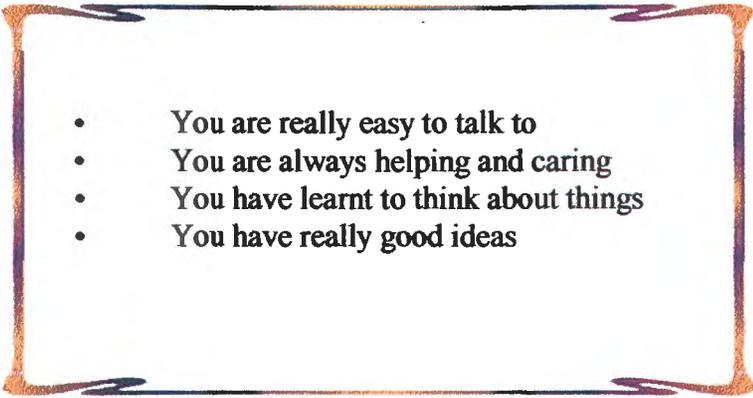
Finally the writer explained about the scrolls. The idea was met with enthusiasm, and some trepidation too. Each group member found a scroll. There was absolute silence as the group worked at leaving positive affirmations for one another. Then, when each member had affirmed every other member, the writer handed out the scrolls to the relevant members. There was an air of anxiety as the scrolls were opened and read, but this soon changed to one of joy and excitement. Each member was then requested to read his/her scroll and comment on how it made him/her feel.

Some of the affirmations found on Subject A's scroll were as follows:

- 
- You get knocked down, but then you dust yourself off and go on
 - You are helpful - thank you
 - You learnt to deal with things - the problems at home especially
 - You are calm and kind

Her response to her scroll was that prior to this group she had never felt good, but that she felt good now. Furthermore, she had never fitted in anywhere, but now she did.

Some of the affirmations on Subject B's scroll were as follows:

- 
- You are really easy to talk to
 - You are always helping and caring
 - You have learnt to think about things
 - You have really good ideas

Subject B was very pleased with her scroll. She reaffirmed that she thought differently about things now, and that, for her, made all the difference.

Some of the affirmations on Subject C's scroll were as follows:

- You have learnt to open up
- You have turned your life around - don't give up on yourself
- You listen really well
- To me you model resilience

Subject C was enormously pleased with his affirmations.

Some of the affirmations on Subject D's scroll were as follows:

- In the beginning I thought you were a real *@\$* but now I know you are thoughtful and caring
- You are never afraid to give your point of view and you stand up for yourself
- You have learnt to control your temper and feelings
- You have a great sense of humour too

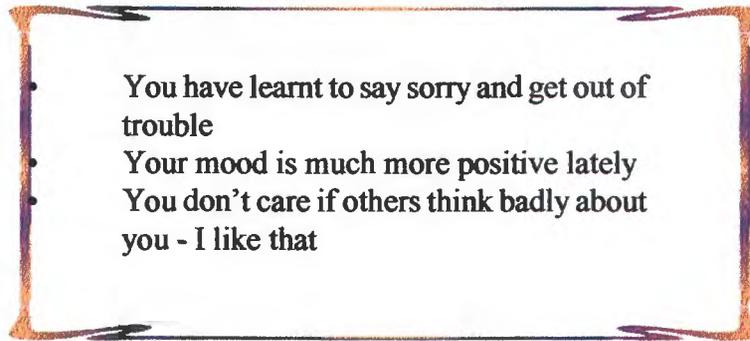
Subject D agreed with the affirmations he received, and said that now, finally, he felt proud of himself, rather than continuously frustrated, as he had been feeling.

Some of the affirmations on Subject E's scroll were as follows:

- You have learnt to be more quiet
- You have actually learnt to cope with your dad - well done!
- You make us laugh
- You have a great sense of humour
- You have learnt to smile

Subject E admitted to feeling good. He said that he been rather nervous about what the others would write, but he felt good now.

Some of the affirmations on Subject F's scroll looked as follows:



Subject F said that he did not feel so lost anymore.

The remainder of the session was spent having a party, and making promises to keep in contact during the forthcoming holidays. The group seemed loathe to leave. In the space of a few short weeks, they had learnt, together, to understand Buscaglia's words:

"We're afraid of living life, therefore, we don't experience, we don't see. We don't feel. We don't risk. We don't care. And therefore we don't live - because life means being actively involved. Life means getting your hands dirty. Life means jumping in the middle of it all. Life means falling flat on your face. Life means going beyond yourself - into the stars!"

(1982: 169)

5.14 CONCLUSION

In the following chapter the writer will analyse the effect of the sessions recorded in this chapter on group members' propensity towards resilient behaviour. This will be achieved by providing a before and after profile of each group member.



CHAPTER SIX

REPORT ON THE RESULTS OF THE EMPIRICAL STUDY

“Shrug off the restraints that you have allowed others to place on you.

You are limitless.

There is nothing you cannot achieve.

There is no sadness in life that cannot be reversed . . .”

(Clearwater in Exley, 1999: 83)

6.1 INTRODUCTION TO THE STUDY

In this chapter, the writer will provide the reader with an overview of the effect of the empirical study and discuss the results originating from the study. As was delineated in Chapter Four, six subjects were identified by the school’s psychology department, given current maladaptive functioning. At the outset of this study, these subjects were all thought to be vulnerable and lacking in essential resilience skills.

6.2 BACKGROUND OF THE TESTEES

The research group consists of two adolescent girls and four adolescent boys. All of the subjects are in grade ten. The group is homogeneous in that all are English-speaking and attend the same school, which caters for learners with special educational needs. The pertinent background of each group member will now be discussed in more detail:

6.2.1 Subject A

Subject A is currently repeating grade 10. Her biological parents divorced when she was in grade 3 , and she has vacillated between them since then. This has resulted in her frequently changing schools. Currently she resides with her father, who has remarried. Her relationship to her stepmother is erratic. She visits her biological mother, who lives in another province, during the holidays. Her relationship to her biological mother is particularly damaging, given her mother’s rejection of her. Subject A was sexually abused

as a very young teenager by an apparent stranger. She is severely overweight at present, and has *no* friends at school. Recently, she has begun to steal fairly large sums of money from her parents, and to tell lies extensively.

6.2.2 Subject B

Subject B is currently in Grade 10. She is a very attractive adolescent, who is overly concerned with dieting and very faddish in her eating habits. Her parents are finally in the process of divorcing, following two years of severe marital conflict. Her relationship to her mother is particularly damaging as the mother is both an alcoholic and blatantly preferential towards the younger sister. The mother has made no secret of her dislike for subject B, but has nevertheless often made her an unwilling witness to, and accomplice in, her clandestine love affairs and drinking sprees. Subject B has attended individual therapy to deal with depression resulting from the negative mother-daughter relationship. Her self-esteem is abysmal and she is frequently argumentative and tearful. When the divorce is finalised, she will live with her father. Until the divorce is final, however, the parents still reside under the same roof, because of financial constraints. Subject B failed once in primary school, and this causes her distress.

6.2.3 Subject C

Subject C is currently in grade 10. At the end of 1998 he attended a drug rehabilitation programme. Whilst he successfully completed this programme, his struggle to avoid the habit has not been entirely successful. He presents as a depressed and apathetic young man. His relationship to his father is poor. His father, who is an alcoholic, is prone to severe mood swings and violent outbursts. His relationship to his mother is apparently better. She is very religious, however, and Subject C's uninterest causes some conflict. She is also being treated for depression. He is an only child, and generally alone for the greater part of each day. He is not readily accepted by his peer group, and when he does find acceptance, he is afraid to bring friends home, because of his father's alcoholism. He has also failed previously, which causes him embarrassment.

6.2.4 Subject D

Subject D is currently in Grade 10. His father is unemployed and this creates considerable financial stress. The father-son relationship is poor. He is an only child, and consequently lonely at home. His mother tends to be over-protective. Subject D was asked to leave his previous school because of severe temper outbursts coupled with violent behaviour. He still exhibits a violent temper and an extremely aggressive attitude. Many of his peers are afraid of him. He failed prior to his being enrolled in his current school, and he is ashamed of this.

6.2.5 Subject E

Subject E's biological father died in prison. His stepfather has never accepted him, and has frequently abused him physically. His mother has been powerless to prevent the physical assault, having been a victim of it herself on numerous occasions. The stepfather reportedly abuses anabolic steroids, which augment his bad temper. The stepfather has a biological son, who is younger than Subject E, but who is allowed liberties. Subject E oscillates between hatred for his stepfather and a deep yearning for his acceptance and approval. He presents as an aggressive young man, with a very poor self-esteem. He also uses drugs on a recreational basis. He has been diagnosed as suffering from attention deficit and hyperactivity disorder, as well as depression.

6.2.6 Subject F

Subject F is currently repeating grade 10. He has experienced this failure acutely, and does not truly fit in with his current class. His teachers report that he is entirely demotivated. Subject F also uses marijuana on a regular basis. Whilst he feels that this drug alleviates his feelings of inadequacy, it really only serves to make him even more apathetic. He also frequently engages in impulsive behaviour which places his life, and the lives of others, at risk: he drives extremely recklessly for example.

6.3 Summary of Background Stressors

There are multiple stressors operating in the lives of this group, as indicated in the above mentioned information. The following table summarises the pertinent background:

TABLE 25
Summary of Life-events Underlying Vulnerability

LIFE'S BLOW	NUMBER IN GROUP AFFECTED
Learning disability	6
Severe marital discord/divorce	4
Parental pathology	3
Death of biological parent	1
Rejection by parent	4
Financial difficulties	3
Sexual/Physical Abuse	2

As can be gleaned from sections 5.2.1 to 5.2.8, the group members' current functioning is maladaptive. The following table serves to summarise their maladaptive behaviours:

TABLE 26
Summary of Maladaptive Behaviour

MALADAPTIVE BEHAVIOUR	NUMBER IN GROUP AFFECTED
Aggression	4
Extreme temper outbursts	3
Drug/alcohol abuse	3
Depression	3
Dietary anomalies	2
Stealing	1

6.4 METHOD OF REPORT

In order to establish each subject's level of vulnerability, an initial assessment was conducted (as explained in Chapter Four). Each subject's performance in the initial assessment will be individually described, in order that a comparison might be made at the end of the study, by which to measure personal growth.

As indicated in Chapter Five, a general description of each group session and its process was given. Following group members' participation in these therapy sessions, a second assessment was conducted, in order to ascertain what growth, in terms of resilience, occurred. The results from this second assessment will also be recounted. Ultimately then, a comparison between the pre- and post-group profiles of each subject will be made.

6.5 INITIAL INDIVIDUAL ASSESSMENT

As discussed in Chapter Three, the EPI, Draw-a-person-in-the-rain, Adolescent Self-Concept Scale, HSPQ, Incomplete Sentences, Three Wishes Technique and The Forest Adventure Metaphor would be utilised to ascertain the subjects' initial levels of vulnerability. A summary of the findings is presented below.

Before such a summary is presented, however, there are certain salient characteristics of the Draw-a-person-in-the-rain which are common in all six drawings. The common characteristics will be discussed first in order to avoid repetition. Only unique features will then be discussed individually. The common characteristics include the following:

- ✎ Of significance is the lack of protection against the rain in all of the drawings. The rain is copious and unrelenting in all of the drawings, and described as such by the subjects. This suggests to the writer that the difficulties which are faced by these subjects are perceived by them to be relentless and profuse. Of greater importance in this case would be their perceived vulnerability as portrayed by a lack of protection against the rain.

- ✍ In all of the drawings, the figure is centrally placed, suggesting tension, rigidity and a basic insecurity. Central placement of figures also suggests difficult interpersonal relations. This hypothesis was unanimously supported in the interviews about the drawings. All the subjects experience interpersonal relations (especially those with authority figures) as threatening and unrewarding.
- ✍ In addition to being centrally placed, the figures were placed in the lower half of the page, suggesting a general depressive disposition.
- ✍ Of further significance, is the boldness of the drawings. The boldness and large size of the drawings implies frustration and even aggression. Both of these emotions were very strongly portrayed in the follow-up interview with the subjects.

Having commented on the common features of the drawings, the writer will now proceed to discuss each subject individually. The initial assessment results are summarised in tabular form in order that the second assessment results, following the group therapy sessions, may be juxtaposed more meaningfully.

In order for the reader to understand the results more easily, the following definitions are provided for terms frequently used the summary of the results:

TABLE 27
Assessment Jargon

TERM	MEANING
extreme score: <ul style="list-style-type: none"> • in the EPI • in the HSPQ 	<ul style="list-style-type: none"> • below 40% or above 60% • a sten of 1, 2, 9, or 10 <p>General significance of an extreme score: often denotes a defence mechanism or vulnerability.</p>
average score: <ul style="list-style-type: none"> • in the EPI • in the HSPQ 	<ul style="list-style-type: none"> • between 40% and 60% • a sten of 5 or 6 <p>General significance of a predominantly average profile: often denotes poor self-knowledge.</p>

Conflict	Two or more traits or emotions are in direct conflict, often denoting problematic emotional areas and vulnerability.
Balanced profile	This is the ideal. Little or no conflict is evident, suggesting positive emotional adjustment.
Bias score (in the EPI)	The higher the tendency to pick the socially desirable alternative, the higher the bias score, and vice versa.

6.5.1 Subject A

In Subject A's drawing, there is distinct emphasis on hair and hair style which might suggest premature sexual maturation, or sexual preoccupation. It may also indicate a striving to be seen as attractive. The follow-up interview confirmed all three these hypotheses. The manner in which the mouth was drawn, as well as the attention to jewellery, shoes and hair accessories, and the cleavage support the suggestion of sexual preoccupation. The positioning of the arms suggest withdrawal from interpersonal contact, or possibly guilt. A summary of her performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<ul style="list-style-type: none"> ➔Inner conflict is suggested: the dominant picture lacks balance. Furthermore scores tend to be low, suggesting a masking of affect. ➔A high bias score suggests a need for social approval. ➔The trust score is high(79%) suggesting that the subject trusts indiscreetly. This is problematic, because the distrust score is not low, suggesting conflict. 	<ul style="list-style-type: none"> ➔Extreme scores suggest emotional vulnerability, submissiveness and individualism. ➔The majority of scores fall within the average range, suggesting poor self-knowledge. 	<ul style="list-style-type: none"> ➔The general feel is negative ➔Unrealistic future orientation is strongly suggested. ➔Poor social orientation is projected. ➔The theme of social alienation repeats itself. ➔She trusts indiscreetly. 	<ul style="list-style-type: none"> ➔The dominant feeling is of being threatened. ➔Poor coping skills are projected. ➔Helplessness and passivity are projected. 	<ul style="list-style-type: none"> ➔Financial gain and family acceptance are wished for. A need for social acceptance is also projected.

Subject A presents as a reserved, vulnerable individual who vacillates between trusting too strongly, and displaying aggression. She displays very poor self-knowledge. Her score on the Self-Concept Inventory translated into a stanine of 8, suggesting a very positive self-concept. However, the writer is of the opinion that this is an inflated or false result, which may well have been influenced by the subject's very poor self-knowledge. Resilience is not indicated.

6.5.2 Subject B

In Subject B's drawing, there is also emphasis on hair which might suggest premature sexual maturation, or sexual preoccupation. It may also indicate a striving to be seen as attractive. The follow-up interview confirmed a desire to be seen as attractive, as well as sexual interest. The attention to detail on the clothing and shoes would further support the above hypothesis. The bottom of the page was used as a base for the figure, suggesting insecurity. The use of shading in the clouds and puddle, further substantiates the suggestion of anxiety. A summary of her performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<ul style="list-style-type: none"> ➔The over-riding impression is one of balance, except in the depression versus gregarious domain, where conflict is indicated. ➔The control and timid scores are extreme, raising questions about the validity of these two scores. Furthermore, the high timid and control scores suggest anxiety and even masked aggression. ➔the high distrust score suggests a critical attitude and a rejection of others coupled with resentment. ➔the bias score is 50%, suggesting that Subject B was not overly swayed by the socially acceptable alternatives. 	<ul style="list-style-type: none"> ➔Extreme scores suggest reservation, emotional vulnerability, opportunism, tough-minded attitude, excitability, aggression and tension. ➔No conflict is noted. 	<ul style="list-style-type: none"> ➔The tone of the majority of responses is negative and demanding. ➔The responses are also generally contradictory. ➔A very negative perspective of problems is projected. ➔A lack of enthusiasm is projected. 	<ul style="list-style-type: none"> ➔Fear and hostility are strongly projected. Impractical attempts at coping are projected, suggesting helplessness in the face of threat. 	<ul style="list-style-type: none"> ➔Financial freedom and freedom from family are wished for. An ideal physical appearance is wished for too. The wishes are therefore ego-centric.

Subject B presents as a tense individual who is very concerned with how others see her. She projects high levels of aggression and tends to be very critical of others. Her attitude is inclined to be demanding. Her score on the Self-Concept Inventory translated into a stanine of 1, suggesting an extremely low self-concept. Resilience is not indicated.

6.5.3 Subject C

In Subject C's drawing, the lower legs and feet are cut off by the edge of the page suggesting a sense of entrapment and helplessness. The darker shading on the shoulders was explained by Subject C as the rain soaking into his clothes, which confirms the feeling of helplessness and defencelessness. The heavy, reinforced lines in the drawing suggest feelings of isolation and a perception of reality as threatening. The emphasis on the zip and belt, as well as the hands in the pockets, may suggest sexual preoccupation. The inclusion of the Adam's apple further strengthens the hypothesis of sexual preoccupation. Sexual promiscuity was alluded to in the follow-up interview. The manner in which the mouth and nose are drawn suggest aggression. The ears are emphasised and this may indicate sensitivity to criticism and a desire for social acceptance. The latter was pertinently expressed in the follow-up interview. In fact, when the figure is first viewed, the overall impression is rather grotesque, suggesting that social acceptance is unknown.

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒Conflict is indicated: the trust score is low (21%), and the distrust score is equally low (25%); and the control score is low (13%), but the dyscontrol score is not truly high (51%). This also suggests conflict.</p> <p>⇒Depression and aggression scores are extreme.</p> <p>⇒The bias score is very low suggesting that Subject C is not influenced by what is more socially acceptable.</p>	<p>⇒Extreme scores suggest emotional vulnerability. A strong sense of individualism and control is suggested.</p> <p>⇒Conflict is indicated: both apprehension and relaxation are fairly strongly suggested.</p>	<p>⇒The dominant tone is vague, as if this subject is not sure of his own beliefs and needs.</p> <p>⇒Most of his responses are characterised by a sense of apathy and passivity.</p> <p>⇒His responses could be summarised as evasive.</p>	<p>⇒Passivity and inappropriate coping means (such as using drugs) are projected.</p> <p>⇒Avoidance is used as a means of coping.</p>	<p>⇒Freedom is wished for, as is long life and wealth. In general, the wishes are very indeterminate which is in keeping with this subject's vague style and poor self-knowledge.</p>

Subject C presents as a vague, uncertain individual who possesses poor self-knowledge. He comes across as being confused, and vulnerable. He seems to be evasive of responsibility, as well as angry. His score on the Self-Concept Inventory translated into a stanine of 1, suggesting an extremely low self-concept. Resilience is not indicated.

6.5.4 Subject D

The drawing was drawn in absolute profile, and the concomitant hypothesis of difficult interpersonal relations and a predominantly hostile attitude, is very applicable. The absolute edge of the page has been used as a base for the drawing suggesting insecurity. Attention to the hair and shoes may well suggest sexual preoccupation as in the other drawings. The slightly longer hairstyle was explained in terms of a desire to be different and even rebellious. The fact that the figure is depicted as running may be seen as a desire to escape or flee. Whilst this hypothesis was given credibility in the follow-up interview, the running was also explained in terms of love of sport.

