

INDIGENOUS PLAY AS A PSYCHOTHERAPEUTIC TECHNIQUE
WITH YOUNG ADOLESCENTS EXPERIENCING SOCIO-EMOTIONAL
AND BEHAVIOURAL DIFFICULTIES
IN HAWASSA CITY, ETHIOPIA

BY

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SUBMITTED IN ACCORDANCE WITH THE REQUIREMENTS FOR THE
DEGREE OF

PhD (PSYCHOLOGY OF EDUCATION)

AT THE

UNIVERSITY OF SOUTH AFRICA

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JANUARY 2021

DECLARATION OF THE RESEARCHER

I declare that *Indigenous Play as a Psychotherapeutic Technique with Young Adolescents Experiencing Socio-Emotional and Behavioural Difficulties in Hawassa City, Ethiopia* is my own work and that all sources that I have used or quoted have been indicated and acknowledged through complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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DEDICATION

This thesis is dedicated to different groups of individuals.

Firstly, I would like to dedicate this thesis to my mother, Fanaye Lakew Gezahegn who brought me upholding all the drains of single parenthood and helping me to get into this level.

Secondly, this thesis is dedicated to all participants who were involved in each phase of the study, where they endlessly shared their views based on the purpose of the study.

Thirdly, I would like to dedicate this thesis to the staff members of diverse academic institutions including Dilla University, Ethiopian Ministry of Science and Higher Education (MoSHE), UNISA Ethiopian Center, and the University of South Africa where they selflessly offered their expertise, finance, and guidance during the course of my study.

ACKNOWLEDGEMENTS

I am deeply grateful to my supervisors, Professor Kamleshie Mohangi and Professor Vanessa Scherman, who continuously offered me meticulous and constructive feedback combined with apt responses and enormous determination throughout the course of the study.

I want to extend my sincere recognition to my family: my spouse Ayalnesh Tadele and my sons Lewi Tarekegn, Yohannes Tarekegn, and Barack Tarekegn, who provided endless encouragement and a warming family environment during the periods of my study.

I owe a very important debt to my research participants for sincere and transparent participation in the study with the contribution of valuable time, energy, and expertise.

My heartfelt appreciation goes to my research assistants, Mr. Johon Mathewos for conducting *teret-teret* psychotherapy, monitoring the progress, and reporting the outcome of the therapy.

Special thanks must also go to the stakeholders, particularly Ethiopia Tickdem Primary School and Hawassa City Administrations Department of Women and Children for their permission and for facilitating conditions to conduct the study.

Thanks must be extended to the parents of the young adolescents who allowed their sons and daughters to participate in the study.

I would like to show my greatest gratitude to Dilla University for the funds granted to conduct the study. Furthermore, the Unisa staff at Addis Ababa and South Africa receive thanks for delivering administrative assistance throughout the course of my study.

I would like to forward respectful acknowledgment to Dr. Cilla Dowse, for the gracious and skillful language editing.

Finally, I would like to appreciate W/t Yayesh Tadel for generous support in terms of typing my thesis.

ABSTRACT

The study aimed to examine the extent of indigenous play or *teret-teret*, as a psychotherapeutic technique to assist young adolescents in their adjustment from socio-emotional and behavioural difficulties. Following a mixed-methods, the study was conducted in three phases. The qual then QUANT in the main study followed by QUANT - QUANT and finally qual was employed. Two hundred ninety-nine participants, with 13 in Phase 1; 221 in Phase 2, and 65 in Phase 3, were involved in the study. Thirteen participants were purposively selected based on their experiences and merits for Phase 1, while 221 were selected through multilevel probability sampling techniques for Phase 2. Among the 65 participants for Phase 3, five were selected randomly whereas 60 were selected purposely. Three data-gathering instruments, comprising in-depth interviews, archive analysis, and questionnaires were employed. This design explored the quality of 62 manifestations of indigenous *teret-teret* for use in psychotherapy. The qualitative phenomenological study confirmed *teret-teret* as a relevant psychotherapeutic technique, practised in Ethiopia for the adjustment of young adolescents who experience socio-emotional and behavioural difficulties. The intervention study revealed statistically significant differences between the participants who received *teret-teret* psychotherapy and those who did not receive *teret-teret* psychotherapy. It was found that *teret-teret* psychotherapy advanced the socio-emotional and behavioural competencies of the participants. The cross-sectional survey study verified a 43% prevalence rate of composite SEBD, with 50% being anxiety/depression, 45% somatic complaints, 44% attention problems, 43% delinquency, and 42% aggression, respectively. Implications were discussed about applying indigenous child-friendly stories, *teret-teret*, as psychotherapeutic techniques to help young adolescents who display socio-emotional and behavioural difficulties at schools and in community settings.

Key terms: Socio-emotional and behavioural difficulties, socio-emotional and behavioural competencies, indigenous play, *teret-teret*

NGAMAFUPHI

Inhloso yocwaningo kwabe kukuhlola izinga lomdlalo weshashalazi kumbe *i-teret-teret*, njengendlela yokusocongwa ingqondo (*psychotherapeutic technique*) ukunceda abantu abasha abasesigabeni sobujongosi (*adolescents*) nokulawula isimo sabo ukusukela kwizinkinga zenhlalakahle yabantu ngokwemizwanangendlela yokuziphatha. Uma kulandelwa uhlelo lwezindlela ezivangene (*mixed-methods design*), ucwaningo lwenziwe ngokwehlukaniswa izigaba ezintathu: Isigaba soku-1: Uhlelo lwengxoxo (*Qualitative*)–idizayini yefenomenoloji (*phenomenological design*), Isigaba sesi-2: Uhlelo lwamanani (*Quantitative*) – idizayini yesaveyi (*survey design*) kanyene Isigaba sesi-3: Uhlelo lwamanani (*Quantitative*) – idizayini engenelelayo. Abadlalindima abangamakhulu amabili namashumi ayisishiyagalolunye, ngesigaba se 13 eSigabeni soku-1; 221 kuSigaba sesi-2 naku 65 eSigabeni sesi-3, zonke zazibandakanyekile ocwaningweni. Abadlalindima abayishumi nantathu babekhethwe ngenhloso ngenxa yolwazi lwabo kanye nomsebenzi wabo oncomekayo eSigabeni soku-1, kanti aba-221 babekhethwe ngokusebenzisa indlela yesampuli ebizwa nge-*multilevel probability sampling techniques* kwiSigaba sesi- 2. Hlangana nabadlalindima abangama 65 beSigaba sesi-3, abahlanu bakhethwe kuyo yinoma kuphi kanti aba-60 bakhethwe ngenhloso. Amathuluzi amathathu okuqoqa idatha, aqukethe izinhlobo ezijulile, ukuhlaziya kwama-akhayivu, kanye nemibhalo equkethe imibuzo yizinto ezisetshezisiwe. Le dizayini beyihlola izinga lemisebenzi engama 62 ezeziwe yendabuko *teret-teret* ngokusetshenziswa kuhlelo lokusocongwa kwengqondo. Ucwaningo olugxile kwifenomenoloji yengxoxo iqinisekise umdlalo we *teret-teret* njengendlela efanele yokusocongwa kwengqondo, okuyingqubo elandelwa ezweni lase-Ethiopia ngenhloso yokushintsha isimo sabantu abasha abasesigabeni sobujongosi abahlangabezana nobunzima kwihlalahle yabantu ngokwemizwa kanye nezinkinga ezimayelana nokuziphatha. Ucwaningo olungenelelayo luveze ngokwamanani imehluko egqamile phakathi kwabadlalindima abafumene ukusocongwa ngokomqondo ngomdlalo we *teret-teret* kanye nalabo abangakaze bathole ukusocongwa ngokomqondo nge*teret-teret*. Kutholakele ukuthi ukusocongwa komqondo nge*teret-teret* kuthuthukise ihlalahle yabantu nangezimpawu ezikhombisa ukuziphatha kahle kwabadlalindima. Ucwaningo olubizwa nge-*cross-sectional survey* lufqinisekise 43% yezinga lokutholakala kwezinkinga zenhlalahle yabantu ngokwemizwa nangokuziphatha (SEBD), okuyi-50% yezinga lentukuthelo/ingcindezi yengqondo, i-45% yezikhalo, i-44% yezinkinga ezidinga ukuxazululwa, i-43% yezinga lokuphambana nomthetho kanye ne-42% yokuba nolunya, kanjalo nje. Okuchazwayo lapha kuxoxiwe mayelana nokusebenzisa izindatshana

zendabuko ezijabulisa izingane, *teret-teret*, zisebenza njengamasu okusoconga ingqondo ukunceda abantu abasha abasesigabeni sobujongosi abakhombisa izinkinga ezimayelana nenhlalakahle yabantu ngokwemizwa nangokuziphatha ezikoleni kanye nasezindaweni zemiphakathia.

Amagama asemqoka: Izinkinga ezimayelana nenhlalakahle yabantu ngokwemizwa kanye nokuziphatha, izimpawu ezikhombisa inhlalakahle yabantu ngokwemizwa kanye nokuziphatha, umdlalo wendabuko, *i-teret-teret*

OPSOMMING

Die doel van die studie was om ondersoek in te stel na die mate waarin inheemse spel of *teret-teret*, as 'n psigoterapeutiese tegniek ingespan word om jong adolessente by te staan in hul aanpassing van sosio-emosionele en gedragsprobleme af. 'n Gemengde-metodes-ontwerp is gebruik en die studie is in drie fases uitgevoer: Fase 1: Kwalitatief-fenomenologiese ontwerp, Fase 2: Kwantitatief – opname-ontwerp en Fase 3: Kwantitatief – 'n intervensie-ontwerp. Twee-honderd-nege-en-negentig deelnemers, met 13 in Fase 1; 221 in Fase 2 en 65 in Fase 3, is by die navorsing betrek. Dertien deelnemers is doelgerig gekies op grond van hul ervarings en meriete vir Fase 1, terwyl 221 deur meervlakkige waarskynlikheidsteekproefnemings tegnieke gekies is vir Fase 2. Uit die 65 deelnemers vir Fase 3, is vyf ewekansig gekies, terwyl 60 doelbewus gekies is. Drie instrumente is ingespan vir data-insameling, naamlik diepte-onderhoude, argiefontleding, en vraelyste. Hierdie ontwerp het die gehalte van 62 manifestasies van inheemse *teret-teret* vir gebruik in psigoterapie ondersoek. Die kwalitatiewe fenomenologiese studie het bevestig dat *teret-teret* 'n relevante psigoterapeutiese tegniek is wat in Etiopië beoefen word vir die aanpassing van jong adolessente met sosio-emosionele en gedragsprobleme. Die intervensiestudie het statisties beduidende verskille getoon tussen die deelnemers wat *teret-teret*-psigoterapie ontvang het en dié wat nie *teret-teret*-psigoterapie ontvang het nie. Daar is bevind dat *teret-teret*-psigoterapie die sosio-emosionele en gedragsvaardighede van die deelnemers verbeter het. Die deursnee-opname het 'n 43%-voorkomskoers van saamgestelde sosio-emosionele en gedragsprobleme (SEBD) getoon, met 50% daarvan angs/depressie, 45% somatieseklagtes, 44% aandagprobleme, 43% oortredings, en 42% aggressie, onderskeidelik. Implikasies is bespreek met betrekking tot die toepassing van inheemse, kindervriendelike stories, *teret-teret*, as psigoterapeutiese tegnieke om jong adolessente te help wat sosio-emosionele en gedragsprobleme by skole en in gemeenskapsituasies toon.

Sleuteltermes: Sosio-emosionele en gedragsprobleme, sosio-emosionele en gedragsbevoegdhede, inheemse spel, *teret-teret*

ACRONYMS

5-HTTLPR	Hydroxytryptamine Transporter Linked Polymorphic Region
ACT	Acceptance and Commitment Therapy
ADHD	Attention-deficit/hyperactivity disorder
ALUIDRC	Attention, listening, understanding, inductive reasoning, deductive reasoning relating and change of behaviour
AIDS	Acquired Immune Deficiency Syndrome
CBCL	Child Behaviour Checklist
CD	Conduct Disorder
CR	Conditioned Response
CS	Conditioned Stimulus
DBT	Dialectical Behaviour Therapy
DSM-IV	Diagnostic Statistical Manual-IV
DSTV	Digital Satellite Television
EFA	Exploratory Factor Analysis
EQi:YV	Emotional Quotient Inventory: Youth Version
PEA	Psycho-educational Activities
ETPS	Ethiopia Tickdem Primary School
FA	Factor Analysis
HCM	Hawassa City Administration
HCACW	Hawassa City Administration Children and Women's Offices
HIV	Human Immuno Virus
IV	Independent Variable
KMO	Kaiser Meyer Olkin
LT	Local Time
NADTA	North American Drama Therapy Association

NS	Neutral Stimulus
OVC	Orphaned and vulnerable children
PA	Proactive Aggression
PCA	Principal Component Analysis
PFC	Prefrontal cortex
PTSD	Post-traumatic stress disorders
RA	Reactive Aggression
ROPM	Routine Outcome and Process Measurement
SA	South Africa
SAD	Substance Abuse Disorders
SAWAM	Sand, water and miniature
SEB	Socio-emotional and Behavioural
SEBC	Socio-emotional and behavioural competencies
SEBD	Socio-emotional and behavioural difficulties
SNNPR	Southern Nations Nationalities and Peoples Regional State
T-score	Transformed score
UK	United Kingdom
UN	United Nations
UR	Unconditioned response
US	Unconditioned stimulus
SES	Socio-Economic Status
MCI	Mother –Child Interaction
FBO	Faith Based Organization
CBO	Community Based Organization
NGO	Non-Government Organization
GO	Government Organization

USA	United States of America
VCR	Validation-Clarification-Redirection
WHO	World Health Organisation
YSR	Youth Self-Report Questionnaire

GLOSSARY

Teret-teret: An opening remark used by a storyteller to get the attention of the story listeners and that s/he is ready to narrate teret/story.

Teret: Story or folktales that have been culturally transferred from generation to generation.

Ye lam beret: An expression used by story or folktale listener to show that he/she is ready to listen to the story with complete respect for the storyteller. In a plain sense, it is a blessing statement to say “*have hordes of cattle in your barn*” as having hordes of cattle is an indicator of prosperity among the traditional societies, even the rural parts of Ethiopia today.

Ye’teret abat: Storyteller or story father.

Tereten melisu afen be dabo abisu: Statement used by storyteller requesting the story listeners to reflect on the basic theme of the story. If the story listeners are not able to answer the questions that emerged from the story, then the story listeners are deemed to provide a smart gift for the storyteller; that is, ironically requesting a ruling nation or a district. Literally, the statement refers that the “*answer to my story or nosh me sweet bread.*”

Hager yisetegn: A statement used by the storyteller when the listener is unable to reflect on the basic theme of the story. Literally, it means, “*give me a ruling nation or district.*”

Hawassa heje min atiche;hule be’eje, hule bedeye: An exemplary winning statement which is expressed by the storyteller. It happens when the listener is unable to answer or fails to understand the fundamental message of the story and the listener offers a ruling nation or district for the storyteller. Then, the storyteller mentions the abundance of the nation or district that he/she has been provided in terms of resource, peace, etc. The exemplary expression exactly elaborated into English as follows. “*Hawassa is a city full of abundance; everything in my hand; everything is my gate. I enjoy the mosaic culture of Ethiopian people; sense the pleasant appearance of the city and make a break of respite around the lakeshore with fresh fish and air!*”

Amarigna: Semitic-speaking family living in Ethiopia.

Oromigna: Cushitic-speaking family living in Ethiopia.

Wolitigna: Omotic-speaking family living in Ethiopia.

Sidamigna: Cushitic-speaking family living in Ethiopia.

Tenquay: Magical person

Tsebel: Holy water which is believed to heal the sick and cast out demons.

Tsebel metemek: Getting baptized by holy water.

Tselot: Praying.

Niseha: A confession

Misgan: Chanting and praising God.

Dimo: A play type that involves chasing fellows by using a ball and 5-6 corks. The corks are layered one to the other. A player tosses a ball, to knock down and then runs away. A fellow player picks up the ball and instantly chases the player. The boy/girl who knocked down the corks attempts to re-arrange the knocked down corks without touching the ball thrown from his/her counter player. If he/she arranges the corks without coming into contact with the ball, he/she signals “Dimoo!!!”. This confirms that he/she is a winner. If the finder touches the ball, he/she becomes a loser and is the next chaser.

Laklakicho: This type of play involves drawing 4*4 rectangular lines on the ground. The game takes place by throwing a flat stone into one partition and jumping by one leg, kicking the stone into the next partition.

Abarosh: Using a ball, hitting and chasing and catching one to the other.

Mehalgebi: Players form a circle with all the fellow members sitting together face-to-face. A playmaker picks up a ball and quickly walks close behind the circle voicing “Meharben Ayachu”. After a couple of rotations, he/she places the so-called “Mehareb” or a ball behind the backside of one fellow member from the circle. Unless the player from the circle inspects and understands that the Mehareb/ball is placed close to his/her backside, s/he is informed by the playmaker right after a couple of minutes. Then, the fellow player immediately understands and checks the ball. If s/he really holds the ball s/he picks it and chases to hit the playmaker. If s/he hits the playmaker then s/he becomes a winner. However, if s/he fails to hit the playmaker with the ball then the fellow becomes a loser and sits in the middle of the circle to tell an interesting story to the group.

Injera: Typical food of Ethiopia which is baked from teff grain.

E.C.: Ethiopian calendar.

TABLE OF CONTENTS

DECLARATION OF THE RESEARCHER	I
DEDICATION	II
ACKNOWLEDGEMENTS	III
ABSTRACT.....	IV
NGAMAFUPHI.....	V
OPSOMMING	VII
ACRONYMS.....	VIII
GLOSSARY	Error! Bookmark not defined.
TABLE OF CONTENTS.....	XIII
LIST OF FIGURES	XXVI
LIST OF EQUATIONS	XXVIII
LIST OF TABLES	XXIX
CHAPTER ONE.....	1
INTRODUCTION AND OVERVIEW OF THE STUDY	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE STUDY	1
1.3 THE PROBLEM STATEMENT	2
1.4 RATIONALE FOR THE STUDY	5
1.5 RESEARCH QUESTIONS.....	6
1.6 RESEARCH HYPOTHESES	7
1.7 THE AIMS AND OBJECTIVES OF THE STUDY.....	8
1.7.1 Aim of the Study.....	8
1.7.2 Objectives of the study	9
1.8 CLARIFICATION OF KEY CONCEPTS	9
1.8.1 Socio-emotional and behavioural difficulties (SEBD).....	10

1.8.2 Indigenous play.....	11
1.8.3 Socio-emotional and Behavioural Competencies (SEBCs): Daily Activities	12
1.8.4 Confounding variables.....	13
1.8.4.1 Emotional intelligence.....	14
1.8.4.2 Participation in psycho-educational activities.....	14
1.8.4.3 Containment or therapeutic attachment with guardians	14
1.9 THEORETICAL FRAMEWORK	15
1.10 THE RESEARCH DESIGN AND METHODOLOGY.....	15
1.10.1 Phase 1: The Research Design and Methodology	16
1.10.1.1 Sample size and sampling	17
1.10.1.2 Data collection instruments	17
1.10.1.3 Data analysis.....	17
1.10.1.4 Methodological norms.....	17
1.11.2 Phase 2: The Research Design and Methodology	18
1.11.2.1 Sample size and sampling	18
1.11.2.2 Data collection.....	19
1.11.2.3 Data analysis.....	19
1.11.2.4 Methodological norms.....	20
1.12.3 Phase 3: The Research Design and Methodology	20
1.12.3.1 Sampling.....	20
1.12.3.2 Data collection.....	21
1.12.3.3 Data analysis.....	21
1.12.3.4 Methodological norms.....	22
1.11 ETHICAL CONSIDERATIONS	22
1.12 DELIMITATION OF THE STUDY	22
1.13 CHAPTER OUTLINE	23

1.14 CONCLUSION	25
CHAPTER TWO	27
REVIEW OF RELATED LITERATURE	27
2.1 INTRODUCTION.....	27
2.2 PREVALENCE OF SEBDs AMONG CHILDREN AND YOUNG POPULATION ..	28
2.3 TYPES OF CHILD AND YOUNG ADOLESCENT SEBDs	29
2.3.1 Anxiety and depression	29
2.3.2 Somatic complaints.....	30
2.3.3 Attention-Deficit/Hyperactivity disorder	31
2.3.4 Delinquency.....	32
2.3.5 Aggression	34
2.3.6 Social problems	35
2.3.7 Social withdrawal	36
2.3.8 Thought disorder.....	37
2.4 CARE AND SUPPORT MODELS FOR TEENAGERS EXPERIENCING SEBDs ...	37
2.4.1 Institutional care and support	38
2.4.2 Foster care.....	40
2.4.3 Community-Based care and support.....	41
2.4.4 Adoption to rehabilitate children and young adolescents.....	42
2.4.5 African mode of care and support	43
2.5 INDIGENOUS PSYCHOTHERAPY	45
2.6 PLAY AS A THERAPEUTIC TECHNIQUE	47
2.7 EFFICACY OF PLAY AS A PSYCHOTHERAPEUTIC TECHNIQUE.....	48
2.8 CATEGORY AND THERAPEUTIC COMPETENCIES IN PLAY THERAPY.....	50
2.8.1 Narrative therapy	52
2.8.2 Art therapy.....	53

2.8.3 Bibliotherapy and poetry	55
2.8.3.1 Bibliotherapy	55
2.8.3.2 Poetry.....	56
2.8.4 Sand and toy therapy	57
2.8.5 Music therapy	58
2.8.6 Drama therapy	60
2.8.7 Dance and movement therapy	62
2.9 MODALITIES OF PLAY THERAPY	64
2.9.1 Individual therapy.....	65
2.9.2 Group therapy	66
2.9.3 Family therapy.....	67
2.9.4 Integrated modality.....	69
2.10 CONCLUSION	69
CHAPTER THREE	71
THEORETICAL FRAMEWORK.....	71
3.1 INTRODUCTION.....	71
3.2 THEORIES OF CHILD AND ADOLESCENT DEVELOPMENT AND SUPPORT..	71
3.2.1 Theories of child and adolescent socio-emotional and behavioural development ..	72
3.2.1.1 Psychobiological theories.....	72
3.2.1.2 Behavioural learning theories.....	75
3.2.1.3 Cognitive learning theories	79
3.2.1.4 Ecological theories	81
3.2.1.5 Biopsychosocial perspective	82
3.2.2 Theories underpinning the current study	83
3.2.2.1 Overview of psychodynamic theories	83
3.2.2.2 Psychodynamic therapy techniques.....	88

3.2.2.3 Concepts/constructs in psychodynamic theories	88
3.2.2.4 The link between psychodynamic and indigenous play therapy techniques.....	91
3.2.2.5 Psychodynamic theory and early childhood.....	93
3.2.2.6 Psychodynamic theories, childhood and attachment.....	95
3.2.2.7 Theoretical and practical gaps in psychodynamic theory	98
3.3 CONCEPTUAL FRAMEWORK	98
3.4 CONCLUSION	99
CHAPTER FOUR.....	102
RESEARCH DESIGN AND METHODOLOGY	102
4.1 INTRODUCTION.....	102
4.2 STUDY CONTEXT.....	103
4.2.1 Context of the city administration	103
4.2.2 Socio-economic contexts.....	106
4.2.3 The context of the youth situation	108
4.3 PARADIGM UNDERPINNING THE STUDY	108
4.4 METHODOLOGY.....	109
4.4.1 Mixed methods design.....	110
4.4.2 Justifications to use the mixed methods design.....	110
4.4.3 Instrument development and verification: Validity and reliability analysis.....	113
4.4.4 Procedures of data collection.....	118
4.5 PHASE 1: EXPLORING CULTURAL TERET-TERET	119
4.5.1 Sample size and inclusion criteria	119
4.5.1.1 Sampling of elders.....	120
4.5.1.2 Elders inclusion criteria.....	121
4.5.1.3 Sampling folklore experts or folklorist	123
4.5.2 Data collection instruments	123

4.5.2.1 In-depth interviews.....	123
4.5.2.2 Archive analysis	124
4.5.3 Procedures to collect the data from the interviews.....	125
4.5.4 Procedures to collect the data from the archives	126
4.5.5 Phase 1 Data analysis	129
4.5.6 Methodological norms.....	135
4.6 PHASE 2: SCREENING YOUNG ADOLESCENTS' SEBDs.....	139
4.6.1 Sampling.....	140
4.6.2 Data collection instruments	143
4.6.2.1 SEBDs: Achenbach's Youth Self-Report questionnaire (YSR).....	143
4.6.2.2 Assessing confounding factors.....	144
4.6.2.2.1 Emotional Quotient Inventory: Youth Version (EQi: YV).....	145
4.6.2.2.2 Participation in psycho-educational activities	146
4.6.2.2.3 Containment (mother-child interaction)	147
4.6.3 Phase 2 data analysis	147
4.6.3.1 Descriptive statistics.....	148
4.6.3.2 Inferential statistics.....	148
4.6.3.2.1 Quantile(binomial) test of proportion	149
4.6.3.2.2 Standard/transformed score	149
4.6.4 Methodological norms.....	150
4.7 Phase 3: <i>Teret-Teret</i> as A Psychotherapeutic Technique.....	151
4.7.1 Sample	152
4.7.1.1 Sample of the young adolescents	152
4.7.1.2 Sample of the guardians	154
4.7.2 Instruments	154
4.7.2.1 Questionnaire.....	155

4.7.2.2 In-depth individual interviews.....	155
4.7.3 Intervention procedures	156
4.7.3.1 Before the intervention	156
4.7.3.2 During the intervention process	160
4.7.3.3 After the intervention	173
4.7.4 Phase 3 Data analysis	174
4.7.5 Methodological norms.....	176
4.7.5.1 Internal validity	176
4.7.5.2 External validity	177
4.7.6 Ethical Considerations.....	179
4.8 CONCLUSION	182
CHAPTER FIVE	184
PHASE 1: PRESENTATION AND INTERPRETATION OF RESULTS.....	184
5.1 INTRODUCTION.....	184
5.2 OBJECTIVES AND RESEARCH QUESTIONS	184
5.3 DEMOGRAPHIC ASPECTS FOR THE PARTICIPANTS IN PHASE ONE	184
5.4 THE PROCESSES OF DATA COLLECTION AND ANALYSIS IN PHASE ONE	186
5.5 INCLUSION AND EXCLUSION CRITERIA FOR THEME 1	188
5.6 INCLUSION AND EXCLUSION CRITERIA FOR THEME 2.....	188
5.7 PRESENTATION OF RESULTS AND INTERPRETATION.....	188
5.7.1 Theme 1: Participants' Worldview of <i>teret-teret</i>	189
5.7.1.1 Sub-theme 1: Participants' unique experiences of the practice of <i>teret-teret</i> ..	189
5.7.1.2 Sub-theme 2: Participants' stories as evidence to illustrate their worldview ..	202
5.7.1.3 Discussion of the findings on Theme 1	221
5.7.1.3.1 Experiences of using <i>teret-teret</i> as a technique.....	222
5.7.1.3.2 Storytelling context.....	222

5.7.1.3.3 Value of storytelling	223
5.7.2 Theme 2: Classification of <i>teret-teret</i> as a Psychotherapeutic Technique	225
5.7.2.1 Sub-theme 1: Aggression	227
5.7.2.2 Sub-theme 2: Aggression and delinquency	228
5.7.2.3 Sub-theme 3: Stories that may be used to address multiple themes.....	229
5.7.2.4 Discussion of the findings on Theme 2	231
5.7.3 CONCLUSION	232
CHAPTER SIX.....	234
PHASE 2: PRESENTATION AND INTERPRETATION OF RESULTS	234
6.1 INTRODUCTION.....	234
6.2 DESCRIPTION OF THE PARTICIPANTS.....	234
6.2.1 Background Information of Young Adolescents.....	235
6.2.2 Background information of Young Adolescents' Parents.....	236
6.3 VALIDITY AND RELIABILITY OF THE INSTRUMENTS: PILOT RESULTS....	237
6.3.1 Reliability for the SEBDs scale	237
6.3.1.1 Reliability for the internalized instruments: 11-18 YSR.....	238
6.3.1.2 Reliability of the externalized instruments: 11-18 YSR	240
6.3.1.3 Reliability for the stand-alone instruments in the YSR.....	242
6.3.2 Reliability for the instruments to measure confounding factors.....	245
6.3.2.1 Emotional intelligence.....	245
6.3.2.2 Mother-child interaction.....	247
6.3.2.3 Participation in school-based psycho-educational activities.....	249
6.4 DESCRIPTIVE STATISTICS FOR SEBD VARIABLES: THE MAIN STUDY	251
6.5 DESCRIPTIVE STATISTICS FOR SEBC VARIABLES: THE MAIN STUDY	252
6.6 DESCRIPTIVE STATISTICS FOR CONFOUNDERS: THE MAIN STUDY	253
6.7 THE CORRELATIONS BETWEEN THE MAIN STUDY VARIABLES	254

6.8 DESCRIPTION OF THE DATA FOR THE MAIN STUDY	256
6.8.1 Normality Test for the Socio-Emotional and Behavioural Difficulty Variables...	257
6.8.2 Normality Test for Competency Variables.....	257
6.8.3 Normality test for confounding variables	259
6.9 SCALE DESCRIPTION AND THE RELIABILITY OF THE SCALES	259
6.9.1 Socio-Emotional and Behavioural Competencies	260
6.9.2 Socio-Emotional and Behavioural Difficulty Scale	260
6.9.3 The scales to assess Confounders	261
6.9.3.1 Emotional intelligence.....	262
6.9.3.2 School-based psycho-educational participation	262
6.9.3.3 Mother-child interaction.....	262
6.10 FREQUENCIES FOR EACH SEBD SUB-SCALES.....	263
6.10.1 Withdrawal	263
6.10.2 Somatic Complaints.....	263
6.10.3 Anxious-Depressive.....	264
6.10.4 Social problems	265
6.10.5 Thought problems.....	265
6.10.6 Attention-Deficit/Hyperactivity Disorder.....	266
6.10.7 Delinquency.....	266
6.10.8 Aggression	267
6.11 FREQUENCIES OF COMPETENCY SCALES.....	267
6.11.1 Participation in sport activities	268
6.11.2 Hobbies.....	269
6.11.3 Community roles	270
6.11.4 Household chores	270
6.11.5 Social interaction	271

6.12 FREQUENCIES FOR CONFOUNDING SCALES.....	272
6.12.1 Emotional Intelligence.....	272
6.12.2 Psycho-educational participation.....	273
6.12.3 Mother-child interaction.....	274
6.13 ESTIMATION OF PREVALENCE RATE.....	275
6.13.1 Prevalence of gross SEBDs.....	275
6.13.2 Prevalence of distinct SEBDs.....	276
6.14 DISCUSSION.....	278
6.15 CONCLUSION.....	281
CHAPTER SEVEN.....	283
PHASE 3: PRESENTATION AND INTERPRETATION OF RESULTS.....	283
7.1 INTRODUCTION.....	283
7.2 PARTICIPANT SELECTION.....	284
7.3 GROUP INCLUSION AND EXCLUSION CRITERIA OF THE PARTICIPANTS..	284
7.4 PARTICIPANTS IN THE COMPARISON GROUP.....	288
7.5 RESULTS OF THE PRE-TEST.....	290
7.5.1 Pre-test Results between the Intervention and Control Groups.....	290
7.5.2 Pre-test Result between the Intervention and Comparison Groups.....	293
7.6 THE INTERVENTION.....	294
7.6.1 Sampling considerations.....	294
7.6.2 Validity of the study.....	294
7.6.2.1 Internal validity.....	295
7.6.2.2 External validity.....	295
7.6.3 Procedures for conducting the intervention.....	295
7.7 POST-TEST RESULTS.....	296
7.7.1 Post-test results between the intervention and control groups.....	297

7.7.2 Post-Test Results between the intervention and comparison groups	303
7.7.3 Results from the qualitative analysis	308
7.8 DISCUSSION	313
7.9 CONCLUSION	318
CHAPTER EIGHT	319
SYNTHESIS, CONCLUSION AND RECOMMENDATIONS	319
8.1 INTRODUCTION.....	319
8.2 SUMMARY OF THE RESEARCH	319
8.2.1 Summary of the overarching research design.....	319
8.2.2 Summary of the research design and methodology of Phase 1	320
8.2.3 Summary of the research design and methodology of Phase2	321
8.2.4 Summary of the research design and methodology of Phase 3	321
8.3 FINDINGS BASED ON THE RESEARCH QUESTIONS	322
8.3.1 Phase 1: <i>Teret-teret</i> psychotherapy as indigenous knowledge	322
8.3.1.1 Worldview of the participants on <i>teret-teret</i> psychotherapy.....	323
8.3.1.1.1 Participants' views and experiences of psychotherapeutic <i>teret-terets</i> ...323	
8.3.1.1.2 Participants' stories as evidence to illustrate their worldview.....	325
8.3.1.2 Classifications of <i>teret-teret</i> based on YSR	328
8.3.2 Phase 2: Prevalence of Socio-emotional and behavioural difficulties	330
8.3.2.1 Prevalence of gross SEBD	330
8.3.2.2 Prevalence specific SEBDs	330
8.3.3 Phase 3: An Intervention study.....	331
8.3.3.1 Short-term outcome of <i>teret-teret</i> intervention	331
8.3.3.2 Long-term outcome of <i>teret-teret</i> intervention	332
8.4 RESEARCHER REFLECTIONS	333
8.4.1 Reflections on the methodology	334

8.4.2 Reflection on the theory framing the study	335
8.4.2.1 Reflection on theory	335
8.4.2.1.1 Conventional mechanisms of psychodynamic techniques.....	337
8.4.2.1.2 A new mechanism of psychodynamic psychotherapy	339
8.4.2.2 Reflection on the conceptual framework.....	341
8.4.2.2.1 Indigenous knowledge: Traditional play	341
8.4.2.2.2 Subjective experience	342
8.4.2.2.3 Gross SEBD	343
8.4.2.3 Reflection on socio-emotional and behavioural competencies	344
8.4.2.3.1 Participation in daily activities.....	344
8.4.2.3.2 Other socio-emotional and behavioural competencies	346
8.5 CONTRIBUTIONS TO SCIENTIFIC AND PRACTICAL KNOWLEDGE	348
8.6 RECOMMENDATIONS	349
8.6.1 Recommendations for Using Evidence-Based Practice	349
8.6.2 Recommendations Regarding Policy.....	350
8.6.3 Recommendations for Further Research	351
8.7 CONCLUSION	352
REFERENCES	353
APPENDICES	I
Appendix A: Permission to conduct the research HCCA W Department.....	I
Appendix B: Ethics approval from University of South Africa.....	III
Appendix C: Turnitin Results	V
Appendix D: Certificate for Editing Services	VI
Appendix E: Elders/folklore experts consent form	VII
Appendix F: Interview guidelines for elders and folklore experts.....	X
Appendix G: Counsellor’s story evaluation sheet.....	XIII

Appendix H: Classifications of the stories based on their psychotherapeutic values	XIV
Appendix I: Sample Interview Transcript –Elder 1	XVII
Appendix J: Sample Qualitative Method of Data Analysis–Elder 1.....	XVII
Appendix K: Informed assent from young adolescents to participate in Phase 2 study .	XVII
Appendix L: Informed consents from parents/guardians to permit their son/daughter ..	XXII
Appendix M: Youth self-report questionnaire 11 -18 years	XXV
Appendix N: Emotional intelligence questionnaire	XXXIV
Appendix O: School Based Psycho-educational Questionnaire	XXXV
Appendix P: Mother –child Interaction Questionnaire	XXXVI
Appendix Q: Parents permission slip to allow their youth for group therapy	XXXVII
Appendix R: Youth group therapy participation agreement protocol.....	XXXVIII
Appendix S: Declaration of responsibility and confidentiality for group therapy	XXXIX
Appendix T: Emotional risk/distress management protocol	XL
Appendix U: Group therapy session format.....	XLII
Appendix V: Self-evaluation format for youth participation during group therapy	XLIII
Appendix W: Interview guideline for parents/mothers for impact assessment	XLIV

LIST OF FIGURES

Figure 1.1: Diagrammatic overview of the study	16
Figure 3.1: Development of desirable behaviours through classical conditioning.....	76
Figure 3.2: Development of undesirable behaviour through classical conditioning	77
Figure 3.3: Development of unhealthy behaviours through operant conditioning	78
Figure 3.4: Development of classroom reflective behaviours through modelling.....	79
Figure 3.5: Developing positive relationship skills through adult guidance	80
Figure 3.6: Schematic presentation of psychodynamic theories to this study	87
Figure 3.7: The relationship between concepts in the study(conceptual framework)	99
Figure 4.1: Map of the study areas.....	104
Figure 4.2: Hawassa City admintration organizational structure.....	105
Figure 4.3: Sub-cities and schools in Hawassa City adminstration	106
Figure 4.4: A mixed method process model	110
Figure 4.5: Illustration on the relationship between the three phases of the study.....	113
Figure 4.6: Embedded experimental model for mixed methods.....	118
Figure 4.7: Methods of screening indigenous stories from archive.....	128
Figure 4.8: Schematic illustrations on the penomenological procedures of data analysis....	135
Figure 4.9: Sampling procedures for the intervention study.....	153
Figure 4.10: Research design for phase 3 study	158
Figure 4.11: The link between the three phases of studies	176
Figure 4.12: Methodological norms for the intervention study	179
Figure 6.1: Box plotting for the difficulty scale	257
Figure 6.2: Box plotting for the competency scale	258
Figure 6.3: Box plotting for the confounding variables.....	259
Figure 8.1: Review on the relationship between the three phases of the studies.....	320
Figure 8.2: Conventional and new mechanisms how <i>teret-teret</i> psychotherapy operates.....	336

Figure 8.3: Conventional mechanism of teret-teret psychotherapy339

Figure 8.4: A new mechanism of teret-teret psychotherapy340

LIST OF EQUATIONS

Equation 4.1: General formula to determine sample size	142
Equation 4.2: Finite population correction formula.....	142
Equation 7.1: Formula to compute Cohen d from two means	291
Equation 7.2: Formula to compute pooled standard deviation from two means	292
Equation 7.3: Formula to estimate Cohen d by using Point - Biserial approach.....	292

LIST OF TABLES

Table 1.1: Socio-emotional and behavioural difficulties - YSR(Achenbach, 1991)	4
Table 3.1: Example for positive behaviour development through operant conditioning	77
Table 3.2: The relationship between research questions and the constructs to be measured ..	96
Table 4.1: Phylosophical underpinnings for pragmatism	109
Table 4.2: Points of justification to use a mixed methods design.....	110
Table 4.3: Primary inclusion criteria for elder selection.....	122
Table 4.4: Secondary inclusion criteria for elder selection.....	122
Table 4.5: Brief evaluation criteria to explore cultural stories from story books	127
Table 4.6: Example on qualitative method of data analysis	133
Table 4.7: Summary of the methodological norms for phase 1 study	139
Table 4.8: Population frame.....	141
Table 4.9: Sample frame	142
Table 4.10: Group structure for the interventon study.....	151
Table 4.11: Schedules for the psychotherapeutic relationship.....	158
Table 5.1: Phase 1-Demographics of participants	184
Table 5.2: Themes, sub-themes, categories and sub-categories emerging from the data	187
Table 5.3: Summary of the implications of the stories selected by the participants.....	190
Table 5.4: Summary of the story analysis.....	219
Table 5.5: Number of stories from the interview and archive sources	221
Table 5.6: Summary of story classification	225
Table 6.1: Phase 2-Participants characteristics	234
Table 6.2: Phase 2- Background information of the participants' parents	235
Table 6.3: Factor load for 7 withdrawal items from YSR 11-18	236
Table 6.4: Factor load for 9 somatic compliants item from YSR 11-18.....	238
Table 6.5: Factor load for 14 anxiety-depression items from YSR 11-18.....	240

Table 6.6: Factor load for 20 aggression items from YSR 11-18.....	241
Table 6.7: Factor load for 11 delinquency items from YSR 11-18	241
Table 6.8: Factor load for 6 social problems items from YSR 11-18.....	243
Table 6.9: Factor load for 6 social problem items from YSR 11-18	243
Table 6.10: Factor load for 10 attention problem items from YSR 11-18.....	244
Table 6.11: Factor load for 25 items from(EQi:YV)(Bar-On & Parker, 2000).....	246
Table 6.12: Factor load for 16 items mother-child interaction(conflict resolution scale)	246
Table 6.13: Factor load for 7 mother-child interaction(acceptance sub-scale).....	248
Table 6.14: Factor load for 15 items from psycho-educational participation.....	250
Table 6.15: Summary of descriptive statistics for key difficulty variables	250
Table 6.16: Summary of descriptive statistics for the competency variables.....	253
Table 6.17: Descriptive statistics for the confounding variables.....	253
Table 6.18: Correlation among key variables	255
Table 6.19: The psychometric qualities for gross and sub-SEBD scales	261
Table 6.20: Frequency of responses to withdrawal sub-scale.....	261
Table 6.21: Frequency of responses to somatic compliant sub-scale	264
Table 6.22: Frequency of responses to anxious - depressive sub-scale.....	264
Table 6.23: Frequency of responses to social problems sub-scale	265
Table 6.24: Frequency of responses to thought problem sub-scale.....	265
Table 6.25: Frequency of responses to attention-deficit/hyperactive sub-scale	266
Table 6.26: Frequency of responses to delinquency sub-scale	266
Table 6.27: Frequency of responses to aggression sub-scale	267
Table 6.28: Summary of frequencies for sport activities.....	267
Table 6.29: Summary of frequencies for hobby activities.....	269
Table 6.30: Summary of frequency for community roles.....	270
Table 6.31: Summary of frequencies for household chores	270

Table 6.32: Summary of frequencies for social interaction	271
Table 6.33: Summary of frequencies for emotionl intelligence	272
Table 6.34: Summary of frequencies for psycho-educational participation	273
Table 6.35: Summary of frequencies for mother-child interaction.....	274
Table 6.36: Binomial proportion test for the composite SEBD.....	275
Table 6.37: Binomial test of proportion for the distinct SEBDs	276
Table 7.1: Pre-test T-score for the intervention group.....	286
Table 7.2: Pre-test T-score for the control group.....	287
Table 7.3: Pre-test T-score for the comparison group	289
Table 7.4: Levene's Test for Equality of Variance among the pre-test groups.....	291
Table7.5: Pre-test independent t-test between the intervention and control groups	292
Table 7.6: Pre-test independent t-test between the intervention and comparison groups.....	293
Table 7.7: Post test independent t-test between the intervention and control groups.....	293
Table 7.8: Descriptive statistics after the between the intervention and control groups	299
Table 7.9: Post test T-score for the intervention group	300
Table 7.10: Post test T-score for the control group	301
Table 7.11: Post-test independent t-test between the intervention and comparison groups ..	304
Table 7.12: Post-test descriptive statistics between intervention and comparison groups	304
Table 7.13: Post-test T-score for the inervention group	306
Table 7.14: Post-test T-score for the comparison group.....	307
Table 8.1: Review on SEBC indicators	326
Table 8.2: Review on SEBD indicators	327

CHAPTER ONE

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The purpose of the study was to examine how indigenous plays (*teret-teret*) can, as a psychotherapeutic technique support young adolescents who experience socio-emotional and behavioural difficulties. The first chapter provides the background of the study, statement of the problem, research questions, research aim and objectives as well as delimitation of the study. The study is a multiphase study with three distinct phases, each with its discrete methodological rigours. The first phase of the study entailed a qualitative design that explored the phenomenological experiences of research participants in terms of using indigenous child-friendly play such as indigenous stories or *terets* to support young adolescents experiencing socio-emotional and behavioural difficulties. In the second phase of the study, young adolescents were screened to identify their particular socio-emotional and behavioural difficulties. The third phase focused on combining data from phase one and phase two and then conducting an intervention study. Each of these phases is elucidated in the forthcoming sections, and the details are outlined in the methodological section.

1.2 BACKGROUND OF THE STUDY

Mental and behavioural health problems have become major health issues and a burden especially for young people in the global community (Patel et al., 2007). Furthermore, Kleintjes et al. (2006) report that 17% of the world's children experience mental health problems with 18% of Ethiopia's young population experiencing any one of a number of socio-emotional and behavioural difficulties (Patel et al., 2007). Undoubtedly, this health matter is a challenging worldwide phenomenon and is affected by diverse risk factors. These include Human Immuno Virus (HIV), poverty, unemployment, urbanisation, violence, and crime (Kleintjes et al., 2006). In Sub-Saharan countries, different forms of abuse, neglect, and maltreatment (Morantz et al., 2013); bullying and violence (Brown et al., 2008) are widespread. The behaviour related problems are further complemented by poverty, inequality, disease, and violent cultural practices (Korbin, 2003).

The early onset of socio-emotional and behaviour difficulties (SEBD) among young adolescents is a major risk factor leading to the development of health complications that require early detection and intervention (Ahn & Shine, 2013; Skovgaard et al., 2006).

Delinquency, mood disorders, and substance abuse are common outcomes of early abuse of the young adolescent (McLeod et al., 2014; Briggs-Gowan & Carter, 2008; Cote et al., 2006).

Care and support approaches for children who are living under difficult conditions vary from culture to culture and society to society. For example, in Africa caring for deprived children within tight family structures or in some cases, in what is known as traditional extended families and neighbourhoods, are common practices (Brown, 2009; Belay Tefera, 2006; Sewpaul, 2001). However, in other parts of the world, mixed approaches are used, such as remaining in familiar environments, enterprise-centred collectives, consortia of government, Non-Government Organisations, and private sectors (Brown, 2009) and adoption (Neil, 2012) are recognised practices. In England, therapeutic children's homes (Bullock, 2009) and in America, residential treatment (Butler & McPherson, 2007) is the preferred modalities for caring for and supporting young adolescents under difficult circumstances.

Helping children involves proper and culturally sensitive psychotherapeutic approaches that can be harnessed using child-centred approaches. Children generally have limited verbal abilities to communicate their thoughts, feelings, and experiences. Hence, play is a viable means to offer them opportunities to express themselves and their feelings (Bratton et al., 2005) and to communicate painful emotions (Hall et al., 2002) as well. Studies on African indigenous psychotherapeutic knowledge are still overlooked for one or other reason (Waldron, 2008). In fact, although there are traditional theories and practices (Waldron, 2008), not much research has been undertaken to validate them through empirical evidence. However, indigenous people have been using traditional healing techniques with their behaviour being framed and controlled by external factors such as God and witchcraft doctors (Ojelade et al., 2014). However, scholars might be reluctant to explore traditional African assets in empirical studies because of the influence of foreign theories (Kirmayer, 2007) and psychotherapies (Waldron, 2008).

Research to establish a context-based approach is relatively uncommon and, therefore, needs further exploration. Therefore, this study primarily intended to explore indigenous play to expand the horizons of child psychotherapy across the world. Secondly, it proposes to explore the use of scientific tools to assess psychosocial problems and treatment outcomes.

1.3 THE PROBLEM STATEMENT

Young people (aged between 10-24 years) represent 27% of the population across the world; (Gore et al., 2011). Children and young adolescents living under difficult conditions (for

example, orphans and vulnerable children) have more chance to experience SEBD than youth growing up under normal conditions. The majority of children and young adolescents are subject to mental and behavioural difficulties with the risk factors being associated with drug abuse, poverty, and violence (WHO, 2019). Studies depict that household poverty directly and/or indirectly influence parenting behaviour which in turn results in SEBDs of the youth (Kaisar et al., 2017; Banovcinova et al., 2014). Similarly, other factors such as the conflict in the family (Kader & Roman, 2018; Barthassat, 2014), marital discord (Jarnecke et al., 2017; Schulz, 2015), parental mental health problems (Simpson-Adkins & Daiches, 2018) fuel SEBDs among young people. In addition, drug abuse such as marijuana-use often is a prelude to delinquent behaviour among young adolescents (Becker et al., 2012).

The youth in sub-Saharan countries experience intense SEBDs like the youth elsewhere in the world (Owen et al., 2016; Cortina et al., 2011). This might be due to diverse risk factors such as economic adversities (Owen et al., 2016) and there are many other factors including homeless, poor/no parental affection and stimulation are well-known risk factors (Atilola, 2013; Sathiyasusuman, 2011). In addition, the aftermath effects of Human Immuno Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (Kalembo et al., 2019), hostile home environments, stressful life conditions, and risky social deprivation and rejection jeopardise the wellbeing of youth development. The cumulative effect of the aforementioned risk factors endangers the generation and result in SEB health problems. The youth in Ethiopia also face difficult conditions (Northcut & Hailu, 2016; Sathiyasusuman, 2011) and experience a 15% prevalence rate of SEBDs (Sathiyasusuman, 2011), but meaningful interventions to mitigate the growing driving forces and their consequences appear to be ignored (Northcut & Hailu, 2016). On the one hand, there is a lack of adequate scientific studies to demonstrate the magnitude and the spread of SEBD and on the other, very few if any interventions have been initiated to assist the youth in the adjustment of SEBDs.

Parents play a vital role with young adolescents facing SEB problems, in that healthy functioning is the result of healthy parenting. Studies suggest that low levels of awareness and endeavours by parents or caregivers to explore adaptive psychotherapeutic procedures have reduced the status of SEB wellbeing of the youth and the discipline of child and youth psychotherapy (Abera et al., 2015). Similarly, poor parent to adolescent communication is highlighted as aetiology to teenagers' experience of HIV and reproductive health (Ayalew Tegegn & Yeshigeta Gelaw, 2009). As in other parts of the world such as South Africa

(Mohangi & Archer, 2015), parents in Ethiopia experiencing different types of SEBD with their children, are offered less attention and professional support.

Socio-emotional and behavioural problems have seen an increase in cities such as Addis Ababa, Adama, Dire Dewa, and Bahirdar, amongst others in Ethiopia. Evidence drawn from different sources demonstrates that Hawassa city is not unique as it too has seen an escalation. The increase of street life and associated mental and behavioural health challenges has become a cause for concern for the health sector (Solomon et al., 2002). Parents and teachers have identified that children and young adolescents are not attending school regularly and do not obey at school and at home. Lawlessness and criminal behaviours have seen an increase and the widespread use of drugs (Tekalign Ayalew, 2012) such as Khat¹, cigarettes², Mastic glue³, Benzene⁴ and alcohol⁵ has been increasing across emerging cities such as Arba Minch. Drug addiction has been a common issue with adults, but currently, the youth are also indulging in drug use. Poverty is chronic in many households with family (Egba & Ngwakwe, 2015; Mullainathan, 2011), but generation policies being absent and even the existing feeble policies are inactive, not contextual, and not supported by budget and human resources. Poor management of social media (Lindner et al., 2012), and the lack of youth development activities overall make the youth problem more complicated to deal with.

Thus, the above factors contribute to the challenges facing young adolescents currently experiencing socio-emotional and behavioural difficulties. Given this need, the importance of psychotherapies in terms of the child (Kruijssen – Terpstra et al., 2016) and context friendly (Kruijssen – Terpstra et al., 2016; Leathers et al., 2009) to the settings where school, home, community, and clinics are suggested. Contextual psychotherapy is a form of cross-cultural psychotherapy/counselling (Koc & Kafa, 2019; Atilola, 2015) involving psychotherapy through the use of cultural knowledge and vernacular language, using home-grown theories, techniques, and processes.

Based on the above premise, the current study focused on the effectiveness of indigenous narrative approaches or stories as a technique to support young adolescents experiencing SEB challenges. Hence, the study is important in terms of developing youth-friendly, culturally,

¹ Khat = Locally grown plant which includes catinon chemical and it can be chewed

² Cigarette = Any form of tobacco products that include nicotine chemical is sniffed, and/or smoked

³ Mastic glue = Adhesive psychoactive industrial chemical which is inhaled and sniffed

⁴ Benzene = Fuel which is obtained from gas station and sniffed and/or inhaled

⁵ Alcohol = All beverage including locally made liquors such as “Harake”, “Teji” are taken

and developmentally adaptive psychotherapeutic techniques to offer young adolescents a change to more healthy, productive, and self-reliant lives.

In addition, the study urges other scholars to verify the outcome of the study in other settings applying child stories as psychotherapeutic techniques. Secondly, the study stimulates a sense of complete theory development which underpins indigenous psychotherapies as a scientific theoretical foundation. Finally, the study urges stakeholders to make use of the knowledge emerging from this finding and to convert it into practice to revert the rising rate of SEBD found amongst the current youth.

1.4 RATIONALE FOR THE STUDY

The researcher offers the rationale for conducting the study through five aspects. Firstly, the study gives attention to *children and young adolescents*. Children and young adolescents need special attention, especially in many environments and communities where they are vulnerable to diverse environmental adversities such as lack of or limited psychological stimulation from primary caregivers, maltreatment, and abuse (Howe, 2005; Smith & Fong, 2004). Hence, as they are a special group, and thus need a special type of treatment.

Secondly, the issue of subjective and objective *wellbeing and quality of life* (Sfeatcu et al., 2014; Misselbrook, 2014) is a pivotal need for human beings in that it requires scientific validations on the existing practices. Health and wellbeing are defined as complete adaptive functioning in terms of physical, psychological, and social aspects (Bickenbach, 2015; Sartorius, 2006). Based on these premises, this study is aimed at addressing one of the components of health; that is, the socio-emotional and behavioural or psychological wellbeing (Ryff, 2014; Eude, 2009) with particular emphasis on young adolescents as essential components in the health and wellbeing domain. In this regard, the study attempts to identify psychotherapeutically-relevant treatment techniques for this health issue area.

The practice of using indigenous knowledge, such as child-friendly stories as a vehicle to manage young adolescents' problems, has not as yet been studied in line with psychotherapeutic contributions. So, thirdly the *reconstruction of indigenous knowledge* (Carothers et al., 2014; Owusu-Ansah & Mji, 2013) that is *teret-teret* psychotherapy denotes supporting and validating the existing communal knowledge through scientific evidence.

The fourth aspect highlights *early detection and management of childhood problems* (Newman, 2012; Luby, 2010) to provide meaningful treatment that offers proactive input for child-rearing practices. Early detection and management of SEBDs are given attention

through providing special emphasis to young adolescents. The primary participants of the current study are young adolescents with the study purposely exploring psychotherapeutically important techniques to help this group of individuals at the early stage of development.

Finally, attention is given to *age-specific psychotherapy*, which has to do with customising psychotherapeutic practices based on the needs of developmental characteristics. One of the focal professional duties of psychology is studying and fulfilling the demands of human beings based on their developmental characteristics. At present, the practice of child and adolescents psychotherapy is not given adequate attention in Ethiopia. Accordingly, this study explores the type of relevant indigenous knowledge from a psychotherapeutic perspective and verifies the relevance across young adolescents' needs.

1.5 RESEARCH QUESTIONS

Against the backdrop of the above fundamental premises outlined under the statement of the problem and the rationale of the study, this study attempted to address the following main research question " How can indigenous play (*teret-teret*) as a psychotherapeutic technique be used to support young adolescents experiencing socio-emotional and behavioural difficulties?

The following sub-research questions created for each of the phases within the mixed method design:

1. How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges? Which *terets* assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?
2. What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents in this study?
3. Which socio-emotional and behavioural difficulty is most prevalent among young adolescents in this study?
4. To what extent is there a statistical difference in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?
5. How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

1.6 RESEARCH HYPOTHESES

The concept "Hypothesis" stands for tentative guess in an experimental study to investigate the likely results of an experimental study (Badiger & Phil, 2014). It also in other literature denoted that "hypothesis" is a statement which shows the relationship between variables (Sarantakos, 1998) where it should be clear, specific, and testable (Lavrakas, 2008). The relationship specifically is between the independent and dependent variables (Creswell, 1994). Based on the definitions provided above and the need for hypothesis in the current study, there are three clusters of hypotheses. The first cluster of hypotheses is related to the Phase 2 study, which is quantitative and planned to examine the prevalence of SEBDs among the research participants. Accordingly, the expected *prevalence rate of socio-emotional and behavioural difficulties for both composite and the discrete SEBDs is 50% among the study participants*. More specifically, the hypothesis is described below:

The Null Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is .50. That is, $H_0 = .50$ proportion.

The Alternate Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is different from .50. That is, $H_0 \neq .50$ proportion.

The second cluster of Hypotheses is related to the Phase 3 study. Phase 3 of the study has two quantitative designs. The first design was intended to examine the contributions of *teret-teret* psychotherapy to adjust the young adolescents from SEBD from intervention and control groups. On this account, the following hypothesis is formulated for testing.

The Null Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) does not differ from the young adolescents in the control group (i.e., does not receive *teret-teret* psychotherapy) in terms of the socio-emotional and behavioural difficulties. Hence, $H_0 = M_1 = M_2$.

The Alternate Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) differ significantly from the young adolescents in the control group (i.e., does not receive *teret-teret* psychotherapy) in terms of socio-emotional and behavioural difficulties. In that, $H_1 = M_1 \neq M_2$.

Phase 3 of the study has another hypothesis. It involves contrasting the intervention group with the comparison group. The participants in the comparison group are equivalent to the participants under the intervention group in terms of age, the school they attend and the general living circumstances, including the SE background of their family. However, these

groups are different in relation to the type and level of socio-emotional and behavioural challenges. That means, the intervention group includes the participants who experience SEBDs, whereas the comparison group did not experience SEBDs. With due consideration to the aforementioned, the following hypothesis is formulated for testing.

The Null Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) does not differ from the young adolescents in the comparison group (i.e., does not receive *teret-teret* psychotherapy) in terms of the socio-emotional and behavioural difficulties. To state it in a different way, $H_0 = M_1 = M_2$.

The Alternate Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) differ significantly from the young adolescents in the comparison group (i.e., does not receive *teret-teret* psychotherapy) in terms of socio-emotional and behavioural difficulties. In other words, $H_1 = M_1 \neq M_2$.

1.7 THE AIMS AND OBJECTIVES OF THE STUDY

The study attempted to link two factors: *socio-emotional and behavioural challenges of young adolescents* against *the use of culturally relevant stories as a psychotherapeutic technique*. The prevalence of SEBDs among young adolescents was discussed in the previous sections; however, the growing rate of SEBDs among young adolescents has been given less attention compared to studies and health programmes working with adult SEB wellbeing (Tolan & Dodge, 2005; Kessler, 2000). As research has discussed, engaging young adolescents in assessment processes is more complex and needs cautious ethical practices (Halle & Darling-Churchill, 2016; Sacks & Westwood, 2003; Kessler, 2000). Even though the challenges and limitations in psychological studies, attempts to assess and practice psychotherapy with SEBD among young adolescents is an ongoing process (Allen et al., 2007). Besides, the helping process requires cautious ethical practices (De Sousa, 2010) are fundamental. Based on these points of view, this study addressed the SEBD of young adolescents with the intention to achieve the following research aims and objectives.

1.7.1 Aim of the Study

Based on the analysis and formulation of the problems of the study in the above sections, the aim of the study is devised as follow.

- The study was aimed to examine how can indigenous plays (*teret-teret*) as a psychotherapeutic technique, support young adolescents experiencing socio-emotional and behavioural difficulties.

1.7.2 Objectives of the study

In the above sections the problem of the study is analysed and formulated. Subsequently, based on the problem formulation the aim of the study is devised. In this section, specific objectives of the study as forms of descriptive statements are outlined below.

- To explore how elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges
- To classify *terets* based on their psychotherapeutic relevance to support young adolescents with socio-emotional and behavioural challenges.
- To determine the prevalence rate of socio-emotional and behavioural difficulties among young adolescents.
- To identify which socio-emotional and behavioural difficulty is most prevalent among young adolescents.
- To determine the extent of statistical difference found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?
- To explore how *teret-teret* psychotherapy supports the socio-emotional and behavioural adjustment of young adolescents

1.8 CLARIFICATION OF KEY CONCEPTS

In this section, the emphasis is given to the key concepts, their definitions and descriptions, the main concerns to be studied, the key factors, concepts, or variables and the presumed relationships amongst them, and various interpretations of the different concepts. The major purpose to elucidate the key concepts under the current study is to clarify the scope and the meaning that the study addresses. Furthermore, it helps to delineate the significant study variables that play a key role in the study.

1.8.1 Socio-emotional and behavioural difficulties (SEBD)

One of the major concepts in the current study is the construct of *SEBD* (Perry et al., 2006). The SEBD pertain to childhood psychopathology (Seguin & Leckman, 2013; Kruger & Markon, 2006) where the youth develop and experience psychological challenges due to the factors that are infused in them in their early development. The current study relies on the widely applied achievement of Achenbach (1991), who has been studying and working on the SEB wellbeing of children and young adolescents by developing, validating, and applying the Youth Self-Report (YSR). YSR is a standardised screening questionnaire that was derived from an improved version of the Child Behaviour Checklist (CBCL) developed in 1966 but later modified as YSR by Achenbach in 1991 (Nakamura et al., 2009; Song et al., 1994). The tool assists to assess young adolescents' competency, *daily activities* (i.e., activities in sport, leisure, community, home chores, and relationship) and difficulties (i.e., *aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems and social withdrawal*). In Table 1.1 below, I summarise the indicators of each difficulty scale.

Table 1.1: Socio-emotional and behavioural difficulties – YSR (McConaughy, 2001:307)

Difficulty	Common Features
Anxiety/depression	Feeling unloved, worthless, suspicious, lonely, worried, self-conscious, cries, fear of doing bad, perfect, out to get, guilt
Delinquency	Steals at home, sets fires, steals, runaway, truancy, prefers older friends, lies/cheats, swears, no guilt, alcohol/drug abuse, thinks of sex
Aggression	Teases, threatens, loud, stubborn, destroys own properties, attacks, fights, jealous, brags, talks too much, demands attention, temper, destroys others' properties, screams, argues, shows off, mood change, mean to other
Hyperactive attention problem	Twitch, poor school performances, acts as young, concentration problems, confusion, impulsive, clumsy (for example, motor coordination difficulties)
Social problem	Clings, clumsy, teases, not liked, bullying/bullied, prefers younger friends
Physical complaints	Nausea, skin problems, vomits, eye problems, stomach ache, headache, tired, disease, unspecified problems
Thought problems/ or problems with cognition	Strange ideas, repeats action, sees things, shows strange behaviours, hears things, mind off
Social withdrawal	Shy, withdrawn, sad, secretive, underactive, won't talk, rather be alone

Hence, young adolescents require concerted assistance to realise their socio-emotional wellbeing by developing culturally relevant and adaptive socio-emotional and behavioural skills. For example, acquiring self-awareness, becoming emotionally intelligent (that is, an understanding of others' emotions, emotional management, emotional expressions in a constructive manner), self-regulation, stabled communications (Chinekesh et al., 2014; Abdollahian et al., 2013). The combination of these skills equips young adolescents to deal successfully with their psychosocial difficulties and effectively communicate within their social network (Chinekesh et al., 2014; Jafari et al., 2011).

1.8.2 Indigenous play

Indigenous play in this study represents child friendly or developmentally and culturally appropriate stories/narratives such as folktales or creative narratives that embed deep meaning which young adolescents can examine and relate to their own life circumstances. The stories are segments of indigenous knowledge (and epistemology) which denotes cultural knowledge-based oral tradition or story-telling, where experiences are shared from one generation to the next (Jirata, 2014; Kovach, 2010; Quirmbach et al., 2008).

Furthermore, Africa, as a multicultural continent, is endowed with rich indigenous knowledge which has been reflected through story-telling, proverbs, folktales, recitation, demonstration, sport, epic, poetry, reasoning, riddles, praise, songs, word games, puzzles, tongue-twisters, dance, and music (Finnegan, 2014; Owusu-Ansah & Mji, 2013; Lenox, 2000). Given that view, indigenous psychotherapy within folk psychology represents the meaning of belief and healing practices accepted by generations holding a variety of beliefs such as personal agency, human "understanding, capacity for inner healing, self-image, personal security, and moral lessons" (Kottman & Ashby, 2019; Ojelade et al., 2014; Mohatt, 2010).

In line with the above discussions, story-telling in Ethiopia, or as referred to in Amharic *teret-teret*, is traditional knowledge that has been practiced over time. *Teret-teret* embeds narrations for a group of children and young adolescents either by elders or peers to inculcate moral behaviour, entertainment, and/or for knowledge transition (Jirata & Simonsen, 2014; Jirata, 2014) Although *teret-teret* as indigenous play has been practised widely across schools, family, or community levels, it has never been supported by empirical evidence and validated scientifically. One of the strong assertions by Ashenafi (2015), is that Ethiopian stories are rich and powerful in terms of socialising children and young adolescents. Yet,

studies to incorporate these stories into children's literature remains open for empirical validation.

1.8.3 Socio-emotional and Behavioural Competencies (SEBCs): Daily Activities

Daily activities are groups of SEBC where psychologically healthy young adolescents engage in their daily life at optimal levels. There are different contexts such as home environment, school, community settings, and other areas where the young adolescent has to function effectively and demonstrate healthy deeds. The concept of daily activities in the current study addressed five descriptive daily roles. These included involvement in such activities as sport, hobbies, household chores, community engagement, and social relationships. Each of these daily activities is described in the following paragraphs.

Participation in sports activities: Young adolescent participation in sports activities has tremendous contributions for the wellbeing of socio-emotional and behavioural aspects (Wheatley & Bickerton, 2017; Smedegaard et al., 2016) particularly as it can reduce the symptoms of anxiety and depression (Bell et al., 2019). The youth can become involved in various sports activities practised across different countries. These are volleyball, basketball, cycling, dancing, fishing, football, rope jumping, push up, running, swimming, tennis table, and handball. In Ethiopia, locally practiced sports activities include "dimo", "laklakicho", "abarosh", "mehalgebi" and many more other sports as well as play activities.

Household chores: Young adolescents are involved in household tasks across different nations when their parents demand their assistance; for example, in America (Tsai et al., 2013). In Africa, this trend also exists; for instance, in Malawi (Zietz et al., 2018). The young adolescents are frequently required to execute chores which include house and bed cleaning, compound cleaning, boiling coffee, injera, and bread baking, child caring, wood chopping, cloth washing, caring for domestic animals particularly donkeys, food preparation particularly preparing a dish, working in a garage and car washing, shopping, engage in handcraft, utensil cleaning, water fetching, and shoe shining.

Leisure activities/hobbies: Participation in leisure activities is another daily activity that refers to a voluntary action that is internally driven (Guruprasad et al., 2012). The leisure time jobs included several engagements such as participation in spiritual (church) services, playing jot-ony, playing pool, engaging in revenue-generating activities, involvement in play station, gym participation, chatting with peers, and other activities. Some leisure time activities allow the youth to enjoy time alone like music/song listening, watching films, caring for domestic

animals, and watching Digital Satellite Television (DSTV). Indeed, literature shows that young adolescents experience healthy emotional, social, and behavioural development when they regularly are involved in leisure jobs. For example, more positive and less negative mood, more interest, less stress, and lower heart rate (Zawadzki et al., 2015). Besides, if the youth actively participate in leisure tasks, they have the advantages of well-functioning physical and cognitive processes which in turn lead to good physical and mental wellbeing, enhancement of self-esteem and confidence, and most importantly, keep them away from drug abuse (Guruprasad et al., 2012).

Community engagement: Youth community engagement informs the involvement of the youth in different existing structures of government, non-government, community based and/or faith-based institution based on self-motivated behaviour (Christens & Zeldin, 2016). Community engagement makes a major contribution to the development of youth (Arnold et al., 2008) and includes involvement in a football club, creativity association, cycling club, dance club, HIV/AIDS club, mini-media club, library club, child parliament club, peace club, scout club, Sunday school chanting club, traffic accident management club, and youth organisation club.

Social relationship: Social relationship denotes the skills used by young adolescents for healthy interaction and communication with significant others (Umberson & Montez, 2011). Other individuals represent family members (Thomas et al., 2017; Williams, & Anthony, 2015), peer groups (Williams & Anthony, 2015), and others such as classmates, teachers, elders, and spiritual leaders. The healthy interaction of the youth with these groups is a good indicator of their SEB wellbeing. Achenbach's (1991) Youth Self-Rating (YSR) report has a domain of items that assist in identifying young adolescent interactions with different groups of individuals aimed at scrutinising the behavioural competencies of young adolescents' functioning at different social levels. The social levels included interaction with siblings, interaction with peers, interaction with parents, and doing things alone.

1.8.4 Confounding variables

In the current thesis, confounders are groups of SEBC expected to contaminate the internal validity of the intervention study. That means they are sources of bias in studies where, if not measured as third variables, are associated with the exposure of interest (that is, the independent variable IV) and causally affects the internal validity of the experiment and distorts the outcome of interest (Murray & Duggan, 2017; Skelly et al., 2012). Therefore, this

study considers emotional intelligence (Mavroveli et al., 2009; Brackett & Salovey, 2006), participation in psycho-educational activities (Lukens & McFarlane, 2004), and containment (that is, therapeutic attachment) as confounding variables.

1.8.4.1 Emotional intelligence

Emotional intelligence denotes information processing that involves the understanding, use, and management of personal and others' emotional states about managing problems and controlling behaviour (Mavroveli et al., 2009; Brackett & Salovey, 2006; Mayer et al., 2004). It promotes pro-social behaviour, which means regulating negative emotions, taking turns, and sharing and supporting fair, just, and respectful attitudes to others (Hromek & Roffey, 2009). The connection between the child's socio-emotional and behavioural wellbeing and emotional intelligence has been discussed extensively in the scientific literature. For example, a study conducted by Ciarrochi et al. (2001) found that high emotional intelligence predicted better mental and behavioural health among adolescents. Furthermore, a detailed analysis indicated by Punia and Sangwan (2011) children with limited emotional intelligence was characterised by violent behaviour, illegal drug use, weak academic performance, and indulging in delinquent behaviour. Taking the above into account, children with relatively better emotional intelligence may respond to the application of indigenous play or *teret-teret* in comparison with children with lesser emotional intelligence.

1.8.4.2 Participation in psycho-educational activities

Psycho-education is the other confounding variable that is expected to enhance the SEBCs of young adolescents. Literature indicates that young adolescents who participation PEA are less likely to develop SEBDs (Lukens & McFarlane, 2004). Clinical psycho-education is also helpful in treating chronic mental health problems such as depression, schizophrenia (de Souza et al., 2013), and psychosocial problems stimulated by chronic health difficulties such as cancer (Lukens & McFarlane, 2004). Also, it was found that psycho-education reduces the levels of stress in human beings (Daele et al., 2012).

1.8.4.3 Containment or therapeutic attachment with guardians

Human beings have a natural drive to form attachments to get warmth and nourishment from the environment (Zembroski, 2011; Siegel et al., 2006; Sudbery & Blenkinship, 2005). It requires the understanding of emotional communication even through facial expression one with positive or negative affect (Boure et al., 2010). Based on this premise, containment or therapeutic attachment represents receiving and understanding the emotional communication

of other individuals without being overwhelmed, processing it, and then communicating understanding and recognition to the corresponding person (Pudasainee-Kapri & Razza, 2013; Oates, 2007). In that sense, as with the natural mother, both parents and caregivers provide equally important emotional stimulation to a child with socio-emotional and behavioural problems. This kind of treatment requires ensuring genuine soothing and cuddling in the social and physical environment to compensate for the lost affection a child not gained at the early ages and to lessen the probability of the difficulty to develop severe socio-emotional and behavioural problems (Craven & Lee, 2014; Venet et al., 2007). This kind of emotional competency requires establishing a safe environment by creating reliable and protected boundaries, offering protective space, and enabling children to experience themselves as valued and secure.

1.9 THEORETICAL FRAMEWORK

This study was informed by psychodynamic theories (Midgley & Kennedy, 2011), which provided the foundation for more meaningful intervention with young adolescents in school contexts with young adolescents demonstrating disruptive behaviour (Eresund, 2007). With that understanding, extensive topical issues that help to conceptualise the theoretical and practical elements of the psychodynamic theories are explored and discussed. The thematic areas encompass the concept of psychodynamic theories, psychodynamic theories versus Ethiopian indigenous psychotherapies, theoretical and practical gaps in psychodynamic theories, psychodynamic theories and early childhood, psychodynamic theories, childhood and attachment, the contextual challenges of early childhood, and the relationship between psychodynamic theories and play therapy (*cf.* Chapter 3, Sections 3.2.2.1 to 3.2.2.7).