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒Conflict is indicated: the depression score is low (26%), but the gregarious score is not high (40%)</p> <p>⇒Distrust, dyscontrol and aggression scores are extremely high. The possibility of such high distrust and aggression scores being used as a defence mechanism should not be overlooked.</p> <p>⇒The bias score is extremely low suggesting that Subject D is not influenced by what is more socially acceptable, and may well tend towards rebellion.</p>	<p>⇒Extreme scores suggest tough-mindedness and tension. Excitability and zestfulness are also indicated.</p> <p>⇒Some conflict is indicated.</p>	<p>⇒The dominant tone is one of frustration and aggression.</p> <p>⇒Most of his responses are characterised by a sense of entrapment.</p> <p>⇒A negative attitude in general is projected.</p>	<p>⇒Aggression and violence predominate as coping means.</p> <p>⇒The dominant feeling is one of hostility.</p>	<p>⇒Financial freedom is wished for, as is happiness and success. The wishes are very general.</p>

Subject D presents as an angry, frustrated individual. His score on the Self-Concept Inventory translated into a stanine of 2, suggesting a poor self-concept. He appears to be very dissatisfied with his life, perceiving fate to be unfair. His dissatisfaction with himself fuels his anxiety. Resilience is not indicated.

6.5.5 Subject E

At first glance, Subject E's drawing appears flimsy and unstable, as if it is about to topple. The eyes are unseeing and without pupils suggesting emotional immaturity, and an inability to be emotionally discerning. The mouth almost appears to be a grimace, suggesting dissatisfaction and unhappiness. Extreme dissatisfaction, particularly with family life, and unhappiness in general were projected in the follow-up interview.

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒Some conflict is indicated: the depression score is average (62%), but the gregarious score is not particularly low (34%). The writer is of the opinion that Subject E is masking his depression, as the tell-tale symptoms (change in sleep pattern, change in eating habits, loss of interest generally and thoughts of death) are all present.</p> <p>⇒Trust and control scores are extremely low.</p> <p>⇒The timid score is low (10%) and the aggression score is high (97%). Balance within this bipolar dimension is indicated, but because both scores are extreme, the possibility of such high aggression being used as a defence mechanism should not be overlooked.</p> <p>⇒The bias score is extremely low suggesting that Subject E is not influenced by what is socially acceptable, and may well tend to be a law unto himself.</p>	<p>⇒Extreme scores suggest extreme excitability, emotional vulnerability, aggression, a lack of control, opportunism and a carefree attitude. Shyness and tension are also strongly indicated.</p> <p>⇒Conflict is noted.</p> <p>⇒More than half of this subject's scores are extreme or high scores, suggesting frequent use of defence mechanisms</p>	<p>⇒The dominant tone is negative: strong feelings of an inability to achieve and please are projected.</p> <p>⇒A very poor father-son relationship is projected, along with a feeling of helplessness to do anything about the matter.</p> <p>⇒A tendency to quit is also noted, as is poor future orientation.</p>	<p>⇒Extreme aggression and inappropriate social behaviours are projected as coping skills.</p>	<p>⇒Acceptance, especially paternal acceptance, and health are wished for.</p>

Subject E presents as an antagonistic, discouraged individual. His score on the Self-Concept Inventory translated into a stanine of 1, suggesting an abysmal self-concept. He strives for paternal acceptance, and the lack of such acceptance seems to undermine his sense of self, as well as his ability to self-actualise. He seems both negative and sad. Resilience is not indicated.

6.5.6 Subject F

At first glance Subject F's drawing appears to be disturbing. The entire drawing seems to be out of proportion and uncomfortable looking. The face is particularly unsettling. The very dark eyes suggest aggression and possibly even suspicion. The mouth showing teeth, as well as the nostrils, also suggest aggression. The tallness of the figure, and its stance, may also suggest frustration leading to aggression as a means of coping with these feelings. The emphasis on the zip area of the trousers suggests sexual preoccupation, or possibly even fears of sexual inadequacy. The very large shoulders may well be seen as compensation for feelings of physical inadequacy. The inclusion of the pocket may suggest feelings of dependency or affectional deprivation.

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒ Conflict is predominant throughout the EPI profile, suggesting very poor self-knowledge and a tendency to be emotional.</p> <p>⇒ The bias score is very low suggesting that Subject F is not influenced by what is more socially acceptable.</p>	<p>⇒ Extreme scores suggest reservation, opportunism and shyness.</p> <p>⇒ High scores suggest a tendency to be emotionally vulnerable and individualistic.</p> <p>⇒ The majority of the scores fall within the broader average range suggesting poor self-knowledge.</p>	<p>⇒ The general tone of the sentences is negative and demotivated.</p> <p>⇒ Orientation to the future is conflicting, and generally negative.</p> <p>⇒ Impulsivity and a tendency to be easily influenced are indicated.</p>	<p>⇒ Poor coping skills are projected. Inappropriate social responses are also projected.</p> <p>⇒ Helplessness and passivity are projected.</p>	<p>⇒ A desire to be finished with school is strongly indicated. There is also a wish to be independent.</p>

Subject F presents as a reserved, demotivated individual who is easily influenced by others. He displays very poor self-knowledge. His score on the Self-Concept Inventory translated into a stanine of 3, suggesting a poor self-concept. Resilience is not indicated.

6.5.7 A Comparison of the Initial Assessment Results to Vulnerability Traits

The writer now intends to use the above information against a check-list of characteristics suggesting the presence of vulnerability, or dearth of resilience traits. The check-list is derived from the writer's masters work (Mac Farlane 1999: 142 - 145). Should the subjects evidence the characteristics typical of vulnerable individuals, it might be deduced that they are not resilient at the outset of the group therapy programme. The check-list reflects the following:

6.5.7.1 Subject A

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Average gregarious score (EPI) • Forest metaphor • Teacher report
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire suggests inflated self-concept (stanine of 8) • Incomplete sentences • Follow-up interview with writer confirms poor self-concept
poor future orientation , suggesting negative orientation to achieve, and pessimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences reflects unrealistic future orientation which suggests denial of limitations
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Moderate	<ul style="list-style-type: none"> • EPI (aggressive score of 69%) • Tendency to steal reported by parents and teachers might suggest hostility
excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	No	<ul style="list-style-type: none"> • HSPQ (sten of 4 for excitability and 4 for enthusiasm suggesting little propensity)

evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • Follow-up interview with writer suggests avoidance of duty • Her parents and teachers report continuous lying
inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> • High bias score on the EPI suggests a need for social approval • HSPQ (sten of 3 for emotional vulnerability)
external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> • EPI (extremely low control score of 13%) • Incomplete sentences •
poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Yes	<ul style="list-style-type: none"> • HSPQ (extreme sten of 10 for factor J suggesting extreme individualism) • Incomplete sentences • Three wishes • Teacher report

The writer concludes that Subject A is vulnerable.

6.5.7.2 Subject B

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Low gregarious score and high distrust score (EPI) • Forest metaphor • Teacher reports emphasise her propensity to whine and complain
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire suggests poor self-concept (stanine of 1) • Incomplete sentences • Follow-up interview with writer confirms poor self-concept
poor future orientation , suggesting negative orientation to achieve, and pessimism.	Yes	<ul style="list-style-type: none"> • Follow-up interview with the writer revealed negative orientation towards being able to succeed
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Yes	<ul style="list-style-type: none"> • HSPQ (extreme sten of 10 for Factor E, suggesting aggression)

excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	Yes	<ul style="list-style-type: none"> HSPQ (sten of 10 for excitability and 2 for opportunism suggesting impulsivity and some recklessness)
evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Moderate	<ul style="list-style-type: none"> Some teachers report a tendency to quit when things are difficult
external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> Metaphor exercise Incomplete sentences HSPQ (sten of 4 for being uncontrolled and for going with the group decision)
inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> High distrust score on the EPI suggests experience of inadequacy Three wishes HSPQ (sten of 3 for emotional vulnerability) Draw-a-person Follow-up interview with the writer
poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Yes	<ul style="list-style-type: none"> HSPQ (extreme sten of 1 for factor A suggesting extreme reservation and 2 for shyness) Three wishes Teacher report

The writer concludes that Subject B is vulnerable.

6.5.7.3 Subject C

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> Extreme depressed score on EPI (94%) HSPQ (extreme sten of 1 for emotional vulnerability) Teacher report
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> Self-concept questionnaire suggests abysmal self-concept (stanine of 1) Incomplete sentences Follow-up interview with writer confirms poor self-concept

poor future orientation , suggesting negative orientation to achieve, and pessimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences reflects apathy
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Yes	<ul style="list-style-type: none"> • EPI (extreme aggressive score of 95%) • Draw-a person
excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	Moderate	<ul style="list-style-type: none"> • HSPQ (sten of 6 for excitability and 3 for enthusiasm suggesting little propensity)
evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • Three wishes • Follow-up interview with writer suggests avoidance of duty • His teachers report continuous avoidance of responsibility • Sporadic drug use suggests avoidance of reality
inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> • High bias score on the EPI suggests a need for social approval • HSPQ (sten of 1 for emotional vulnerability)
external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> • EPI (extremely low control score of 13%) • Incomplete sentences • Forest metaphor • Draw-a-person
poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Moderate	<ul style="list-style-type: none"> • Low trust score (EPI) • Teacher report of dearth of empathy

The writer concludes that Subject C is vulnerable.

6.5.7.4 Subject D

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Low average gregarious score and extreme distrust score (EPI) • Forest metaphor • Teacher report
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire suggests poor self-concept (stanine of 2) • Incomplete sentences • Follow-up interview with writer confirms poor self-concept • HSPQ (sten of 3 suggesting emotional vulnerability)
poor future orientation , suggesting negative orientation to achieve and pessimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences reflects a sense of entrapment and negative orientation
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Yes	<ul style="list-style-type: none"> • EPI (aggressive score of 87%) • HSPQ (strong indication of tough mindedness) • Draw-a-person and follow-up interview • Forest metaphor • Incomplete sentences • His teachers report frequent temper outbursts
evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Moderate	<ul style="list-style-type: none"> • Draw-a-person and follow-up interview suggest a tendency to quit
excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 8 for excitability and 4 for opportunism) • Draw-a-person and follow-up interview • Reported temper outbursts
inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> • Conflict in the EPI and HSPQ profiles suggest dissatisfaction with self • HSPQ (sten of 3 for emotional vulnerability) • Draw-a-person
external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> • EPI (extremely low control score of 17% and high dyscontrol score of 72%) • Incomplete sentences • Follow-up interview with writer

poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 3 for Factor A suggesting strong reservation and sten of 2 for tough-mindedness) • Draw-a-person • Teacher report
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The writer concludes that Subject D is vulnerable.

6.5.7.5 Subject E

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Low gregarious score (EPI) • High average depressed score • Teacher report
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire suggests very poor self-concept (stanine of 1) • Incomplete sentences • HSPQ (extreme sten of 1 for emotional vulnerability) • Follow-up interview with writer confirms poor self-concept
poor future orientation , suggesting negative orientation to achieve, and pessimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences reflects poor future orientation and frustration
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Yes	<ul style="list-style-type: none"> • EPI (aggressive score of 97%) • HSPQ (extreme sten of 10 for Factor E suggesting aggression)
excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	No	<ul style="list-style-type: none"> • HSPQ (extreme sten of 10 for excitability and 10 for enthusiasm suggesting extreme impulsivity) • Earlier diagnosis of Attention Deficit and Hyperactivity Disorder
evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Follow-up interview with writer suggests avoidance of duty • Teacher reports
inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> • HSPQ (extreme sten of 1 for emotional vulnerability) • Draw-a-person • Conflict in the EPI and HSPQ profiles suggest dissatisfaction with self

external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> EPI (extremely low control score of 5%) Incomplete sentences HSPQ (extreme sten of 1 for dyscontrol and opportunism)
poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Moderate	<ul style="list-style-type: none"> Follow-up interview suggests strong orientation to peers. Loyalty is strongly projected. Incomplete sentences Three wishes

The writer concludes that Subject E is vulnerable.

6.5.7.6 Subject F

VULNERABLE TRAIT	YES / NO	PROOF
negative attitude , suggesting loneliness, rejection and depression, as well as emotional vulnerability.	Yes	<ul style="list-style-type: none"> Draw-a-person Incomplete sentences Forest metaphor Teacher report
poor self-concept , suggesting emotional instability and negative self-talk.	Yes	<ul style="list-style-type: none"> Self-concept questionnaire suggests poor self-concept (stanine of 3) Incomplete sentences HSPQ (sten of 3 for emotional vulnerability)
poor future orientation , suggesting negative orientation to achieve, and pessimism.	Yes	<ul style="list-style-type: none"> Incomplete sentences reflect fear of future Unrealistic perception of ability also suggests poor orientation
hostility , suggesting aggressive, angry functioning, and low frustration tolerance.	Moderate	<ul style="list-style-type: none"> EPI (aggressive score of 63%) Draw-a-person
excitability , suggesting a tendency towards impulsivity, recklessness and rebelliousness.	Yes	<ul style="list-style-type: none"> HSPQ (sten of 8 for excitability and 5 for enthusiasm) Subject F has had numerous close calls for reckless driving Habitual use of drugs
evasiveness , suggesting a lack of drive, and an avoidance of responsibility. A tendency to quit is also present.	Yes	<ul style="list-style-type: none"> Incomplete sentences Forest metaphor Follow-up interview with writer suggests avoidance of duty Teachers report irresponsibility Habitual use of drugs

inadequacy , suggesting a sense of personal dissatisfaction and a critical attitude. This inadequacy does not translate into motivation to change.	Yes	<ul style="list-style-type: none"> Conflict in the EPI and HSPQ profiles suggest dissatisfaction with self HSPQ (sten of 3 for emotional vulnerability)
external locus of control , suggesting a sense of hopelessness over one's destiny. Affinity for victim identity is noted.	Yes	<ul style="list-style-type: none"> Conflict between the control and dyscontrol scores on the EPI suggests lack of control Incomplete sentences Forest Metaphor HSPQ (low sten of 1 for dyscontrol and extreme sten for opportunism)
poor interpersonal relationships , suggesting negative social orientation and reservation. A lack of empathy is noted.	Yes	<ul style="list-style-type: none"> HSPQ (extreme sten of 2 for factor A and H suggesting extreme reservation and shyness) Teacher report

The writer concludes that Subject A is vulnerable.

The above tables allow a comparison to be drawn between the vulnerability traits shared by group members. A comparative summary would look as follows:

Vulnerability trait	Subject A	Subject B	Subject C	Subject D	Subject E	Subject F
negative attitude	yes	yes	yes	yes	yes	yes
poor self-concept	yes	yes	yes	yes	yes	yes
poor future orientation	yes	yes	yes	yes	yes	yes
hostility	moderate	yes	yes	yes	yes	moderate
excitability	no	yes	moderate	yes	no	yes
evasiveness	yes	moderate	yes	moderate	yes	yes
inadequacy	yes	yes	yes	yes	yes	yes
external locus of control	yes	yes	yes	yes	yes	yes
poor relationships	yes	yes	moderate	yes	moderate	yes
verdict	not resilient					

TABLE 28

Initial Comparative Summary - Experimental Group

From the above table it becomes apparent that none of the group members could be described as resilient at the outset of this study. In general, the group members do not possess traits associated with resilience. Instead they appear to possess traits which suggest vulnerability; traits which would make it difficult for them “... *to negotiate significant challenges to development yet consistently ‘snap back’ in order to complete important developmental tasks which confront them as they grow.*” (Higgins, 1994: 1) Consequently, self-actualisation becomes increasingly difficult to attain, and this becomes obvious when their current levels of functioning are taken into account.

6.6 SECOND INDIVIDUAL ASSESSMENT

The second individual assessment replicated the first. It must be noted that five and a half months had lapsed since the first assessment. The results of the second assessment will be presented in the same way as the first: once again the EPI, Draw-a-person-in-the-rain, Adolescent Self-Concept Scale, HSPQ, Incomplete Sentences, Three Wishes Technique and The Forest Adventure Metaphor would be utilised to ascertain the subjects’ levels of vulnerability following their participation in the group therapy intervention programme. A summary of the findings is presented below.

6.6.1 Subject A

Subject A’s second drawing is less centrally placed, suggesting greater approachability. It is also smaller in size, which may be indicative of less perceived frustration. There is less sexual emphasis in the second drawing too. The rain is not as copious, and protection against the rain is suggested by way of both a shelter and an umbrella. The positioning of the arms still suggests either guilt or withdrawal from social contact. However, in terms of the latter another human figure has been included in the drawing which the writer perceives to be positive, given Subject A’s original social isolation. The figure also appears to be younger in spirit and more active.

In an interview with Subject A, improved social relations was verified, as was greater self-acceptance. She has also apparently begun to exercise, which may be the reason for the more sporty appearance of the second figure. A summary of her performance on the second assessment suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<ul style="list-style-type: none"> ⇒Less inner conflict is suggested: balance is predominantly achieved. ⇒Conflict is indicated in the control-dyscontrol scores. An improvement is that both scores are high suggesting that affect is no longer masked. ⇒A high bias score still suggests a need for social approval. 	<ul style="list-style-type: none"> ⇒The latest profile suggests a more outgoing, less individualistic approach. There is a new tendency to assert herself. ⇒Emotional vulnerability is still high (sten of 4). ⇒Fewer scores fall within the average range, suggesting improved self-knowledge. 	<ul style="list-style-type: none"> ⇒The general feel is positive and of being determined to cope. ⇒Future orientation is positive, with accent on succeeding. ⇒Social orientation is projected as beneficial. ⇒The theme of improving relations with her father is repeated. The tone is hopeful. 	<ul style="list-style-type: none"> ⇒The dominant feeling is of being both relaxed and prepared for any eventuality ⇒Positive coping skills, such as behaving in a conciliatory manner, are projected. ⇒ Generally, assertiveness is projected. 	<ul style="list-style-type: none"> ⇒A desire to spend time with friends and to give of herself is strongly indicated. Success is also wished for.

Although Subject A still tends to be reserved socially, she has found a niche for herself within her peer group. Her score on the Self-Concept Inventory the second time around translated into a stanine of 6, which the writer still believes to be inflated. At least this score is more realistic than the previous stanine of 8. Of significance to the writer, is the commentary of Subject A's teachers which reinforces that she is still reserved in class, but indicates that she no longer attempts to buy friendship as she previously did, when she lavished gifts on all and sundry. Her teachers also describe her as being less passive now and contributing to class activity in a meaningful way. She has also been elected as a bus monitor and performs her duties very conscientiously and capably.

6.6.2 Subject B

In her second drawing, Subject B has provided great clothing detail suggesting clothing narcissism. This might indicate superficial sociability, and a preoccupation with, or desire for, social acceptance. Sexual preoccupation is still suggested. Her drawing has increased in size, and there is definite protection against the rain. There is also less rain, and the sun is shown to be emerging from behind the clouds. Subject B erased whilst drawing, suggesting some anxiety, and a desire to present her drawing perfectly. The size of the feet are disproportionate, suggesting a need to feel stable perhaps. A summary of her performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<ul style="list-style-type: none"> ➔The general impression is one of balance. ➔The control score is still extreme suggesting a strong need for organisation. ➔Her trust score has improved as has her gregarious score, suggesting that she is less critical and more socially minded. ➔the bias score is 70%, suggesting that Subject B is swayed by the socially acceptable alternatives. 	<ul style="list-style-type: none"> ➔There are fewer extreme scores. The remaining extreme score suggests tension. This is echoed by a high apprehension score. ➔A more balanced profile has been achieved, especially in terms of decreased excitability, opportunism, tough-minded and aggression scores. 	<ul style="list-style-type: none"> ➔The tone of the majority of responses is tenacious and generally more realistic: difficulties are conceded, but the determination to triumph over them is there. A positive future orientation is projected. 	<ul style="list-style-type: none"> ➔Fear is still projected, but so are coping skills. ➔The pervasive atmosphere is one of calm and rationality. ➔In the place of helplessness is an attitude of being in control. 	<ul style="list-style-type: none"> ➔Her wishes include lasting and improved inter-personal relations now.