1.10 THE RESEARCH DESIGN AND METHODOLOGY

The paradigmatic perspective underpinning the study is pragmatism. Based on the above statements, pragmatism inherently combines and addresses the actual social life issues such as traditional childhood stories (Creswell, 2014; Ihuah & Eaton, 2013; Creswell, 2009; Creswell, 2003). Accordingly, Phase one is a qualitative study that incorporates the exploration of traditional *teret-teret* and describes participants' world view on *teret-teret*. Conversely, Phase two and Phase three are quantitative, which substantiate the lived experiences through quantitative empirical evidence. Creswell (2014) describes embedded mixed methods design as either the convergent or sequential use of data. However, a sequential embedded mixed methods design intervention design (Creswell & Clark, 2011),

which uses sequential data, was employed in the study. This design is either quantitative, qualitative, or data from both designs are embedded within a larger design (for example, an intervention design) where the data sources play a supporting role to the general design. As a result, in the current study, mixed methods are applied. For further elaboration, Figure 1.1 illustrates the overview of the study.

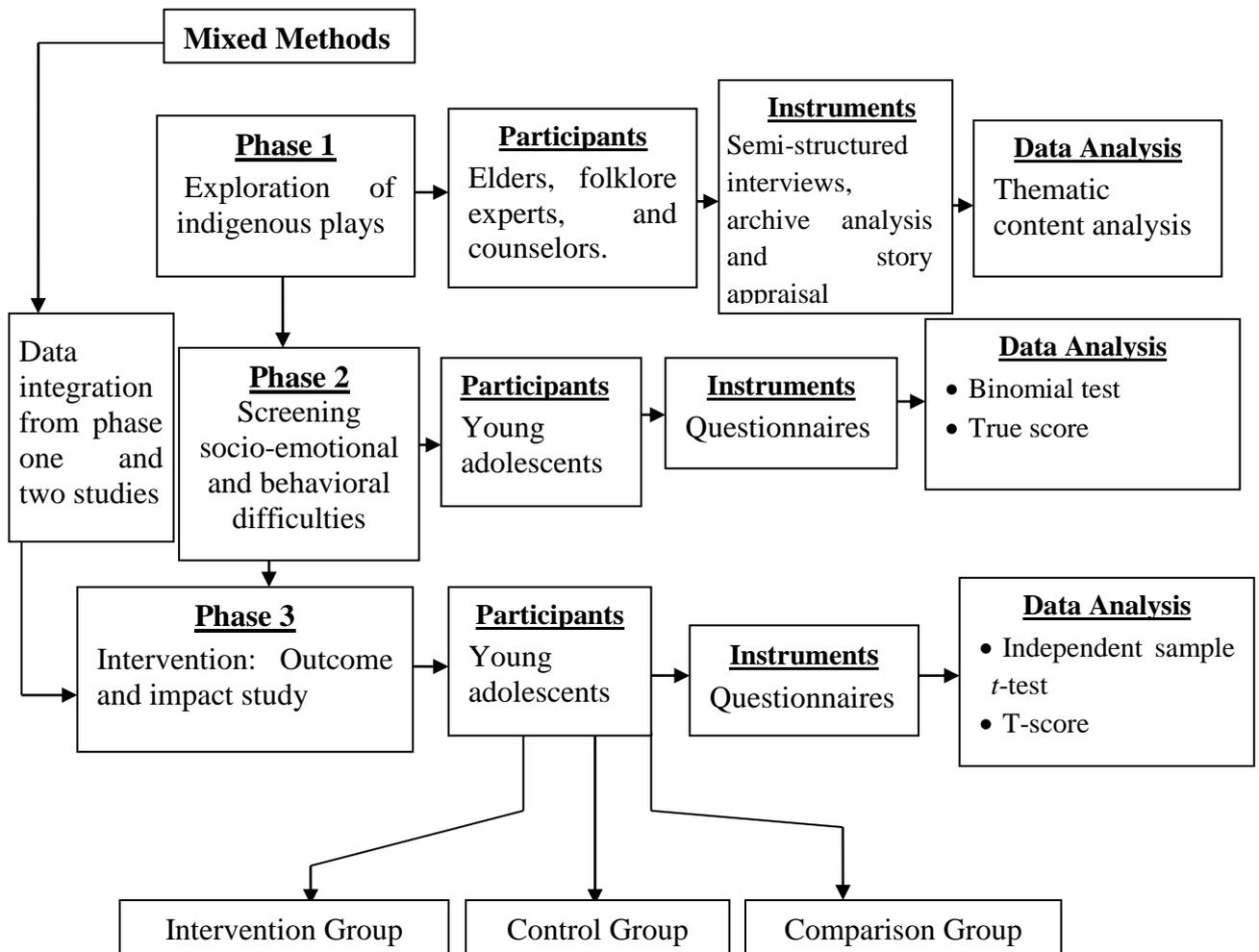


Figure 1.1: Diagramatic overview of the study

1.10.1 Phase 1: The Research Design and Methodology

Within the mixed method design, the first phase of the study is based on a qualitative approach (*cf.* Chapter 4, Section 4.6. The First Phase of the Study: Exploring Cultural *teret-teret*). It is aimed at exploring participants' experiences in terms of using *teret-teret* in their interactions with young adolescents. The values of *teret-teret* about child socio-emotional development, contexts, and other issues are addressed. Furthermore, the role of *teret-teret* psychotherapy in supporting young adolescents experiencing social, emotional, and behavioural difficulties is described and discussed.

1.10.1.1 Sample size and sampling

Thirteen participants comprising nine (9) elders, two (2) folklore experts, and two (2) counsellors, were involved in the first phase. A convenience - purposive sampling technique (Hancock et al., 2009) was employed. Convenience sampling inherently comprises availability sampling which means availability of the participants, and their consent to participate in the study (Whitley & Crawford, 2005). In light of availability, those participants who are accessible in the research settings were considered. In-depth information is provided in Chapter 4, Section 4.6.1.

1.10.1.2 Data collection instruments

Semi-structured interviews and archive analysis were applied to collect data. In the case of the semi-structured interviews, elders and folklore experts provided their experience of using *teret-teret* in their life course for child and youth behavioural development. Also, they identified cultural stories and appraised their therapeutic values based on the Youth Self-Report. However, in the case of archive analysis, the researcher collected youth-friendly *teret-terets* from sources such as children's storybooks, which were appraised for their psychotherapeutic value by the counsellors based on the YSR.

1.10.1.3 Data analysis

Thematic content analysis was applied to analyse the data. The current study primarily focused on analysing common concepts and the essence of *teret-terets* as traditional storytelling approaches and analysing lived experiences of research participants' with managing socio-emotional and behavioural difficulties among young adolescents. This, in turn, allowed for exploring the subjective way of meaning-making and thus providing an interpretation (Hancock et al., 2009; Krauss, 2005) of the narratives of Ethiopian stories. Furthermore, the study made an in-depth exploration of the subjective experiences of participants' in creating meaning (Reeves et al., 2008; Onwuegbuzie & Leech, 2007) from indigenous play as a therapeutic technique for young adolescents experiencing socio-emotional and behavioural problems.

1.10.1.4 Methodological norms

The trustworthiness of the study was ensured through a variety of mechanisms which included dealing with issues of credibility. Credibility was ensured through prolonged engagement with the organisation, data collection, analysis, and interpretation extending over a year. Secondly, triangulation was confirmed by combining the data obtained through in-

depth interviews with the archive analysis. Thirdly, member/participants checks were made through debriefing the information obtained from the participants and the results. Finally, thick description, the depth, and breadth of an idea were explored through cross-referencing the view of one participant with the other. Besides, other mechanisms were applied, such as reflexivity (Lambert et al., 2010). I utilised reflexivity as one of the methods to ensure trustworthiness. I monitored self-bias and controlled the reflection of my personal views, perception, position, values, and beliefs during the study processes. Similarly, I maintained an audit trail as part of the quality assurance procedure. I ensured dependability and conformability through an audit trail allowing external evaluators (that is, counsellors) to validate the link between the data and methods of data analysis on the complete record of information obtained from each participant and the archive analysis.

1.11.2 Phase 2: The Research Design and Methodology

Within the selected mixed methods design, the second phase of the study was quantitative (*cf.*, Chapter 4, Section 4.7 Phase 2: Screening Young Adolescents' Socio-Emotional and Behavioural Difficulties). Data was collected using a questionnaire which was primarily aimed to provide information on the prevalence rate of socio-emotional and behavioural difficulties among study participants. The second phase of the study attempted to ascertain the socio-emotional and behavioural difficulties most prevalent among young adolescents.

1.11.2.1 Sample size and sampling

The total population for Phase 2 was 409, from which 228 young adolescents were selected through a multi-stage probability sampling technique. All the participants were 14 years of age to maintain the similarity amongst them in terms of their developmental characteristics or maintain a homogenous sample. The overarching design of the study is a mixed-methods intervention design that requires participants' homogeneity concerning their behavioural features. Multi-stage sampling incorporated combining stratified sampling with simple random sampling techniques. Firstly, eight public schools from seven different sub-cities of Hawassa city administration were selected. These schools (Hope Generation, Peace for All, Care for Kids, Habesha Stars, Unity for Strength, Light for Hard Work, Vision for Success, and Freedom Horizon) served as strata. Thereafter, based on the proportional amount of sample size from each school, simple random sampling or the lottery method was employed to select the primary sources of information or young adolescents (*cf.* Chapter 4, Section 4.7.1: Sampling).

1.11.2.2 Data collection

The Youth Self-Report Questionnaire was used to collect data (*cf.* Appendix M) concerning the prevalence of socio-emotional and behavioural difficulties of young adolescents. Moreover, it helped to collect data regarding the participants' involvement in daily activities (i.e., sport, hobbies, community roles, household chores, and interpersonal or social relationship skills). There were 113 difficulty indicators with nine particular SEBDs and six clusters of participation in daily activities. The validity of this tool is well documented across different nations (Achenbach, 1991). Confounding variables were assessed by other instruments. The first confounding variable was emotional intelligence which was measured on an adapted instrument from the Emotional Quotient Inventory: Youth Version (EQi: YV) (Bar-On & Parker, 2000) (*cf.* Appendix N). The second confounder was participation in school-based psycho-educational activities (*cf.* Appendix O) which was assessed through a self-constructed instrument where the detail is depicted in Chapter 4. The third confounder was mother-child interaction (*cf.* Appendix P) which was assessed through dyadic attachment practices or therapeutic young adolescents and mother interaction in their residential context (Casswell et al., 2014).

1.11.2.3 Data analysis

Thirteen specific variables were entered for the data analysis. The SEBDs from the YSR questionnaire included nine variables such as withdrawal, somatic complaints, anxiety-depression, social problems, thought problems, attention problems, delinquency, aggression, and composite SEBD. Similarly, the YSR is composed of another variable, which is known as socio-emotional and behavioural competencies (SEBC) - daily activities which were organised from five distinct variables comprising participation in sport, leisure, household chores, community, and social relationships. Other variables were included in the study used as confounders such as emotional intelligence; school-based psycho-educational participation and mother-child interaction.

Given the above variables, data analysis involved diverse methods. Firstly, the frequencies and the percentage of the participants, based on their demographic characteristics, were analysed. Secondly, descriptive statistics including the mean and the standard deviations of each variable was conducted. The mean value was used to describe the average estimated amount of the scores for each variable. The standard deviation was calculated to securitise the average dispersion of the scores of each participant from the mean value. In addition, the

correlation between the thirteen variables was undertaken to find strong and significant relationships between each variable. Moreover, a single sample *t*-test was analysed as part of the inferential method of data analysis.

1.11.2.4 Methodological norms

Face validity and content validity of the instruments was ensured through expert evaluation. The experts evaluated whether the instrument contained relevant content based on the objective realities of the study setting and participants. Construct validity and reliability coefficient were analysed through reliability tests during the pilot test and the main study.

1.12.3 Phase 3: The Research Design and Methodology

The third phase of the study is the quantitative approach (*cf.* Chapter 4, Section 4.8: The Third Phase of the Study: *Teret-teret* as a Psychotherapeutic Technique). A quasi-experiment was employed (Rogers & Revesz, 2019; Handley et al., 2011) to investigate the contributions of *teret-teret* psychotherapy by comparing the level of socio-emotional and behavioural difficulties between the intervention and control groups. Additionally, this phase of the study assisted in examining the impacts of the *teret-teret* psychotherapy on the young adolescents by comparing young adolescents in the intervention group and young adolescents who did not show characteristics of socio-emotional and behavioural challenges.

1.12.3.1 Sampling

Sixty 14-year old adolescents were selected to participate in the third phase of the study. The selection was based on the data obtained from Phase two. Similarities between the participants were ensured before assigning them to the intervention, control, and comparison groups. That means that homogeneity among the young adolescents was realised in terms of their age, educational status, level of socio-emotional and behavioural difficulties, level of competency, emotional intelligence, parent-young adolescents' relationship patterns, and level of participation in psycho-educational programmes. Among the total of 60 participants, 40 participants who experienced socio-emotional and behavioural difficulties, based on the YSR criteria, were selected. The remaining 20 participants who did not experience socio-emotional and behavioural difficulties were also selected to evaluate the long-term impact of the intervention on the participants involved in the intervention group. This evaluation was conducted two months after the termination of the intervention where the results of the intervention group were compared with the results of the participants from the comparison

group. In addition, five randomly-selected guardians were asked to participate in interviews to substantiate the results obtained through the quantitative methods.

1.12.3.2 Data collection

A psychotherapeutic intervention was conducted for six months (one month preparation period, a three-month intervention period, and two months for follow-up) using *teret-teret* psychotherapeutic techniques with young adolescents experiencing aggressive behaviour. Participants were organised into three groups. The first group was an intervention group; the second group a control group and the third group a comparison group. The Achenbach Youth Self-Report questionnaire and other instruments (comprising measures for emotional intelligence, mother-child attachment, and school-based psycho-educational participation) were employed periodically. Specifically, the Youth Self-Report questionnaire is composed of SEBCs and SEBDs scales and based on this questionnaire, the young adolescents' levels of socio-emotional and behavioural competencies and socio-emotional and behavioural difficulties were assessed. These competencies and difficulties included a baseline assessment, mid-term assessment, and final assessments. The data from the baseline assessment served to select and assign participants to the three distinct groups. The mid-term data between the intervention and control groups helped to inspect the short-term outcome of the intervention. The final data between the intervention and comparison groups assisted in investigating the long term contribution of the *teret-teret* psychotherapy.

1.12.3.3 Data analysis

Data analysis was conducted through two approaches. The first approach of data analysis was the standard/transformed score. The purpose of in creating a standard score was to recruit forty young adolescents with similar levels of socio-emotional and behavioural difficulties, emotional intelligence, level of participation in psycho-educational activities, and quality of relationship with parents/caregivers. In each case, the transformed/standard score (known as True Score) with the mean of the raw score was 50, and the standard deviation was 10. The second approach was conducting descriptive statistics and independent *t*-test. This method was applied to examine the outcome of the intervention by comparing two different groups in two different cases. The first case was to compare the intervention group with the control group, whereas the second was to compare the intervention group with the comparison group.

1.12.3.4 Methodological norms

The methodological norms were addressed by realising the internal validity and external validity of the study. Six different ways were applied to ensure the internal validity of the study. To avoid selection bias, the raw data were transformed into T-scores to standardise the data and to select relevant participants. Secondly, an equal number of participants was randomly assigned to the intervention and control groups. Thirdly, history bias was controlled through maintaining group equivalence in terms of various issues such as participation in daily activities, level of emotional intelligence, psycho-educational participation, mother-child interaction, socio-emotional and behavioural difficulties, age, and the type of school that the participants were attending. Finally, attrition was managed through tracing back the participants' addresses and practising safe and comfortable psychotherapy contexts. Finally, the interaction effect was managed through proper manipulation and measurement of the independent variable.

The external validity of the intervention study was also ensured in different ways. Firstly, an adequate sample size ensured that 27% of the participants took part in the intervention. Secondly, replication was conducted as a form of impact assessment, and the results from the intervention group were compared with the comparison group.

1.11 ETHICAL CONSIDERATIONS

Ethics approval was obtained from different bodies. Firstly, ethics approval was granted by the University of South Africa (*cf.* Appendix B). Secondly, Young Adolescent's Parent Permission; that is, informed consent was ensured (*cf.* Appendix L and Appendix Q). Simultaneously, the young adolescent's Participation Agreement (informed assent) was secured (*cf.* Appendix K and Appendix R). Thirdly, the Research Assistant Declaration of Responsibility and Confidentiality was signed (*cf.* Appendix S). Finally, the Emotional Risk/Distress Guideline (*cf.* Appendix T) that explicates the procedures on how to assist a client in case any one of them experiences emotional risks during the psychotherapy processes were adhered to. Further information is presented in Chapter 4.

1.12 DELIMITATION OF THE STUDY

This is a multiphase study with three distinct phases. Although the study has three phases, the delimitation of the study is discussed with the consideration of the overarching design. Accordingly, the scope of the study was aimed at the youth (i.e., aged 14 years) who live in Hawassa city, Ethiopia, and thus, this particular study is delimited to the young adolescents

attending public schools in Hawassa City administration. Conversely, the results are not conclusive for those young adolescents attending private schools, and economically living under better conditions. Secondly, the topic is delimited to investigate the contributions of *teret-teret* including any folktales and other traditional stories as a psychotherapeutic technique to support young adolescents. While Ethiopia is a rich nation in terms of indigenous knowledge, in this study, I chose to focus only on child-friendly stories with their potential therapeutic relevance.

1.13 CHAPTER OUTLINE

This section offers the organisation of the thesis which consists of eight chapters. Each chapter is colloquially intertwined to reflect each step and procedure.

Chapter One: Introduction and Overview of the Study

Chapter one is the prototype of the study. It highlights the general outline of the overall contents and procedures of the study. The chapter specifically addresses the background of the study, statement of the problem, research questions, research aims, objectives, and delimitation of the study. In addition to the chapter delineates the methodological designs and procedures for each phase of the study which include the methodological norms and ethical considerations. It also outlines the key concepts used in the study.

Chapter Two: Review of Related Literature

Chapter two reviews pertinent literatures related to the major topics in the study. Particular emphasis was provided to the worldwide prevalence of socio-emotional and behavioural difficulties, care and support modalities, and indigenous psychotherapy. In the following sections, extensive reviews of the concept of play as an instrument for children and young adolescents to express their views, feelings, and internal psychic matters are offered. Moreover, due regard is given to other related topics; for example, modalities of play therapy in addition to the connection between topics by cross-referring related topics from previous studies. Arguments and counter-arguments regarding each topic were raised and discussed.

Chapter Three: Theoretical Framework

In Chapter three, theoretical aspects mainly, yet concepts emerged from the theory particularly has got elaboration. The theoretical frameworks and the processes and techniques that evolve from various theories such as behaviour theory, cognitive theory, psychodynamic theory, and explanations were considered and discussions were drawn from other contrasting

theories like the ecological theory of human behaviour development. Although contrasting psychological theories are discussed, the psychodynamic theory was given special emphasis and detailed analysis was provided in line with *teret-teret* psychotherapy for young adolescents' development. At the same time, this chapter drew from psychodynamic theory and elaborated on the association with the concepts addressed in the current study.

Chapter Four: Research Design and Methodology

Chapter four exposes the methodological concerns of the study in two ways. Firstly, the methodological issues for the overarching study, and secondly, the chapter provided elaboration for each phase of the study. In both, the overarched study and the segmented studies, the emphasis was given to the design, sample size, sampling technique, data collection instrument, methods of data analysis, and methodological norms.

Chapter Five: Phase 1: Presentation and Interpretation of Results

The first phase of the study is a qualitative-phenomenological study design aimed to explore the worldview of the research participants on *teret-teret* as a psychotherapeutic technique to assist young adolescents who experience SEB challenges. Descriptions of the demographic characteristics and a review of the objectives and research questions of the study were presented. Thereafter, the results in line with the major themes of the study were offered. Finally, discussions based on the results, research questions, and other earlier studies were conducted. The following research questions were addressed under this phase of the study

Research Question 1: How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?

Research Questions 2: Which *terets* assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?

Chapter Six: Phase 2: Presentation of the Results and Interpretation

Chapter Six reports on the second phase of the study which used a quantitative approach intended to estimate the prevalence rate of SEBD among young adolescents. The findings were expressed in terms of the prevalence rate of composite and distinct SEBD. Furthermore, under this phase of the study other co-aligned methodological rigors of data analysis were incorporated. These include the background of study participants, frequencies, descriptive

statistics, a correlation among the study variables, and inferential statistics. To achieve the objective of the study the following research questions were addressed:

Research Question 3: What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents in this study?

Research Question 4: Which socio-emotional and behavioural difficulty is most prevalent among young adolescents in this study?

Chapter Seven: Phase 3: Presentation of the Results and Interpretation

Chapter seven is the third phase of the study. It is based on quantitative and qualitative approaches. Two consecutive quantitative procedures and then supplementary qualitative procedures were involved in the study. The results and discussion of this phase of the study were presented. Two research questions were formulated for investigation. These were:

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy? and the final secondary question:

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

Chapter Eight: Synthesis, Conclusion, and Recommendations

Chapter eight presents a summary of the research, synthesis of the major findings of theoretical and conceptual frameworks. Other major concerns are also addressed in this chapter, which includes a reflection of the methodology used in the research, potential contributions of the findings to the scientific and practical knowledge, and existing gaps as to using *teret-teret* as a psychotherapeutic technique with psychodynamic psychotherapies. Finally, recommendations for practice, policy, and future research directions were indicated.

1.14 CONCLUSION

The chapter offered an introduction of the thesis. It addressed the background of the study, the statement of the problem, and the justification for conducting the research. The research questions with the research aims and objectives were presented and delimitation of the study. In addition to the chapter provided a visual portrayal of how the three phases of the study were conducted within an overarching mixed methods design. Methodological designs and procedures for each phase of the study which include the methodological norms and ethical considerations were presented. The chapter also outlined the key concepts used in the study.

The next chapter presents a review of related literature regarding the development of SEB wellbeing among children and young adolescents. Besides, the chapter outlines the contribution of indigenous knowledge (particularly *teret-teret*) as a vehicle to socialise the younger generation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

The relevance and composing styles of a literature review have been discussed widely within empirically-built scientific systems (Pautasso, 2013; Maxwell, 2006; Parsons & Harris, 2002). A review of the literature was conducted to explore how *teret-teret* psychotherapy supports the socio-emotional and behavioural adjustment of young adolescents, for several reasons (Onwuegbuzie & Frels, 2014; Byers & Stullenbarger, 2003). Primarily, reviewing the literature assists in objectively explore and validate knowledge to inform the planned study on a wide range of content by way of scanning, making notes, synchronising the literature, and building a bibliography (Rowley & Slack, 2004). The review of the relevant literature assisted in reviewing previous studies to identify gaps, which provided the rationale and ultimately informed the design and methodology for the current study (Onwuegbuzie & Frels, 2014; Dunne, 2010; Boote & Beile, 2006). The findings of previous studies that investigated indigenous psychotherapies and related concepts and which were established on meaningful and plausible data on the epistemological domain (Byers & Stullenbarger, 2003), were used as a foundation for this current study.

Based on the above discussion, I explored the literature on the status of indigenous play as a therapeutic technique to support young adolescents who experience socio-emotional and behavioural difficulties. Attention was given to the worldwide prevalence of socio-emotional and behavioural difficulties, care and support modalities, and indigenous psychotherapy. In the subsequent sections of this chapter, I offer a comprehensive review of a play as an intrinsic language for children to express themselves (Ashiabi, 2007). This is evident in Africa since play is a means of survival including the tradition of adult-generated lullabies, songs for work, and the all-too-serious slogans and play of child soldiers in the horrific wars of today (Finnegan, 2014). Furthermore, careful consideration is given to other related topics such as the modalities of play therapy (that is, individual, group, family, and integrated models). Each of the topics is linked to the other to illustrate the connection between the discussion topics. In the following sections of this chapter, details of topics are presented, complementing the findings obtained from other related sources.

2.2 PREVALENCE OF SEBDs AMONG CHILDREN AND YOUNG POPULATION

The literature shows that socio-emotional and behavioural difficulties (SEBD) affect a substantial number of young adolescents across the world (Perry et al., 2006; Tarullo & Gunnar, 2005), which means that one in five children experience any one of the identified problems (Bor et al., 2014). For example, studies conducted in America show a close estimation across different periods. The overall prevalence rate of socio-emotional and behavioural difficulties among children was estimated by different scholars. For example, Hahlweg et al. (2015) and Guttmanova et al. (2007) estimated a prevalence rate of 20%. In another study, the prevalence rate was estimated at between 41 to 81% (Kleinrahm et al., 2013). According to Evans and Kim (2012), the prevalence rate was between 10 to 15%. Moreover, a 15 to 20% prevalence rate was estimated by Owens et al. (2005) and Briggs-Gowan et al. (2001).

In contrast to the above findings, in Africa, the rate of socio-emotional and behavioural difficulties is low, but it is escalating. For example, the rate of SEBD has increased to 39.3%, especially in Sub-Saharan countries (Lin et al., 2014; Amare et al., 2012), and a study conducted in six out of forty-four Sub-Saharan countries (International Monetary Fund, 2008) comprising Ethiopia, Nigeria, Kenya, South Africa, Uganda and the Democratic Republic of the Congo, suggests that 14.3% of children experience socio-emotional and behavioural problems (Cortina et al., 2012). This health challenge is extremely serious among children who have been exposed to diverse natural and environmental challenges such as homelessness, adoption, refugee-status (Vostanis, 2010; Sossou, 2006); foster care (Bellamy et al., 2010); child military engagement, HIV risk, difficult family environments, stressful life events and chronic social deprivation and rejection (Kinyanda et al., 2013) as well as family poverty (Ruiz, 2015). It is important to realise that children living under these circumstances appear more vulnerable in Africa due to lack of or limited access to socio-emotional and behavioural health services (Atilola, 2015; Vostanis, 2010; Sossou, 2006).

Despite limited information regarding the prevalence of socio-emotional and behavioural problems among Ethiopian children (Atalay et al., 2000), a study conducted by Ashenafi et al. (2001) revealed that 3.5% of children had experienced two or more types of socio-emotional and behavioural problems. In a further study conducted in Addis Ababa, Ethiopia, 5.5% of children who engaged in labour work, and 8.8% of children who did not engage in labour work, experienced socio-emotional and behavioural disturbances (Atalay et al., 2000). Of concern is that Menlik Desta (2008) argues that the problem might even be greater

amongst children around the town of Addis Ababa, who have been disadvantaged for one or more reasons. Given the above examples regarding the prevalence of SEBDs, it can be concluded that the identified problem is a vital concern not only for first world countries but also a serious social and mental health concern for developing countries like Ethiopia (Williams & Chapman, 2012; Homeyer & Morrison, 2008).

2.3 TYPES OF CHILD AND YOUNG ADOLESCENT SEBDs

Socio-emotional and behavioural challenges are expressed in different ways. For example, young adolescents who experience internalised problems may manifest self-doubt, lack of self-esteem, stress and mood swings, impairment in the participation of a social network, and so forth. In contrast, young adolescents who experience externalised problems appeared to demonstrate self-inflictive actions or turn their anger outwards to hurt others such as attacking or fighting, engaging in inappropriate or criminal sexual behaviour such as rape or other criminal actions. With this view, in the following section, based on the SEBDs perspectives set by Achenbach (1991), eight categories of adolescent socio-emotional and behavioural difficulties are outlined. The conceptual illustrations, the symptoms, and the prevalence rates are discussed. Hence, it is important to understand the prevalence of socio-emotional and behavioural challenges for different reasons as it assists in prioritising intervention strategies and it is relevant to link data from Phase one study with Phase two and finally to Phase three.

2.3.1 Anxiety and depression

Anxiety and depressive disorders denote heterogeneity of mental and behavioural disorders which include the subtypes of anxiety and depression. This means that both conditions may be co-morbid (de Heer et al., 2014; Ionescu et al., 2013). Also, the American Psychiatric Association (APA) (2013) suggests that individuals who experience stress; for example, Post Traumatic Stress Disorder are more likely to meet the diagnostic criteria of other disorders such as depression. Despite conflicting findings on the prevalence rates of anxiety and depression, anxiety has been reported as a more common psychological problem than depression among children and young adolescents with varied demographic factors (Maideen et al., 2015); however, in other studies, depression appears to exceed anxiety. Despite the above contradicting empirical information, various research has reported on these conditions. For instance, anxiety is common among American adolescents with a prevalence rate of 10% (Hofflich et al., 2006) and 17.2% (Ballenger, 2000) and varied prevalence rates of 74.4% of

anxiety amongst AIDS orphans in India (Kumar et al., 2016), and 8.2% in Malaysia (Maideen et al., 2015) have been confirmed.

Anxiety and/or depression have different symptomatic indicators. For instance, anxiety is distinguished by the feeling of tension and fearful thought (Maideen et al., 2015). The most common symptoms of anxiety included automatic arousals, are tachycardia, sweating, dizziness, shortness of breath, and chest pain (Ballenger, 2000). Although depression is considered the more serious problem, characterised by disturbances in mood, loss of interest or pleasure in previously enjoyed activities, and feelings of profound sadness or hopelessness, change in sleep pattern, lack of sexual interest or activity, loss of weight and appetite, and a diminishing ability of concentration (Ballenger, 2000; Kaabi et al., 2017), the two conditions share common characteristics and have strong symptomatic associations in terms of pathophysiological roots (de Heer et al., 2014). It is for this reason or due to lack of clear differentiation regarding the symptoms of anxiety and depression among children and young adolescents, that Achenbach (1991) integrated anxiety and depression indicators in the YSR 11-18 questionnaire.

Literature documented that anxiety and depression are a major source of psychological morbidity among children who have lost their parents and have been exposed to a variety of risk factors (Demoze et al., 2018; Shiferaw et al., 2018; Kumar et al., 2016). There have been several risk factors mentioned across psychological and mental health disciplines. For example, Bitew (2014) has given attention to socio-demographic risk factors (e.g., low income, low educational level, and absence of job) and domestic violence by intimate persons. A relatively similar finding from Uganda demonstrates poor household living arrangements, domestic violence, and co-morbidity of other psychiatric disorders (Kinyanda et al., 2013). Indeed, comprehensive childhood risk factors are mentioned by Grover et al., (2005) highlighting loss due to death, loss due to separation, social adversities, negative family environment, academic difficulties and peer rejections. Hence, the above information illustrates a conceptual understanding of anxious - depressive disorders and their interdependence as well as the morbidity level, which affects a wide range of children and young adolescents.

2.3.2 Somatic complaints

The concept of somatic complaints stands for the reflection of baseless or unknown physical pathology, where the definition has been ascertained by different scholars (Vulić-Prtorić,

2016; Beck, 2008; Steinhausen, 2006; Dhossche et al., 2001). Although somatic complaints are common among children experiencing other forms of psychiatric disorders such as depression and anxiety, somatic complaint as a disorder also manifests among children and young adolescents through stomach aches and headaches (Jellesma, 2016; American Psychiatric Association, 1994 & 2013; Hofflich et al., 2006). Other scholars report that nausea and an accelerated heartbeat are the most commonly reported complaints (Sackl-Pammer et al., 2018; Ginsburg et al., 2006). Other characteristics of somatic complaints include racing heart, feeling strange, restless, and sick to their stomach, having cold, sweaty hands (Hofflich et al., 2006; Sackl-Pammer et al., 2006) and the presence of fatigue is also indicated (Jellesma, 2016). However, many studies suggest that somatic complaints co-occur with other disorders such as anxiety and depression (Mugali et al., 2017; Crawley et al., 2014; Puentes et al., 2013).

The prevalence of somatic complaints in children and young adolescents has been widely documented in the literature. Some studies reported the prevalence of a single feature for somatic complaints. According to Vulić-Prtorić (2016), the upper respiratory symptoms (that is, cold, sore throat, cough, and so on) are reported at a 77.8% prevalence rate, lack of energy and fatigue at 77.1%, headaches at 70.7%, back pain at 57.5%, nausea at 56.5% and tachycardia at 54.7%. It is noted that in the prevalence of somatic complaints among children and young adolescents with other problems, this rate increases; for example, among the students with poor academic performance, a single symptom prevalence rate was 29.57% but manifesting with multiple symptoms, the rate was 7.8% (Mugali, 2017). In other studies, more than 50% of children and young adolescents who experience anxiety, are likely to experience at least a single somatic complaint symptom (Ginsburg et al., 2006; Hofflich et al., 2006). A similar finding demonstrated that 95% of children and young adolescents, who experience anxiety, face at least a single symptom of somatic complaint (Crawley et al., 2014; Kingery et al., 2007). Finally, somatic complaints have become a global health issue with a prevalence rate of 31.1% being reported in Colombian children (Puentes et al., 2013).

2.3.3 Attention-Deficit/Hyperactivity disorder

Attention-deficit/hyperactive disorder (ADHD) is one form of socio-emotional and behavioural difficulty which affects a large number of children across the world (Kivumbi et al., 2019; Lu et al., 2019; APA, 2013). The widespread occurrence of this disorder has caught the attention of practitioners in areas of child development and psychotherapy. The concept of attention-deficit or hyperactivity disorder represents fused components of disorders; for

example, difficulty in sustaining attention, hyperactivity, and impulsive behaviour (Hoseini et al., 2014). Other scholars further outlined the characteristics of attention-deficit/hyperactivity disorder as inattention, poor impulse control, and motor over-activity, and restlessness (Murugan et al., 2016; Amaravathi et al., 2019). The symptoms of children with the hyperactive-attention disorder include inattention, impulsivity, and hyperactivity, impair functioning in social settings such as the home, the school, and the playground (Lu et al., 2019; Xu et al., 2018).

The prevalence rate of ADHD is estimated to affect from 6% to 7% of young adolescents aged below the age of 18 (Hoseini et al., 2014) with additional research findings from the USA suggest a 10.2% prevalence rate (Lu et al., 2019). On the other hand, a report with a 6.2% prevalence rate was confirmed in a study conducted in China (Liu et al., 2018). Other research findings from Nigeria in Africa, demonstrated that the prevalence rate of hyperactive-attention problems ranges from 5.4% to 8.7% among school-aged children and 1.5% among the general population (Murugan et al., 2016; Bakare, 2012).

A study conducted in the South Western part of Ethiopia confirmed that 13.7% of youth experience hyperactive or attention-deficit problems (Murugan et al., 2016). In another study which was conducted in the Southern part of Ethiopia shown the hyperactive/attention-deficit disorder prevalence rate among children and young adolescents was found to be 7.5% (Lola et al., 2019). A study conducted in Uganda indicated a prevalence rate of 3.23% (Kivumbi et al., 2019) and one conducted in Sudan revealed a prevalence rate of 3.5% for inattentive type, 6.9% for hyperactive impulsive type, and 1.0% for a combined sub-type (Osman et al., 2015).

Hence, the information provided in the above section regarding attention-deficit/hyperactive disorder indicates that this type of socio-emotional and behavioural challenge is growing across the world. It calls for appropriate prevention and intervention programmes organized with skilled professionals and resources.

2.3.4 Delinquency

Delinquency⁶ denotes social malfunctioning by breaking existing norms. According to Igbinovia (1988), delinquency is an imprecise, nebulous, legal and social label for a wide variety of norm-violating behaviour. Similarly, Farhadian (2016) described delinquency, a

⁶ The description of delinquency is not intended to label children and adolescents and to view them in a negative light. Instead, the terms used are according to literature reviewed. The word 'delinquent' is meant to imply 'an adolescent who displays challenging behaviour'. This is according to a psycho-social perspective and not a medical model approach.

term mostly used for children and minors, as a mistaken action, which is caused by the withdrawal of legal duty or performing an erroneous act that cannot be criminalised. In other words, delinquency is apportioned to children and young adolescents who display disobedient and anti-social behaviour towards other individuals without or with little commission of criminal practices (Jurado et al., 2017; Staff et al., 2015).

According to Achenbach (1991) delinquency is described as stealing at home and/or at school, setting fires, running away from home, truancy from school, lying and cheating, preferring older companions, not feeling guilty for his/her bad actions, thinking of sex and having bad companions. On the other hand, Démuthová (2014) outlines delinquency as theft, violent actions, with exaggerated sexual hints. Other researchers such as Dória et al. (2014) found that truancy, low academic achievements and substance abuse were major indications for delinquent behaviour. Long-standing explanations have shown that delinquents have been distinguished by their unique personality traits including accidents, fighting, ignorance, talking back, and crying (Dureal & Fertman, 1942).

The prevalence rate of delinquency is documented by substantial evidence with these studies also highlighting the co-occurrence of multiple problems. It has been found that delinquency is more prevalent among youngsters who experience other psychological disorders (Kivumbi et al., 2019), which include attention-deficit/hyperactivity disorders (ADHD), conduct disorders (CD), and substance abuse disorders (SAD) (Doria et al., 2014; Hollander & Turner, 1985). Some studies offer the prevalence rate of delinquency. For instance, research findings from the United States of America (USA) demonstrated that 33.8% of youth were referred to juvenile court for at least one delinquent offence compared with 86.3% of youth who self-reported involvement in delinquent acts (Hawkins et al., 2019). A further study also conducted in the USA, suggested that 60.5% of juveniles who had been arrested, experienced heavy crime-related action (Hollander & Turner, 1985). The United Nations (UN) reports that among the majority of crimes committed in the world, 60% to 70% have been committed by children and adolescents below the age of 18 years (Farhadian, 2016). Therefore, if the delinquency is not identified early and intervention is put in place, this disorder can develop into life-time criminality and chronic behaviour that are a threat to the social and cultural milieus (Démuthová, 2014).

2.3.5 Aggression

Aggression, a disruptive type of psychological problem found in school-aged children (Zahrt & Melzer-Lang, 2019), has both a short- and long-term impact on young adolescent development (Davis & Bailey, 2019; Shahbazi, 2015; Galvanized et al., 2013; Sukhodolsky et al., 2004). Aggression denotes the reflection of externalised hurtful and/or harmful action towards other individuals (Chukwujekwu & Stanley, 2011). Aggression has been classified as Proactive Aggression (PA) and Reactive Aggression (RA). Proactive aggression involves using a powerful means to realise personal missions where it is typically greedy, deliberate, and a form of intimidation and domination (Raine et al., 2006; Price & Dodge, 1989). On the other hand, Reactive Aggression (RA) represents a kind of defensive action that is due to the influence of frustration and anger caused by external pressure (O'Connor et al., 2004). Reactive Aggression is characterised by a negative mood, impulsivity, and hostility (Raine et al., 2006). Other scholars differentiate between physical aggression, relational aggression, and verbal aggression (Foster & Spitz, 2010; Meysamie et al., 2013).

Physical aggression has been clearly defined as a significant precursor of psychopathology and psychosocial adjustment difficulties (Benjamine, 2016; Williams et al., 2009). Relational aggression is a hidden type of aggression, understood as a set of manipulative behaviour used to inflict harm on another through damage to relationships, threat of damage, or both (Williams et al., 2009; Crick et al., 2002), which is expressed in terms of the direct control of relationships, social isolation, rejection and exclusion (Williams et al., 2009). On the other hand, children and young adolescents with aggressive behaviour are characterised by the symptoms of deprived self-esteem, internal conflicts, impulsivity, and poor self-expression (Shahbazi, 2015). Other literature outlines the symptoms of aggression as hitting or biting other children, stealing, defiance of authorities such as parents, teachers, temper tantrums, and becoming troublesome (Zahrt & Melzer-Lang, 2019).

The prevalence rate of aggression has been documented in the literature. For instance, in a study conducted in Iran, physical aggression accounted for 9.9%, verbal aggression 6.3%, and relational aggression was 1.6% (Meysamie et al., 2013). Other studies conducted in the USA demonstrated that 31.5% related to physical fights among which 17.5% involved the carrying of some kind of weapon (for example, gun, knife, or club), while 19.9% related to being bullied on school property (Greenberg & Lippold, 2013). However, other studies conducted in the USA demonstrated different results. For example, relational aggression was recorded as 16.8% whereas physical aggression was 18.4% (Williams et al., 2009). In Africa,

aggression is one of the rampant socio-emotional issues found among children and young adolescents. In Nigeria, a study 19.5% of aggression prevalence rate was found among psychiatric patients with mixed demographic factors (Chukwujekwu & Stanley, 2011). In the same continent; that is, in Ethiopia 24.9% of aggression prevalence was reported (Belete et al., 2016). A study conducted in Egypt also confirmed a wide prevalence of aggression among school-aged children with the physical aggression prevalence rate registered as severe in 0.7%, moderate in 8.5%, mild in 39.2%, and minimal in 51.7% cases. In contrast, the verbal aggression prevalence rate was found as severe in 0.5%, moderate in 8.0%, mild in 40.5%, and minimal in 51.1% cases (Elmasry et al., 2016).

2.3.6 Social problems

Social problems are another type of socio-emotional and behavioural difficulty which is represented by the social stigma and discrimination by peer groups due to the personal characteristics of the child. The awkward characteristics of the child and/or young adolescent become the reason for maltreatment and ostracisation. The symptoms of social problems are also diverse, which means that children and young adolescents with this kind of problem may be clingy, clumsy, teased, not liked, overweight, does not get along with others, acts as young, and prefers to get along with youngsters (Achenbach, 1991).

One of the factors that induce social problems is weight and obesity, and children and young adolescents who experience obesity, are highly vulnerable to social rejection. That is to say, overweight children are more likely to be personally and socially devalued, compared to their average size peers (Makowski et al., 2019; Pont et al., 2017). More specifically, overweight and obese children are more likely to be victims of aggression than their normal-sized peers and are frequently exposed to intentional negative actions that are physical (kicking, pushing, hitting), verbal (being teased, name-calling, derogatory remarks,) or relational (being ignored or avoided, social exclusion, being targets of rumours) (Bacchini et al., 2015; Griffiths et al., 2006; Puhl & Latner, 2007; Janssen et al., 2004). A study conducted in 21 European countries demonstrated that severe obesity is one of the common challenges experienced by school-aged children, which adversely impacts their lives. Its prevalence rate ranges from 1.0% to 5.5% (Spinelli et al., 2019:245), 32% in Portugal, 31% in Spain, and 27% in Italy (WHO, 2007). Another study reported that 17% of children in the USA from 2 to 19 years of age, experience obesity (Pont et al., 2017).

Bullying and victimisation are the other causes of social problems experienced by children and young adolescents. In this regard, studies have illustrated that bullying and victimisation have become a major reason for young adolescents' lack of self-esteem and experience of social rejection. According to Bacchini et al. (2015), types of social problems include, teasing for physical appearance, teasing for other reasons, name-calling, physical victimisation, threats, spreading remorse, ignoring, stealing, exclusion from sports activities, exclusion from group activities, and exclusion from parties. The prevalence rate of bullying varies from place to place. For example, students' and teachers' ratings in a study disclosed that 16.5% and 10.8% were bullied and victimised respectively (Cornell et al., 2012). Other studies in developed countries (for example, the USA) demonstrated that 38% of male and 41% female adolescents were victims of one type of bullying (Lacey & Cornell, 2013; Wang et al., 2010) wherein United Kingdom (UK), 63% of adolescents reported that they were victims of peer group victimisation (Lacey & Cornell, 2013; Rivers et al., 2009). Besides, a study conducted in Spain demonstrated that a total of 62.2% of the students reported to have suffered traditional bullying and victimisation and 52.7% reported that they had been subject to cyber-teasing (Sánchez et al., 2016).

2.3.7 Social withdrawal

Social withdrawal has become a major health-related concern among children and young adolescents and its morbidity effects are evident, even resulting in long-term depression (Barzeva et al., 2018; Matthews et al., 2015). Social withdrawal is experiencing isolation from peer-group interaction and other social networks (Rubin et al., 2014; Katz et al., 2011). According to Bester and Budhal (2001), social withdrawal is represented as 'loneliness' which is reflected through boredom and emptiness. The deficiency of social connectedness (Zavaleta et al., 2014) has distinct features. Majorly withdrawn children/young adolescents demonstrate social inadequacies in poorly interacting with peer groups, preferring solitary tasks (Bester & Budhal, 2001). On the other hand, shyness, lack of social affiliation, reduced social contact, anxiety in rare cases, reflect antisocial behaviour (Barzeva et al., 2018). Persistent social withdrawal can predict the development of affective disorders such as depression, which needs early detection, classification, and treatment (Trotman et al., 2013; Ruhrmann et al., 2010).

The prevalence rate of social withdrawal is also documented. For example, even in first world countries, approximately 6 to 11% of elementary school-aged children are likely to have no friends or receive no friendship nominations from peers (Bullock, 1992), and in a study

conducted by Bester and Budhal (2001) in South Africa (SA) as much as 29% of the variance in academic performance was found among primary school students, thought to be caused by social isolation.

2.3.8 Thought disorder

Thought disorder denotes the experience of unusual or dysfunctional ways of thinking and can consist of a variety of symptoms including loose associations and bizarre or illogical thinking (Hutchison et al., 2016). Thought disorder reflects disturbance that affects the form of thinking, including organisation, control, processing, or expression of thoughts and information (Hart & Lewine, 2017). Thought disorder is reflected through the experience of strange ideas, repetitive acts, seeing things, demonstrating strange behaviour, hearing voices, and gazing (Achenbach, 1991). In other studies, the thought disorder is expressed in terms of lacking executive functioning including illogical thinking (Solomon et al., 2008) and disorganisation about behaviour and speech (Barneveld et al., 2013). In other studies, persistent thought disorder is an early indication of the development of adulthood psychotic problems such schizophrenia, which requires early identification by health professionals and intervention programmes (Trotman et al., 2013; Ruhrmann et al., 2010). Thought disorders are one of the positive symptoms of schizophrenia, yet it atypically appears before the age of 13 and seems to have received less attention in the field of scientific inquiry (McClellan & Stock, 2013).

Even though empirical evidence is scarce, varied prevalence rates have been reported. For instance, a review of the prevalence of psychotic experiences (PE) revealed higher rates in children (17%) than in adolescents (7.5%) (Maijer et al., 2019). In the 18-month follow-up study, conducted on adolescents who were seeking help against chronic health issues, it was found that 19% of participants were inclined to transition to psychosis (Ruhrmann et al., 2010). In a study evaluating thought disorders in preschool children, it was found that children with ADHD were more likely to develop thought disorders than children without ADHD (75% versus 25%) (Hutchison et al., 2016).

2.4 CARE AND SUPPORT MODELS FOR TEENAGERS EXPERIENCING SEBDs

Against the backdrop of the above explanations revealing the growing rate of children across the world with socio-emotional and behavioural difficulties (Bor et al., 2014), scholarly debates are focused on identifying care and protection solutions (McKay et al., 2011; Whetten et al., 2009). It has been found that there are many approaches to the care and

protection of children (Johnson et al., 2006). Each of the care and protective approaches has certain advantages and disadvantages concerning the physical, psychological, and social wellbeing of the children. Also, organisations are still debating the choice of the models about the costs of running the services (Schmidt & Bailey, 2014; O'Sullivan & McMahon, 2006), which implies that institutional care is not cost-effective compared to adoption and foster care (Knuiman et al., 2015; Williamson & Greenberg, 2010; Nielsen et al., 2004).

In addition to health and financial matters, certain scholars prefer the alternative care and support modality because of the simplicity of management and the fact that it is less labour intensive (Nielsen et al., 2004; Zaman & Amin, 2003). For example, in a study conducted by Wilson and Evetts (2006), foster care is represented as a cheap modality because it is carried out by highly motivated, committed, and self-directed workers who are devoted to a particular child as opposed to their own interests. Furthermore, in the continuing debate, the socio-emotional impacts that different modalities induce are still a point of discussion among scholars. To illustrate this point, Schmidt and Bailey (2014) claim that children brought up in institutions are more likely to experience dependency syndrome than foster and adoptive children. In addition, findings from the Russian Federation showed that the socio-emotional burden of children is reduced if children stay in family-care such as adoptive homes, followed by foster care (McCall et al., 2014). With the above general discussions regarding the care and support modalities, a further detailed discussion on each of the alternative modalities is provided in the following section.

2.4.1 Institutional care and support

The historical development of institutionalising children dates back to the ancient civilisation of Egypt, but during the era of the industrial revolution, this practice spread to Europe concerning caring for the disabled, poor, and aged people (Javed et al., 2011). By definition, institutionalisation refers to children without primary care and who are taken care of in any child-welfare facility which either primarily or incidentally provides full-time room, board, and watchful oversight to six or more children through 18 years of age outside of their own homes (Kleinrahm et al., 2013; Javed et al., 2011; Brown, 2009). The literature shows that caring for and supporting children in an institutional system is widely practised and has grown over time throughout the world (Smyke et al., 2012; Javed et al., 2011) for different reasons. For example, socio-economic constraints such as divorce, death, migration, and trafficking appear to be the major risk factors causing socio-emotional problems, thus considered quite varied aetiologies and consequences (Williamson & Greenberg, 2010;

Amare & Yonas, 2005; Nielsen et al., 2004). Children cared for in institutions, especially due to parental problems such as divorce and death are more likely to experience socio-emotional and behavioural difficulties than children who are placed there due to other reasons such as financial constraints (Lee et al., 2010). On the positive side, institutional care and support become the sole alternative if the children in the institution are empowered through participatory decision-making, and they are assisted to become self-reliant (Whetten et al., 2009; Mohangi, 2009). However, this depends on the quality of the institutional setting and the conditions surrounding the placement and continued care of the children (Lee et al., 2010).

On the negative side, literature shows that institutional care and support may likely hamper the overall development of children (Pears et al., 2013; Leve et al., 2005). In Africa, evidence suggests that there is a poor match between the children's needs and the services offered to them (Axford et al., 2008; Belay Tefera, 2006; Belay Hagos, 2006); for example, a poor residential set up with inadequate recreational facilities, rigid timetables, malnutrition and a scarcity of educational resources, as emphasised by Margoob et al., (2006) and Richter (2003). Moreover, overcrowded bedrooms without heating, lack of water and bed linen, malnourished and neglected children without shoes, warm clothes, books, or toys, busy staff with the lowest academic qualifications in countries such as Russia and Korea (Boberiene & Yazykova, 2014, Lee et al., 2010) are major problems with institutional care services offered to children in need.

The negative socio-emotional impact of care and support in institutions has also been supported by evidence (Julian, 2013). For example, it has been argued that a reactive attachment disorder is a common problem among institutionally cared-for children (Oliveira et al., 2015; Lee et al., 2010). Children cared for by multiple caregivers with rotating schedules, do not develop a focused attachment relationship with a given caregiver in institutional care (Julian, 2013; Smyke et al., 2012; Allen, 2011; Browne, 2009; Johnson et al., 2006). In other words, it is indicated that deprivation of long-term, timed and stable relationships with consistent caregivers compromises a child's socio-emotional and behavioural development (White, 2014; Lee et al., 2010; Malekpour, 2007; Tarullo & Gunnar, 2005). On the other hand, consistent and proper caregiving can be adversely affected by caregivers' mental health problems and chronic poverty (Katz et al., 2007).

Traditionally, although institutionalisation of children is widely practised, it has been adult-centered, which deprives children of caring psychosocial stimulation and of the development

of long-term and consistent relationships with caregivers (Oliveira et al., 2015:164; Lee et al., 2010; Merz, 2008; Belay, 2006; Margoob et al., 2006; Johnson et al., 2006). In a similar vein, a study conducted in Russia verified that children cared for in institutions face aggressive, coercive, and humiliating treatment from caregivers and other staff members (Boberiene & Yazykova, 2014; Merz, 2008) which causes on internalising and externalising social and emotional problems (Sushma et al., 2014). In the same way, life is more challenging for institutional children because they are not only faced with problems from internal institutional malpractices but also from exclusion or discrimination and abandonment by non-institutional school mates, teachers, and the people surrounding them (DeSchacht et al., 2014; Javed et al., 2011; Richter, 2003). With the above in mind, regarding institutional care and support, further attention is given to foster care in the following section.

2.4.2 Foster care

Foster care and adoption have been represented as child protection approach in many across the world, such as, in Africa (Archambault, 2010; Notermans, 2008), in Latin America (Leinaweaver, 2008), in Europe (Aldgate, 2009; Argent, 2009; Black, 2009; Farmer, 2009; Lutman et al., 2009; Palacios & Jiménez, 2009; Saunders & Selwyn, 2008; Sykes et al., 2002; Broad, 2001) and in North America (Wolfgram, 2008; Harris & Skyles, 2008). Foster care is concerned with placing disadvantaged children in custody (Sykes et al., 2002) in a setting where they are sheltered for a specific period of time (Lee et al., 2010) or in traditional communities, where children are moved between different social parents (hereafter called *multiple parentages*) (Notermans, 2008).

Against the backdrop of the above statement, children in foster care in many instances, get a chance to be adopted (Waterman et al., 2013) and to experience a permanent relationship resulting in their healthier functioning. Adoption is distinct from foster care in that it embeds a lasting service and is instrumental in bringing about a positive outcome about the socio-emotional and behavioural wellbeing of children (Waterman et al., 2013). However, foster care is used in the short term and it involves two divisions, namely *kinship fosterage* and *crisis fosterage* (Notermans, 2008). Kinship fosterage entails socio-cultural ties in a given community, but crisis fosterage is caused by divorce, co-wife rivalry, the influence of witchcraft, and extramarital relations (Notermans, 2008). In this regard, it is important to realise that the crisis fosterage of children leads to more severe socio-emotional and behavioural difficulties than kinship fosterage (Smyke et al., 2012). The literature further points out that modulating the adverse impact of crises, fosterage is a viable solution

provided that there is early identification of children at risk through proper placement and exit strategies (Klein, 2011; Chama, 2007).

Fosterage practice in Ethiopia has a relatively long history and is familiar in the Ethiopian community although the entire caring system is questionable. The system has been particularly criticised due to its negative outcome (that is, failing to reach healthy socio-emotional and behavioural development among children). Children who have grown up in fosterage have a greater chance of experiencing social stigma and discrimination, which inhibits the emotional and social competency of the young adolescents to face the demands of life (Pryce et al., 2015). Other scholars draw attention to foster care systems in Ethiopia more likely characterised by investing maternal roles in duties, related to feeding, health care, and providing psychological warmth (Bilal et al., 2015). However, concerns have been raised about foster care trends where psychological services are not offered, with only 33% offering plans for youth, with the graduation age from care differing across institutions. Moreover, there is no policy in place regarding child protection, and the child-to-caregiver ratio is as high as 125-to-1. Other disturbing trends are inadequate funding, lack of trained personnel, lack of long-term strategic planning as institution and care providers (Pryce et al., 2015; Cherinet, 2001).

As a result, the overall living circumstances of children in foster care in Ethiopia calls to attention the need to moderate the existing practices to improve the whole system.

2.4.3 Community-Based care and support

Community-based care and support entail discharging child care and support responsibilities to a broad range of community members such as peers, the school, relatives, the neighborhood, to nurture and protect children in terms of their socio-emotional and behavioural life domain (Chama, 2007). Moreover, it requires a partnership between different socio-cultural systems such as parents, schools, and the neighborhood (Klein, 2011; Lara et al., 2006) to realise the desired outcomes. Indeed, many sources report that a community-based model is reported to be preferable over institutionalization and foster care models in that it is helpful to reduce the detrimental and long-term effects on the socio-emotional wellbeing and behaviour of children (Julian, 2013; Chama, 2007). According to certain experimental studies, the outcome of community-based practices with their moderating effects on developmental disorders has been proved to function extremely well (Nahmias et al., 2014). For example, as per empirical evidences autistic children experienced better cognitive scores (Nahmias et al.,

2014), maltreated children function well in affective and cognitive aspects (Pears et al., 2013) and the psychological functioning of orphaned children is improved) (Chama, 2007).

2.4.4 Adoption to rehabilitate children and young adolescents

The kinds of community-based approaches reported in a large number of scientific works are invariably associated with adoption. Accordingly, adoption is a community-based approach that involves people who are willing to help children who find themselves in difficult situations about a recognised person (that is, biological parents or relatives) or institutions (that is, foster care centres) and care for them in a developmentally supportive environment (Carnochan et al., 2013; Wolfgram, 2008).

One of the predominant types of adoption is cared for by kin or a relative (that is, in the case of a relationship through blood, marital or socio-cultural relationships (Argent, 2009; Black, 2009; Farmer, 2009; Lutman et al., 2009; Palacios & Jiménez, 2009; Wolfgram, 2008; Leinaweaver, 2008; Broad, 2001). Kinship care, as a mode of adoption, is widely practised worldwide. That is, in the USA (Leve et al., 2012); in Spain (Palacios & Jiménez, 2009); in the UK (Black, 2009; Farmer, 2009; Lutman et al., 2009) in Peru (Leinaweaver, 2009) and Africa (Archambault, 2010; Brown, 2009; Belay, 2006; Keller et al., 2005). Kinship care is significant because it can aid children in doing better in terms of all aspects of life than being cared for by strangers (Aldgate, 2009; Palacios & Jiménez, 2009; Broad, 2001) as it offers children security, it maintains social belongingness within their families and community (Archambault, 2010), strengthens children's feeling of identity and their self-esteem (Aldgate, 2009; Palacios & Jiménez, 2009). In the same way, kinship care bridges the difference between the children's past and present since they are reared in their familiar family environment, and the care starts in the child's first year which, in turn, impacts on the child's ability to develop socio-emotional wellbeing (Palacios & Jiménez, 2009).

As can be seen, kinship adoption from the level of the bond (that is, the proximity between the kin and child) also matters, which is the adoption of children by godparents, grandparents, extended families, or neighbourhoods who are better off than the biological parents. Yet, care by grandparents in Kenya (Archambault, 2010), in the UK (Farmer, 2009); in the USA, with a special emphasis among Afro-Americans (Harris & Skyles, 2008), is a more common practice than care by other relatives such as cousins, aunts, and uncles.

Although the above explanations may be that kinship care is the best option, it is not free of practical problems, such as chronic poverty and inadequate resources (Black, 2009; Harris &

Skyles, 2008). Other potential problems are poor guardian health, for example, the stress and strain felt by caregivers regarding the extra burden of fulfilling the special needs of some children. These aspects have never been identified by medical experts, (Black, 2009; Farmer, 2009; Palacios & Jiménez, 2009). Further problems such as conflict and continual intrusions by the biological parents are also found to occur (Aldgate, 2009; Farmer, 2009; Wolfgram, 2008) and are found to harm the efficacy of kinship responsibility. A further major concern is an overpopulation that affects the kinship practice adversely (Black, 2009; Farmer, 2009). In a similar vein, Chama (2007) explains that placing a large number of disadvantaged children in Africa in extended families with distant relatives without proper supervision and poor-quality service, has both a short- and long-term socio-emotional impact on the children.

Other forms of adoption are non-kinship care and support (hereafter referred to as *international, transnational or cross-border* care and support) that is a form of non-kinship (Sykes et al., 2002) care and support that involves caring for children by a new person regardless of the race and economic situation. In cases of children living under difficult conditions such as in poverty-stricken situations (Archambault, 2010; Leinaweaver, 2008), experiencing neglect, abuse, parental mental health problems, and substance abuse (Aldgate, 2009) there is merit in cross-border care and support. Even though transnational kinship care is one of the alternative efforts aimed at creating a developmentally safe environment for children, it is open to criticism, because there is evidence in certain studies that children who are adopted internationally, tend to experience socio-emotional problems (McCall et al., 2014; Julian, 2010).

2.4.5 African mode of care and support

In Africa, community-based care and support are pertinent in traditional societies, namely, care by extended families, neighbourhoods and letting children remain in their familiar environments (Brown, 2009) and on some occasions, care and support are provided by other philanthropic people (Neil, 2011). The key point that emerges is that the extensive practice of community-based care and support lies in kinship care that strengthens affective ties between family members and helps to endorse cultural morals by accentuating solidarity links, mutual help, and harmony in the family tree (Notermans, 2008). Accordingly, Notermans (2008) and Archambault (2010) suggest that care and support in Africa are not only precipitated by poverty or any other problems associated with the biological parents but are also due to the socio-cultural ideal of society to maintain its social connections. Although kinship care and support are common practices in Africa, it does not mean it is free of drawbacks. Notably,

empirical evidence highlights the traumatic experiences of the children as well as their biological parents (Harris & Skyles, 2008). The second disadvantage, under their ages and health status, grandparents may not live to see children in their care reaching adulthood (Harris & Skyles, 2008).

As explained above, community-based care in Africa has been practised predominantly as an integral part of its indigenous heritage over many centuries. However, due to the increasing rate of health problems (such as HIV and AIDS), the widespread prevalence of poverty and famine, war, family conflict and divorce, displacement, through trafficking and migration, the number of children living in risky situations has increased. Also, the effects of globalisation, widespread information technology, and escalating living costs, have resulted in a large number of children not receiving proper care. Another important point that must be made is the overarching spread of non-indigenous lifestyles that have led to the adoption of an individualistic lifestyle within the traditional African communities. Consequently, the existing traditional model of care and support is disappearing and no longer incorporates the will to deal with the excessive demands for caring for children under difficult conditions (Waldron, 2008) and is not well integrated with the modern modalities (Mengesha & Ward, 2012; White et al., 2006).

Despite the growing problems described above, African scholars with their non-African colleagues are endeavouring to find ways of curbing the escalating number of children living under difficult conditions to fulfil the physical, psychological and social needs of destitute children. In this regard, the focus has fallen on pertinent options such as institutionalisation, foster care, and adoption services. Indeed, access to these caring options is not universally equal, and many children are still living miserable lives on the streets. Even though access is one problem, the point often overlooked is the status of the socio-emotional and behavioural wellbeing of children already in institutions and foster care. The literature is articulate about the dark side of institutional and foster care approaches with the focus falling on the adverse effects on the socio-emotional well-being of children as well as their behaviour (Fallesen et al., 2014; Blythe et al., 2013; Pears et al., 2013; Waterman et al., 2012; Leve et al., 2012). Therefore, it is of vital importance to focus on building children's socio-emotional wellbeing and behaviour in their own phenomenological lifeworld.

To conclude, in Africa, children who are placed in care centres, as well as being locally adopted (at community settings particularly those by non-biological community members) are living under deleterious conditions. As various studies validate, child and young

adolescent care and support modalities differ in terms of the socio-emotional and behavioural well-being, quality service delivery, considering the best interest of the child, and providing a stimulating social environment. For example, a study conducted by Whetten et al. (2009) found that the overall wellbeing of the children, incorporating physical health, emotional and cognitive functioning, and physical growth, was no worse among those in institutional living than in community living. However, studies show that community-based caring in Ethiopia is faced with a myriad of challenges from the programme to home-based management, such as parental perceptions, practices, and challenges related to routine child care and feeding (Bilal et al., 2016; Tadesse et al., 2016). Even children being reared by their biological parents are faced with a problem during the course of their development. For example, studies show that poor parental mental health (Huntsman, 2008; Reupert & Maybery, 2007) influences socio-emotional and behavioural development. Besides, the effect of poverty (Wray, 2015; Katz et al., 2007) results in less affectionate and responsive relationships with young children and parents because parents become impatient and punitive, less communicative, and less grateful of children's efforts, which result in poorer child outcomes at later ages (Moullin et al., 2014; Katz et al., 2007; Richter, 2003). Hence, regardless of the modality of care approaches, continuous care, and support by the relevant stakeholders is vital.

2.5 INDIGENOUS PSYCHOTHERAPY

Psychotherapy is a process of dealing with socio-emotional and behavioural difficulties through conversing (that is, through verbal and/or non-verbal methods) on the feelings, thoughts, and behaviour of the individual being treated (Paula et al., 2014; Kirmayer, 2007). However, the concept indigenous refers to specific groups of people to whom ancestral territory, collective cultural configurations, historical location, and knowledge that emanates from a long-term residence in a specific place (Waldron, 2008). On the other hand, indigenous knowledge represents the cosmologies, values, cultural beliefs, and webs of relationship that exists in a definite group of an indigenous community (McGinty, 2012). Another interpretation of this concept is that indigenous knowledge is meant to be a specific way of knowing, based upon oral tradition (that is, storytelling), of sharing knowledge from one to the other (Kovach, 2010). Owusu-Ansah and Mji (2013) regard the rich African indigenous knowledge as either a reflection of story-telling, proverbs, folktales, recitation, demonstration, sport, epic, poetry, reasoning, riddles, praise, songs, word games, puzzles, tongue-twisters, dance, and music. With this section focused on understanding the concept of

indigenous knowledge, discussions on indigenous psychotherapy follow in the subsequent sections.

Indigenous psychotherapy denotes beliefs and strategies that originate within a culture or society and that are designed for treating the members of a given cultural group who experience spiritual, physical, and psychological problems (Ojelade et al., 2015; McCabe, 2007). Indigenous psychotherapies comprise values, beliefs, and a worldview that recognises a connection between mind, body, and spirit (Ojelade et al., 2015; Obasi et al., 2009). On the other hand, indigenous psychotherapy, represented as folk psychology, is vested in the meaning of beliefs and healing practices accepted by generations representing a variety of beliefs such as personal agency, human understanding, capacity for inner healing, self-image, personal security, and moral lessons (Ojelade et al., 2014; Mohatt, 2010; Waldron, 2008; McCabe, 2007).

In its historical development, indigenous psychotherapy has long antiquity about the healing processes of traditional people across the world (Carothers et al., 2014; Midlarsky et al., 2012). For example, native Americans have used a willingness to heal, lessons for daily living, empathy, challenges to change, acceptance and respect, role modelling, trust and safety, the sacred teaching, genuineness, belief in the healing spirit, ceremonies, rituals, and self-acceptance and discovery as traditional techniques to heal behavioural, cognitive and emotional ailments (McKeough et al., 2008; McCabe, 2007). Conversely, a paradoxical practice in the Peruvian Amazon community shows that natural psychoactive substances (such as Ayahuasca, which is a highly psychoactive ancestral beverage) have been used by indigenous peoples to treat drug addiction for many years (Loizaga-Velder, 2003; Mabit, 2001). Further evidence generated from an African context shows that *healing rituals* have been used as major traditional healing techniques in different countries. For example, they have been used in Mozambique and Angola to deal with the socio-emotional aftermath outcomes of war (Green & Honwana, 1999) and to manage the adverse SEB impacts of HIV and AIDS in Lesotho, Swaziland, Mozambique, Namibia, and Botswana (Levers, 2006).

In Ethiopia, traditional psychotherapies have active contributions (Jirata & Simonsen, 2014), but support by empirical evidence is still outstanding (Jirata & Simonsen, 2014). Traditional story-telling, as a child-centred approach, has been practised within different societies of Ethiopia. For example, in the intergenerational society of Ethiopia (Guji-Oromo), elders, especially parents, bear the responsibility of using stories to educate, discipline, and entertain their children through a child-centred approach (Jirata, 2014) and that has been conveyed

through play format (Jirata, 2014). Further research evidence suggests that content-based and well-formatted (that is, discussion, role-play, and testimonials) traditional oral narratives representing diverse episodes, improves HIV and AIDS prevention and intervention programmes in Ethiopia (Bogale et al., 2011). Correspondingly, the impact of traditional rituals in the form of singing, praying and confession has been widely practised to extort evil spirits (that is, socio-emotional and behavioural problems) across varied ethnic groups (Beiser et al., 2012) of Ethiopia (Eshetu & Markos, 2011; Kebede et al., 2006; Amare & Yonas, 2005). By and large, the role of cultural psychotherapies is not only designed as a mode to convey ethical and educative information but also to reverse socio-emotional and behavioural challenges within communal settings.

2.6 PLAY AS A THERAPEUTIC TECHNIQUE

There are many conflicting explanations for the term 'play' based on various psychological perspectives. Against this backdrop, play is a perceptual state of mind of developing a state of understanding, problem-solving, and decision-making, and from a cognitive perspective, it entails environmental contingencies, while reinforcement pertains to behaviourists, and an instinctually determined homeostatic mechanism applied to the biological perspective (Gray, 2013). Play therapy may be described as a professional helping technique that integrates both counselling theories and plays theories (Homeyer & Morrison, 2008; Shen & Herr, 2003). Other points of view show that play is flexible and is a method entailing an experiential mode of natural healing for children (Gallerani & Dybicz, 2011; Nims & Duba, 2011), because it can be adapted to their ages, conditions, and circumstances (Webb, 2011) and practised in a variety of cultures as well (Davis & Pereira, 2013; Vaughn, 2012). Unfortunately, the practice and development of play are not uniform across the world (Johari et al., 2014) due to the absence of skilled and experienced play therapists (Tarroja et al., 2013) as well as the lack of empirically validated practices (White, 2014; Tarroja et al., 2013; Yumiko, 2004).

However, indigenous plays/stories, denoting cultural knowledge based on oral tradition, intended to share experiences from one generation to the other (Kovach, 2010; Jirata, 2014; Quirnbach et al., 2008) is working too much in Africa. It is widely experienced in Africa and conveyed through story-telling, proverbs, folktales, recitation, demonstration, sport, epic, poetry, reasoning, riddles, praise, songs, word games, puzzles, tongue-twisters, dance, and music (Finnegan, 2014; Owusu-Ansah & Mji, 2013; Lenox, 2000).

The fact that the functional mechanism of play therapy has healing powers and fosters growth in children (Ju, 2014; Davis & Pereira, 2013) is validated by empirical evidence (Johari et al., 2014) across different psychological studies. Of course, classical psychoanalytic theory is cited principally, but other psychodynamic approaches, including gestalt play therapy (Panagiotopoulou, 2011; Bratton et al., 2005), Adlerian play therapy (Bratton et al., 2005), and Jungian play therapy (Panagiotopoulou, 2011) are valuable. Within this framework, Pearson and Wilson (2009) cite varied play-based therapeutic techniques such as movement therapy, imaginary exposures, drawing, and music therapy that are extremely important in the treatment of SEBDs. By way of illustration, play therapy allows children to express painful and unconscious memories such as thoughts and feelings, that they may not be able to express meaningfully in words (Willis et al., 2014; Chinekesht et al., 2014; Ju, 2014; Blanco & Ray, 2011; Webb, 2011; Allen et al., 2007; Bratton et al., 2005; Willemsen & Anscombe, 2001). In other words, play therapy provides a concrete form of expression to children's inner worlds and offers them a symbolic language for self-healing (Ju, 2014; Gallerani & Dybicz, 2011; Green et al., 2009; Berhanu, 2006; Goss & Campbell, 2004; Ogawa, 2004) and is uniquely represented as an emotional catharsis (Dilawari & Tripathi, 2014; Ryan & Edge, 2014; Stone & Stark, 2013; Schaefer, 2006; Schauer et al., 2005).

On the other hand, in terms of the behaviourist approach, play therapy aids children in developing skills in their socio-emotional lives such as self-awareness, understanding of others' emotions, emotional management, emotional expression in a constructive manner, self-regulation, and stable communications (Siahkalroudi & Bahri, 2015; Chinekesht et al., 2014; Foster, 2013; Ashiabi, 2007). Relatively similar findings are reported by Bratton et al. (2005) as play therapy has contributed to promoting the behavioural and mental health of children through helping them develop healthy personalities and better social adjustment skills. Differing from the psychodynamic and behaviourist approaches, the cognitive approach posits that cognitive functioning is promoted by stimulating children to assimilate and master stressful situations mentally as well as urging children to process information about painful life events (Schaefer, 2006; Slatcher & Pennebaker, 2004).

2.7 EFFICACY OF PLAY AS A PSYCHOTHERAPEUTIC TECHNIQUE

Play therapy has been practised for many years in the treatment of children experiencing different kinds of socio-emotional and behavioural difficulties (Willis et al., 2014; Chinekesht et al., 2014; Johari et al., 2014; Rahnama et al., 2014). Firstly, children can learn about themselves, others, and the world at large through play (Homeyer & Morrison, 2008).

Secondly, child-centred play improves relationships and communication skills (Willis et al., 2014; Docking et al., 2013; Davis & Pereira, 2013; Ogawa, 2004; Danger, 2003), and in the same way, reduces anxiety and depression caused by post-traumatic stress disorders (PTSD) (Ju, 2014; Porter et al., 2007; Ryan & Needham, 2001). Furthermore, it was demonstrated that play therapy has become the most effective tool to use with children who experience violence and crime (Allen et al., 2007), behaviour disorders (Rahnama et al., 2014; Lesser, 2002), trauma, bereavement, or experience attention deficit (Webb, 2011; Lesser, 2002; Willemsen & Anscombe, 2001). Similarly, studies reported that play therapy has been important concerning increasing academic achievement among children with certain types of mental and behavioural problems (Blanco & Ray, 2011; Landreth et al., 2009).

In conjunction with the indignity concept, traditional stories play a significant role in dealing with children and young adolescents who experience diverse kinds of socio-emotional and behavioural difficulties. In this regard, there has been evidence that confirms that cultural stories are valuable in working with young adolescents. For example, a study conducted by Ruini et al. (2014) verified that traditional folks and fairy tales enhance psychological well-being and growth such as self-acceptance, life satisfaction, and reduced symptoms of anxiety. Similarly, the role of cultural stories used with children experiencing autism, outlined by Kokina and Kern (2010) and Sansosti et al. (2004) as social stories, were found to be effective in addressing inappropriate behaviour and developing social, academic, and communication skills as well. Correspondingly, in Ethiopia, there has been a strong conviction that traditional stories play a significant role in dealing with young adolescents' SEBDs, yet there is almost no empirical evidence to confirm the existing belief, although traditional oral narratives represent diverse episodes to improve the emotional and social well-being of children and adolescents impacted by different problems such as HIV and AIDS (Bogale et al., 2011). Furthermore, a study confirmed that children who participated in the application of story-based intervention had reduced levels of aggression symptoms and levels among primary school students (Shahbazi, 2015)

In general, play therapy has a wide spectrum of contributions to make in moderating a broad spectrum of difficulties among children. These difficulties range from sexual abuse (Rasmussen & Cunningham, 1995), attachment disorders (Ryan, 2004), the effects of developmental disabilities (Porter et al., 2007), and maltreated, neglected, and developmentally delayed children (Ryan, 1999). In Ethiopia particularly play therapy is essentially relevant to deal with children and adolescents with psychological problems.

Firstly, Ethiopia is the second populous nation in Africa which contains majorly the youth under age 18. On the other hand, it is a natural need and right for the youth to obtain proper care and support from adults as well as from their peers. Secondly, the substantial number of pieces of evidence that confirm children and youth in Ethiopia face diverse environmental adversities (i.e., poverty, diseases, instabilities, and loss of parents) is a valid reason to come up with the role of play therapy. Thirdly, the absence of scientifically validated psychotherapeutic practices for the youth under psychological problems across the schools and community further turn into problematic for the existing inadequate practices. Therefore, to reduce the long-term impact of developmental difficulties exploring, introducing, and organizing play-based psychotherapies and education systems are underscored.

2.8 CATEGORY AND THERAPEUTIC COMPETENCIES IN PLAY THERAPY

The concept of play therapy is a generic concept that consists of several play therapies that differ in terms of the nature of the problem, the age of the child, requirement for therapeutic processes, and the need for resources for effective application. However, this does not mean the therapies are mutually exclusive, but it is imperative to integrate them or to use them to re-enact the socio-emotional and behavioural disturbances. Research is underway to validate the efficacy of a different type of plays with their therapeutic purposes, but empirical evidence is scarce regarding the documentation of their advantages and disadvantages.

Concerning play grouping, Rasmussen and Cunningham (1995) name therapeutic play as *a metaphoric play* that includes bibliotherapy and art therapy. Likewise, certain scholars represent play therapy as expressive techniques which include art therapy, sand tray, and puppetry (Davis & Pereira, 2012; Nims & Duba, 2011). Correspondingly, other scholars mention bibliotherapy, journaling, and the making of memory books, self-boxes, life maps, and combining time capsules with videography as other expressive techniques (Caldwell, 2005). It is interesting to note that Pearson and Wilson (2009) refer to play therapies as *expressive therapies* or as *integrative approaches* including art therapy, music therapy, dance/movement therapy, drama therapy, poetry/creative writing, and sand tray therapy. Certain scholars have developed the approach called the integrated *voice movement therapy* (inclusive of sound-making, singing, expressive writing tasks, massage, movement, and drama) and is considered part of play therapy, which helps improve the self-awareness of children (Martin et al., 2012).

Each type of play does not occur in a vacuum but requires therapists' professional expertise and communicative abilities while working with play therapy. Furthermore, its application requires scientifically validated discipline-specific competencies and artistic abilities to make the play sessions more interactive and therapeutic. Regarding this notion, many professional accomplishments have been achieved through research and practice. For example, Davis and Pereira (2013) suggest that skills such as warmth, unconditionally positive regard, limit setting, neutral stance, respect, and empathy skills are basic skills required for the effective administration of play therapy. Moreover, Schaefer (2006) lists the basic skills required by therapists such as being accepting, encouraging, and providing supportive friendship. In turn, Blanco and Ray (2011) suggest thirteen complementary skills that are deemed valuable for the effective administration of play therapy. These include leaning forward, adopting an open stance, and appearing interested and comfortable. Other advice is to match one's tone of communication so that it is appropriate for the child's emotional state in terms of providing appropriate feedback. The feedback is based on one's own frequent interactive responses, behaviour tracking responses, responding to the client's verbalisation with paraphrases, reflecting the child's emotions, facilitating empowerment through returning responsibilities to the client, encouraging creativity, using self-esteem boosting statements, and using relational responses. Richert (2003) further reports that skills that are in line with Roger's philosophy are empathy, respect, genuineness, and collaboration, which are considered to be major therapeutic guidelines in play sessions.

Concerning the agenda of quality communication for quality therapy, no research has been conducted on how indigenous play has been communicated with children in the Ethiopian context. In fact, literature from other parts of the world shows that quality communication in therapeutic processes is essential for producing the desired outcomes. In this regard, the broad spectrum of research and practices associated with quality communication in psychodynamic play therapy and quality therapy is not well studied. Despite scant evidence from research, it is generally known that traditionally, play in Ethiopia has been conveyed to children through a more egalitarian approach, considering their interests and levels of understanding. To put it differently, most criteria on good communication such as eye contact, curiosity, level of understanding, appropriate affect and cognition in responses, frequent interactive responses, behaviour tracking responses, appropriate tone of voice, facilitating empowerment through returning responsibilities, encouraging creativity, using self-esteem enhancing statements and rewarding are commonly used. However, there is no

empirical evidence regarding how these communication patterns in the traditional Ethiopian society assist parents in producing healthy, confident, and productive citizens.

2.8.1 Narrative therapy

Beyond its therapeutic nature, narratives in traditional storytelling have been recognised and practised as a culturally and developmentally appropriate source of knowledge in the traditional global community for example, in the aboriginal community (McKeough et al., 2008). Narrative therapy denotes a type of projective technique that allows clients to express their inner feelings, especially about painful experiences by talking freely (Rahmani, 2011), whether in individual or group therapy modalities. In some other scholarly works, narrative therapy is referred to as narrative exposure therapy (Baranowsky et al., 2005; Neuner et al., 2004) that promotes three phases with definite narrative techniques. In addition, narrative therapy has been conceptualised as therapeutic storytelling that can involve clients in constructing and narrating their own life stories and meaning-making, and the creation or reading of fictional stories (Romanoff & Thompson, 2006; McArdle & Byrt, 2001).

In this regard, the first phase of narrative therapy is creating *safety and stabilisation* which focuses on relaxation, behavioural rituals, and an emotional support system. The second phase is said to be the *remembrance and mourning phase* which includes calculation of the danger that the client experienced through the use of looped tape scripting, the storybook approach, and written narratives. The third phase of narrative therapy is called the *reconnection phase* that entails the transformation of the young adolescents' dysfunctional thoughts into behavioural repercussions such as self-tasks, self-help, and self-development tasks exercises.

There are many purposes of narrative therapy. In the first place, traditional play, such as *teret-teret*, pertains to the cultural story of psychotherapy (Richert, 2003) that has to do with serving as a prompt to relate and reprocess the early trauma scenario and call up images from the unconscious part of the mind. Secondly, it stimulates the child to narrate life scripts relating to the traditional play that performs the function of expressing painful emotions. Thirdly, narrative therapy creates chances for the child to verbalise events in his/her story and has its own therapeutic value regarding insight to promote psychological well-being.

Narrative therapy has been proved to be effective when working with children who exhibit behavioural problems and experience depression, anxiety, and relationship problems. In particular, narrative therapy helps a person with emotional and behavioural problems to

engage in self-development by connecting stories with the lived experiences of persons experiencing psychosocial crises (Sian, 2005). A study suggests that narrative and storytelling have been proven to improve attentiveness in the child's educational life, to reduce reading errors (Rahmani, 2011), and to promote the cognitive development of children (McKeough et al., 2008). Similar findings from a study conducted by Swanson et al. (2005) prove that narrative therapy has improved language skills among children experiencing communication disorders. Another study reports that narrative therapy has become effective in changing the mind set of traumatised refugees so that they can leave refugee centres and begin a new life in a new context (Neuner et al., 2004).

Narrative therapy is said to be effective if the therapy eventually helps the child develop coping skills such as crying, accepting the current situation, developing openness, avoiding resistance, and expressing personal concerns. Inherently, the narrative approach complements the picture portrayal. That is to say, children are allowed to create non-verbal media that provide opportunities to draw or paint their socio-emotional problems (Green & Myrick, 2014; Serneels, 2014; Benveniste, 2005). Narrative therapy insists that children value-conscious interpretations and verbal understanding as indicators of therapy success (Ryan & Edge, 2014; Romanoff & Thompson, 2006). Studies suggest that the psychoanalytical model narrative therapy shapes the personalities of children. To put it in another way, fairy tales (traditional stories) reactivate painful feelings from unconscious memories and activate the developing egos of children to develop new coping skills (Willemsen & Anscombe, 2001).

2.8.2 Art therapy

Art therapy refers to the drawing and interpretation of the pictures that represent the child's inner world. Art therapy has been considered a major treatment technique for children and adults experiencing socio-emotional problems (Nims & Duba, 2011; Beard, 2011). According to Serneels (2014), art therapy is the therapeutic use of art media, images, and the creative process, and respects client responses to the created products as reflections of development, abilities, personality, interests, concerns, and conflicts. It is a therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (Pearson & Wilson, 2009; Dilawari & Tripathi, 2014; Haluzan, 2012) and self-confidence (Swanson et al., 2005).

Another viewpoint voiced by Pellicciari et al. (2013) and Pfeifer (2010), is that art therapy is "a holistic approach in that it not only addresses emotional and cognitive issues but also enhances social, physical and developmental growth. Moreover, art therapy generates improved creative thinking, positive self-image, reduces emotional tension, stimulates multiple sensory systems, and enhances communication and interpersonal skills (Haluzan, 2012; Waller, 2006).

Art therapy has multiple purposes in the care and support processes of children. Indeed, one of the purposes is almost the same as that of narrative therapy in the uncovering of painful feelings and thoughts (Ju, 2014; Beebe et al., 2010). Dilawari and Tripathi (2014) explain that art therapy has two roles. Firstly, it assists in discharging the unconscious using spontaneous art expression as a basis in the transference of the relations between the patient and the therapist. Secondly, it stimulates the free expression of painful memories and replaces these with positive coping skills. The other purpose of art therapy is to help the child develop cognitive creativity in drawing, reading, and interpreting images (Haluzan, 2012). This, in turn, assists a child in developing the capacity of intelligent guessing and contributes to his/her cognitive development and moral development. Again, cognitive and moral development entails ethical behaviour like avoiding bullying behaviour and developing a psychopathic personality. Bearing this in mind, art therapy primarily assists a child in portraying his/her inner world through drawings (Nims & Duba, 2011) rather than keeping it to him/herself and suffering in isolation. Secondly, pictures can provide additional information about the story and are especially helpful for developmentally-delayed children with language problems.

The application of art therapy has been proved to be effective in treating the socio-emotional outcomes of trauma (Ju, 2014), anger and aggression (Galvanized et al., 2013), alcohol (Haluzan, 2012), illiteracy (McKeough et al., 2008; Rahmani, 2011) and is most pertinent for a wide range of psychosocial difficulties (Dilawari & Tripathi, 2014). Moreover, art therapy is effective for children who are affected and infected with HIV (Willemsen & Anscombe, 2001). In a study conducted by Beebe et al. (2010), it emerged that art therapy has a significant impact on reducing anxiety, promoting self-concept, and improving the quality of life among children experiencing asthma. In another study undertaken by Haluzan (2012), art therapy has been proved to be effective in treating clients with substance abuse through the reduction of the levels of stress, thus inducing relaxation and facilitating open communication. The major coping skills that children develop through the use of art therapy

are reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (Pearson & Wilson, 2009). Furthermore, art therapy has been established as an effective intervention about reducing anger and promoting the self-esteem of aggressive children aged seven to eleven years, through learning coping skills, problem-solving skills, relationship skills, and communicating complex feelings in a non-threatening way (Galvanized et al., 2014). The artistic way of self-expression helps the client to moderate conflicts, develop interpersonal skills, manage behaviour, reduces stress, increase self-esteem and self-awareness, and achieve insight (Dilawari & Tripathi, 2014).

Therapeutic procedures and activities in art therapy are quite different from the rest of the play therapy techniques. It requires the therapist to have an elucidative and inquisitive mind to stimulate the child to draw and interpret self-expressive pictures. In the study conducted by Dilawari and Triatic (2014), significant factors are highlighted such as the complete and appropriate proportion of figures in the drawings, the degree of detail in the drawings, the depiction of movement/actions in the drawings, a theme/story conveyed by the drawing, and the presence of a clear concept of gender.

2.8.3 Bibliotherapy and poetry

When tracing the historical development of written scripts, play therapy in the form of poetry and books was not known, yet the 1930s was a remarkable period for making use of bibliotherapy as a treatment option (Pardeck & Pardeck, 1987). Poetry and bibliotherapies were oral and legendary, yet they were educative and supportive especially of child-rearing practices. However, as time passed, modern philanthropic parents understood the value of these traditional stories and began to compile the traditional stories in print. Narratives were then channelled to the children through poetry or prose texts in the form of book discussions, where a group of readers got together to share ideas or therapists read aloud with their individual clients (Thomas, 2011). Poetry and bibliotherapy are not synonymous, but they complement each other in the therapeutic world.

2.8.3.1 Bibliotherapy

'Bibliotherapy' is a generic term that includes poetry amongst other forms of written forms of expressive projective therapy techniques. Bibliotherapy entails the therapeutic use of literature with the supervision or intervention of a therapist or "a guided use of reading, always with a therapeutic outcome in mind" (McArdle & Byrt, 2001). Thomas (2011) gives a

more detailed explanation and declares that bibliotherapy refers to "the use of self-help books to influence total development, a process of interaction between the reader and literature which is used for personality assessment, adjustment, growth, clinical and mental hygiene purposes; a concept that ideas, inherent in selected reading material, can have a therapeutic effect upon the mental or physical ills of the reader".

In short, bibliotherapy is alternatively represented as a self-help book (Hahlweg et al., 2015; Thomas, 2011; Forehand et al., 2010) that has helped treat depression, anxiety, eating disorders, personality problems, and others. Other scholars refer to it as expressive writing (McArdle & Byrt, 2001) that enables persons with behaviour and mental illness to be happy and express themselves, promoting a positive identity, creativity, and increased self-enhancement. Bibliotherapy is also regarded as one of the library-based interventions that equip children with adequate and reliable information, and growth and development (Fanner & Urquhart, 2008). The basic essence of a bibliotherapy model is that children can read, listen and discuss the content of stories reflecting children with SEBDs and can gain insight into the message and relate this to their personal life problems (Pardeck & Pardeck, 1987). The wide practice of bibliotherapy has been documented by Rapee et al. (2006) and has been described as a witness of pain and it allows others to share the private anguish and life hassles of a survivor (Raingruber, 2004).

2.8.3.2 Poetry

Poetry is an imaginative and creative way of constructing meaning and communicating truth in life through the prose, verse, melody, and rhythm of poem reading (Peskin, 1998). It is another reading form of healing processes when the poems capture individuals' experiences in the form of mediation, recalling significant events in life, and refreshing the spirit (Wakeman, 2015). In poetry especially, the power and beauty of the language allow the expression of intense and painful emotions and experiences (Raingruber, 2004). Other empirical evidence has confirmed that it has been helpful with treating nasty teasing and bullying among school-aged children (Gregory & Vessey, 2004). Moreover, this therapy technique has proved to be effective in boosting both the short- and long-term parental skills to care for and support children with different types of disorders (Hahlweg et al., 2015; Forehand et al., 2010; Rapee et al., 2006; Gregory & Vessey, 2004).

2.8.4 Sand and toy therapy

Sand play therapy can be traced back to the work of the British psychiatrist Margaret Lowenfeld around the year 1939 (Gallerani & Dybicz, 2011; Goss & Campbell, 2004), but Carl Jung later made further improvements and promoted its extensive applicability (Knoetze, 2013; Chiesa, 2012). In essence, sand play has the purpose of assisting the client project painful inner feelings from the unconscious world to the conscious world, which is known as a *projective technique*. Sand play is used as a therapeutic tool for children and adolescents and offers distinctive and developmentally appropriate possibilities for them to participate actively in a therapeutic process (Goss & Campbell, 2004). Sand play therapy is an innovative mode of psychotherapy that requires a sandbox and many collections of miniatures to permit a client to discover the deepest layers of the psyche in a totally new format (Pearson & Wilson, 2009; Zhou, 2009; Goss & Campbell, 2004). Furthermore, SAWAM (that is, sand, water, and miniature) is another term preferred by classical play therapists to represent the unconscious totality of the client with sand or water, while the pictures denote painful inner thoughts and feelings (Bradyway, 2006).

By building a series of *sand pictures or a sand world*, children are assisted in exploring painful materials from the deep unconscious memory to conscious memory to make them visible, healed, and integrated to operate purposefully and authentically in daily life (Gallerani & Dybicz, 2011; Pearson & Wilson, 2009; Goss & Campbell, 2004). By the same token, in many scientific analyses, sand play allows children to tell and construct stories concerning personal memories such as emotions, thoughts, behaviour, and language, that assist in enhancing their self-awareness and learning to consider themselves as worthwhile beings (Knoetze, 2013; Chiesa, 2012; Zhou, 2009). Some other scholars regard sand therapy as a *soul garden* or *in-between space* where the child's internal and external self is developed and shown (Nims & Duba, 2011; Goss & Campbell, 2004). Thus, the reason for using one of the methods of *free and protected spaces* is to explore and develop insight without the therapist's interference in the symbolic expression of internal conflicts (Bradway, 2006).

Sand play complements and integrates with toy therapy (Nims & Duba, 2011; Goss & Campbell, 2004), involving the use of various resources to organise and practise with children and is also inherently compatible for working with children and young adolescents. The valuable resources are sand, a tray that holds sand, and different kinds of small objects or figures such as people, animals, buildings, vehicles, vegetation, structures, natural objects, and symbolic objects to represent people, ideas, feelings, thoughts, behaviour, situations and

many more scenarios (Mahalle et al., 2014; Davis & Periera, 2013; Goss & Campbell, 2004). Three basic questions arise with the practice of sand play. Firstly, how does the child really treat the sand and the objects on the sand? Secondly, how does the child know about the nature of play that encourages him/her to assign a meaning to the objects or to the organisation of objects on the sand tray as a unified whole? Thirdly, how does the child connect to his/her life event? Considering the above inquiries, the basic essence of sand play therapy embeds itself in giving opportunities to the clients to build real images of themselves in a comfortable situation to reconcile disorganised elements of their internal and external personalities and realise a new wholeness characterised by balance, congruence, and integration of the conscious and unconscious (Mahalle et al., 2014).

The effectiveness of sand play in the treatment of varieties of psychosocial disorders has been documented in different empirical studies. For example, it is noted that sand play is developmentally an appropriate and practical tool to help children with language or communication problems, attention deficit issues, trauma, and behavioural difficulties (Goss & Campbell, 2004). Other scholars confirmed that sand play• therapy has been an effective tool in promoting moral behaviour among children (Mahalle et al., 2014).

The application of sand play has its own distinct procedures and skills. For example, Goss and Campbell (2004) suggest four major procedures. These are organising the necessary resources such as sand trays and many small objects, the construction of sand pictures by the child using any of the available miniatures, sharing the story or narrative about the pictures, interpretation the pictures, and assuring therapeutic outcomes which include remembering traumatic events, feelings, releasing or integrating them. Furthermore, the therapist is required to display emotional skills such as an attitude of receptivity and acceptance to access and bring the unconscious material into the conscious mind without disparagement.

2.8.5 Music therapy

The recognition of music as a therapeutic tool has been traced back to the ancient periods (Robarts, 2006; Horden, 2000). Music therapy involves using meaningfully organised verses with certain sound patterns that stimulate a child to reprocess early trauma or maltreatment. It uses music to achieve adaptive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems (Pearson & Wilson, 2009).

Music therapy serves several purposes. It has the advantage of reprocessing the early trauma from the unconscious part of the mind. Secondly, it creates a chance for the child to identify

with the melody and the connotation of the verse. In this regard, Daveson and Kennelly (2000) contend that music therapy has many purposes in treating hospitalised children and adolescents such as promoting adaptive coping skills, reducing pain or distress, and facilitating physical and cognitive development. Moreover, music therapy promotes the individual's social competencies that aid the young adolescent to participate in a wide range of life domains, namely, cooperation, verbal and non-verbal communication, positive peer interactions, peer collaboration, recognising and supporting the rights of others, dependability, responsibility, the focus of attention, impulse control, delayed gratification and accepting consequences (Gooding, 2011).

Music therapy has been used in several conditions to treat children with particular kinds of socio-emotional and behavioural difficulties. For example, a study conducted by Robarts (2006) reports that music therapy has been effective in treating the psychological complexities of sexually abused children. Another study confirmed that music therapy has been effective in children who are developmentally disabled (that is, autistic children) (Geretsegger et al., 2012; Reschke-Hernandez, 2011). A further study reported that children with anxiety disorders received relief after the therapeutic application of music (Goldbeck & Ellerkamp, 2012). Furthermore, music therapy has been proved to be effective in curbing the effects of developmental disabilities such as motor and coordination problems, communication and language impairment, and delayed cognitive and social aspects (Mei, 2004). Other studies also confirmed that music therapy modulates the effects of different problems, for example, fear, pain, separation, and grief (Daveson & Kennelly, 2000), hyper-active/attention deficit disorders (Jackson, 2003), and children with disabilities (Wheeler & Stultz, 2008).

The psychological mechanism that music therapy helps as a treatment technique is almost similar to narrative therapy, art therapy, and the rest. For example, musical play assists a child in expressing and regulating emotions and communicating or verbalising feelings with other persons and induces a deep state of relaxation (Goldbeck & Ellerkamp, 2012). Besides, music therapy has to do with stimulating a person to recall matters of death, loss, grief, pain, separation or any particular type of trauma as the non-verbal means of self-expression offers a client the chance to reprocess life issues from the unconscious to the conscious level in a non-threatening way (Daveson & Kennelly, 2000).

Practising music therapy requires its own assessment (Chase, 2004; Walworth et al., 2009) and treatment approaches such as techniques and skills (Jackson, 2003) among which,

Gooding (2011) and Daveson and Kennelly (2000) mention songwriting, singing, lyric substitution, improvisation, parody, instrumental play, listening, and guided imagery as techniques to use in music therapy. Belgrave (2011) explains that music therapy techniques fall into two categories comprising traditional music therapy techniques and ensemble music therapy techniques. The traditional music therapy technique includes instrument playing, moving to music, and singing, while the ensemble music therapy techniques entail choirs, bands, and orchestras. Other techniques invite the therapist to be involved in the child's rhythms concerning affect, sights, sounds, and movements (Wheeler & Stultz, 2008).

2.8.6 Drama therapy

Drama embeds the skill that portrays the personality of others to transform or to enhance one's a state and level of consciousness (Beard, 2011; Rousseau et al., 2007). However, drama therapy involves the grouping of children who are experiencing a relatively similar problem, and it involves creating a context that likely represents the child's real-life situation. Drama therapy is an organised and purposeful application of drama/theatre procedures, inputs, and associations for therapeutic purposes regarding respite from a combination of emotional and physical symptoms, and to promote personal development (Butler et al., 2013; Pellicciari et al., 2013; Moore, 2006). It is an active approach that assists individuals to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images and strengthen the ability to observe personal roles while increasing flexibility between roles (Pearson & Wilson, 2009). That is to say, drama therapy allows every client in the group the opportunity to act out a representation of a character to reflect personal life experiences.

Drama therapy has many purposes. Primarily, a child can express hidden thoughts and feelings through actions that he/she does not want to express verbally. Secondly, playing in a drama can promote cognitive and moral development by assuming the characters of different persons. Thirdly, the modelling effect also influences the group of children by learning good behaviour vicariously. Moreover, like music therapy, drama therapy entails improvisation that aids children in thinking about themselves as creative, independent thinkers and developing social cooperation and empathy with the self and others, which leads to controlled emotional catharsis and to becoming expressive about their own lives (Antonelli et al., (2014). According to Rousseau et al. (2007) drama therapy has multiple advantages over other forms of group therapy. In the first place, it facilitates the non-verbal expression of emotion and allows expression of conflicting feelings about exploring avenues that can help

release the distress and stimulate clients to play with metaphors so that they can construct their own reality.

The effectiveness of drama therapy concerning children who experience different kinds of socio-emotional and behavioural difficulties has been widely documented. Developing different kinds of coping skills is evidence for the efficacy of the treatment technique. For instance, it has been tested as a tool for academic success by promoting student understanding and monitoring skills and boosting their self-concept (Antonelli et al., 2014). Beard (2011) outlines many success stories showing that drama therapy decreases feelings of exclusion, helps learners acquire new coping skills, widens the range of expression of feelings, develops better self-esteem and self-value, and promotes play and spontaneity tendencies. Moreover, other studies confirmed that creative drama education improved children's auditory reasoning and processing skills (Erbay & Ömeroğlu, 2013), fluency, vocabulary, inventiveness, and concentration among children with communication disorders (Barnes, 2014). It is also reported that drama therapy has been effective in reducing childhood behavioural and emotional symptoms (McArdle et al., 2011).

The application of drama therapy involves distinct procedures including techniques and skills. For example, Moor (2006) mentions particular techniques that could be used in drama therapy. These are called role reversal, a method of understanding the problems of others, identifying sequential activities, and interviewing characters to enhance a rational and objective analysis. On the other hand, Madden et al. (2010) use creative arts such as role-play, stories, and improvisation that improve the quality of life through accessing and expressing feelings, gaining insight, and practising effective approaches in difficult situations. Furthermore, the pantomimes, role-playing, and improvisation mentioned by Erbay and Ömeroğlu, (2013) involve playing various roles, forming dialogues, establishing their own stories, and doing improvisations, which aid in developing their existing skills.

The healing mechanism of drama therapy mainly comes from a sense of a developing perspective. For example, the characterisation involved in drama provides a chance for clients to develop a sense of self-knowledge (Moore, 2006), thus becoming more aware of who they are and of their feelings (Antonelli et al., 2014). Other scholars underline the ritual nature of drama therapy because it offers comfortable conditions for youngsters to express themselves through the reprocessing of their painful stories as well as their positive stories of resilience and it permits the client to change difficulties directly or metaphorically (Rousseau et al., 2007). Drama therapy works through the creative, symbolic expression of thinking, feeling,

and behaviour that enables the clients to be creative, spontaneous, and achieve enhanced self-esteem to observe and promote adaptive life alternatives (Antonelli et al., 2014; Butler et al., 2013).

2.8.7 Dance and movement therapy

Dance has existed since the ancient period of civilisation as an across-cutting issue throughout the world, yet its development as a therapeutic purpose is grounded in the history of the 1940s with the rise of biomedical health problems (Panagiotopoulou, 2011). Dance-movement therapy involves a combination of physical activities with mental processes (Koch & Fischman, 2011), and it is practised across the world with children experiencing psychological and physical difficulties as victim-survivors (Capello, 2008). Dance-movement represents dance forms, patterns of movements, gestures, postures, and subtler aspects of non-verbal communication (Cohen & Walco, 1999) that have an unfolding therapeutic role (Leventhal, 2008). In other words, dance therapy involves the unification of mind and body at a certain place and time to re-enact problematic life incidents (Koch & Fischman, 2011). Dance and movement therapy is grounded on the conjecture that body and mind are interrelated and is defined as the psychotherapeutic practice which employs movement as a means to have emotional respite and cognitive functioning as well as physical integration of the individual (Mills & Daniluk, 2002) and that introduces changes in feelings, cognition, physical functioning and behaviour (Pearson & Wilson, 2009).

The rationale for practising dance therapy is diverse. On the one hand, like drama therapy, it allows the child to reflect hidden emotional materials through actions. Secondly, it creates an opportunity to link mind and body insightfully and this, in turn, permits the child to extract and reprocess a hurtful past-life scenario to develop a sense of relaxation. Thirdly, the movement assists the child in developing agility and endurance that render him/her even stronger in terms of socio-emotional and behavioural domains. According to Koch (2008) and Leventhal (2008), the rationale for dance therapy lies in its simplicity with regard to accessing memories, feelings, and images, even when clients experience intense traumatic life events that make them mute and incapable of releasing their pent-up feelings. Furthermore, some other scholars argue that dance therapy has advantages over verbal therapy in that it allows the therapist to assess movement and non-verbal body appearances that aid a therapist in increasing a complete and more unified picture of a client's desires and intervention possibilities (Panagiotopoulou, 2011).

The outcome of dance therapy is verified through different scientifically proven approaches while addressing developmental, medical, social, and psychological problems (Strassel et al., 2011). Dance therapy is also helpful for treating the adverse consequences of autism, brain injury, and children with particular types of disabilities (Strassel et al., 2011). The major coping skills are relaxation such as deep breathing, acceptance, and many more. Dance/movement therapy has been reported as effective to deal with the emotional and behavioural complexities caused by cancer (Strassel et al., 2011; Cohen & Walco, 1999). Moreover, dance/movement therapy has been considered a tool to manage the socio-emotional, behavioural, cognitive, and physical complaints experienced by rape victims and the survivors of sexual abuse (Koch, 2008; Devereaux, 2008). Other scholars suggest that significant changes have been shown to occur as a result of therapeutic dance movement treatment such as body image development, self-concept development, improving attention span, gross and fine motor development (Leventhal, 2008). A further study conducted by Mills and Daniluk (2002) reports that therapeutic dance therapy results in a mind-body connection that ensures a sense of wholeness and integration, emotional awareness, an increased sense of acceptance and care of their bodies among women who have experienced sexual abuse. There have also been studies on internal conflicts which include loss or abuse, where movement therapy was used to communicate with bereaved and grieving parents (Callahan, 2011). Furthermore, dance therapy has been verified to improve interpersonal relationship skills, balance and coordination, strength and flexibility, mind-body connection, cognitive processing skills, sequencing, self-expression, and other everyday functioning skills among persons with brain injuries (Talbot, 2012).

Dance therapy does not occur in a vacuum. Rather, it goes through several steps that make it more effective. According to Koch and Fischman (2011), who identify kinaesthetic empathy, body memory, or movement metaphors are regarded as major skills in dance therapy. In turn, Leventhal (2008) has identified five stages of dance therapy which include the *authentic* movement stage (for example, establishing rapport), the *expressive* movement stage (for example, exposing patterned and concrete movement forms), the *unfolding* movement stage (for example, ongoing, spontaneous, exploratory dance movement), the *dance* movement stage (for example, the clarification of potential choices for action and selecting new options for chosen behaviour) and the *integrated* movement stage (for example, leading towards insight and possible interpretation, as well as a stimulus to begin the process anew).

Other scholars have identified particular types of techniques that constitute dance therapy such as rhythmic dance, spontaneous and creative movements, thematic movement improvisation, unconscious symbolic body movements, group dances, the range of movements, and relaxation exercises (Mills & Daniluk, 2002). On the other hand, Callahan (2011) states that helpful techniques are solidified in dance therapy to treat grieving and bereaved parents, such as adapting to another group member's breathing and controlling their breath, guided meditation, enhancing symbolic thinking, using a stretch band, acting out a narrative of an event that occurred in their lives and drawing and walking their grieving pathways. Other scholars mention that dance therapy comprises group psychotherapeutic techniques such as involvement or participants coming together to elicit vulnerability in emotions and thought), empowerment and synthesis or restoration of internal healing forces with the principles of inclusiveness, creativity, experimentation and playfulness, and sublimation and role expansion or, incorporating a new way of thinking (Panagiotopoulou, 2011).

The healing mechanisms of dance therapy have been reported by several scholars. For example, according to Monteiro and Wall (2011), it creates a holism of mind and body, providing a new avenue for exploring the complicated interrelationship of factors involved in coping with cancer. Dance therapy enables the integration of perceptions and actions through the formation of concepts and abstract thinking so that the person can recover a sense of familiarity and efficacy in the body (Koch & Fischman, 2011; Devereaux, 2008). Furthermore, due to the tradition of not expressing painful emotions verbally, human beings have a natural tendency to express these agitated states of emotions through action; so, dance therapy allows individuals to have an outlet to express the inner-charged psyche through action embodiment or the concretising of feelings or emotions through abstract bodily gestures or actions (Leventhal, 2008). In a similar vein, other scholars also quote dance-movement therapy as an expressive therapy prompting the role of cathartic effects (Talbot, 2012; Panagiotopoulou, 2011). It was also found that dance therapy has been supported as a tool to connect mind and body regarding a unified integrative self that, in turn, promotes bodily kinaesthetic, visual, sensory, and motor reception (Talbot, 2012).

2.9 MODALITIES OF PLAY THERAPY

The modality about delivering play therapy denotes an approach according to which a play therapist can channel the treatment to the concerned body and that could be an individual, family, or a group (Pfeifer, 2010). These modalities are not exclusively exact and relevant;

rather using the modalities for therapeutic purposes depends on the size and the traumas experienced by the children. Despite the differences due to the nature of the problem and the size of the children, three modalities share common characteristics in terms of maintaining confidentiality, privacy, protection terms of therapeutic ethical standards and procedures to be employed during emotional support processes. The modalities of play therapies are further elucidated in the following sections.

2.9.1 Individual therapy

Individual therapy implies a mode of delivering psychotherapy for a person seeking special attention to treating socio-emotional and behavioural difficulties through face-to-face contact, online, or via telephone. In many cases, this kind of therapy is referred to as an adult mode of counselling and requires good language skills to express one's feelings and thoughts freely, yet children need to manipulate objects like acting out an aggressive release of feeling or using real toys (Landreth et al., 2009).

Individual therapy has been used to moderate diverse kinds of psycho-social problems among the youth, as supported by different empirical pieces of evidence. For example, Greenwald (2000) expresses the view that children with conduct disorders can be treated effectively through trauma-focused individual therapy. Furthermore, empirical evidence reveals that individually based cognitive-behaviour therapy has a robust positive impact on young people with different kinds of SEB disorders. These are moderating, obsessive-compulsive personality disorders (Reynolds et al., 2013), depressive symptoms (Rossello et al., 2012), and aggressive behaviour (Shechtman, 2003; Shechtman & Ben-David, 1999).

The intensity of delivering play therapy has been gaining attention. This was indicated in the study conducted by Jones and Landreth (2002) that showed that intensive individual play therapy has had a significantly positive effect on young children experiencing emotional and behavioural symptoms due to diabetic influence. Furthermore, there was evidence from studies showing that sexually abused children experience psychological problems, but through child-centred individual play therapy, they have been treated for mood problems and have shown improved self-confidence and social competency (Misurell et al., 2014; Scott et al., 2003); however, Springer and Misurell(2012) encourage the use of developmentally appropriate *game-based individual cognitive-behaviour therapy* to reconstruct the socio-emotional wellbeing of sexually abused children.

Concerning play therapy, administration scholars from diverse backgrounds, and professional orientation employ different types of play therapy techniques. For example, in trauma-focused therapy, play therapy has to do with motivational interviews, self-control training, trauma, resolution eye movement desensitisation, and reprocessing (EMDR) (Greenwald, 2000). Other scholars use techniques such as building social skills, psycho-education about child sexual abuse, personal safety skills training, and exposure treatment (Misurell et al., 2014; Springer & Misurell, 2012).

2.9.2 Group therapy

Group therapy is the other alternative approach and it is probably the most effective way of treating persons with different types of socio-emotional disorders (Stone & Stark, 2013; Reading & Rubin, 2011). Group therapy involves the union of people with relatively similar problems who get together and disclose their common problems under the supervision of a trained therapist.

Group therapy is commonly practised with different kinds of disorders among children. For example, a study conducted by Downey (2014) indicates that group therapy is an appropriate therapeutic modality used for treating children diagnosed with eating disorders such as bulimia and anorexia nervosa. It is also a functionally feasible approach to dealing with juvenile delinquents and children with conduct disorders (Chen et al., 2015; Jewell et al., 2013; Adshead, 2011). Another study declared that trauma-focused group therapy for sexually abused women in childhood appears to have positive effects on the short- and long-term mental health of the victims (Lundqvist et al., 2006). Furthermore, it is more likely to be helpful with regard to promoting interpersonal relationship skills or social competencies among preschool-aged children (Stone & Stark, 2013). Group therapy is reported to moderate internalising and externalising socio-emotional and behavioural difficulties such as aggression, anxiety, and depression, caused by domestic violence and has shown noteworthy development of self-esteem of clients who have experienced domestic violence (Tyndall-Lind et al., 2001). It is also reported to reduce depressive symptoms (Rossello et al., 2012), aggressive symptoms (Shechtman & Ben-David, 1999; Shechtman, 2003), recidivism among young people (Dakof et al., 2015), and post-traumatic stress disorders (Keenan et al., 2014).

In group therapy, the therapists use different kinds of techniques depending on the nature, type, and intensity of the socio-emotional difficulty. For example, art group therapy is worth mentioning when working with children experiencing socio-emotional problems caused

pervasively by HIV and AIDS (Willemsen & Anscombe, 2001), art group therapy for personality disorders (Johns & Karterud, 2004) to enhance social competency (Stone & Stark, 2013) and to treat the socio-emotional problems of sexually abused girls (Pfeifer, 2010). More importantly, a group-based therapy approach is cognitive-behaviour therapy with specific techniques for changing distorted beliefs and developing coping skills among youth recidivists (Dakof et al., 2015; Jewell et al., 2013). Furthermore, music therapy has proved to be effective in reducing anxiety and depression while increasing self-esteem among offenders (Chen et al., 2015). In another study, narrative group therapy techniques based on a psychodynamic perspective, have been supported by empirical evidence in a study conducted by Adshead (2011) to deal with the socio-emotional pain of juvenile delinquents (Dakof et al., 2015). Furthermore, letter writing, to re-connect veterans with families and communities, which is an exceptional technique in its originality, helps overcome the symptoms of post-traumatic stress disorders among veterans that are supplemented by psycho-education, trauma-focused therapy and aftercare (Keenan et al., 2014).

2.9.3 Family therapy

The influence of family as a system on the well-being of children is not debatable. That is, the life of children directly or indirectly relates to what happens in the family system (Cornett & Bratton, 2015). Thus, therapy for children is not the only alternative modality, yet in the abnormal family, the system is a key aetiology for a child's socio-emotional and behavioural difficulties and outcome, as family members are more likely to experience socio-emotional problems. Studies conducted by Cowan and Cowan (2008) and Cantu et al. (2010) show that interventions directed at promoting couple relationships through family therapy are likely to have a more encouraging effect on families and on children than interventions that emphasise improving parental competences. Against the backdrop of this understanding, family therapy, as opposed to individual and group therapy, is required.

The empirical evidence for family therapy entails a group of family members assisting them to address the effects of their children's as well as their own problems. For example, the socio-emotional and behavioural problems of children with sexual disorders and women exposed to sexual violence have been treated effectively through family therapy (Echeburúa et al., 2014; Etgar & Shulstain-Elrom, 2009). Furthermore, children experiencing obsessive-compulsive personality disorders were supported by family-based cognitive-behaviour therapy (Reynolds et al., 2013). An experimental study further elaborated that family therapy generated a positive outcome by reducing criminal acts and recidivism among juvenile drug

courts (Dakof et al., 2015). Moreover, behavioural improvement was reported within families who experienced substance abuse through the application of a family-based psychosocial intervention programme (Donohue et al., 2014). Besides, family-focused culturally responsive therapies have been proven to be effective to treat schizophrenia that is, a chronic psychotic disorder (DeMamani et al., 2014; Lim & Ogawa, 2014). Under the heading of family therapy, child-parent therapy has been considered an effective mode of therapy to assist people with difficult psychosocial problems. This has been tested by a study conducted on Sudanese refugees by Lim and Ogawa (2014), who report that it reduced parental stress and the child's externalising behaviour.

Another psychotherapeutic model proposed by Diamond (2014) and Diamond and Shpigel (2014) emphasises *attachment-based family therapy*, which entails enhancing the bond between the parents and the children, as a basic therapy for treating persons who experience socio-emotional and behavioural problems. In quite a different approach, another therapy, namely, the *family mode deactivation therapy* elucidated by Swart and Apache (2014:1a, 9b, 14c, 30d) that embeds exploring and validating core beliefs in the family unit, elicits individual and collective dysfunctional cognitions. Other scholars argue that the risky behaviour of young people can be dealt with through a brief strategic family therapy model with special attention to engaging families with extraordinary problems, such as experiencing recurrent substance abuse (Szapocznik et al., 2012).

Techniques are viable in a family therapy programme as well, which requires identifying techniques that are amenable to the nature and intensity of the problem/s. In terms of this view, multilevel family-behaviour therapy techniques were suggested in a study undertaken by Donohue et al. (2014) to manage substance abuse partly through modelling, encouragement, and biofeedback, while standardising family and peer engagement through attendance, insightful comments, goal setting, modelling pro-social behaviour, assisting with child care and completion of therapeutic assignments. DeMamani et al. (2014) identified psycho-education involving spiritual coping, communication training and problem-solving as functional techniques in working with schizophrenic clients under family-based therapy. Diamond and Shpigel (2014) mention rational reframes, focusing on primary emotions and unmet attachment needs, and facilitating corrective attachment episodes as techniques to be used in attachment-based family therapy. Other scholars focus on exceptional therapeutic tools; for example, a combination of a unique validation-clarification-redirection (VCR) process with particular elements from dialectical behaviour therapy (DBT), acceptance and

commitment therapy (ACT), and mindfulness in family therapy (Swart & Apsche, 2014:1a, 9b, 14c, 30d).

2.9.4 Integrated modality

Other studies appreciate the combination of both individual and group therapy while working with children with particular types of disorders. In line with this position, Green et al. (2015) propose the integrative play therapy approach comprising family therapy, individual-based psychosocial treatment, and a school-based group approach as a viable approach to treating children experiencing childhood psychosis. These childhood psychoses include childhood-onset schizophrenia, bipolar affective disorders, major depressive disorders, obsessive-compulsive disorders, and non-specified psychotic disorders.

The integrated model techniques, suggested by Etgarand Shulstain-Elrom (2009), involve marking boundaries within the family system, talking about the phobia, restructuring the family system, changing behavioural patterns, and recreating communication patterns. Other scholars from the cognitive-behaviour therapy approach propose such techniques, emotional catharsis, psycho-education, trauma re-exposure, coping skills and training on problem-solving skills (Echeburúa et al., 2014).

2.10 CONCLUSION

In summary, Chapter two, through reviewing findings of the research and identifying gaps in the existing set of related topics, was aimed at exploring empirically validated studies that were helpful to support how *teret-teret* psychotherapy supports the socio-emotional and behavioural adjustment of young adolescents. Accordingly, the study explored the following relevant topics to develop the current study. These are the prevalence of socio-emotional and behavioural difficulties among children, childcare and support modalities, indigenous psychotherapy, play therapy, the efficacy of play therapy, classifications of play therapy and therapeutic competencies of play therapy, and modalities in play therapy.

The study reported on the escalating rate of socio-emotional and behavioural difficulties amongst children and young adolescents. By the same token, the review identified that the problem is becoming a serious public health challenge across the world. Children are facing one or more different types of socio-emotional and behavioural difficulties. These difficulties either include anxiety/depression, somatic complaints, attention and hyperactivity problems, delinquency, aggression, social problems, social withdrawal, and/or thinking problems. In the light of modalities to care for children, analytical issues were pointed out for discussion. In

this regard, institutional and foster care were found to cause more difficult socio-emotional and behavioural problems than adoption. In the subsequent analysis, compelling evidence from other studies established strong ground for the use of indigenous psychotherapies as an effective technique to treat socio-emotional and behavioural problems of children. In particular, it was reported that play has been considered as an effective, developmentally-appropriate, and natural means to deal with the socio-emotional and behavioural difficulties of children. This review also outlined the typology of play therapies as a major topic. Play therapy is comprised of many aspects and includes dance/movement therapy, drama therapy, music therapy, sand and toy therapy, poetry and bibliotherapy, art therapy, and narrative therapy.

In the final section of the review, the modalities of individual, group, and family therapy were discussed. It was found that there was no hard and fast rule to choose and use play therapies. Yet, play therapists depend on the level of the difficulty or the seriousness of the case, which might require individual support, the number of children with similar problems, and the requirement of resources and competency.

Finally, the issue regarding the management of a child's socio-emotional and behavioural difficulties through developmentally and culturally appropriate therapies has been considered in several studies. Furthermore, proper identification and screening have become a major concern and form the basis for the provision of valid treatment. The review identified limited empirical evidence on the application of appropriate indigenous psychotherapies. Vital screening of children under socio-emotional difficulties has become a serious impediment, yet, indigenous psychotherapies could be the backbone of intergenerational societies in Africa in an attempt to manage problems related to social, emotional, and behavioural aspects.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

In the previous chapter, the researcher explored empirically validated literature to support the current research topic of how indigenous play, such as traditional stories known as *teret-teret*, supports the socio-emotional and behavioural adjustment of young adolescents as a therapeutic technique. Various aspects associated with indigenous play, which include the prevalence of social, emotional, and behavioural difficulties among children and youth, child-care and support modalities, indigenous psychotherapy, play therapy, the efficacy of play therapy, classifications and therapeutic competencies of play therapy, and play therapy modalities, were outlined in the literature review section.

In this chapter, the researcher discusses the theoretical trajectories regarding the SEB development of young adolescents and the theoretical framework of the study. While the underpinning theory of the study is the major focus in this chapter, other contrasting and contributing theories that pertain to the development of SEBD and intervention mechanisms, are given attention. These include psychobiological perspectives, behavioural learning theories, cognitive learning theories, and contributions of ecological theories for young adolescent behaviour development.

3.2 THEORIES OF CHILD AND ADOLESCENT DEVELOPMENT AND SUPPORT

In this section, an overview of the theories on the socio-emotional and behavioural development among children and young adolescents is provided. In these sections, the researcher expounds on different psychological perspectives focusing on the aspects and processes addressed within SEB development. In this case, psychobiological perspectives, learning perspectives, cognitive perspectives, and an ecological approach are elaborated upon. Each of the theoretical trajectories offers psychological explanations on how children develop normal and abnormal SEB functioning. Psychodynamic theories, childhood, and attachment, challenges of childhood, and the relationship between psychodynamic theories and play therapy are emphasised. Each of these topics is discussed and complemented by empirically supported literature drawn from previous studies.

3.2.1 Theories of child and adolescent socio-emotional and behavioural development

Inquiry into normal and abnormal child development in terms of their cognitive, interpersonal, emotional, and behavioural functioning is undergoing robust scientific exploration across the world (Pihlaja et al., 2015; Sabol & Pianta, 2012). Although there are theories that discuss the normal versus abnormal child development (O'Connor & Scott, 2007; Bandura, 1989), there is no universally complete perspective that provides an entire conceptual framework on how children's SEB development discloses. With this observation, perspectives on young adolescents' SEB development have been based on various philosophical foundations, whether psychological, biological, social, or a combination. For example, theories that address issues from a psychological point of view are learning theories, cognitive theories, and psychodynamic theories. However, ecological theories are more likely to combine the social, cultural, and psychological factors to explain the SEB development of children. On the other hand, psychobiological perspectives emphasise the link between psychological and biological factors as aetiologies of SEB development. In the following sections, the researcher provides analysis regarding the processes of how each theory functions about the SEB development of children.

3.2.1.1 Psychobiological theories

One of the major theories that explain the development of human behaviour emerging from a psychobiological perspective, is commonly known as "neurodevelopment" (Kuhn, 2015). The fundamental explanation of this perspective is based on either gene-based chromosomal abnormality (Plomin et al., 2015), brain structure (that is, the shape, size, complexity, number of neurons), or body chemistry (Beaver & Holtfreter, 2009). Admittedly, the facts on biological causes of SEBD clarifies the understanding on the influence of hereditary factors. Based on this fact, the concern of genetic factors urges individuals (parents, social psychiatrists, psychologists, educators, and health officers) to prioritise prevention such as genetic counselling, refraining from drug abuse, and enhancing other self-regulatory behaviour of parents.

As one of the alternative explanations in the bio-psychological perspective, healthy SEB development may be due to an appropriate number and sequencing of chromosomes. For example, in DNA sequencing or allele combinations, individuals with a copy of long alleles (for instance, long/long) in their serotonin transporter gene (Hydroxytryptamine Transporter Linked Polymorphic Region or 5-HTTLPR) are less likely to be sensitive to social stress and

depressive disorders compared to those with a copy of short alleles (Waring et al., 2013; Way & Gurbaxani, 2008; Praschak-Rieder et al., 2007). Furthermore, genetic non-sensitivities (or an indirect influence of neuro-psychological adequacy on the inheritance of normal traits) are considered to allow a child to develop healthy SEBCs such as social and assertiveness skills (Schwartz & Beaver, 2015; Thompson et al., 2002). To illustrate this point, if both parents fairly contribute forty-six chromosomes to their offspring, and any one of the chromosomes carry *pro-social traits*, then the probability that the child will be socially intelligent, is high. This means that the impact of genetic materials on the SEB wellbeing of a child is not the sole product of chromosomal matching. It may also be the outcome of the healthy functioning of the genetic materials that run through the offspring. For instance, within different comparative studies based on monozygotic and dizygotic twins, the heritability of chromosomal variance on pro-social behaviour (Kanfo et al., 2011; Knafo & Plomin, 2006) and self-esteem (Neiss et al., 2002) was articulated.

On the contrary, defects in chromosomal matches, like fragile chromosomes and genetic sensitivities, may be used to explain emotional and behavioural problems. For example, fragile X chromosomes (for example, delicate X syndrome) cause Turner syndrome among females and Down syndrome among males, which results in the form of cognitive, affective, and behavioural difficulties (Kuhn, 2015; Fitzgerald, 2011; Smith, 2008). Moreover, as illustrated by Eley (2003) and Plomin et al. (2001), fragile X chromosomes or an inherited triplet of X chromosomes, have been hypothesised to lead to language difficulties and attention-deficit hyperactivity problems among children.

The impact of biochemistry in the body system offers further alternative explanations for healthy emotional, social, and behavioural aspects (Motto, 1996; Foster & Spitz, 1994). This view is also supported by Walker (2002), who states that a hormonal deficiency (for instance, disturbances in the endocrine system) account for neurodevelopmental abnormalities. With this understanding, the human body constantly requires an optimum level of hormones or chemicals to facilitate the functioning of the nervous system. For example, one of the major chemicals that impact the emotional stability, cognitive processes, and social integrity of a child is the normal secretion (that is, consistent flow) of dopamine in the bloodstream (Dumontheil et al., 2014; Vidal-Gadea & Pierce-Shimomura, 2012; Beaver & Holtfreter, 2009). Another study confirms that irregularly modulated dopamine neurotransmitters in the basal ganglia lead to attention-deficit hyperactivity among children (Wellington et al., 2006). Moreover, one of the diseases that affect human neurological development, Parkinson's

disease, is linked to the death of dopaminergic neurons in the *substantia nigra pars compacta* of the brain (Vidal-Gadea & Pierce-Shimomura, 2012). So, children need to have well-regulated levels of biochemical to be functional members of their society (Farmer, 2014).

The third hypothesis explains that standard brain topography (that is, shape, size, complexity, and orientation) plays a significant role in healthy behavioural functioning (Koziol et al., 2014; Richter, 2007). To support this argument, a study conducted in Germany by neurobiologists focusing on Lenin's brain topography, confirmed that the presence of extremely large cells in the frontal region, lower parietal region, and upper temporal regions could have accounted for the successful and emotionally stable leadership qualities (Richter, 2007). Explanations from other studies show that a deficit of grey matter or white matter in the limbic system is found among persons with Alzheimer's disease and schizophrenia (Mechelli et al., 2005; Thompson et al., 2002).

In terms of brain structure, SEB development might generally be obstructed due to buckles within the brain region (Camargo, 2001). For instance, differences in the volume of brain region (that is, in the frontal and temporal cortex, amygdala, and hippocampus) compared to typical volumes are theorised as the aetiology for SEBD (Walker, 2002). A remarkable number of studies, based on neuro-imaging, have demonstrated the association between variances in brain morphology and the SEB wellbeing of individuals (He et al, 2017; Evans et al., 2014; Samanez-Larkin & D'Esposito, 2008). Specifically, studies have shown that dyslexia, aphasia, and delay in language development are attributed to the abnormal development in cerebral dominance (Bender, 1963). Moreover, researchers indicate that children with attention deficit hyperactivity disorders (ADHD) more frequently have smaller left putamen than the right, in contrast to a smaller right than the left putamen in children without attention deficit hyperactive disorders (Wellington et al., 2006).

Studies further demonstrate that serious mental and behavioural problems can also be caused by morphological problems of the brain. For example, it was found that psychotic disorders are perhaps the outcome of increased volumes of the basal ganglia, particularly the *globus pallidus* (Dieset et al., 2015). In another study, substance abuse has been pointed out as the result of a reduced brain cortical thickness among female adolescents (Boulos et al., 2016). Other evidence suggests that generalised anxiety disorders could be the result of an increased volume of grey matter in the basal ganglia and in particular, in a cluster in the right striatum including the putamen and caudate nucleus and lower white matter volume in the dorsolateral prefrontal cortex (PFC) (Hilbert et al., 2015). Again, there is research evidence that postulates

that post-traumatic stress disorders (PTSD) might be attributed to reduced cortical thickness in the frontal and temporal lobes (Sussman et al., 2016).

In the above section, explanations of the psychobiological theories regarding childhood and adolescents' SEB development are presented. The subsequent section focuses on presenting the basic viewpoints drawn from behavioural perspectives.

3.2.1.2 Behavioural learning theories

According to behavioural learning theories, healthy SEB functioning is subject to the environment or the antecedent of stimulus and response relationships (Ku et al., 2015). In the following sections, how a child develops normal and abnormal SEB functioning is discussed. Attention is drawn in the discussion to three major learning theories embedded under the category of behavioural learning theory. These are classical learning theory or respondent learning, operant learning theory, which is learning through reinforcement, and observational learning theory, which involves learning through imitation.

Classical learning theory operates through the association of unconditioned stimuli with conditioned stimuli to develop desirable behaviour (Tennyson & Volk, 2015; Ku et al., 2015; Lineros & Hinojosa, 2012; Papka et al., 1994). Using pleasant stimuli denotes developing affectionate, fostering, and caring environments for children (Mussen & Eisenberg, 2001). Developing warm and, supportive environments is through the use of child-friendly communication, such as social stories during everyday communication with children. Indeed, using stories as a medium of communication with children has received growing acceptance (Quirnbach et al., 2008; Reynhout & Carter, 2006) in psychology (Javdan et al., 2015), the special needs field (Quirnbach et al., 2008; Reynhout & Carter, 2006) and education (Hung et al., 2012; Miller & Pennycuff, 2008). It is widely suggested that these stories can be applied to assist children to develop socially desirable behaviour (Quirnbach et al. 2008; Burke et al., 2004), improve language skills (Oduolowu & Oluwakemi, 2014; Samantaray, 2014) and cognitive skills (Hung et al., 2012) and helps stop bedtime opposition and night walking (Burke et al., 2004). Based on the above foundation, contributions of indigenous knowledge and the proliferated use of traditional stories in Africa (Finnegan, 2014), the researcher has developed an example that illustrates how a parent assist children to develop socially desirable behaviour by associating conventional communication with humorous traditional stories through classical conditioning. Figure 3.1 demonstrates the process.

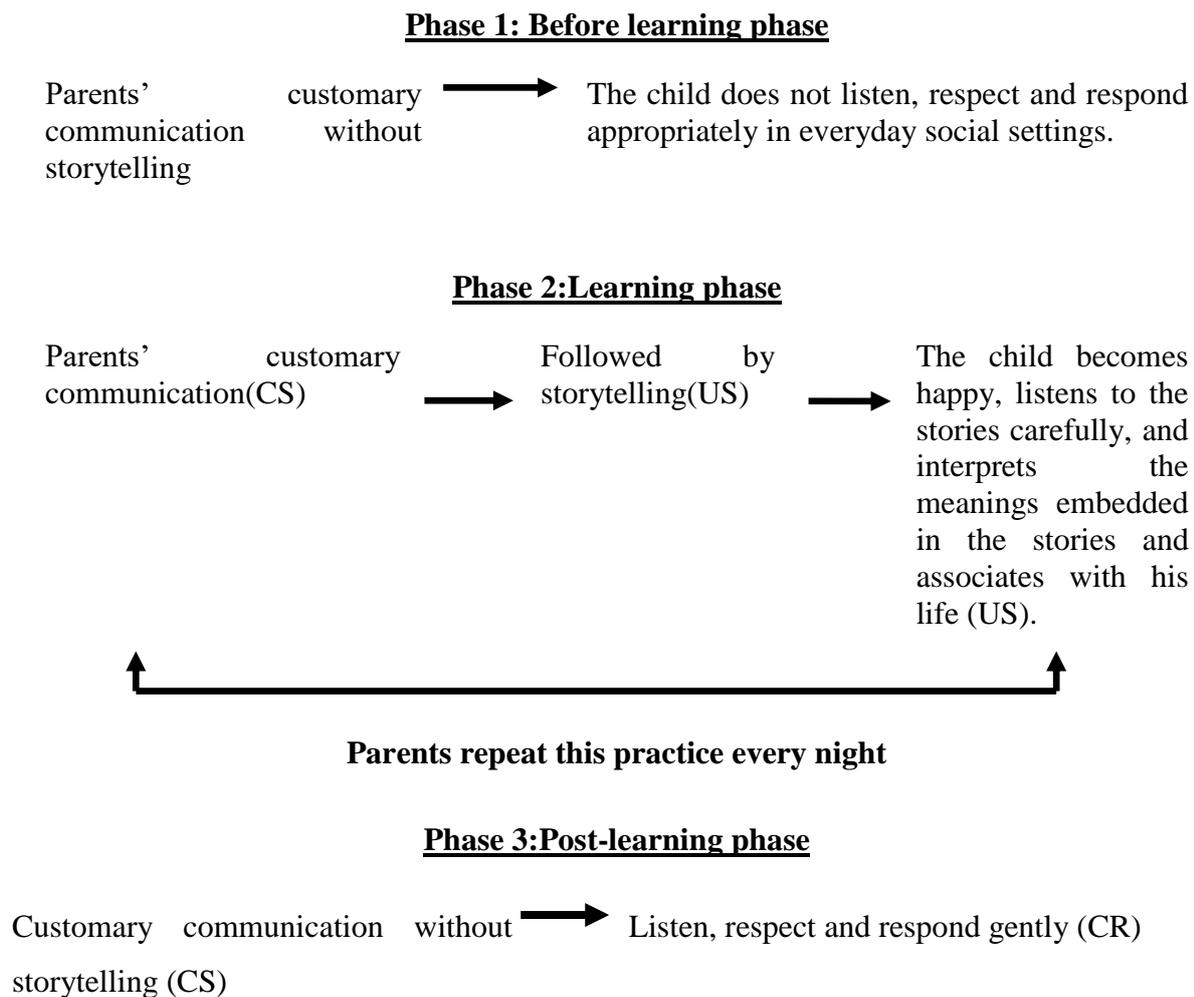


Figure 3.1: Development of desirable behaviours through classical conditioning

Figure 3.1 illustrates how classical learning theory may operate in certain family settings to shape the behaviour of young adolescents. It considers parents' customary communication as a neutral stimulus (NS) before training, but conditioned stimulus after training (CS) with storytelling defined as the unconditioned stimulus (US) because it naturally elicits excitement among children. Based on the above three-phase procedures, the new desired behaviour (that is, listening, respecting, and responding gently in social settings), or technically-termed conditioned response (CR), were not present before training. Finally, in the post-learning phase, the child can exhibit the desired behaviour unconsciously in everyday life.

Conversely, young adolescents may learn socially and behaviourally unacceptable behaviours through the classical theory of learning (Gershman & Niv, 2012; Luber et al., 2006). To clarify this explanation, the following self-developed explanatory example in Figure 3.2 below, demonstrates how a father's behaviour induces fear and frustration in his child.

Father’s presence at home(CS) → Punishment-pinching (US) → The child cries and gets upset (US)

The father repeats pinching

Talking about fatherhood within peer context(CS) → Feeling hatred and lack of confidence(CR)

Figure 3.2: Development of undesirable behaviour through classical conditioning

In contrast to the classical theory of learning, which was discussed in the above sections (see Figures 3.1 and 3.2), another category of learning is the Skinnerian theory or *respondent theory* (Fryling & Hayes, 2015; Skinner, 2014). This theory is established on the fundamental concept of reinforcement (Tennyson & Volk, 2015; Ku et al., 2015). Reinforcement is the process of strengthening desirable behaviour through the application of primary reinforcers such as food, water, oxygen, sleep, and rest and/or secondary reinforcers such as verbal appreciation and material provisions (Polenick & Flora, 2012; Mussen & Eisenberg, 2001). With this understanding, the direct and indirect effect of the reinforcers is examined as energisers or motivators for human beings. For further illustration, the following example demonstrates how parents and teachers assist children to develop socially desirable behaviour. The researcher would like to note the role of storytelling as a reinforcement to enhance a sense of valued communication in socially desirable ways. On the other hand, the second example in Table 3.1 below, demonstrates how a teacher can encourage a student to develop classroom adaptive behaviour by applying material rewards (i.e., coloured pencils).

Table3.1: Example for positive behaviour development through operant conditioning

Old behaviour	Feedback	New behaviour	Reward
Impulsive communication without turn-taking at family discussions	Telling the child to listen attentively	Asking with gentle tone of voice, respectful listening	Storytelling
Squirming and side-talking in classroom	Privately explaining that side-talk has drawbacks	Sitting up straight without side-talking	Drawing pencils

However, faulty reinforcement in operant conditioning may be the result of SEB problems (Skinner, 2005; Wasserman & Miller, 1997), where strengthening the behaviour that should

be criticised/discouraged, as it causes the child to develop a faulty self-image (Poonati & Amadio, 2009; Shields & Gredler, 2003; Sheldon, 2002). Figure 3.3 illustrates how fathers treat their sons through incorrect/faulty reinforcement, and ultimately the feedback causes the child to develop aggressive behaviour.

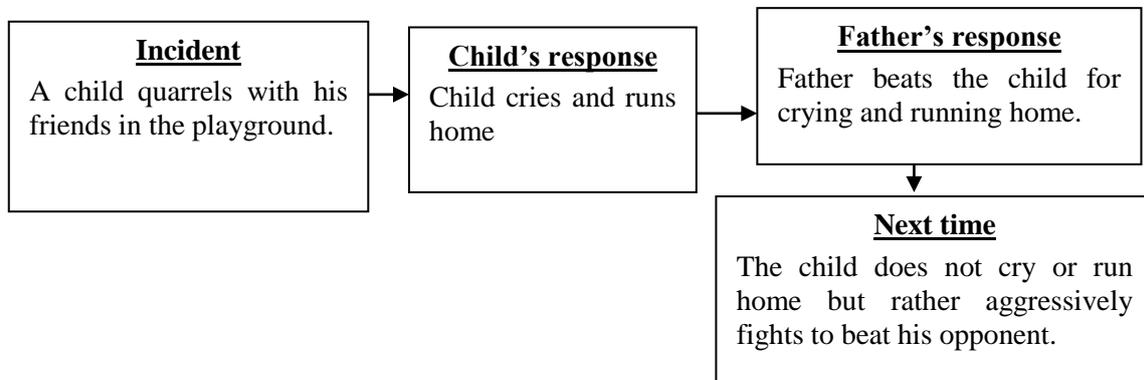


Figure 3.3: Development of unhealthy behaviours through operant conditioning

With this point of analysis, for example, evidence indicates that bullying behaviour develops through the amount, quality, and frequency of its reinforcement (Moor & Morris, 2011; Hartinger-Saunders & Rine, 2011).

The third category of learning theory involves *observational learning*, which puts forward the idea that young adolescents can develop new behaviour through watching and then imitating the behaviour of others (Gupta & Hapliyal, 2015; Mussen & Eisenberg, 2001; Tennyson & Volk, 2015; Ku et al., 2015). Literature states that this kind of learning embeds four modelling processes to acquire new behaviour, such as attention, retention, reproduction, and motivation (Oouchida et al., 2013). With these principles, the new behaviour is modelled, and the child tends to reproduce the behaviour vicariously (Morrison, 2016). For example, Mussen and Eisenberg (2001) state that if a parent reasons with the child, uses induction, and elicits empathy, a child likely to develop a model of caring, sympathy, and adopting the other party's perspective. Figure 3.4, illustrates how a teacher can assist a child to learn classroom reflective behaviour from peers through selectively processing of desirable behaviour from others (Poulin-Dubois & Brosseau-Liarrd, 2016). That is, the old behaviour is classroom impulsive behaviour, while the new behaviour is classroom reflective behaviour.

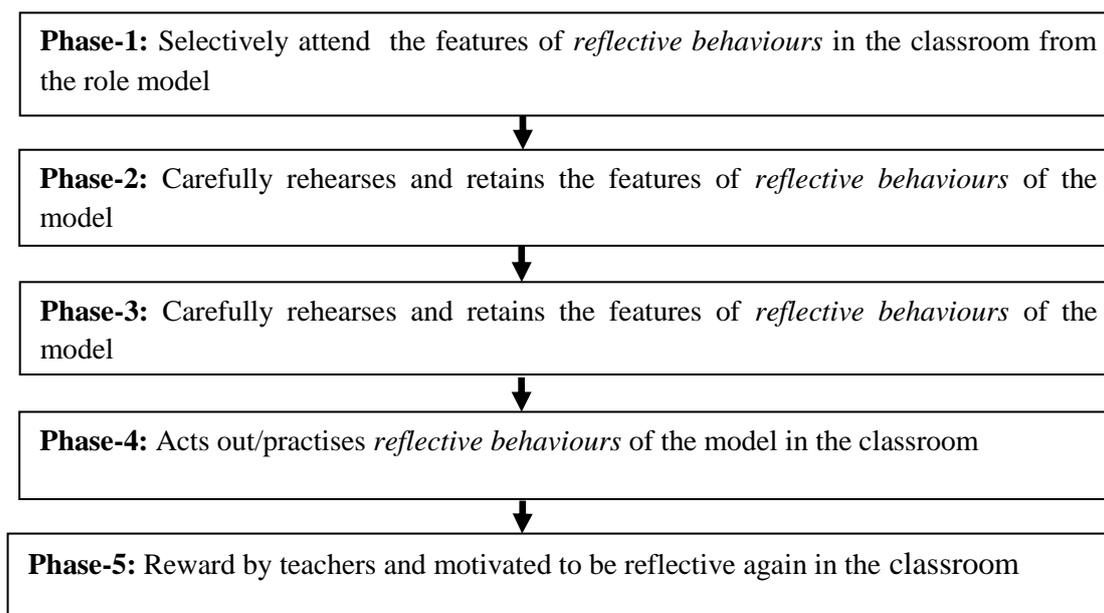


Figure 3.4: Development of classroom reflective behaviours through modelling

Children learn positive behaviour by watching others, but they can learn negative behaviour as well. That is, the child can imitate undesirable behaviour through vicariously practicing them upon noticing the behaviour of another child and the consequences that follow the behaviour (Plavnick & Hume, 2014; Hourdakis & Trahanias, 2012; Rohbanfard & Proteau, 2011). For example, a young boy may learn aggressive behaviour after watching his peers act aggressively (Bandura, 1971). Furthermore, a child can also imitate bullying behaviour if peers demonstrate victimisation (Wilson et al., 2003).

3.2.1.3 Cognitive learning theories

Cognitive theory of learning emphasises the active involvement of mental operations such as thinking, memory, problem-solving, decision-making, understanding, judgment, and imagination to acquire any form of new behaviour (Mayoral-Rodríguez et al., 2015; Rozencwajg & Corroyer, 2006). One of the theories of this category of learning is *the constructivist theory*, which best describes learning in terms of individuals' attempt to subjectively construct their own understanding from their environment through the application of participatory approaches such as recursion, reflection, conversation, collaboration, and other cognitive tools (Cirik et al., 2015; Jones et al., 2015; Yoders, 2014). On the one hand, Piaget's theory examines schema formation which involves the processes of assimilation, accommodation, equilibration, and adaptation (Leipold et al., 2014; Simatwa, 2010). On the other hand, constructivists acknowledge the active operations of the human mind about the dynamic function of scaffolding and cognitive apprenticeship (Yoders, 2014).

With this understanding, scholars (e.g., Piaget and Vygotsky) regard human beings as active agents to process self-learning through sorting out relevant information, and carefully organise and rehearse ideas for meaningful understanding. In that sense constructivists allow individuals to construct their behaviour from their own environment under the guidance of adults. Parents, teachers, siblings, and peers are accountable for socialising children to develop positive and negative behaviour. That is, adults are required to guide children to construct positive behaviour in their environment. Specifically, at an early age, children learn much of their behaviour from their parents. Thus, to scaffold the child's effort is vital by screening desirable behaviours (Janota, 2015). Figure 3.5 shows how children construct desirable or non-desirable behaviour through cognitive operations based on adult guidance.

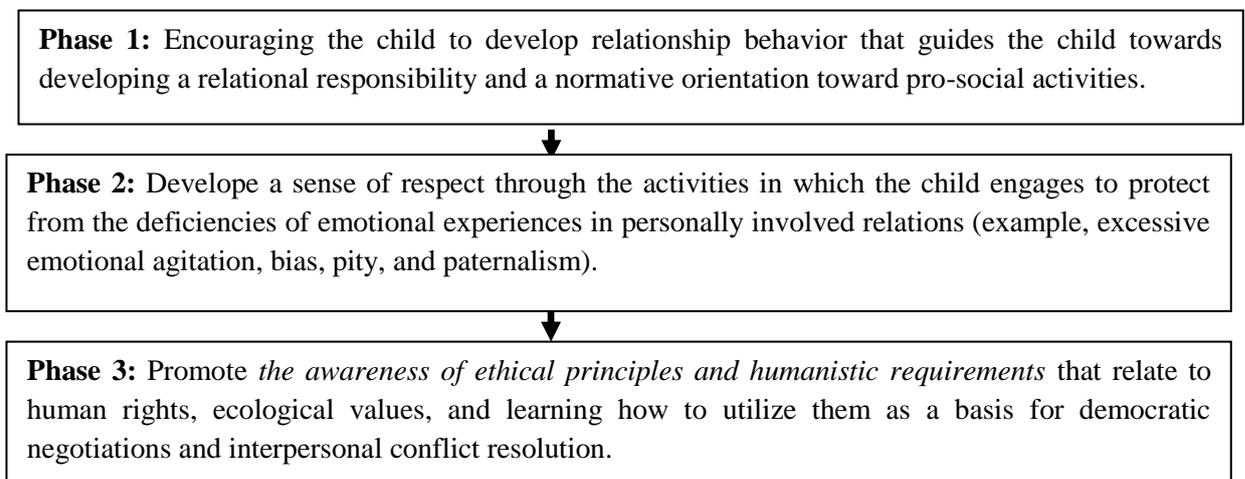


Figure 3.5: Developing positive relationship skills through adult guidance

While children construct positive behaviour, they can also construct negative behaviour. For example, one of the prominent theories of cognition suggested by Arone Beck explains dysfunctional mind sets/automatic thoughts (Beck, 2011; Losada et al., 2010) as aetiologies of SEB disorders. This includes distorted thoughts (González-Prendes & Resko, 2012), biased attention, memory, and future imagination (Schacter & Addis, 2009; Lim & Kim, 2005), erroneous situation appraisal and perception (Park et al., 2012) and/or experiencing decreased self-efficacy (Ng & Lucianetti, 2015). In fact, the thoughts do not occur in a vacuum, rather the neurobiological explanations show that the connection between the mind and the body plays a significant role in the production of unhelpful thoughts (Kuhn, 2015; Robert et al., 2004). That is to say, abnormal cognitive appraisal and attributions (for example, self-blaming) may cause biological disorders and vice versa (Compas & Luecken, 2002). Another key point expressed by Piaget and Vygotsky's social constructivist theories is that SEBDs are mentally constructed difficulties as a result of active engagement in malicious

contextual interaction within the socio-cultural factors (Vianna & Stetsenko, 2006). In essence, the maladaptive thoughts stimulated by the influence of internal and/or external factors and reflected towards the self in the form of a distorted worldview, represent a psychological abnormality through its inherent nature (Kurtas et al., 2012; Beck, 2011).