Subject B appears to have become more people-orientated. In the follow-up interview, the clothing narcissism was explained as a desire to look good and gain social approval. Her anxiety levels are still fairly high, but this might be driving her to achieve. Her score on the Self-Concept Inventory the second time around translated into a stanine of 4, which the writer believes to be realistic. This score is significantly more positive than the previous stanine of 1. Of significance to the writer, is the glowing commentary of Subject B's teachers, which indicates a very positive attitude change. Greater empathy towards others and increased self-assurance, as well as a decreased tendency to blame was noted.

6.6.3 Subject C

In his second drawing Subject C has drawn a far more amiable looking person. He has not drawn a figure cut off by the bottom of the page, suggesting that he no longer feels as trapped as was suggested in his first drawing. There are still very definite suggestions of anxiety (the bottom of the page is used as support for the figure and the lines are generally sketchy). The hat and belt suggest sexual preoccupation perhaps. Protection against the rain is, however, also provided by the hat, and by the large tree under which the person is sheltering. The ears and nose are no longer as emphasised as they were in the first drawing, suggesting diminished aggression and sensitivity to criticism. The hands are shown in this drawing, but they are rather oddly shaped, possibly suggesting difficulty making contact with others. A summary of his performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒Greater balance has been achieved. Although the trust and distrust scores are both still low, the trust score is clearly higher (43) compared to the distrust (17). Less conflict is indicated therefore.</p> <p>⇒The depression and aggression scores are still high (83 & 74 respectively), but no longer extreme.</p> <p>⇒The bias score is not as low (28) suggesting that Subject C is more influenced by what is socially acceptable.</p>	<p>⇒There are no extremes in the second profile. Nevertheless, the tendency to be emotionally vulnerable, individualistic and controlled is still high.</p> <p>⇒There is no longer conflict. Instead, general tension levels are higher, which is more in keeping with his controlled, individualistic stance.</p>	<p>⇒The dominant tone is positive and generally more determined and enthusiastic.</p> <p>⇒His responses suggest constructive alternatives and drive.</p> <p>⇒His responses also suggest empathy and a desire for positive inter-personal relations.</p> <p>⇒Some responses suggest internal locus of control.</p>	<p>⇒The general tone of the responses is calm and accepting of the situation.</p> <p>⇒Calm action such as walking away from the threat, rather than just waiting it out, is now projected.</p>	<p>⇒A more meaningful life is wished for, suggesting acceptance of his life's current limitations. A better life for his mother is also wished for, suggesting empathy.</p>

Subject C appears to have become more approachable and amiable. His anxiety levels are still fairly high, but this might be driving him to achieve: his marks have apparently improved significantly. He is also more readily accepted by his peer group at school now, and this may be due to his augmented empathy and improved ability to trust. He still projects emotional vulnerability and this is mirrored by a score on the Self-Concept Inventory of 3. Although this score is significantly more positive than the previous stanine of 1, it is still fairly low, nevertheless. His teachers report that he cares more now than before, and that he participates more.

6.6.4 Subject D

Of immediate salience is that Subject D's person is front-facing this time around suggesting greater approachability. Nevertheless Subject D has underclothed his person, suggesting body narcissism. This might indicate introversion and self-absorption, despite the greater approachability. There is emphasis on muscles which further supports the notion that interpersonal relations do not provide true satisfaction for Subject D. In the follow-up interview, Subject D was candid about his difficulty to garner support from others. He related this to being an only child, saying that this necessitates self-reliance. Nevertheless, he did feel that he was more receptive to others now. Emphasis on the belt, zip, hair and shoes suggests sexual preoccupation, which could be considered developmentally appropriate. There are also indications of frustration and anxiety. He related this to having discovered that he has very high aspirations for himself, and that he sometimes fears that he will not be as successful as he wishes to be. When he becomes anxious, he reminds himself of the MOANS learnt in group, and determines to do, and be, his very best. Of importance, is the inclusion of an umbrella in this drawing and less rain, suggesting vulnerability that has eased up somewhat. A summary of his performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒ Conflict is still indicated in the depression (54%) and gregarious score (67%). Of significance is that both scores are higher suggesting that he is at least evidencing the emotion rather than repressing it.</p> <p>⇒ The distrust, dyscontrol and aggression scores are no longer extreme. This suggests greater balance.</p> <p>⇒ The bias score is not as low suggesting that Subject D is more aware of what is socially acceptable.</p>	<p>⇒ The extreme score of tough-mindedness remains unchanged.</p> <p>⇒ Subject D presents as more outgoing, less tense, less excitable and more emotionally stable this time around.</p> <p>Although this means that half of his scores fall into the average category, the writer is of the opinion that it suggests a softer, more balanced perspective, rather than lack of self-knowledge.</p>	<p>⇒ The tone is generally optimistic and determined.</p> <p>⇒ The determination is almost aggressive in nature.</p> <p>⇒ A positive future orientation is projected.</p>	<p>⇒ Coping with the situation by active alternatives is the dominant response.</p> <p>⇒ The activities suggested are generally realistic and positive.</p> <p>⇒ A cheerful, active outlook is maintained.</p> <p>⇒ The industrious plans suggested may be seen as a socially acceptable channelling of aggressive energy.</p>	<p>⇒ Financial freedom is wished for, as is happiness and success. The wishes are very general and have not changed from the initial wishes made.</p>

Subject D appears to have acquired moderation and balance. He still seems to struggle with finding the balance between individualism and social relations. Of significance is his teachers' report that they no longer fear his temper. Instead they have come to know a calmer, more gentle individual. His self-control has apparently improved conspicuously. His score on the Self-Concept Inventory the second time around translated into a stanine of 6, which the writer believes to be realistic. This score is significantly more positive than the previous stanine of 2. Subject D has also been talking to the writer about his aspirations to be head boy in the year 2001, suggesting an improved self-concept.

6.6.5 Subject E

Subject E has provided a tent (his explanation) against the rain, suggesting improved defences against life's onslaughts. The sun is also coming out from behind his very ominous cloud suggesting hope. His person also appears more grounded and stable this time around, and certainly visually, more happy-looking. Anxiety is indicated by the provision of a base line, as well as by the very dark, shaded cloud. Subject D indicated his awareness of this anxiety in the follow-up interview, but suggested that he felt in control of it. A summary of his performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒The entire profile is less extreme.</p> <p>⇒Some conflict is indicated within the control (49) versus dyscontrol (58) domain. Although the dyscontrol score has decreased favourably and the control score has increased very adequately, balance has not been achieved yet.</p> <p>⇒The trust score is still extremely low, suggesting difficulty with acceptance.</p> <p>⇒The timid score has increased significantly (from 10% to 35%) and the aggression score has decreased favourably (from 97% to 83%).</p> <p>⇒The bias score is still extremely low suggesting that Subject E is not influenced by what is socially acceptable, and may well tend to be a law unto himself. This also corroborates the conflict noted between the control and dyscontrol scores.</p>	<p>⇒The entire profile is less extreme.</p> <p>⇒Extreme scores still suggest acute excitability and a carefree attitude.</p> <p>⇒Shyness, aggression, opportunism and tension are less strongly indicated.</p> <p>⇒Some conflict is noted: the high outgoing score is not corroborated by a high bold score. The high tension score conflicts with the high excitability score.</p>	<p>⇒The tone is generally more positive. There are still allusions to frustration, especially with regard to his father, but these are less immutable.</p> <p>⇒A more positive future orientation is projected.</p> <p>⇒Drive to succeed against all odds is projected.</p>	<p>⇒Instead of challenging threatening forces, they are avoided or managed.</p> <p>⇒A problem-solving outlook is projected.</p> <p>⇒An internal locus of control is suggested.</p>	<p>⇒A new father is wished for, which may suggest Subject E's acceptance of his father's rejection. He also wishes for a family of his own, which suggests that he has come to terms with making his own niche in life.</p>

Subject E appears to be more moderate and balanced. It would seem as if he is better able to control his emotions now. He confirmed this notion in the follow-up interview, specifically with regard to his father. This is not yet observable in all of his classes, however. Two of his teachers still find him very sensitive to criticism. The others report him to be much improved. His peers also report him to be less irritating, especially in terms of his tendency to be raucous in class. His score on the Self-Concept Inventory the second time around translated into a stanine of 3, which the writer believes to be realistic. This score is more positive than the previous stanine of 1, but suggests room for improvement. Conflict within his general profile is also still noted, requiring further attention. The writer believes that some of the conflict (control versus dyscontrol) is entrenched in his severe Attention Deficit and Hyperactivity Disorder, which impacts very negatively on the capacity to exercise social control.

6.6.6 Subject F

Subject F's second drawing strikes one as odd: it appears to be hanging in space, and almost strange. The stance of the drawn person suggests a lack of stability or even direction. Subject F has supplied great clothing detail, implying clothing narcissism. This might indicate cursory sociability, and a preoccupation with, or desire for, social acceptance. He has omitted to draw a nose, possibly suggesting immaturity or feelings of sexual inadequacy. The mouth showing teeth still suggests aggression. This is emphasised by the speared fingers. Once again, attention has been given to pockets, which might suggest affectional deprivation. An extreme need for acceptance, and a pervasive sense of fumbling through life was indicated in the follow-up interview. A summary of his performance on the assessment media suggests the following:

EPI	HSPQ	Incomplete Sentences	Metaphor Exercise	Three Wishes
<p>⇒A more balanced profile has been achieved, which is favourable.</p> <p>⇒Conflict is indicated in the depression (62%) versus gregarious (87%) domain.</p> <p>⇒The high gregarious and low timid scores suggest a lack of responsibility</p> <p>⇒The low timid and high trustful also suggests that he may be easily influenced.</p> <p>⇒The bias score is not as low suggesting that Subject F is more amenable to what is more socially acceptable.</p>	<p>⇒Extreme scores still suggest opportunism.</p> <p>⇒New extreme scores suggest zestfulness and a tough-minded attitude which is certainly more in keeping with how Subject F behaves generally.</p> <p>⇒High scores still indicate reservation and shyness.</p> <p>⇒New high scores suggest excitability (which corresponds to the high opportunism score) and tension.</p> <p>⇒Fewer scores are within the broad average category suggesting improved self-knowledge.</p>	<p>⇒The general tone of the sentences is realistic and honest.</p> <p>⇒Anxiety regarding future plans and academic ability is projected, but less severely than before.</p> <p>⇒Friends are a very important part of his life.</p>	<p>⇒The tone is positive.</p> <p>⇒Problem solving skills are alluded to, but these are still vague, suggesting continued inadequate coping skills.</p> <p>⇒Avoidance is used as a coping skill too.</p>	<p>⇒There is still a wish to be independent as well as to be powerful. This may suggest that Subject F has not resolved feelings of inadequacy yet.</p>

Subject F appears to have progressed in terms of improved self-knowledge, but he has failed to augment his sense of responsibility or autonomy. He still projects a major sense of inadequacy. His score on the Self-Concept Inventory the second time around translated into a stanine of 3 again, which the writer believes to be inflated. The reports from his teachers reflect his continued lack of responsibility and commitment, as well as his poor social interaction.

6.6.7 A Comparison of the Final Assessment Results to Resilience Traits

The writer now intends to use the above information against a check-list of characteristics suggesting the presence of resilience. The check-list is derived from the writer's masters work (Mac Farlane 1999: 187 - 189). Should the subjects evidence the characteristics typical of resilient individuals, it might be deduced that resilience was inculcated by means of the group therapy programme. The check-list reflects the following:

6.6.7.1 Subject A

RESILIENCE TRAIT	YES / NO	PROOF
positive attitude , suggesting the ability to remain cheerful and optimistic.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • High gregarious score (EPI) • Forest metaphor • Teacher report
positive self-concept , suggesting a good relationship to the self, and positive self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire (stanine of 6) • Incomplete sentences
positive future orientation , suggesting tenacity, orientation to achieve and optimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences
assertiveness , suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 7 for assertiveness suggesting positive assertiveness) • HSPQ (sten of 6 for making own decisions suggesting positive assertiveness)
enthusiasm , suggesting a tendency towards excitability and spontaneity.	Moderate	<ul style="list-style-type: none"> • HSPQ (sten of 5 for excitability and 5 for enthusiasm suggesting moderate or balanced propensity)
drive , suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor
anxiety , suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.	Moderate	<ul style="list-style-type: none"> • High bias score on the EPI suggests a need for social approval

internal locus of control , suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 3 for self-assurance suggesting authorship) • Incomplete sentences
good interpersonal relationships , suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 7 for factor A suggesting positive social orientation) • Incomplete sentences • Three wishes • Teacher report

The writer concludes that Subject A now exhibits resilience.

6.6.7.2 Subject B

RESILIENCE TRAIT	YES / NO	PROOF
positive attitude , suggesting the ability to remain cheerful and optimistic.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • High average gregarious score (EPI) • Forest metaphor • Teacher report specifies improvement in this area
positive self-concept , suggesting a good relationship to the self, and positive self-talk.	Moderate	<ul style="list-style-type: none"> • Self-concept questionnaire (stanine of 4 suggests improvement from stanine of 1) • Incomplete sentences
positive future orientation , suggesting tenacity, orientation to achieve and optimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Follow-up interview with the writer
assertiveness , suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 8 for assertiveness suggesting positive assertiveness) • HSPQ (sten of 7 for ability to make own decisions suggesting positive assertiveness)
enthusiasm , suggesting a tendency towards excitability and spontaneity.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 7 for excitability and 6 for enthusiasm suggesting a propensity towards spontaneity)
drive , suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • HSPQ (sten of 9 for tension suggesting fervour)

anxiety , suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.	Yes	<ul style="list-style-type: none"> • High bias score on the EPI suggests a need for social approval • HSPQ (sten of 8 for apprehension and 9 for tension)
internal locus of control , suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.	Moderate	<ul style="list-style-type: none"> • HSPQ (sten of 8 for apprehension and sten of 4 for being uncontrolled suggesting poor internal locus of control) • However, HSPQ suggests good ability to make own decisions. • High control score on EPI (suggesting good control) • Incomplete sentences
good interpersonal relationships , suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 7 for factor A suggesting positive social orientation) • Incomplete sentences • Three wishes • Teacher report

The writer concludes that Subject B now exhibits resilience.

6.6.7.3 Subject C

RESILIENCE TRAIT	YES / NO	PROOF
positive attitude , suggesting the ability to remain cheerful and optimistic.	No, but improving	<ul style="list-style-type: none"> • Incomplete sentences • Improved gregarious score (EPI) • Diminished depression score (EPI) • Forest metaphor
positive self-concept , suggesting a good relationship to the self, and positive self-talk.	Yes	<ul style="list-style-type: none"> • Self-concept questionnaire (stanine of 3 suggests improvement from stanine of 1) • Incomplete sentences
positive future orientation , suggesting tenacity, orientation to achieve and optimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Follow-up interview with writer
assertiveness , suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 6 for assertiveness suggesting positive assertiveness) • HSPQ (sten of 7 for making own decisions suggesting positive assertiveness)

enthusiasm , suggesting a tendency towards excitability and spontaneity.	Moderate	<ul style="list-style-type: none"> HSPQ (sten of 4 for excitability and 3 for enthusiasm suggesting moderation and soberness)
drive , suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.	Yes	<ul style="list-style-type: none"> Incomplete sentences Forest metaphor HSPQ (sten of 4 increased to 6 for tension suggesting improved zeal)
anxiety , suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.	Yes	<ul style="list-style-type: none"> HSPQ (sten of 7 for apprehension and 6 for tension) Draw-a person Improved bias score on EPI suggesting increased sensitivity.
internal locus of control , suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.	Yes	<ul style="list-style-type: none"> HSPQ (sten of 7 for both control and making own decisions suggesting authorship) Incomplete sentences
good interpersonal relationships , suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.	Yes	<ul style="list-style-type: none"> HSPQ (sten of 6 for factor A suggesting positive social orientation) Incomplete sentences suggesting empathy Three wishes Teacher report specifies that he participates more.

The writer concludes that Subject C now exhibits resilience.

6.6.7.4 Subject D

RESILIENCE TRAIT	YES / NO	PROOF
positive attitude , suggesting the ability to remain cheerful and optimistic.	Yes	<ul style="list-style-type: none"> Incomplete sentences High average gregarious score (EPI) Forest metaphor Teacher report
positive self-concept , suggesting a good relationship to the self, and positive self-talk.	Yes	<ul style="list-style-type: none"> Self-concept questionnaire (stanine of 6) Incomplete sentences HSPQ (sten of 6 on factor C, suggesting positive self-concept)
positive future orientation , suggesting tenacity, orientation to achieve and optimism.	Yes	<ul style="list-style-type: none"> Incomplete sentences Follow-up interview with writer

<p>assertiveness, suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • HSPQ (sten of 7 for assertiveness suggesting positive assertiveness) • EPI (assertiveness is indicated by aggression score of 70%) • EPI(aggression score has decreased from 87% to 70%, suggesting better understanding of assertiveness)
<p>enthusiasm, suggesting a tendency towards excitability and spontaneity.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • HSPQ (sten of 7 for excitability and 5 for enthusiasm)
<p>drive, suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • Follow-up interview with writer • HSPQ (sten of 2 for tough-minded attitude suggesting tenacity)
<p>anxiety, suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Increased bias score on the EPI suggests improved awareness of social approval • HSPQ (sten of 6 for apprehension and 6 for tension)
<p>internal locus of control, suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • HSPQ (sten of 6 for self-assurance and sten of 5 for control suggesting some authorship) • Incomplete sentences • Improved temper control as noted by teachers and group
<p>good interpersonal relationships, suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.</p>	<p>Moderate</p>	<ul style="list-style-type: none"> • HSPQ (sten of 3 increasing to sten of 5 for factor A suggesting improved social orientation) • Teacher report

The writer concludes that Subject D now exhibits resilience.

6.6.7.5

Subject E

RESILIENCE TRAIT	YES / NO	PROOF
positive attitude , suggesting the ability to remain cheerful and optimistic.	No, but improving	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • Happier looking person in draw-a-person • Follow-up interview with writer suggests conscious effort to be more positive despite battle against depressive tendencies
positive self-concept , suggesting a good relationship to the self, and positive self-talk.	Moderate	<ul style="list-style-type: none"> • Self-concept questionnaire (stanine of 1 increased to 3) • Incomplete sentences • HSPQ (sten of 1 increasing to sten of 4 on factor C, suggesting a more positive self-concept)
positive future orientation , suggesting tenacity, orientation to achieve and optimism.	Yes	<ul style="list-style-type: none"> • Incomplete sentences
assertiveness , suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 8 for assertiveness suggesting positive assertiveness) • HSPQ (sten of 5 for making own decisions suggesting some assertiveness) • Incomplete sentences • EPI (aggression score has decreased from 97% to 83%, and timid score has increased suggesting better understanding of assertiveness)
enthusiasm , suggesting a tendency towards excitability and spontaneity.	Extreme	<ul style="list-style-type: none"> • HSPQ (sten of 10 for excitability and 10 for enthusiasm suggesting extreme propensity) • Tempered by improved control score on EPI (from 5% to 49%) • His attention deficit and hyperactivity disorder must be borne in mind in regard to these extreme scores.
drive , suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.	Yes	<ul style="list-style-type: none"> • Incomplete sentences • Forest metaphor • HSPQ (sten of 8 for tension suggesting drive)
anxiety , suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.	Yes	<ul style="list-style-type: none"> • HSPQ (sten of 7 for apprehension and 8 for tension) • Draw-a person

<p>internal locus of control, suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.</p>	<p>Moderate</p>	<ul style="list-style-type: none"> • HSPQ (sten of 1 improving to sten of 5 for control suggesting improved authorship) • Incomplete sentences • Improved control score on EPI (from 5% to 49%) and diminished dyscontrol score (from 79 to 58%)
<p>good interpersonal relationships, suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • HSPQ (sten of 9 for factor A suggesting positive social orientation) • Incomplete sentences • Three wishes • Follow-up interview (loyalty to friends evidenced)

The writer concludes that Subject E now exhibits more resilience, than at the outset. Resilience is not completely anchored yet. The writer hypothesizes that his extreme Attention Deficit and Hyperactivity Disorder result in much negative feedback, which saps the potential for resilience, in that it is hard to have a positive attitude and self-concept in the face of incessant negative feedback. His Attention Deficit also impacts strongly on a sense of internal locus of control, as his inclination towards impulsivity enfeebles a sense of authorship.

6.6.7.6 Subject F

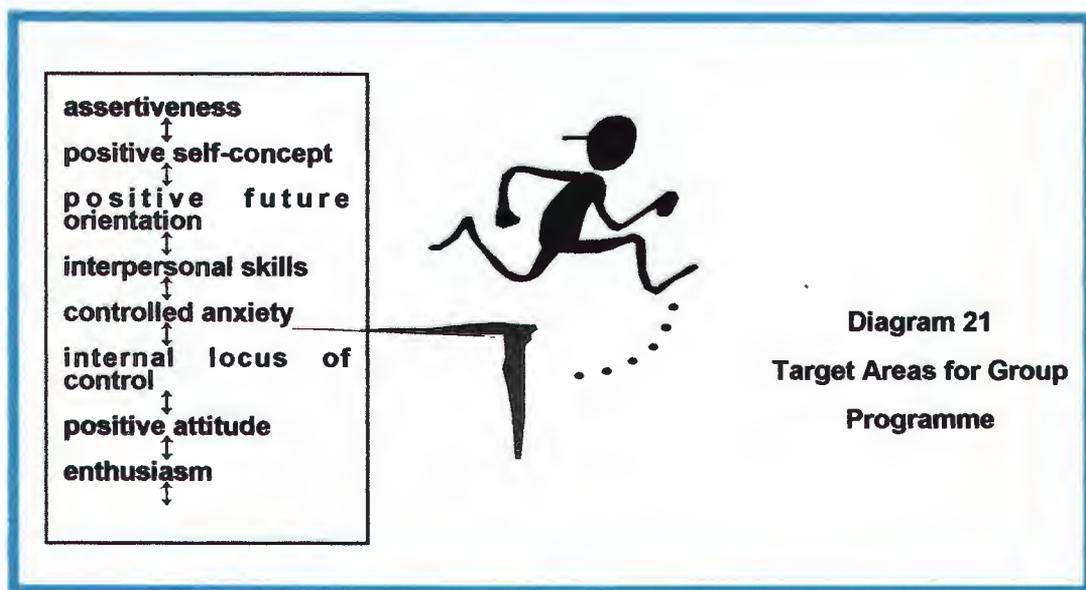
RESILIENCE TRAIT	YES / NO	PROOF
<p>positive attitude, suggesting the ability to remain cheerful and optimistic.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Incomplete sentences • High gregarious score (EPI) • Forest metaphor • Teacher report
<p>positive self-concept, suggesting a good relationship to the self, and positive self-talk.</p>	<p>Moderate</p>	<ul style="list-style-type: none"> • Self-concept questionnaire (stanine of 3) • Incomplete sentences • Follow-up interview with writer evidenced poor self-concept in all spheres bar that of sociality
<p>positive future orientation, suggesting tenacity, orientation to achieve and optimism.</p>	<p>Moderate</p>	<ul style="list-style-type: none"> • Incomplete sentences: some anxiety and uncertainty is expressed

assertiveness , suggesting autonomous functioning, independent-mindedness and the ability to fight for deserved personal rights in a socially appropriate manner.	No	<ul style="list-style-type: none"> HSPQ (sten of 4 for assertiveness suggesting submissiveness)
enthusiasm , suggesting a tendency towards excitability and spontaneity.	Moderate	<ul style="list-style-type: none"> HSPQ (sten of 5 for excitability and 5 for enthusiasm suggesting moderate propensity)
drive , suggesting a curiosity about life, as well as tenacity and creative problem-solving ability. Drive is also associated with tension to achieve goals.	No	<ul style="list-style-type: none"> Incomplete sentences Forest metaphor Teachers report no drive Subject F has also decided to drop out of school
anxiety , suggesting sensitivity and a sense of obligation, which translates into increased drive and a sense of responsibility.	Moderate	<ul style="list-style-type: none"> Average bias score on the EPI suggests some need for social approval HSPQ (sten of 7 for apprehension and 6 for tension)
internal locus of control , suggesting a sense of authorship or choice over one's destiny, even if such choice only pertains to attitude.	No	<ul style="list-style-type: none"> Forest Metaphor suggests strong avoidance rather than responsibility Teachers report no evidence of responsibility His continued use of drugs suggests external locus of control
good interpersonal relationships , suggesting positive social orientation and the ability to derive optimal benefit from social interaction. Empathy and a desire for love are associated with this attribute.	Moderate	<ul style="list-style-type: none"> Incomplete sentences reflect the importance of his friends EPI (high gregarious and trust scores suggest that he likes being social, but may be easily influenced)

The writer concludes that Subject F does not yet exhibit resilience. Although there has been some improvement, it has not been enough to suggest that resilience has been anchored. The writer surmises that Subject F's drug habit, and decision to quit school, impacted negatively on the inculcation of resilience. If the intervention programme had been inclusive of familial factors, and Subject F's parents had perhaps been included, the outcome may have been different. The writer is especially cognisant of their knowledge of his drug habit, and their apparently indifferent attitude towards it.

6.7. CONCLUSIONS ABOUT THE DEVELOPMENT OF RESILIENCE

The above tables allow conclusions to be drawn about the efficacy of the group therapy programme which the six group members participated in. The reader is reminded that none of the group members evidenced resilience skills at the outset. The purpose of the group therapy programme was to intervene and instil skills which would encourage resilience. The target areas included:



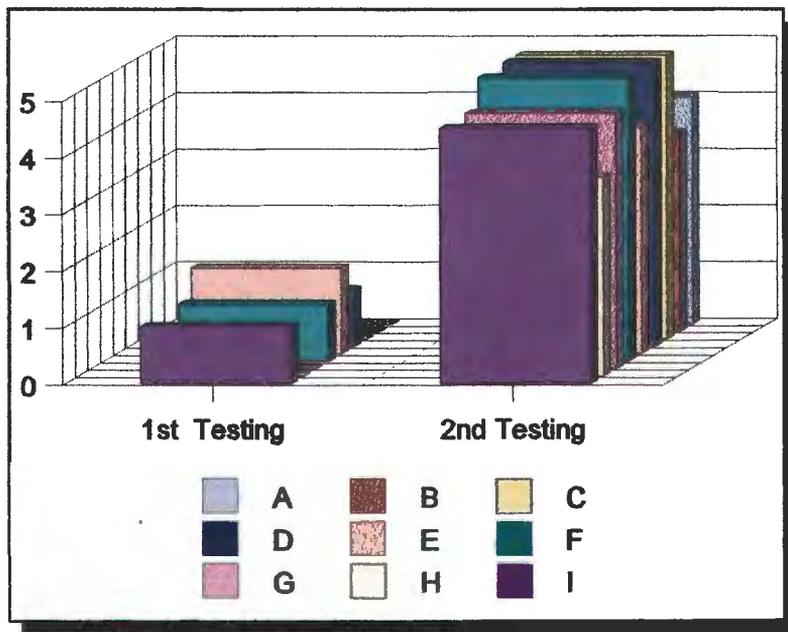
A summary of the above tables, indicating which resilience traits were acquired, would reflect the following:

Resilience trait	Subject A	Subject B	Subject C	Subject D	Subject E	Subject F
positive attitude	yes	yes	no, but improving	yes	no, but improving	yes
positive self-concept	yes	moderate	yes	yes	moderate	moderate
positive future orientation	yes	yes	yes	yes	yes	moderate
assertiveness	yes	yes	yes	yes	yes	no
enthusiasm	moderate	yes	moderate	yes	yes	moderate
drive	yes	yes	yes	yes	yes	no
anxiety	moderate	yes	yes	yes	yes	moderate

internal locus of control	yes	moderate	yes	yes	moderate	no
good interpersonal relationships	yes	yes	yes	moderate	yes	moderate
verdict	resilience acquired	resilience acquired	resilience acquired	resilience acquired	some resilience acquired	resilience not acquired

TABLE 29
Final Comparative Summary - Experimental Group

The above table suggests that resilience skills were inculcated by the group therapy intervention programme in the majority of group members. A comprehensive graph of how each characteristic of resilience grew, would look as follows:



GROWTH OF RESILIENCE

GRAPH 1

The key to the graph is provided on the next page.

Key:

A:	positive attitude	F:	drive
B:	positive self-concept	G:	anxiety
C:	positive future orientation	H:	internal locus of control
D:	assertiveness	I:	good interpersonal relationships
E:	enthusiasm		

From the above graph, it becomes apparent that resilience was both inculcated and augmented. In the following section, the writer will translate the above graph into a pre-therapy and post-therapy description of each group member in order to provide the reader with a qualitative description of the progress achieved or not achieved.

6.7.1 Conclusions Derived from a Comparison of the Pre-therapy and Post-therapy Results

A tabulated comparison of the pre-therapy and post-therapy profiles of each group member, based on the information generated by all the assessment media employed, yields the following information:

TABLE 30
Pre-therapy and Post-therapy Profiles

	PRE-THERAPY	POST-THERAPY
SUBJECT A	Subject A presents as an introverted, unpopular individual. She trusts indiscreetly and is overly submissive. Poor self-knowledge is displayed. Poor social orientation and unrealistic future orientation are projected. Passivity and emotional conflict dominate. Resilience is not indicated.	Subject A presents as more socially orientated and positively involved. She appears to be more controlled and decisive. Emotional balance and realistic, positive future orientation is projected. An internal locus of control, and positive self-concept is indicated. Self-knowledge and assertiveness skills are improved.

SUBJECT B	Extreme levels of aggression, reservation, opportunism, vulnerability, excitability and tough-mindedness are projected. A negative, demanding attitude is projected. Egocentrism and high anxiety levels are also suggested. Resilience is not indicated.	A less critical, more moderate stance is projected. Drive, coupled to a positive attitude, and improved self-concept is projected. An improved social orientation is noted. An internal locus of control is indicated. Anxiety levels remain high, as does the need for control, but these appear to be balanced by decreased aggression and excitability scores.
SUBJECT C	Intrapersonal conflict is generally indicated. High depression and aggression scores are also indicated. Excessive individuality is projected. Passivity and apathy are also projected. Poor self-knowledge is suggested. Resilience is not indicated.	Fewer extremes are noted: the general profile is more moderate. Nevertheless, depression and aggression scores are still high, as is the need for individuality and control. Empathy and drive are more strongly projected. An improved self-concept is also suggested.
SUBJECT D	Intrapersonal and interpersonal conflict is strongly indicated, as are high distrust, dyscontrol and aggression scores. A tough-minded attitude is suggested. High levels of excitability are also suggested. A poor positive future orientation is projected: Subject D appears to feel trapped. Resilience is not indicated.	Greater approachability is projected. The tough-minded attitude is still projected, but it is tempered by diminished aggression and excitability scores. Drive and positive future orientation are projected. An improved self-concept is also projected.
SUBJECT E	Extreme aggression scores are indicated. Lack of control, anxiety, excitability, vulnerability and opportunism are suggested. Poor interpersonal relations are projected. Intrapersonal conflict with regard to tension and excitability levels is noted.	Greater moderation and balance is suggested. Extreme excitability is still suggested, but this might well relate to Subject E's attention deficit and hyperactivity disorder. A positive future orientation is projected, as is a desire for positive social relations. His self-concept is moderately improved too. His levels of aggression are no longer as extreme.
SUBJECT F	Intrapersonal conflict predominates. Poor self-knowledge is suggested. Opportunism and social reticence are strongly indicated, as is passivity and an external locus of control. A poor self-concept predominates.	A more balanced profile is suggested. However, a lack of responsibility and empathy is projected, as are high excitability levels. There is a pervasive sense of personal inadequacy.

With the exception of Subject F, resilience has been acquired and augmented generally. The rest of the group members benefited from the therapeutic intervention: psychological wellness was attained as can be deduced from the above descriptions. The teacher progress reports testify to improved levels of psychological wellness, especially for Subjects A, B,

C and D. Subject E is described as having shown improvement, but the carry over to the classroom situation is reported as erratic. The teacher progress report reflects almost no progress for Subject F. The teachers attribute this to his decision to drop out of school. As mentioned previously, the writer is of the opinion that Subject F's drug problem has contributed to his inability to acquire resilience skills.

It must now be determined whether the group therapy intervention is responsible for the acquisition of resilience skills. In order to ascertain whether this is so, the writer will compare the final profile of the group as a whole to that of the control group as a whole.

6.8 COMPARISON OF EXPERIMENTAL GROUP AND CONTROL GROUP

In the following section, the writer will compare the profiles of the experimental group members, to the profiles of the control group members. The reader is reminded that the control group members are in the same school and standard, and also considered to be vulnerable. A summary of the stressors impacting on the adolescents in the control group, would include:

- being learning disabled
- being exposed to severe marital discord / divorce
- financial difficulties
- parental pathology
- parental rejection
- physical abuse

This list confirms the comparability of the two groups.

The members of the control are group were also reported to be functioning maladaptively.

Their behaviour includes:

- aggression
- drug abuse and alcohol abuse
- depression
- extreme temper outbursts

The above again confirms the comparability of the two groups.

6.8.1 First and Second Profile of Control Group

The writer will first supply a tabulated profile and then translate it into a graphic comparative one.

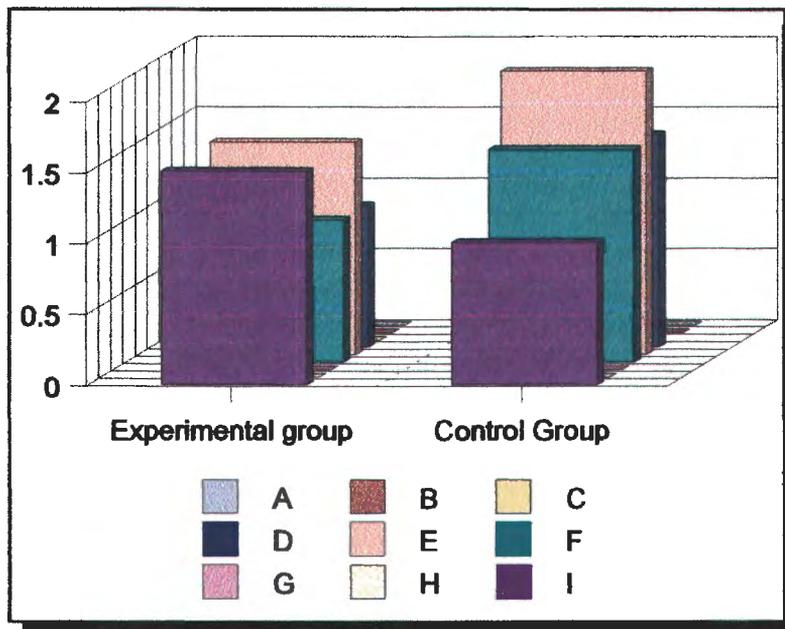
6.8.1.1 First profile

The control group's initial profile was compiled at the same time as that of the initial assessment of the experimental group, using exactly the same media.

Vulnerability trait	Subject 1	Subject 2	Subject 3	Subject 4	Subject 5	Subject 6
negative attitude	yes	yes	yes	yes	yes	yes
poor self-concept	yes	yes	yes	yes	yes	yes
poor future orientation	moderate	yes	yes	yes	yes	yes
hostility	yes	yes	no	yes	yes	moderate
excitability	no	yes	no	yes	yes	yes
evasiveness	yes	yes	moderate	no	yes	yes
inadequacy	yes	yes	yes	yes	yes	yes
external locus of control	yes	yes	yes	yes	yes	yes
poor interpersonal relationships	moderate	yes	moderate	yes	yes	yes
verdict	not resilient					

Table 31
Initial Comparative Summary - Control Group

The above table suggests a lack of resilience and a propensity for vulnerability. All six subjects were also identified by the school's psychology department and teaching staff as being vulnerable, so the above profile is no real surprise. It is very similar to the first profile of the experimental group. A graphic representation of the similarity between the two groups would look as follows:



EXTENT OF VULNERABILITY AT INITIAL TESTING

GRAPH 2

Key:

- | | |
|--------------------------------|-------------------------------------|
| A. positive attitude | F: drive |
| B. positive self-concept | G: anxiety |
| C. positive future orientation | H: internal locus of control |
| D. assertiveness | I: good interpersonal relationships |
| E. enthusiasm | |

The above graph confirms that both the experimental group and control group were comparatively vulnerable at the outset of this study. Low levels of resilient characteristics were indicated.

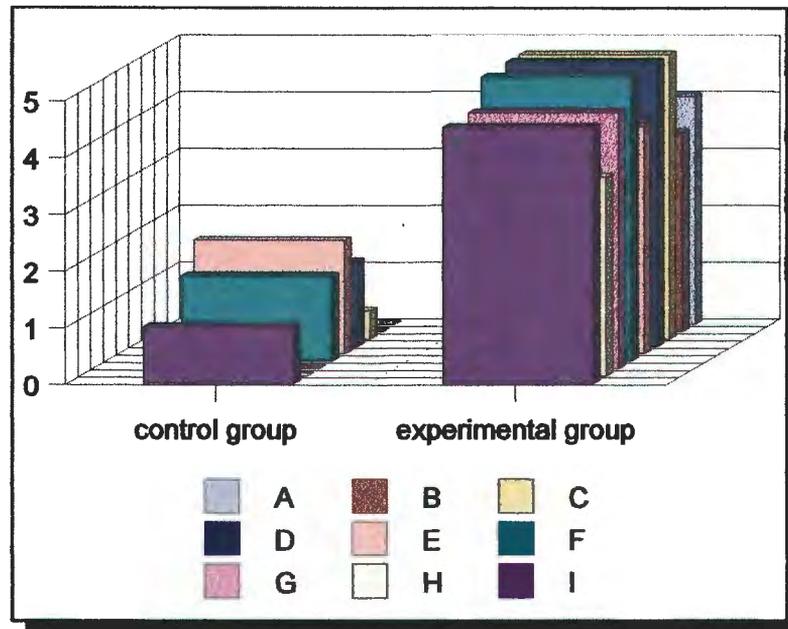
6.8.1.2 Second profile

The control group's second profile was also compiled at the same time as that of the experimental group's second assessment. Approximately five and a half months had lapsed since the first testing. The difference is that the control group received no intervention. The first and second profile hardly differs, as indicated below.