In the above section, explanations of the cognitive theories regarding childhood and adolescents' SEB development are outlined. In the following section, the fundamental premises conveyed by ecological theories of SEB development is discussed.

3.2.1.4 Ecological theories

In addition to the above specific perspectives, a scholarly lens is used by Bronfenbrenner (Bronfenbrenner, 1979;1989) to view the intricate network between heterogeneous environmental factors to explain the development of human behaviour including the socio-emotional and behavioural problems among children. Other contemporary scholars further highlighted the role of the ecological theory of human development as multifaceted factors from micro to Chrono issues play significant contribution to shape human behaviours (Meyer et al., 2013; Williams, 2010; Trivette et al., 2010). This shows when collective risk factors increase and the chances of developing complicated socio-emotional and behavioural complaints also increase (Weiss et al., 2009; Cooper et al., 2009). Other scholars prefer to use the term 'ecological factors' particularly focusing on the role of the social environment in shaping child behaviour (Lee & Song, 2012; Scannapieco & Connell-Carrick, 2005; Marshall, 2004). Childcare systems, family conditions, such as attachment styles and status (Crittenden & Dallos, 2009), culture and value (Thommen & Wettstein, 2010), the school environment (Lee & Song, 2012), and the society at large play a significant role, but most importantly the interplay between these factors also play a role (Rahnama et al., 2014; Marshall, 2004). Alternatively, the ecological perspective of Bronfenbrunner (1989) and the Systems Theory (Meyer et al., 2013; Harkonene, 2009) state that human behaviour is formed by the complex network of multiple factors in the child's environment. The systems are organised into five. These are microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1989) that signify learning originates from within and between systems interaction (Bronfenbrenner, 1989; Marshall, 2004; Williams, 2010). Etekel and Mahoney (2017) provided illustrations how each system contribute to sustainable development of human behaviour. That is, microsystem (e.g., the type and quality of interaction in a family members). Mesosystem (type and quality of interaction between a family system and school system). Exsosystem(the indirect influence of the SES of parents on the confidence of the

child), and macrosystem(the influence of cultural practices on the child's behaviour). Therefore, these factors comprise everything from the immediate influence of the family as a system to comprehensive global issues such as culture, social status, globalisation, information technology, and major social changes (Sloman & Taylor, 2015).

Equally important is the epistemology of the system theory, whereby heredity integrates with the environment to influence child development (that is represented technically as the biopsychosocial model) (Meyer et al., 2013; McMain et al., 2001). An important point to realise in the bio-psycho-social model is that congenital irregularities exacerbated by environmental vulnerabilities may trigger the development of SEBDs. In the final analysis, systems theory argues that child behaviour is not the sole outcome of one factor but rather the interplay between several interdependent factors (Trivette et al., 2010; Jordan, 2005; Marshall, 2004).

3.2.1.5 Biopsychosocial perspective

Biopsychosocial modality outlines the integration of diverse factors as a unified whole (illustrated in theories such as psychodynamic theory) to explain the process and outcome of behavioural development (Farmer, 2014; Malti, 2014; Beaver & Holtfreter, 2009). Initially, Engles (1977) laid ground reflecting the contesting views as a biopsychosocial perspective is not as alternative medicine rather as a necessary replacement for the modality of biomedicine. And based on the dispute the biopsychosocial modality has been gaining acceptance in the assessment and treatment processes of psychiatric disorders. Specifically, Meyer and Melchert (2010) attempted to illuminate the biological aspects includes; for example, including general medical history and medication; psychological aspects such as childhood abuse, psychological trauma, and substance abuse history; and sociocultural aspects represents the family history, religion/spirituality, and employment. On this view and due to its comprehensiveness scholars propagate to adhere to a biopsychosocial modality in the clinical practices (i.e., assessment and treatment) (Meyer & Melchert, 2010).

In summary, amid a lack of universal consensus and conclusive views on distinct biological explanations regarding behavioural genetics, the importance of a complex network of heterogeneous factors such as genetics, neurochemicals, and neuro-anatomy have gained recognition (Wellington et al., 2006; Walker, 2002). Furthermore, due to the lack of complete response from biological perspectives in response to behavioural development, scholars are inspired to address the intricacies of the interaction effect between nature and nurture.

3.2.2 Theories underpinning the current study

This study is informed by psychodynamic theories and in the following section, extensive topical issues that help to conceptualize the theoretical and practical elements of the psychodynamic theories, are explored and discussed. The thematic areas encompass the concept of psychodynamic theories; psychodynamic theories versus Ethiopian indigenous psychotherapies, theoretical and practical gaps along with the rationale in psychodynamic theories; psychodynamic theories and early childhood; psychodynamic theories, childhood and attachment; the contextual challenges of early childhood and the relationship between psychodynamic theories and play therapy.

3.2.2.1 Overview of psychodynamic theories

Psychodynamic theories evolved from the conceptual mapping of the Freudian viewpoint (Kets de Vries & Cheak, 2014; Mackenzie & Beecraft, 2004). As the name indicates, psychodynamic theories are multiple perspectives on affinities (Leiper & Maltby, 2004) that impact the SEB development and play psychotherapeutic role (Shedler, 2010) of children in the process of non-linear dynamic systems (Knight, 2014). To express it in another way, psychodynamic perspectives have been conceptualised as a relational interplay and experience between the social (external/social, historical and developmental) world and intrapsychic (internal/psychological) world of a child (Meehan & Levy, 2009; Perosa et al., 2002) and that influences the overall developmental progress of the child. In other words, psychodynamic theories emphasise therapies that underpin an understanding of the mutual effects between the distinctive inner dynamics within a person and the external social world that impacts on their socio-emotional and behavioural facet (Cabaniss et al., 2013; Shedler, 2010). Regarding the inner dynamics, the bedrocks are the levels of memories (that is, unconscious, subconscious, and conscious memories), subjective perceptions and the interpretation of phenomena, emotions, motivation, defences/avoidances/ resistances, the history of past development as well as current needs/desires/wishes (De Vries & Cheak, 2014; Cortina, 2010; Schedler, 2010). An equally important point is that external contexts such as social processes including attachment and family ties, inter-subjective abilities of communication and cultural impacts (that is, social norms and beliefs) have placed a emphasis (Schedler, 2010; Cortina, 2010; Meehan & Levy, 2009) on human behaviour.

Thus, the application of meaningful and contextually appropriate indigenous play assists psychodynamic theories in terms of re-constructing the sphere of the theories in different

ways. In the first place, the internal dynamics may help the child to unconsciously trace painful memories from history through subjectively re-processing and re-defining the phenomenon. In other words, trauma factors such as death, divorce, or any other form of child abuse can cause the child to develop social, emotional, or behavioural difficulties and that impedes the current level of functioning (Babcock & Deprince, 2012; Collie et al., 2006). Accordingly, discharging painful memories through *teret-teret* may assist the child in gaining self-awareness (for instance, by enhancing the level of consciousness) and improve the child's subjective perception of his/her phenomenon world and connect with his/her life experiences (Jordan, 2005). Again, an improvement in the subjective perception of the phenomenon world helps the child to develop healthy social and behavioural skills. Furthermore, exploring and extracting locally constructed or context-based psychodynamic prone techniques may assist the child in easily adapting to therapeutic processes to achieve the desired outcome.

The key proponents of psychodynamic theories are quite numerous, and each has devoted passion and commitment to explain their unique points of an argument regarding the socio-emotional and behavioural development of children. These theories are different, yet they are similar in addressing the issue of the interaction between internal psychic materials with external factors to determine child's SEB development. Based on the above background information, attempts were made to fuel discussion and facilitate understanding through paying attention to two theoretically-connected orientations of psychodynamic theories.

The first orientation develops from the dialogues directed to a *structural model of the mind* (Leiper & Maltby, 2004). An analysis of the structural model of the mind begins with Freud's early topography of the mind and the concept of *personality structures* (Leiper & Maltby, 2004). The topography of the mind has been classified into an unconscious, subconscious, and conscious map of the human mind (Zuckerman, 2011; Messer & McWilliams, 2007). The unconscious conceptual trajectory is a formative aspect that is persistently confirmed by Freud's psychoanalytic theory (personal unconscious) and Jung's analytical psychology (collective unconscious), as repressed painful feelings and thoughts that form an individual's personality (Hoffer, 2011; Yunt, 2001). Such an understanding is further described by Daniels (2011), as thoughts and feelings that are forgotten; known, yet repressed; sensed, yet not perceived; feeling, thinking, remembering, and doing, yet without noticing and involuntarily; getting processed yet will come to the mind later. Despite Adler not citing the concepts (such as the "unconscious") like Freud or Jung, he tried to indicate the role of early

memories as "unique lifestyles", which impact on human behaviour (Trippany-Simmons et al., 2015; Hall & Lindzey, 1957).

The other orientation within the structural model of the mind is *ego orientation*. This analysis embeds Freud's early endeavours on describing personality structures (that is, the Id = instinctual self, the Ego = rational self, and the Super-ego = cultural and moral self) (Messer & McWilliams, 2007; Kilburg, 2000). Freud attempted to show the link between the topography of the mind and the elements of the personality. He fused the unconscious level of memory (that is, the niche for painful materials: feelings, wishes, defences, repressions) with the outcome of the unfulfilled and distorted natural drive of the Id (Leiper & Maltby, 2004). However, the conscious levels of memories are learned and insightful decisions of the ego and the superego (Leiper & Maltby, 2004). The concept 'ego' was further outlined by other psychodynamic scholars. For example, Adler identified it as the creative *self*. That is an individual's unique style of life or highly subjective system that interprets and makes meaningful experiences of the organism acquired through early childhood socialisation (Hall & Lindzey, 1957).

Similarly, Horney is a psychodynamic theorist who represents ego either as *real self/realized self* or *false self/idealised self* (Paris, 2000). The real self is what one currently is, yet the false self-shows what the ideal self could become. According to Horney (1950), the self is the central inner force common to all human beings and yet unique in each, which is the deep source of growth. So, the real self assists to realise one's talents and living in accord with one's uniqueness within a context of interpersonal relatedness. For Horney, the real self is to be distinguished from a traditional understanding of selfhood within psychoanalysis. To mean, Horney's self is denoting forward-moving and growth-oriented, whereas traditional psychoanalysis focuses on the child's past experiences (DeRobertis, 2006). As a result, the ego (self) has two categories: the real self and the false self. Yet, the real self has been justified for healthy SEB function compared to the false self.

The ego is further elaborated on by other psychodynamic theorists, for instance, Bowlby (1960), who presents it as the internal representation of a person (healthy or unhealthy feelings and thoughts) acquired during the process of an early child-caregiver relationship (Meehan & Levy, 2009). Bowlby states that insecure parent-child attachment, during the sensitive periods of early childhood, can cause a child to symbolise the ego with SEBDs, such as separation anxiety, bereavement, defence, anger, guilt, depression, trauma, and emotional detachments (Bowlby, 1988; Ainsworth & Bell, 1970). A point to be considered is

that secured attachment not only depends on the child's interaction with parents but also socio-cultural factors that impact the SEB development of a child (Morgan & Harris, 2015). For example, the tie between a child and a mother is likely to be more secure in societies that value communal life, for example, Ethiopian communities (Rudy & Grusec, 2006).

Proper mother-child attachment has historical and cultural traditions within African societies, yet this tradition is slowly changing for several reasons. In the first place, the increasing demand for inclusion and engagement of women in the labour force is creating a lack of time to care for their children. Secondly, social changes such as the coming into view of a gender perspective and androgynous family systems are influencing parents to leave their growing infant with other individuals. Furthermore, in Sub-Saharan countries (such as Uganda and Ethiopia) HIV and AIDS have left many children orphaned, without parents to provide love and affection. Moreover, other factors such as poverty, conflict, marital discord, and other forms of health problems are hindering parents from fulfilling the psychological needs of their children through establishing a secure bond between themselves and their children.

As pointed out in the literature review (*cf.* section, 2.3.2), the impact of the above factors let children experience deleterious conditions in foster centres and institutions or with adoptive families. The adverse effects of foster care, cross-border adoption, and institutionalisation and how such circumstances do not allow children to enjoy maternal psychosocial stimulation and affection were extensively discussed in the literature review in Chapter 2. As a result, children who are brought up in unsecured social ecology are more likely to suffer SEBDs due to a lack of proper and consistent attachment in their early developmental.

Another focus area in dynamic theory is outlined as *relational theories* (Wachtel, 1997) which have been discussed by the majority of scholars in the psychodynamic orientation (Hall & Lindzey, 1957). Relationship issues in psychodynamic theories pay special attention to early experience or the infant-mother interaction (Waters et al., 2000). While early interaction may be regarded as the foundation for personality development, other affiliated theories such as Sullivan's interpersonal perspective theory and Erickson's psychosocial view emphasise lifelong relationships for healthy socio-emotional development (Oren, 2011; Bazerman, 2001). Differing from other psychodynamic theorists, Adler articulates that human beings are innately interested in bestowing and cherishing healthy social treatment, yet unhealthy relationships are considered to be a substratum to an aetiology of SEBDs (Trippany-Simmons et al., 2015). In general, psychodynamic theories include Fromm's humanistic psychoanalysis (Zuckerman, 2011; Messer & McWilliams, 2007) and Bowlby's

object relation (Zuckerman, 2011; Waters et al., 2002) and provide compelling value for an individual's interaction within the social system (Wachtel, 1997).

The concept of 'dynamic' within psychodynamic theories draws attention to the conversion of psychic energy into a variety of forms in this study. In other words, through dynamic processes, traumatic experience or extended intra-psychic conflict is the traumatic experience that can be converted into a subconscious visual image, which, in turn, can be expressed as a dream symbol or an actual physical symptom (Taylor, 2009). For further clarification, the following image illustrates how psychodynamic theories are operational in the current study.

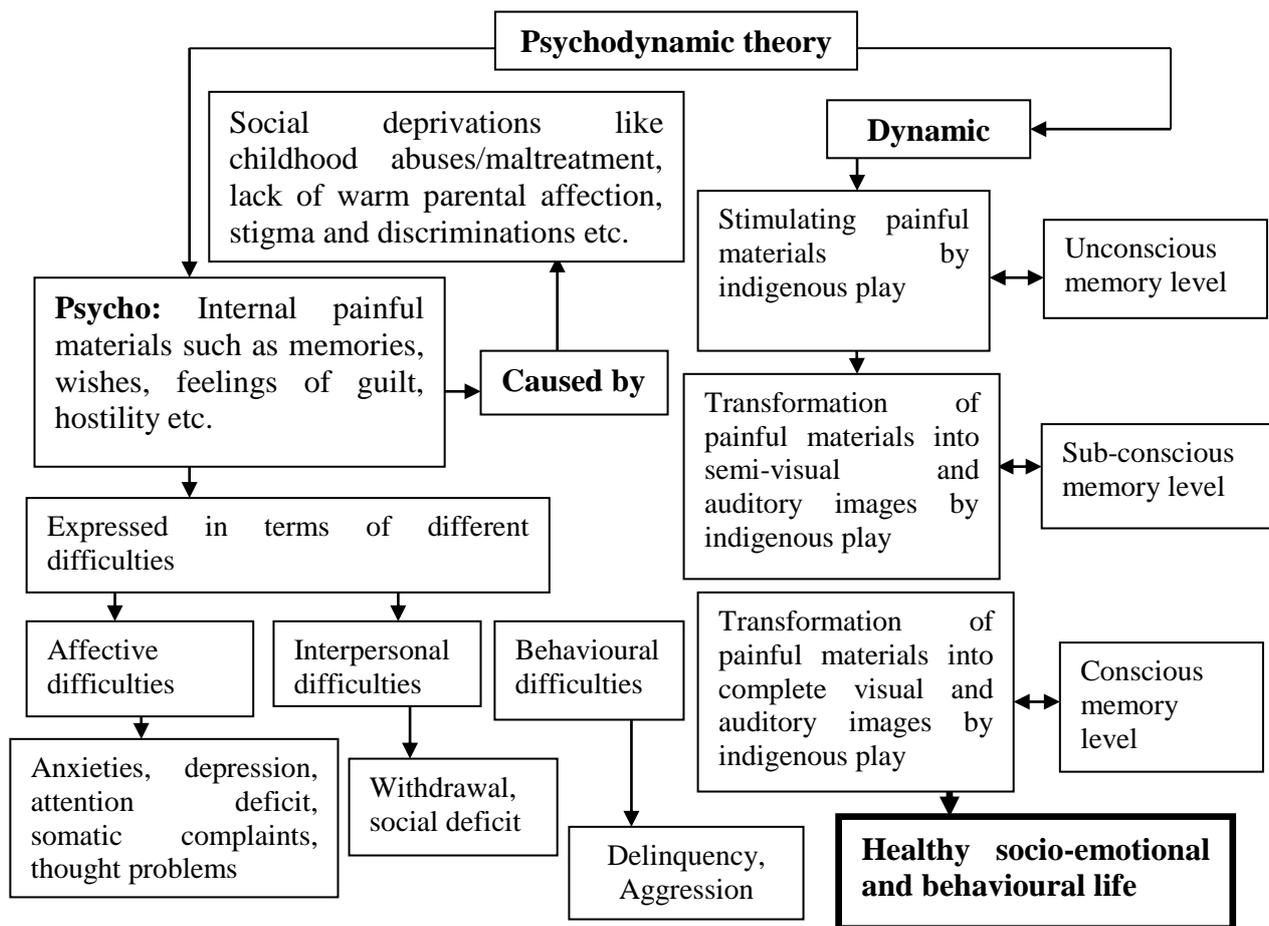


Figure 3.6: Schematic presentation of psychodynamic theories to this study
 (Adapted from Taylor, 2009:10-11)

The research illustrates the theoretical base of psychodynamic theories and the operational mechanisms of these theories with treating children who experience traumatic life events through the application of indigenous play. Specifically, two major orientations, namely, structural orientations: the topography of the memories as well as personality elements and relational orientations, are covered. At that point of juncture, the outcome of the treatment is

assessed regarding improving these theoretical orientations. The first key point focuses on the extent to which unleashing painful thoughts and emotions from the unconscious memories are accessed at the conscious level (Foa, 2009). The other major outcome has to do with the transformation of painful thoughts and emotions (intra-psychic core attitudes) (Gabbard & Horowitz, 2009) into insightful visual images (Pearson & Wilson, 2008) and auditory cues. If the ego is assumed to be a major theoretical trajectory within the psychodynamic theories, the outcome is assessed in terms of promoting the role of the ego (improvement in the level of the self) (Vermote et al., 2010) by stimulating the client to develop self-awareness. The other outcome perceives relationships as a presentation of object relations in the mind (Vermote et al., 2010; Gabbard & Horowitz, 2009), which means that relationships are seen as developing intrapersonal and interpersonal relationship skills with particular emphasis on pro-social behaviour through healthy interpersonal relationships.

3.2.2.2 Psychodynamic therapy techniques

Psychodynamic theories begin with encompassing the techniques coined by classic psychoanalysis (transference, counter-transference, and projective techniques). In the subsequent development, other fellow neo-Freudians established new techniques. For example, containment (that is, caregivers provide equally important emotional stimulation as the natural mother for children with socio-emotional and behavioural problems), and projective identification (that is, the unconscious communication of painful feelings through transference and counter-transference) (Fine & Fine, 2011; Oren, 2011; Mackenzie & Beecraft, 2004; Willemsen & Anscombe, 2001). It is important to realise that psychodynamic therapy characterises the ethos of the subjective interpretation of phenomena through artistic/literary approaches (that is, poetry, drawings, and narratives) (Pearson & Wilson, 2008; Petchkovksy et al., 2002) and this, in turn, may helping children give vent to hidden and painful feelings.

3.2.2.3 Concepts/constructs in psychodynamic theories

Psychodynamic play therapy is the most widely practised theory (Hall et al., 2002) that integrates the principles of humanistic theory (McLeod & Kettner-Polley, 2004), Adlerian play therapy (Porter et al., 2009), and Jungian play therapy (Green, 2005). The classic psychoanalytic theory highlights the role of play as a therapy technique (McLeod & Kettner-Polley, 2004) and accentuates the cathartic value of play on blocked trauma-driven, socio-emotional difficulties (Porter et al., 2009; Mellou, 1994), especially in the use of narratives

(Holowchak, 2011), which allow the child to express painful unconscious memories. Psychodynamic theories in play situations allow children to develop adaptive psychological and social skills such as interpersonal skills, self-esteem, self-confidence, and develop a positive self-concept (Schaefer, 1985).

The qualities of psychodynamic play therapy are diverse. In the first place, play is inherent, child-centred. In the second place, play is elicited or automatic (that is, a play that displays unconscious behaviour like jealousy, envy, competition, idealisation) (Delgado & Strawn, 2012) and decisions that children make within the play situation allow painful feelings to be channelled and redirected to alternative objects. For instance, a statement taken from a classical work by Freud and quoted by Holowchak (2011) play is described as small actions that are acted out apparently by chance and without any purpose-habits of playing or fiddling with things, and so on-[are] revealed . . . as *symptomatic actions* linked with hidden meaning and intended to give unobtrusive expression to it (Freud, 1906). In contrast, the *unconscious* decision or selection of modes of play, conceptualised by Neo-Freudian scholars, is conceived as the dynamic unconscious play that includes implicit forms of recognising action and interaction in relational processes that affect conflicts and defences throughout life (Bruschweiler-Stern et al., 2007).

Against the backdrop of the above conceptualisation, play therapy in the first place inherently acquires meaning from the context of socio-cultural representations. Secondly, the effect of unfinished psychic complexities, especially during the early stages of development, gains recognition within the legacy of psychodynamic theory. These two fundamental premises have forced the researcher to rethink the application of psychodynamic theory regarding Ethiopian indigenous play to deal with concealed painful emotions from the unconscious part of a child's personality. Because empirical evidence (Medeiros et al., 2015; van Riel, 2015) shows that socio-emotional and behavioural difficulties are socially and culturally-constructed problems that need to be managed through culture- and age-friendly psychotherapeutic approaches.

Indigenous psychotherapy within folk psychology represents the meaning of belief and healing practices accepted by generations holding a variety of beliefs such as personal agency, human "understanding, capacity for inner healing, self-image, personal security, and moral lessons" (Ojelade et al., 2014).

In line with the above discussion, storytelling in Ethiopia (that is, in Amharic *teret-teret*) involves the transmission of knowledge through generations. *Teret-teret* narration for groups of children and young adolescents either by elders or peers inculcates moral behaviour, as well as entertaining and/or for knowledge transmission (Jirata, 2014; Jirata & Simonsen, 2014). Although *teret-teret* as indigenous play therapy, has been practised widely across schools, and at family, or community levels, it has never been supported by empirical evidence throughout the years and validated scientifically.

One of the major concepts in the current study is the construct of *socio-emotional and behavioural difficulties* (Perry et al., 2006). Socio-emotional and behavioural difficulties pertain to childhood psychopathology (Seguin & Leckman, 2013; Kruger & Markon, 2006) where children and young adolescents develop and experience psychological challenges due to the factors that infuse their early development. These factors, as indicated by Achenbach (Nakamura et al., 2009; Song et al., 1994), consist of aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems, and social withdrawal.

The connection between the child's socio-emotional and behavioural wellbeing and *emotional intelligence* has been discussed extensively in the scientific literature. For example, a study conducted by Ciarrochi et al. (2001) found that high emotional intelligence predicted better mental and behavioural health among adolescents. Furthermore, a detailed analysis was done in another study on children with limited emotional intelligence characterised by violent behaviour, illegal drug use, poor academic performance, and indulging in delinquent behaviour (Punia & Sangwan, 2011). Taking this aspect into consideration, it is hoped that in the current study, children with relatively better developed emotional intelligence are more likely to respond to the application of indigenous play (*teret-teret*) than children with lesser developed emotional intelligence.

Literature shows that young adolescents who have a chance to participate in psycho-educational activities are less likely to experience SEBDs (Lukens & McFarlane, 2004). In other studies, for example, de Souza et al. (2013) clinical psycho-education is also helpful in treating chronic mental health problems such as depression, schizophrenia, and psychosocial problems stimulated by chronic health difficulties such as cancer (Lukens & McFarlane, 2004). Relatively similar findings were obtained, namely that psycho-education reduces the levels of stress in human beings (Daele et al., 2012).

Human beings have a natural drive to form attachments to get warmth and nourishment from the environment (Zembroski, 2011; Siegel et al., 2006; Sudbery & Blenkinship, 2005). Based on this premise, containment or therapeutic attachment represents receiving as well as understanding the emotional components of other individuals without being overwhelmed by it, processing it and then communicating understanding and recognition back to the corresponding person (Pudasainee-Kapri & Razza, 2013; Douglas, 2007; Oates, 2007). In that sense, it is suggested that caregivers or parents equally share important emotional stimulations as to the natural mother of a child with SEB problems. This kind of treatment requires re-creating a genuine, soothing, and cuddling social as well as physical environment to compensate for the affection that a child not received at an early age, and this, in turn, lessens the probability of developing a severe condition (Craven & Lee, 2014; Venet et al., 2007). To develop this kind of emotional competency requires establishing a safe environment by creating reliable and protected boundaries, offering protective space, and enabling children to experience themselves as valued and secure.

3.2.2.4 The link between psychodynamic and indigenous play therapy techniques

Despite the presence of traditional theories and the practice of African indigenous health-related knowledge (Waldron, 2008), there has been a dearth of evidence that discusses the connection between African indigenous theories with the Western psychotherapies. While there are limited reliable and accurate scientific sources, 80% of Ethiopians, for example, rely on traditional medicine (WHO, 2001), and their application is growing across the world (Payyappallimana, 2009) as this approach appears compatible with certain scientifically validated modern approaches (Payyappallimana, 2009). To illustrate this argument, there seems to be a symbiotic relationship between psychodynamic theory and other traditional psychotherapies. That is, varied, but not empirically validated, traditional theories in Ethiopia share common characteristics in explaining the causative factors and designing treatment strategies. Although attribution on the wrath of God or witches has been noted in causing SEBDs among children, the role of parental bond and stimulation have been underlined as well. Accordingly, attribution is made in both psychodynamic and traditional theories in that, a secure attachment history can lead to normal psychosocial development, whereas insecure attachment and maltreatments may lead to abnormal SEB development. Put simply, psychodynamic theories emphasise a healthy attachment between the child and the caregivers, while the traditional views highlight a healthy and secure attachment of the child with the caregivers as well as with God. Based on this understanding, defective attachment

processes are perceived by both psychological and socio-spiritual perspectives as the aetiology for SEBDs among children (Ojelade et al., 2014).

The other key point, as an outcome of the therapy where the repressed painful thoughts and emotions have found an outlet, is the receipt of considerable attention both in the traditional and psychodynamic processes. With this understanding, the purpose of therapy is allied with finding an outlet for painful emotions even though they are buried deep inside the unconscious segment of the mind (psychodynamic theory) or *belibona* (traditional theory) (Schmidt, 2005). With this point of departure, the existing evidence suggests a possible synergetic relationship between the modern and the traditional modes of psychotherapy through implementing complementary therapy techniques. For example, Green and Honwana (1999) suggest that indigenous healing techniques such as purification rituals and cleansing have played a remarkable role in treating the SEB problems (that is, feelings of guilt, grievances, and other traumatic experiences) of youth sustained through war, murder and breaking the norms of society in war-affected areas such as Mozambique and Angola. Correspondingly, in Ethiopia, studies suggest that evil spirits are exorcised from deep inside the unconscious through bathing, drinking/sprinkling holy water, mourning rituals and praying, the mystical power of witch spirits (*tenquay, kalicha*) (Eshetu & Markos, 2011; Kebede et al., 2006; Amare & Yonas, 2005; Schmidt, 2005; Witztum et al., 2001).

Given the above points, modern trained counsellors, especially in Africa, and traditional healers use relatively similar treatment techniques such as talking or narration. Talking or narration in the traditional healing process denotes rituals to express evil thoughts and feelings through confession or to talk about a deceased person (Witztum et al., 2001), while *talking* involving chat therapy, talk therapy, or free association, in the psychodynamic approach is a means to give vent to painful feelings (Levers, 2006). However, as long as Ethiopia is a multicultural country, a point to be recognised is that in certain tribes, the nature and purpose of talking are quite different from the Western type of discourse. For example, in Tigray, one of the ethnic groups in the northern part of Ethiopia, talking about loss and bereavement is acceptable only to help persons who are experiencing mourning to forget the loss and to avoid a further expression of painful emotions and develop coping strategies to avoid grievance triggers (Nordanger, 2007). This is contrary to Western cultural discourse through which painful memories and emotions are confronted. A study conducted by Zarowsky (2004) among Somali refugees located in the south-eastern part of Ethiopia,

suggests that clients from this area do not have any problem telling stories along the lines of master narratives on the trauma experienced due to dispossession, anger, and injustice.

Although the arguments on the similarities between traditional and psychodynamic theories may be true, there are differences as well. The first difference comes up with the discussion point of sexually determined behaviour. Ethiopia is a traditional and religious country (Nordanger, 2007; Witztum et al., 2001), but sensual and seductive behaviour are not often discussed. However, in psychodynamic theory, especially the classic psychoanalytic perspective, much attention is paid to the role of unconsciously repressed sexual impulses to guide human thoughts, feelings, and behaviour (Nagbøl, 2013; Erdelyi, 2006; Lovett, 2007).

Given the above points on the convergences and divergences between psychodynamic theory and indigenous psychotherapies, the paucity of empirical evidence has become a major challenge, especially for African scholars. To reconcile these philosophical arenas in the tradition of managing SEBDs much has to be done about developing new approaches to integrate and make them adaptable to a diverse group of people.

3.2.2.5 Psychodynamic theory and early childhood

Scholarly discussions on childhood as a critical period (Siahkalroudi & Bahri, 2015; Marshall, 2004) can be traced back to Freudian classical theory with the concerns about the psychosexual stages (biological and emotional pleasure) during the oral, anal, and phallic stages in childhood (Blatt & Luyten, 2009; Bruschiweiler-Stern et al., 2007; Green, 2005). Freud theorised that *the child is the parent to the adult* (Nagbøl, 2013; Cortina, 2010), regarding early childhood (birth to five years) stimulation (that is, over-or under-stimulation), implicitly represents conflict, defence and the dynamic unconscious (Maqbool et al., 2003; Bruschiweiler-Stern et al., 2007) at any one of the three developmental stages has to become the foundation to develop socio-emotional and behavioural health at adulthood (Haslam, 2011). For example, during the oral stage (birth to one year), excessive stimulation through the mouth might result in oral activities such as hyper sucking and chewing/sucking, while insufficient oral stimulation might lead to a lack of confidence and deprived verbal expression. Similarly, during the anal stage (one to three years) over-stimulation such as frequent, not timely and disorganised defecation is associated with messy behaviour such as lack of wisdom in self-management skills (that is, poor financial, time, and behavioural management), whereas under stimulation (for example, punishing to withhold faeces) is related to stinginess and tight-fistedness (Haslam, 2011) later in adulthood life. Likewise,

sexual stimulation at the phallic stage (three to five years) (Maqbool et al., 2003) causes sex-related repertoires, while under-stimulation is associated with sex aversion in adulthood life, yet overstimulation leads to sexual manic behaviour.

In the subsequent development of psychoanalytic theory, theorists; for example, Bowlby stretched their efforts to expand the epistemological grounds of Freud through the concept of '*object relationship*' (Ryan, 2011; Rothe, 2010; Lovett, 2007; Howe, 2005; Berlin et al., 2005; Fonagy & Target, 2003; Hoover, 2002; Howe et al., 1999). The concept of object relations, attachment, represents the role of the primary (maternal) caregivers to establish and provide an ongoing and consistent relationship with their children (McCluskey, 2010). Other scholars argue that the object relationship entails a comprehensive understanding of representing the connectedness of the infant with significant others. These include relatives or other possessions (for example, toys) or self-object relationships that have comforting qualities, allowing the child to endure long periods of time in the absence of the mother (Trimboli et al., 2013; Li, 2010).

In the sense that childhood is a significant period, the personality of the adult evolves and develops (Chinekesh et al., 2014; Julian, 2013; Mills & Daniluk, 2002), and adequate mothering becomes a cornerstone for a later healthy adulthood. Placing special emphasis on the role of the primary (maternal) relationship in the healthy development of human beings and for healthy future relationship establishment (McCluskey, 2010), the process of object relationship (attachment) at the early stages of development has become important. Notably, as illustrated in the previous sections, adult behaviour is the result of past (early childhood) treatment during the psychosexual stages of development where the unconscious mind plays a role in fixing good or bad socialisation outcomes (Simon & Gagnon, 1998).

Another key point, but a point often overlooked, is that childhood is an appropriate period to diagnose and treat socio-emotional and behavioural problems (Rahnama et al., 2014; Gokiert et al., 2014). Empirical evidence suggests that the reason for focusing on early identification and detection has to do with setting early and developmentally appropriate intervention programmes and opportunities for a better outcome (Gokiert et al., 2014; Newman, 2012; Luby, 2010). On the whole, the points considered by Freud and fellow scholars is that early childhood is the focus (Fagundes & Way, 2014) for the development of healthy and productive adulthood (Walden & Beran, 2010), yet it appears to be neglected and given less attention (Blanco & Ray, 2011) in the scholarly discourse and scientific analysis across cultural diversities of the global community.

3.2.2.6 Psychodynamic theories, childhood and attachment

In contemporary literature (Stievenart et al., 2011; Walden & Beran, 2010; Lovett, 2007), insecure attachment as opposed to the safe and confident attachment between parents and children, is seen as a reason for children developing socio-emotional difficulties (Sloman & Tylor, 2016; Wilson, 2009). By definition and practice, the concept of 'non-secure attachment' is essentially characterised by deprived and ambivalent psychosocial stimulation with the absence of a long-term and consistent relationship with caregivers (Brett et al., 2014; Lee et al., 2010; Turrulo & Gunnar, 2005). With the role of early developmental attachment problems, scholarly discussions on parenting styles suggest that emergent parents in the contemporary circumstances lose their experiences to practise secure and proper attachment to their children, particularly if the trailing of the societal network in the modern parenting system and the growing of excessive individualism has become a fundamental factor that prevents the formation of secure attachment between parents and children (Jordan, 2008). Under certain circumstances, empirical evidence suggests that those mothers engaged in work put their infants in care centers that hinders the infants to obtain proper, reliable, and quick warm care and support during the course of the daily routines (Ahn & Shin, 2013).

In combination with the function of parents, the way that kindergarten and primary school teachers handle children has to be emphasised concerning the formation of healthy personalities among children (Kort-Butler et al., 2011). Medina and Luna (1999) assert that school environments should be free from physical and emotional abuse, but offer a warm and soothing psychological and social environment. In all, psychodynamic theories have received attention in this study because of the flexibility of the theories to address different research questions. For example, in the current study, psychodynamic theories provide a clear relationship between the basic research questions and the major constructs of the theories. For clarification, the relationship is overviewed in Table 3.2 below.

Table3.2: The relationship between research questions and the constructs to be measured in psychodynamic theories

Research questions	Research question level	Constructs to be measured	Phases	Data collection tool and data analysis
How can indigenous play (<i>teret-teret</i>) as a psychotherapeutic technique be used to support young adolescents experiencing socio-emotional and behavioural difficulties?	Main question	<ul style="list-style-type: none"> • World view on <i>teret-teret</i> • <i>Teret-teret</i>/indigenous stories • Socio-emotional and behavioural difficulties. • Manipulation <i>teret-teret</i> during play therapy sessions 	One and Three	<p>Tools for Phase 1: Semi-structure interview and archive analysis</p> <p>Method of data analysis Phase 1: Thematic content analysis</p> <p>Tool for Phase 3: Achenbach's Youth Self-Report questionnaire, emotional intelligence questionnaire, dyadic mother-child interaction measure and measure for psycho-educational activities</p> <p>Method of Data analysis for Phase 3: Independent sample <i>t</i>-test and Cohen's <i>d</i> criteria of interpretation</p>
How do elders, folklore experts and counsellors experience <i>teret-teret</i> as psychotherapeutic techniques to support young adolescents with socio-emotional and behavioural challenges?	Sub-question 1	Traditional play/ <i>teret-teret</i> in terms of helping young adolescents with emotional, social and behavioural difficulties.	One	<p>Tools: Interviews and Archive analysis</p> <p>Data analysis: Thematic content analysis</p>
Which <i>terets</i> (<i>i.e., indigenous stories</i>) assist as psychotherapeutic techniques to support young adolescents with socio-emotional and behavioural challenges?	Sub-question 2	Subjective experiences of <i>teret-teret</i> in terms of assisting young adolescents with emotional, social and behavioural problems	One	<p>Tools: Interviews and Archive analysis and counsellors' views</p> <p>Data analysis: Thematic content analysis</p>
What is the prevalence rate of socio-emotional and behavioural difficulties among the young adolescents?	Sub-question 3	Gross socio-emotional and behavioural difficulty	Two	<p>Tools: Achenbach's Youth Self-Rating</p> <p>Data analysis: Binomial proportional test</p>

Table3.2:Continued...

<p>Which socio-emotional and behavioural difficulty is most prevalent among the young adolescents?</p>	<p>Sub-question 4</p>	<p>Aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems and withdrawal</p>	<p>Two</p>	<p>Tools: Achenbach's YSR questionnaire Data analysis: Binomial proportional test</p>
<p>To what extent is there a statistical difference in the socio-emotional and behavioural difficulties among the young adolescents who received and those who did not receive <i>teret-teret</i> psychotherapy?</p>	<p>Sub-question 5</p>	<ul style="list-style-type: none"> • Socioemotional and behavioursl difficulties. • Socio-emotional and behavioural competencies: daily activities • Emotional intelligence • Dyadic mother-child interaction • Psycho-educational participation • Participation in <i>teret-teret</i> psychotherapy 	<p>Three</p>	<p>Tool: Achenbach's YSR questionnaire, emotional intelligent questionet, dyadic mother-child interaction scale, and school based psycho-educational participation scale. Method of Data analysis: Independent sample <i>t</i>-test and Cohen's <i>d</i> criteria of interpretation</p>
<p>How does <i>teret-teret</i> psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?</p>	<p>Sub-question 6</p>	<ul style="list-style-type: none"> • Socioemotional and behavioursl difficulties. • Socio-emotional and behavioural competencies: daily activities • Emotional intelligence • Dyadic mother-child interaction • Psycho-educational participation • Participation in <i>teet-teret</i> psychotherapy 	<p>Three</p>	<p>Tools:Achenbach's YSR questionnaire, emotional intelligent questionet, dyadic mother-child interaction scale, school based psycho-educational participation scale, and in-depth interview Data analysis: Independent sample <i>t</i>-test, Cohen's <i>d</i> criteria of interpretation and thematic content analysis.</p>

3.2.2.7 Theoretical and practical gaps in psychodynamic theory

The reason for selecting psychodynamic play therapy as the grounding theory of this study pertains to diverse issues. In the first place, psychodynamic play therapy has a cathartic effect on painful memories such as emotions and thoughts (Rahnama et al., 2014; Webb, 2011). Internally hidden thoughts and feelings represent the unconscious portion of painful emotions, and they are likely to be elicited intuitively as well as unconsciously. By and large, people store traumatic emotional anguish in the inner parts of unconscious minds because they do not know how the painful unconscious matter affects their lives. Despite this reality, psychodynamic theories have generated a relatively growing body of empirically-supported evidence within the panorama of establishing developmentally appropriate child psychotherapy (Barber & Sharpless, 2015; Dekker et al., 2014). Yet, it still lacks adequate empirical evidence to work with young adolescents who experience SEB challenges (Midgley & Kennedy, 2011).

The point must be made that psychodynamic therapies need to be expanded regarding their application and epistemology through rigorous scientific procedures. In the previous section, the discussion revealed how indigenous psychotherapies connect to Western-based psychodynamic therapy. With that understanding, it is difficult to find a clear boundary between these two sources of knowledge. Regarding this view, the first point is, psychodynamic theory is explored about indigenous Ethiopian play such as narratives. That is to say, this study can help to contextualise and find meaning from the application of Ethiopian storytelling as a therapeutic technique having psychodynamic orientation. The other most valuable contribution, perhaps, which has not been studied in Ethiopia in the field of child psychotherapy, is the application of locally adaptive indigenous play therapy to manage the SEBDs of children.

3.3 CONCEPTUAL FRAMEWORK

The conceptual framework describes the main constructs/variables, their relationship, and influence of one concept over the other, was elaborated (*cf.* Chapter 1, Section 1.7 Clarification of key concepts). In the present study, these concepts are engaged as the building blocks for the underpinning theoretical framework of psychodynamic theory, and as such, I have associated the concepts with the theory as each concept is embedded in the theoretical background.

Thus, these concepts are independent variables (indigenous play or *teret-teret*), dependent (outcomes) variables as SEBDs and SEBCs (i.e., daily activities), confounder (i.e., the young adolescents' emotional intelligence, school-based PE participation, and their interaction with their parents/caregivers). Further to the thematic explanations given on the three sets of variables, the relationship is also demonstrated by a schematic representation.

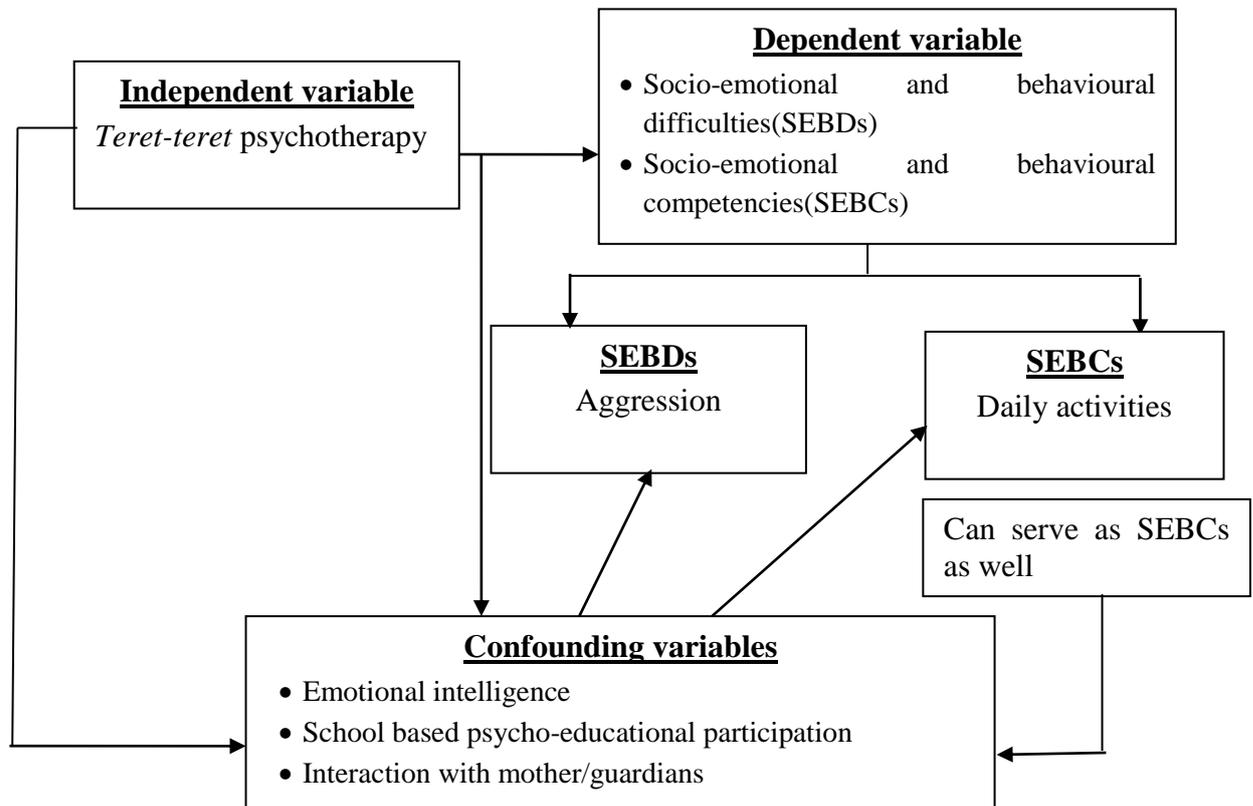


Figure 3.7: The relationship between concepts in the study (conceptual framework)

Three groups of variables (concepts) are portrayed by the above Figure 3.7. These are the independent, dependent, and confounding variables. A point to be noted the confounding variable can play two roles. One way as confounders and on the other way SEBCs (*cf.* Chapter 1, Section 1.7 Clarification of key concepts and Table 3.2: The relationship between research questions and the constructs to be measured in psychodynamic theories).

3.4 CONCLUSION

In Chapter Three, the theoretical and conceptual frameworks of the study were discussed. Psychodynamic theories are recognised to direct the current study towards the achievement of its end. Indeed, a new synthetic representation is formulated to demonstrate the connection between the concepts of '*psycho*' and '*dynamic*' (Figure 3.6). Furthermore, three major connections were outlined to support the choice of psychodynamic theories to guide the

current study. In the first place, the importance of unleashing painful thoughts and emotions from the unconscious memory through the application of traditional play is recognised. Secondly, psychodynamic theories are more likely to coincide with culture-specific therapy techniques than other theories in counselling psychology. Thirdly, psychodynamic theories are more than psychoanalytic theory as its therapeutic purposes urge patients to develop practical life skills as well.

On the other hand, the conceptual framework describes major concepts and variables illustrating the harmonious relationship between different groups of variables. These variables are independent variables (indigenous play/stories), dependent (outcomes) variables (socio-emotional and behavioural difficulties), confounding variables (emotional intelligence of the young adolescents, and school-based psycho-educational participation of the young adolescents). Further to the thematic explanations given on the three sets of variables, the relationship is also demonstrated by a schematic representation.

In conclusion, this chapter discussed the theoretical and conceptual framework of the study. As to discussions in the literature review in Chapter Two, young adolescents under difficult circumstances, orphan and vulnerable children, are prone to experience socio-emotional and behavioural challenges. Above all, the chapter outlined the outcome of buried multilevel traumatic life experiences as underlying factors beyond the conscious level of young adolescents. Based on this interpretation, in the current chapter psychodynamic theories were considered as relevant underpinning theories to guide the study and re-construct it with new dimensions of Ethiopian indigenous stories. In this regard, play (that is, the intervention variable), particularly *teret-teret* stories were outlined as instruments to ventilate painful socio-emotional and behavioural challenges among the young adolescents to assist them in developing coping skills. The current chapter traced other comparative theories in psychology including behaviour theories, cognitive theories, and biomedical theories that explains the development of socio-emotional and behavioural difficulties among young adolescents. In short, discussion on the relationship of relevant concepts such as *teret-teret* stories, socio-emotional and behavioural difficulties, emotional intelligence, participation in psycho-educational activities, and containment was made in light of psychodynamic theories.

In the next chapter, the methodology of the study is discussed. The overarching methodology of the study is a mixed approach where it is tailored through three phases of studies. Phase 1 is designed to explore indigenous *teret-teret* which are relevant for therapeutic purposes. Phase 2 investigates screening socio-emotional and behavioural difficulties among young

adolescents. In Phase 3, interventions considering indigenous *teret-teret* as independent variables and socio-emotional and behavioural challenges as dependent variables are implemented.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

In Chapter 3, the outcome variables, intervention variables, and confounding variables were highlighted. In this chapter, the objective, the research questions, and the detail of each construct in the study is outlined. The study aimed to investigate how indigenous play (that is, *teret-teret*) as a psychotherapeutic technique assists young adolescents experiencing SEBDs. The primary research question is: *How can indigenous play (teret-teret) as a psychotherapeutic technique be used to support young adolescents experiencing socio-emotional and behavioural difficulties?*

The study follows a mixed methods design comprising three phases. Phase 1 was qualitative and involved the exploration of indigenous play in the Ethiopian context. The basic tenet of the study was to verify whether indigenous play supports young adolescents experiencing SEB challenges (Ojelade et al., 2014; Ohlsson, 2011). Indeed, other sources of evidence confirmed that indigenous play is helpful for the healthy development of SEB competence in terms of moral, emotional, social, and cognitive competencies (Jirata, 2014; Jirata & Simonsen, 2014). Based on the above, Phase 1 comprised the qualitative part of the study, addressing two research questions:

Research Question 1: How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?

Research Question 2: Which *terets* assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?

Phase 2 of the study was quantitative and involved screening young adolescents for the prevalence of SEBDs. The Youth Self-Report questionnaire (YSR) (*cf.* Appendix M) (Ebesutani et al., 2012) was administered to 221 young adolescents. This questionnaire assessed the extent of SEBDs and the level of basic daily living competencies of young adolescents. Other questionnaires such as emotional intelligence, participation in psycho-educational activities, and mother-child relationship were used to provide overall profile confounders (*cf.* Chapter 4, Section 4.7.2). Based on the response to these questionnaires, young adolescents with a similar level of SEBD, emotional intelligence, participation in

psycho-educational activities, and at the time, obtaining therapeutic attachment were invited to participate in the third phase of the study. Phase 2 was quantitative and guided by the following research questions:

Research Question 3: What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents in this study?

Research Question 4: Which socio-emotional and behavioural difficulty is most prevalent among young adolescents in this study?

In the third phase of the study, data from Phases 1 and 2 were integrated to verify cultural stories as a psychotherapeutic technique to deal with SEBDs of young adolescents. Phase 1 is qual. and provided information on the type of relevant cultural stories and the second phase of the study is QUAN. that offered data on the most common type of SEBDs. In the final phase, Phase 3(i.e., QUAN. -QUAN-qual.) approaches and contained the final two research questions:

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

More understanding can be obtained from the diagram in Chapter 8(*cf.* Figure 8.1: The relationship between the three phases of the study) which shows the three stages of the study, the research questions, and the link between each of the three phases.

4.2 STUDY CONTEXT

Three major points are addressed in the study context. These include the context of Hawassa City Administration, the Socio-Economic context of the city, and the context of the youth situation in Hawassa city administration.

4.2.1 Context of the city administration

The context of the study setting (Hawassa City Administration) is outlined in terms of diverse proliferating circumstances. Hawassa is a city located around Hawassa lakeshore and the capital of South Nations, Nationalities and People Regional State is located 275 km away from the capital city of Ethiopia, Addis Ababa. According to the information obtained from Central Statistical Authority (2015), the total population was estimated at 351469 with an

annual growth rate of above 4%, with 65% of the population under the age of 25 (Scott et al., 2016). The city administration has coverage of 157.2 square kilometers, organised into eight sub-cities with 32 Kebeles (i.e., small administrative units) (Scott et al., 2016; Bereket Regassa & Nigatu Regassa, 2015). The following map of Hawassa city administration more likely depicts the number of sub-cities/kifle ketema, and the names of primary schools that are considered for this study.

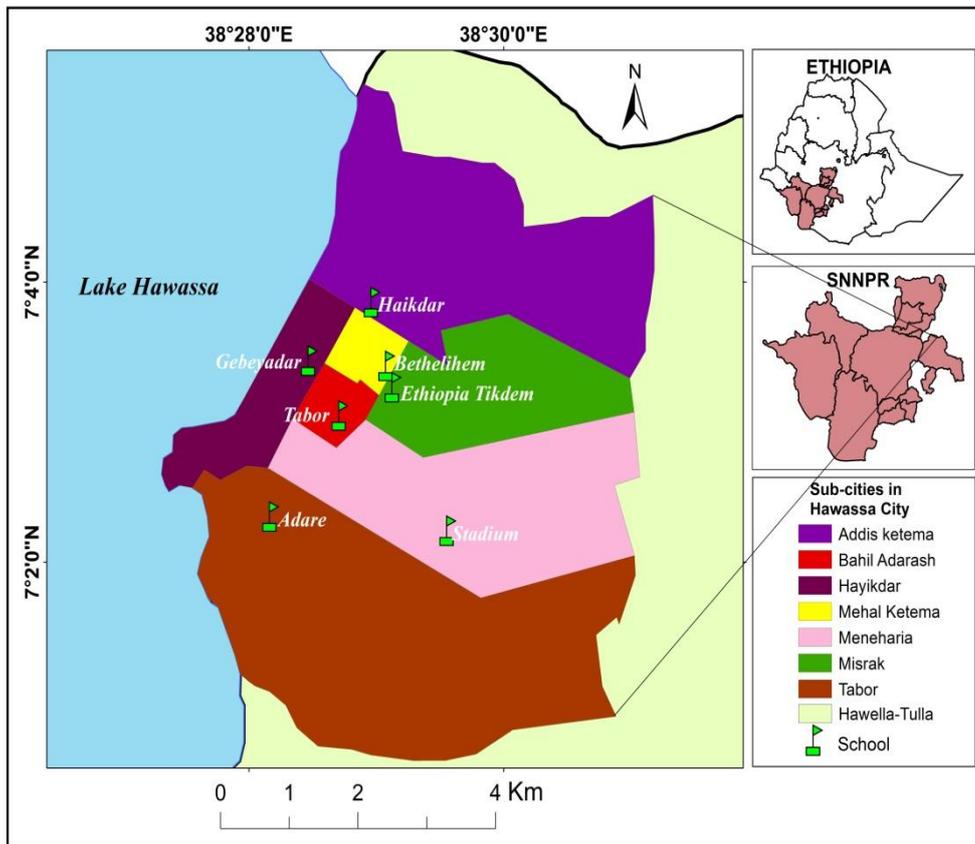


Figure 4.1: Map of the study areas
(Constructed by Arega Degife and Butuna Burka, 2020 for the purpose of this study)

Under the context of the city administration, Hawassa City's administrative structure is as organised as city council, city administration, head of city administrations, and sub-cities where each is discussed below and in the subsequent sections.

Hawassa City Council: The highest government body, holding city-wide leadership responsibilities about political, economic, judicial, administrative, and security matters.

Hawassa City Administration (HCA): The highest executive body mandated to oversee the delivery of all municipal services.

The Head of Hawassa City Administration (HCA): The Mayor, includes three main structures: HCA Executive Body, Municipality Services, and administration of eight sub-city.

- **The HCA Executive Body:** Directly oversees activities of the different sector departments, authorities, and offices established to deliver services.
- **The Municipality Services Manager and Deputy Manager:** Discharge executive roles to deliver services including Sanitation, Beautification & Park Development Services, and Plan Preparation and Monitoring Services, each led by a coordinator. The Water Supply and Sewerage Enterprise is the department responsible for faecal sludge management (FSM) services in Hawassa.
- **Sub-city administration:** The city has eight sub-city administrations which include eight sub-city municipalities. These include Menehariya, Tabour, Misrak, Addis Ketema, Mehal Ketema, Bahiladarash, Haikdar, and Tula. In total, there are 32 and which sub-city has a different number of kebeles (the least administrative unity in the city administrative structure) (*cf.* Figure 4.3 Sub-cities in Hawassa City Administration).

The administrative structure of the city and the roles assigned to each structure are organised through a city council, city administration, head of city administrations, and sub-cities. Figure 4.2 exhibits the organizational structure of the city administration.

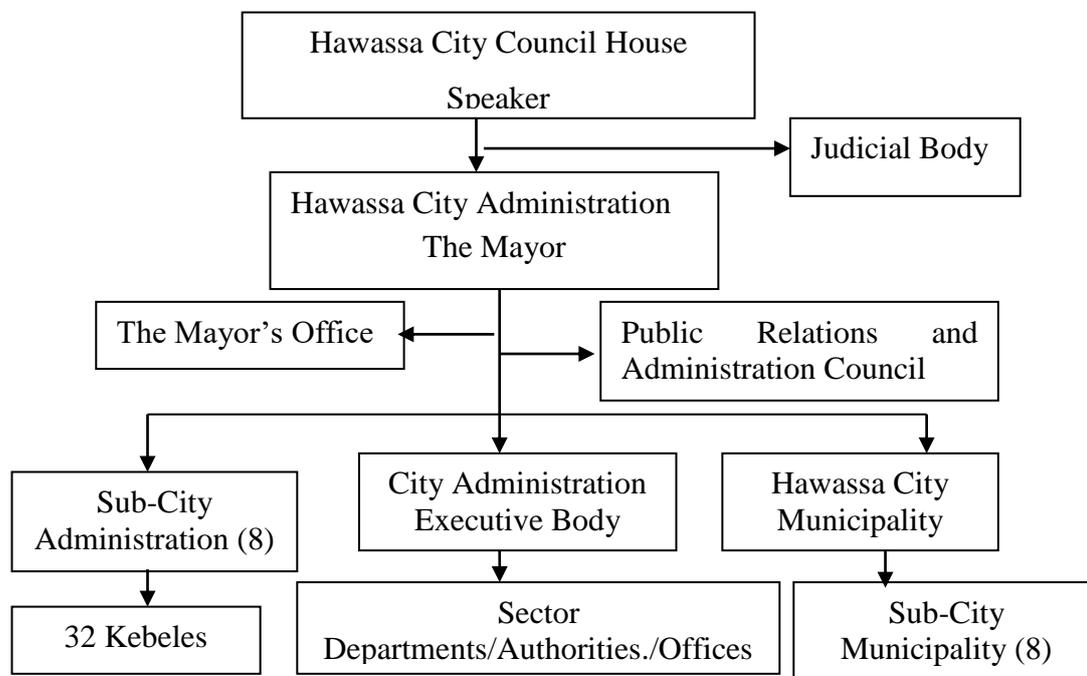


Figure 4.2: Hawassa City administration organizational structure

Moreover, the administration of the eight sub-cities are illustrated on Figure 4.3 with the number of kebeles (small administrative units) and the number of primary schools in each kebele.

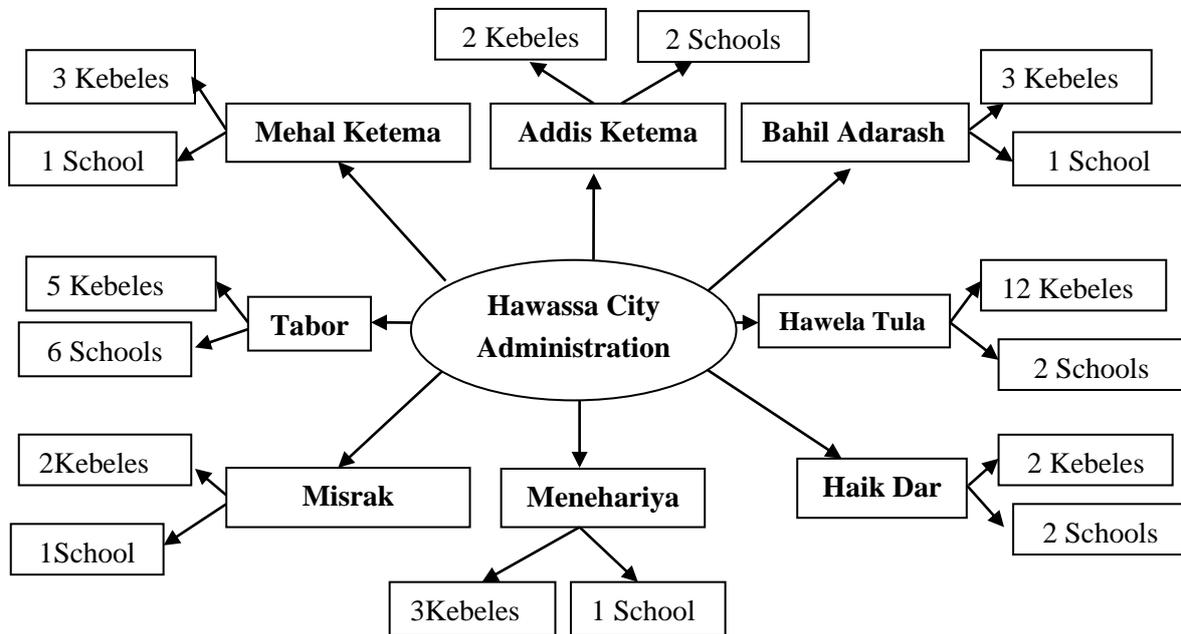


Figure 4.3: Sub-cities and schools in Hawassa City administration
(Source: Hawassa City Administration, 2018)

4.2.2 Socio-economic contexts

As the population demography demonstrates, the city hosts a diverse population from different ethnic/racial and linguistic groups of Ethiopia (HCM, 2015). The HCM report indicated that although the mosaic nature of the population is diverse in terms of number, Sidama, Amhara, Wolita, Oromo, Guragie, Kembata, Hadiya, and Tigrie are the popular resident groups in the city. In the social sector, the city has a lot of educational institutions established many years ago. In this regard, the city has Hawassa University, Teacher Education College, Health Science College, Technical and Vocational Training Colleges, several senior secondary schools, and primary schools. As per the policy of the nation, private companies are involved in human resource development, and several private colleges work with diverse specialisation areas offering varied qualifications. Private companies are also allowed to run pre-primary schools, and as a result, there are many pre-primary schools and despite the quality of education, there is support requesting intense re-examination. The health sector is also developing year-by-year to serve the growing rate population in the city. In this regard, there are many government-affiliated health providers. These include two

hospitals, nine health centres, and 15 health stations. Similarly, the private sector actively participates in terms of delivering health services at three hospitals, one health centres, and 51 clinics in addition to the supply of medical drugs from many governments and private affiliated drug vendors.

The infrastructure of the city is exponentially growing compared to the other cities in Ethiopia. The city is considered a neat, attractive well-ordered city with standard asphalt road sitting the standards of modern cities. The greenery initiative and beautification processes have played two major roles in firstly enhancing the aesthetic value of the city and has motivated people to choose the city to live in as well as business. Secondly, the greenery initiative has had a big contribution in terms of poverty reduction it created access to a job for many unemployed graduates and even for the illiterates. Other infrastructures make up the city, for example, Hawassa industrial park hosts more than 15,000 workers and created job opportunities for the skilled, semi-skilled, and unskilled workforce. A housing venture permits residents to retain private living buildings such as condominiums through mortgage modalities. The telecommunication service is the backbone for the national revenue source because of the growing number of youth increasing use of digital technologies, and in recent years, the telecommunication infrastructure has been widely expended and upgraded.

Economically, the urban people generate their livelihood from traditional small-scale industries, petty traders, and casual labours, and also, mixed farming is a typical source of income for inhabitants living in the more rural parts of the city. As per the report from Hawassa City Administration (2015), the city collects revenue from different sources such as direct tax (i.e., salary, rentals, commercial activities, agriculture), indirect tax (i.e., value-added tax, turn over tax, and stamp duty) and non-tax revenue (i.e., investment, license registration, government equipment, and service vending, municipality, rural land use fee and others). Thus, industry and commerce (i.e., manufacturing, construction, trade, service, and urban agriculture) provide huge contributions to substantiate the economy of the city. On top of the above sources of income, the city attracts tourism and this has become another source of income as well as proving jobs for unemployed residents.

Unemployment is a concern in the city just as in other major cities in Ethiopia, particularly as the city has become a home for much unemployed youth (Deguwale Gebeyeh & Getu Alemu, 2018). A study conducted by Abebe Fikre (2012) indicated that the unemployment rate in Hawassa city increased to 53.8% among the youth in the 15-19 age group. Despite this fact, the city administration is undertaking many initiatives to reduce unemployment and poverty.

One of these initiatives involves the city administration offering loans for interested job-seeking citizens. Accordingly, in Hawassa city administration there is more than five micro-level loan providing institutions excluding all government and private banking services.

4.2.3 The context of the youth situation

The majority (65%) of the population in the city are under 25 years of age (HCA, 2014), of children and young adolescents make up the major percentage of the general population which aligns with Getaneh et al. (2016), who report that children and young adolescents are more likely to account for the larger part of the total population in Hawassa City.

The Hawassa City Administration Children and Women's Offices (HCACW) (2016) estimated in 2016 that the number of children living under difficult circumstances (for example, orphans and vulnerable children) is 2 619. It was also reported that each sub-city has recorded varying numbers of children and young adolescents living in challenging situations. These include Mehal Ketema sub-city (367), Addis Ketema (311), Bahil Adarash (260), Tabor (287), Abela Tula (461), Misrak Ketem (372), Haik Dar (295), and Menehariya (266). At this juncture, the majority of these children and young adolescents do not attend schools with some only obtaining basic education in public schools. On this account, there are 16 public schools that host this kind of children and young adolescents (*cf.* Figure 4.3 Sub-cities and schools in Hawassa City Administration and Table 4.14 Population Frame). As discussed in Chapter 1, children and young adolescents in Ethiopia live under huge burdens and are exposed to risk factors that could lead to the development of socio-emotional and behavioural difficulties. Lack of palliative prevention and intervention strategies in different contexts such as the family, school, community, are highlighted. Thus, the city is burdened with a growing youth with a paucity of organised services in terms of childcare and support policies and strategies. As a result, studies such as this helps to expose the problems and devise evidence-based techniques in the sphere of child and young adolescent development.

4.3 PARADIGM UNDERPINNING THE STUDY

Pragmatism was considered the appropriate underpinning paradigm for the study for two reasons. In the first place, pragmatism inherently combines and addresses the actual social life issues such as traditional childhood stories (Ihuah & Eaton, 2013; Creswell, 2014; 2009; 2003). In other words, it is expressed in terms of practice and transformation by igniting the interaction between knowledge and practice (Goldkuhl, 2012; Creswell, 2009; 2003). Secondly, a mixed-methods design makes use of the pragmatic paradigm as an organising

framework although other paradigms are also used (Creswell, 2009; 2003; Morgan, 2007; Johnson & Onwuegbuzie, 2004).

The underpinning assumption of pragmatism is based on truth or knowledge that has been explained in terms of the appropriateness and usefulness of the knowledge to its progressive or functional aspects (Godfrey-Smith, 2015). In other words, knowledge has neither an epistemological nor ontological background; instead, it is derived from the interaction among groups of individuals and the artefact in their environment, both of which create reality. Pragmatism is likely characterised by giving emphasis to the inherent combination of consequences due to the inherent outcome of problems that occur within diverse groups of individuals and environmental artefacts. Secondly, pragmatism is likely to focus on the impact of conditions that happen in the real world. Considering the above realities, the current study established the pragmatic paradigm as the methodological approach. For further clarification, the pertinent features of pragmatism are described in Table 4.1.

Table4.1: Philosophical underpinnings for pragmatism

Aspects	Philosophical Underpinnings
Methods	Quantitative and qualitative
Logic	Deductive and inductive
Epistemology	Objective and subjective point of view
Axiology	Values play a large role in interpreting results
Ontology	Accept external reality, choose explanations that produce the desired results
Causal link	There may be causal relationships, but unable to pin them down

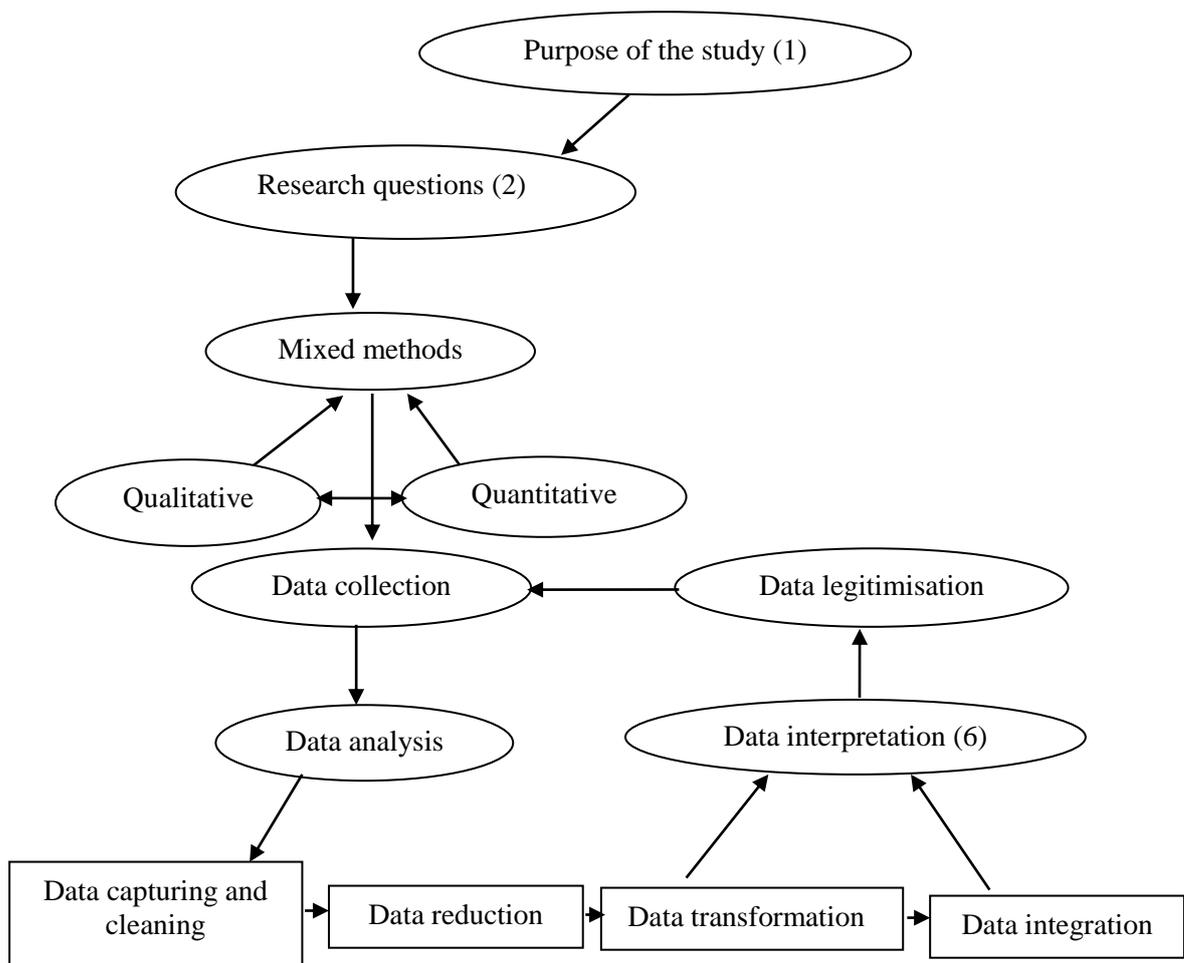
(Adapted from: Christ, 2013:111 and Cameron, 2011:97)

4.4 METHODOLOGY

The methodology section for the overarching design focuses on the design of the study, justifications to use a mixed-methods design, instruments used in data collection, procedures of data collection, methods of data analysis, methodological norms, and ethical considerations. Each of these topics is discussed in the subsequent sections.

4.4.1 Mixed methods design

A mixed-method design involves drawing inquiries using qualitative and quantitative approaches within a single study (Fiorini et al., 2016; Heyvaert et al., 2011). These fundamental steps (Scherman, 2007; Johnson & Onwuegbuzie, 2004) are indicated in Figure 4.4 below.



**Figure 4.4: A mixed method process model
(Adapted from Johnson and Onwuegbuzie, 2004:23)**

The above discussions and Figure 4.4 illustrate the mixed methods design of the study. However, conducting a mixed-methods study does not happen in a vacuum; it rather requires certain procedures to be accounted for to realise the objectives, which begins with a justification for use.

4.4.2 Justifications to use the mixed methods design

The literature justifies the use of a mixed-method (Fiorini et al., 2016; Almalki, 2016) and these are summarised in Table 4.2.

Table4.2: Points of justification to use a mixed methods design

Areas	Purpose
Expansion	Broaden the range of the study by using various methods for several inquiry components
Development	Use the first phase of a study to obtain research questions, data sources or sampling frameworks for the second phase of a study
Diversity	To compare and contrast divergent representations of the same phenomenon
Initiation	Finding paradoxes and contradictions that urge a re-formulation of research questions
Completeness	To gain a greater understanding of the phenomenon under investigation by merging qualitative and quantitative findings
Triangulation	Corroboration/confirmation of findings from different methods and design studies that involve the same factor
Compensation	To compensate for the weaknesses of one method via the strengths of the other.
Complementarity	Elaboration, enhancement, illustration and clarification of the results from qualitative to quantitative and vice versa.

(Adapted from Powell et al., 2008:294; Johanson& Onwuegbuzie, 2004:22)

Based on the explanation provided in Table 4.2, using a mixed-methods helps to expand, develop, diverge, initiate, complete, triangulate, compensate, and compliment data.

In the case of *expansion*, the study utilised diverse methods for diverse inquiry components. While all three phases of the study dealt with SEBDs of young adolescents, the research purposes, approaches, and methods applied in each differed. About the *development*, the first phase of the study informed the data source for the second phase of the study. In other words, inclusion and screening of the SEB challenges in the second phase depended upon the type of *teret-teret* that was explored in the first phase of the study. Concerning the *divergent* issue, the type and prevalence of SEBDs among young adolescents, and the techniques to manage these problems were perceived in line with indigenous knowledge. As previously discussed, the use of indigenous knowledge (for example, storytelling approach) as a technique to support young adolescents with the SEBDs, is an old model of treatment (Killick & Boffey, 2012) which has attracted attention but not been validated through empirical evidence. As a

result, the current study *complimentarily* verifies to the extent to which indigenous play (explored in Phase 1) supports young adolescents who experience SEB problems, as reported in Phase 3.

Even though mixed methods research has many advantages, it does have limitations. For example, one of the most prominent limitations is related to *skills and understanding factors* (Fiorini et al., 2016; Almalki, 2016). In other words, using mixed methods is inherently complex in terms of demanding articulated conceptual skills, linking skills, and rigorous application of quantitative data. The other limiting factor is *a selection* of inappropriate mixed methods that are not congruent with the data and the design of the study (Almalki, 2016). In studies and scientific books, different typologies of mixed methods research are discussed which include triangulation/convergent parallel, explanatory sequential, exploratory sequential, transformative, embedded, and multiphase/iterative mixed methods (Almalki, 2016; Creswell, 2014). The third limiting factor is *a lack of resources and time* (Fiorini et al., 2016; Johnson & Onwuegbuzie, 2004) and these require proactive planning and feasibility analysis for quality research output. Based on the general discussions made on the nature of a mixed-methods design, the following section elucidates different typologies of mixed methods design (Fiorini et al., 2016; Almalki, 2016; Creswell, 2014; Heyvaert et al., 2011). Indeed, these limitations were addressed through proper planning, and complying with the procedures and methodological norms discussed in the following sections.

For this study, a sequentially embedded mixed methods design (*cf.* Figure 4.5 below) was selected for the current study. It was an appropriate design for the current study to address the research problems and research questions raised in the study. Secondly, mixed methods design correctly describes the methodological procedures and the constructs of this study. Creswell (2014) describes an embedded mixed-method design involves either the convergent or sequential use of data. This means that the design is either quantitative, qualitative or data from both designs are embedded within a larger design (for example, an intervention design). As a result, in the current study, data from Phase 1 (qual) and Phase 2 (QUAN) were integrated within the third phase of the study (QUAN – QUAN -qual). For further elaboration, Figure 4.5 illustrates the relationship between the three phases of the study and how the data from the first and second phases of the study were embedded within the third phase of the study.

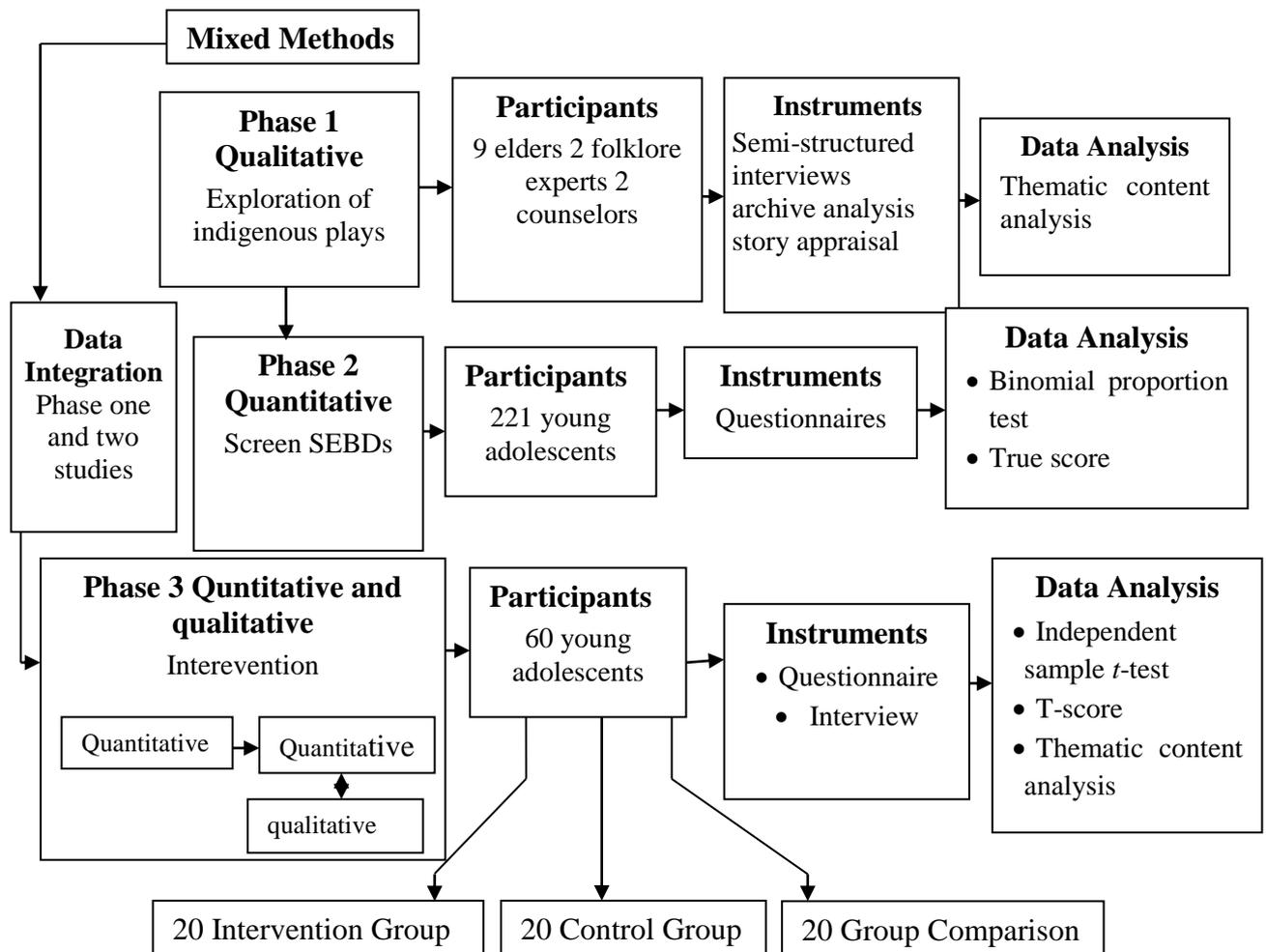


Figure 4.5: Illustration on the relationship between the three phases of the study

4.4.3 Instrument development and verification: Validity and reliability analysis

A pilot test was conducted to review the quality data by identifying errors in the measurement instruments. In that, the pilot test assisted to find out the relevance and consistencies of the construct validity of the assessment instrument (Dikko, 2016; Turner, 2010; Kimberline & Wintersteine, 2008). Refining the instruments was made through the revisions of the interview guideline in the first phase of the study, and the questionnaires in the second phase of the study. Qualitative face validity of the interview guidelines and questionnaires were examined and triangulated by professionals in the field of counselling psychology.

In Phase 1, two participants (one elder and one folklorist) were interviewed to obtain their views on the psychotherapeutic benefits and their experiences of indigenous stories. The interview took 30-45 minutes in addressing key issues. The first section focused on background information such as age, gender, and ethnicity. The other section addressed direct issues related to the research questions. For example, participants were probed to elicit their

experiences using *teret-teret* as a psychotherapeutic technique to assist young adolescents and they were urged to give examples and discuss the application of *teret-teret* psychotherapy and the implications thereof.

Concerning Phase 2 of the study, the validity and reliability of each instrument (that is, the YSR, emotional intelligence, participation in psycho-educational activities, and mother-child interaction) were evaluated through generating data from a hundred volunteer young adolescents. Exploratory factor analysis (EFA) was undertaken to explore whether the items clustered under the identified constructs, as with the original instrument. Simultaneously, the reliability test for each of the composite instrument was undertaken to determine whether all the items were addressing the same construct.

To ensure the validity of the instruments, issues such as language, conceptual clarification, processes, and technical clarification were given attention. The first conceptual concern was raised by the participants and experts from folklore science. To illustrate this point, participants expressed their confusion when trying to differentiate between indigenous and non-indigenous stories; however, this was realised through understanding the unique nature of Ethiopian child stories, particularly analysing the settings (time, place, and conditions) and how characters are represented in each story. The setting includes the time, place, and conditions for storytelling as compelling factors to differentiate Ethiopian stories. In Ethiopia, children and young adolescents either by themselves or with adults are entertained with stories during their leisure time. Home is the prominent place where parents entertain and socialise their children, but other possible places could include grazing fields, schools, and the areas of rituals and ceremonies. Narratives of stories are expressed in terms of demonstrating *living together*, *doing together*, and *going together*. Human characters are common among many stories in Ethiopia, but other animals (monkeys, hyena, fox, and lions) and objects (trees, earth, sun, water, fire, etc.) are also represented as unique characters.

Another most important contextual factor is stages of storytelling with traditionally customized stages and processes where each stage has its own distinct feature. Scholars in Ethiopia have attempted to demonstrate some of the stages while reciting stories (Fekade Azeze, 1991) and these are described below.

Stage 1 Introduction. The storyteller says "teret-teret" The receiver responds, "yelam beret" or "ye meseret"

Stage 2 Beginning. The storyteller begins by the story by saying the expression, "In the old days, there was/were ...", "Once upon a time..."

Stage 3 Narrations. The storyteller recites the story by using all personal, social, communicative skills to get the attention of the audiences to the effective listening of the story. The storyteller acts as if he/she is the character in the story through varying tone of voice, actions, gestures etc.

Stage 4 Conclusions. Use statements such as "... since then it is said that Lion and Monkey have become ...". This kind of conclusion is used just to show stories are long-lasting traditional tools, yet not creative.

Stage 5 Terminations. The common termination statement is "Terten melisu – afen bedabo abisu or afen be chew abisu"

Stage 6 Discussion, and reflection. The participants are required to express their thought, feeling, and understanding of the story. Questions are raised by the storyteller and each participant is expected to give an appropriate answer.

Stage 7 Finalisations. Based on the response of the participants whether the participants properly address the implication of the story or not, the storyteller finalises the story session. If the participants properly address the implication they get a reward by item, word, or action. If any one of the participants does not get the answer, they reward "a nation or district" to the storyteller.

A further *conceptual point* raised by the participants was whether *creative stories* and *cultural stories* were included in the study. The researcher informed the participants that the purpose of this study was to investigate and validate the function of indigenous stories, but not creative stories as psychotherapeutic techniques.

The fourth *conceptual clarification* involved the YSR and ten dimensions which include withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquency, aggression, non-specified problems, and socially desirable behaviour. The participants involved during the pilot test suggested that stories have been used throughout the history of Ethiopia; however, the fundamental purpose includes moral education, entertainment, creating thrill/courage, and developing socially desirable behaviour (for example, cooperation and helping each other). Despite the presence and use of stories for the purposes outlined above, there was little scientific evidence to use stories to address specific socio-emotional and behavioural difficulties such as anxiety and/or depression, and

physical complaints. As a result, due to the abovementioned reasons and the need for professional input, the participants (the elder and folklorist) suggested that experts in the fields of either counselling psychology, child psychotherapy, or clinical psychology evaluate the psychotherapeutic functions of the stories.

About *process testing*, two major activities were undertaken. Firstly, I explored resourceful elders who were capable of sharing their experiences in terms of storytelling. In addition to elders suggested by the office for Women and Child Affairs, other alternatives were explored to find potential elders. One of these attempts was communication with media agencies (SNNPR Radio and Television Broadcast Agency) and contacting potential individuals working with child affairs. These individuals and institutions recommended elders with the experience of storytelling, which assisted the researcher in exploring the views from relevant participants. Then, I explored the views of potential elders where they more likely apply stories through traditional and conventional approaches.

The information gained from the pilot test informed the researcher on ways with which to contact the young adolescents. As it may have tedious as well as time and energy-consuming collecting data from the wider community, the researcher communicated with the Office for Education in Hawassa City Administration for permission to collect data in the school setting. The Office of Women and Child Affairs suggested contacting the eight public schools where the majority of orphan and vulnerable young adolescents were attending. A list of students was obtained from the office of Women and Child Affairs giving the names of schools the students were attending. Thereafter, a focal teacher who had experience and knowledge of the school and the students' background was nominated. Finally, time was scheduled for data collection, and conditions were organised in each of the schools.

As to technical testing, the first modification was made to the interview guideline. The interview guideline presented the criteria to select participants (particularly elders) based on the standard outlined under Chapter Four Methodology Section 4.6.1.2. In contrast to the standards mentioned earlier, more emphasis was given to experiences/exposure in working with stories and the competency of elders to distinguish the purpose of stories in working with young adolescents rather than age, marital status, number of children, and educational status. As a result, I found elders aged below sixty, who had no children or marital life and had not progressed beyond grade twelve, but these elders had been working as storytellers using stories as techniques to entertain and socialise children and young adolescents. However, the pilot test confirmed that a couple of participants were unable to recall the

historical development of the oral tradition in Ethiopia with particular reference to stories as instruments to manage young adolescents' socio-emotional and behavioural challenges.

In addition to another technical change was made to the instruments of emotional intelligence, participation in psycho-educational activities, and mother-child interaction and addressed through a reduction of the number of scale points from five to three. That is to say, the scale point was reduced from five (1 = Never true for me, 2 = Seldom true for me, 3 = Sometimes true for me, 4 = Often true, 5 = Very often true for me) to three (0 = Not true, 1 = Sometimes or somewhat true, and 2 = Very true or often true) for emotional intelligence and mother-child interaction. Regarding the participation in psycho-educational activities, the self-expression level was customised on three scale points (that is, 0 = Do not participate, 1 = Occasionally participate, 2 = often participate) to eliminate confusion by young adolescents when differentiating the magnitude of their problems and to locate themselves either at 0, 1 or 2. The implication of this amendment was the ease of understanding and the degree of the young adolescents' experience regarding their emotional intelligence, participation in psycho-educational activities, and interactions with their mothers.

Further *technical adjustments* were addressed after the pilot test was conducted with 100 participants; however, five were deleted due to incomplete data. The pilot test included the YSR and the instruments to assess the constructs in confounding variables through exploratory factor analysis and reliability analysis. It was conducted to explore the issue of parsimony among the underlying factors in each construct particularly to the participants in the current research setting. In other words, the exploratory factor analysis and reliability analysis aimed to maximize the validity and reliability of the instruments to measure the relevant constructs and involved dimension reduction from the multitude of items to a certain number of components. For this purpose, two major procedures were undertaken - factor extraction and factor rotation. Factors were extracted through Principal Component Analysis (PCA) where the fundamental intention of Factor Analysis (FA) is to reduce the number of underlying factors⁷ in each scale to a limited set of components. Oblique Rotation (direct oblimin) method was selected for factor rotation. Oblique Rotation (direct oblimin) method was selected for factor rotation. In the current study, exploratory factor analysis was conducted to the individual scales as opposed to all the items in the instrument to see how items were clustering. The fundamental reason for conducting Exploratory Factor Analysis (EFA) on the individual scale was that items did not cluster under the identified constructs, as

⁷ Interchangeably used with the concepts ‘‘indicator’’ and ‘‘item’’

with the original instrument. Secondly, the third phase of the study (Intervention study) particularly required exploration of the real underlying construct which assisted in identifying young adolescents who experienced SEBDs.

In short, both qualitative and quantitative methods of data collection and analysis were used in the study. The purpose of the study was to determine the usefulness of indigenous play as a psychotherapeutic technique with young adolescents experiencing socio-emotional and behavioural difficulties. To realise this purpose, the mixed methods design was organised into three phases. Six research questions were formulated comprising two research questions for phase 1, two for phase 2, and two for phase 3 study. Data were analysed through cleaning of data (that is, creating file name, data tracking system, developing procedures for transcription, and quality control routine, and proper planning) and interpretations (Turner-III,2010; Morrow, 2005). With all the above discussion the study is informed by mixed-method design. The following figure elucidates the design of the study.

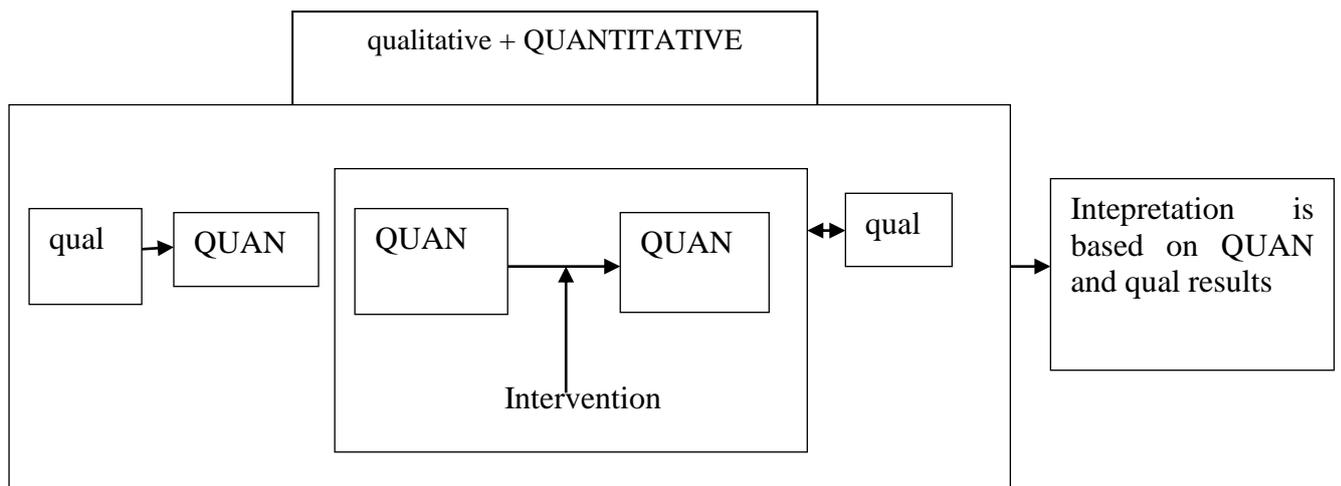


Figure 4.6: Embedded experimental model for mixed methods

(Adapted from Creswell & Clark, 2011:67)

4.4 4 Procedures of data collection

The legality and ethical concerns of this study were given approval from different bodies. The University of South Africa (UNISA) granted ethical clearance to conduct the research (Appendix B). In Ethiopia, the Southern Nations, Nationalities, and Peoples Regional State (SNNPR), as well as the office for Women and Children in Hawassa City Administration also acknowledged the importance of the study and granted permission to proceed with the research (Appendix A).

A one-day intensive training was conducted for all research assistants comprising eight social workers recruited from eight sub-cities in Hawassa City Administration. These research assistants were involved in general facilitation jobs, selection of research participants, and conducting data collection. In the first phase of the study, they selected elders from the community and in the second phase, research assistants interviewed elders and folklore experts and conducted data collection in the survey design. The training mainly focused on the procedures that needed to be considered and followed during data collection and data recording. The training focused on ethical responsibilities including how to maintain participant confidentiality. For further understanding, specific procedures for data collection through maintaining the basic ethical standards are indicated below.

1. Motivational communication and establishing warm relationships with the research participants ensured understanding of the purpose, ethics, and confidentiality of the study.
2. Clear and concise directions were given for data collection such as guidelines or interviewing and guidelines for completing the questionnaires.
3. Data gathering was guided by the research assistants in terms of reading items, clarifying confusions, and providing individualized support for the participants with reading and comprehension problems.
4. Caution was made to enhance the trustworthiness of the data through preventing responses set, copying from colleagues, skipping items, and providing fake responses.
5. Meticulous classroom management was ensured so that valid data was generated by the participants.

4.5 PHASE 1: EXPLORING CULTURAL TERET-TERET

The first phase of the study explored elders and folklore experts' perceptions towards cultural stories as psychotherapeutic techniques to support young adolescents' SEB challenges.

4.5.1 Sample size and inclusion criteria

There were 13 participants (i.e., 9 elders, 2 folklore experts, and 2 counsellors) involved in the first phase of the study. However, as this phase of the study is qualitative, there is no concrete standard to establish a representative sample size (Marshall et al., 2013). While the discussions on the adequacy of sample size are relevant, it is based on the label of data saturation (Marshall et al., 2013; Englander, 2012) where the researcher continually engages

new participants until the data set is complete (Marshall et al., 2013). In contrast, some literature, for example, Vishnevsky and Beanlands (2004), suggests greater than twenty for ethnography and less than ten for phenomenological studies. Accordingly, in this study thirteen participants, nine elders, two folklore experts and two counsellors, were selected to participate in the first phase study. A description of the sampling participants in Phase 1 is provided in the next section.

4.5.1.1 Sampling of elders

An elder is a senior member of a community (for example, parents and grandparents) as he/she has enormous experience which shapes the next generation to be productive citizens (Jirata, 2014). Given this conceptualisation, the working definition of elder is based on chronological age or a person sixty years of age or above (Aboderin, 2005; Nhongo, 2004). On the other hand, regardless of chronological age, a person is said to be an elder based on the experiences he/she has had and the maturity level to observe problems and convey constructive messages for a specific group of individuals. However, in Ethiopia, there is a long tradition of storytelling to young adolescents by elders (seniors). Accordingly, elders are either fathers, mothers, senior siblings, teachers, informal educators, village leaders, priests, or other respected and experienced local persons who can convey experiences to the young generation. Taking this into consideration, nine elders were sampled for the study.

Various individuals were involved in the exploration of elders and the collection of data. These included experts from the women, children, and youth office, experts from Mary Joy children's services, experts from the Juvenile Correction Centre, and experts from the Centre of Concern. The experts in the Office of Women and Children Affairs designated as child experts only explored potential elders from their respective sub-city. However, two research assistants with background qualifications one is Master in Counselling Psychology and the other is Master in Social Psychology conducted the interview. Moreover, the other one with a BA degree in psychology works as counsellor in the Juvenile Correction Centre where he played the role of finding potential elders and data collection as well. The research assistants were bound to a declaration of responsibility, confidentiality, and anonymity of the research participants (*cf.* Appendix S).

Considering sampling techniques under the inquiry approach (that is, purposeful strategies) and their criteria (Marshall et al. 2013; Patton, 2002), a convenience-purposeful sampling technique (Hancock et al., 2009) was employed. Convenience sampling inherently comprises

the availability of the participants and their consent to participate in the study (Whitley & Crawford, 2005). In light of availability, those participants who are accessible in the research setting were considered. For example, currently identifying and accessing elders in Ethiopia is very challenging due to transgenerational crumbling and poor traditional knowledge transition to the present generation. As a result, in this phase of the study, available knowledge-oriented elders were selected through the snowball (social network) sampling technique (Browne, 2005) under the guidance of child experts from each sub-city.

Literature states that the snowball sampling technique has the inherent nature of adapting to the setting where research participants are hard to reach and widely scattered (Chaim, 2008; Browne, 2005). Accordingly, in the current study, snowball sampling accounted for elders selected through a collaborative effort between child experts and the elder themselves. Elders live in a wide range of community settings, such as different sub-cities, which makes it difficult to locate their exact physical address with their respective household level. For this reason, elders were selected based on the following top-down flow of administrative hierarchies in the city administration (*cf.* Figure 4.5). Child experts at each Kifle Ketema (sub-cities) communicated with the focal person at kebele level, and the kebele focal person attempted to find potential elders from the household level based on the city administrative structures.

4.5.1.2 Elders inclusion criteria

One of the major inclusion criteria was an experience. An elder who had experience in terms of shaping young adolescents through the method of storytelling was selected by the social worker in each of the sub-cities. Secondly, regardless of gender, both men and women elders were involved because men and women in Ethiopia play pivotal roles in influencing and socialising young adolescents through child-friendly approaches. On the other hand, modern ideological and perceptual changes infused social changes in terms of establishing androgynous roles in the socialisation of young adolescents. The third inclusion criterion was age, and those elders who were thirty years of age and above, with insight to retrieve their experiential life with the role of life long experience in the transition of indigenous knowledge were included, particularly if they had experience with storytelling in their work with community problems. For further clarification, the primary level inclusion criteria are listed in Table 4.3 below.

Table 4.3: Primary inclusion criteria for elder selection

Primary inclusion criteria		
No.	Criteria	Inclusion criteria
1	Gender	Male or female
2	Age	Middle adulthood (above 30 years of age)
3	Nationality	Ethiopian
4	Level of cognitive function	Insightful to retrieve memory
5	Experience	Direct/indirect experiences to <i>teret-teret</i> and working with children and young adolescents

To find out more information about elders' in terms of their experiences with cultural stories (*teret-teret*), secondary inclusion criteria were set (*cf.* Table 4.4). A checklist was developed based on the role of stories as psychotherapeutic techniques to support young adolescents experiencing socio-emotional and behavioural difficulties. The checklist assisted the research assistants in identifying appropriate elders from the city administration. The checklist comprised a two-point scale (that is, *Yes* = 1 and *No* = 0). *Yes*, denotes using *teret-teret* as a medium to support young adolescents with socio-emotional and behavioural difficulties, whereas *no* indicated not using *teret-teret* for the purpose of assisting young adolescents with socio-emotional and behavioural challenges. The total score of the checklist was nine and the elder who scored equal and above the average was considered for the final interview programme. Fifteen elders were selected via primary inclusion criteria and among these, nine met the second list of criteria and were involved in the interview sessions. Table 4.4 demonstrates secondary level inclusion criteria based on the YSR.

Table 4.4: Secondary inclusion criteria for elder selection

No.	Socio-emotional and Behavioural Problems	Scale level		Remark
		Yes	No	
1	Aggression (e.g. having an uncontrolled temper, hot temper, screaming)			
2	Depression (e.g. feeling worthless, being unhappy/sad)			
3	Anxiety (e.g. becoming too fearful/anxious, fidgeting)			
4	Hyperactive attention disorders (e.g. easily distracted, confusion)			
5	Somatic complaints (e.g. physical problems without known organic causes such as headache, nausea)			
6	Delinquency (e.g. lie, cheating, bragging)			
7	Social problems (e.g. jealousy of others, teasing others)			
8	Social withdrawal (e.g. choose to be alone, timid)			
9	Thought problems (e.g. thought to be perfect, feel afraid as if doing something wrong)			

4.5.1.3 Sampling folklore experts or folklorist

Folklore is represented as traditional customs, tales, sayings, or art forms preserved among a people (Kuruk, 1999). Folklore experts or folklorists are qualified persons who are experienced in the lore of people or propagating folks' shared traditional identities (Dundes & Bronner, 2007). Based on this view, two folklorists, regardless of their gender and age, were included in the study as their experience of working with young adolescents and storytelling was a valuable condition to entertain them as the study participants. Folklore experts were widely available in a variety of sector organisations such as culture and tourism offices and tertiary academic institutions. Given their availability, two folklore experts, one from South Nations Nationalities Peoples Regional State (SNNPR) Culture and Tourism Bureau and the other from Dilla University participated in the study. Both were university graduates in folklore studies and that was helpful in providing analytic discussions and integrating the existing cultural wisdom with developing modern knowledge in the areas of storytelling. Besides, folklorists had lived experience of how stories impact the development and wellbeing of young adolescents' socio-emotional and behavioural development.

4.5.2 Data collection instruments

Two separate tools namely, semi-structured interviews and archive analysis, were designed for data collection. In the case of the interviews, the participants of this phase, the elders and folklore experts, used their experience to discuss cultural stories and appraise their therapeutic values based on the Youth Self-Report questionnaire (YSR). However, in the case of archive analysis, the researcher collected youth-friendly cultural stories from academic institutions and the SNNPR Culture and Tourism Bureau. Thereafter, the therapeutic value of the stories was evaluated by elders and folklorists, and professional counsellors also supplemented their comments and categorized the stories according to the themes suggested by the Youth Self-Report Questionnaire.

4.5.2.1 In-depth interviews

In-depth interviewing is a widely-used method of collecting data in qualitative studies (Qu & Dumay, 2011; Townsend et al., 2010; Whitley & Crawford, 2005). The use of interviewing ensures that attentive steps were applied in the gathering of data (Qu & Dumay, 2011). One of the advantages of interviewing, is it inherently allows the researcher to explore the subjective experiences of the participants towards the use of play in therapy, but this does not guarantee the collection of reliable and valid data. Interviewing requires clarification of

language and articulation barriers ensuring that every question in the interview guideline is clear and succinct. In addition, it was imperative to check that questions linked to the research questions, aims and objectives of the study. Other factors such as attitude problems and lack of conceptual as well as analytic skills could affect the quality and quantity of data obtained from research participants. Accordingly, precautions were taken to mitigate the adverse effects of the problems delineated in the preceding section.

The semi-structured interview, guided by the pre-prepared interview guide or prior code (Shosha, 2012; Reeves et al., 2008), was composed of open-ended in-depth questions (Angrosino, 2007). All participants were required to describe possible stories that could function as a psychotherapeutic technique for young adolescents experiencing SEB problems. With the exception of sixteen background questions, each SEBDs (i.e., aggression, anxiety, depression, social problems, social withdrawal, somatic complaints, delinquency, thought problems, and hyperactive attention problems) had eight open-ended in-depth thematic questions. These questions explored the implications and assumptions embedded in the use of the stories, SEBD indicators and SEBC indicators, therapeutic/healing mechanisms embedded in the stories, inclusiveness of the stories across different cultures, practical/lived experiences and necessary preconditions to practice the stories. For further understanding, the semi-structured interview guideline is provided in Appendix F.

4.5.2.2 Archive analysis

One of the most important qualities of qualitative studies is data saturation which entails holding as much as possible relevant information through different techniques of data collection (that is, method triangulation). A further data collection instrument used in this study was an archive analysis which is a common tool to have data that come from the ethnographic and phenomenological studies (Felice & Janesick, 2015; Sinuff et al., 2007; Vishnevsky & Beanlands, 2004). According to Angrosino (2007), archive analysis as a form of secondary data source denotes the investigation of resources that have been reserved for scientific studies, services, and other official and non-official purposes. Studies demonstrate that archive analysis has advantages and disadvantages to which researchers should give attention. For example, Shultz et al. (2005) suggested that resource-saving and flexibility in the use for different research designs that contain powerful statistical tools from the large sample size, is an advantage; however, incomplete documentation and poor quality of data are major disadvantages of archive analysis. In the current study, archive analysis was used to

collect and organise indigenous play from comic books in order to complement the information gained from the semi-structured interviews.

Identifying cultural play from children's books is of vital importance to widen the opportunity to explore additional and more appropriate cultural play to help as a psychotherapeutic technique. In addition, collecting cultural stories from children's books assisted in realising both the research questions in this phase of the study. Based on the given criteria (*cf.* Table 4.11), the researcher conducted primary level appraisal on the itemised Amharic version of cultural stories/narratives (Hancock et al., 2009), collected from reliable sources to evaluate whether each play was indigenous or not being guided by the procedures and criteria indicated in Chapter 4, Section 4.6.5. Secondly, the researcher appraised whether each play was appropriate for psychotherapeutic purposes or not, based on the socio-emotional and behavioural difficulties suggested by the Youth Self-Rating questionnaire. In the subsequent procedure, elders and folklore experts were exposed to the itemised version for the purpose of secondary level evaluation to ascertain the trustworthiness of the researcher's primary-level assessment.

4.5.3 Procedures to collect the data from the interviews

The above discussions focused on the type and nature of data gathering instruments, but under this section, the practical procedures that guided fieldwork are outlined.

Planning: One of the planning issues was setting appropriate interview contexts. Hawassa town has many favorite places including soothing resorts along the lakeside, well-organized university compounds, and sub-city youth centers. Accordingly, the interview places were selected based on the interest of the participants in terms of accessibility and proximity. The second planning factor was setting convenient interview times (maximum of two hours) based on the depth of the interview guidelines. The schedule allowed for flexible time alignment with the interest and existing circumstances of the participants in mind. The third condition was ensuring the supply and workability of interview devices such as a tape recorder or recording device and note-taking.

Obtaining informed consent: Informed consent was ensured through using UNISA - adult participation consent forms for the interviews (*cf.* Appendix E). This informed consent form clarifies issues related to the study and included information about the topic of the study, the purpose of the study, importance of the study, grounds for participation in the interview

process (it was voluntary actions), techniques of recording data, debriefing technique and risk level due to the involvement in the study.

Establishing a warm relationship: Establishing psychological contact was made through *developing rapport and warmth* (Whitley & Crawford, 2005) with each of the participants regardless of any factor (gender, age, and ethnicity). In developing a good relationship, participants' level of understanding was enhanced regarding the purpose, processes, contents, and methods of maintaining confidentiality in the study.

Data collection/conducting the interview: A one-day intensive training was provided for three research assistants or data collectors. This training was vital in preparing the research assistants to understand the whole nature of the interview guideline, the participants, the processes of data collection, and the safe data management system. Data collection was supported by data recording by using a tape recorder and note-taking. Nine thematic areas were set to identify the core categories and sub-categories of the stories and related factual data, based on the Youth Self-Rating form. These included categories such as gender and age, contextual aspects of the story such as socio-cultural and historical contexts, the purpose and implications of *teret-teret*, SEBD indicators, SEBC indicators, and personal experiences and their world view regarding the use of *teret-teret* as a psychotherapeutic tool.

Reviewing: In the final step, all data were reviewed at a primary level and drawing tables (Devi & Kalia, 2015; Gläser & Laudel, 2013; Ibrahim, 2012) was applied. This step had the importance of identifying and exploring incomplete and less saturated information.

4.5.4 Procedures to collect the data from the archives

In compiling the relevant stories from archives, cautious steps were considered in collecting data from the secondary data sources. To achieve this purpose, children's storybooks, articles, monographs, doctoral papers, and other sources of information were explored through the following three major procedures.

Step One: Screening storybooks: The researcher collected children's storybooks that contain Ethiopian *teret-teret* from different sources. That is to say, children's storybooks were gathered from the libraries of academic institutions and other organisations based on already-established criteria (*cf.* Table-4.5). For example, Addis Ababa University is one of the oldest universities in Ethiopia and contains the largest collection of books, articles, monographs, and other sources of information that portray Ethiopian society. This academic

documentation room, known as *Ethiopian collections*, is unique in that it contains resources and artifacts related to Ethiopian indigenous knowledge, culture, and customs.

Table4.5: Brief evaluation criteria to explore cultural stories from story books

No.	Story evaluation criteria	Scale		Remark
		Yes	No	
1	The source of the book: Ethiopian collections			
2	Shared story (i.e., story not specific to certain culture, religion, ideology, but universal Ethiopian wisdom)			
2	Description on the purpose of the cultural stories			
2.1	Moral development/technique for improved for moral behaviours			
2.2	Cognitive development for improved cognitive functioning			
2.3	Emotional development/technique for emotional support			
2.4	Language development/technique for language improvement			
2.5	Social development/technique for healthy social behaviour			
3	Age: Suitability for young adolescents			

Step Two: Select stories: The researcher selected relevant cultural stories that could assist as a psychotherapeutic technique. Quite a different number of stories were selected for each SEBD identified by the YSR. The researcher developed four criteria to ascertain whether the cultural stories could be used as a psychotherapeutic technique or not. These criteria were:

1. Embed the type and nature SEBDs within it,
2. Portray at least one indicator of any SEBDs depicted by YSR,
3. Depict socio-emotional and behavioural competency that listener can develop
4. Portray specific therapy technique and implication to deal SEBDs among adolescents.

Step Three: Validation of the stories: Stories were then presented to counsellors to ensure further validation regarding how these stories could assist as a psychotherapeutic technique. Finally, under the direction of the researcher, relevant stories from the given total stories were selected for the psychotherapeutic application. The general procedures to select the stories are demonstrated in Figure 4.7.

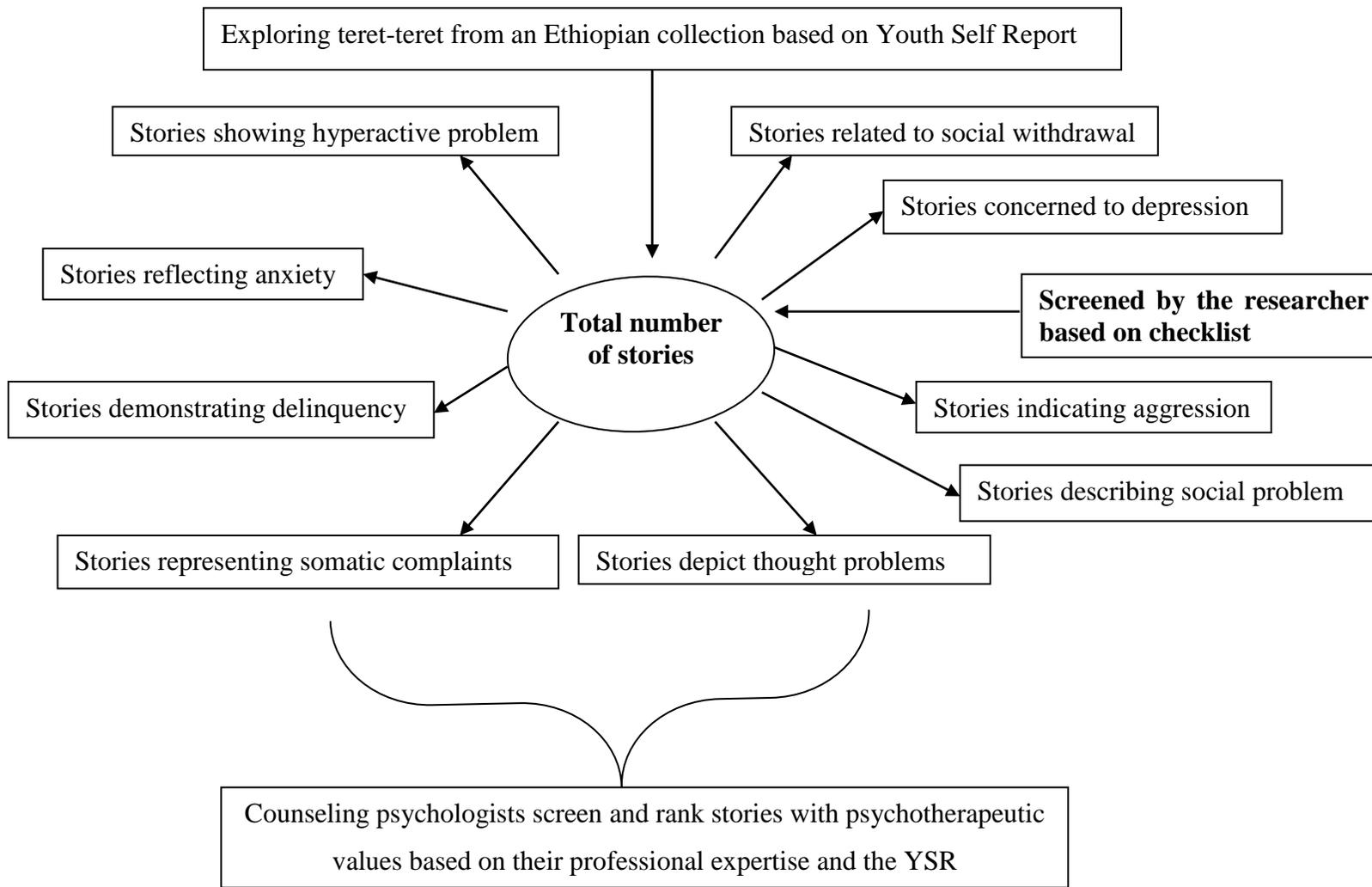


Figure 4.7: Methods of screening indigenous stories from archive

During the interview, the sources of information were elders and folklorists, who provided experiences of their indigenous storytelling using the stories with young adolescents. In the case of archive analysis, the sources of information were children's storybooks (in Amharic) and other archives. The researcher collated the stories drawn from diverse sources and then counsellors assessed the therapeutic values of each story and classified them based on their professional expertise as each story's unique quality to play a psychotherapeutic role.

4.5.5 Phase 1 Data analysis

Qualitative studies have five different general approaches including narrative, grounded theory, phenomenological, ethnography and case study where each differ in problems, questioning and purpose (Elkatawneh, 2016). With this understanding, among the five approaches, a phenomenological approach had the most valid connection to the current study because the study intended to describe the phenomenon or lived experiences (Sundler et al., 2019) of the research participants on *teret-teret* psychotherapy, and not to build a solid theory (i.e., as grounded theory) based on piece of information obtained through inductive methods (Cho & Lee, 2014). In that sense, data analysis in the current study was conducted through thematic content analysis (Burnard et al., 2008; Williams, 2007) because of its relevance and strength to promote the trustworthiness of the overall processes of the research activities (Nowell et al., 2017). However, other methods of data analysis; for example, *constant comparative analysis* which requires explicit coding and analytic procedures involving comparing incidents applicable to each category, integrating categories and their properties, delimiting the theory and writing the theory are more applicable to grounded theory (Cho & Lee, 2014).

In this case, the data analysis involved two major components such as describing the major concepts and essence in a given phenomenon and observing the meanings embedded in familiar life practices (Shosha, 2012). With this understanding, the current study primarily focused on analysing common concepts and the essence of *teret-teret* as a traditional storytelling approach and analysing experiences of research participants' in terms of managing socio-emotional and behavioural difficulties through the use of *teret-teret* as a psychotherapeutic technique. This in turn allowed exploring the subjective way of meaning-making and providing an interpretation (Hancock et al. 2009; Krauss, 2005) of the essence and meaning behind Ethiopian stories. Furthermore, the study made an in-depth exploration of the subjective experiences of participants to create meaning (Reeves et al., 2008;

Onwuegbuzie & Leech, 2007) from indigenous stories as a psychotherapeutic technique for young adolescents experiencing SEB challenges.

In reality, thematic content analysis relates to the development of a thick description of a phenomenon where it illustrates social context and the meanings ascribed to it (Fade, 2004; Draper, 2004; Vishnevsky & Beanlands, 2004). One of the processes of analysing textual content is allocating a descriptive name (code) and the codes later are combined to form themes. Coding refers to using words, numbers, or symbols to assign to items or chunks of data to answer the research questions. For this purpose, the common types of coding used within qualitative studies are open and prior coding. Open coding denotes labeling concepts, defining and developing categories based on the subjective perception of the participants. It is said to be 'open' because it is different from the codes constructed by the researcher, pre-set codes, yet it embeds 'Vivo' or field-based codes that are directly extracted from the mouth of the participants. Conversely, prior coding entails starting with a list of pre-set codes which are derived from the conceptual framework, research questions, problem areas, and prior knowledge on the subject matter. Based on the above discussions on coding, this particular study implemented a hybrid (both, open and pre-set) coding system. The main purpose of using open coding is to grasp new concepts beyond the researcher's experience. In contrast, the reason behind using prior coding is to guide the researcher to pose questions without losing the fundamental purpose, based on the research questions (Shosha, 2012; Reeves et al., 2008).

As part of the study is qualitative, the evidence emerging from the study was built on inductive reasoning (Williams, 2007) and inductive-based data coding (Burnard et al., 2008; Thomas, 2006). The reason to seek an inductive approach lay in the dearth of previous theoretical knowledge (Burnard et al., 2008) of *teret-teret* as a therapeutic technique in the context of Ethiopia. Thus, specific data generated through interviews and archive analysis, would ultimately develop a theory on the use of *teret-teret* as a psychotherapeutic technique which would describe and explain the cultural stories used as a framework to support young adolescents with socio-emotional and behavioural difficulties. With this understanding, *teret-teret* as a technique that could be applied to support young adolescents with socio-emotional and behavioural difficulties. Inductive content analysis was conducted by extracting eight constructs (socio-emotional and behavioural challenges) from Achenbach's Youth Self-Rating questionnaire. For further understanding, the method and procedures of data analysis are highlighted with the aid of the following illustrative story and method of data analysis

(Refer to the following story *The Naughty Destaye* and method of data analysis in Table4.12: Example on data analysis sheet).

Naughty Destaye

Once there was a young boy who lived in a small town. His name was Destaye, the Amharic word for 'my happiness'. He was a very naughty boy. Destaye made trouble wherever he went, but mostly he made trouble at school. Destaye was late to school each day. He did not always finish his homework. He talked while his teacher was giving lessons. He threw paper from his notebook around the classroom. Destaye argued with other pupils at break time. Most of all, he argued with his teacher. The teacher was always shouting at Destaye. She shouted, "Destaye, do not talk while I am giving lessons! Do not throw paper! Do not argue with me or other students!". The students thought it was funny that although his name was Destaye, he made his teacher very unhappy. At the end of each day, the teacher was tired of shouting at Destaye. She was happy when it was time for dismissal. She always wished that Destaye would not come to school the following day. Then, he did not come to school for a long time. His teacher was worried and asked her students to find out what was wrong with him. They told her that Destaye was very sick. Even though Destaye was a naughty student, she wanted him to recover from his sickness and comeback at school

Source: Ethiopian Ministry of Education and USAID (2012). *Ethiopian Folk Tales*. Addis Ababa, Ethiopia.

The fundamental criteria to analyse the story are the research questions. The first research question was formulated to gain an answer of elders and folklore experts' experience regarding the use of indigenous stories as a psychotherapeutic technique to support young adolescents with SEBD . The second research question was designed to obtain a response to the specific type of indigenous stories that could assist as a psychotherapeutic technique to support young adolescents with SEBDs. There are eight major categories (eight problem areas outlined in the YSR): aggression, depression/anxiety, hyperactive-attention problem, somatic complaints, social problems, social withdrawal, thought problems, and delinquency. In a similar way, there are seven coding patterns by using a *focal descriptive word* in each, based on using a mixed coding system comprising a prior code and an open code. These are:

Coding pattern 1: *Naming and narrating* the story,

Coding pattern 2: *Assumptions* about using the above story while dealing with their children's behaviour,

Coding pattern 3: Identifying the *characteristics* of the SEBD challenges,

Coding pattern 4: Discussing the *mechanisms* how the story assists young adolescent to manage the difficulties such as enhancing emotional, cognitive, social/interpersonal, moral and/or behavioural competencies,

Coding pattern 5: Discussing the *cultural background* of the story such as justifications, inceptions, and practices in Ethiopia,

Coding pattern 6: Discussing *live experiences*/giving evidences from personal, family, and/or communal settings,

Coding pattern 7: Stating *pre-conditions and contexts* to practise the storytelling with young adolescents such as the physical setup, social context, and resources.

Consequently, through the above methods of categorisation and coding (as illustrated on Table 4.12 below), data were analysed to answer Research Question 1.

With regard to Research Question 2, *Which indigenous plays/stories assist as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?* The following procedures were considered.

Procedure 1: Collection of the stories through interviews with elders and folklore experts and archive analysis of stories from the Ethiopian collection.

Procedure 2: Evaluating the themes and characteristics of each story based on YSR taking into account aggression, depression/anxiety, hyperactive-attention problem, somatic complaints, social problems, social withdrawal, thought problems, and delinquency.

Procedure 3: Categorising the stories based on their similarities such as stories with similar themes and characteristics as presented in the YSR)

Procedure 4: Grouping the stories based on the unique qualities of the stories to help as a psychotherapeutic technique. That means aggression, depression/anxiety, hyperactive-attention problem, somatic complaints, social problems, social withdrawal, thought problems, and delinquency

Procedure 5: Decision-making or finding the most appropriate available category of *teret-teret* that assists as a psychotherapeutic technique to manage SEBDs of young adolescents.

Table 4.6: Example on qualitative method of data analysis

Name of the elder (Anonymous): Interviewee-1 Major Category: Story depicting aggressive behaviour

Theme	Sub-theme	Category	Sub-category
<p><i>Theme 1:</i> Participants' worldview to use this story</p>	<p>Participants' unique experiences <i>I applied this story to assist young children to develop positive attitude towards schools, teachers, and academic activities, and assertive behaviours for healthy interpersonal functioning.</i></p>	<p>Category 1: Tradition of storytelling in Ethiopia</p>	<p>Intergenerational exchange of the wisdom</p>
		<p>Category 2: Context of the storytelling</p>	<ul style="list-style-type: none"> • Naming: The name <i>Destaye</i> is an Ethiopian name • Symbolization and imagination: This story has no unique symbolization • Setting: Safe physical and social environment • Psychological readiness: Attention getting of the child to listen to story • Stages of story recitation: Five stages
		<p>Category 3: Values</p>	<ul style="list-style-type: none"> • Manage socio-emotional and behavioural difficulties • Develop healthy interpersonal prelateship skills
<p><i>Theme 2:</i> Classification of this story under the YSR</p>	<p>Aggression</p>	<p>Category 1: Socio-emotional and behavioural difficulty indicators</p>	<p>Troublemaker wherever he went; late for school each day; did not always finish homework; frequent back chatting and argument with class mates; talking while teachers delivers lessons; threw paper around the classroom.</p>
		<p>Category 2: Indicators of socio-emotional and behavioural competencies</p>	<p>Shouted (cajoling & teasing) to: arrive at school on time, avoid back chatting, finish homework, not to argue with teachers and classmates, and not to throw papers</p>
		<p>Category 3: Surface and allegorical implications</p>	<p>Students respect their teachers and accept ideas and correct their undesirable behaviours</p>

Despite the availability of different procedures of data analysis in qualitative studies (Cho & Lee, 2014), a seminal procedure set by Colaizzi (1978) was applied in the current study. These procedures and techniques have been well adapted by other scholars such as Sue (2003) and Shosha (2012). The reason these procedures were selected is that the methods primarily suit the design of phenomenological studies and are indicated in the following section.

Phase 1: Data cleansing and organising of qualitative data: This phase involved conducting data cleansing (Devi & Kalia, 2015; Gläser & Laudel, 2013; Ibrahim, 2012) involved discussion of incomplete information in collaboration with research participants. In this stage, assessing data quality was conducted based on the quality assessment criteria of *consistency* (uniformity), *uniqueness* (free from redundancy), *integrity* (data accuracy and consistency throughout the study), *completeness* (holding all necessary data), *accuracy* (free from error/defects) and *density* (saturation) (Devi & Kalia, 2015). This was done through an external audit trail in which experienced faculty members, with expertise in qualitative methodology, could follow the process and product of the inquiry (Miller, 1997).

Phase 2: Introduction to the protocols: Read participants' descriptions, incorporated in interview transcripts and archive analysis, offered reviews of the therapeutic role of *teret-teret* for adolescents experiencing socio-emotional disorders.

Phase 3: Extraction of significant codes: Return to each transcript and extract themes that directly pertain to therapeutic contributions of *teret-teret* for adolescents experiencing SEBD.

Phase 4: Formulation of meanings: Frame meaning for each significant statement in terms of the therapeutic role of *teret-teret* for adolescents experiencing SEBDs

Phase 5: Organisation of the categories/clusters of themes: Organise formulated meanings into the group of themes in relation to the responses obtained from the participants about the therapeutic role of *teret-teret* for adolescents experiencing SEB disorders.

Phase 6: Exhaustive description of the major findings in the phenomena: Integrate the results into an exhaustive description of the topics under *teret-teret*.

Phase 7: Highlighting the fundamental structure: Formulate exhaustively described *teret-teret* through unequivocal statements to find out the fundamental structure.

Phase 8: Validation of the findings: Corroborate the findings with the research participants to compare the researcher's descriptive results with their experiences.

The above steps have been elucidated schematically by Shosha (2012), which helps in gaining insight into how these procedures are working.

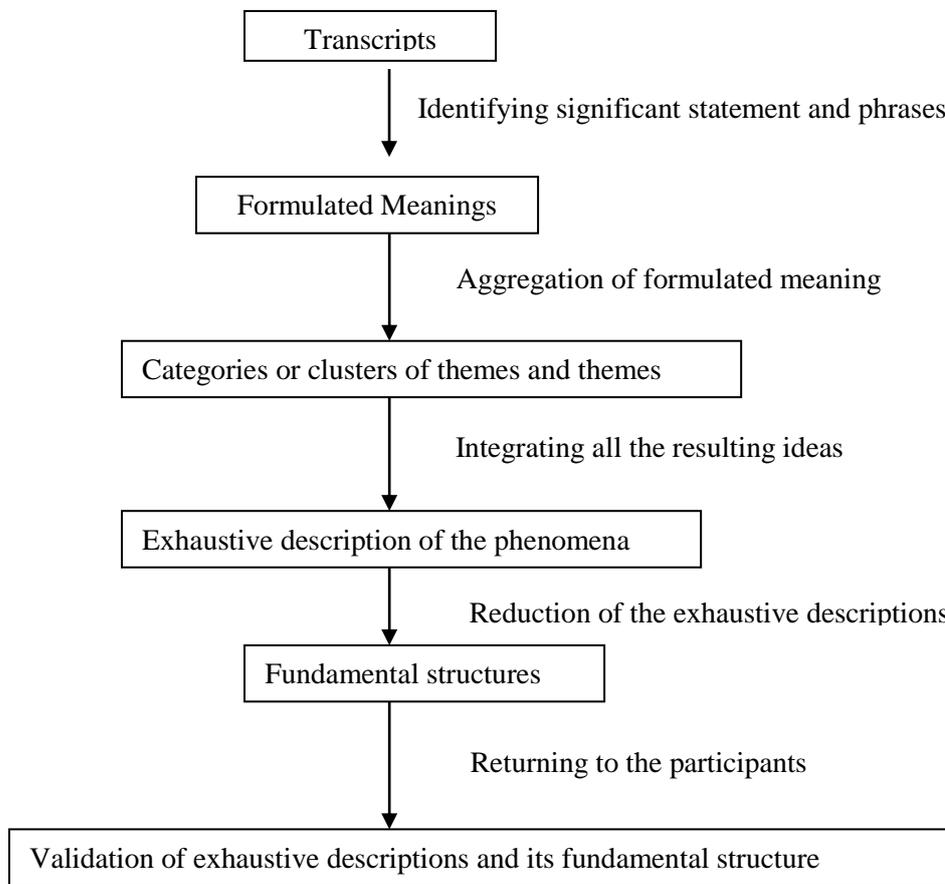


Figure 4.8: Schematic illustrations on the penomenological procedures of data analysis

(Adapted from Shosha, 2012:33 and Colaizzi, 1978:41)

4.5.6 Methodological norms

Approaches in qualitative studies are concerned with the systematic collection, organisation, and interpretation of textual materials drawn from interviews and/or observation (Morrow, 2005; Malterud, 2001). It requires a concerted effort to ensure methodological norms to maintain the standard of the study (Ali & Yusuf, 2011; Lietz & Zayas, 2010). One of the methodological norms in qualitative studies is ensuring the trustworthiness of data and methods of analysis. Trustworthiness denotes data, in that the process of data generation and data analysis free from time and observer bias (Hancock et al., 2009; Moriarty, 2011; Whitley & Crawford, 2005). Literature states the presence of different mechanisms of realising trustworthiness in qualitative studies (Pandey & Patnaik, 2014; Anney, 2014; Ali & Yusuf, 2011; Morrow, 2005; Rolfe, 2006), include succinctly dealing with the issues of credibility,

reflexivity (Lambert et al., 2010) dependability, and conformability. For a further detailed understanding, each is discussed in the following sections.

Credibility: Credibility is a condition of ensuring the congruence between the findings of the study with the existing reality (Pandey & Patnaik, 2014; Anney, 2014; Morrow, 2005; Lincoln & Guba, 1985). Despite the presence of diverse methods to ensure credibility (alternatively known as internal validity) in qualitative studies, the pertinent strategies are discussed in the forthcoming sections. Based on the information from a variety of literature (Pandey & Patnaik, 2014; Anney, 2014; Morrow, 2005; Lincoln & Guba, 1985), *prolonged engagement, triangulation, member/informant checks, and thick descriptions*, are considered and discussed in the next sections.

Prolonged engagement: Prolonged engagement represents using sufficient time to observe a variety of contextual issues persistently, communicating with a variety of participants, and establishing relationships and rapport with members of individuals in the research setting (Pandey & Patnaik, 2014; Anney, 2014; Lincoln & Guba, 1985). In the current study, prolonged engagement is ensured in a number of different ways, such as increasing the frequency of contact; for example, scheduling complete review sessions and checking already collected data with the research participants. The other mechanism involves conducting persistent observation on the major thematic areas through formal programming, for example, by scheduling ten-minute reviews on previous data with the research participants and ensuring thematic areas are progressively open for improvement.

Triangulation: is using multiple data sources as reference points in a study to ensure a greater understanding of the issue under investigation (Hanson et al., 2005; Anney, 2014). One method, *data triangulation*, means ensuring the credibility of ideas by generating information from a diverse category of participants at different times, contexts, and places (Pandey & Patnaik, 2014; Lietz & Zayas, 2010). For example, data triangulation represents the generation of data from three categories of informants such as elders, folklore professionals, and media experts. The other approach involves *method triangulation* (Reeves et al., 2008), which involves cross-checking and balancing how far the in-depth interviews complements archive analysis evaluation of play from the storybooks. The second way of maintaining trustworthiness entails evaluation based on theoretically informed prior topic guides (Whitley & Crawford, 2005). For example, research participants were asked to first read the traditional stories than to categorise each story within any one of the SEBD informed by the YSR.

Member/participants checks: or respondents' validation is a form of review and cross-verification of the authenticity between the primary data and the final output to ensure inconsistencies and to supplement valuable additional information (Anney, 2014; Thomas, 2006). For instance, this approach involves permitting participants to check their information by reading transcripts during the normal course of conversation. This effort is valuable to discover the presence of contradictory ideas, deficiency of ideas, misunderstanding, and misinterpretations. Based on this intention, in the current study, elders were given the opportunity to review and appraise the therapeutic values of cultural stories.

Thick description: represents an investigator's attempt to explain the entire research process in-depth and adequately; that is, from data gathering, circumstances of the study to the development of the final report (Anney, 2014; Morrow, 2005). It is confirmed by providing detailed information for readers on every piece of information enhancing their understanding and providing trustful information (Pandey & Patnaik, 2014). With this understanding, the thick description emerges from the in-depth data from the participants (Merriam, 1998). In that, it refers to a complete, literal description of the entity being investigated. Or it provides enough description that the reader is able to determine how well their situation matches the research (Wilbraham, 2006; Henning et al., 2004). Accordingly, a multitude of arguments on the psychotherapeutic values of stories is raised, followed by analysis and discussions.

Reflexivity is researcher's stance of careful consideration of the empirical process of knowledge construction. According to Malterud (2001), the fundamental assumptions in dealing with reflexivity entail the condition of the investigator's experience and perspective influencing the area that they choose to study, the purpose of the study, the approaches of conducting the study, the relevance of the findings, and the organisation and communication of the conclusions. Taking this perspective into account, and the suggestions made by literature (Lietz & Zayas, 2010; Lincoln & Guba, 1985), reflexivity in qualitative studies addresses different strategies such as forwarding investigator's perceptions, position, values, and beliefs during the study processes. Another way is *developing a reflexive journal* which involves keeping continuous track of entries in a personal diary regarding each step during the course of the study. These include, for example, methodological decisions, the logistics of the study, and reflection on the realities in terms of own values and interests. Based on these principles, in the current study, the researcher had a diary to record personal views, values, experiences, and interests on each step during the course of the study. Based on the personal information, an attempt is made to integrate and communicate these reflections within the

larger pool of the study. Indeed, this approach assists in enhancing the quality of the study by supplementing further information for the development of the study.

Dependability through an inquiry audit: is a method of ensuring consistencies of information generated from the research participants, and methods of analysing the data in qualitative studies (Anney, 2014; Pandey & Patnaik, 2014). One of the most pertinent methods, as mentioned by Pandey and Patnaik (2014), regards dependability in qualitative studies as ensured through the method of *inquiry audit*. Inquiry audit represents a method of moderation on the processes and the product of the research by an external researcher who is knowledgeable in the area of subject matter (Lincoln & Guba, 1985). This evaluates whether the process of data collection, the findings, interpretations, and conclusions are accurately relate to the existing data. Based on these principles, in the current study, audit trails were made by allowing external evaluators or counsellors to validate the link between the data and methods of data analysis based on the complete track of information on the procedures.

Conformability through an audit trail: is a process of ensuring the objectivity of the findings free from researcher perception and bias, even though the results reflect the perspective of research participants (Pandey & Patnaik, 2014; Lietz & Zayas, 2010). One of the pertinent methods that assist in ensuring conformability in qualitative studies is maintaining an audit trail which refers to a transparent and objective process of keeping records across the course of the study. In other words, the investigator is required to keep detailed records on the processes of data collection, methods of generating categories, and making decisions across the course of the study. It can be achieved through giving attention to the proper management of raw data such as field notes, data reduction, and analysis products (for example, condensed notes, quantitative summaries, and theoretical notes) (Pandey & Patnaik, 2014). Furthermore, a concerted effort is given to maintain the quality of data processing systems. These include data reconstruction and synthesis products such as the structure of categories (for example, themes, definition, and relationship), and other information on the development of the instruments (for example, pilot forms, preliminary schedules, and observation formats) (Pandey & Patnaik, 2014). Accordingly, conformability is one form of criteria to enhance the standard of qualitative studies it is materialised through keeping detailed records on each of the steps during the course of the study.

Check the instruments for inconsistencies: The pilot interview has a value-added purpose to enhance the quality of a study. Given this conceptualisation, in the current study, pilot test was conducted by recruiting three elders and one folklore experts. Based on the participants'

feedback, the content validity was ensured. With this consideration, in the current study, all the aforementioned mechanisms are considered to realise the quality of the study. However, to make points clearer with regard to the methods of ensuring quality in this qualitative study, the following table summarises the facts under consideration.

Table4.7: Summary of the methodological norms for phase 1 study

Method triangulation	Consistency evaluation based on of findings produced from diverse methods of data collection (e.g., interview supplemented by archive analysis)
Data source triangulation	Evaluation on the consistency of data generated from one method of data collection at different times, places, context etc (e.g., interviewing elders, folklore professionals and media experts on the traditional storytelling in Ethiopia)
Prolonged engagement	Spending three months with the participants to achieve an exhaustive look at the experience.
Member checking	Including participants in analysis or returning to a sample of participants to corroborate the findings. Two counsellors appraised the psychotherapeutic nature of each story.
Thick descriptions	A thorough representation of the phenomenon of inquiry and its context as perceived and experienced by study participants.
Reflexivity	A thoughtful consideration and scanning on how a researcher's standpoint and perspective can influence the research.
Dependability/inquiry audit	Moderation on the processes and product of the research by external researcher who is in the area of the subject matter
Conformability/audit trail	Keeping a detailed written account of the research procedures.
Pilot testing	Piloting with two research participants without including the participants selected for the main study

Sources: Lincoln,& Guba (1985:300); Lietz,&Zayas (2010:191)

4.6 PHASE 2: SCREENING YOUNG ADOLESCENTS' SEBDs

In Phase 1, the qualitative screening of *teret-teret* was conducted. The second phase involved the identification of the socio-emotional and behavioural problems that would require an intervention. The mode of the intervention was based on the type of cultural stories that were identified in the data in Phase 1, where indigenous play through *teret-teret* that would support young adolescents with anxiety, depression, delinquency, and social problems, were explored through in-depth-interviews and archive analysis. Based on these findings, in the second

phase of the study, only the socio-emotional and behavioural difficulties of anxiety, depression, delinquency, or social problems were screened.

4.6.1 Sampling

Two hundred twenty-one (221) young adolescents (i.e., 14 years of age), participated in the study. Young adolescents from this age status were chosen because of their relative improvement in terms of cognitive, language, and psychosocial development compared to the young adolescents below 14. Taking the cognitive aspect into account, this period of development is designated as a formal stage of thinking; thus, young adolescents begin to operate under abstract reasoning, deduce possible consequences, figure out hypotheses, and construct their own meaning. For example, the young adolescents at this stage of development can understand and connect the meanings attached to each story with their own life (Ojose, 2008; Biggs, 1992). Regarding language competencies, young adolescents demonstrate their developing vocabulary and use verbal and writing skills to express their feeling, thoughts, and behaviour and their environment (Nelson & Shaw, 2002). Besides, this period is represented as school-age young adolescents who develop more advanced reading and comprehension skills (Bordin et al., 2013) which makes them abler to portray their experiences and narratives.

Psychodynamic perspectives argue that young adolescence (that is, the genital stage) is a period marked by the beginning re-experiencing early fixations from the unconscious memory (Feist & Feist, 2009; Taylor, 2009) and that stimulate the young adolescent to demand therapy to discover the underlying unconscious memory (Taylor, 2009). Young adolescents who experience developmental trauma (abuse and neglect), perhaps begin to suffer from the flashback of their history (Crawford & Wright, 2007; Palesh et al., 2007). For example, orphaned and vulnerable young adolescents are more prone to these kinds of problems, that is, prone to experience the trauma and the consequences as well (Albert et al., 2013). Similarly, this period is characterised by adolescents' tendency to develop their personality and they are likely to engage in identity formation. For example, a study conducted by Allik et al. (2004) suggested that adolescents' trait structure of personality differentiates at the age of 14-15, yet they experience complete development with the adult mode of personality at the age of 16. Based on the above-mixed realities, early adolescence has been considered as a transition period that requires concerted effort to package programmes and studies for healthy development through developing language and social

skills, as well as identity formation. As a result, it is worthy to consider this transition period to organise an intervention programme and for empirical study.

The data obtained from South Nations Nationalities Peoples Regional State (SNNPRS): Hawassa City Administration Finance and Economic Development Department (2016:08-02-2016) suggests that there are seventy-six Non-Government Organizations (NGO) and Civil Societies working with children under difficult conditions. From the given organisations, nine of them host 2373 children from birth and onwards, specifically focusing on and practicing foster care services, adoption, family-based and institutional caring. Doubtlessly, many children and young adolescents from poor home circumstances access direct or indirect support from different NGOs (that is, either academic materials, uniform, monthly stipend). Notwithstanding the adverse SEB consequences, foster care and institutional modalities have been getting less attention. Alternatively, a community-based approach is where the children and young adolescents preferably reside with families with or without biological kinship within the community. Hence, the participants are either locally adopted, living with a single parent, led by elder siblings, or living with other extended families.

Given the economic and social background of the participants and their families, all the participants were attending public schools. The schools were purposely selected based on their student population that experience diverse life challenges (i.e., challenges due to HIV and AIDS, urban life, poverty, etc.). Despite the actual names of the schools are described on the map (*cf.* Figure 4.1: Map of the study areas) their pseudonyms are used here. These are Hope Generation, Light for hard work, Vision for success, Freedom horizon, Peace for all, Care for kids, Habesha Star, and Unity for Strength. A sample of participants was drawn from these public schools. Hence, the current study only selected young adolescents who were age 14 years (N = 409). The following table demonstrates the population frame.

Table 4.8: Population frame

Name of the school	Total Population	Name of the school	Total Population
Hope Generation	39	Unity for Strength	24
Peace for All	50	Light for Hard Work	52
Care for Kids	30	Vision for Success	35
Habesha Stars	113	Freedom Horizon	66

Having the above population size, the sample size was computed, based on the formula proposed by Daniel (1999) for finite population correction formula because the sample size calculated by the following general formula is larger than 5%, $n/N > 0.05$.

$$\frac{Z^2(1-P)}{E^2} = \frac{1.96^2(0.5)(0.5)}{0.05^2} = 384$$

Equation 4.1: General formula to determine sample size

Based on the above formula, $n/N = .94$ which is greater than .05, the finding suggested applying finite population correction formula (Naing et al., 2006; Daniel, 1999) as indicated below:

$$n = \frac{NZ^2P(1-P)}{E^2(N-1)+Z^2P(1-p)}$$

Equation 4.2: Finite population correction formula

Where the value of ‘p’ and ‘q’ (population proportions) to be considered as 50% of variability within population for unknown level of experiences. The Z-value of 1.96 to be used at 95% Confidence Interval, n = sample size, E^2 = accuracy of sample proportion/level of precision/margin of error. Therefore,

$$n = \frac{409(1.96^2)0.5(1-0.5)}{0.05(409-1) + 1.96^2 * 0.5(1-0.5)} = 198$$

Furthermore, to adjust non-response rate, 15% contingency was considered and that aggregates the sample size to 15% plus resulting in 228 participants. Hence, participants were selected proportionally from each of the schools based on the student population number. That is to say, $\frac{228}{409} \approx 0.557$. Taking this into account, the following table summarises the number of participants from each school.

Table 4.9:Sample frame

Name of the school	Sample proportion	Name of the school	Sample proportion
Hope Generation	22	Unity for Strength	13
Peace for All	28	Light for Hard Work	29
Care for Kids	17	Vision for Success	19
Habesha Stars	63	Freedom Horizon	37

Thereafter, having a definite proportion of sample size from each school considered as a stratum, simple random sampling was employed to select the given number of participants from the given proportion. Although 228 participants were sampled from the population, 221 participants properly completed the questionnaire in full while seven were returned with incomplete information (*cf.* Chapter 6, Section 6.1 Introduction). In discussing the details of the sampling processes, the types and descriptions regarding data gathering instruments are presented in the next sections.

4.6.2 Data collection instruments

Measures are tools or instruments that assess participants' constructs. In Phase 2, the researcher utilised a measure for the outcome variable, that is socio-emotional and behavioural difficulties, and measures for other variables presumed to have confounding effects on the impact of the intervention variable. Specifically, these secondary level variables contained emotional intelligence and young adolescents' participation in psycho-educational activities. For further understanding, each of the measures is discussed in the subsequent sections.

4.6.2.1 SEBDs: Achenbach's Youth Self-Report questionnaire (YSR)

The socio-emotional and behavioural difficulties of the young adolescents were screened by the Achenbach's Youth Self-Report questionnaire (YSR). The YSR is a standardised screening questionnaire derived from the improved version of the Child Behaviour Checklist(CBCL) developed in 1966 but later converted to the YSR by Achenbach in 1991 (Nakamura et al., 2009; Song et al., 1994). Although this scale is designed for adolescents in North America from the age of 11 to 18, it has the purpose of screening emotional, social, and behavioural adjustment problems of adolescents across different nations (Ridge et al., 2009; Achenbach, 1991). With this consideration, the Youth Self-Report questionnaire was adapted to screen young adolescents' socio-emotional and behavioural challenges in Ethiopia by being translated into the working language of the nation, Amharic, and applied in particular research settings (Geibe et al., 2016; Nrupa et al., 2015).