Resilience trait	Subject 1	Subject 2	Subject 3	Subject 4	Subject 5	Subject 6
positive attitude	no	no	no	no	no	no
positive self-concept	no	no	no	no	no	no
positive future orientation	moderate	no	no	no	no	no
assertiveness	no	no	no	no	no	moderate
enthusiasm	no	yes	no	yes	yes	moderate
drive	no	no	no	moderate	no	no
anxiety	yes	no	no	moderate	no	no
internal locus of control	no	no	no	no	no	no
good interpersonal relationships	moderate	no	moderate	no	no	no
verdict	not resilient					

TABLE 32
Final Comparative Summary - Control Group

The above table still suggests a lack of resilience and a propensity for vulnerability. It is dissimilar to the second profile of the experimental group. Whilst the control group has not evidenced growth in terms of the inculcation of resilience, the experimental group has. A graphic representation of the dissimilarity between the two groups would look as follows:



DISSIMILARITY OF RESILIENCE INCULCATION BETWEEN CONTROL AND EXPERIMENTAL GROUP

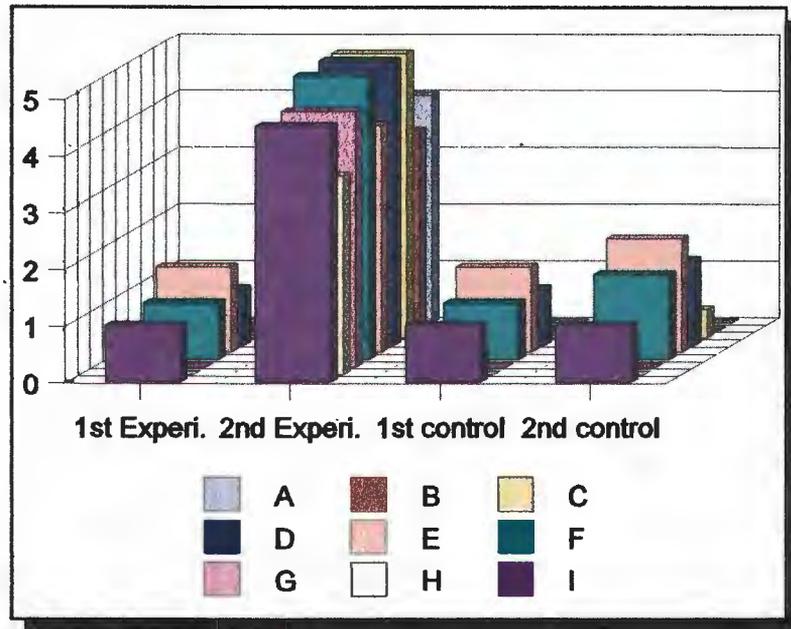
GRAPH 3

Key:

- | | |
|--------------------------------|-------------------------------------|
| A: positive attitude | F: drive |
| B: positive self-concept | G: anxiety |
| C: positive future orientation | H: internal locus of control |
| D: assertiveness | I: good interpersonal relationships |
| E: enthusiasm | |

6.8.2 Conclusions about the Group Comparisons

A comparison of the first testing profile to the second provides proof of the positive impact which the group therapy had on the inculcation of resilience. The reader is reminded that the groups were randomly chosen from a homogeneous population. The difference between the two groups is the experimental group's exposure to therapeutic intervention. A graphic representation looks as follows:



COMPARATIVE GROWTH OF RESILIENCE

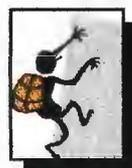
GRAPH 4

Key:

A: positive attitude	F: drive
B: positive self-concept	G: anxiety
C: positive future orientation	H: internal locus of control
D: assertiveness	I: good interpersonal relationships
E: enthusiasm	

Given the preceding data, the writer makes the conclusion then that the group therapy intervention programme caused the experimental group to develop resilience skills. In the inculcation of these resilience skills she is reminded of Dr Brian Jude's words: "*Success is not a destination. It is a continual process.*" (1998: 135) By the same token, having acquired resilience is not the destination: it should be a continual process, a way of living: "*Resilience is not a fixed constitutional attribute, but a process, and the choices one makes at key turning points in life can greatly influence this process*" (Turner et al, 1995: 27).

In the following and final chapter the writer will provide a summary of this study.



CHAPTER SEVEN

CONCLUSION

“Our lives are a continuing journey - and we must learn and grow at every bend as we make our way, sometimes stumbling, but always moving toward the finest within us.”

McGinnis' (1990: 93)

7.1 INTRODUCTION

The problem which initiated this study was the writer's growing concern that adolescents are afforded therapeutic intervention only once their levels of functioning have crumbled. The writer was particularly perplexed because of the knowledge she had gleaned during her masters study, which focused on identifying personal attributes which would anchor resilience, and combat such crumbling. Consequently, the writer believed that it might prove efficacious to conduct a study aimed at inculcating resilience skills, in order that psychological wellness might be pro-actively targeted.

7.2 HYPOTHESES GOVERNING THE STUDY

The following table summarises the initial hypotheses and comments on their validity, given the findings of the literature and the empirical study:

Table 33
Validity of Hypotheses

HYPOTHESIS	CONCLUSION
⇒ It may be empirically determined that resilience can be inculcated.	✓ It could be empirically determined that resilience can be inculcated, especially when the experimental and control group results are compared.
⇒ It may be empirically shown that group therapy will provide a suitable forum for anchoring resilience.	✓ Group therapy proved to be an ideal forum. It did not appear to have iatrogenic effects either.

<p>⇒ Preventative therapeutic intervention, aimed at addressing vulnerability, is a feasible notion.</p>	<p>✓ Intervention is feasible: five of the six group members displayed diminished vulnerability levels. Of the five, four manifested marked improvement. The sixth group member displayed almost no growth. The writer believes his drug addiction sabotaged the intervention.</p>
<p>⇒ It may be empirically demonstrated that inculcation of resilience skills will improve the overall functioning of the individual.</p>	<p>(✓) The overall functioning of the group members was generally improved. The teachers' reports validated improvement in especially four of the six members, as did personal attestation during follow-up interviews. Nevertheless, overall functioning was not consistently improved, which suggests that personal authorship over the application of resilience skills cannot be underestimated. Knowledge and skills are not enough: there must be a desire to implement them.</p>

7.3 CONCLUSIONS DRAWN FROM THE LITERATURE

Many questions were posed by the writer in Chapter One. The majority were addressed in the literature study. The literature study targeted the protective factors underscoring resilience, with special emphasis on individual protective factors, as the inculcation of personal protective factors was the focus of this study. A comprehensive overview of both adolescence and group therapy was also afforded by the literature study. Furthermore, the literature study provided a rationale for intervention. A pictorial summary of the various elements of the literature study and why they fit together is presented below:

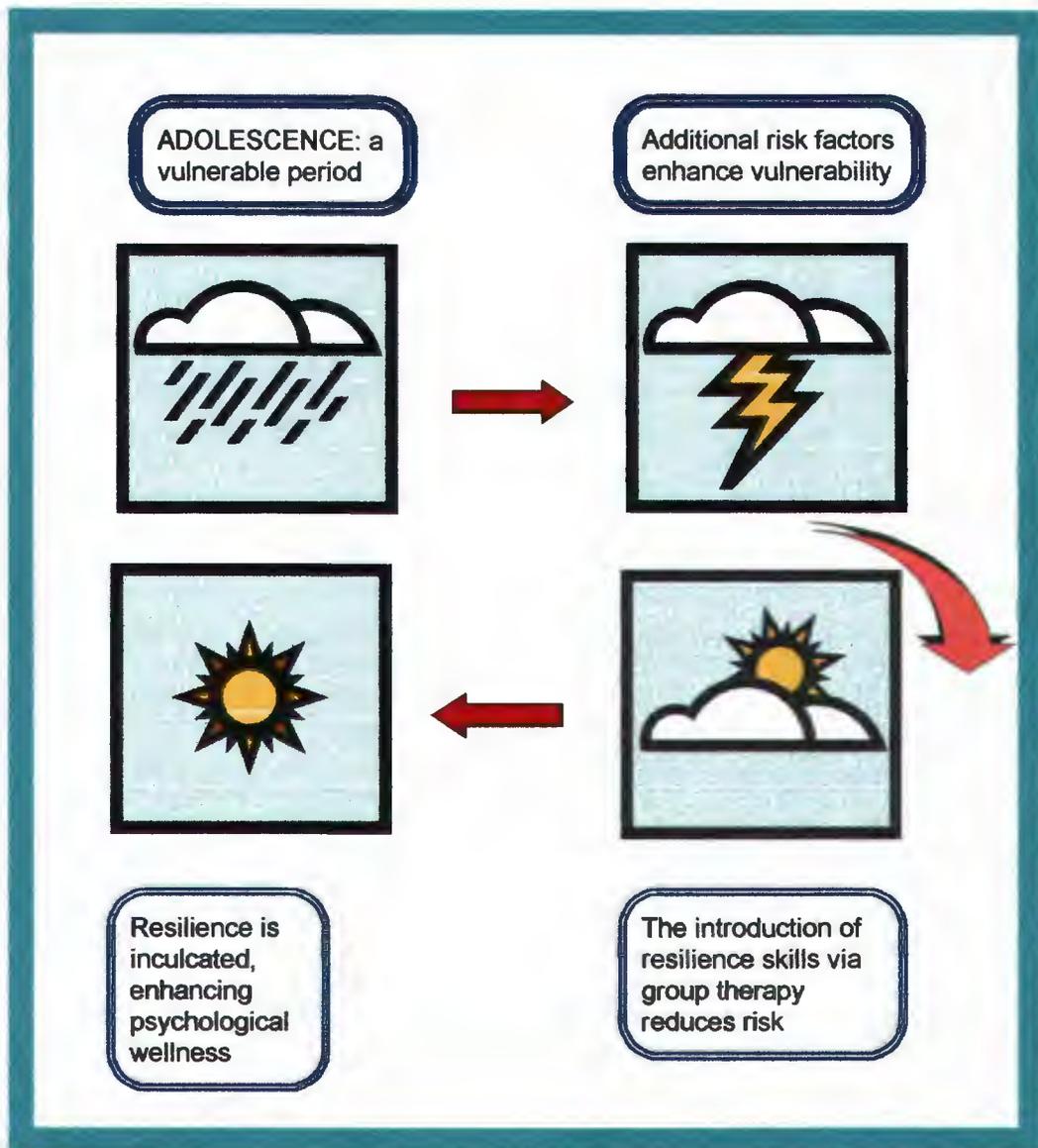


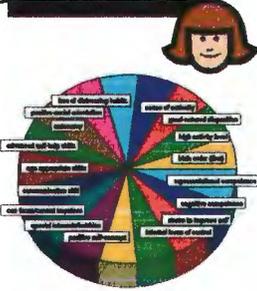
Diagram 22

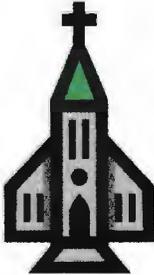
Pictorial representation of elements of literature study

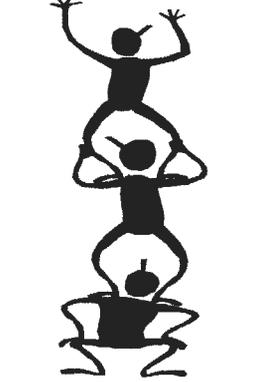
The following table provides an overview of the literature findings:

Table 34

Conclusions from Literature Overview

<p>Adolescence</p> 	<p>Biological, emotional, social and cognitive transitions are required in adolescence which makes this developmental period a particularly stressful one. In addition to these adaptive stressors, there are additional risks associated with adolescence. For a summary of these, the reader is referred to Chapter Two, diagrams 4 and 5. A synopsis of adolescence might be encapsulated in Jaffe's words: ". . . it is a time of heightened vulnerability" (1998: 498)</p>
<p>Protective factors</p>	<p>Protective factors are commonly fragmented into personal protective factors, familial protective factors, and extra familial protective factors. Protective factors are believed to be integral to resilience, given their potential to buffer stressful life experiences. Although there is a school of thought (Werner and Smith [1982], Loesel and Bliesener [1994]) which holds that resilience is merely a dearth of risk factors and a glut of protective factors, the writer agrees with Rutter (1985) and Vaillant (1993), who believe that resilience is greater than the mere addition and subtraction of protective and risk factors.</p>
<p>Personal protective factors</p>   	<p>Personal protective factors refer to factors intrinsic to the individual. They originate from within rather than from without.</p> <p>Personal protective factors provide a shield against life's blows. These factors separate resilient individuals from vulnerable individuals. The reader is referred to Diagram 7 in Chapter Two for a summary of the personal protective factors.</p> <p>The focus of this study is on the inculcation of the nine protective factors as defined by MacFarlane (1998: 187), and summarised in Diagram 8, Chapter Two. The writer is of the opinion that personal protective factors enjoy a symbiotic relationship, and should, therefore, be targeted in unison, if the process of resilience is to be facilitated. All the pieces of the 'puzzle' are needed to complete the bigger picture.</p>

<p>Familial factors</p> 	<p>Familial factors were included in this study because of their propensity to augment or diminish personal protective factors. Protective family factors include the following:</p> <ul style="list-style-type: none"> ✓ close relationship to caring parent ✓ sound family structure and rules ✓ absence of poverty ✓ extended and supportive family network ✓ clear family hierarchy ✓ minimal conflict ✓ positive family attitude to adversity ✓ healthy communication ✓ four or fewer siblings <p>Should the opposite hold true, resilience is not encouraged.</p>
<p>Extra familial factors</p> 	<p>Extra familial factors were included in this study because of their propensity to augment or diminish personal protective factors. Protective extra familial factors include the following:</p> <ul style="list-style-type: none"> ✓ bonds with pro-social adults ✓ positive peer affiliations ✓ attending effective schools ✓ religious affiliations ✓ affiliations to pro-social organisations ✓ extra curricular activities <p>Should the opposite hold true, resilience is not encouraged.</p>
<p>Risk factors</p> 	<p>Risk factors sabotage resilience and have their genesis in personal, familial and extra familial factors. These dichotomies are not absolute, as risk factors are often interrelated. Cumulative risk is considered more noxious. There are at least twenty different risk factors. The reader is referred to Diagram 9 in Chapter Two for a summary of these factors. The danger of adolescence is the potential risk inherent in this stage, combined with additional risk factors faced by adolescents.</p>

<p>Therapeutic intervention</p>  <p>resilience</p> <p>adolescent</p>	<p>With regard to resilience, therapeutic intervention is seen as an exercise in the promotion of wellness, rather than as an exercise in repair. Previously, it was held that intervention entailed the eradication of risk factors and attrition of stress. Currently, a triad of intervention focal points exists:</p> <ul style="list-style-type: none"> ✓ risk-focused intervention; ✓ resource-focused intervention; and ✓ process-focused interventions. <p>Regardless of the method of intervention used, if it is to have value, then it must be both pro-active and conform to the life-world of the individual. Intervention strategies to date have yielded some success, and generally target an aspect of resilience (such as interpersonal problem-solving skills, or assertiveness training, as documented by Masten et al, 1998: 214). The writer is of the opinion that personal resilient traits are symbiotic, and that consequently, intervention should target the gestalt of protective factors.</p>
<p>Group Therapy Intervention</p> 	<p>Group therapy is applauded in the literature, especially with regard to intervention with adolescents. The reader is referred to Table 10 and Diagram 11 in Chapter Three for a summary of the curative factors intrinsic to adolescent group therapy. It would be naive, however, to believe that adolescent group therapy is a panacea: when not effectively managed it also has the power to result in iatrogenic effects. Group therapy is divided into various types, which necessarily impact on how the group is run. For a summary of the types of groups the reader is referred to Table 8 in Chapter Three. Group therapy also adheres to basic tenets in conjunction with these types, such as group size, position and ground rules and so on. The trajectory of a group follows definite phases, as summarised in Table 9 in Chapter Three.</p>

7.4 CONCLUSIONS FROM THE EMPIRICAL STUDY

In Chapter One, the writer pondered the feasibility of creating a group intervention programme which might equip adolescents with resilience skills. She founded this notion on her masters thesis which had delineated the personal attributes characterising resilient adolescents (Mac Farlane, 1998). A diagrammatic representation of the intervention programme would reveals the following:

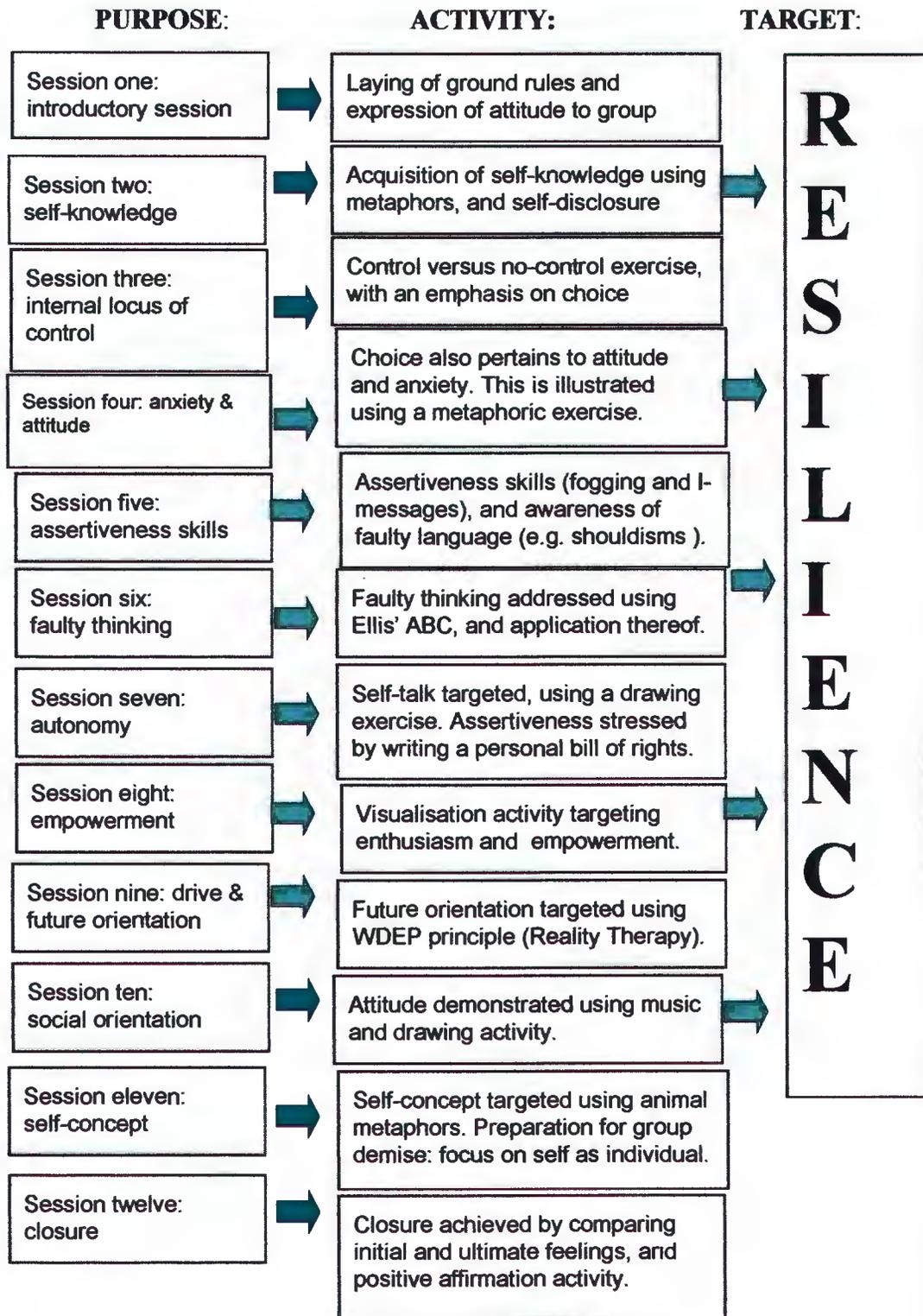


DIAGRAM 23
SUMMARY OF INTERVENTION PROGRAMME

The course of the intervention programme spanned almost two terms. Group members verbalised their enjoyment of the programme frequently. Of greater salience to the writer was when she was approached by non-group members to start a similar group for them, because they liked the changes they could discern in their peers involved in the group intervention programme. The feedback from the teachers was generally positive too. With the exception of two group members, a consistent and positive change, especially in attitude, personal responsibility and social orientation was noted.