The Youth Self-Report questionnaire includes 113 items (Ridge et al., 2009) which assess two distinct areas of youth behaviour. The first area concerns the assessment of competency, which includes the sub-scales on daily activities and the social/relationship skills of the youth, while the second area includes eight core difficulty scales which include, aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints,

thought problems and withdrawal. The core difficulty scale is organised into five groupings, namely, the internalising scale, which contains the sum of the scores of anxious/depressed, somatic complaints and withdrawal, and the externalising scale, comprising the sum of the scores on aggression and delinquency. The remaining scales are stand-alone scales such as social problems, thought problems, and attention problems. All the above scales, internalising, externalising, and stand-alone scales including social problems, thought problems, and attention problems, generate a total problem scale. The scale is organised into a three-point checklist, 0 = not true in the last six months to 2 = very often true in the last six months (Ebesutani et al., 2011; Ridge et al., 2009).

The validity and reliability of the Youth Self-Report questionnaire is well established across the world. For example, one of the studies confirmed that the internal consistency ranges from .59 to .89 for the subscales while estimates for internalising, externalising, and total score are .89, .89, and .95 respectively (Ridge et al., 2009). In another study, it was found that the internal consistency for each problem scale ranges from .67 to .95 (Bordin et al., 2013). Even though the YSR is a widely-used screening tool for adolescents' socio-emotional and behavioural difficulties, it has little empirically-tested evidence on the reliability and validity in the context of Ethiopia and there is a dearth of studies confirming acceptable levels of internal consistency for limited problem areas. These problem areas are anxious/depressed ($\alpha = .63$ boys; $\alpha = .71$ girls), withdrawn/depressed ($\alpha = .55$ boys; $\alpha = .62$ girls), rule-breaking ($\alpha = .57$ boys) and aggressive ($\alpha = .69$ boys) (Geibe, et al., 2016; Nrupa et al., 2015).

4.6.2.2 Assessing confounding factors

Phase 2 mainly assesses the socio-emotional and behavioural difficulties of young adolescents based on the Achenbach's Youth Self-Report questionnaire. One of the methods of managing confounding variables in an intervention study is keeping groups similar in terms of different characteristics. As a result, to achieve this purpose, Phase 2 aimed not only to identify young adolescents who experience socio-emotional and behavioural difficulties but also attempted to discover the level of confounding variables. These variables were classified as emotional intelligence and young adolescent's participation in psycho-educational activities in the natural setting such as schools and community. Based on the findings, 40 young adolescents who had similar characteristics, such as age, educational status, level of socio-emotional and behavioural problems, emotional intelligence, level of participation in psycho-educational activities, were considered and prepared for the intervention study, the third phase of the study.

4.6.2.2.1 Emotional Quotient Inventory: Youth Version (EQi: YV)

The Emotional Quotient Inventory: Youth Version (EQi: YV) is an adapted instrument from Bar-On & Parker, 2000) which was aimed to measure the level of the youth predisposition to understand, reflect and manage personal as well as others' emotional and social reactions. The role of emotion in everyday life has been significantly discussed in the literature (Punia & Sangwan, 2011). With this analogy, a person who has emotional intelligence entertains life much more constructively and positively than those with a lesser level of emotional intelligence (Punia & Sangwan, 2011; Hromek & Roffey, 2009; Mayer et al., 2004; Ciarrochi et al., 2001). Emotional intelligence as a construct denotes the cognitive process such as understanding, use, and management of personal and others' emotional conditions to solve problems and to build adaptive behaviour (Brackett & Salovey, 2006; Mayer et al., 2004). Accordingly, it is imperative to assess emotional intelligence since the skill to understand, express, and manage personal and others' emotions have a direct impact on the socio-emotional and behavioural adjustment of young adolescents. With this understanding, emotional intelligence was assessed by the Emotional Quotient Inventory: Youth Version (EQi: YV; (Bar-On & Parker, 2000). This scale was preferred because it is brief and composed of 30 self-referenced items developed for the youth from 7-18 years of age (Hindes et al., 2008).

The instrument contains five categories of sub-scales, such as intrapersonal, interpersonal, adaptability, stress management, and general mood or positive impression (Al Said et al., 2013; Windingstad et al., 2011). Each sub-scale contains six items with 30 self-referenced total items in the overall scale, rated on a 5-point scale, ranging from completely disagree to completely agree (Al Said et al., 2013; Windingstad et al., 2011).

The Emotional Quotient Inventory: Youth Version (EQi: YV) was chosen because of its simplicity of use with young adolescents and comprehensiveness to control its effect on the outcome variable and was adapted to the existing context. To illustrate the nature and pattern of the scale, examples from each of the sub-scales include: *I am good at understanding the way other people feel, I have good thoughts about everyone, I hope for the best and I can stay calm when I am upset.*

The psychometric properties of EQi: YV have diverse reliability estimates across different norm groups. For example, studies in the North American norm group verified that the EQi: YV has sound psychometric properties which had an average to very strong ($r = .65$ to $.90$)

reliability estimates (Windingstad et al., 2011; Windingstad, 2009; Hindes et al., 2008). Moreover, a study conducted in Iran suggested that a high level of an overall reliability estimate of EQi-YV was .74 (Shabani & Damavandi, 2011).

4.6.2.2.2 Participation in psycho-educational activities

A self-constructed instrument, ‘*Participation in Psycho-educational Activities*’ which was planned to assess the level of the youth participation in different school-based psychological and educational activities. In other words, psycho-education represents the process of learning healthy socio-emotional and behavioural skills at school, care centres, and during peer interaction. Literature shows that young adolescents who do have the opportunity of psycho-education are less likely to develop socio-emotional and behavioural difficulties (Lukens & McFarlane, 2004). In other studies, (de Souza et al., 2013) psycho-education is also found to help treat chronic mental health problems such as depression, complemented with psychopharmacology. Relatively similar findings were obtained regarding the fact that psycho-education reduces the levels of stress in human beings (Daele et al., 2012).

To measure young adolescents’ participation in psycho-educational areas, eight thematic aspects were considered and include participation in youth development programmes, sports, arts, crafts, interest clubs, volunteering, religious activities, and paid works (Zarrett et al., 2007). To measure these constructs, a questionnaire was developed with eighteen items, constructed on a five-point scale (1 = Never true for me, 2 = Seldom true for me, 3 = Sometimes true for me, 4 = Often true for me, 5 = Very often true). Examples of items included to measure psycho-educational participations were *have participated in Youth Development Programmes* (for example, boys/girls scout, Big brother/sister, boys/girls club), *I have participated in a team sport* (for example, football), *I have acquired skills from my participation in individual sports* (for example, tennis, martial art). The psychometric qualities of the instrument to measure participants’ involvement in *psycho-education* have not been established.

This scale was organised into six major topics with 18 specific factors. These were youth development programme (three factors), sports activities (two factors), performing arts (five factors), religious activities (two factors), volunteering (two factors), and interest clubs (two factors). Accordingly, new items were developed and their qualities were assessed through qualitative and quantitative methods. Qualitative item analysis was done through triangulation of the scale with psychologists working in the Department of Psychology, Dilla

University. This ensured that the item had face validity and included relevant topics. Through quantitative process item analysis and reliability analysis, the items and groups of items with acceptable levels of internal consistency were retained.

4.6.2.2.3 Containment (mother-child interaction)

This is an adapted construct that is planned to assess dyadic attachment practices or therapeutic young adolescent and mother interaction at the here and now the context of their residential context (Casswell et al., 2014). Dyadic mother and young adolescent interaction involve purposefully organising a safe, positive, and genuine relationship between the young adolescents and their mothers (Casswell et al., 2014). To measure this construct, a young adolescents' version of the questionnaire was adapted from Lange et al. (2002). The young adolescents were interviewed to ascertain how they often experience behaviour or feelings from their mothers by choosing five response categories, 0 = *never* 1 = *hardly ever*, 2 = *sometimes*, 3 = *almost always*, and 4 = *always*. Sample items included: *My mother thinks that I cannot do anything for myself, no matter what my mother says, I still do what I want.* The psychometric qualities of the young adolescent-mother interaction (young adolescents' version) was verified and the total reliability coefficient was found to be $r = .92$ (i.e., conflict resolution, $r = .93$ and acceptance, $r = .78$).

The administration of data-gathering instruments was ensured through adequate pre-planning because data collection through questionnaires and/or standardised inventories require specialised trained professionals in terms of gathering relevant information and keeping the confidentiality and privacy of research participants. With this intention, trained practitioners (counsellors/psychologists), who were involved in Phase 1, conducted the data gathering processes in Phase 2. These practitioners were professionals in counselling services, were working with children and young adolescents had received training in Phase 1, and had collected data from elders and folklore experts. Furthermore, administration of the instruments was made in school contexts – in the classrooms, to enhance the trustfulness of the data or controlling response set and maintaining ethical standards (Bordin et al., 2013)

4.6.3 Phase 2 data analysis

Phase 2 had two major components of data analysis comprising descriptive statistics and inferential statistics. Binomial regression, as the major method of data analysis, was applied to respond to the two research questions for this phase of the study. Research question 3 focused on the prevalence rate of socio-emotional and behavioural difficulties among young

adolescents while Research question 4 focused on identifying common types of socio-emotional and behavioural challenges that adolescents face. For further understanding, each of these methods of data analysis is discussed below.

4.6.3.1 Descriptive statistics

The first analysis involved analysing factor analysis and homogeneity tests and addressed item analysis (through factor analysis), conducting reliability estimates of total scales and sub-scales (through Cronbach alpha), and demonstrating the relationship between study variables utilizing correlation analysis. The second analysis was descriptive where special attention was given to running the frequencies, mean, and the standard deviation of each variable (Osborne & Fitzpatrick, 2012; Costello & Osborne, 2005). The frequencies were used particularly to analyse the number of observations across each demographic variable (i.e., gender, grade level, and other variables). Besides, the frequencies were employed to analyse all the responses of the participants across each point of scale for each category of variables (that is, SEBDs, SEBCs, and confounders) item by item. The mean indices helped estimate the average index or prototype of each observation for each measure. The other type of descriptive statistic was the standard deviation and it denoted the average dispersion among each observation for each of the measures. Despite the interpretation of standard deviation being relative to the pattern and level of scale arrangement based on universal knowledge, the higher the index, the higher the differences between each of the observations.

4.6.3.2 Inferential statistics

The other mode of data analysis used was inferential statistics. With this statistical approach, a quantile(binomial) test of proportion is applied. The binomial test of proportion has been helpful to examine the proportion (the percentage) of the participants in the population who experience socio-emotional and behavioural difficulties. In the binomial test, the difference between the observed results and the assumed values is examined. The level of significance and the magnitude of the differences are also scrutinised. As of the assumptions for the binomial proportion test, five are predominantly mentioned. The first assumption is a random sampling from a defined population. The second assumption is the interval or ratio scale of measurement. The third assumption leads to the observations are independent. The fourth assumption is the variable of interest is binary (only two possible outcomes are involved). The final assumption is the number of trails is fixed, n is fixed ahead of time. Based on the assumptions ahead data was collected, cleaned, and analysed.

4.6.3.2.1 Quantile(binomial) test of proportion

Quantile test of proportion is one form of statistical model which helps to compare the proportion of the sample with a given sign test value. The concept of binomial proportion is a self-explanatory concept that contains two functional variables. In the current study, this statistical model is used to estimate the prevalence rate of socio-emotional and behavioural difficulties based on binomial proportion. The application of the quantile test in this study was conducted given the sign test value = .50 which is for unknown population proportion (*cf.* Chapter 4, Section 4.7.1 Sampling). In line with this, it is expected that *the prevalence rate of socio-emotional and behavioural difficulties (i.e. the composite and the discrete SEBDs) is 50% among the study participants*. Taking this into account, the hypotheses are stated as follows:

The Null Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is .50. That is, $H_0 .50$ or the expected prevalence rate is 50% among the study participants.

The Alternate Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is different from .50. That is, $H_1 .50$ or the expected prevalence rate is significantly different from 50% among the study participants.

To find out an answer for the research question and to test the hypothesis binomial proportion is undertaken through dichotomizing the outcome variable (the composite SEBD and the distinct SEBDs). This means the sum of the scores on each variable for each participant was dichotomized into two, based on the mean value of each variable. That is to say, 1 = SEBD present and 0 = SEBD absent. For clarity; for example, all participants with the score (meaning SEBD is present) whereas all participants with the score = 0 (meaning SEBD is absent). As there have been no studies conducted in Ethiopia that suggest the level of socio-emotional and behavioural difficulties among young adolescents, the universal principle suggests considering .5, as maximum variability among the population in case of unknown prevalence rate. Unknown prevalence rate represents the absence of a previously established theoretical background on a similar population.

4.6.3.2.2 Standard/transformed score

In the current study, the standard score was operationally considered as a dividing point between socio-emotionally and behaviourally adjusted and non-adjusted young adolescents. That means it involved converting the Z-score (standard deviation score) into a T-score. The

purpose behind conducting a standard score was to recruit 40 young adolescents with similar levels of socio-emotional and behavioural difficulties, emotional intelligence, level of participation in psycho-educational activities and had quality relationships with parents and caregivers. In each case, the transformed/standard score (known as True Score) with the mean of the raw score was 50 with a standard deviation of 10.

In summary, in all analyses, the Statistical Package Social Science (SPSS) version 20 was employed. Based on the nature of the findings, various forms of describing results were employed such as tables which were widely used to demonstrate the results obtained from both descriptive and effect analysis, and other mechanisms like the correlation matrix which was displayed to illuminate significant and non-significant associations between variables.

4.6.4 Methodological norms

The validity and reliability of the instruments for the current study were conducted during the pilot test (*cf.* Chapter 4, Sections 4.4.3 Instrument development and verification: Validity and reliability analysis, and Chapter 6, Section 6.3 Validity and reliability analysis of the instruments based on the pilot results). As the study was quantitative, methodological norms of the current study addressed the issue of validity and reliability rigor (Heale & Twycross, 2015). Empirical studies show that properly addressing validity and reliability in quantitative studies enhances the quality of the study. Validity such as face validity, content validity, and construct validity, and reliability/consistency of the instruments to measure the constructs, were taken into account. To ensure the content validity of the instruments, expert judgment was undertaken. Experts forwarded their evaluation whether the tools had relevant contents including the meaning embedded in each items based on the socio-cultural aspects, and the psychological background of the participants. Moreover, the experts particularly gave attention to the comprehensiveness and representativeness (i.e., adequacy of the items in each scale) to assess desired construct. Also, the experts made comments on the number and length of items in each instruments. Equally, the experts provided their view on the linguistic expressions used given the understanding level and cultural background of the participants. For example, the original YSR scale included 113 items. However, 27 items that lack relevance to this study were omitted through expert judgment. Then, there was 86 items were remained in the scale for the pilot test. Successively, through pilot test 14 items were removed based on their low factor loading. yet 74 items were retained in the final scale.

In addition to the degree of homogeneity among the items (i.e., reliability and construct validity) while measuring a particular underlying construct was conducted through pilot testing. The reliability analysis was conducted during the main study, and the results expressed in terms of Cronbach coefficient estimate. On the other hand, item analysis is another method that involves testing how far each item possesses the same underlying structure. The output of item analysis is portrayed by R-matrix or correlation matrix that visualises the degree of the association among the factors (Field, 2009). To fit the purpose of the current study, a combination of the following steps was undertaken:

Step 1: Generating items meant generating a pool of adequate items to collect quantitative data to avoid missing relevant target constructs and maximise the face validity of the scale

Step 2: For the standardized instruments (e.g., YSR) which is an instrument already translated into Amharic by Achenbach's institution. Then, this instrument was obtained for reproduction and data gathering. For the rest of the items translation into Amharic was made through the combination of psychologists and language experts.

Step 3: Screening items meant trimming items that did not emerge as expected through the procedure of principal component analysis.

Step 4: Conducting Exploratory Factor Analysis to find out the items that had more weight (that is, identify a group of items that assess similar secondary level constructs)

Step 5: Reliability analysis is expressed in terms of Cronbach coefficient for the overall scales and the sub-scales of all assessment tools (Ugulu, 2013; Tavakol & Dennick, 2011).

Also, the criterion of evaluation to retain the items was based on a prior cut-off point. Although there is no unanimous consensus regarding the evaluation criterion, as one of the rule of thumb in social sciences is either .5 or .6 (Matsunaga, 2010), but greater or equal to .3 in other literature(Howard, 2016). Accordingly, the item with .3 and greater loading structure was retained in the pool for further data collection and analysis. On the otherhand, the internal consistency coefficient ($r = .70$) is an acceptable coefficient for a scale (Taber,2018; Howard, 2016).

4.7 Phase 3: *Teret-Teret* as A Psychotherapeutic Technique

The third phase of the mixed methods study applied an intervention study in a community setting (Calonico et al., 2015; Cappelleri & Trochim, 2001). The design embedded data from qualitative and quantitative approaches then amalgamated it within the larger design as a

quasi-experiment design. This approach ensures that data sources play an assistant role in the overall mixed methods type of design. Based on this principle, Phase 3 combined the data from Phase 1 (applied the intervention variables-traditional stories explored during study one) on young adolescents experience the symptom of SEBDs screened during Phase 2.

4.7.1 Sample

In total, 65 participants were involved in the third phase of the study. This phase had four distinct groups of individuals who were included in the sample set. The young adolescent group had three clusters: Intervention group (20), Control group (20), and Comparison group (20). Additionally, 5 guardians of the young adolescents participated in the study to substantiate the findings obtained through quantitative data. The views of the guardians were integrated as evidence for the effectiveness of the intervention processes.

4.7.1.1 Sample of the young adolescents

Under this subheading, two fundamental issues were considered. These are the sampling method and the adequacy of the sample size to conduct the intervention study. This phase of the study was an extension of Phase 2 of the study where data were used from the findings and incorporated in Phase 3. The type of sampling used in Phase 2 was probability sampling, which means that the second and the third phases of the study were interrelated, and the sampling procedures employed in the second phase of the study were also upheld. In contrast, Phase 3 had its own unique way of selecting potentially relevant participants from the given 221 participants. The major criterion was the comparability of the groups based on the level of the SEBDs and other related issues. On this account, the participants were selected and placed into one of three groups (i.e., intervention, control, and comparison) based on their T-score. Accordingly, the samples were selected purposively that match the criteria.

Given the above two reasons, mixed sampling method was applied in this phase of the study. Mixed sampling combines probability sampling with non-probability sampling considering the feasibility, sampling adequacy, and comparability of groups (Onwuegbuzie & Collins, 2007; Teddlie & Yu, 2007). Based on the above facts, 60 14 years of adolescents were selected to participate in Phase 3. Among the total of 60 participants, 40 participants experience symptoms of SEBDs, as captured by the YSR. According to results on the YSR, the remaining 20 participants did not experience SEBDs. In the following stages, the 40 young adolescents proportionally were sorted into intervention and control groups, with the

members of the comparison group being organised separately for impact assessment. For further understanding, the following table elucidates the nature of the groups.

Table 4.10: Group structure for the intervention study

Group	Number	Level of (SEBD)	Combination of groups	Methods of analysis
Control	20	Higher SEBD, but lower competency	Control and experimental	Group difference by Student's <i>t</i> -test
Intervention	20	Higher SEBD, but lower competency	Experimental and comparison group	Impact assessment through Student's <i>t</i> -test
Comparison	20	Lower SEBD, higher competency		

The above Table 4.10 described the group formation for the intervention study. Moreover, the following figure demonstrates the flow of the sampling decision and processes mentions the second phase of the study. The schematic presentation provides clarification on the total population, sample size, sampling technique and the number of participants in each group.

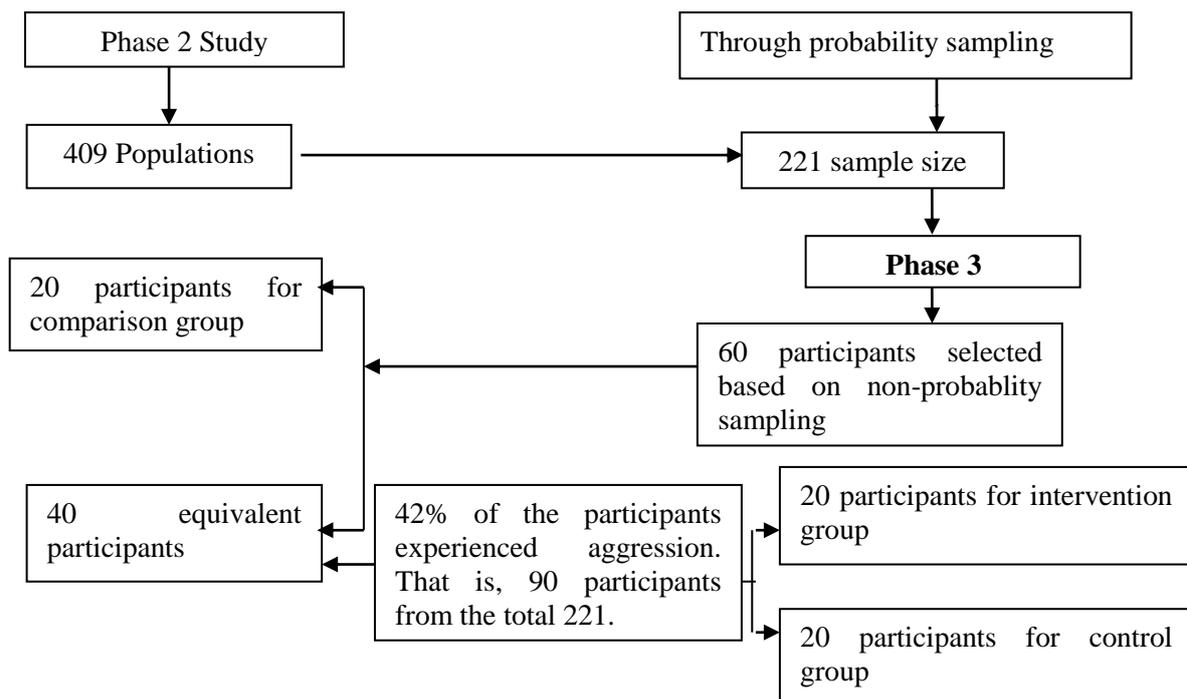


Figure 4.9: Sampling procedures for the intervention study

The other concern was the adequacy of the sample size. From the given number of participants who experienced aggressive behaviour, 40 were selected. Proportionally, the figure accounted for 44.44% of participants involved in the intervention processes. In simple understanding 40(44.44%) participants from 90 participants representing the entire number of participants who experienced aggressive behaviour. Although the literature suggests non-

randomized, quasi-experimental studies particularly call to have a sufficient number in the sample size to reduce the impact of confounding variables. In line with this, different literature suggests a different proportion of sample size in a quasi-experimental design. For example, 10 – 20 reported in Axelrod and Hayward (2007) and 20% more participants in non-randomized studies compared to randomized studies (Suresh & Chandrashekhara, 2015).

Also, one of the most noteworthy parts of this study is using a third group (i.e., comparison group) to replicate the study with the group of participants who did not experience SEBDs and comprise a further 20 participants involved in the study. Considering the facts indicated above, the current study had an optimum level of sample size in which it was believed that the sample size represented the characteristic indicated within the participants who experienced aggressive behaviour.

Thus, given the above major evidence (i.e., sampling methods and sampling adequacy) as well as the equivalence of the intervention and the control groups, using inferential rigors to make statistical inferences and conclusions is possible from the results of sample participants to the given population.

4.7.1.2 Sample of the guardians

The guardians are the mother, father, caregiver, or any other head of the family. With this understanding in the current study, five guardians were involved to provide evidence on how far the young adolescents who received teret-teret psychotherapy achieved adjustment with their social, emotional, and behavioural difficulties. On that account, five guardians (that is, two mothers, two fathers, and one elder sister as head of the family) were randomly selected and involved in the study.

4.7.2 Instruments

Two major components of instruments were employed during this phase of the study. These were the Youth Self-Report questionnaire, emotional intelligence, psycho-educational participation, and mother-child interaction. The other instrument was the in-depth interview designed to collect data from the guardians. The questionnaires were used for baseline assessment and as routine outcome and impact measures, while the in-depth interview supplemented the data obtained through the questionnaire on the impact of the intervention.

4.7.2.1 Questionnaire

The Youth Self-Report questionnaire: The Achenbach Youth Self-Report questionnaire has two clusters. These incorporated (a) competency cluster which is denoted as daily activities which is a composite of five specific competency areas. These consisted of the participants' involvement in sports activities, leisure, household chores, community engagement, and interpersonal relationship. The second cluster is (b) difficulty aspect which covers the composite and the secondary level of socio-emotional and difficulty aspects (that is, withdrawal, social problem, thought problem, aggression, delinquency, anxiety/depression, somatic compliant and hyper-active attention problem) (*cf.* Appendix M).

Emotional intelligence: Emotional intelligence is devised as a confounding variable, yet the basic assumption is to maintain group equivalence to ensure the internal validity of the intervention. Even though emotional intelligence is used as a confounding variable, it used one criterion to evaluate the outcome of the intervention (*cf.* Appendix N).

Psycho-educational participation (PEA): The young adolescent's participation in PEA is formulated as the other confounder. The assumption for the intervention and control groups is that perhaps the level of involvement in PEA likely to influence the role of the intervention. Hence, as to emotional intelligence, participation in PEA is considered as a valuable condition to evaluate the outcome of the treatment (*cf.* Appendix O).

Mother-child interaction: Mother-child interaction is considered as the third confounder. Realizing group equivalence is the major purpose for the inclusion of this variable. However, as to the rest of the confounders mentioned above, healthy mother-child interaction is one of the eminent factors to evaluate the outcome of the intervention (*cf.* Appendix P).

4.7.2.2 In-depth individual interviews

The in-depth individual interviews were conducted with guardians of five selected young adolescents from the intervention group. These guardians are selected randomly from the given 20 participants in the intervention (Phase 3 study). The young adolescents were asked to communicate with their guardians so that the guardians could provide evidence on the change of behaviour noted in either their son or daughter. Thereafter, the guardians communicated via telephone to provide information for the research assistant. The interview guideline included two clusters of items. The first cluster comprised of six background information questions including pseudonym, age, gender, the status of relationship with the young boy, educational status, and job with the monthly income level. The second group of

items discussed five thematic points. The first thematic point was the behaviour displayed by their son/daughter before the intervention. The second theme is any positive change of behaviour noted after completion of the intervention. The third theme was concerned with providing specific examples or evidence of the information portrayed by the YSR. The fourth aspect is changing is related to competencies such as participation in daily activities, demonstrating emotional intelligence, active involvement in PEA, and having a smooth relationship with their guardians. Finally, the guardians were asked if they had any information or comments regarding the change of behaviour and the processes of psychotherapy. Finally, data analysis was conducted based on the method of data analysis indicated in Chapter 4: Section 4.6.6. For further information, the interview guideline is attached (*cf.* Appendix W).

4.7.3 Intervention procedures

Procedures are the principal tools that guide and inform the steps within effective psychotherapeutic operations. In varied intervention studies, procedural practices have been documented; for example, Fraser and Galinsky (2010) outlined five steps to be applied in an intervention study, but these were modified to seven steps in the current study.

4.7.3.1 Before the intervention

Before the intervention, proactive pre-conditions were set related to context, variables, participant's assignment, and ensuring psychological contact and enhancing the participant's appetite for the therapy processes. Each of these tasks is elaborated in the sections below.

Step-1: Organising the play therapy context: This procedure particularly focused on dealing with therapy setup or limits in conducting play therapy such as therapy contexts including therapy time and therapy place/room. The date, time, and the length of sessions were scheduled and planned per-week, Saturday morning (9:00 -10:00 and 10:30 -11:30) and in the afternoon (2:30 -3:30) and on the other days: Tuesday, Wednesday, and Thursday (5:20 -6:20). Arrangements were made carefully so that it did not adversely affect the academic and related duties at school and home. Occasionally, challenges arose; for example, a participant missed a session due to personal or other factors, yet debriefing was done by the psychotherapist and the group members at the introductory sessions of the next programme. The session length of 40-60 minutes was fixed, based on the consent of the participants.

Step-2: Specifying the intervention variable: The intervention variable was indigenous play (*teret-teret*) complemented by visual icons or pictures. The stories and visual icons (pictures)

represented young adolescents' experiences of SEB problems, their views and interpretations, and their association with their own emotional and behavioural world.

Step 3: Ensuring equivalence between the intervention and control groups: The participants were homogenous in terms of their age, socio-economic status, level of difficulty, and competencies. The transformed score (T-score) was computed to standardise the raw scores where the mean of the scores was 50 and the standard deviation was 10. The outliers were detected and excluded from *teret-teret* psychotherapy. According to the statistical perspective, a person is judged to experience SEB challenges when the level of the problem is greater or equal to one standard deviation away from the mean.

Step 4: Participants assignment and the design of the study: The design of the study was non-randomized control and comparison groups pre-test versus post-test quasi-experimental design. A quasi-experimental design is common in social science studies (Levy & Ellis, 2011; Campbell & Stanley, 1963). Literature suggests that this design does not necessarily reflect all the characteristics of true experimental design. Particularly related to random selection and assignment of participants to the intervention and control groups (Dutra & Reis, 2016; Levy & Ellis, 2011; McMillian, 2007; Campbell & Stanley, 1963). Similarly, other scholars highlight strong background theory and systematic construction of comparable groups as major issues within quasi-experiments studies instead of randomization (Saint-Mont, 2015; Axelord & Hayward, 2007). Given the above facts, comparison and matching the intervention and control groups has been given attention in this study and as a result, group equivalence was maintained (20:20 ratio). Secondly, within and between groups equivalence was ensured based on measuring co-aligned variables. On the other hand, the comparison group was set to examine the change of behaviour with the real context to what extent and how the change of behaviour was effective. For this purpose, participants who function well about their SEB functioning, as well as SEBCs, were selected. Equivalence in terms of ratio (20:20) was maintained, yet the groups were quite different in levels of SEB functioning and other co-aligned variables. For an additional illustration, the following figure demonstrates the groups and the design as well.

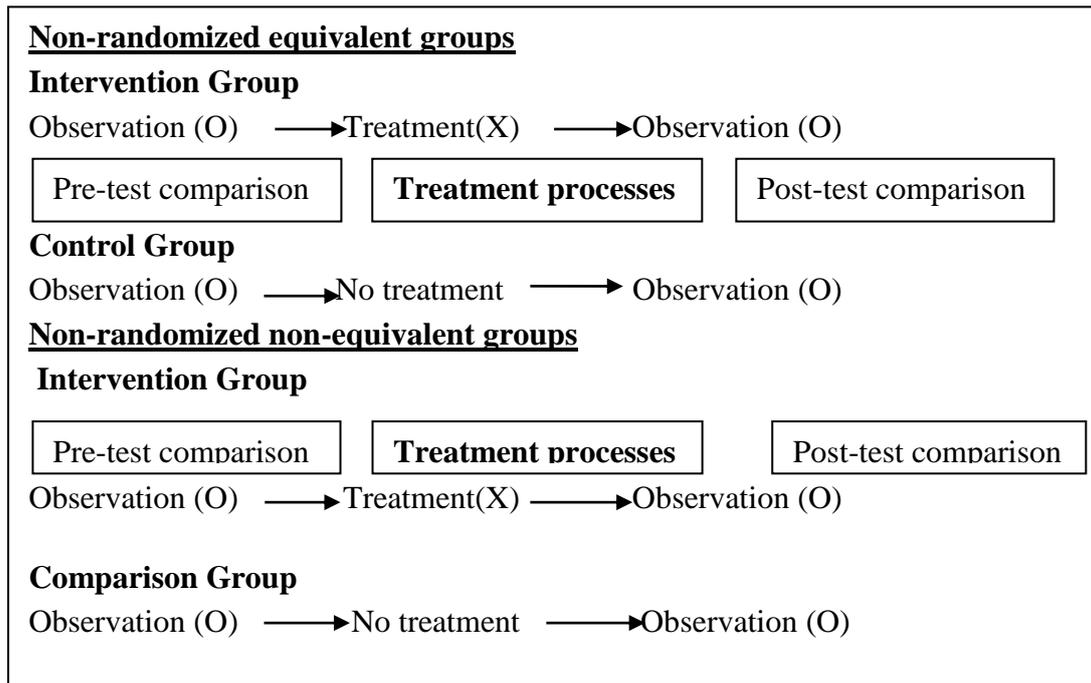


Figure 4.10: Research design for phase 3 study

Participants were assigned to the groups based on geographic proximity. This kind of grouping assisted in blocking information flow from the intervention group to other groups. Secondly, there was no attrition since the participants in the intervention group know each other, communicate with each other, come to the counselling sessions together, and effectively participate in the session activities. Taking this into account, the participants assigned to each group were from different sub-cities and schools, yet close to each other. Accordingly, the intervention group was from the schools located in two sub-cities (Misrak and Bahiladarash) whereas the participants in the control group were from the schools located in five sub-cities (Mehal Ketema, Addis Ketema, Tabour, Menehariya, and Haik Dar). As for the schools, the participants in the intervention group attended Habesha Stars and Freedom Horzone whereas the participants from the control group were attending at Peace for all, Light for Hard work, Hope Generation, Vision for Success, Care for Kids and Unite for Strength.

Step 5: Organization of the intervention setting: The majority of the participants in the intervention group were selected from Habesha Star school and a couple of participants from Freedom Horizon. Permission was obtained from the school officials to use the compound and room to conduct the *teret-teret* psychotherapy. This was a vital step that assisted in conducting the psychotherapy services on Saturday. Secondly, the date, time, and length of sessions were scheduled. The dates and times were decided through the consensus obtained

from the participants. However, the session interval (40 – 60 minutes) was set based on the consent of the participants.

There were 7:7:6 ratios of each group composition. The issues of confidentiality were briefed for the participants before the start of the psychotherapeutic sessions. Besides, each group member signed a confidentiality statement. A merit-based selection for an assistant psychotherapist was made. He had his first degree in psychology and was in his second year (thesis phase) of a post-graduate course in counselling psychology. Moreover, he had vast experience in working with children and young adolescents under difficult conditions. At the time of conducting *teret-teret* psychotherapy, he was a Project Coordinator within one of the Non-Government institutions in Hawassa City. Also, another female assistant psychotherapist with a first degree in psychology was recruited for emotional support or emotional risk management in the case any young adolescent experienced any form of emotional risk during the application of *teret-teret* psychotherapy. Besides, both assistant psychotherapists signed a confidentiality agreement before the start of the intervention.

Participant assignment particularly to the control and the intervention groups was based on the principle of cluster random assignment (Dong & Maynard, 2013). Cluster random assignment in an intervention study design is a common way to assign participants to the intervention and control group. Taking this into account, the participants assigned to each group were from different sub-cities and schools, yet close to each other. Accordingly, the intervention group was from the schools located in two sub-cities, Misrakand Bahiladarash, whereas the participants in the control group were from the schools located in the five sub-cities of Mehal Ketema, Addis Ketema, Tabour, Menehariya, and Haik Dar. The participants in the intervention group were attending school at Habesha Stars and Freedom Horizone whereas the participants from the control group were attending school at Peace for All, Light for Hard work, Hope Generation, Vision for Success, Care for Kids, and Unity for Strength.

Step 6: Formulation of the outcome variable: The outcome variable or words intervention variable denoted a change in the level of socio-emotional and behavioural well-being among young adolescents. The basic purpose behind the application of *teret-teret* is to reduce the socio-emotional and behavioural difficulties such as aggression, anxiety, depression, attention deficit, delinquency, social problems, somatic complaints, thought problems, and withdrawal and enhance competencies in the daily routines and social skills. Based on the findings from the study, two young adolescents who experience any one of the prevalent behaviour

problems indicated by the Youth Self-Report were to receive the application of traditional play as a psychotherapeutic technique.

Step 7: Establishing psychological contacts and motivation: Psychological contacts and motivation represent establishing an emotional alliance with the participants and enhancing their motivation to participate in the intervention programme. This was made through welcoming communication/rapport, using ice breakers, self-disclosure, and unconditionally accepting every participant in the group.

4.7.3.2 During the intervention process

The intervention activities were conducted in one of the Junior Secondary Schools in Hawassa City Administration. The psychotherapeutic process was administered by trained counsellors who had at least a first degree in psychology or counselling and who had experience in working with children and live under difficult conditions. Furthermore, a one-day special training was held to implement this intervention programme. To control the environment from interference such as noise, psychotherapy sessions were organised and scheduled in a way that privacy was maintained. Additional information about the application process of *teret-teret* as a psychotherapeutic technique is indicated in the following sections.

Step 1: Manipulation based on the principles of psychotherapy: Behaviour change requires time and intensive and frequent contact with the intervention group. Accordingly, six months was allotted to conduct the intervention study, one-month preparation, three months to expose the participants to *teret-teret* while the remaining two months for the follow-up and impact assessment. The psychotherapeutic process was organised where the participants were actively involved during the play sessions following the six principles established to encourage young adolescents' active participation during the therapy session.

Group modality was preferred as opposed to an individual approach since it is inherently interactive and likely to work with adolescents. Accordingly, there were five mini-groups with four participants in each of the groups with all experiencing similar socio-affective and behavioural problems. In other words, a story, complemented by a visual icon (picture), was presented for each group of participants. Secondly, participants were allowed to express their views and provide their own interpretations relating to each problem manifested in their own lives. Thirdly, feedback, and debriefing were given by the therapists on their reflection to develop new coping skills. Simultaneously, the visual icon, supported by a story about the

problem by using the same procedures, assisted the participants in expressing their emotional world in terms of the problem episode.

Regarding the participation of young adolescents during play sessions, the principles outlined by Guse et al. (2013) and Berkowitz (2013) were used to enhance their participation in the play sessions, as stated below.

Principle 1: Using story circle: In story circle, elements such as modelling how to critique others' work and make suggestions in an affirming rather than critical manner by using different phrases, was discussed. For example, *I liked this part of the story. This part of the story resonated with me. If it were my story, I might . . .* During the story circle, the psychotherapist provided structure and monitored emotions through progress monitoring and feedback (Borntrager & Lyon, 2015; Carlier et al., 2012), making a point to step back as much as possible and leave the voices of the youth at the centre of the discussion.

Principle 2: Tell stories with refrains or dialogues that are repeated and can be easily remembered and predicted by young adolescents.

Principle 3: Identify parts of the story while planning so that young adolescents can express themselves through words, sounds, and pictures. Invite children to act out or make sounds for these parts.

Principle 4: Ask questions related to the story that prompt adolescents' imagination.

Principle 5: Retell stories that adolescents enjoy. The more familiar they become with a story or character, the more they will want to perform it independently.

Principle 6: Understand that young adolescents may interrupt because they are fully engaged and wish to contribute their ideas.

Principle 6: Evaluation of the young adolescents' participation during therapy sessions at the end of each session by the psychotherapist and the participants themselves. The evaluation was based on five-point scale (5 = Superb participation, 4 = Effective participation, 3 = Moderate participation, 2 = Poor participation, 1 = No participation). The actual meaning of the above scale point varies across the type and nature of competencies included. Nine areas that address young adolescents' participation over the course of the intervention, discussed below, were outlined with containing a specific set of competencies.

Therapeutic listening: Listening is one of the qualities that enhances the efficacy of a therapeutic relationship (Mesquita & Carvalho, 2014). It was considered for evaluating young

adolescents' involvement in the therapeutic sessions. To measure therapeutic listening skills of the young adolescents, a set of competencies including five specific skills were established which required the listening skills to transmit *verbal attention*, *non-verbal attention*, *comfort*, *verbal empathy*, and *non-verbal empathy*.

The accomplishment of session activities: This was aimed at assisting and encouraging young adolescents to become involved in specific conventional session activities. This point relates to the discussion and during session activities involved five specific competencies such as *questioning*, *reflection*, *generating solutions*, *perspective development*, and *multimedia reflections* to address problems.

Emotional state reflection: One of the characteristics of helping is allowing clients to express their emotional world such as anger, fear, frustration, and joy (Moneta & Rousseau, 2008). Based on this principle, in the current intervention programme, the young adolescents were allowed to express their emotional state related to each story. This was measured with the help of criteria discussed by Greenberg and Pascual-Leone (2006) such as *verbal/non-verbal voicing of emotion*, *self-soothing* (diaphragmatic breathing, relaxation, self-empathy, self-talk), *emotion evaluation*, *emotion awareness*, and *symbolising emotion in awareness*.

Mental state reflection: Expression of emotional state encourages young adolescents to express their cognitive conditions such as their perception towards the story, characteristics in the story, attitudes, and memory-related to similar cases. To measure this feature, a set of competencies such as *mental state awareness*, *verbal/non-verbal voicing of mental state*, *problem-solving*, *decision making*, and *symbolising mental state in awareness* were established.

Behavioural state reflection: Reflection on the behavioural state denotes actions or reactions such as talking, walking, silence, helping each other in the group performance, which represents therapy processes, problems, and/or outcome. This criterion was measured through five components of competencies including *social reasoning*, *social problem solving*, *behavioural regulations*, *understanding group norms*, and *assertion skills* (Fazio-Griffith & Ballard, 2014).

Body language: Attempts to express feelings, thoughts, and behaviour through body language in therapy processes is vital in psychotherapeutic processes. Body language includes smiling, eye contact, nodding, clapping, furious, crossed legs, and hands. With this foundation, to measure body language, five competency areas were set and include *touch* (for

example, handshake), *movement* (for example, body in action-dance, drawing), *posture* (for example, lean forward, relaxed sitting), *gesture/facial expressions* (for example, smiling, eye contact, nodding, and congruence between body language and verbal expressions) (Leijssen, 2006).

Painting/portrayal: Painting/portrayal represents participants' skills in describing their emotional, mental, and/or behavioural states with the help of drawing pictures. This was measured on five competency areas to be rated as superb performance facilitating *expression of emotion (catharses), showing unconscious material, rich and deep expression of emotion and thoughts, verbal communication, concentration and symbolisation* or embodiment of inner representations in visual images (Sholt & Gavron, 2006; Malchiodi, 2005).

Behavioural demonstration: This requires participant skill in role play in the therapy sessions on how they actually behave in the real world. This was a solo approach where each participant role plays a personal unique life experience while the rest attend carefully, connect, and reflect on their own life experiences. The measurement competencies for this criterion were *assisting to solve a problem, achieve catharsis, extend depth and breadth of inner experiences, understand the meaning of performance, and ability to observe personal roles* (Malchiodi, 2005).

Demonstration of resilience skills: This criterion required young adolescents to express new lessons learned from the therapy sessions that have helped to change their lives. These lessons were emotional, mental, behavioural, or two/more of these components. Seven specific resilience skills were set and named as Ginsberg's 7 'C' resilience skills which include *competence, connection, confidence, character, coping, contribution, and control* (Garrett, 2014). Accordingly, young adolescents were evaluated based on their involvement; young adolescents involved in six and above of the skills, were rated as superbly participating, four/five of the skills were rated as effectively participating, three of the skills were moderately participating, two of the skills were poorly participating and one of the skills were considered not participating at all.

For each of the above nine criteria of participation in the play sessions, five specific competencies for each were established. Apart from resilience skills, each of the criteria was evaluated on a five-point scale such as *superb, effective, moderate, poor, and no* participation. Each of the scaling points was further organised in a definite number of competencies to measure each of the nine criteria. Based on this discussion, superb had five complete sets of

competencies, effective had four, moderate had three, poor had two and no participation had one competency.

Session One

Establishing relationship and planning: The objective of this session was to establish rapport between the psychotherapist and the group members. He ensured that introduction and self-disclosure, informed consent, and confidentiality, as well as the purpose of the psychotherapeutic relationship, were established. The emotional working alliance was established particularly to realise a therapeutic relationship between the psychotherapist and the group members through bridging the physical, psychological, and social distance. Besides, attention was given to schedules and the context of psychotherapeutic activities. Specifically, schedules including (dates, time, and length of session) along with place and room for the psychotherapeutic activities were set.

Habesha Stars Primary School was the physical setting for the intervention. This school was selected to conduct the psychotherapeutic services because the majority of the participants in the intervention group were from this school. Secondly, the school officials were cooperative in terms of permitting and arranging rooms and other facilities. Permission was obtained from the school officials to use the compound and room to conduct the *teret-teret* psychotherapy. This was a vital step that assisted in conducting the psychotherapy services on Saturday. Secondly, the date, time, and length of sessions were scheduled. It was scheduled per-week, Saturday morning (9:00 -10:00 and 10:30 -11:30) and in the afternoon (2:30 -3:30) and on the other days such as Tuesday, Wednesday, and Thursday (5:20 -6:20). Arrangements were made carefully in such a way that it did not adversely affect the academic and related duties at home and school. Occasionally, causalities happened; for example, a participant missed a session due to personal or other factors, yet debriefing was conducted by the psychotherapist and the group members at the introductory sessions of the next program. However, the session length (40 – 60 minutes) was fixed based on the consent of the participants. The following table presents the schedule.

Table4.11:Schedules for the psychotherapeutic relationship

Name of the group	Number of participants	Date	Time	Place
Hope	7	Saturday	9:00 -10:00	Habesha star school room number 21
		Tuesday	5:20 - 6:20	
Peace	7	Saturday	10:30 -11:30	Habesha star school room number 21
		Wednesday	5:20 -6:20	
Success	6	Saturday	2:30 -3:30	Habesha star school room number 21
		Thursday	5:20 -6:20	

Simultaneously, the benefits of the intervention were discussed. Then, the components of the psychotherapeutic procedures, activities for the psychotherapist, and activities of the participants were briefed. Comments and questions from the group members were addressed and clarified. This session had two major implications for the whole intervention process. Firstly, the session established a trustful and rapport between the psychotherapist and the group members, and between the group members as well. Secondly, it ensured a strong working alliance with potent zeal to participate in the intervention processes.

Session Two

Story reading and brainstorming: The objective of the second session was to read the stories (*The Little Kind Girl* and *The Story of the Father and His Son*) and brainstorm the topics and contents. The group members were encouraged to review activities from the previous session and introduced the topics of the new session. Silent reading was conducted by each group member and then each member read the two stories orally for the whole group members turn-by-turn. Participants reflected on the themes of the stories, and the characters and contexts (time, place, and conditions) of each story. Their reflections were recorded as short notes. The participants attempted to differentiate between the characters that experienced difficulties and demonstrated competencies. At the end of the session, home assignments were given to outline the implications of the stories and connect the stories to their day-to-day lives and explain how the stories assisted them in developing a healthy socio-emotional and behavioural life.

Session Three

Reflection and implication: The current session was targeted at encouraging young adolescents to reflect on their thoughts and feelings about the stories and extract the implications of the stories about them developing self-corrective behaviour. In particular, the session probed group members to explain the implications of the stories to the general group

of young adolescents who experience SEBD. Furthermore, the group members were encouraged to discuss the connection between the behaviour indicated in the stories with their own actions, thoughts, and feelings. Moreover, they differentiated between the section of the story they each most liked and did not like. One of the major findings was kindness and helpfulness from the little girl as well as persistency and readiness for change from a boy and his father which were found to be competencies. On the other hand, hostility, stubbornness, and becoming troublesome towards others from story one, and teasing and arrogance from story two were suggested as difficulties. Additionally, each participant attempted to compare and contrast either good or bad behaviour drawing from their own experiences with the behaviour described in the stories. Implications from the stories were discussed and the participants expressed their feelings to keep them away from undesirable behaviour. For example, one of the participants reported that,

“... I had better develop a sense of virtue, kindness, affectionate to others, helpfulness and becoming modest instead of being reckless, cruel, and/or hot-tempered ...These are behaviour that I frequently practice, yet they are unhelpful”

Another participant expressed that,

“I like showing off and bragging. Look at my hairstyle and too it is decorated with colour. Just observe her, the tattoo!! Hence, from these therapy sessions, I conclude that all these kinds of attempts are a reflection of false identity. I should try to comply with the existing socio-cultural values and home circumstances for healthy identity development”

Session Four

Story reading and brainstorming: In this session, major points from the previous session were revised and the topic of the current session was introduced. The objective of the session was to assist the young adolescents to acquire lessons from stories entitled *A boy and the Fruits*, and *Matured Person* through reading and brainstorming. Careful silent reading by each group member was conducted followed by each attempting to read orally for all the group members. While doing the reading activity, the rest of the group members were attentively listening. Then, a preliminary reflection on major thematic points, and characters was undertaken. Also, the group members probed to identify the contexts (time, place, and conditions) of each story and they were given a chance to imagine and connect their behaviour with the behaviour indicated in the story.

Session Five

Reflection and implication: Right after revision and introduction of the session activities, based on the home assignment, the participants expressed their perspectives and behaviour. The major findings from the stories were respect, self-esteem, and honesty. Each participant attempted to compare and contrast either their good or bad behaviour with the behaviour described in the stories. The other finding was that each participant attempted to relate their behaviour with the behaviour depicted in the stories. As implied from the first story, the participants reported that they acquired a lot of good lessons. For example, a quote from one of the participants,

“ ... I usually steal cooked food from home without my mother’s permission. Now I recognized that this behaviour is awkward that I should avoid it early”

The other participant suggested that,

“when I find conflict at home I prefer to run away from home and stay out either with my aunt or uncle for a couple of days”

From the same session, a report from one of the other participants,

“I do not care about the properties in our school. For example, I believe that the water pipes, the blackboard, and other properties in our school only belong to the school and that I do not observe them as common properties. Besides, threatening any person and fighting particularly with my colleagues are my customary duties either in a classroom or outside a classroom. Yet, I learned that these behaviour are not helpful behaviour that I should begin to quit them quickly”

Session Six

Story reading and brainstorming: In this session, the psychotherapist encouraged the group members to review the activities of the previous session and then introduced the titles of the new session. Thereafter, he introduced the new stories entitled *Children’s’ Play* and *The Elderly Man*. The group members were encouraged to read by themselves for five minutes and then each of the group members had the chance to read the stories aloud for the whole group while the rest listened attentively. Thereafter, group members were given a chance to reflect on the topics of the stories, differentiate the characters in the stories to the behaviour they portrayed whether good or bad. Besides, the group members probed to find out the contexts (time, place, and conditions) of each story.

Session Seven

Reflection and implication: In session seven, the participants reflected on their thoughts, feelings, memories, and actions based on the stories they had read. The major findings from the stories were patience and tolerance from the story of *Children's Play*, yet respect self-correction, obedience, and problem-solving skills from *The Elderly Man story*. Each participant attempted to evaluate their behaviour with the behaviour described in the stories. Based on their evaluation, the participants gained lessons to demonstrate adaptive behaviour at home, school, and community levels. To elucidate this point, a quotation from a participant follows,

“I enjoy demonstrating a repetitive behaviour that a teacher denounces in the classroom. For example, if a teacher dislikes side talk, I enjoy side talk; if a teacher instructs silence, I speak loudly. Particularly, I scream without any reason at the end of the class when we let go home. But, currently, I am observing my own behaviours through the lens of the stories that I labelled the behaviours in the story were wrong. So, it is the right time for me to change myself”

Furthermore, a participant reported that,

“.. since I fail to control my rage once I begin quarrelling with somebody I can attack that person without sympathy. If I can, I attack the person more deeply unless I try to attack and run away”

Session Eight

Story reading and brainstorming: In this session, the assistant psychotherapist encouraged the group members to review the activities of the previous session and introduced the titles of the new session. Then, he introduced the stories entitled *The Lion and a Woman* and *The Foxes Inside Us*. Group members were encouraged to engage in self-reading for five minutes. Thereafter, each participant had the chance to read the stories loudly for the whole group members while the rest of the group members listened attentively.

Session Nine

Reflection and implication: The ninth session focused on reflection and implications of stories read in session eighth. The major findings from the stories were problem solving, loving, and caring from the story of the lion and the mother, yet trust, love, truthfulness, punctuality, generosity, helpfulness, responsibility, peace, transparency from the story of *The Foxes Inside Us*. On this basis, the group members were also given a chance to reflect their views on the topics of the stories, differentiate the characters in the stories concerning the behaviour they portrayed, whether good or bad. For example, one of the participants said that

he learned good lessons from *the Lion and the Woman Story*. He communicated that his needs are consistent in terms of his *emotional aspect towards his stepmother*, avoid *jealousy against her*, and hot-tempered communication with her. Moreover, he expressed that he should openly communicate and share ideas/problems with his stepmother. At the same time, the other participants reported that the *Foxes Inside Us* story stimulated them to acquire exciting lessons. That was, they deemed to stop *dishonesty, hatred, cruelty, recklessness, sinfulness, liar, theft, crime*) in the course of their life.

Session Ten

Story reading and brainstorming: In this session, the assistant psychotherapist encouraged the group members to review the activities of the previous session and introduced the titles of the new session. Then, he introduced the stories entitled *The Least Word of Wrath* and *The Deceptive Word*. Next, the group members were encouraged to self-read silently for five minutes, which was followed by each of the group members having the chance to read the stories aloud for the whole group while the rest of the group members listened attentively. Thereafter, group members were given a chance to reflect their views on the topics of the stories, differentiate the characters in the stories about the behaviour they portrayed whether good or bad. Also, the group members probed to find out the contexts (time, place, and conditions) of each story.

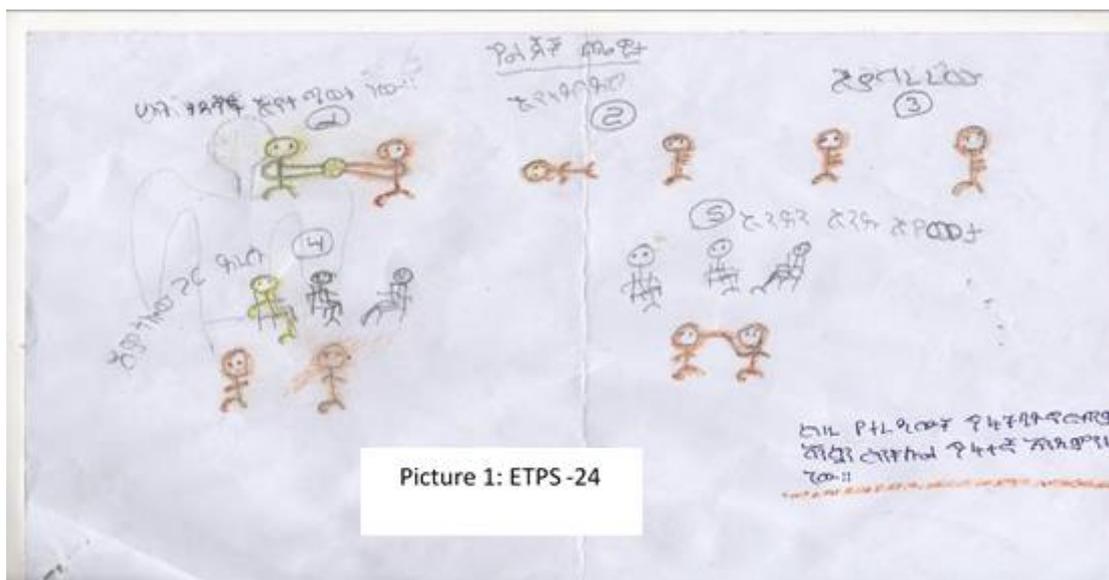
Session Eleven

Reflection and implication: The major findings from the stories emerged as wise healthy interpersonal relationships, loving and caring from *The Least word of Wrath*, yet *trust, love, truthfulness, punctuality, generosity, helpfulness, responsibility, peace, transparency* from the story of *The Deceptive Words*. Each participant attempted to relate the good or bad behaviour to themselves with the behaviour described in the stories. Implications of the stories were discussed in terms of the participants to regulate themselves not to experience sadness, *worries, cries*, and *guilt*, jealousy, *attack, temper, threaten*, and *mood change*. For instance, one of the participants expressed that she usually experiences an empty spirit while she is attending class because her mind was busy thinking about the basic needs and safety living. She said,

“I am physically available in the classroom, but not mentally. I worry about the meal I have, the home I live in, the cloth I dress, the conditions I enjoy with my friends, and generally, I think about my future life. Yet, perhaps this communication opportunity provided the opportunity to have hope in my life”

Session Twelve

Story-Based Art Therapy: Participants expressed the stories in the form of pictures for this session. The self-expression required the participants to express their personality, interpersonal networks, behaviour in their natural environment, perception of themselves, and their problems as well as their future vision. Moreover, it prompted the participants to access material from the unconscious memory and develop insight into their own behaviour. The session was completed through the participants reading all twelve stories and choosing a story that interested them. Then, they converted the story into pictures, demonstrated the connection between the story and their behaviour, and expressed the positive lessons learned from the story as well. In the end, they pledged to demonstrate positive socio-emotional skills in their daily lives, develop the skills of self-management, listening and attention skills, positive self-image, showing affection to themselves and others. For further understanding, some of these pictures or portrayals are outlined below.

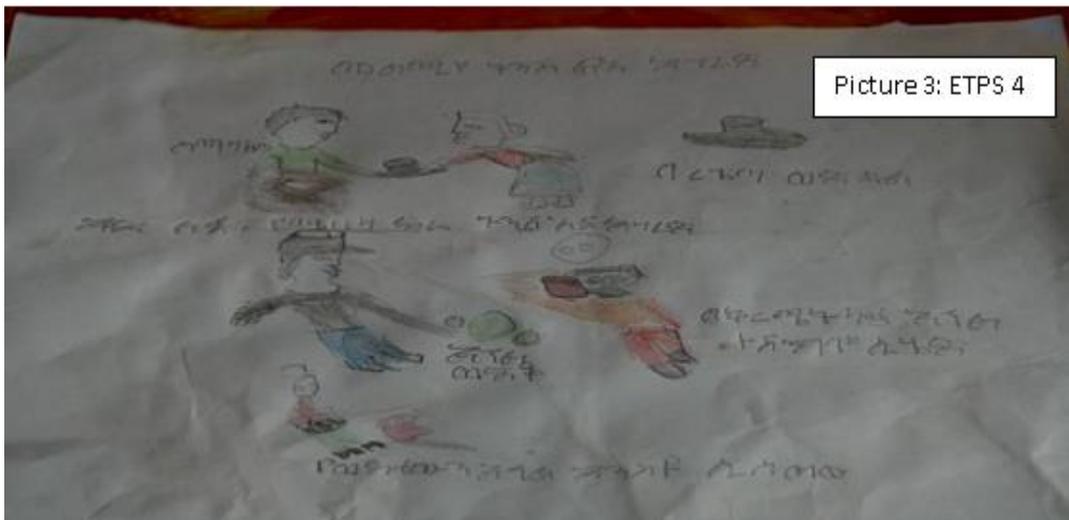


Picture One: Picture one portrayed by ETPS-24 where he read all the stories and chose the story entitled *The Children's Play*. The reason he chose this story was he used to engage in play and that he faced fighting with his colleagues. As result, he suggested that play is a means for unity, but not conflict. So, he recommended to his colleagues to be quiet and patient while playing because *when we rush we can make mistakes*. Furthermore, this young boy ordered the sequences of the story as (1) the two boys were playing, (2) fighting, (3) chasing colleague, (4) approaching elders, (5) not accepting elders' advice and fighting again.



Picture 2: ETPS-55

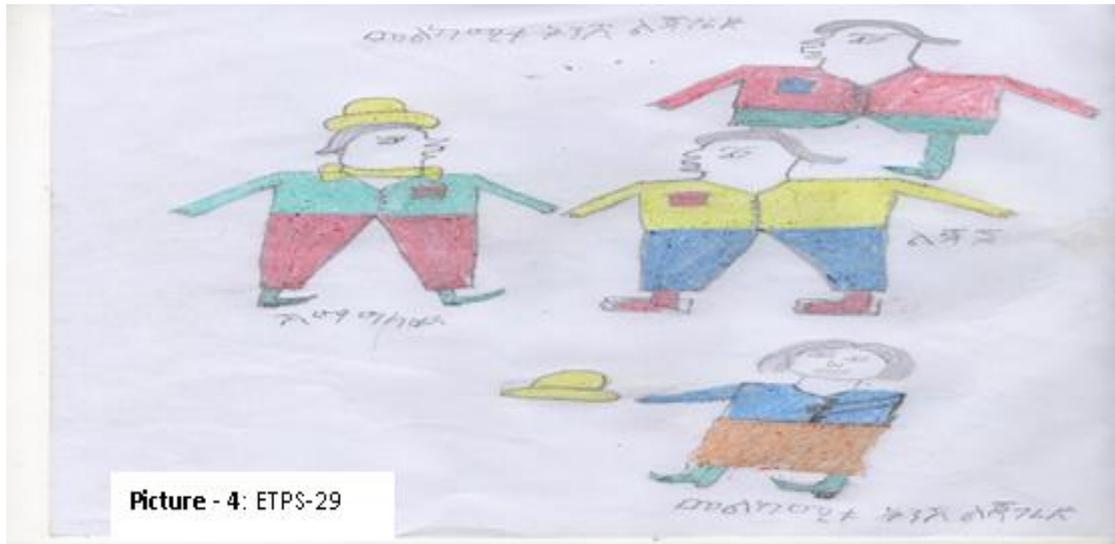
Picture Two: Picture two above illustrates the story of *The Little Kind Girl*. The young girl learnt a good lesson from the little girl to assist people who need assistances in everyday life. She also promised to teach and advise her friends who have wicked behaviour and are mean to others. ETPS-55 made a good attempt to change the story into pictures by sketching the two wicked girls, the old man walking in his way, the little girl picking the hat and offering it to the old man.



Picture 3: ETPS 4

Picture Three: In the above picture, ETPS-4 illustrated in two stories, *The Little Kind Girl* and *The Boy and the Fruits*. He stated these stories touched his inner world and elicited his everyday experiences. He confirmed that he had acquired good social and emotional competencies such as being supportive for others regardless of age and gender. Furthermore, he verified that he had begun to manage his habit of bragging, rebuking and being rude towards other people. Regarding the story of *The Boy and the Fruits*, he also noted that honesty is more than anything. As a result, ETPS-4 confirmed that the boy who picked fruit

from the ground and gave it to the owner was right. So, he promised to keep away from cheating and holding the property others without permission.



Picture - 4: ETPS-29

Picture Four: The above picture was sketched by ETPS – 29. He attempted to communicate the good decision of the little girl. He chose the story of *The Little Kind Girl* because he wanted to trace the common relationship problems experienced between elders and young children in his village. In his village, many elders (that is, grandparents) engaged in rearing grandchildren. Grandparents are responsible for children who have lost their parents due to HIV and AIDS, and often experience chronic poverty in the nuclear family. With this fact, the young boy conveyed that young adolescents should be responsive to elders by providing equivalent support and assisting them emphatically and unconditionally within any context.

Session Thirteen

Evaluation and termination: The final session is deemed to terminate the *teret-teret* psychotherapy. Two major issues were considered during the termination stage. First, the processes of termination assisted the participants and their guardians to end the psychotherapeutic activities. The termination process was carefully planned as part of the 13-session action plan for the psychotherapeutic processes. Communicating the final period of therapy assisted both the participants and the guardians to become psychologically ready to take what they had learned for use in their daily lives. However, some participants had become emotionally attached to the psychotherapist and the researcher as well. To understanding the problems of these participants, informal sessions that were not part of the research were organised. Occasional appointments with the participants at the school setting and also follow-up activities via telephone communication with the guardians were made.

The second issue was a matter of monitoring and evaluation. Formative assessments were conducted three times through the method of Routine Outcome and Process Measurement (ROPM). The outcome had been assessed with the help of YSR (that is, difficulty levels and competencies) (*cf.* Appendix M) and other instruments to assess the confounding variables (*cf.* Appendix N, O, and P). The process of the psychotherapy was assessed through the level of involvement in each session during the play therapy through the devised assessment instrument (*cf.* Appendix V). However, the nature of the assessment in the final session was conclusive and it was aimed to evaluate the success of the *teret-teret* psychotherapy. For example, participants were asked to evaluate the session performance (process evaluation), immediate achievements (outcome evaluation), and prospect (long-term-impact evaluation). Finally, the psychotherapeutic relationship was concluded by allowing participants to consolidate and build up competencies learned from the psychotherapeutic processes.

Step 3: Progress monitoring and feedback: Progress monitoring is the process of urging an outcome with overcoming SEBDs through feedback and its effect on the therapist's ongoing decision-making processes during the course of the intervention (Borntrager & Lyon, 2015). To conduct progress monitoring, routine outcome measurement (ROM) was employed. ROM is a systematic way of investigating treatment outcomes or efficacy in clinical practices (van Noorden et al., 2012; Carlier et al., 2012). This involved repeatedly measuring treatment outcomes based on YSR (every week) and feedback was provided through manipulation and self-evaluation in every session.

4.7.3.3 After the intervention

Step1: Short term outcome evaluation: This was concerned with testing the difference between the intervention and control groups based on the variables. In this step, the difference between the intervention and control groups was tested with the help of independent student *t*-tests. Two sessions were organised per week for a single group and continued for three months. At the end of August 2018, data was collected from the participants of the intervention and control groups based on the YSR and other related instruments to measure the confounding variables. Then, the scores were computed through an independent-test.

Step 2: Long term outcome evaluation (impact evaluation): This involved testing the difference between the intervention and comparison group. It is considered an impact assessment (Agha, 2002) which involves an evaluation of young adolescents' socio-

emotional and behavioural health status as a result of the implementation of the intervention. The evaluation was conducted between the intervention group and the comparison group two months after the completion of the intervention programme. Conducting an impact evaluation had different purposes in this study. In the first place, it assisted as confirmation for the result obtained during short-term assessment. Secondly, it helped to investigate young adolescents' changes in terms of their socio-emotional and behavioural functioning in their natural settings. Finally, data were collected from the participants in the intervention and comparison groups. Then, the scores of the two groups were compared through an independent *t*-test. In addition to examining the impact of the intervention on the young adolescents' socio-emotional and behavioural functioning, qualitative data was generated from the guardians. Then, qualitative findings were integrated with the quantitative results and presented.

4.7.4 Phase 3 Data analysis

Data analysis involved causal effect investigation (Karimi & Meyer, 2014; Reiss, 2009; Blunch, 2008) through quantitative and qualitative methods based on the application of indigenous play on the outcome variable. These were an independent *t*-test as an intervention effectiveness test. Each of these methods of data analysis had fundamental assumptions and criteria for interpreting the result which is discussed in the following section.

Independent sample *t*-tests: Student *t*-tests were one of the statistical models which involved testing the difference between two means, based on the principles of pre-determined effect size, sample size, and the normality of population distribution (de Winter, 2013). Student *t*-tests have two classifications, independent sample/between difference and repeated measure/within different-tests. In fact, each of them has distinct features in terms of assumptions, data measurement, and criteria for interpreting the result. Scientific literature has discussed assumptions of a *t*-test. These are the normality of the distributions, homogeneity of the participants, and the independence of the observations (de Winter, 2013; Wiedermann & von Eye, 2013).

Based on the above assumptions and other reasons, independent *t*-tests accurately respond to the research question. One of the reasons for using an independent *t*-test is its suitability to analyse data from a small sample size. Secondly, an independent *t*-test is more likely suitable for the current study as long as the study requires testing the difference between two means. Thirdly, despite a small sample size, a *t*-test is convenient for the current study as long as the major assumptions are met. These particular assumptions are maintaining similarities

between groups and randomly distributing participants across the intervention and control groups. Based on having the understanding from the above discussions, in the current study, the *t*-test model was applied to respond to research questions.

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

Research Question 6 in this section requires testing the mean difference between the intervention and comparison groups providing data from Achenbach's YSR scale. In that, it owes a response to discover if the cultural stories assisted the young adolescents to promote adaptive competencies in their daily lives by reducing their socio-emotional and behavioural difficulties. In other words, the probability of receiving treatment by the group that experience socio-emotional and behavioural difficulties perhaps discontinues, based on the improvement of their wellbeing by the minimum detectable effect size from the given boundary through supporting the young adolescents' competencies in daily life and social contexts, and reduce their socio-emotional and behavioural challenges.

Criteria for interpreting the result: The criterion of interpreting the results from the student *t*-test was the precision level or the power of the sample selection. Effect size or precision level of this study is represented as the relative strength of indigenous play (*teret-teret*) as a psychotherapeutic technique assisting young adolescents in developing and maintaining healthy socio-emotional and behavioural lives. The effect size is calculated through different approaches; however, in this study, Cohen's *approach*, which is the awidely-used method, (Lakens, 2013; Thalheimer & Cook, 2002) was considered. Taking into account Cohen's suggestion, effect size has different levels including small effect size which is less than or equal to .2, medium .5 to .7 and large effect size is greater or equal to .8. On the other hand, effect size, *d* coefficient is dependent on the proportion to determine an adequate sample size with the maximum possible effect size $\geq .8$ (deWinter, 2013; Lakens, 2013; Thalheimer & Cook, 2002). Although .80 is the universally accepted maximum precision level, the current study was based on $p = .5$ as population variance due to the absence of previously established theoretical evidence. As a result, the effect size in the current study was interpreted based on the effect size, $d = .5$ for both competency and problem measures.

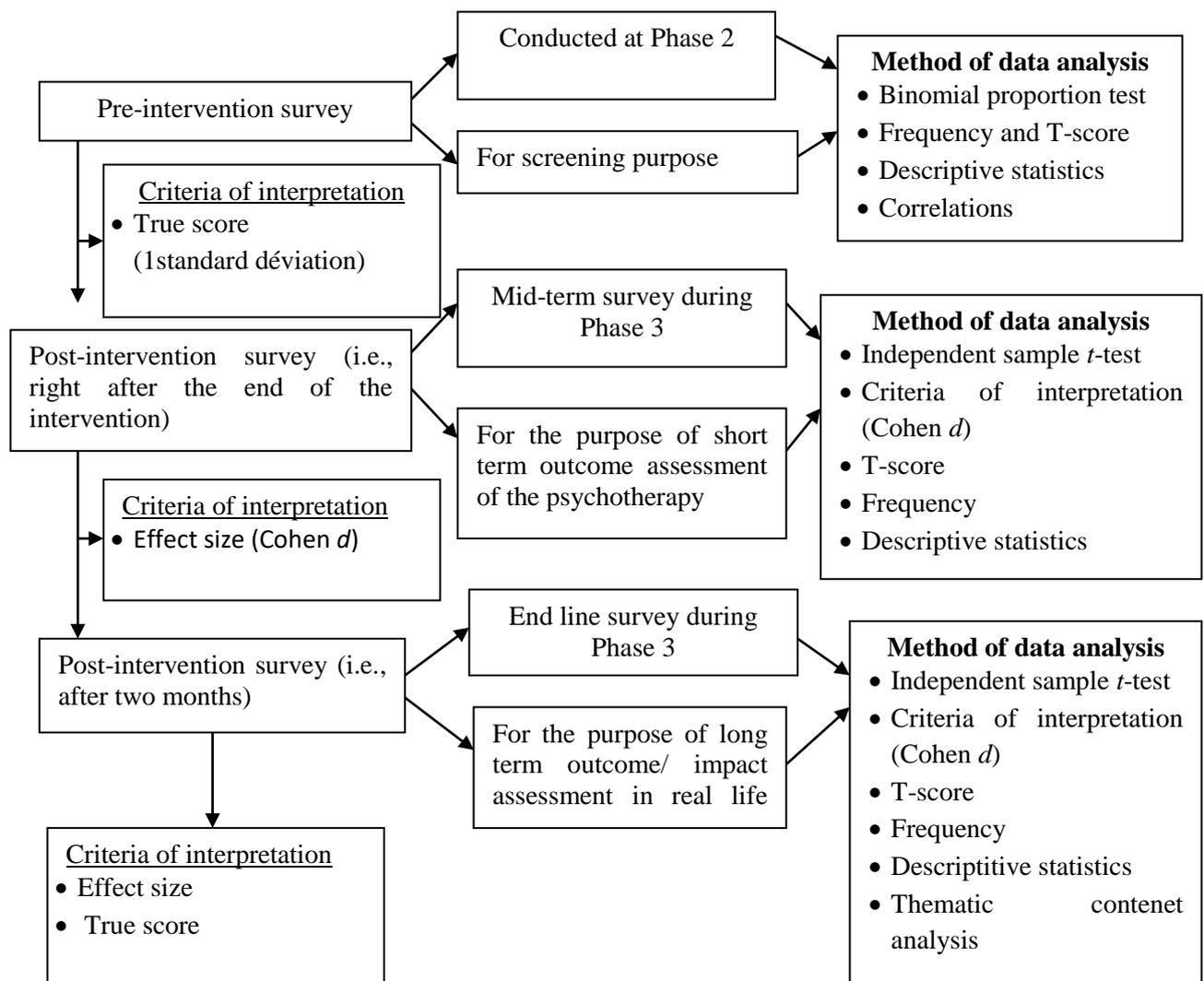


Figure 4.11: The link between the three phases of studies

4.7.5 Methodological norms

In this section, all possible threats to the validity of the intervention and methods to control these threats are discussed. One of the major standards to assess the quality of an intervention study is ensuring the validity of the intervention. There are two types of validity particularly relevant to the current study, internal validity and external validity. The internal validity refers to the change of behaviour due to the influence or manipulation of the intervention variable, whereas the external validity represents the drawing conclusion given the data or findings from the intervention to the other settings and participants. In detail, each of these concepts and the procedures to ensure each of them is described in the following sections.

4.7.5.1 Internal validity

There have been different ways of selecting and improving intervention studies in community settings (Handley et al., 2018; Campbell & Stanley, 1963). As one of the major threats for the

internal validity of the intervention outcome was *selection bias*, this was managed through considering relevant participants who actually experience the problems in the study through statistical rigor (T –Score). Taken this into account, only eligible participants were considered. Secondly, the proportion of the groups was maintained as equal with a 20:20 proportion. On the other hand, to reduce *history bias*, other potentially powerful confounding factors such as emotional intelligence, psycho-educational participation, and the quality of interaction with their mothers were assessed and equivalence was maintained as well. Thirdly, groups were *blindly assigned* to the intervention and control group based on their geographic location to manage the diffusion of information. Fourthly, variability in *interactive effects* was realised through maintaining manipulation of the intervention variable (IV), several sessions, and ways of controlling the groups were similar. Indeed, there were *no single participants who dropped out from each of the groups* during the psychotherapeutic processes, which further assisted in enhancing the validity of the intervention.

4.7.5.2 External validity

As to the meaning of external validity indicated in the above section, it has a due role within intervention studies (Handley et al., 2018) and careful attention was given to maintain it. In the first place, adequate and representative samples were taken and involved in the intervention processes. There were 221 participants from 409 participants randomly selected to participate in the cross-sectional survey design. Among 221 participants, 60 non-randomly selected participants were involved in the study, which means that almost 27% of sample participants were taken from the given sample size who had already participated in the survey design. In some literature, it was reported that 25% of the sample size was considered an adequate sample size to represent a population. On the other hand, the replication of the study based on a pre-set group (that is, comparing the intervention group with the comparison group) provided further meaningful assurance to conclude that the results applied to other settings and participants with similar characteristics.

The methodological norms for the current study assisted in realising the internal validity of the study. The psychometric properties of various instruments were validated and discussed in Phase 2. As a reminder of the lessons from the previous study, the majority of methodological norms related to the third phase are concerned with maintaining the quality of internal validity. As the study design is quasi-experimental (that is, intervention design), ensuring internal validity (true cause-effect relationship) (Shadis et al., 2002) of the study is a vital procedure. For further understanding, each of these methods is outlined below.

Ensuring similarities between experimental and control groups: One of the methods to connect to the research norm in experimental design is appropriate (that is, detection, assessment, and control confounders) (Grimes & Schulz, 2002). In other words, maintaining similar conditions between the experimental and control groups is vital. It involves keeping the age, level of SEBCs, SEBDs, emotional intelligence, opportunities, psycho-educational participation, and conditions of parent-child relationship are considered.

Realising an appropriate follow-up process: To control the attrition rate of the participants an appropriate group design, and follow-up system is vital. This can be achieved through keeping complete track of information such as an address, phone number, and immediate guardian addresses and in maintaining periodic assessment if the participants experience personal problems such as helpful re-scheduling of therapy sessions. Also, updates are provided at the end of each therapy session regarding the ongoing therapeutic processes.

Controlling the circulation of information: This method assists to control information flow from one of the groups to the other (Michael et al., 2015). It is possible through organising therapy sessions and arranging proper times and places to ensure that contact is avoided between the participants of the experimental and control groups. Secondly, participants are assigned to the experimental and control groups based on the setting closest to each participant. For further clarification, the following figure illustrates the method of realising validity across different steps of the current intervention study.

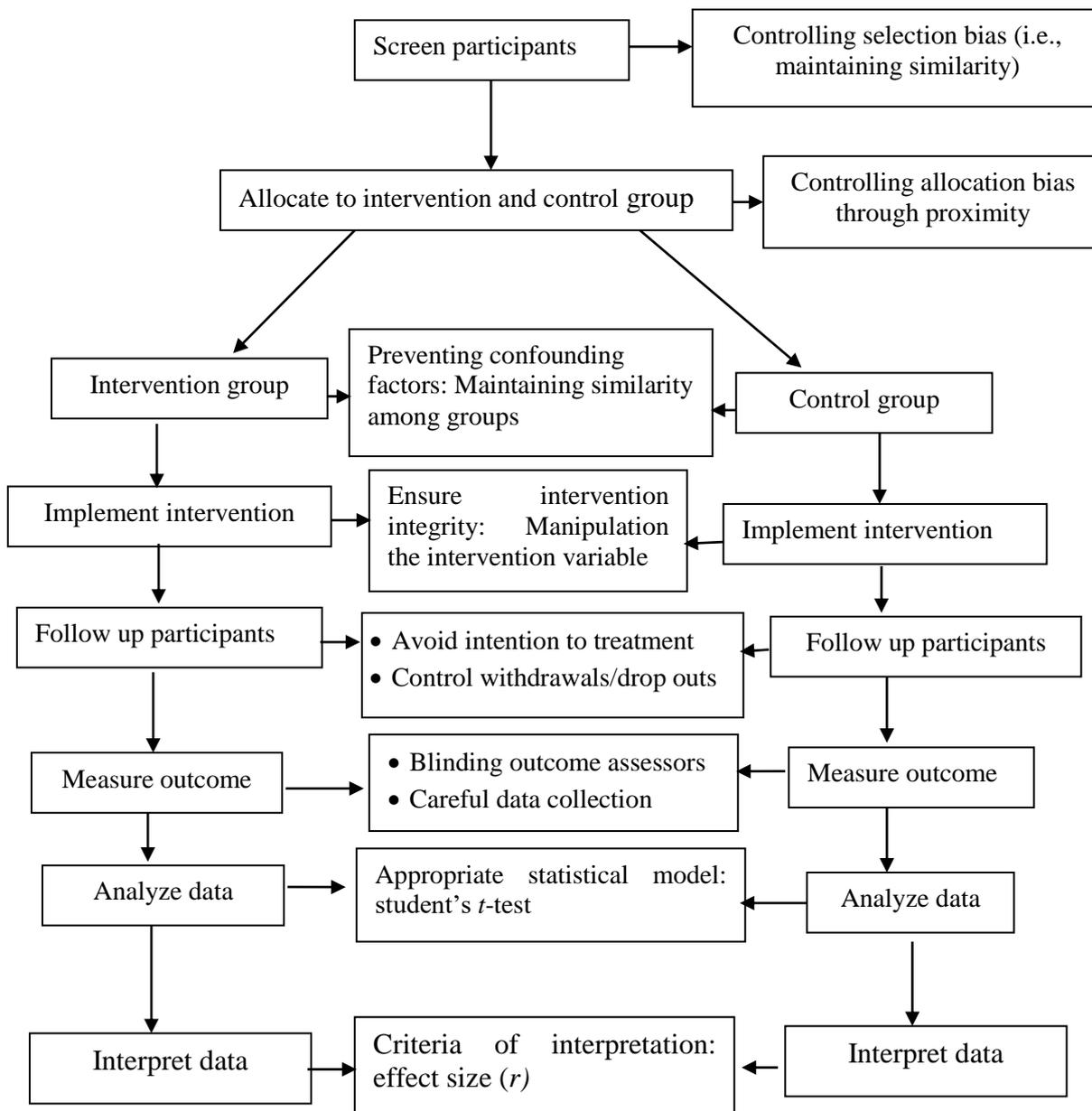


Figure 4.12: Methodological norms for the intervention study

(Adapted from Shadis et al., 2002:467)

4.7.6 Ethical Considerations

Research ethics is one of the principal protocols in scientific studies. It can be operated through due consideration maintaining the physical, psychological, and social wellbeing of the research participants and their relatives. To achieve this purpose, diverse mechanisms such as obtaining official ethical approval from concerned institutions, maintaining confidentiality and anonymity of the research participants, and obtaining informed consent from the research participants.

Ethical approval from concerned institutions: This approach has to do with evaluation by a third party of the research design, method of obtaining data from the participants, method of data analysis, and methods of documenting participant information and confidentially. In this regard, permission was sought from the University of South Africa, College of Education, Ethics Committee (*cf.* Appendix B). Moreover, due to the involvement of young adolescents and the need to use well-crafted and careful design office of Women and Children in Hawassa City Administration had to provide ethical approval (*cf.* Appendix A).

Informed consent and assent: Informed consent is a mechanism of establishing an agreement between the researcher and participant (Edwards et al., 1998) through signing a consent form. In this research, as participants of the study were young adolescents below the age of 18 (Ethiopia defines this as childhood period) parental/guardian informed consent was required. Also, young adolescent agreement (known as *informed assent*) was arranged separately although the decision to participate in the study was dependant on the age and maturity level of the young adolescents to understand and reflect on the entire processes of the study. As a result, the mutual agreement between the researcher and the participants including parents/caregivers is based on detailed clarification of the purpose and procedure of the research before the start of data collection. Participants received detailed information on the study design as well as the potential gains and risks of the study. In all cases, participants were allowed to give their informed decision regarding whether they wished to participate in the study or not. Moreover, they had the right to continue or discontinue their participation at any time. All participants in the study signed informed consent/assent forms. Besides, letters requesting permission to conduct the study were obtained from the relevant organisations or institutions from which the adolescent participants were selected.

Maintaining confidentiality and anonymity: This is another form of research ethical protocol that can be materialised through ensuring participant identity is anonymous and keeping participant data secure. Anonymity was realised through a *coding system (secured data protection system)* (Sherlock & Thynne, 2010). For example, after transcription of data, coding, and categorising of data was done on an excel spreadsheet as the hard copies and these were managed securely until publication. The other alternative has to do with using secure passwords to keep the soft copies of each data file. Another crucial practice is ensuring anonymity through permitting the research participants to conceal their personal identity (for example, name) from data gathering tools. Therefore, the above procedures protected elders, folklore experts, young adolescents, parents and/or guardians, and experts from any form of

psychological, social, and/or physical harm. Generally, to mitigate potential risks of harm, various other mechanisms were employed and each is discussed below.

Debriefing: Debriefing involves the purpose, processes, and outcomes of the study to the research participants and their parents as a vital step. There is a possibility of emotional stress particularly with young adolescents involved in the second and third phases of the study. So, counselling was provided to mitigate the level of the emotional burden.

Referral for counselling: Young adolescents who experience emotional discomfort with the process of the study were referred to the *counselling services organised by the researcher under the immediate guidance of Hawassa City Administration Women and Children Office*. Firstly, *study counsellors* (one female and one male) were recruited from psychologists working as social workers and counsellors at eight sub-districts of Hawassa City Administration Children and Women's office. Organising study counsellors was a necessary step in this study due to the absence of child-friendly counselling or mental health centres in Hawassa city. Secondly, conducting a one-day training and sensitization session for study counsellors on developmentally and culturally appropriate child-friendly counselling/psychotherapy services included the methods of assuring confidentiality. Thirdly, each young adolescent was privately interviewed by the counsellors to ascertain their emotional state during data collection and the intervention processes through the method of emotional risk protocol.

Based on the level and conditions of psychological risks, the following actions were taken. Primarily, if the participant's distress reflected an emotional response reflective of what would be expected in an interview about a sensitive topic, support was offered and the opportunity to pause or end the interview, regroup, and continue was given. Secondly, if a participant's distress reflected acute emotional distress or a safety concern beyond what would have been expected in an interview about a sensitive topic, but not an imminent danger, the following actions took place: the participant was encouraged to contact his/her study counsellor, the participant was provided with study counsellor call number, the study counsellor with the participant's permission, communicated with the participant experiencing emotional discomfort. Then, the study counsellor notified the researcher of the recommendations given to the participant.

Thirdly, if a participant's distress reflected imminent danger, the following actions were taken: the participant was taken for emergency treatment by the family members, with the

participant's permission, the study counsellor was contacted to engage with the participant, and the study counsellor immediately notified the researcher concerning the action taken.

In general, all due ethical protocols were followed to protect the interests of the participants. This was evident through parental informed consent, participant's assessment, confidentiality, and maintaining the anonymity of the participants. Primarily, ethical consent for this study was granted based on the letters of informed consent submitted with the ethical application form to the University of South Africa (*cf.* Appendix B). The other ethical protocol was ensuring parental consent. This was done by signing *the Young Adolescent's Parent Permission* (*cf.* Appendix L and Q) protocol and the young adolescents '*Group Participation Agreement Form* (*cf.* Appendix U). The other protocol signed by the assistant psychotherapists aimed at maintaining confidentiality and privacy of the participants' private matters. To realise this purpose *Research Assistant Declaration of Responsibility and Confidentiality* (*cf.* Appendix S) was signed. Finally, *the Emotional Risk/Distress Guideline* (*cf.* Appendix T) that explicates the procedures on how to assist a client in the event of any experiencing emotional risks during the psychotherapy processes.

4.8 CONCLUSION

Chapter four outlined the methodological procedures of mixed methods research and the three phases of the study. Embedded Mixed Methods Intervention Design was found to be the overarching design of the study. In particular, the overarching design poised three different designs which were conducted sequentially in three phases. Although the general methodological framework of the entire study was a mixed-methods approach, each study had its own unique methodological rigor. Based on this, Phase 1 was qualitative and explored child-friendly cultural play/stories (*teret-teret*) based on the principle of phenomenological and ethnographic designs. Phase 2 was a quantitative survey design and involved screening the socio-emotional and behavioural difficulties of young adolescents using a standardised screening questionnaire (YSR). The survey design was intended to discover the prevalent socio-emotional and behavioural problems inherent in young adolescents and identify distinct socio-emotional and behavioural problems amongst them. The third phase was a quantitative intervention study which comprised three groups: *intervention group, control group, and a comparison group*. The study combined data from the first and the second phases and was embedded in Phase 3. It had the purpose of testing the effectiveness of cultural stories (*teret-teret*) as a psychotherapeutic technique to manage socio-emotional and behavioural difficulties among young adolescents. It attempted to scrutinise the impact of the stories in

terms of infusing positive behavioural changes in the everyday life of the young adolescents which was assessed through the process of impact assessment.

In the next chapters, the findings of the three phases of studies are presented and discussed with the corresponding research questions.

CHAPTER FIVE

PHASE 1: PRESENTATION AND INTERPRETATION OF RESULTS

5.1 INTRODUCTION

In the previous chapter, the methodology and the design of the study were discussed. In this chapter, the results and discussion of the first phase of the study are addressed. I begin by outlining the demographic characteristics of the participants, review the objectives and research questions, and provide an overview of the methods of data collection and data analysis (*cf.* Chapter 4, Section 4.5.6: Method of data analysis). Thereafter, I discuss the results in line with the research questions, and other related previous empirical pieces of evidence under sections 5.7.1.3 and 5.7.2.4.

5.2 OBJECTIVES AND RESEARCH QUESTIONS

In Phase 1, a qualitative exploration of participants' views of psychotherapeutic *teret-teret* was conducted. An analysis of indigenous stories from archives, to identify their potential to serve as a psychotherapeutic technique, was also conducted.

The first objective was to explore how elders, folklore experts, and counsellors experience *teret-teret* for its use and value as a psychotherapeutic technique to support young adolescents who experience socio-emotional and behavioural challenges. The second objective was to identify specific *teret-teret* from the participants and from archives that could serve as psychotherapeutic techniques for young adolescents who experience socio-emotional and behavioural difficulties. The following research questions were formulated for Phase 1:

Research Question 1: How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?

Research Question 2: Which *terets* (*i.e., indigenous stories*) assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?

5.3 DEMOGRAPHIC ASPECTS FOR THE PARTICIPANTS IN PHASE ONE

Three clusters of participants (elders, folklore experts, and counsellors) participated in the first phase of the study. Their relevant demographic characteristics of age, gender, and

educational status were considered for data analysis and discussion. The demographic features of these groups of participants are outlined in Table 5.1.

Table 5.1: Phase 1-Demographics of participants

Demographic characteristics	Classification	Elders	Folklore experts	Counsellors	Total
Age	Greater or equal to 60	6 (46.15%)	0(0%)	0(0%)	6 (46.15%)
	Below 60	3(23.08%)	2(15.38%)	2(15.38%)	7(53.85%)
Gender	Male	8(61.54%)	2(15.38%)	2(15.38%)	12(92.31%)
	Female	1(7.69%)	0(0%)	0(0%)	1(7.69%)
Educational status	Elementary	1(9.09%)	0(0%)	0(0%)	1(7.69%)
	High school	1(7.69%)	0(0%)	0(0%)	1(7.69%)
	Diploma	2(15.38%)	0(0%)	0(0%)	2(15.38%)
	Degree and above	5(38.46%)	2(15.38%)	2(15.38%)	9(69.23%)

Demographic characteristics such as age, gender, and educational status were important in this study. Age was considered as a demographic variable because it assisted in investigating *teret-teret* recitation experiences of the participants across different developmental stages. In Ethiopia, the existing practices of *teret-teret* recitation are mostly the role of elders (that is, Ye'teret Abat or story father), who were usually above 55 years of age. The findings reveal that six (46.15%) of the total participants were greater or equal to 60 years. Hence, this finding is consistent with the existing truth, confirming that storytelling is the job of 'elders'.

Gender was the other demographic variable since in Ethiopia, *teret-teret* is predominantly recited by men. The findings revealed that 12 participants (92.31%) were male compared to only one female participant. The results show that males continued to occupy the role of the storyteller; however, the study confirms females are also becoming involved in storytelling.

Educational status was the third demographic variable, used to validate whether participants involved in *teret-teret* recitation have achieved specific educational levels. The data suggest that storytellers in Ethiopia are considered qualified with the wisdom of cultural or religious orientations, rather than with modern education qualifications. All participants were literate (that is, they had at least attended elementary school), while the majority of these participants, 9(69.23%) with that 5(38.46%) for elders, 2(15.38%) folklore experts, and 2(15.38%) counsellors from the total participants. This result is important because it shows

that traditional story recitations to be integrated into the nation's modern education system and that even persons with better educational status are getting interested in it.

5.4 THE PROCESSES OF DATA COLLECTION AND ANALYSIS IN PHASE ONE

For data collection, informed consent, strong working alliances, rapport, and warm relationships were ensured. Data were gathered through face-to-face interviews, recorded and with notes taken, with permission of the participants, based on the points depicted in the interview guidelines (*cf.* Appendix F). After the transcription of interviews, emerging patterns and themes were discussed with the participants in line with member-checking (*cf.* Chapter Four, Section 4.4.6). Only one interview was translated (that is, from Wolitigna to Amharic) by a fluent speaker of both languages.

To address Research Question 2, relevant stories were collected from archives, elders, and folklore experts (*cf.* Appendix H) and counsellors used their expertise to appraise the stories (*cf.* Appendix G). An analysis of the selected stories was made based on the content of the Youth Self-Rating Questionnaire (YSR). Sixty-two stories that could potentially serve in psychotherapy to deal with one or more socio-emotional and behavioural difficulties of young adolescents were explored.

The procedure of data analysis was discussed in Chapter four and in this chapter, data analysis which followed four steps is described. Firstly, counsellors were oriented with each of the eight characteristics of the socio-emotional and behavioural difficulties, as indicated on the YSR (*cf.* Chapter One, Section 1.13.). Although the YSR included nine groups of socio-emotional and behavioural difficulties, the objective of Phase 1 was to explore indigenous stories based on the first eight socio-emotional and behavioural difficulties.

Sixty-two stories with their titles and sources were found to be relevant as a psychotherapeutic technique (*cf.* Appendix H). Two counsellors critically evaluated the stories and these evaluations were accompanied by justification in considering a story as a helpful technique to assist young adolescents experiencing a particular type of socio-emotional and behavioural problem. As a final step, the researcher collected the evaluation sheets, counted, and ranked the stories with the reference to the evaluation and classifications (*cf.* Appendix G). The data analysis was based on thematic content analysis and the emerging themes, sub-themes, categories, and sub-categories are outlined in Table 5.2. Note that the information from the archive is only applied for Theme 2: Classifications of the *teret-teret*.

Table 5.2: Themes, sub-themes, categories and sub-categories emerging from the data

Theme	Sub-theme	Category	Sub-category-number these
Theme 1: Participant's worldview of <i>teret-teret</i>	Sub-theme 1: Participants' unique experiences	Category 1: Tradition	Intergenerational exchange of knowledge
		Category 2: Context	Symbolisation/imagination
			Physical and social setting
			Getting psychological readiness and curiosity
	Category 3: Value	Developing healthy behaviours	
		Managing socio-emotional and behavioural difficulties	
	Sub-theme 2: Evidence from stories	Category 1: Competencies to develop SEBC	
		Category 2: Competencies to manage SEBD	
		Category 3: Purposes and implications	
	Theme 2: Classification of <i>teret-teret</i>	Sub-theme 1: Aggression	Category 1: A Father and His Son
Category 2: An Elderly Man			
Category 3: United Wrap Ties a Lion			
Category 4: The Deceptive World			
Category 5: Children's Play			
Category 6: Love			
Sub-theme 2: Aggression and delinquency		Category 1: A Boy and the Fruits	Indicators of socio-emotional and behavioural difficulties
		Category 2: The Kind Donkey	
		Category 3: The Kind Small Girl	
		Category 4: The Tricky Boy	
Sub-theme 3: Multipurpose stories		Category 1: The Liar Shepherd	Surface allegorical and implications
		Category 2: The Least Word of Wrath	
		Category 3: Foxes Inside Us	
		Category 4: The Lion and a Woman	
		Category 5: Gaddisse and Her Daughters	
	Category 6: A Fox and Hawk		
	Category 7: Thought, Emotion and Action		
Category 8: The Matured Person			

Theme 1 highlighted participants' worldview regarding *teret-teret*. In Theme 2, the classification of *teret-teretis* outlined where 62 *teret-teret*, gathered from elders, folklore experts and the archives, was examined by professional counsellors (*cf.* Appendix G).

5.5 INCLUSION AND EXCLUSION CRITERIA FOR THEME 1

All information about context such as time, place, and conditions for storytelling, was included in Theme 1 (*cf.* Chapter Four, Section 4.4.3.1 - Validity of the instruments). The purpose of the storytelling was taken as one of the inclusion or exclusion criteria. In Ethiopia, elders share wisdom through *teret-teret* with the next generation to realise share commonly differentiated purposes such as developing good moral behaviour, creating amusement, thrill/courage and developing socially desirable behaviour, such as cooperation and helping each other and developing behaviour that compatible to self and others in the surrounding. Storytelling for purposes other than the above was excluded from the study lists.

5.6 INCLUSION AND EXCLUSION CRITERIA FOR THEME 2

The inclusion and exclusion criteria for Theme 2 include three major points. Firstly, any story that embeds socio-emotional and behavioural difficulty indicators outlined by Achenbach's (1991) YSR was included. The indicators for each of the eight different SEBD were discussed in different parts of this document (*cf.* Chapter Four, Section 4.5.1.2). Secondly, stories with either metaphoric or surface values, which convey social, emotional, and behavioural competencies, were approved as valuable stories. The socio-emotional and behavioural competencies had two foundations, expressed within five dimensions which included participation in the activities of sport, leisure, social, home chores, and community roles. On the other hand, the variables that were set as confounding were also helpful to reflect the socio-emotional and behavioural competencies and included emotional intelligence, mother-child interaction, and participation in psychoeducational activities.

Hence, based on this analysis, stories that demonstrate one or more competencies were included in the list while the stories that deviate from such a role, were excluded. The final point was to do with the implied meaning of the stories. Stories with the implied meanings which facilitate effective functioning of personal, social, and academic aspects, were taken as opposed to stories merely aimed at entertainment.

5.7 PRESENTATION OF RESULTS AND INTERPRETATION

Participants were invited to relate their experiences and express their views on the potential use and values of stories to serve as a psychotherapeutic technique, as outlined in the research

questions and objectives. Firstly, they were encouraged *to express their worldview* about the use of stories as a psychotherapeutic technique to assist young adolescents experiencing socio-emotional and behavioural challenges. Secondly, they were probed to illustrate *the* story that depicts their worldview. Subsequently, the participants' experiences were analysed based on the examples provided. Data was recorded through digital recordings with some of the participants, and handwritten notes again with few participants. The results are presented in the following sections.

5.7.1 Theme 1: Participants' Worldview of *teret-teret*

The concept 'worldview' represents the lived experiences of the participants and their perspectives on the practice of *teret-teret* in Ethiopia. Three criteria (*cf.* Section, 4.5.1.2) were used to select participants to explore their experiences and included elders, folklore experts, and counsellors who could recite *teret-teret* based on Ethiopian contexts such as time, place, and conditions, had the insight to retrieve information from memory (healthy cognitive functioning), and had direct and/or indirect experiences of working with *teret-teret* in child socialisation processes. Sub-themes emerging from the main theme are discussed in the subsequent sections.

5.7.1.1 Sub-theme 1: Participants' unique experiences of the practice of *teret-teret*

It was found that reciting *teret-teret* has been valuable in terms of teaching morals and values, developing attention and concentration, and transferring ancestral wisdom and beliefs. To analyse the participants' perspective, three specific sub-themes, the tradition of storytelling experiences, contexts (that is, time, place, and conditions), and outcome of stories for healthy socio-emotional and behavioural developments, are presented with direct supportive quotations.

a) Category 1: The tradition of storytelling

In this category, 'tradition' refers to the long-standing oral tradition of storytelling in Ethiopian societies. Village leaders, parents, teachers, and other elders communicate with the younger generation through the medium of storytelling.

An elder pointed out that the tradition of story recitation is an existing oral practice in Ethiopia and that ancestors have been using it to foster an ethically good generation and pass on stories from one generation to the next. According to Elder 3:

“Present generation utilise stories based on the experiences they obtained from their ancestors. For example, in schools, children listen and react to various

Ethiopian stories where they share the subject matters with their families. Subsequently, the children begin another discussion with their family members on the content of the stories. So, through this kind of interaction stories are playing major roles in socialising children to produce ethically and psychologically healthy” (Interview Number 3, Line Number 39-45).

In particular, elders use stories to entertain, share wisdom, and develop and nurture desirable behaviour among the youth. This view is confirmed by Elder 2:

“In Ethiopia, village leaders, parents, and teachers use metaphoric terms either using living things (i.e., animals and plants) or non-living things (i.e., land escapes, rivers, earth, and stone) to represent the characters. The particular use of metaphoric expressions is to care for the psychology of the children” (Interview Number 2, Line Number 44 -47).

In addition to the above ideas, stories are relevant tools to socialise children and young adolescents particularly in terms of fostering moral behaviour and sharing valuable wisdom. With this point of discussion, Folklorist 1 reflected that stories are common vehicles in the Oromo⁸ culture that parents share wisdom and experiences from one generation to the next.

“Strong cultural belief among the Oromo-speaking people folktales are the voices from the past and a primary vehicle of passing on the experiences and wisdom of ancestors to new generations” (Interview Number 10, Line Number 22-25).

The above statements confirm that the tradition of story recitation in Ethiopia is an existing experience across different cultures of the nations. The participants attempted to indicate the presence of strong cultural beliefs to educate and enlighten the new generation through child-friendly stories. The inter-generational or ancestral tradition of passing wisdom via story-based communications exists within the contemporary generation and the use of stories is still practised in the modern society of Ethiopia. On the other hand, the cultural beliefs and passage of ancestral practices to the new generation are conveyed through metaphorically portrayed statements and contexts, which have been designed to maintain ethical practices and promote self-observation against the characters and behaviour depicted in the story.

b) Category 2: Contexts of storytelling: time, place, and conditions

Contexts of storytelling relate to the time, place, and pre-conditions to recite stories for children and young adolescents. This is particularly useful to crystallise and confirm the dignity of stories with strong messages within the Ethiopian contexts. Many different views are reflected by the participants. For example, Elder 1 works as a storyteller in a room that is arranged to reflect the traditional design of Ethiopian rural contexts. The room, decorated

⁸ Cushitic ethnic group living in Ethiopia

with traditional articles and utensils including cattle models with their living pens, yolk and plow, mat, and others, seems to draw children and their parents' attention to rural life which is immersed in tradition and culture. According to Elder 1:

“For the reason to educate children in a group and create competitiveness through question and answer the traditional society of Ethiopia use evening as an appropriate time to recite stories. Yet, in my case, I recite stories every Saturday and Sunday from morning 2:00 to evening 12:00 Local Time because parents carry their children to this quarter to use their spare time” (Interview Number 1, Line Number 125-129).

Elder 9 reflected that he recites stories before bedtime because he articulated that in the evening all family members come together, review the daily activities, plan for the next day. Through storytelling the emotional and social ties within the family is promoted and children are assisted to have gentle bedtime. Hence, as a *good time* to recite stories. He said that:

“I choose before bedtime; because it is an appropriate time for my family to get together and share experiences. Also, it helps to prepare my children for restful sleep and that contributes for healthy brain development” (Interview Number 9, Line Number 50 -51).

On the other hand, Elder 4 raised three contextual factors for effective storytelling sessions which include ensuring an appropriate time, place, and getting the audiences' attention. She attempted to organise suitable times to recite stories, for example, she felt that traditionally morning and evening was a good time as children feel fresh and are ready to listen to stories, which means that they can grasp the meanings embedded within the stories. On the other hand, modern parents/elders prefer weekends and spare times to enter into story-based conversations with children. In terms of place, Elder 4 explained those home contexts are more preferable, although the school context such as the classroom environment has also become a customary place for modern adults to recite stories. For further confirmation, the following supportive quotation was taken from Elder 4:

“When I was a kid, my parents tell us stories in the evening whereas currently I recite stories for my children at the weekend days, yet also on other times my children become free from academic duties (i.e., studying, doing homework, going for a tutorial, etc.). Moreover, I use stories in the classroom considering stories as one technique to deliver lessons as well as to get students' attention towards my lesson” (Interview Number 4, Line Number 85-89).

Elder 4 emphasised that getting the attention of the child or adolescent was the most determinant factor during story recitation. She argued that if children/young adolescents fail to listen and reflect on the story, the whole effort is unproductive. With this stance, Elder 4 stated that:

“Getting the attention or creating curiosity is the most powerful factor to achieve the desired change of behaviour. Readiness is realized through asking question and ensuring response through the following statements

Question: Teret-Teret?

Answer: Ye’lam Beret!

If the majority of the audiences respond and say Ye’lam Beret at the same time with a high tone of voice, then the storyteller realises that they are listening” (Interview Number 4, Line Number 86-98).

In the same way, Elder 5 stated that schedules of storytelling, settings, and privacy are important contextual factors for storytelling sessions. Morning and evening are chosen as essential moments to facilitate the understandings of the underpinning meanings of the stories and to solicit discussions with family members participating in story-based conversations. The third factor is the setting. In the past, home contexts were preferred, yet currently, a blended trend has emerged where stories are recited either at home or in other settings depending on the suitability and the nature of the audience. Elder 5 stated that:

“Privacy and silence are valuable factors for effective storytelling. Moreover, to use fresh mind stories are recited in the evening (i.e., before dinner) and early in the morning. Currently, I frequently visit and deliver stories, riddles, proverbs, and metaphoric expressions to educate the young adolescents at Hawassa youth correction centre. I have been doing every Saturday morning, but on the other days by appointment when the young adolescents become free of school” (Interview Number 5, Line Number 76-82).

It might be concluded from the above discussions, that diverse context-related factors are taken into account during story recitations in Ethiopia. Firstly, the concern for a proper time to recite stories was outlined. Typically, morning, evening, school-classroom time, weekends, and spare times were highlighted. Morning and evening were useful to recite stories particularly when children are fresh and active which assists in infusing the underpinning messages of the story. At school, teachers use stories as an ice breaker (that is, a methodological component) to create curiosity towards the lesson, and that assists to supplement lesson delivery. On the other hand, weekends and spare times are preferred to entertain and train young adolescents about morally and socially desirable behaviour. Besides, other critical issues addressed within the context theme such as a place to recite stories (for example, home, classroom, media - radio/TV, and other community settings) were underscored. Finally, when stories are recited, close attention to listening to the story was given consideration, and at the end of the session, questions are asked, which assists in scaffolding discussion and creating learning opportunities.

c) Category 3: The value of storytelling for children and young adolescents

Based on the responses obtained from the research participants, the value of *teret-teret* was categorised into two major thematic categories. Firstly, the role of stories to develop appropriate socio-emotional and behavioural competencies. Secondly, to manage socio-emotional and behavioural difficulties. With this contention the value of storytelling is examined and illustrated in the following sections, supplemented by transcriptions drawn from respective participants.

i) Develop developmentally appropriate socio-emotional and behavioural competencies

A diverse cluster of psychosocial competencies is considered as wisdom. The first cluster includes cognitive and behavioural competencies. For example, from the cognitive dimension *conflict resolutions, problem-solving, decision making as well as intellectual curiosity* are commonly understood and taken into granted. At the same time, emotional competencies such as *respect, sharing, helping, tolerance, patience, politeness*, and cooperation have been transferred to the growing youth through the traditional mode of communication. To verify these statements, the words were drawn verbatim from the research participants' transcriptions to demonstrate how *teret-teret* may be utilised as a vehicle to transfer wisdom from one generation to the next.

Teret-teret contributes a valuable role in developing *social competencies*. This is illustrated through interactive forms of communication and modelling the behaviour of good characters in the stories. Young adolescents listen carefully to the story and then have the opportunity of re-telling the story and responding to questions from the story. Based on the above premise, participants in the current study reflected on the value of stories as a vehicle to acquire the skills of social competencies among these participants. Elder 2 gave emphasis to developing *interpersonal skills* such as respect, tolerance, and cooperation.

“Children can learn good interpersonal relationship skills (i.e., respect, tolerance and helping behaviours –cooperation” (Interview Number 2, Line Number 61-62).

Elder 7 stated that the stories promote self-observation or self-reflection to help develop the ability of self-correction regarding socially undesirable behaviour. In this regard, the following idea is presented.

“I have experiences working with children who were socially withdrawn, selfish, non-obedient to their parents around my neighbours. Yet, through story recitation, I helped them to develop social competencies through self-observation for self-correction comparing their actions against the actions of

the characters depicted in different stories' (Interview Number 7, Line Number 50-53).

Folklorist 2 also explained the contribution of folktale narratives. These *teret-terets* are used as a vehicle to educate children about the value of unified endeavours instead of solitary ventures to succeed in their life goals. He said that:

“Stories provide exemplary scenarios for children to educate them about the role of partnership; for example, based on the behaviours of ants, bees, etc. Because these animals are miniatures when they become alone, but they can make miracles when they come together. So, stories metaphorically present the contribution unity as a foundation to have a powerful influence on others and to have desired changes in life course”(Interview Number 11, Line Number 79-83).

According to Elder 3, stories play a pivotal role in terms of acquiring fundamental skills to adapt healthy and respectful competencies to sustain the family system. The participant also addressed the direct influence of stories in nurturing *healthy communication and attachment within the family system* which has a positive effect on the cognitive development of children.

“To develop and enhance family ties; a sense of brotherhood, sisterhood by being together, sharing experiences, and entertaining each other. Through interactive processes, children can get stimulated to develop intellectual inquisitiveness” (Interview Number 3, Line Number 65-67).

Elder 4 addressed one of the major social competencies, which is an assertiveness skill within the domain of psychological sciences where one of the qualities of an assertive person is defending rights and discharging duties. This was the point suggested by Elder 4, where stories have assisted the younger generation in becoming assertive in the course of their lives. Concerning this basic skill, Elder 4 explained that:

“I use stories to educate children to know about their rights and duties” (Interview Number 4, Line Number 43-44).

Altruism is one form of pro-social behaviour or action which is intended to help others. This kind of behaviour is quite opposite of egoism, one of the characteristics of persons who experience social problems. Keeping this point in mind, parents and other elders in Ethiopia attempt to convey this sentiment to the younger generation. In this regard, Elder 8 reflected on the value of stories with particular reference to helping children and young adolescents develop such behaviour in terms of doing good things for mankind. He said that:

“Terets are helpful for children to avoid egoistic behaviours and to develop a sense of altruistic behaviours” (Interview Number 8, Line Number 49-50).

In line with this thought, Elder 9 also underscored the value of stories in shaping the younger generation through infusing relevant codes of conduct. He expressed that:

“I think the stories were effective to achieve my purposes. My children build moral literacy from hearing stories, and with which they appreciate moral concepts” (Interview Number 9, Line Number 34 -35).

On the other hand, the value of stories can also be examined from the stance of assisting children and young adolescents acquire healthy *emotional competencies*. Emotional competencies include happiness, trustfulness, respect, politeness, and other related psychological features, and developing these emotional competencies ensures that young adolescents form actual identities and enhance their self-awareness.

According to Elder 1, the value of stories is also examined in terms of entertaining young adolescents through creating *joy* among children which has positive psychological implications. Science within the psychological domain confirms that allowing children to express their joy has a direct and indirect effect on their overall development. Thus, storytelling has a valuable contribution in terms of creating joy among children. According to Elder 1:

“To entertain kids and those children can get thrilled when they listen the narratives of some characters in the stories” (Interview Number1, Line Number 53-56).

On the other hand, Elder 5 referred to concepts within the domain of emotional intelligence. He underscored the role of developing *trustfulness, respect, and love* among other fundamental emotional behaviour that a healthy person can develop. According to Elder 5, stories are powerful instruments scaffolding the development of children and young adolescents’ emotional and mental states. Elder 5 suggested the following:

“I use terets to assist young adolescents to develop trustfulness and honesty. Besides, readiness to receive and give love to their parents and other individuals, and hope for living and success” (Interview Number 5, Line Number 45-47).

Communication competencies such as expressing feelings and thoughts, reflection, the skills of paying attention, and listening are important aspects that children and young adolescents can develop through story-based discourse. According to Elder 2, children and young adolescents do not merely keep silent, they participate during story recitation, they *listen carefully, pay attention, and listen and react* accordingly.

“Children can develop the skills of listening and concentration, as well as they can improve the skills of articulation and self-expression” (Interview Number 2, Line Number 55-56).

Also, the role of stories is expressed in terms of helping children and young adolescents develop the skills of *reflecting on feelings, thoughts, and behaviour* either about their own

problems or the messages communicated through the story. This kind of interaction is helpful for the youth to have the confidence to portraying their concerns during group interaction without frustration. This view again confirmed by the idea forwarded by Elder 4:

“For my kids, I recite stories to them, record them, and ask them what they have learned from the story. Besides, I allow them to listen to the stories again to allow them to reflect in terms of finding out missed information, content, etc.” (Interview Number 4, Line Number 38-40).

The participants in the study explored cognitive competencies as encompassed in the stories. They argue that stories are common vehicles for both traditional and modern adults to utilise with children and adolescents to convey messages related to *wise decision-making*, *problem-solving*, and action based on *understanding*. According to Elder 5, the themes that are portrayed in stories provide an impetus to develop and establish the skills of effective decision-making and problem-solving.

“Mainly, stories are vehicles to help children to be stable and to make use of reflective decision making and problem-solving” (Interview Number 5, Line Number 65-66).

Folklorist 2 claims that children learn different behavioural and mental competencies are shared through stories. He said that:

“Children learn their traditions, norms, and values embedded in different stories and that when they listen that conveys soothing stories as they internalise the meanings in the story of becoming calm and morally stable for effective decision-making and problem-solving” (Interview Number 11, Line Number 36 -38).

The value of stories to develop the maturity to regulate emotion for effective interpersonal communication and emotional stability is expressed. Psychological discipline claims that one of the yardsticks for quality socio-emotional and behavioural wellbeing is emotion regulation, which leads to reflective thinking and intelligent and astute decision-making. Based on this premise, relatively similar perspectives were shared by Elder 6.

“In my experience I have seen from my parents and too from my home I have been using stories to equip adolescents the skills of wise decision-making, problem-solving and emotion management” (Interview Number 6, Line Number 54-56).

The value of stories in terms of *self-assessment* was discussed by the participants in the study. Self-assessment is primarily addressed through observing one’s own behaviour as it affects thoughts and actions and then considers strategic positions to develop new behaviour or modify an existing behaviour. From this standpoint, Elder 6 offered the following perspective which demonstrates the *connection between various cognitive processes*, related to paying

attention or creating curiosity for effective listening, understanding metaphoric statements, decision-making, and problem-solving.

“When children are listening to stories, they attempt to evaluate their thoughts and actions and then change to develop the desired healthy behavioural competencies. Besides, children develop the skills of giving attention to what they are listening to, curiosity, and the ability to understand metaphoric contents. Moreover, develop the competencies of problem-solving, decision making and providing relevant answers for any environmental demands” (Interview Number 6, Line Number 31-37).

According to Folklorist 1, *the wisdom of cultural beliefs and experiences* is regarded as wisdom and passed from generation to generation through the medium of storytelling. This point is clear in the following direct quotation:

“Stories are common vehicles that parents share wisdom and experiences from generation to generation. Strong cultural beliefs and experiences influence from the past and it has been a primary vehicle to share experiences and wisdom of ancestors to new generations” (Interview Number 10, Line Number 22-25).

The other cognitive function of story-based communication or *teret-teret* is developing *curiosity*. Curiosity stands for enhancing the tendency of the audience to seek information in the stories based on their internally driven or motivated decision-making. In this study, participants expressed their views and provided examples of how the elder promotes the skills of curiosity in the youth. According to Elder 2:

“In Ethiopia, we begin story recitation with the phrase “in the old days there was” to create imagination and sense of intellectual curiosity among the children/young adolescents and that to ensure readiness to receive the message for change of behaviours. We use metaphoric expressions using living and non-living things such as animals, land escapes, plants, rivers, stone, etc. We use all the metaphoric expressions to care for the psychology of the children. Right after listening to the story, the audiences can develop perspective observing their behaviours/actions, thoughts, and feelings” (Interview Number 2, Line Number 45-54).

In line with the above perspectives given by Elder 6, Elder 8 also raised other issues of *teret-teret* helping develop *intellectual alertness*. This mind performance involves questing for new experiences and skills through any form of environmental interaction such as scrutinising and questioning, based on an internally-driven urge for knowing and performing. As to this view Elder 8 suggested that:

“The majority of stories are not written rather oral traditions and very effective to help children and young adolescents develop a sense of cognitive inquisitiveness etc.” (Interview Number 8, Line Number 41-43).

The value of communicating with children through the medium of stories contributes to the development of *vocational skills*. According to Elder 4, the role of *teret-teret* helps youngsters in terms of acquiring appropriate behaviour based on *dedication, perseverance, and determination* to do well at all times. She stated that:

“I also use stories to orient and educate children to develop a sense of hard work and diligence dodging way laziness” (Interview Number 4, Line Number 41-42).

In conclusion, the role of stories to support children and young adolescents in terms of acquiring developmentally appropriate behaviour was illustrated by the research participants. Based on their views, six key values emerged describing the use of *teret-teret* for children and young adolescents and include developing social competencies, developing emotional competencies, building communication skills, educating children and young adolescents in cognitive competencies, promoting a sense of self-appraisal, and developing vocational as well as career competencies.

ii) Manage socio-emotional and behavioural challenges

As discussed in Chapter 3, a review of the literature, the socio-emotional and behavioural difficulties included eight categories (Achenbach, 1991) namely, anxiety/depression, attention-deficit/hyperactive problems, social withdrawal, social problems, aggression, delinquency, somatic complaints, and thought problems. In Phase 1, the participants were pre-informed on these eight categories of disorders and their respective features before the interviews were conducted. Based on the responses, the value of indigenous stories to manage young adolescents' SEBDs is discussed in this section.

The use of stories has proved to be an important technique to help children with *eating problems*. Children who experience food aversion can benefit from the story-based conversation. That is the basic reason, elders or parents make use of their expertise and practise the basic steps (introduction, the beginning of the story recitation, narration, and conclusion) in story recitation (Fekade Azeze, 1991). Following these basic steps, elders need to move ahead from the beginning of the story to the end while ensuring the child/young adolescents demonstrate the desired behaviour. In line with this view, Elder 1 reported he has been assisting children with the particular problems of not wanting to take food. He confirmed that parents of the children send their children to story sessions when they find difficulties with their children when dealing with eating. Accordingly, Elder 1 expressed the

following steps to encourage children to develop self-feeding skills (Interview Number 1, Line Number 73 - 82).

Mother: Before telling the title of the story she gives one mouthful of food, “*Yahaaa...!*”

The child: He grinds and swallows, “*Mam? Sweetie!*”

Mother: She says, “*Teret –teret!*”

The child: “*Ye lam beret*”

Mother: She gives one mouthful of food for the child, “*One more!*”

The child: He grinds and swallows, “*Huumm...!*”

Mother: Starts telling the story or teret.

She says, “*Teret-teret?*”

The child: He gets curious to listen, “*direct eye contact with the mother!*”

Mother: She gives one mouthful of food, “*Grind quick, I am ready to tell you the story*”

The child: “*Grinds and swallows*”

In this way, the mother-child interaction continues until all the food has been taken to coincide with the end of the story. Therefore, the mother takes care of the timing. That means if the story concludes before finishing the food the mother should again to narrate another story until the food and the story comes to the end together with the implications of the story. For example, the following are illustrations for an appropriate conclusion of the story (Interview Number 1, Line Number 83 – 96).

Mother: She provides the final mouthful of food, “*Gobe’ez!!*”, “*Gore’esse!!*”

The child: “*Grinds and swallows*”

Mother: “*Teretenmelsue –afen be daboabisu*” This statement implies “giving proper answer /implication for my story or give me rewarding bread for the beautiful story I shared with you.

The child: He attempts to express the implications or the answer for the story. If s/he gets the right answer “OK” if not... with a time limit, the mother continues the conversation.

Mother: She says, “*Hager yesetegn*” which requests a state to live, and that she wins the intellectual contest via the mode of the story.

The child: He says for example, “*Hawassa*”

Mother: She expresses all the positive sides of Hawassa city and as Hawassa is a good city for living. She can say; for example, “*Hawassa heje min atiche, hulebedeje, hulebedeje ...*” The narration on the entire positive side of Hawassa continues. Finally, the mother tells the exact implication or the answer of the story for the child and the child acquires lessons from the story.

Finally, the mother ensures the conclusion of the story with the end of one plate of food. This practice continues based on the stories selected with different characters portrayed either through animals like foxes, monkeys, hyenas, human beings, lions, or a group of animals, or with the help of non-living objects like trees, earth, mountains, and/their many more metaphorically expressed objects.

Similarly, Elder 1 attempted to describe the role of stories in terms of assisting children to address *sleep problems* as, during the time that the story is being told, the child tends to fall asleep.

“In the evening children feel uncomfortable to sleep with the usual sleep time yet not advised to force and coerces them. Instead, adults need to sit and recite stories. While they attempt to give attention and listen to the story, their mind gets exhausted and they gradually fall into sleep instinctively” (Interview Number 1, Line Number 64-68).

The role of stories is relevant in finding solutions to problems related to attention-deficit/hyperactive disorders or problems (or similar to ADHD). In this regard, Elder 2 expressed the following view.

“Stories are helpful for children. In the first place, for children who do have a problem of attention deficit, it can enhance their span of attention and listening skills. Secondly, enhances the memory level of children which is realized by asking them to recite/re-tell the story to their colleagues. Further, they are allowed to remind the underpinning lessons obtained from the story. Thirdly, assist to develop the confidence to express feelings and thoughts either concerning the story or personal matters and they develop speaking skills which have a good advantage for children/young adolescents who experiences social withdrawal. Fourth, from the story children are advised to focus on the problem, but not on the character of the story” (Interview Number 2, Line Number 77-87).

In addition to the above, Elder 4 provided similar ideas. Being excessively impulsive is one symptom/characteristic of children who experience challenges with hyperactivity and/or attention and concentration. The following transcription confirms how *teret-teret* psychotherapy aids to curb spontaneous behaviour and enhance deep thinking and thoughtful decision-making.

“Stories have been practiced with children or young adolescents to help them to become reflective instead of impulsive (i.e., to manage their attention and to make wise decision making)” (Interview Number 4, Line Number 81-83).

Elder 9 expressed the contribution of story recitation as means for *brain development* for children, underpinning the reason why children become reflective and wise in terms of their decision making. Hence, assisting children and young adolescents to imitate good behaviour

is one of the major tasks of a storyteller but it requires continuous follow-up and getting the attention of the listeners during the *teret-teret* session. He said that:

“Stories are a multitude of benefits, including the development of imagination, deeper understanding of the world, parent-child bonding, communication, and social and moral skills” (Interview Number 9, Line Number 96 - 97).

Delinquency is one of the major socio-emotional and behavioural problems that challenges young adolescents. This disorder is expressed in terms of cheating or lying, substance abuse, rule-breaking, and sexual prevention. With this notion, the role of *teret-teret* in handling young adolescents who experience *symptoms of delinquent or challenging* behaviour was explored. Elder 3 commented on this aspect:

“To your surprise, stories are making remarkable contributions in terms of assisting children/young adolescents to hold back themselves from becoming agents of social problems such as badness and demonstrating malignant behaviours, and evil/conspiracy; tricking, and other forms of delinquent actions” (Interview Number 3, Line Number 55-58).

Likewise, Elder 4 explained that she has been using *teret-teret* at home to keep her children away from developing *aggressive* behaviour like truancy and not accepting parents’ advice and *delinquent/challenging behaviours* such as theft, drug abuse, sexual violence. She said that:

“I am frustrated perhaps my children learn undesirable behaviours (i.e., theft, drug abuse, rape, truancy, refusing parental advice, etc.) from their environment through peer pressure. So, for the purpose of early intervention I advise my children and students through story recitation” (Interview Number 4, Line Number 38-41).

Moreover, Elder 4 expressed that the use of stories is a powerful instrument to deal with the symptoms that children experience such as *aggression*. She reflected the following views.

“Stories are valuable tools to deal with other psychological problems such as intention to make conspiracy, liar/trickery, and mobbing)” (Interview Number 4, Line Number 82-83).

In this regard, Elder 1 expressed the idea that different animal characters portray good and bad characteristics and behaviour. He referred to the monkey as *wise* and *tactical*, hyena as *selfish* and a *glutton*, lion as *courageous* yet *aggressive* and he referred to more animals with the characteristics they portray.

“Lion is a strong fisted animal. It can kill different animals and eat at ease. It is very much aggressive, but not working all the time. Other animals know that Lion is furious and they do not want to come to close it particularly Monkey. Lion many times kicked back by a monkey and on another occasion even killed by a group of ants despite its fist and aggression. Hence, we have been

educating kids by using such metaphoric expressions about undesirable behaviours like aggression. That means, from Lion's behaviour the courage is good, yet its aggression and conspiracy to kill others is not good'' (Interview Number 1, Line Number 111 - 117).

Accepting the facts outlined in the above section, the contribution of stories is revealed in terms of assisting children and young adolescents deal with their socio-emotional and behavioural difficulties. The participants recommended that parents, teachers, or other adults use storytelling to help children who experience problems related to eating, sleeping, hyperactive/attention-deficit difficulties (children who fail to control their emotion and behaviour as well as lack the span of attention and concentration), delinquencies and aggression.

5.7.1.2 Sub-theme 2: Participants' stories as evidence to illustrate their worldview

This sub-theme ensures the heading on Table 5.2 Evidence from the stories. Participants selected stories based on the criteria associated with socio-emotional and behavioural difficulties, as outlined by Achenbach (1991). Stories were analysed thematically based on the characteristics of the difficulties as criteria (*cf.* Table 5.4) which resulted in specific stories chosen for analysis. The stories are illustrated below where details of these stories embed particular types of socio-emotional and behavioural competencies and difficulties (*cf.* Section 5.5.1.2 Sub-theme 2). Each story is complicated and intricate and requires questioning and discussion based on the level of understanding of the children or young adolescents. This section provides evidence on how each story embeds indicators of socio-emotional and behavioural difficulties as well as competencies and implications.

a) Category 1: Stories to develop socio-emotional and behavioural competencies

Table 5.2 Category 1 states that stories as a vehicle assist in developing socio-emotional and behavioural competencies. The socio-emotional and behavioural competencies refer to competencies that assist the young adolescent in demonstrating healthy functioning in day-to-day living including desirable skills and/or unique techniques demonstrated by the characters in the story. For further understanding see Chapter Two, Section 2.3, and include young adolescents' participation in daily activities (*cf.* Section 2.2.1) as well as contributions to home chores such as taking care of younger children, cleaning the house, obeying parents, or other elders. Furthermore, this cluster of competencies addressed the demonstration of healthy interpersonal skills such as respectful communication with colleagues, parents, and other elders.

On the other hand, emotional intelligence showed the emotional maturity of the young adolescents (*cf.* Chapter 1 Section 1.13.3.1) with healthy functioning required for the competency of controlling feelings, expressing feelings, understanding feelings encompasses other healthy emotional qualities. Psycho-educational participation (*cf.* Chapter 1, Section 1.13.4.2) denotes the involvement of the young adolescents in different co-curricular activities in the school and self-driven participation within the community and faith-based organisations. Young adolescents must develop socio-emotional and behavioural competencies particularly with involvement in sport, music, academic activities, art, hobbies, and other duties.

As a result, the concept of socio-emotional and behavioural competency, within the context of this study, demonstrates the emotional, social, and/or behavioural adaptive characteristics needed by young adolescents that aid them with healthy functioning in their day-to-day lives. The participants of the research identified the particular indicators and competencies emerging from the stories that could potentially be used as a psychotherapeutic means to support young adolescents who exhibit challenging socio-emotional and behavioural concerns. These competencies are indicated below.

Daily activities (i.e., competencies indicated in YSR): Participation in daily activities were the major competencies depicted under this study. These competencies included participation in sports activities, hobbies, home chores (keeping children, cleaning the house, obeying parents or other elders at their disposal), community roles, and demonstrating interpersonal skills through healthy communication with colleagues, parents, and other elders.

Emotional Intelligence: This socio-emotional and behavioural competency has five clusters and each is described below.

Intrapersonal skills: Having respect for others, answering difficult questions, controlling feelings and understanding feelings;

Interpersonal skills: Enjoying fun, being happy, living with others, answering difficult questions, and smiling;

Adaptability skills: Knowing most actions turn out okay, knowing others' feelings, hoping for the best, understanding difficult questions, and understanding new things;

Positive impression: Telling people how to feel good, knowing how to feel calm, realising that friendship is important, working to solve problems, and staying calm;

Stress management skills: Being sure about themselves, caring for others, and talking about feelings.

Psycho-educational participation: Participation in scouts, big brother/sister, team sports, individual sports, school band, drama, music, crafts, academic club, journaling, hobby clubs, mentoring and tutoring, volunteering, religion education, religious colleagues

Mother-child interaction: Socio-emotional and behavioural competencies related to mother-child interactions were grouped into two categories including conflict resolution and acceptance competencies. Each of these competencies are stated below.

Conflict resolution: Believing the child can do anything, speaking to the mother using respectful words, doing things with the consent of the mother, accepting the child's idea, understanding the child's circumstances, laughing with each other, solving problems altogether, talking to each other, completing mother's orders, considering child's wishes, listening to child's ideas, accepting mother's ideas, realising that mother is not boring, likes mother's way of explanation and justification, accepting mother's view and completes it, understanding mother's reasons for the order.

Acceptance: Getting well, taking advice, ensuring comfort, being friendly, showing pride and appreciation.

Based on the examples of socio-emotional and behavioural competencies discussed above, various stories are examined and discussed in the subsequent section below.

Story 1: A Father and His Son (Translated to English from Amharic)

Submitted by Elder 1

In the old days, a family of mother, father, and children was living together. Many of the kids in the family were obedient to their parents and respected each other. Yet, one of the brood had been behaving oddly. He became troublesome and hostile against his classmates. Many people complained, and the father typically advised the boy. The boy didn't learn from his lesson and continued with difficult behaviour. He again fought with friends in the neighbourhood, streets, and everywhere he went. The father was not put off and rather persistently directed his son to resolve the aggression. With plenty of effort, in a day, the father insightfully thought of a solution. He urged the boy to take on a job. The boy was interested and curious to appreciate and perform the job assigned by the father. Soon after, the father instructed him and said, "Listen, my son, I would assign you a job that you could go market and purchase materials that help to re-build the ruined fence of our house. Go and purchase a mighty hammer, saw, nails, posts, and other materials." The boy did everything the father instructed him. Afterward, the father delivered

another job to the boy. He insisted on the boy, "My son! Please, would you dig up all the posts from the fences?" The boy did it! The father considered the boy for the third time and asked him, "My son! You observe the holes where you gently pulled up the posts?" The boy smilingly replied, "Yes father!" The dear father once more said, "It is like that - you remained entrenched as many holes in the spirit and heart of your brothers, friends, and other people around you. You fought on every road and at school. Everybody holds a grudge against you and detests you. Holes could impede people; could injure legs and could damage bodies. In the same way, the cracks in everybody's spirit and heart could slip you, harm your body and spirit. My son this is the day that you could learn a lesson and ends your ill-conduct." The child observed the lengthy journey that his father had sent him on and watched him carefully, He thought for a while and regretted all he did in the past. Ultimately, he willingly promised his father that he could come out with a creative vigorous personality.

Analysis of Story 1: A Father and His Son

In this story, Elder 1 claimed that the story embeds a wide range of relevant competencies from which young adolescents can learn lessons. For example, competencies of critical thinking, feeling guilt/regret for past actions, emphatic understanding, and determination for change were also demonstrated. For further understanding, the following direct quotation confirms the former idea.

“... the long journey that his father went, watched him carefully, thought for a while, and regretted all he had done in the past. Finally, he promised he could come out with a new healthy personality”

When comparing the competencies depicted in the story with the competencies outlined above, it could be concluded that the young adolescents could learn components of emotional intelligence such as control of feelings, understand feelings, knowing that most things turn out okay, and knowing and understanding others' feelings.

Story 2: The Kind Small Girl (Translated to English from Amharic)

Submitted by Elder3

Once two daughters were going to school. While they were going to school, they came across an old man who couldn't walk on the road because of a strong storm. Immediately, the storm took the hat of the old man and threw it on the main road. The old man started shouting as he couldn't run and pick up his hat. He requested the daughters to pick up his hat so that the hat would not be damaged. However, it became fun for the daughters to see the hat thrown about by the wind. So, they stood and laughed at it. Next a small girl also on her way to the same school, saw what was happening. She ran and picked up the hat, cleaned it without being told what to do, and gave the old man his hat back. He blessed her, "Let God bless you for you have shown kindness for such a poor and old man." After this, the two daughters and the kind girl went

to their school together. When all this was happening, one of the teachers was looking out of the window and saw what was happening. He ordered the whole class to sit up and listen. Then he narrated the story about the old man's hat and he drew a beautiful picture and wanted to give it to the small girl who showed kindness. Then he took a book and wrote her name on the first page and below her name he wrote the following words:

A little humble work and a little love words make this world like heaven

Those daughters also felt sad and regret the bad deed they had done. But the two daughters had learned a lesson from the kind small girl.

Analysis of Story 2: The Kind Small Girl

From the above story, relevant lessons were acquired from three characters in the story. The central character was the little girl. She demonstrated valuable behaviour deemed to be 'good' in the eyes of the Ethiopian community such as respecting elders, assisting elders/physically weak people, empathy, and a general sense of obedience in helping the old man. The direct statement from the story showed that

“... the little girl ran and picked up the hat, cleaned it without being told what to do, and gave the old man his hat back”

On the other hand, another social competency was reflected by the old man and he said to the little girls as “Let God bless you for you showed kindness for such a poor and old man” The other kind behaviour was practised by a teacher who was teaching in the class. He rewarded the little girl for her kind behaviour in picking up the hat and returning it to the old man. The teacher then

“...took a book and wrote her name on the first page and below her name, he wrote the following words: A little humble work and a little love words make this world like heaven”

All in all, children and young adolescents who listened to this story were offered the opportunity of acquiring and demonstrating fundamental emotional intelligence skills; for example, respect for others, living with others, solving problems, and caring for others. Besides, young adolescents have a good chance to learn about respect and duty to elders and can demonstrate interpersonal skills with healthy communication with colleagues, parents, and other elders.

Story 3: The Devious Boy (Translated to English from Amharic)

Submitted by Elder 4

In a certain village, there lived a devious boy who served a master. He always thought, “I am only a servant to my master and an alien to the place.” He had for a while been looking for a way to get his master and the master's wife to

fall out. One day a great trick came to his mind. He boiled some water, tiptoed into the master's bedroom, and poured it between his master and the wife after they had fallen asleep at midnight. After a while, the water got cold and woke them up. The man was shocked to feel a sheet soaked with urine and thought, "How could my wife do this?" His wife thought the same. The next morning, they both were afraid to talk about what had happened during the night. The servant was expecting them to quarrel. When he knew his plot had not worked well, he went to the master and said, "Sir, this whole morning your wife has been telling the neighbours that you peed in the bed last night." At this, the man got angry and said, "How could she do this to me while I tried hard to cover her shame?" And he decided to break the marriage. The wicked boy then went to the wife and said, "Madam, I heard my master telling people that you peed in the bed last night." The woman was so upset but before rushing to a divorce, she decided to talk to her husband frankly about the matter. As they began to blame each other, they were amazed to find their words to be very similar. At this, they agreed that somebody did something to both of them. They called the boy and asked him politely if he knew anything about the event last night. The boy, recognising that he had no way to escape but tell the truth, said "Sir and Madam, I am so sorry. Last night as I was going to the bathroom I went into your bedroom because I couldn't have any light to see. Suddenly I stumbled and the water in my hands splashed on your bed. That is all. I am sorry again." The couples learned from the boy's speech that neither of them was in the wrong. They trusted each other once again and began to live their normal life happily. The boy, however, was so ashamed of his actions and lost trust in him and others.

Analysis of Story 3: The Devious Boy

In the story of *The Devious Boy*, socio-emotional and behavioural competencies are reflected by the husband and wife. They used sensible and wise mechanisms to discover the agent of evil action. Illustrations from the story show the husband and wife agreed that somebody did something to both of them. To ensure this,

"They called the boy and asked him politely if he knew anything about the event last night...the couples learned from the boy's speech that neither of them was wrong. They trusted each other once again and began to live their normal life happily"

This story provides a good lesson for couples on how to act patiently and use wise problem-solving skills to maintain their relationship. On the other hand, in different families, some young adolescents experience problems and become sources of conflict. As a result, the method that couples used to uncover the boy's misdemeanor without hurting his socio-emotional life is worth mentioning. The competencies represented in the story help develop a healthy relationship between parent and their children in that it urges parents to use adaptive corrective mechanisms. The competencies in this story coincide with the majority of

competencies demonstrated in mother-child interaction such as solving problems altogether, providing advice, and being open and friendly.

Story 4: Children's Play (Translated to English from Amharic)

Submitted by Elder 5

Two close friends grew up in the same village. As play remains an inherent need for children, one day the two friends were playing on the pitch. However, these friends quarreled with each other as one friend was holding a toy only for himself hence, reflecting selfish behaviour. Admittedly, the two friends opposed each other. They began tussling, grappling, and fighting one another. At that moment one of the two friends threw his opponent to the ground and ran away although he could injure his friend. However, the boy on the ground didn't learn a lesson from his previous fault, so he stood up and ran to strike his friend again. In the foreground near the children, some village elders were setting negotiations to resolve conflicts between some people around there. The boy with the patience went close to the elders with deep confidence and stood at their side. But the quick-tempered boy was upset by the unexpected devastation by his challenger and that he continued arguing to fight again with his opponent by staring into his eyes and approaching close to his colleague. Initially, the elders observed the behaviour of the rebellious boy, and they advised him to keep away from the fighting, but he refused their idea. Under this circumstance, the tolerant boy became hot-tempered. He replied, "Come now! Let us fight again! Is that not your previous muscle? Come on!". After a couple of minutes, the defiant boy grabbed the tolerant boy, yet he was topped and thrown onto the ground for the second time. The village elders bitterly said to the obstinate boy as "This is the consequence of your stubborn behaviour, you refused our advice and you are ashamed. It would have been good if you had accepted our opinion!"

Analysis of Story 4: Children's Play

About the *competencies*, most of the socio-emotional and behavioural competencies from Story 4 were demonstrated by both the 'tolerant boy' and the 'elders'. Specifically, the tolerant boy “

“...ran away despite he has the potential to destroy his friend ...went close to elders with deep confidence, and stood next to them”

This actually implied that the tolerant boy was *patient* because he fled to elders for advice and mediation. Secondly, the tolerant boy was *compassionate* because he could strike the obstinate boy on the ground, yet he left him as he thought the stubborn boy would continue with his behaviour. Elders suggested a safe way to settle the dispute between the two friends. The statement, “...elders advised him.” indicates that elders discharged their responsibility in terms of calming down the tension/conflict, yet the rigid boy refused and moved against the elders' advice. Two lessons are drawn from this story. Firstly, while children play

together they should feel comfortable with one another and respect each other. Secondly, children should listen and respond to elders' advice and they should also differentiate good behaviour from bad behaviour.

Story 5: Thought, Emotion and Action (Translated to English from Wolitigna)

Submitted by Elder 6

Three sons were living in a certain family. The oldest of the sons was a teenager. He was so restless and careless over things. One day he fell in love with a girl in his village. Soon, regardless of all the problems to follow, he put pressure on the girl to have sex with him. The girl got pregnant. According to the tradition in the village, she was made to live with the boy and his family as he did not have his own house and income. This made life tough for him and his parents too. They both dropped out of school. After a few months, a baby was born. As the baby grew up, he became as troublesome as his father. This made the whole family very sad. Eventually, the boy's mother was sent back to her family. She began to curse the day she had met that restless boy. And the boy, regretting all his wrong decisions, began to lead an unsuccessful life. He left behind his friends and spoiled the families' good name. The father finally said to the boy and his brothers, "My sons, it is said: Have a careful look at the mother before you engage with the daughter; take a wife to the younger after you carefully checked the elder's wife.

Analysis of Story 5: Thought, Emotion, and Action

The father in the above story has shown good behaviour related to fatherhood behaviour. He attempted to guide his elder son to execute a proactive decision in his marital life and career development. The father said to his son

"...have a careful look at the mother before you engage with the daughter; take a wife to the younger after you carefully check the elder's wife"

From the above statement, a young adolescent can learn critical thinking and reflective decision-making taking. The importance of socio-emotional and cognitive maturity levels was addressed in the story. Although it was late, the boy accepted his father's guidance and felt regret, which is acceptable to change and adapt to the path of development. As a result, the story is relevant to infuse desirable social, emotional, and behavioural competencies to develop good parenting as well as childhood behaviour. Particularly, it assists some teenagers in avoiding sex before marriage because it could lead to school dropout and impede the prospect of future career development.

Story6: The Lion and a Woman (Translated to English from Afan Oromo)

Submitted by Folklorist 1

A woman is living with her husband and stepchild whose name is Elema. She wants the child to love her and to see her as his mother, the true mother. She always tries to keep him on her side but the child is not willing. He says, "You are not my mother, I don't love you. Go away from me." One day she told this to her husband but he couldn't give her any solution. She went to a witchcraft doctor in the neighbouring village to buy medicine that can create love between her and the child. She said to the witchcraft doctor, "I came to buy love-cure. I have a stepchild and he hates me. But I want him to love me and to see me as his mother. Please, help me." The witchcraft doctor replied, "Go and bring a lion's hair so that I can give you a solution." The woman was shocked and thought, "How can I bring a lion's hair? The witchcraft doctor ordered me to do something impossible." But she didn't have any alternative other than trying to accomplish what the witchcraft doctor ordered. She realised that a strategy was to approach the lion and cut its hair. She carried a full basket of slices of fresh meat and went to a cave where lions live. When she arrived at the mouth of the cave, she put down a slice of the meat and went back about 250 meters, hid under a big tree, and watched to check when the lions eat the meat. One furious lion came out of the cave, looked at the surroundings, ate the meat, and went back inside the cave. The woman, came to the entrance of the cave again, put another slice of the meat down and went back 100 meters, and stood without hiding herself. The same lion came out of the cave, looked around, smelled the surrounding, ate the meat, and went back inside the cave. The woman, once again, went to the entrance of the cave, put a slice of meat down and went back 50 meters, and stood without hiding herself. The same lion came out of the cave, stared at the woman, ate the meat, and went back inside the cave. The woman was getting more courageous. She went to the entrance of the cave, put a slice of meat down, and went back only 20 meters and stood without hiding herself. The lion, as usual, came out, looked at the woman, ate the meat, and went back inside. The woman again, put a slice of meat down on the ground, and now stood only 5 meters away. The lion came out, looked at the woman for a while, ate the meat, and went back to the cave. Finally, the woman moved to the entrance of the cave, put down the last slice of meat, and stood there. The lion came out of the cave, looked at the woman, smelled her, and ate its meat gently. This time, the woman stretched her hand to the head of the lion, cut one hair, and moved back slowly, carefully as if she was walking on a string. The lion was still eating the meat gently. When she was far away from the lion, she ran away into the bush to the home of the witchcraft doctor. When she arrived at the home of the witchcraft, she showed the hair. The witchcraft doctor said, "Oh! This is the hair of a furious lion. You are successful. Tell me how you were able to get it." The woman replied, "I designed a strategy, I was patient, I was courageous, I was consistent, and I was careful." The witchcraft doctor confirmed, "I don't have any love-cure medicine, the medicine is in your hands. Go back to your home and use these strategies to win the love of your child." The woman was disappointed by the response from the witchcraft doctor. She went back to her home and applied these strategies with her child.

Within two days, the child started to play with her. After a week, he started to call her 'Mother'. After two weeks, the child started to say, "Mother, I love you."

Analysis of Story 6: The Lion and a Woman

The *competencies* outlined within the story from the witchcraft doctor, the stepmother, and the child are outlined. The witchcraft doctor instructs the stepmother to

"...go and bring a lion`s hair so that I can give you a solution"

The instruction given by the witchcraft doctor appeared to be difficult but the stepmother was determined to find a love cure. It infused determination and develops out-of-the-box thinking. Moreover, the story says the stepmother developed a strategy to find the lion`s hair

"...carried a full basket of slices of fresh meet and went to a cave where lions live...went back to her home and applied these strategies with her child"

These statements appear to provide good direction for parents to generate problem-focused solutions using determination and patience. It also demonstrates a sentiment of conscious healthy attachment between stepparents and stepchildren (*cf.* Table 5.3 for competencies indicated under emotional intelligence and mother-child interaction). From the side of the child, the patience of the stepmother fostered a sense of acceptance and the development of a trustful relationship, expressed as

"...the child started to play with her...started to call her 'Mother'...started to say, "Mother, I love you"

Story 7: Unity is strength (Translated to English from Amharic)

Submitted by Folklorist 2

In the old days, a father possessed seven hateful and spiteful children. They used to affect each other. They fought, argued, and were nasty to one another. The father got confused and he thought about how to settle the difficulties between the family so that they work together as well as love each other. One day an idea came into his mind. He told each sibling to go to the forest and bring a cane. Based on their father's instruction, the siblings went to the forest and brought seven sticks. The father appreciated their obedience! Next, he gave them another instruction. He informed them, "Everybody to stand on your position! Be watchful!"The father told the first boy to break the stick he had brought from the jungle. The fellow did it easily. And then one by one, each boy broke the stick they gathered from the forest. It was therefore straightforward for them. Later, the father gave another instruction. He notified them, "Everybody picks a tiny twig from the broken sticks, collect them together and bind them!" Based on their father's instruction, the siblings each took a stick from each cane and they then tied the seven tiny sticks together. Then, the father informed one of the lads to break the tied lot of sticks. The boy attempted breaking the set of sticks, but he couldn't. The order

was granted to the second boy. He attempted, yet could not do so! All the boys attempted turn-by-turn, but none were able to break the tied set of sticks. Everybody realized that to smash the tied bunch of sticks it requires a collective effort. The father continued instructing them, "Put down the tied bunch of the sticks on the floor! "And he told them to watch carefully. "You broke the particular tiny stick without difficulty, yet none of you broke the tiny sticks tied up as a bouquet of sticks. Do you not perceive the power of a joint endeavour? By the same token, if you hasten alone, you couldn't gain life! If you get together, you can make history. Appreciate each other, help each other, and respect each other. By the same token, if you run alone, you may not win!"