When the control and experimental groups are compared, the lack of growth in terms of resilience skills, is obvious with respect to the control group, which suggests that intervention can augment assertiveness, positive self-concept, positive future orientation, positive social orientation, enthusiasm, internal locus of control, drive, positive attitude, and positive anxiety which translates into responsibility, all of which support resilience. The reader is referred to Graph 4 in Chapter Six for a summative comparison.

When the pre-intervention profiles of the experimental group members are compared to the post-intervention profiles, it becomes apparent that growth has indeed occurred generally (excepting Subject F). The reader is referred to Graph 1 in Chapter Six for a summative comparison. The intervention programme was not equally successful for each group member in the experimental group, however:

- The intervention programme was moderately successful for Subject E. The writer does believe that his extreme attention deficit and hyperactivity disorder detracted from the effectiveness of the intervention, and interferes with consistent carry-over into the classroom especially, given the comorbid impulsivity.
- The intervention programme was not successful for Subject F. His drug habit escalated during the latter half of 1999, culminating in his quitting school. The writer, and the group, addressed his habit, but to no avail. Quite possibly subject F is an example of intervention having no effect because of it having been left too late.

In terms of the disparate acquisition of resilience skills, the writer is reminded of Gregory's words: "*This reflects the reality of their situations in that the students have to be the primary agents of their own changes*" (1995: 150). Relations Theory would also support this perspective, in the sense that the attribution of meaning, experience and involvement are all personal, and require individual volition. Thus, although Subject E's grave attention deficit and hyperactivity disorder, and Subject F's drug habit, might well prove to be mitigating factors, or more precisely risk factors, they may have also chosen not to grow in terms of resilience. This suggests that the remaining members chose resilience, and that the feasibility of coaching resilience is possible.

Where growth occurred, the role of the personal attributes suggested more than just an adding up of factors to facilitate protection against life's blows: rather the role appeared to be a self-actualising one. In this regard, the writer is considering Subject A's being chosen as a bus monitor, compared to her earlier need to 'buy' friendship; Subject B's election as chairlady of the school's learner representative council, compared to former reservation and aggression; Subject C's superior participation in baseball league, compared to his previous apathy; and Subject D's election as chairman of the school's learner representative council, compared to his past record of extreme aggression and anti-social behaviour. All of these occurred in the latter part of the intervention programme, or following the programme. The writer believes that this proof of actualisation suggests new levels of psychological wellness have been attained, and that general functioning improved. An improvement for Subject E was his initiating a relationship with one of the school's most popular girls and succeeding to sustain it. His ability to initiate and reciprocate affection is new, and also suggests improved functioning.

The writer believes that the forum utilised, namely group therapy, was also instrumental in affecting change. The writer watched as the group grew from six quasi strangers who were very apprehensive about the whole study, to a supportive group of peers. Towards the end of the programme the group expressed its dismay at the approaching demise of the group, which necessitated an exercise emphasising their ability to cope as individuals. The distinct benefits of the group forum observed by the writer included:

- healthy association with peers who were apparently committed to acquiring resilience skills;
- the opportunity to explore sound alternatives to inadequate coping responses;
- using the group as a sounding board and receiving honest feedback (Subject E made very good use of this benefit);
- the opportunity to learn self-disclosure and have their feelings and innermost thoughts respected;
- belonging to a group and experiencing cohesiveness (this was especially beneficial to Subject A; Subject F did not appear to integrate into the group);
- role-play of anxiety-provoking situations allowing the mastery of anxiety and anger; and
- ultimately learning that responsibility for life is personal.

The group experience also facilitated resilience skills indirectly by means of the following:

- cathartic expression of feelings facilitated a more positive attitude and assertiveness;
- sharing in the group dynamics facilitated empathy and improved personal relations;
- receiving group feedback augmented positive anxiety, and cemented a sense of personal responsibility;
- experiencing acceptance and support appeared to augment self-concept;
- being involved with increasingly positive peers appeared to reinforce drive; and
- receiving feedback made members aware of behaviour which was too impulsive and overly enthusiastic. Equally, the more passive and rigid group members were encouraged to be more spontaneous.

In order to summarise the efficacy of her intervention programme, the writer makes use of the common concepts recommended by experts (Dryfoos, 1990: 233 - 234; and Roth, Brooks-Gunn, Murray and Foster, 1998: 443 - 445), learned from previous intervention strategies, which categorise effective intervention:

Concept	Writer' Resilience Intervention Programme	Verdict
There is no single programme component that guarantees success.	This intervention programme is multi-faceted, with interrelating components.	✓
High risk behaviours are interrelated, therefore intervention programmes should have broader, holistic goals.	This intervention programme targeted resilience holistically, providing a broader focus.	✓
The package must respond to the particular needs of the community, and must be characterised by flexibility.	This intervention programme responded to the particular needs of the six group members. Flexibility characterised the application of the intervention. The themes and material were also suited to these adolescents.	✓
Programmes should provide active participation.	This intervention programme utilised the forum of group therapy, thereby encouraging active participation.	✓
Interventions should be aimed at institutions and not just individuals: schools must become the locus for non-academic interventions.	This study took place in a school setting, which facilitated institutional awareness. The teachers and psychology department were excited about the results obtained. Nevertheless, the institution as such could have been included more, in order to ensure future interventions.	(✓)
Timing of interventions is critical.	The writer believes that the timing was adequate, given the co-inciding of this programme with the start of senior high school, which is additionally stressful. It should perhaps also be adapted for Grade sevens, when adolescents are also very vulnerable.	(✓)
Continuity of effort must be maintained, if change is to be maintained.	This programme fails in this regard. Follow-up sessions will need to be arranged.	✗

Table 35
Assessment of Intervention Programme

It would seem then that the intervention programme has merit, not only in the light of the above table, but more especially in the light of the positive transformation which occurred in the majority of group members. The writer draws the conclusion that it is feasible to intervene in order to anchor resilience, especially because this intervention programme testifies to Roth et al's definition of a successful programme: "*Successful programs view young people as resources to be developed, not as problems to be managed*" (1998: 442).

.7.5 LIMITATIONS OF THE STUDY

The writer is of the opinion that the following limitations apply to her study of the inculcation of resilience skills:

- ⊗ Despite the fact that the adolescents chosen were homogeneous in terms of their all having been diagnosed as learning disabled, this may well form a limitation in that the results of the empirical study could probably not be generalised to the adolescent population in general. The very nature of the learning disabled youngster may also be seen as a restricting factor, in that factors ascribed to learning disability in general, such as impulsivity and poor self-concept, could have impacted on the results of the empirical study, thereby skewing the findings.
- ⊗ A further shortcoming evolving from having only learning disabled youngsters as group members is a limited range of new roles and problem solving capacities (Pickar, 1988: 770).
- ⊗ In retrospect, the writer is of the opinion that the duration of the intervention programme was too limited. Despite the school having felt that no more time than the allotted twelve weeks could be allowed, the group members probably needed more exposure to the various skills being inculcated if resilience is to be more firmly entrenched.
- ⊗ Following on from this point, if time and financial constraints would have allowed it, this study should really have been longitudinal in nature, to ascertain whether resilience has been augmented only temporarily, or whether the effects of this intervention are more lasting in nature.
- ⊗ Another limitation was teacher ignorance: whilst having the therapy at school meant that the teachers were aware of the positive effects, there were jibes at group members' inability at times to conform to teacher expectations. They linked this inability to an inability to be resilient, which did temporarily appear to

discourage group members. Teacher education may have prevented this.

- ⊗ A final limitation is that this study only targeted personal factors. A more comprehensive approach, including familial and extra familial factors might have had more far-reaching results, given the interrelatedness of these factors.

7.6 CONTRIBUTIONS MADE BY THE STUDY

The writer is of the opinion that her study made the following contributions:

- ⊗ To the writer's knowledge, this study is the first South African study to apply what is known about personal protective factors in a group therapy intervention programme, in order to inculcate resilience. The study did not target one or two personal factors only, but targeted the inculcation of resilience by coaching skills underscoring personal protective factors as a gestalt.
- ⊗ The writer described the programme in some detail, and included the material used, which facilitates the reproduction of this programme with other vulnerable adolescents. Accordingly, the writer makes a contribution to the educational psychologist's therapeutic repertoire. The study embellishes the practice of the educational psychologist.
- ⊗ This study makes a contribution to subject literature by virtue of its theoretical content. It also adds the perspective of Relations Theory to the understanding of resilience, adolescence and group therapy. This is innovative in terms of subject literature, and innovative in terms of potential for therapeutic application.
- ⊗ The most salient contribution, from the writer's point of view, is the finding of the study that resilience skills can apparently be coached and inculcated. For the writer this means that via therapeutic intervention, vulnerable youngsters can be

assisted towards wellness timeously. It lends credence to the move towards primary prevention in the mental health field.

- ☺ Given current curtailed financial resources available for therapeutic intervention, 'prevention' is necessary and not just 'better', as 'cure' may be unaffordable! The new managed care revolution has put therapy beyond the fiscal reach of many (Heard, 2000: 24). This study suggests that prevention is possible, thereby forestalling later repair therapy, and because of its group therapy model, economically viable.
- ☺ This programme was implemented at a school, and the results were generally positive. This provides proof that schools, by facilitating pupil-oriented wellness programmes, can function as a therapeutic agent. This is especially important for poorer socioeconomic areas, where schools need to provide a buffering effect. This research suggests that schools can promote adolescent resilience by attending to the specific needs of their youth.
- ☺ The study also expedites an understanding of the nature and role of the personal attributes anchoring resilience, especially as pertaining to adolescents, in order that the educational psychologist might come to understand the spectacle of resilience more profoundly. Accordingly, the study makes a contribution to the educational psychologist's professional frame of reference.
- ☺ The findings from current literature were summarised in table or diagram form, facilitating an easy overview of the current literature. This means that the literature has been synthesized and categorised, in a manner not previously done. In this respect the writer refers the reader to Diagrams 3, 4, 5, 6, 7, 9, 11, 12, 13, and 14 especially, and Tables 3, 5, 8, and 9.

- ☺ Finally, in the writer's opinion this study provides hope. It illustrates that adolescents handicapped by an innate risk factor (in this instance, a learning disability), and then ancillary risks, can choose to soar above their circumstances and continue along the route of self-actualisation. Their example is cheering: their journey is not without pain or anxiety, but it continues nevertheless, lending credibility to Newton's understanding of true survival, or resilience:

"We cannot tell what may happen to us in the strange medley of life.

But we can decide what happens in us . . .

how we can take it, what we can do with it . . .

and that is what really counts in the end"

(in Buscaglia, 1992; 198).

7.7 RECOMMENDATIONS FOR FURTHER STUDY

This study certainly did not address all the questions posed in Chapter One concerning resilience. The unanswered questions raise valid issues which should be addressed, and the writer trusts that these aspects could propel a colleague into extensive future research, as the results of such research would prove beneficial to educational psychologists. These areas include:

- ➔ The effectiveness of pairing resilient and vulnerable adolescents in a mentoring programme in order to encourage resilience.
- ➔ The propensity of acquired resilience skills to wane in the absence of maintenance interventions. A longitudinal study following a group therapy intervention programme would be most informative regarding the power of intervention to empower in the long run.
- ➔ The impact of the prevailing general attitude of the peer group on resilience.

Furthermore, a programme aimed specifically at cultivating parental and familial encouragement of resilient personal attributes would be worthwhile. Not only would parents then be empowered, but adolescents would also derive enormous benefit too. The writer would really encourage such a study, especially as familial factors impact on personal protective factors.

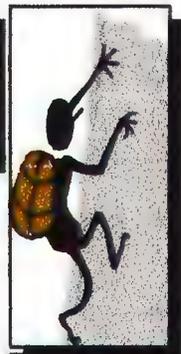
Equally, the community needs to be educated to sanction resilience. Youth leaders, as well as teachers, should be targeted. Knowledge of what may shape resilience would empower the teacher, and ultimately adolescents then too. It is documented that “. . . *youth-serving institutions, especially schools, can promote adolescent’s resiliency and success no matter who the young people are*” (Gregory, 1995: 153). With the current move in South African curricula to the encompassment of life-skills, the opportunity for resilience promotion is ripe.

During the unfolding of her study, the writer became cognisant that vulnerability is heightened by negative school experience. A study targeting the connection between school experiences and resilience might well prove enlightening, and possibly even redeeming.

Finally, whilst it is known that protective factors interrelate, the exact process is not understood. A study exploring this process would be worthwhile, given its potential to augment the understanding and inculcation of resilience.

7.8 CONCLUSION

The writer chooses to conclude her study with a poem by Portia Nelson in Covey’s *The 7 Habits of Highly Effective Teens* (1998: 62). She chooses this as her finale, because it epitomises the empowerment that the inculcation of resilience skills affords, and simultaneously testifies to the incremental, and ongoing, nature of the acquisition of resilience. The acquisition of resilience, by means of intervention, affords strength and fortitude to face life’s pitfalls:



I walk down the street.
There is a deep hole in the sidewalk.
I fall in.

I am lost . . . I am helpless.
It isn't my fault.
It takes forever to find a way out.

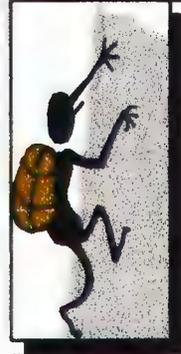
I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.

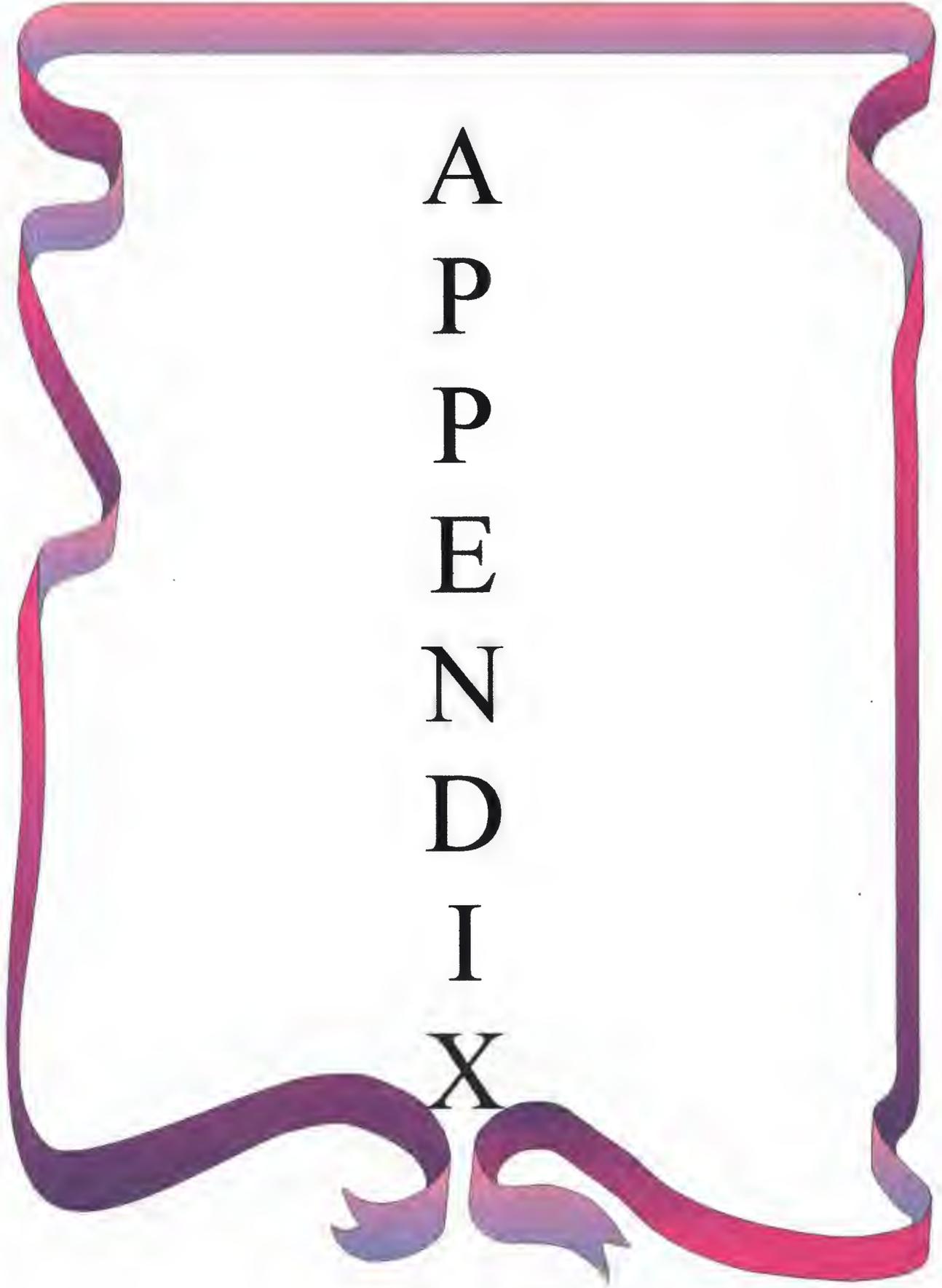
I can't believe I am in the same place.
But, it isn't my fault.
It still takes a long time to get out.

I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in. It's a habit.
My eyes are open.
I know where I am.
It is my fault. I get out immediately.

I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

I walk down another street.





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THE READER IS PLEASE TO NOTE THAT THE APPENDIX
CONTAINS THE FOLLOWING, IN THIS GIVEN ORDER:

- ❑ HSPQ PROFILES
- ❑ EPI PROFILES
- ❑ PRE-INTERVENTION DRAWING
- ❑ POST-INTERVENTION DRAWING



Subject A

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A					●		■				A	outgoing
concrete thought pattern	B				● ■							B	abstract thought pattern
emotionally vulnerable	C			●	■							C	emotionally stable
phlegmatic	D				●	■						D	excitable
submissive	E		●					■				E	assertive
sober	F				●	■						F	carefree/enthusiastic
opportunistic	G					● ■						G	diligent
shy	H				●	■						H	bold
tough-minded/practical	I					■	●					I	tender-minded
zestful	J									■	●	J	individualistic
self-assured	O			● ■								O	apprehensive
group-dependent	Q21						■	●				Q2	makes own decisions
uncontrolled	Q3					■		●				Q3	controlled
relaxed	Q4					■	●					Q4	tense
		1	2	3	4	5	6	7	8	9	10		

● = first assessment ■ = second assessment

Subject B

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A	●						■				A	outgoing
concrete thought pattern	B				●	■						B	abstract thought pattern
emotionally vulnerable	C			● ■								C	emotionally stable
phlegmatic	D							■		●		D	excitable
submissive	E								■	●		E	assertive
sober	F					●	■					F	carefree/enthusiastic
opportunistic	G		●			■						G	diligent
shy	H		●			■						H	bold
tough-minded/practical	I	●										I	tender-minded
zestful	J					●		■				J	individualistic
self-assured	O					●			■			O	apprehensive
group-dependent	Q21				●			■				Q2	makes own decisions
uncontrolled	Q3				● ■							Q3	controlled
relaxed	Q4								●	■		Q4	tense
		1	2	3	4	5	6	7	8	9	10		

● = first assessment ■ = second assessment

Subject C

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A						■	●				A	outgoing
concrete thought pattern	B					● ■						B	abstract thought pattern
emotionally vulnerable	C	●		■								C	emotionally stable
phlegmatic	D				■		●					D	excitable
submissive	E					●	■					E	assertive
sober	F			●	■							F	carefree/enthusiastic
opportunistic	G					● ■						G	diligent
shy	H					●	■					H	bold
tough-minded/practical	I							● ■				I	tender-minded
zestful	J							■	●			J	individualistic
self-assured	O							● ■				O	apprehensive
group-dependent	Q21							■	●			Q2	makes own decisions
uncontrolled	Q3							■		●		Q3	controlled
relaxed	Q4				●		■					Q4	tense
		1	2	3	4	5	6	7	8	9	10		

● = first assessment ■ = second assessment

SUBJECT D

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A			●		■						A	outgoing
concrete thought pattern	B				●	■						B	abstract thought pattern
emotionally vulnerable	C			●		■						C	emotionally stable
phlegmatic	D							■	●			D	excitable
submissive	E							●	■			E	assertive
sober	F				●	■						F	carefree/enthusiastic
opportunistic	G				■	●						G	diligent
shy	H						●	■				H	bold
tough-minded/practical	I		●									I	tender-minded
zestful	J			●	■							J	individualistic
self-assured	O					■		●				O	apprehensive
group-dependent	Q2				■	●						Q2	makes own decisions
uncontrolled	Q3					■	●					Q3	controlled
relaxed	Q4					■				●		Q4	tense
		1	2	3	4	5	6	7	8	9	10		

● = first assessment ■ = second assessment

Subject E

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A							●			■	A	outgoing
concrete thought pattern	B						●	■				B	abstract thought pattern
emotionally vulnerable	C	●			■							C	emotionally stable
phlegmatic	D										●■	D	excitable
submissive	E								■		●	E	assertive
sober	F										●■	F	carefree/enthusiastic
opportunistic	G	●	■									G	diligent
shy	H		●	■								H	bold
tough-minded/practical	I						■	●				I	tender-minded
zestful	J					■	●					J	individualistic
self-assured	O							■		●		O	apprehensive
group-dependent	Q21					■		●				Q2	makes own decisions
uncontrolled	Q3	●				■						Q3	controlled
relaxed	Q4								■	●		Q4	tense
		1	2	3	4	5	6	7	8	9	10		

● = first assessment ■ = second assessment

Subject F

LOW FACTOR		1	2	3	4	5	6	7	8	9	10		HIGH FACTOR
reserved	A		●	■								A	outgoing
concrete thought pattern	B				■	●						B	abstract thought pattern
emotionally vulnerable	C			●	■							C	emotionally stable
phlegmatic	D					●			■			D	excitable
submissive	E				■			●				E	assertive
sober	F					●	■					F	carefree/enthusiastic
opportunistic	G	●	■									G	diligent
shy	H		●	■								H	bold
tough-minded/practical	I		■		●							I	tender-minded
zestful	J		■						●			J	individualistic
self-assured	O							●	■			O	apprehensive
group-dependent	Q21					●		■				Q2	makes own decisions
uncontrolled	Q3				●	■						Q3	controlled
relaxed	Q4					●			■			Q4	tense
		1	2	3	4	5	6	7	8	9	10		

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SUBJECT A - EPI 1



SUBJECT A - EPI 2



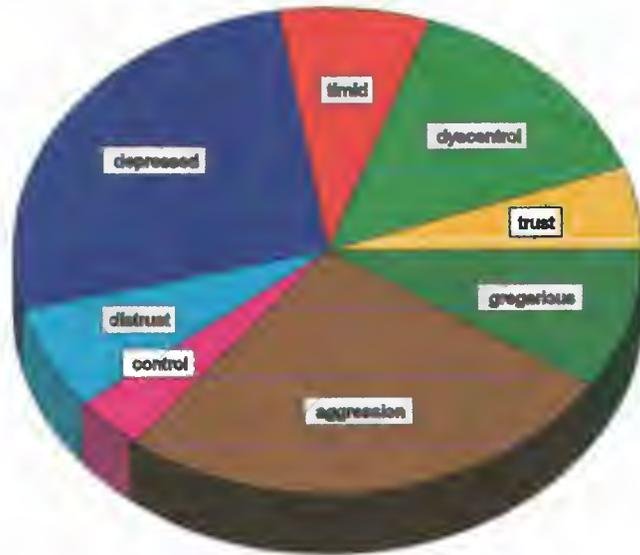
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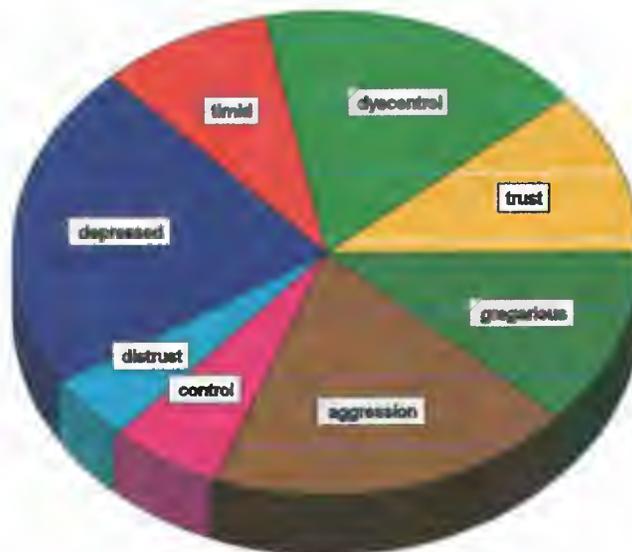
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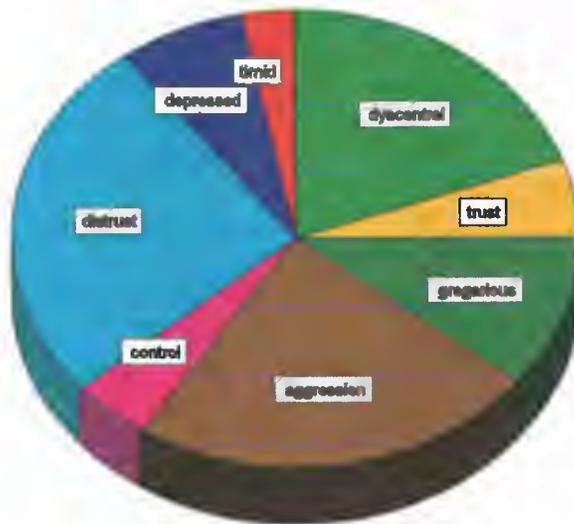
**SUBJECT C
- EPI 1**



SUBJECT C - EPI 2



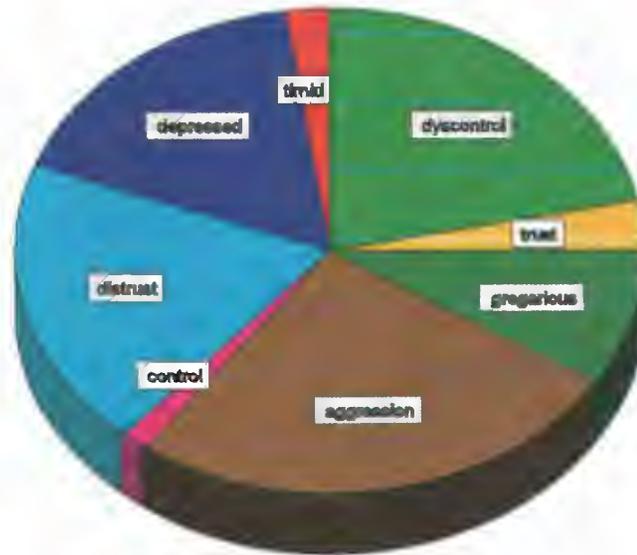
SUBJECT D - EPI 1



SUBJECT D - EPI 2



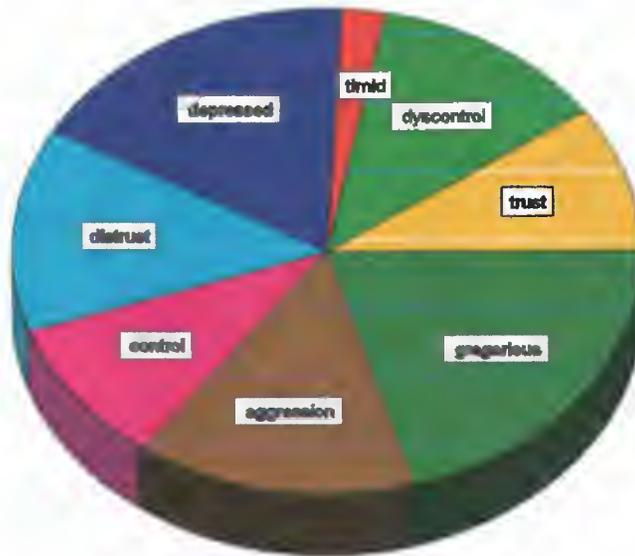
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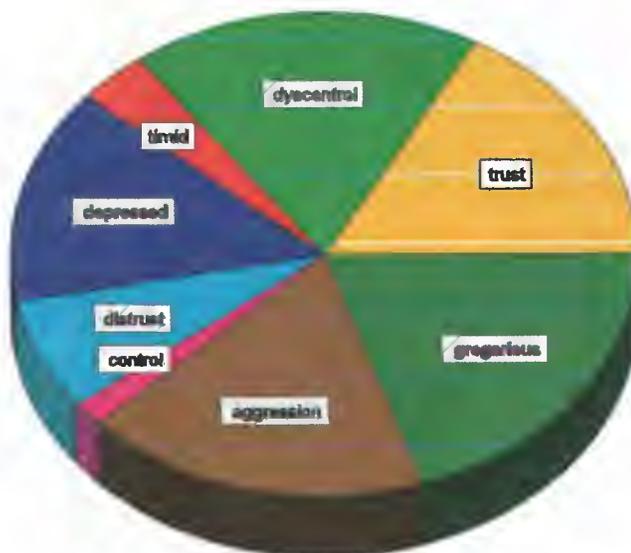
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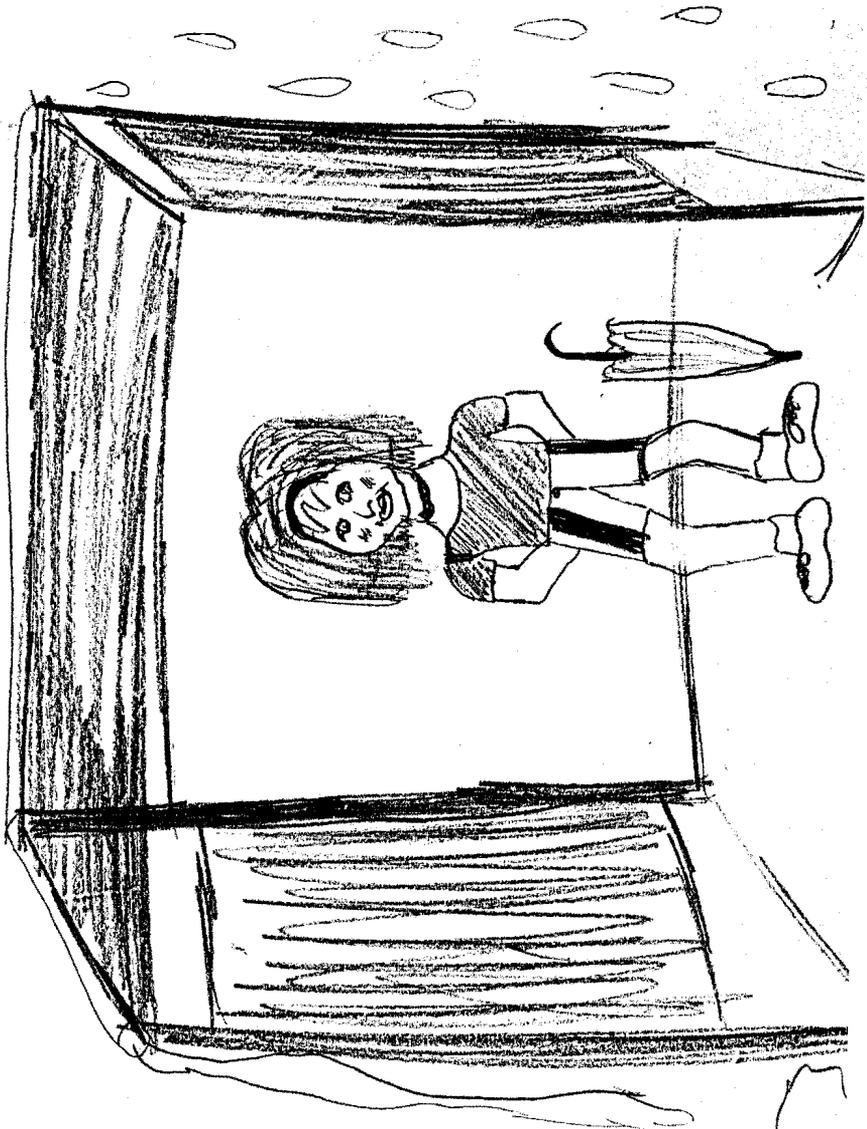
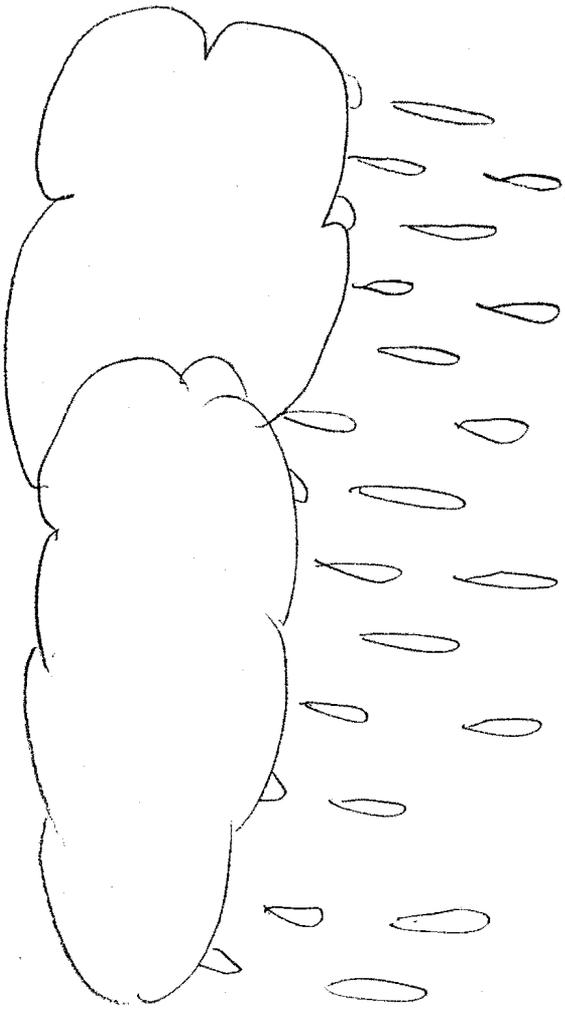
SUBJECT F - EPI 1



SUBJECT F - EPI 2

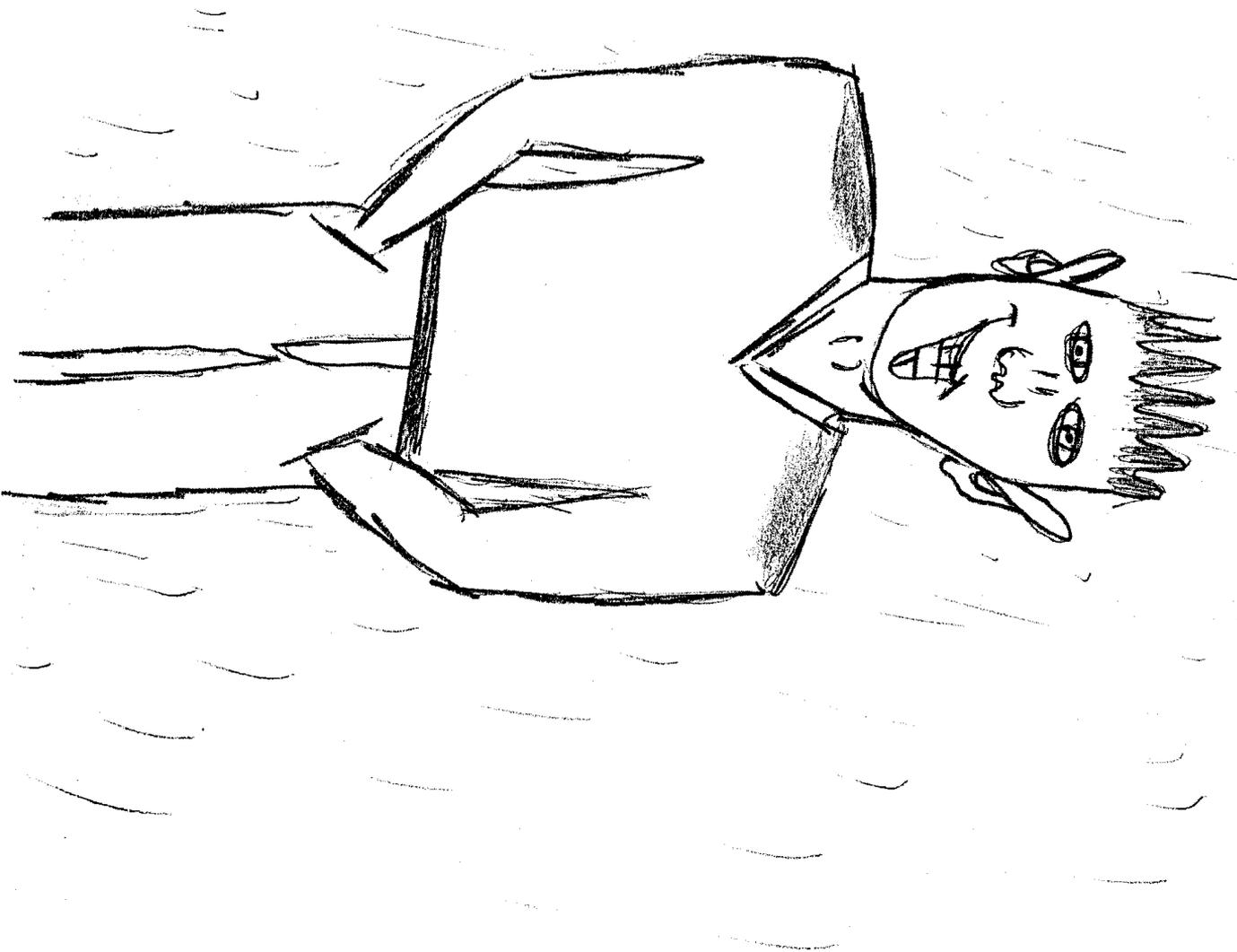


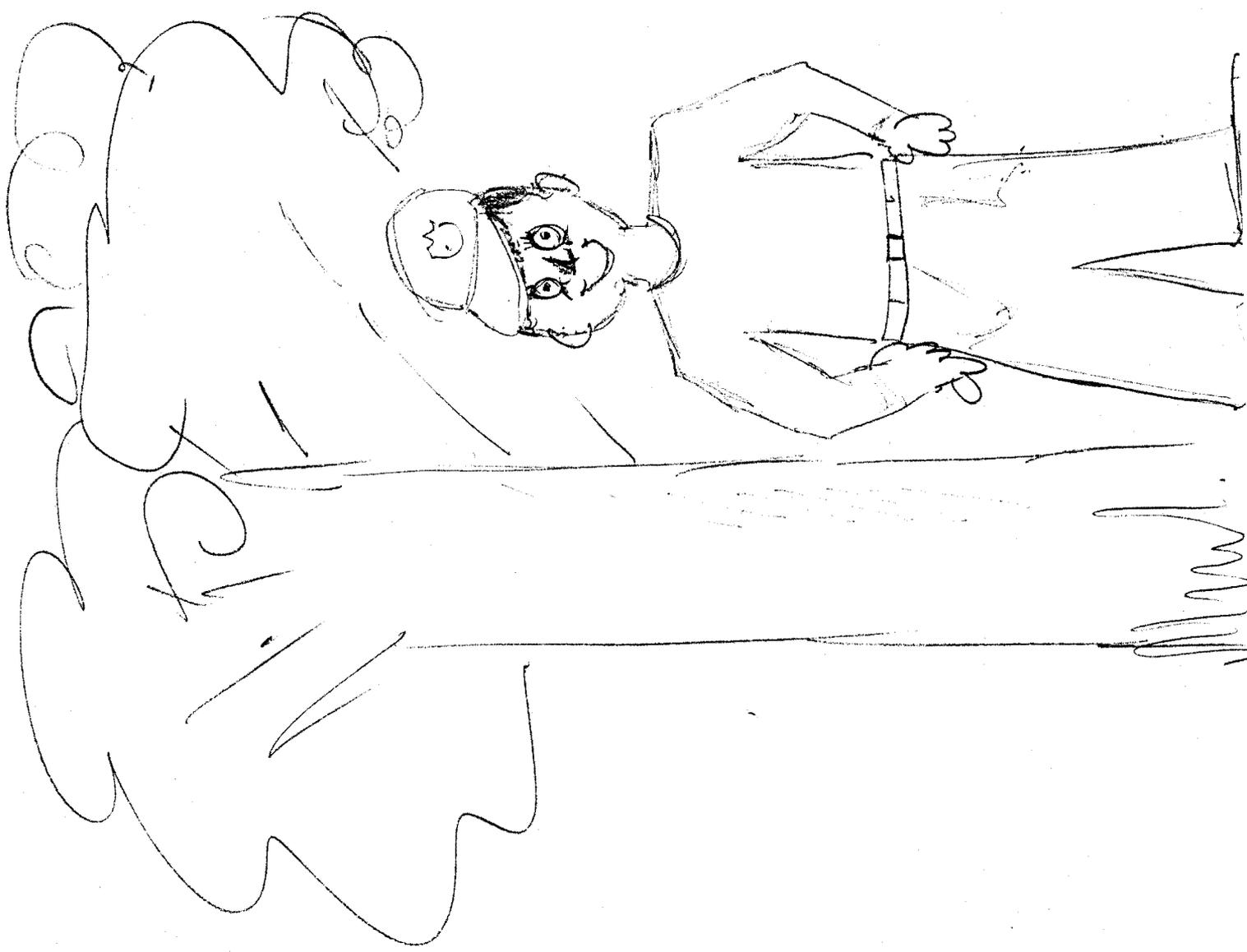
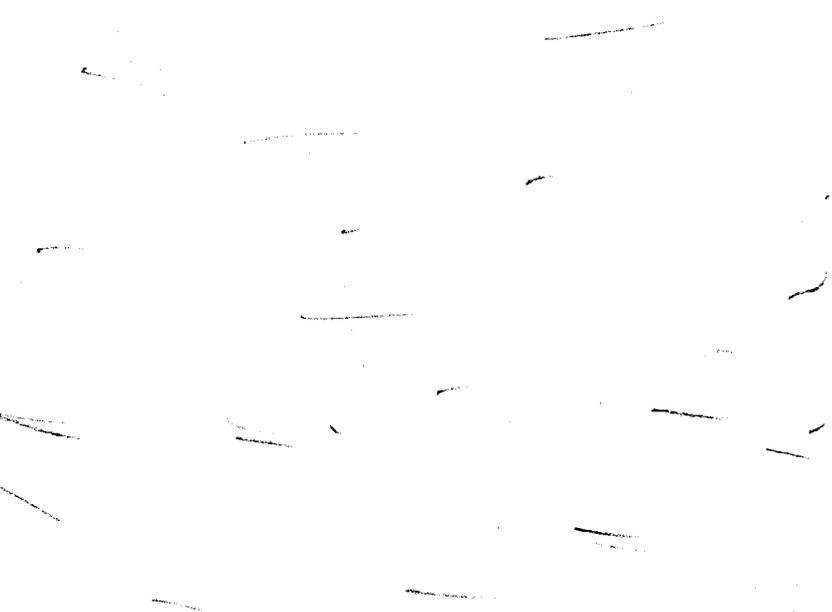
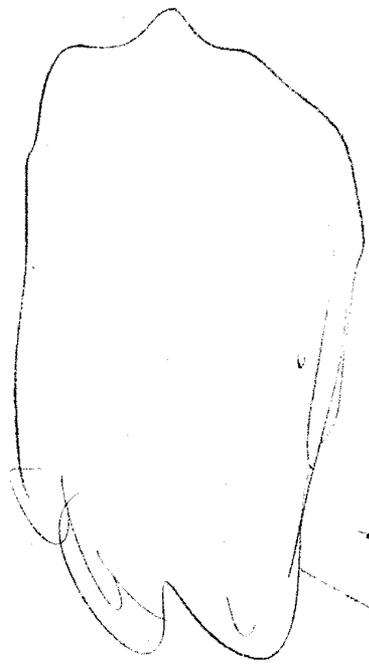




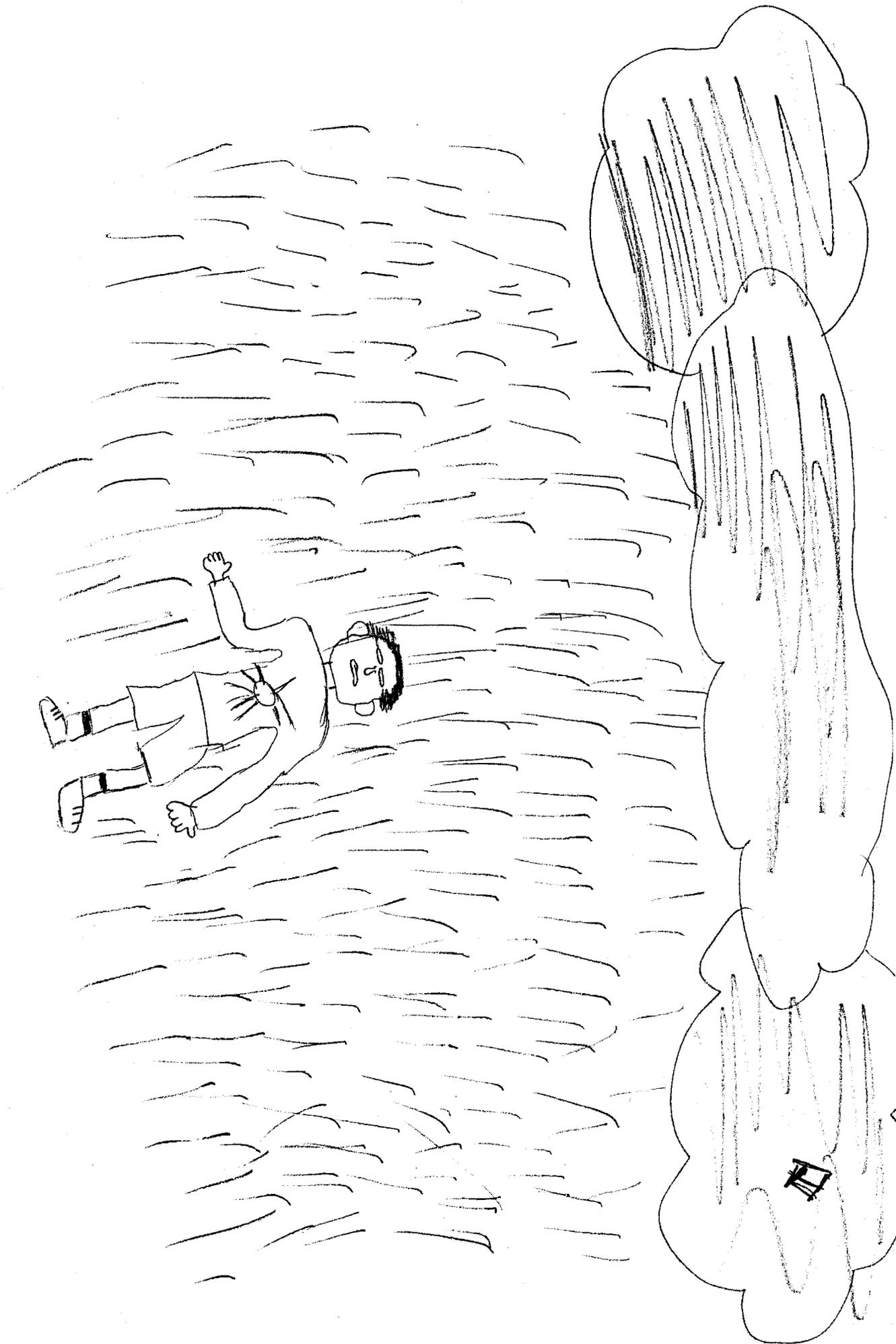


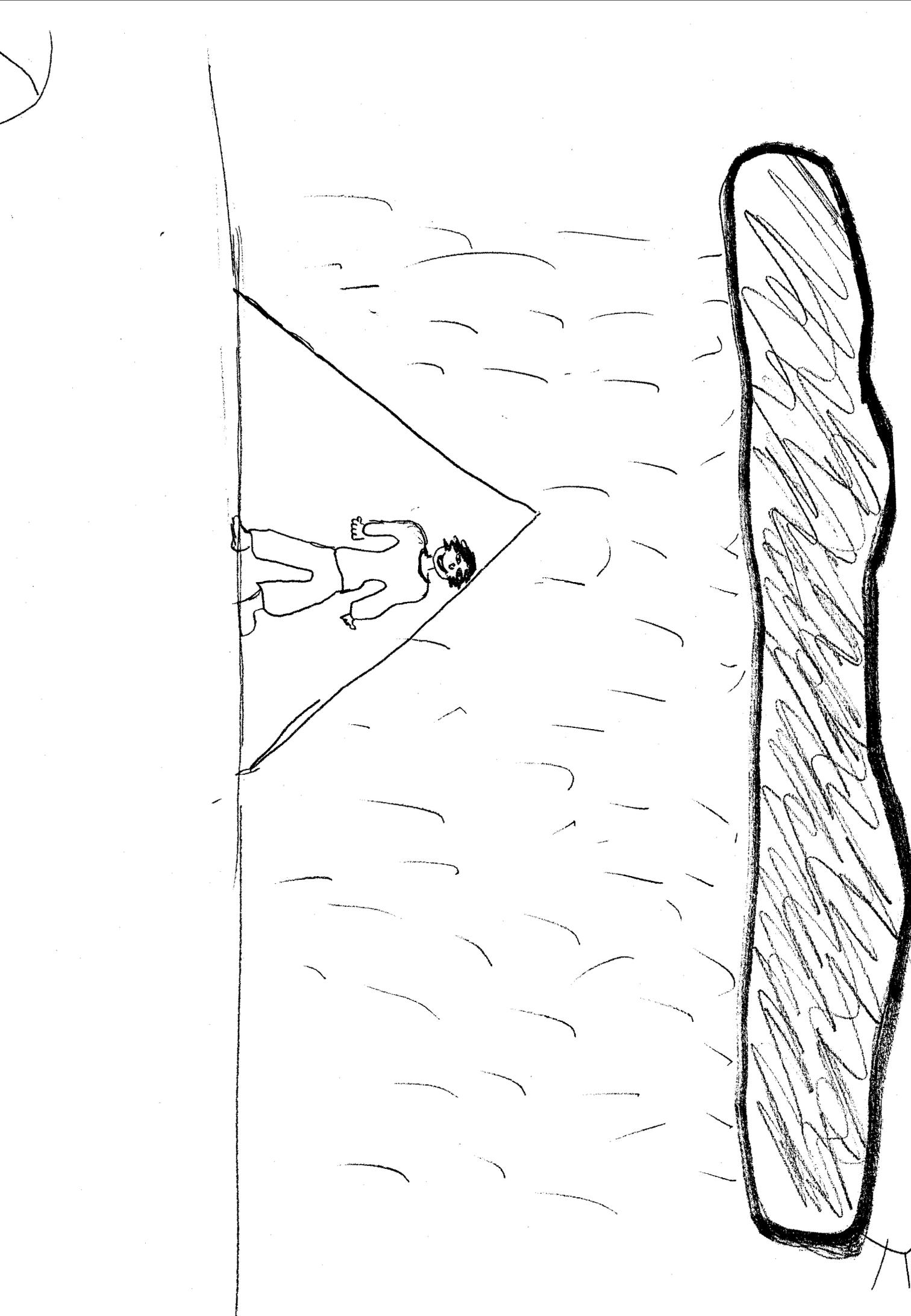




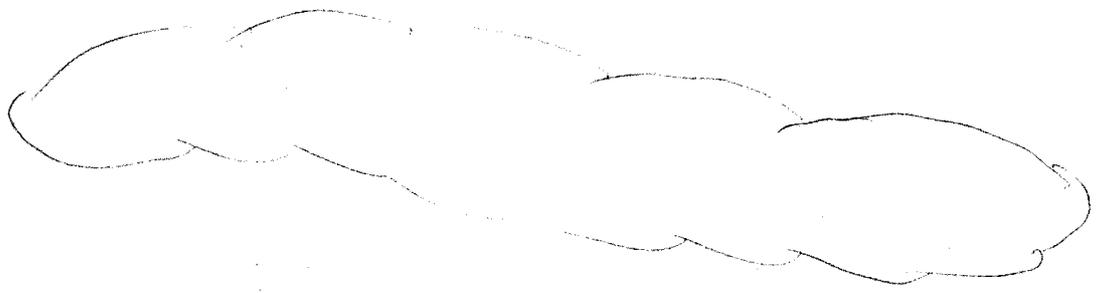


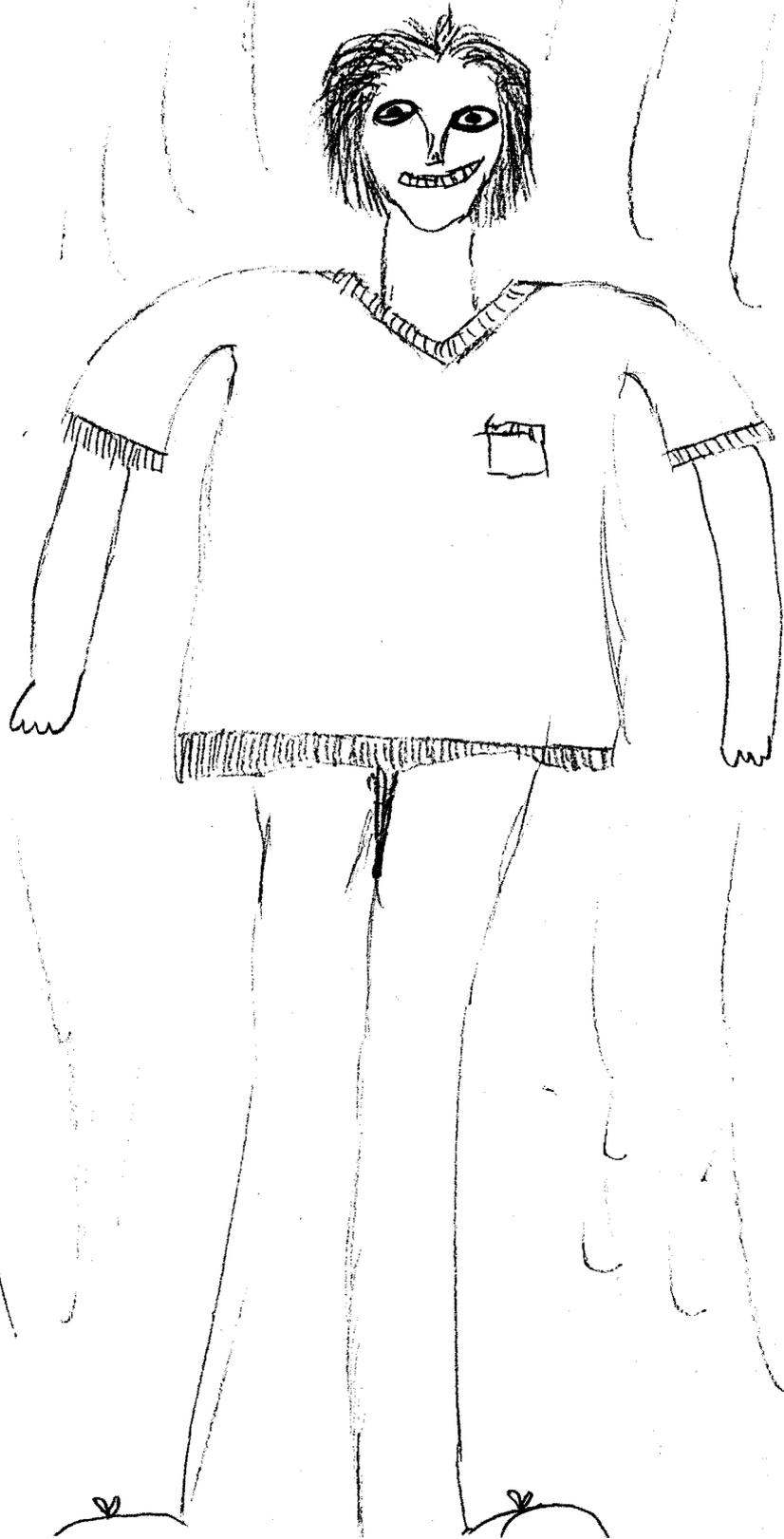
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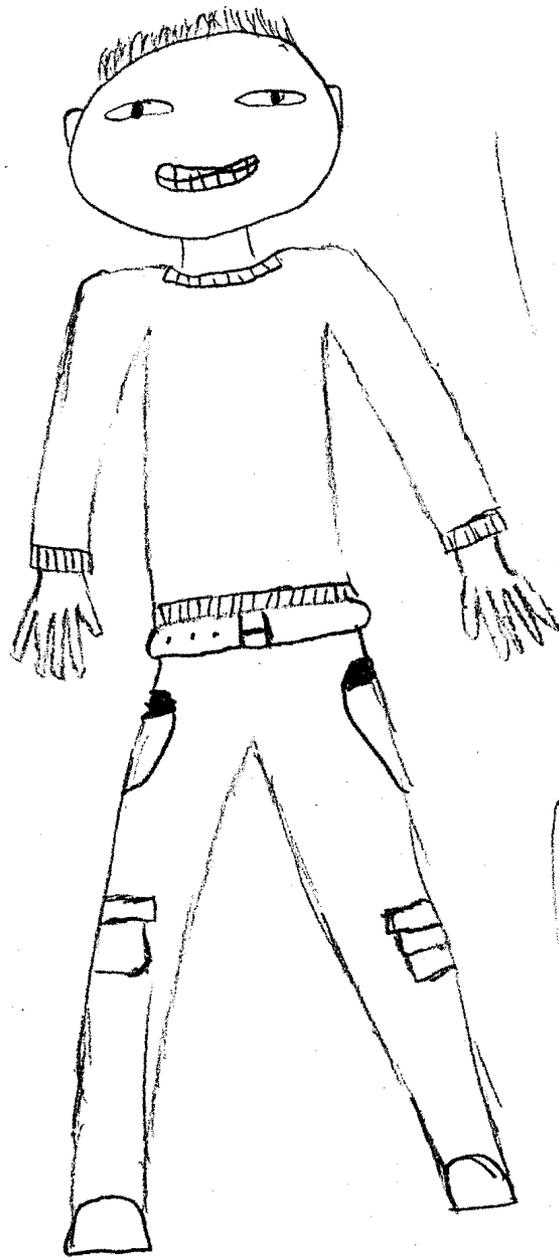














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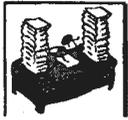
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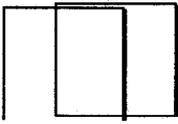
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