Analysis of story 7: Unity is strength

The *competencies* were demonstrated from the side of the father as well as the boys. The father said

” ...each sibling to go to the bush to bring a club...you run alone you couldn't win life! If you get together you can make history. Love each other, help each other, and respect each other’

These statements disclose a true sense of fatherhood and maturity while socialising children at home. The father did not use corporal punishment or physical coercion against the children, instead, he attempted to influence their behaviour and thoughts through metaphorically appealing ways. He did not say “you are stupid” or “you are rubbish”, or “you are unable to work and live together” Rather he demonstrated how unity becomes strength through putting themselves in place of the characters indicated in the story to adapt and shape their behaviour.

On the other hand, young boys finally demonstrated desirable behaviour. The story indicated that they

“ ... accepted their father's opinion and they began to work together, help each other and they ultimately became successful in their lives””

This is really the objective of the story. There have been three major messages are extracted from these statements. Firstly, the young boys' accepted their father's advice to become united and work together. Their decision conveys an important lesson for those children who refuse to accept their parents' directions. Secondly, the story demonstrated how accepting elders' ideas could result in success in life either individually and/or collectively. Thirdly, the positive contributions of unity were also revealed in the story.

b) Category 2: Competencies to manage socio-emotional and behavioural difficulty

Table 5.2 Category 2 indicates that socio-emotional and behavioural competencies are tools to manage socio-emotional and behavioural difficulties. In this sub-theme, the socio-emotional and behavioural difficulty indicators, contained in the stories, were analysed. The characteristics of each socio-emotional and behavioural difficulty indicator (*cf.* Achenbach, 1991), presented to the research participants as the criteria to understand the children and youth socio-emotional and behavioural difficulties correspondingly, assisted in selecting relevant stories that could assist as a psychotherapeutic technique. With this understanding, each story is complex which demonstrates various social, emotional, and behavioural functioning.

The thoughts, feelings, and/or actions coincide with any of the difficulty indicators illustrated by Achenbach, labelled as indicators of abnormal behaviour (See Chapter 1, Table 1.1) for example, about social function withdrawal, avoidance of social connections, stereotyped and biased view towards people and other behaviour that impede social network and emotional malfunctioning expressed in terms of self-downing, lack of self-esteem, experiencing stress or depression. Behavioural malfunction refers to any observable action such as self-inflictive or hurting others including attacking/fighting, aggression, engaging in inappropriate sexual behaviour or violence such as rape, or other criminal actions. With this view, analysis of the socio-emotional and behavioural difficulty indicators is outlined from the stories given in the above section.

Analysis of Story 1: A Father and His Son

In the above story, the indicators of the socio-emotional and behavioural difficulties are depicted with the son. He had been behaving as

“...troublesome and hostile against his classmates, fought with friends in the neighbourhood, streets, and everywhere he went”

Based on the criteria suggested by Achenbach (1991), such kind of behavioural manifestations more likely coincide with the symptoms of aggression which is particularly characterised by attacks, fights, and being loud and mean to others (*cf.* Table 5.3).

Analysis of Story 2: The Kind Small Girl

This story portrayed the poor socio-emotional and behavioural behaviour of the two daughters walking to school. Their behaviour displayed arrogance and meanness to the weak

old man who was walking and lost his hat in the wind. Statements from the story demonstrate socio-emotional and behavioural difficulties

“...it became fun for the daughters to see the hat thrown about by the wind...the daughters stood and laughed at the old man”

The socio-emotional and behavioural problems indicated by the Youth Self-Report relates to the characteristics of *aggression* giving particular attention to the features such as being mean to others, bragging, and showing off.

Analysis of Story 3: The Devious Boy

The story entitled *The Devious Boy* addresses the story of the husband, wife, and the devious boy. Evidence of socio-emotional and behavioural problems emanated from the boy. For example, statements in the story provide information regarding the type and the nature of socio-emotional and behavioural difficulties experienced by the child. To demonstrate, the following statements, the boy

“...boiled some water, tip-toed into the master’s bedroom and poured it between his master and the wife after they had fallen asleep at midnight, the servant was expecting them to quarrel ...he went to the master and said, “Sir, this whole morning your wife has been telling the neighbours that you peed in the bed last night. ... “Madam, I heard my master telling people that you peed in the bed last night,” ... “Last night as I was going to the bathroom I went into your bedroom because I couldn’t have any light to see. Suddenly I stumbled and the water in my hands splashed on your bed. That is all”

Based on the behaviour of the young boy portrayed in the story and comparing the criteria set in the Youth Self-Report, conclusions were drawn as this boy was experiencing *delinquent* behaviour because he is felt no guilt for his deliberate actions and he also cheated and lied to his Master and Madam.

Analysis of Story4: Children’s Play

The story *Children’s Play* seems a helpful one to work with children and young adolescents who experience *aggression* and *delinquency*. The statements from the story demonstrate the multiple indicators of socio-emotional and behavioural problems. These include,

“ ... the two friends were tussling, grappling and fighting back one another, ... one of the two friends threw his friend on the ground, ...However, the boy on the ground learned a lesson from his previous weakness, so he stood up and ran to catch his opponent., ... But the quick-tempered boy was upset by the unexpected devastation by his challenger and that he continued arguing to fight again with his opponent by staring into his eyes and approaching close to his colleague”

Based on the evidence from the story (i.e., *tussle, grapple, not take a lesson, and the fight*), the features coincide with the features of aggression indicated by the YSR protocol of *threatening, stubborn, attack, hot-tempered, scream, and disobey*. On the other hand, *run to catch* and *lack of remorse* perhaps the other two indicators likely to match with the characteristics of *delinquency* stated in YSR such as *run away* and *no guilt*.

Analysis of Story5: Thought, Emotion, and Action

The *characteristics* of the socio-emotional and behavioural challenges found in this story were particularly reflected in the behaviour of the oldest son in the family. These were

“...so restless and careless over things...put pressure on the girl to have sex...dropped out of school...lead a depressed life...left behind their friends and spoiled their and their families’ good names”

The combinations of the socio-emotional and behavioural difficulties demonstrated by the young boy in the above story were cross-checked by the criteria set in the Youth Self-Report. With this understanding, the particular features such as restless and careless over things are likely to relate to the characteristics of young adolescents experiencing attention-deficit/hyperactivity-related *problems*. On the other hand, putting pressure on the girls to have sex and dropping out of school consistently relates to the features of young adolescents experiencing *delinquency* (cf. Table5.3). As a result, this story is helpful as a psychotherapeutic technique to assist young adolescents who experience hyperactive-attention difficulties and delinquency.

Analysis of Story6: The Lion and a Woman

The above story focuses on the perception of the stepchild towards its stepmother. The story further portrays how the wise stepmother attempted to socialise the stepchild to behave as though he were a biological child. Despite the stepmother’s attempt, the child was unable to accept her love and kindness. Instead, he showed more and more suspicion and lack of trustfulness with his hatred and mistrust being illustrated in the story with the statements

“ ... not willing to perceive as mother...you are not my mother, I don’t love you. Go away from me”

Comparative analysis between the SEBDs experienced by the young boy and the criteria set in YSR indicates that the particular behaviour of the young boy such as lack of trustfulness and poor attachment, are associated with the characteristics of *anxiety/depression* including being unloved, feeling worthless, being suspicious, lonely, worried, and self-conscious. On the contrary, other symptoms of the child; for example, the elicited hatred behaviour against

the stepmother appeared to be the emotional difficulty of *aggression* such as failing to manage temper, which is demonstrated in the Youth Self-Report.

Analysis of Story7: Unity is strength

This story demonstrates the rebellious behaviour of seven siblings in a family. The SEBD indicators reported in the story are diverse. These include, for example, hatefulness, spitefulness, fighting, arguing, and bragging. Statements from the story show that the siblings are

“... hateful and spiteful children...used to hit each other. Rather than the slot in a job they fight, argue, and glitch one to the other”

Taking this quotation into account, an analysis of the story was made to conclude the type of SEBDs that these young boys experienced. Compared to the symptoms demonstrated by the young boys in the story and the symptoms depicted in the YSR, the young boys seemed to be demonstrating *aggression*. As a result, this story is likely to be relevant for use as a psychotherapeutic technique to support young adolescents experiencing aggression.

c) Category 3: Purpose and implications of the stories

Table 5.2 Category 3 states the purposes and implications of stories. Implications of the story represent the underpinning meaning embedded in the story demonstrating either the socio-emotional and behavioural difficulties or competencies. In line with this, the young adolescents were required to make meaning from the story through reflection and self-observation then connect it to their personal behaviour. Taking the message or lesson from the story, they attempt to model good behaviour and denounce bad behaviour. Finally, the young adolescents endeavour to renounce undesirable social, emotional, or behavioural elements and develop the desirable behaviour that aids personal growth in terms of emotional, interpersonal relationship, and behavioural aspects. It shows the short- and long-term outcomes of both the behaviours portrayed by the stories. Furthermore, the stories had meaningful messages for parents, educators, counsellors, and other concerned people who work with young adolescents. On certain occasions, malfunction within the family system, school system, or other settings could impact the psychological development of young adolescents. These groups also learn meaningful lessons from the stories to understand the behaviour of children, students, and work towards improving their behaviour to have a healthy relationship. Based on this assumption, analysis of the implications of each story is reported from the exemplary stories given under Section 5.7.1.2.

Table5.3:Summary of the implications of the stories selected by the participants

Story	Implication
Father and his Son	In a family, there could be a child who presents with difficult behaviour. It requires parents to devise detailed strategies to implement with the child so that he/she can observe himself/herself and use the consequences for self-improvement.
The Kind Small Girl	Young adolescents were required to assist a person who was in need of help.
The Devious Boy	Tricking others has side effects. It can impair interpersonal relationship and with one losing trust within the existing social network. The lesson here is that no one can escape from the accountability of making mistakes. The husband and wife showed patience and wise problem-solving skills.
Children’s Play	Patience/tolerance, respect for elders, acceptance in social interaction is characteristics recognised in the tolerant boy. The role of elders/adults in socialising and guiding young adolescents is underscored.
Thought, Emotion and Action	Maturity level is a major factor to socialise young adolescents to reach to a level of independence. Self-reliance is important, yet readiness in terms of cognitive development, social and emotional competencies is worth mentioning in order to have a sustained family life, problem-solving skills and decision-making skills.
The Lion and the Woman	The witchcraft doctor ordered and prompted the woman to bring him a lion’s hair. It required the mother to use special wisdom and explore her environment insightfully on how to approach a lion. The zeal and determination of the mother allowed her to exploit the opportunities to achieve the desired outcome. Making the impossible possible was the mother’s endeavour. The way she gained the trust of the lions was remarkable. Using a similar strategy, a sense of suspicion with the stepmother resolved, and a love-oriented relationship with step mother was developed, and finally the child expressed feeling about his stepmother, “Mother I love you.”
Unity is strength	The story illustrated how a father designed an intelligent strategy to unify and form a harmonic relationship between his children. Finally, the story deals with the function of devised strategy and that was expressed in terms of behavioural change in the boys.

Generally, each story stated in the above section has strong background metaphoric connotation in that every storyteller, listener, and/or another third party could extract, understand, practise, and ensure desired changes. However, reciting stories in a vacuum without drawing meaningful conclusions is to waste time, energy, and resources. From the beginning of this research, the argument has been that *teret-teret* as a psychotherapy technique assists young adolescents who experience socio-emotional and behavioural challenges and could be effective as implications are drawn meaningfully when story

listeners develop basic interactive skills. Each of the letters in the acronym ALUIDRC represents distinct skills that are relevant for successful psychotherapeutic activities: A stands for giving attention, L = effectively listening, U = understanding the meaning, I = inductive extraction of meaning, D = deductive extraction of meaning, R = relating with personal life and C = change of behaviour.

Table5.4:Summary of the story analysis

Participant	The story	SEBC indicators (cf. Section 5.7.1.2 Sub-theme 2, Category 1)	SEBD indicators (cf.Section 5.7.1.2, Sub-theme 2, Category 2)	Participants' reflection on the implications of the story (cf. Section 5.7.1.2, Sub-theme 2, Category 3)
Elder 1	The Father and His Son	'...not tedious rather persistently directed his son and settled the son's quarrelsome behaviour. With plenty of effort, in a day the father insightfully discovered a solution...' "...observed the long journey that his father went, watched himself carefully, thought for a while and regretted with all he did in the past. Finally, he promised he could come out with new healthy personality.	Troublesome and hostile against his classmates, fought with friends in the neighbour, streets and everywhere he went"	Parents to devise meticulous strategies that the child can observe himself/herself and use the repercussion for self-improvement.
Elder 3	The Little Kind Girl	,'... let the God bless you'' for you showed kindness for such a poor and old man''. "...the teacher took a book and writes the name of the little girl on the first page and below her name there were the words, 'A little humble work and a little love words make this world like heaven'.	It became fun for the daughters to see the hat down by the wind...the daughters stand and laughed at the old man	Adolescents required assisting persons who are in need of help. Secondly, rebuking on elders as to one of the major behavioural problem and that needs to be corrected.
Elder 4	The Devious Boy	"...they agreed that somebody did something to both of them. They called the boy and asked him politely if he knew anything about the event last night,...the couples learned from the boy's speech that none of them was wrong. They trusted each other once again and began to live their normal life happily".	"...boiled water, tip-toed into the master's bedroom and poured it between his master and the wife after they had fallen asleep at mid night, ... the servant was expecting them to quarrel, ...he went to the master and said, 'Sir, this whole morning your wife has been telling the neighbours that you peed in the bed last night.',...Madam, I heard my master telling people that you peed in the bed last night,'...Last night as I was going to the bathroom I went into your bedroom because I couldn't have any light to see. Suddenly I stumbled and the water in my hands splashed on your bed. That is all".	Tricking has side effects. It can impair interpersonal relationship and urges to lose our trust within the existing social network. Furthermore, it gives lesson no one can escape from accountability of making mistakes. The husband and wife one can learn patience, and wise problem-solving skills.
Elder 5	The Children's Play	"...run away amid he had the potential to destroy his friend, ...went close to elders with full confidence and stood up at next to them.	"... the two friends were tussling, grappling and fighting back one to the other, ... one of the two friends hauled its friend on the ground, ...the boy on the ground did not take lesson from his previous weakness, but he stood up and run to catch his opponent, ... the quick-tempered boy was upset...continuously arguing to fight again with his opponent by steering his eyes and approaching close to his colleague"	Patience/tolerance, respect for elders, acceptance in social interaction are recognized from the tolerant boy. Besides, the role of elders/adults in socializing and guiding young adolescents is underscored.

Participant	The story	SEBC indicators (Refer Section 5.7.1.2 ,Sub-theme 2, Category 1)	SEBD indicators (Refer Section 5.7.1.2, Sub-theme 2, Category 2)	Participants' reflection on the implications of the story (Refer Section 5.7.1.2, Sub-theme 2, Category 3)
Folklorist 1	The Lion and a Woman	'...carried a full basket of slices of fresh meet and went to a cave where lions live...,went back to her home and applied these strategies with her child' ''...the child started to play with her,...started to call her ``mother'',...started to say, `` Mother I love you`	'' ... not willing to perceive as mother...you are not my mother, I don't love you. Go away from me''.	The impossible become possible. The zeal and determination the mother has led her to realize the dream she had. The way she socialized the lions was remarkable. On pat of the child a sense of suspicion with the step mother resolved, love oriented relationship with step mother was improved, and finally the child developed and expressed soothing words about his step mother, `` mother I love you'' Thus, the story forwards powerful message to step mothers and children/young adolescents who are living under the family structure of step mother/child through educating a sense of patience, courage, consistency, and meticulous ways of solving problems.
Elder 6	Thought, Emotion and Action	''...have a careful look at the mother before you engage to the daughter; take a wife to the younger after you carefully check the elder's wife.'' '...regretting over all his wrong decisions''.	'...so restless and careless over things,...put pressure on the girl to have sex,...dropped out of school,...lead a depressed life,...left behind their friends and spoiled their and their families' good names,...''.	Self-reliance is important, yet readiness in terms of cognitive development, social and emotional competencies is worth mentioned to have sustained family life, problem solving and to make wise decision.
Folklorist 2	Unity is strength	''...each sibling to go to bush to bring a club...you run alone you couldn't win life! If you get together you can make history. Love each other, help each other and respect each other''. On the other hand, the young boys finally demonstrated desirable behaviours,'...accepted their father's opinion and they began to work together, help each other and they become successful in their life''.	'' ... hateful and spiteful children,...used to hitch each other. Rather slot in job they fight, argue and glitch one to the other''	A father designed intelligent strategy to unify and form a harmonic relationship between his children. Finally, the story deals with the function of devised strategy and that was expressed in terms of behavioural change to the side of the boys.

5.7.1.3 Discussion of the findings on Theme 1

This section discusses *teret-teret* as a psychotherapeutic technique for young adolescents who experience a socio-emotional and behavioural problem. The worldview of the research participants in terms of *teret-teret* psychotherapy was explored. Relevant *terets* that are potentially useful to use as techniques in *teret-teret* psychotherapy were also explored from the archives. Professional counsellors evaluated each *teret* against the specific SEBDs depicted by Achenbach (1991). This phase of the study had two research questions which are presented below.

Research Question 1: How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?

Research Question 2: Which *terets* or *indigenous stories* assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?

Theme 1: Participants' views and experiences with psychotherapeutic *teret-teret*

In this section, I discuss the findings with the literature. In Theme 1, I highlighted the worldviews of the participants and supported the views with examples of *teret-terets*. The theme had two sub-themes such as *unique experiences* and *story analysis*. Sub-theme 1, had three categories incorporating storytelling tradition, the context of storytelling, and values of stories. Sub-theme 2 had three categories and were expressed in terms of embedding and demonstrating SEBCs, *sebdS*, and *implications*. In the end, the results from each theme are specifically linked to the literature and discussed.

The virtues of cultural knowledge have played a role in treating psychological, social, and other medical challenges (Carothers et al., 2014; Midlarsky et al., 2012). More specifically, the results from the current study indicated that traditional stories serve as a potentially valuable device to resolve diverse psychological challenges of children and adolescents. In that, the practice of stories as instruments to communicate with children and young adolescents about their psychological difficulties has come to the attention of scholars. In line with using stories as a psychotherapeutic technique, the results in the current study are consistent with findings were obtained from previous studies (*cf.* Carothers et al., 2014; Midlarsky et al., 2012; Mohatt, 2010; McKeough et al., 2008; McCabe, 2007; Levers, 2006; Loizaga-Velder, 2003; Mabit, 2001; Green & Honwana, 1999). In particular, in Ethiopia

indigenous knowledge has been used as healing instruments over the years and applied to individuals with varied demographic characteristics (*cf.* Jirata & Simonsen, 2014; Jirata, 2012; Bogale et al., 2011; Beiser et al., 2012; Eshetu & Markos, 2011; Kebede et al., 2006; Amare & Yonas, 2005). For a detailed understanding, the specific findings from each of the authors are discussed below about the sub-theme and categories.

5.7.1.3.1 Experiences of using teret-teret as a technique

In the current study, the participants' experiences were examined in terms of their perspectives on *the tradition* of story recitation in Ethiopia and its *effectiveness* to work with young adolescents. In terms of the tradition of story recitation, the participants attempted to indicate the presence of strong cultural beliefs to educate and enlighten the younger generation through child-friendly stories. It appeared that the ancestral role to transfer wisdom via metaphorically-portrayed story-based communication continues to exist within the contemporary generation of Ethiopia (Elder One -Field Data, 2011; Folklorist One - Field Data, 2011). In the same way, there is a long-standing tradition to organise *contexts* to realise ethical practices and promote self-improvement drawing from the characters and behaviour depicted in the story. This practice of using culturally relevant stories has received similar results from other scholars (*cf.* Braint et al., 2016; Jirata, 2014; Jirata & Simonsen, 2014; Ashenafi Belay, 2015). Similarly, the effectiveness and the positive contributions of the stories and other related traditional healing practices have been documented by previous studies (*cf.* Nordanger, 2007; Zarowsky, 2004; Paula et al., 2014; Kovach, 2010; Owusu-Ansah & Mji, 2013).

5.7.1.3.2 Storytelling context

Organising storytelling context systematically and appropriately is a vital precondition for effective story recitation inappropriateness in terms of choosing comforting schedules, the physical environment, and making the storytelling sessions stimulating and exciting. Some scholars suggest diverse storytelling contexts where each setup requires favourable arrangements to undertake the narrative processes. For instance, some scholars orchestrate storytelling is helpful to be practiced in health care and community settings for health behaviour promotion (*cf.* Rieger et al., 2018). Other scholars specifically address storytelling as a voice for the psychotherapeutic purpose at different settings such as for residential care (*cf.* McLean & Tuite, 2016), and/or at community welfare settings (*cf.* LeBorn et al., 2014; Hodge et al., 2002). In contrast, other scholars devise school environments to enhance

curiosity among the students and use stories as an instructional methodology (*cf.* Niemi et al., 2014; Smeda et al., 2014; Enciso, 2011; Dujmovic & Pula, 2006). In other studies, home context (for example, family level: parent-children, sibling to sibling, etc) was found to be the context where parents and children interact and share experiences through the form of story recitation (*cf.* Engel et al., 2018; Huisman, 2014).

In the current study, the role of getting the attention of young adolescents and encouraging them to actively participate through mindful listening was highlighted. This in turn stimulates excitement during the recitation and the discussion processes to promote positive changes of behaviour. About this finding, other scholars have realised similar results (*cf.* Borntrager & Lyon, 2015; Guse et al., 2013; Berkowitz, 2013; Carlier et al., 2012; Mesquita & Carvalho, 2014). However, there is limited empirical data in Ethiopia, which limits comparative discussions with the findings in the current study. Generally, despite this limitation, the results in this study can play a principal role in the development of child-friendly psychotherapies.

5.7.1.3.3 Value of storytelling

The importance of stories for young adolescents' psychological wellbeing cannot be undervalued. Storytelling has the ability to promote the development of healthy behaviour such as the prevention of SEBD development and management of SEBDs. One of the advantages of storytelling is motivating young adolescents to develop desirable behaviour, thoughts, and emotions and that makes them astute in terms of cognitive, moral, emotional, behavioural, and social development. This intention of story recitation was confirmed by the findings of the current study which indicate that stories assist adolescents in developing diverse competencies with social interaction, emotional communication, and their future career lives. In line with these findings, similar conclusions were reached by other scholars such as (*cf.* Leite et al., 2015; Ojelade et al., 2014; Mohatt, 2010; Obasi et al., 2009; Waldron, 2008). At the same time, the results demonstrated in this study match the values of stories mentioned by other previous studies as stories are helpful to develop healthy cognitive functioning and literacy skills (*cf.* Rahmani, 2011; McKeough et al., 2008; Miller & Pennycuff, 2008). Besides, consistent findings were obtained as stories are valuable to assist young adolescents to acquire language and communication competencies (*cf.* Oduolowu & Oluwakemi, 2014; Samantaray, 2014; Swanson et al., 2005). Similarly, this study verified that using stories improves moral functions, which is consistent with what has been found in previous studies (*cf.* Meyers & Ashby, 2015; Finnegan, 2014; Jirata & Simonsen, 2014;

Jirata, 2014; Lenox, 2000). The role of stories was addressed about aiding young adolescents to develop career/vocational aspirations and skills where this finding consistently relates to the findings of Balas-Timar(2015).

The second advantage of stories is that it has the potential to assist young adolescents in managing their SEBDs in that messages contained in the stories offer solutions and healing for inner emotional, spiritual mental pain of young adolescents compared to the conceptualization and practices in Ethiopia (*cf.* Meyers & Ashby, 2015; Ojelade et al., 2014; Mohatt, 2010; Obasi et al., 2009; Denzin et al., 2008; McKeough et al., 2008; Waldron, 2008; McCabe, 2007; Constantine et al. 2004). Psychological sciences explicate SEBDs as broader concepts that include a multitude of disorders. Even though each story is based on the modern classification of SEB problems, the stories were *per se* self-explanatory and could be applied as a psychotherapeutic technique. This was the primary achievement of the current study where it provided a new impetus to differentiate, link, and classify traditional child-friendly stories to be used as a psychotherapeutic technique to address classifications of SEBDs.

Despite the scant evidence in terms of understanding the functions of indigenous stories as a psychotherapeutic technique, shreds of evidence did emerge from the current study where participants suggested that parents, teachers, or other adults employ stories to help children who experience different difficulties. In this regard, similar patterns of findings were obtained in several previous studies. For example, stories help to assist children who experience eating disorders (*cf.* Ruini et al., 2014; Bogale et al., 2010; Kokina & Kern, 2010; Sansosti et al., 2004). On the other hand, stories are helpful for children with sleep problems such as bedtime resistance (*cf.* Writer, 2018; Burke et al., 2004; Heath, 1982). Previous studies acknowledge stories as valuable tools to halt young adolescents' aggressive behaviour (*cf.* Davis & Bailey, 2019; Asl et al., 2015; Shahabazi, 2015; Alavinezhad et al., 2014; Hosseini et al., 2013; Shechtman & Ben-David, 1999). Other studies suggested stories are valuable tools to manage anxious-depressive problems (*cf.* Shafieyan et al., 2017; Ruini et al., 2014; Serneels, 2014; Green & Myrick, 2014; Benveniste, 2005; Neuner et al., 2004), hyper active-attention difficulties (*cf.* Javdan et al., 2015). In fact, the contributions of stories have stretched beyond what has been mentioned above with long-standing traditions using stories as tools to treat other psychological complaints such as violence and delinquency (*cf.* Rahnama et al., 2014; Allen et al., 2007; Powel-Smith & Kincaid, 2004; Lesser, 2002) and helping children with special problems like learning difficulties, dyslexia, autism (*cf.* Hung et al., 2012; Rahmani, 2011; Kokina & Kern, 2010; Reynhout & Carter, 2006).

5.7.2 Theme 2: Classification of *teret-teret* as a Psychotherapeutic Technique

Underpinning this section was identifying indigenous stories that could serve as psychotherapeutic techniques to support young adolescents with socio-emotional and behavioural challenges. Indigenous stories, drawn from elders, folklorists, and archives that could serve as a psychotherapeutic technique, were investigated by elders and folklore experts guided by the socio-emotional and behavioural difficulty indicators found in YSR. The first mechanism was sorting out all the stories generated by the research participants and the stories analysed from documents. The second approach was organising the stories about socio-emotional and behavioural difficulties, as outlined by Achenbach (1991).

In the study, 62 *teret-teret* were explored through interviews and archive analysis. Stories were collected from different documents or children's storybooks. For example, stories were compiled from Girma Buke. 2008A, Band Kebede Michael (1994) E.C. The following table summarises the number of *teret-teret* collected through both the interview and archives.

Table 5.5: Number of stories from the interview and archive sources

Interview			Archive					
Source	N	%	Source	N	%	Source	N	%
Elder 1	1	.016	Elder 5	1	.016	SNNPR Culture and Tourism, 2008a	21	33.87
Elder 2	1	.016	Elder 7	1	.016	SNNPR Culture and Tourism, 2008b	15	24.19
Elder 3	2	3.23	Elder 8	1	.016	Kebede Michael, 1994	5	8.06
Elder 4	1	.016	Elder 9	1	.016			
Elder 5	1	.016	Folklorist 1	8	12.90			
Elder 6	1	.016	Folklorist 2	1	.016			
Elder 7	1	.016						
Total	8	12.90	Total	13	20.97	Total	41	66.13

The second step was to analysing the stories in terms of their therapeutic value. It involved observation of the holistic nature of the stories and their details as well. In particular, an analysis was conducted on the underpinning implications of each story; and illustrations on the problems, causes, consequences, and solutions. The YSR was the guiding device to contrast and sort out the nature of the stories against the SEBDs. In Chapter Four, I indicated that the task to evaluate and validate all the stories from research participants and archives was conducted by counsellors. According to the views and comments of the research participants, the stories were analysed and classified. Based on their combined feedback, the

stories were sorted against the SEBDs represented by the YSR. The results are summarised in Table5.6.

Table5.6:Summary of story classification

No.	Classification of stories	N	%
1	Aggression	28	45.16
2	Delinquency	5	8.06
3	Aggression and delinquency	9	14.52
4	Attention problem	4	6.45
5	Social problems	2	3.23
6	Anxiety/depression	1	1.61
7	Aggression, delinquency and social problem	2	3.23
8	Attention problems and delinquency	3	4.84
9	Aggression and social problems	1	1.61
10	Anxiety/depression, aggression and delinquency	1	1.61
11	Anxiety/depression and delinquency	1	1.61
12	Delinquency and social problems	1	1.61
13	Anxiety/depression, aggression and social problems	1	1.61
14	Anxiety/depression and aggression	1	1.61
15	Aggression and attention problems	1	1.61
16	Thought problems	1	1.61

Based on the findings illustrated inTable5.6, the majority of the stories appear to be able to assist children with aggression (28 stories, 45.16%). On the other hand, nine stories (14.52%) were reported as being helpful to address aggression and delinquency. Among other stories, four stories(6.45%) involved delinquency; four stories (6.45%) attention problems; three stories (4.84%) attention problem and delinquency; two stories (3.28%) aggression and social withdrawal; two stories(3.23%) social problems; one story (1.61%) depression, aggression and delinquency; one story (1.61%) depression/anxiety and delinquency; one story (1.61%) aggression and depression/anxiety; one story (1.61%) social withdrawal and one story (1.61%) attention problem and aggression.

In the above sections, a few relevant illustrative *teret-teret* were screened to substantiate the worldview of the participants. In Phase 3, the intervention study, these stories were applied as a psychotherapeutic technique to assist the young adolescents experiencing socio-emotional and behavioural difficulties. The inherent nature of the stories allowed them to be used as a technique to assist young adolescents who experience aggression and delinquency. The distinctive psychotherapeutic nature of the stories was assessed and interpreted, based on the underlying factors of the socio-emotional and behavioural problems embedded in each story.

Before conducting the interpretation, a preliminary assessment was undertaken by the research participants to label the stories across the socio-emotional and behavioural problems classified by Achenbach. To substantiate the views of the research participants and to ensure the trustworthiness of the data, the expertise of professional counsellors was included for each of the stories collected from archives as well as the interview. Finally, the views of the participants and counsellors were integrated and summarised. Finally, I conducted a complete analysis and interpretation. With this point of agreement, for illustration, the 18 stories were allocated a code based on the most salient features of the stories (i.e., aggression = 6, aggression and delinquency = 4, and multipurpose stories = 8).

5.7.2.1 Sub-theme 1: Aggression

A total of 62 stories were compiled from the elders, folklore experts, and archives (cf. Appendix F), among which 45 stories were confirmed as helpful in assisting young adolescents who experience aggression. The decision was made based on the features of the characters in the story that experience major symptoms of aggression. These symptoms indicated in Chapter One Table 1.1 and include characteristics such as teases, threatens, loud, stubborn, destroy own properties, attacks, fights, jealous, brags, talk much, demand attention, temper, destroy others properties, screams, argues, show off, mood change, mean to other. Given these SEBD indicators, the following stories serve as illustrative examples.

Story 1: A Father and His Son are relevant to assist young adolescents who experience *aggression*. The story outlined becoming troublesome, hostile towards other people, and fighting with people as indicators of socio-emotional and behavioural problems. Compared to the indicators portrayed in the YSR, the indicators in this story were similar to the diagnostic features of *threatening, attack, fight, stubborn, and hot temper*.

Story 5: Children's Play seems a helpful story to work with children and young adolescents who experience *aggression*. From the story *tussle, grapple, not take a lesson* and the *fight* features coincide with the features of aggression indicated by the YSR protocol of *threatening, stubborn, attack, hot-tempered, scream, and disobey*.

Story 13: The Elderly Man portrays young adolescents who experience aggression with the socio-emotional and behavioural indicators, disobeys at home, temper, brags, and argues who could benefit from this story. In the beginning, the young boys at home were disobedient to their father, and later on, they learned that the elderly man was correct and they as young adolescent could make mistakes.

Story Fourteen: Unity is strength illustrates that aggression is a socio-emotional and behavioural challenge that could get managed through the application of the story. In the beginning, the seven young boys disobey at home; they attack and fight each other, scream, and argue with one another.

Story 17: The Deceptive Word demonstrates the characteristics of aggression. The maladaptive vital signs in the story, *had no interest to complete his father's instruction* and *broke the saw* associated with the essential signs indicated on the YSR, *disobey at home*, and *destroy his own property* respectively.

Story 18: Love communicates an errand on the bragging contest between the five fingers for power/leadership roles. Each finger echoes its sole contribution to the survival of the system compared to the rest of the fingers. Reflections, based on the YSR, indicate the bragging and the tense contest among the fingers as the presence of aggression as socio-emotional and behavioural difficulties. Indicators correlated to the symptoms of aggression on YSR such as *brag, argue, tease, loud, talk much, mood change, and show off*.

5.7.2.2 Sub-theme 2: Aggression and delinquency

This category of stories includes those that embed the characteristics of children who experience both aggression and delinquency (*cf.* Chapter One Table1.1) and include characteristics such as steals at home, set fire, steals out, runaway, truant, prefers older friends, lies/cheats, swears, no guilt, alcohol/drug abuse, think sex. Taking into consideration the above indicators of the socio-emotional and behavioural difficulties, the following stories were selected as sample exemplary stories to be used as a psychotherapeutic technique to assist young adolescents who experience either aggression, delinquency or both.

Story 3: A Boy and the Fruits aids young adolescents who experience *delinquency* and *aggression*. The wicked boy lacked empathy and honesty towards the old man. That is to say, in terms of delinquency, the naughty boy thought to steal the fruits of the old man and run away where these symptoms are similar to the symptoms indicated by YSR, *steal* and *run away*. By the same token, this boy appeared to experience *aggression* because he was mean to the old person, insisting that the honest boy change his mind.

Story 4: Kind Donkey assists young adolescents who experience *delinquency* and *aggression*. Two features were drawn from the YSR to denote the boys experiencing delinquency. These were lack of *kindness/compassion/not feeling guilty* about their problem

and owing to *bad companionship*. On the other hand, the effort to *attack* and *kill the frog* was a further reflection that the boys experienced *aggression*.

Story 6: The Kind Small Girl narrative is likely to be useful to assist young adolescents who experience *delinquency* and *aggression*. Delinquency was expressed in terms of demonstrating the behaviour of *no guilt* and *a bad companion*. On the other hand, aggression was exhibited with the diagnostic features of *mean* towards the old person, *showing off* and *bragging*.

Story Eight: The Tricky Boy has the quality to assist children and young adolescents who experience *delinquency* and *aggression*. The major features such as *lies* and *cheats*, as well as feeling *not guilty* about his wicked actions were reflections of *delinquency*. On the contrary, *jealousy* and *meanness* towards the husband and the wife were the manifestations of *aggression*.

5.7.2.3 Sub-theme 3: Stories that may be used to address multiple themes

Evidence was found with *teret-teret* influencing Ethiopian people in terms of assisting youngsters experiencing aggression and delinquency. Similarly, this study confirmed that *teret-teret* helps address hyperactive attention problems, anxiety/depression, thought problems, and withdrawal problems. Supportive findings, drawn from the participants, suggested that Ethiopian adults have over many years used stories as a vehicle to deal with youngsters to tackle the aforementioned problems. To verify this argument, the following illustrative evidence is discussed in the next section.

Story 2: The Liar Shepherd appeared to help assist young adolescents who experience *delinquency* and *attention problems*. From the diagnostic features indicated by the YSR, this particular boy demonstrated delinquency because he *lied/cheated*, and felt *no guilt* for his detrimental conduct. On the other hand, the young boy *acted as young*, *teased*, *not liked by others*, and held onto his stubborn conduction, continuously shouting as if foxes were coming and capturing the sheep.

Story 7: The Least Word of Wrath is a helpful story to assist young adolescents who experience *depression/anxiety* and *aggression*. The YSR indicates that sadness, *worries*, *cries*, and *guilt* are indicators of anxiety/depression that the girl experienced while she learned of the death of her friend. On the other hand, *aggression* was expressed in terms of *jealousy*, *attack*, *temper*, *threat*, and *mood change* by the girl against her deceased friend.

Story 9: The Fox inside Us is a story likely to be helpful to address *delinquency* and *aggression*. In line with the YSR, children and young adolescents who experience delinquency are characterised as *liars*, *steals*, and *criminality* that could match with the features expressed in terms of liar, theft, and crime in the current story. Other features in the story such as dishonesty, hatred, recklessness, sinfulness, and cruelty, correspond with the symptoms of aggression in the YSR such as mean, fight, attack, and temper.

Story 10: The Lion and a woman appeared to be helpful for children and young adolescents who experience *aggression* and *social withdrawal*. The characteristics of *disobey at home*, *mood change*, *jealousy*, and *temper* communicate an aspect of aggressive behaviour where the boy was not willing to perceive his stepmother as his mother, but rejected her and became hot-tempered. On the other hand, the boy's tendency to being *alone*, becoming *underactive*, and *not talking* with the stepmother reflected aspects of social withdrawal.

Story 11: Gaddisee and Her Daughters have to do with children and young adolescents who experience aggression and delinquency. Perhaps the mother rejected her daughter, Lafa, for behaving awkwardly without her mother's consent. Lafa might have demonstrated aggression such as disobeying at home, fighting, and attacking her sisters. In another way, perhaps Lafa acted out as a delinquent through stealing at home, lies/cheats and she had a bad companion. Professional counsellors distinguished the characteristics of aggression from the rest of the socio-emotional and behavioural difficulties indicated by the YSR. On this ground, they delineated the story mentioned above, as an appropriate psychotherapeutic technique to work with adolescents who experience aggression.

Story 12: A Fox and a Hawk is a story that seems to be useful in working with young adolescents who experience aggression and delinquency. In terms of aggression, the hawk was mean towards the fox while it was selfish. The hawk was delinquent in that it took the rat and ran away from the fox. At the same time, the hawk was a bad companion to the fox, it cheated/lie to the fox and it felt no guilt about its behaviour, and yet again it was demanding more food.

Story 15: Thought, Emotion, and Action could help as a psychotherapeutic technique to deal with young adolescents who experience delinquency and attention problem. In terms of delinquency, the young boy and girl left home and they got sexually involved before their maturity level with dire consequences. About attention problems, they were impulsive and confused in determining their future life. Particularly, parents advise their younger children to

model the behaviour of an older son/daughter if the older sons or daughters are successful in their marital life.

Story 16: Matured Person appeared to be a useful story as a psychotherapeutic technique to assist young adolescents who experience attention problems and aggression. The vital indicator, *behave as immature* is comparable with the vital sign of *acts as young* on YSR. This story was thus labelled as a psychotherapeutic technique to work with young adolescents who experience attention problems. On the other hand, the vital signs from the story, *throw a stone, discomfit my dog, impede on my ways* are expressions associated with the YSR symptoms of aggression such as an attack, threaten, destroy personal and others properties.

5.7.2.4 Discussion of the findings on Theme 2

Theme 2 of the study involved the classification of indigenous stories based on Achenbach's (1991) classifications of young adolescents' psychological problems. Based on the classification, indigenous stories with psycho-therapeutic values were explored. The classification was made through the deductive mode of story analysis in that sub-themes and categories were extracted from each story. The sub-themes emerging from the stories were managing aggression, aggression, and delinquency, and managing multiple SEBDs. Each story was analysed by professional counsellors, elders, and folklore experts based on the embedded surface and metaphoric contents which were expressed as categories of the sub-themes.

The results of psychotherapeutically relevant stories for young adolescents experiencing socio-emotional and behavioural difficulties are described under Theme 2. The results highlighted that the majority of the stories apparently had the psychotherapeutic quality to assist young adolescents who experience aggression (Sub-theme 1, category 1). Attempts were made to link the findings of the current study with other related earlier studies. Hence, the psychotherapeutic relevance of stories in the current study was found to be consistent with the findings reported by other scholars (*cf.* Asl et al., 2015; Shahabazi, 2015; Alavinezhad et al., 2014; Hosseini et al., 2013; Hundler, 2012; Shechtman & Ben-David, 1999). On the other hand, it is worth noting that there have been stories that have the potential benefits to help children who experience aggression and delinquency as well (*cf.* Sub-theme 2, category 2). In this regard, it is unlikely to find related findings from earlier studies. Accordingly, the major source of limitation to this part of the study happens from the paucity of previous studies. Some stories are inherently dense and convey multiple purposes

and meanings (sub-Theme 2, category 3). The basic responsibility lies with elders/storytellers to interpret the stories and to address different socio-emotional challenges. Similarly, story listeners expect to understand and relate to the contents of the stories in different ways. However, the lack of previous studies has again become a major limiting factor to this part of the study.

Finally, it would have been noted that traditionally in Ethiopia, stories have been recited by elders based on the ‘holistic’ implied meanings with children/young adolescents being expected to reflect their views, feelings, thoughts, and imagination implied by the stories and attempt to relate these to their personal lives. However, in the current study, the stories were treated in different ways where specific issues such as SEBD, SEBC, and implications of the story, were extracted and analysed to illuminate the desirable and non-desirable socio-emotional and behavioural domains to the young adolescents. Taking this into account, this study was successful in terms of reflecting the overlooked expertise within the holistic traditional wisdom of *teret-teret*. This was a major achievement as it provided methods on how child psychotherapists can discharge their responsibilities while conducting story-based psychotherapy for children.

5.7.3 CONCLUSION

In this chapter, participants’ perspectives were explored regarding *teret-teret* that could serve as a psychotherapeutic technique. A qualitative design was employed to collect data from purposively selected elders, folklorists, and counsellors. Interviews and archive analysis were data gathering instruments with thematic content analysis being employed to develop main themes, sub-themes, categories, and sub-categories. The first theme to emerge drew on participants’ unique experiences on *teret-teret* practice to illustrate their worldview of using *teret-teret* as a technique. Discussions were held on the storytelling context and then the value of storytelling was described and aligned with the literature reviewed earlier in Chapters 2 and 3. The second theme classified *teret-teret* as a psychotherapeutic technique for aggression, aggression, and delinquency as well as multiple socio-emotional and behavioural problems, guided by the YSR.

The results emerging from this phase of the study demonstrated that contextually appropriate stories in Ethiopia have been functioning as instruments for a wide array of psychological and behavioural problems among young adolescents for many years. Subsequently, indigenous stories were explored where the majority appeared to assist as a psychotherapeutic technique

to treat young adolescents who experience aggression followed by aggression and delinquency in combination.

In the next chapter, the results are presented and a discussion on the findings of Phase 2 of the study examines the prevalence rate of socio-emotional and behavioural difficulties among young adolescents.

CHAPTER SIX

PHASE 2: PRESENTATION AND INTERPRETATION OF RESULTS

6.1 INTRODUCTION

In Phase 1 of the study, indigenous stories with the potential for offering psychotherapeutic values were explored. The participants' experiences and their world view in terms of using indigenous stories as a psychotherapeutic technique were discussed. Based on the nature of the stories, fundamental indicators, and implications for child and adolescent therapy, the stories were classified in line with the clustering of Achenbach's (1991) theory on the socio-emotional and behavioural difficulties. Participants' suggested that most of the stories appeared to be valuable as a psychotherapeutic technique for young adolescents who experience aggression followed by both aggression and delinquency. In the current chapter, I report and discuss the results of the second phase of the study which focused on the prevalence of socio-emotional and behavioural difficulties among young adolescents. The following are the research questions that were formulated for investigation:

Research Question 3: What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents?

Research Question 4: Which socio-emotional and behavioural difficulty is most prevalent among young adolescents?

A detailed description of the data analysis techniques is found in Chapter Four: Methodology (*cf.* Section 4.6.5: Phase 2 data analysis). The methods and procedures of data analysis were conducted on data collected from 221⁹ participants even though the sample indicated a population of 228 in the methodology section. Data from seven participants were omitted for incomplete information resulting in = 97% of the participants being involved in the study. Concerning the data analysis, the focus was given to the frequencies, descriptive statistics (i.e., a measure of central tendencies and dispersion), and inferential statistics (binomial proportion test) (*cf.* Section 6.12 and 6.13).

6.2 DESCRIPTION OF THE PARTICIPANTS

In this section, the demographic variables of the participants, the characteristics of the young adolescents and their parents, are described. The characteristics of the young adolescents included gender, the name of the school they attended, their grade level, and age. Also, the

⁹ The sample size reduced from 228 to 221 due to data cleansing.

background data of the parents/guardians such as the mother’s job, and father’s job were also described. These variables are depicted in Tables 5.1 and 5.2 respectively.

6.2.1 Background Information of Young Adolescents

In this section, the background information of the young adolescents in this study is outlined. All the participants were 14 years old and were purposively selected to ensure group homogeneity in terms of their developmental characteristics. Participants were classified in terms of gender to scrutinize the ratio of boys to girls. At the same time, the number of participants in terms of the school that they attended was examined. Indeed, this classification was helpful to have a cognitive map and to establish conducive circumstances to assign the participants into the intervention and the control groups for Phase 3. The grade level has to do with understanding participants’ academic and developmental status.

Table6.1: Phase 2-Participants characteristics

Variable	Category	N	%	Variable	Category(Pseudonym)	N	%
Age	Fourteen	221	100	Primary School	Habesha Star	61	27.6
Gender	Male	146	66.1		Freedom Horizon	36	16.3
	Female	75	33.9		Light for Hard Work	28	12.7
	Total	221	100		Peace for All	27	12.2
Grade Level	Six	109	49.3		Hope Generation	21	9.5
	Seven	112	50.7		Vision for Success	19	8.6
	Total	221	100		Care for Kids	16	7.2
					Unity for Strength	13	5.9
					Total	221	100

Table6.1 indicates that all the participants were aged fourteen years, among which 146(66.10%) were boys and 75(33.90%) were girls. On the other hand, an almost equivalent number of participants from Grade 6 comprised of 109(49.3%), yet 112(50.70%) from Grade 7 participated in the study. In terms of school, the young adolescent from Habesha Star school outnumbered the students from the other schools; that is, 61(27.6%). Next to Habesha Star School Freedom Horizon had 36(16.30%) whereas Light for Hard Work 28(12.70%) participants respectively. The least number of participants were selected from Unity for Strength Primary School (*cf.* Table 6.1 above).

In psychology, the role of parents is given attention in child-rearing practice. The idea emerges from the conceptual illustration of parent-child attachment to socialise SEBC competencies to ensure primary needs like love and affection to their progeny (Abro,

&Mugheri, 2012; Mallers et al., 2010; Bretherton, 1992). Based on these assumptions, the parental status of young adolescents was analysed.

6.2.2 Background information of Young Adolescents' Parents

Parental life status, mother and father's occupation were taken as parental characteristics. Parental life status addressed whether the young adolescents were living with both biological parents, father only, mother only, or had lost both parents or were living with other relatives. The other variables consisted of the occupation of the mother and the father. Finally, the total number of children living alone was indicated. Table 6.2 describes the cases and the ratios of each variable across the specific categories.

Table 6.2: Phase 2- Background information of the participants' parents

Variable	Category	N	%
Parental life status	Both parents alive	174	78.73
	Father deceased	20	9.05
	Mother deceased	11	4.98
	Mother and father deceased	16	7.24
Mother's occupation	Farmer	4	1.8
	Household wife	61	27.6
	Cleaner/Janitor	34	15.4
	Daily labourer	4	1.8
	Servant	16	7.2
	Police	1	.5
	Retailer	63	28.5
	Semi-skilled professional	4	1.8
	Other (e.g. guard.)	7	3.2
	Total	205	92.76
Father's occupation	Farmer	5	2.3
	Guard	21	9.5
	Daily labourer	43	19.5
	Other	20	9.0
	Police	5	2.3
	Retailer	29	13.1
	Semi-skilled professional	62	28.1
	Total	205	92.76
Child-headed family	Child engaged in a casual job	16	7.24

Accordingly, 174(78.73%) of the young adolescents were living with both their mothers and fathers while 20(9.05%) of fathers and 11(4.98%) mothers were deceased with 16(7.24%) orphans' mothers and fathers being deceased. Parents' occupational status was to give attention to the role of a reliable and sufficient source of income, in contrast to an insufficient

condition for the attention of child welfare practices. The results were reported from three distinct categories including the mother's occupation, father's occupation, and child-headed families. Based on this understanding, 63(28.50%) of mothers were retailers (that is, they engaged in micro-scale businesses within a small shop or market). Secondly, 61(27.60%) of mothers were household spouses where they remained at home without any job that generates revenue. On the other hand, 34(15.4%) mothers worked as janitors/cleaners (that is, cleaning asphalt roads, hotel rooms, university rooms, or hospital rooms). The occupation of the fathers indicated that 62(28.10%) of fathers were engaged in semi-skilled professional jobs, which included work as a mason, carpenter, tailor, bicycle and motor bicycle maintainer, shoemaker, and others. Also, 29(13.10%) of the fathers appeared to participate in retail micro-scale businesses. Finally, from the total of 221 young adolescents, 16(7.24%) were reported to be orphaned and lived in child-headed families where the young adolescents were engaged in casual jobs to generate a livelihood.

6.3 VALIDITY AND RELIABILITY OF THE INSTRUMENTS: PILOT RESULTS

As discussed in Section 4.4.4.2 a pilot study was conducted with 100 participants to explore the psychometric properties of the instruments to be used. Of the 100 participants, 5 participants were not included in the analysis due to incomplete data. Based on these considerations, the detailed processes and findings of the EFA are discussed below.

The Kaiser Meyer Olkin (KMO) and Bartlett test of Sphericity was also conducted to ascertain whether the data were suited for Factor Analysis. The Kaiser Meyer Olkin (KMO) helped investigate sampling adequacy whereas the Bartlett test of Sphericity assisted in identifying the strength of the relationship between indicators, which is expressed in terms of approximate Chi-square. As a rule of thumb, KMO is expected to be larger than 0.5 for an adequate sample size. On the other hand, the Bartlett test of Sphericity coefficient is required to generate a significant value less than 0.05. It suggests that the data do not create an identity matrix and are thus approximately multivariate normal and acceptable for further analysis (Hadi et al., 2016; Field, 2009). With a conventional approach, the underlying factor with factor loading below .3 would be removed from the final lists of instrument.

6.3.1 Reliability for the SEBDs scale

Three broad categories of SEBDs were involved in the YSR questionnaire. These are the internalized, the externalized, and the stand-alone. The internalized included social withdrawal, somatic complaints, and anxiety-depression. The externalized were aggression

and delinquency, yet the stand-alone clusters are social problems, thought problems, and attention problems. For each broad-band as well as narrow-band clusters of items, EFA was conducted. In the EFA which depicted the adequacy of sample size, the overall amount of variance, explained by the components and other psychometric qualities were discussed. Taking this into account the reliability analysis for the comprehensive scale (i.e., SEBDs) was conducted to discover the level of the internal consistency of the composite YSR. Accordingly, the internal consistency of the composite YSR resulted in 74 items, $r = .90$.

6.3.1.1 Reliability for the internalized instruments: 11-18 YSR

The internalized instrument of the SEBDs are social withdrawal, somatic complaints, and anxious-depressive constructs, and the internal consistency coefficient for this broadband sub-scale, $r = .89$. For more understanding, the results and discussions are presented below.

Social withdrawal: The meaning of social withdrawal was discussed previously (*cf.* Chapter 2, Section 2.2.7). As per the YSR guideline, this problem has different indicators. These include shy, withdrawn, sad, secretive, underactive, won't talk, and rather be alone. The Cronbach alpha for this specific or narrowband sub-scale, $r = .70$. Furthermore, the results of the reliability test are demonstrated in Table 6.3.

Table 6.3:Factor load for 7 withdrawal items from YSR 11-18(N = 95)

Withdrawal	Component	
	1	2
Shy	.765	-.514
Withdrawn	.690	-
Sad	.646	.287
Secretive	.634	.117
Underactive	.588	.266
Won't talk	-	.743
Rather be alone	.207	.659

Note: Factor loading $< .3$ are suppressed. *Factor components* for social withdrawal (1 = powerlessness, 2 = self - estrangement)

For *social withdrawal*, $KMO = .073$, Chi-square= 105.46, $df = 21$; significant at .000. Based on the assessment, two components were extracted. Component one included *shy*, *withdrawn*, *sad*, *secretive*, and *underactive* whereas Component two consisted of *won't talk* and *rather be alone*. The Eigenvalue of the two components, *shy* (36.40%) and *withdrawn* (17.17%), meaningful contributed to the composite variance, 53.57%.

Somatic complaints: Somatic complaint was explained earlier in the study (*cf.* Chapter 2, Section 2.3.2). In the YSR, it is expressed in terms of nausea, skin itching, vomit, general aches, eye aches, stomach ache, headache, tiredness, and dizziness. The Cronbach alpha for the narrowband sub-scale, $r = .82$. In addition, the results of the specific reliability test are demonstrated in Table 6.4.

Table 6.4: Factor load for 9 somatic complaints item from YSR 11-18 (N = 95)

Somatic complaint	Components	
	1	2
Nausea	.831	-.103
Skin itching	.828	-
Vomit	.824	-
General aches	.820	.119
Eye aches	.808	-
Stomach ache	.659	-
Headaches	.630	-
Tired	-.101	.802
Dizzy	.120	.771

Note: Factor loading $< .3$ are suppressed. *Factor components* for somatic complaints (1 = somatic, 2 = psychosomatic)

In the *somatic complaints*, $KMO = 0.82$, Chi-square = 359.49, $df = 36$, significant at .000, two components were extracted. Component one comprised *nausea*, *skin problems*, *vomit*, *unspecified aches*, *eye problems*, *stomach ache*, and *headache*. The second component included *tiredness* and *dizziness*. The total variance explained from the two components was 61.28% with *nausea* (47.35%) and *skin problems* (13.93%) respectively.

Anxious and depressed: The meaning and characteristics of anxiety-depression problems were discussed previously (*cf.* Chapter 2, Section 2.3.1). Achenbach (1991) identified many symptoms like unloved, worthless, suspicious, lonely, worried, sad, fearful, nervous, cries, self-consciousness, fear of doing bad, perfect, out to get, and guilty feeling. The Cronbach alpha coefficient for this sub-scale, $r = .77$. Besides, based on factor analysis, the results of the reliability coefficients are demonstrated in Table 6.5 below.

Table 6.5: Factor load for 14 anxiety-depression items from YSR 11-18 (N = 95)

Anxiety/Depression	Components				
	1	2	3	4	5
Unloved	.760	-	.120	.197	-
Worthless	.669	-.250	-	-	-.158
Suspicious	.663	-	-	-.397	-
Lonely	.500	-	-.250	.136	.201
Worries	-	-.781	-	.166	-.145
Sad	.145	-.767	-	-	-
Fearful	-	-.752	-.258	-.240	.142
Nervous	-.125	-.155	-.817	-	-
Cries	-	-	-.665	.455	-.357
Self-conscious	.292	.174	-.541	-	.125
Fear of doing bad	-	-	-	.816	.167
Perfect	-	.101	-	-	.789
Out to get	.192	-.290	.123	.357	.440
Guilty	.142	-.277	-.369	-	.405

Note: Factor loading < .3 are suppressed. *Factor components for anxiety/depression, (1= generalized, 2 = externalised, 4 = obsessive-compulsive, 5 = traumatic).*

Five components were extracted from the anxious/depressed construct, KMO = 0.69, Chi-square = 274.01, df = 91, Significance = .000. Component one had five factors with a relevant factor loading such as *unloved, worthless, suspicious, lonely, worries, and self-conscious*. The second component had the underlying factor *cries*, yet the third component had no indicator with a factor loading above the minimum standard. On the other hand, component four included *fear of doing bad, and perfect*. The last component had the underlying factors, *out to get, and guilt*. Five components meaningfully explained the total variance, 61.67%. These were *fear doing bad* (25.80%), *perfect* (10.67%), *unloved* (9.31%), *worthless* (8.32%), and *suspicious* (7.57%). On the other hand, four items (*worries, sad, fearful, and nervous*) produced factor loading below the minimum acceptable criteria.

6.3.1.2 Reliability of the externalized instruments: 11-18 YSR

The YSR externalized instrument contained aggression, and delinquency scales with the calculated internal consistency coefficient from the pilot test data, $r = .86$. The FA generated the overall variance and the factor loading for each item in each variable.

Aggression: The details of a young adolescent who experience aggressive behaviour were discussed earlier (*cf.* Chapter 2, Section 2.3.5). The Cronbach alpha coefficient for aggression

sub-scale, $r = .85$. In line with this, in Table 6.6 below the specific results of the reliability test are presented.

Table 6.6: Factor load for 20 aggression items from YSR 11-18 (N = 95)

Aggression	Components					
	1	2	3	4	5	6
Teases	.800	.127	-.131	-	-	.105
Threaten	.588	-	-	-.231	.211	.146
Loud	.519	.113	-.487	-.259	-	.125
Stubborn	.509	.508	.127		.160	-
Destroy own property	-	.707	-	-	.128	-
Attacks	.147	.626	.183	-.227	-.177	-.106
Fights	-	.603	-.109			
Brag	-	.108	.644	-.227	.165	.138
Jealous	-	.369	-.538	-.275	.239	-
Disobey at home	-.167	-	-.114	-.793	-	-
Disobey at school	.237	-	.248	-.773	-	-
Talk much	.150		.114	.141	.647	-
Demand attention	-.297	.210	-.155	-.105	.644	-
Temper	.468	-.144	.164	-.140	.496	-.137
Destroy others property	-	.312	-	-.190	.433	.105
Screams	.167	-.113	-	-		.711
Argues	-.101	.236	-	-	-.263	.682
Show off	.427	-.120	-.170	-	-	.472
Mood change	.111	-.102	-.213	-.206	.327	.468
Mean to others	-	.408	.133	-	.114	.440

Note: Factor loading $< .3$ are suppressed. *Factor components* for aggression, (1 = verbal provocation, 2 = self –destructive, 3 = grandiose, 5 = narcissistic, 6 = ambivalent).

Regarding *aggression*, the sample size adequacy, $KMO = 0.80$, Chi-square = 488.74, $df = 190$, Significance = .000. Six components were extracted where component four had no indicator due to the factor load. Four underlying factors loaded to the first component such as *teases*, *threatens*, *loudness*, and *stubbornness*. Component two was expressed in terms of the underlying factors *that destroy their own properties*, *attacks*, *fights*, and *jealousy*. The third component only included *brags*. The fifth component was organised from *talking much*, *demand attention*, *temper*, and *destroys others' properties*. The last component had the underlying factors *screams*, *argues*, *show off*, *mood change*, and *mean to the others*. Two underlying factors (*disobey at home* and *disobey at school*) had factor loading below the minimum standard. Totally 58.96% variance was explained by six components such as *teases*

(26.67%), *destroy own properties* (9.06%), *argues* (6.59%), *talk much* (5.83%), *brags and demand attention* (5.51%), and *attacks* (5.30%).

Delinquency: The meaning, prevalence rate, and features of delinquency are discussed under Chapter 2, Section 2.3.4. A delinquent *steal at home, steals out, sets fires, run away, truant, prefers older, lie/cheat, swears, no guilt, alcohol drug, think sex, and join with a bad companion* (Achenbach, 1991). The Cronbach alpha coefficient for delinquency sub-scale, $r = .62$. The details of the reliability test results are presented in Table 6.7.

Table 6.7: Factor load for 11 delinquency items from YSR 11-18 (N = 95)

Delinquency	Component			
	1	2	3	4
Steals at home	.771	.181	-	-.104
Set fires	.755	-	.111	-.111
Steal out	.722	-	-.321	-
Run away	.705	-	.188	-
Truant	.396	-	.316	.238
Prefers older	-.184	.857	-	-.139
Lie/cheat	.183	.618	-	.114
Swears	.179	.485	-	.223
No guilt	-.175	.119	.852	-
Alcohol drug	.358	-.197	.590	.111
Think sex	.333	.324	.407	-.137
Bad companion	-.168	-	-	.943

Note: Factor loading $< .3$ are suppressed. *Factor components for delinquency, (1 = crime prone, 2 = social fraud, 3 = hypersensitivity, 4 = bad companion).*

About *delinquency*, the KMO = 0.76, Chi-square = 247.01, df = 66, Significance = .000, four components were extracted. The first component was organised from *steals home, set fire, steals out, run away, and truant*. The second components were made from *prefers older friends, lies/cheats, and swears*. The third component was reflected through *no guilt, alcohol/drug abuse, and think sex*, yet the fourth component had only one underlying factor, *bad companion*. The cumulative variance, 59.46%, was explained by four indicators, *bad companion* (30.47%), *prefers older friends* (10.43%), *no guilt for doing the bad thing* (10%), and *steals at home* (8.56%) respectively.

6.3.1.3 Reliability for the stand-alone instruments in the YSR

The stand-alone instrument has three secondary level instruments. These are social problems, thought problems, and attention problems. Factor Analysis for each of these clusters of items was conducted and discussions based on the results are made in the subsequent section.

Social problem: The overall characteristics of young adolescents who experience social problems were described earlier (*cf.* Chapter 2, Section 2.3.6). As per the YSR, young adolescents with these types of SEBDs show different symptoms. These are *clinging, clumsy, teased, not liked, overweight, not get along, acts as young, and prefers young*. The Cronbach alpha coefficient for this sub-scale, $r = .61$. The details of the results are presented in Table 6.8.

Table 6.8: Factor load for 6 social problems items from YSR 11-18 (N = 95)

Social problems	Component		
	1	2	3
Clings	.815	.169	-.153
Clumsy	.608	-.234	-.200
Teased	.596	-	.232
Not liked	.469	-.269	.424
Overweight	-.222	-.861	-.179
Not get along	.215	-.643	.178
Acts as young	.201	-.252	.245
Prefers young	-.171	-	.882

Note: Factor loading $< .3$ are suppressed. *Social problems* (1 = helpless, 3 = regressive).

In this regard, the psychometric properties of each scale were outlined. As to *social problems*, KMO = 0.68, Chi-square = 80.96, $df = 28$, Significance = .000, three components were extracted, yet the second component had no factor that loaded to the minimum acceptable factor coefficient. In this regard, the first component was organised from *clings, clumsy, teased, and not liked*, whereas the third component contained only the underlying factor, *prefers young friends*. Three underlying factors (*overweight, not get along, and acts as young*) had the factor loading below .3. The Eigenvalue of the first three components (*clings, prefers young friends, and clumsy*) was above one and each contributed to the total variance (55.56%) meaningfully at 28.69%, 14.12%, and 12.74% respectively.

Thought problem: Achenbach (1991) clustered thought problems as one of the components of the SEBD (*cf.* Chapter 2, Section 2.2.8). The young adolescents who experience thought problems experience emotional, social, and behavioural syndromes. These include *strange ideas, repeat acts, sees things, strange behaviour hear things, and mind off*. The Cronbach alpha, $r = .71$. Table, 6.9 shows the components and the factor loadings.

Table 6.9: Factor load for 6 social problem items from YSR 11-18 (N = 95)

Thought problems	Component
	1
Strange ideas	.711
Repeats acts	.701
Sees things	.662
Strange behaviour	.602
Hear things	.591
Mind off	.560

Note: Factor loading < .3 are suppressed. *Thought problems (1 = thought problem).*

With regard to *thought problems*, KMO = 0.74, Chi-square = 91.96, df, 15, Significance = .0000, only one component was extracted. The component was organised from *strange ideas*, *repeats actions*, *sees things*, *shows strange behaviour*, *hear things*, and *mind off*. The total variance, 41.01%, was explained by the underlying factor, *strange ideas*.

Attention problems: The YSR documented young adolescents with attention problems exhibiting diverse specific symptoms (*cf.* Chapter 2, Section 2.3.6). These symptoms are including *twitching*, *poor school performance*, *acting as young lack of concentration*, *confusion*, *impulsive behaviours*, *becoming clumsy*, *nervousness*, *sitting still*, and *daydreaming*. The Cronbach alpha, $r = .74$. Further illustrative descriptions regarding the reliability coefficient for each item are presented in Table 6.10 below.

Table 6.10: Factor load for 10 attention problem items from YSR 11-18 (N = 95)

Attention problems	Components		
	1	2	3
Twitch	.775	-	-
Poor school performance	.700	-	-.259
Acts as young	-.342	.756	-.114
Concentrate	-	.687	.118
Confuse	.430	.442	-
Impulsive	.233	.436	-.129
Clumsy	.387	.390	-.150
Nervous	-	.115	-.807
Sit still	-	.130	-.755
Daydream	.117	-.228	-.732

Note: Factor loading < .3 are suppressed. *Attention problem (1 = sluggish, 2 = inattention).*

An attention problem is the other stand-alone scale in the YSR. The KMO = 0.704, Chi-square = 173.47, df = 45, Significance = .000. Three components were extracted, component one (*twitch* and *poor school performance*); component two (*acts as young*, *concentration*

problem, confusion, impulsive, and clumsy). The third component has no factor loading above .3. Three underlying factors such as *nervousness, sit still* and *daydream* had the factor loading below .3. The composite variance was 54.28% which was explained by *twitch* (30.54%), *acts as young* (12.48%), and *poor school performance* (11.27%).

6.3.2 Reliability for the instruments to measure confounding factors

The emotional intelligence, dyadic mother-child interaction, and participation in the school-based activities were the confounders and for each of them factor analysis was conducted and the results are presented under the section below each topic.

6.3.2.1 Emotional intelligence

Discussion on emotional intelligence is made in the previous chapter (*cf.* Chapter 1, Section 1.7.4). Emotional intelligence was assessed through EQi: YV. It consisted of five sub-scales, such as a scale to assess the intrapersonal skills, interpersonal skills, stress management skills, adaptability skills, and positive impression skills. The total scale contained 30 indicators where each sub-scale was composed of six items each. As a preliminary step, face validity was conducted before the administration of the questionnaire during the pilot test. Accordingly, five items, consisting of intrapersonal scale (*temper* and *peace with people*), interpersonal scale (*talk feelings freely*), adaptability scale (*not hurt other people*), and positive impression scale (*upset about things*) were subsequently removed from the list. Relevance and specificity factors were considered to evaluate the face validity of the indicators. For example, if we consider the indicator ‘temper’ from the intrapersonal scale, certain questions could rise such as: What kind of temper? Why? Similarly, consider ‘talk feelings freely’ from the interpersonal scale. What kind of feeling? Is that sexual (which is a highly proscribed issue in Ethiopia), or that the items are not specific. Reliability analysis was conducted and the internal consistency coefficient for this scale, $r = .84$.

Table 6.11: Factor load for 25 items from(EQi:YV)(Bar-On & Parker, 2000) (N = 95)

Intrapersonal skills	Component		Interpersonal skills	Component
	1	2		1
Respect for others	.778	-	Enjoy fun	.732
Answer hard questions	.744	-.139	Happy	.731
Control feeling	-.349	.825	Live with other	.712
Understand feeling	.527	.706	Answer hard questions	.618
			Smile	-.476
Adaptability skills	Component		Positive impression	Component
	1			1
Know most actions turn out okay	.732		Know how to feel calm	.738
Understand new things	.704		Friendship is important	.696
Hope best	.701		Keep to solve problems	.667
Understand hard questions	.616		Stay calm	-.537
Know others feelings	.551		Tell people how to feel good	.470
Stress management skills	Component			
	1			
Sure about me	.728			
Care for other	.713			
Talk feelings	.672			
Know things become okay	.643			
Like others	.610			
Nothing bothers	.319			

Note: Factor loading < .3 are suppressed. *Intrapersonal skills* (1 = response to external stimuli, 2 = response to private feeling), *interpersonal skills* (1 = interpersonal skills), *stress management* (1 = stress management), *adaptability skills* (1 = adaptability skills), and *positive impression skills* (1 = skills for positive impression).

Concerning the *intrapersonal skills*, KMO = .51, Chi-square 31.12, df = 6, Significance = .000, two components were extracted through direct Oblimin method. The first component was composed of *respect for others* and *knows ways to answer hard questions*. The second component had *control of feeling* and *understanding feeling*. The total variance, 68.89% was accounted for by the meaningful contribution of *controlling feeling* (38.89%) and *respect for others* (29.97%). About *interpersonal skills*, the orthogonal method was applied because only one component was extracted. These indicators were *enjoyed fun*, *happy*, *thought living with everyone*, and *have a good answer for challenging questions*. The underlying factor *enjoys fun* explained 43.73% for the total variance. Similarly, *stress management* had one component, KMO = .73, Chi-square = 81.12, df = 15, significance = .000. The underlying components were *sure about me*, *care for other people*, *talk feelings*, *know things become*

okay, like everyone, and nothing bothers. The total variance was explained by *sure about me*, 39.62%. Regarding *adaptability* skills, similar procedures were conducted. The KMO = .75, Chi-square = 64.18, df = 10, Significance = .000. The underlying components included *know most actions turn out okay, understand new things, hope best, understand hard questions, and know others' feelings*. In this instance, 44.13% of the variance was explained by the underlying factor; *know most actions turn out okay*. Lastly, the factors in the skills of *positive impression* were extracted. With this basis, KMO = .70, Chi-square = 47.72, df = 10, Significance = .000, the underpinning components to this construct were, *know how to be calm, friendship is important, persist to solve problems and tell people how to feel good*. The variance explained by the underlying factor, *know how to be calm* was accounted for 39.66%.

6.3.2.2 Mother-child interaction

The details of mother-child interaction are presented in a different section of this thesis (*cf.* 1.7.4.3). Mother-child interaction was the second instrument which was composed of two sub-scales containing 25 items. The first sub-scale assessed the conflict resolution skills between the mother and the child and contained 17 items, and the second sub-scale assessed child-mother acceptance which was organised from eight items. Two relatively less meaningful items to the context of Ethiopia were omitted from the lists of items through expert judgment. The first item is '*My mother often does things that I find stupid*' which is from conflict resolution skill. The other item is '*My mother asks me to do things all the time*' from the acceptance scale. Accordingly, 23 items were administered during the pilot test. The reliability analysis was conducted and it was found $r = .81$. Further descriptions of each item and the Factor loading are elaborated below.

Conflict resolution scale: One of the indicators for healthy interaction between a mother and a child is resolving conflict peacefully, in that one should not hurt the other emotionally, but rather be respectful and established empathy. Indeed, being respectful, love-oriented, and having a relationship that is based on mutual understanding, is the pathway to a healthy relationship between children and their parents. This works in different ways. Firstly, this kind of communication prevents the development of resentment at an early stage and allows for the development and sustaining of a healthy relationship. Secondly, it helps to resolve conflicts through negotiation and understanding differences. Based on this premise, 16 items were administered during the pilot test to identify more relevant conflict resolution skills. The findings of the EFA of the items are indicated in the table below.

Table 6.12: Factor load for 16 items MCI (conflict resolution sub-scale) (N = 95)

Conflict resolution	Component			
	1	2	3	4
Believe the child can do anything	.001	.088	.014	-.637
Calls/name mother through respectful words	-.203	.459	.222	-.388
Do things with the consent of mother	-.194	.105	-.333	-.403
Accepts child's idea	.070	.776	-.073	-.040
Understand the child's circumstances	.498	-.147	-.335	.209
Laugh each other	.457	.018	-.446	.187
Solve problems altogether	.005	.779	-.140	-.036
Talks each other	.678	-.166	.206	-.340
Completes mother's order	.719	-.063	-.083	-.060
Considers' child's wish	-.043	-.194	.699	.106
Listens child's idea	.767	-.029	-.077	-.076
Accepts mother's idea	-.202	.054	-.622	-.302
Mother is not boring	-.003	-.089	.393	.536
Like mother's way of explanation and justification	.741	.285	.286	.067
Accepts mother's view and accomplishes it	-.190	-.004	.055	.705
Understands mother's reason for order	.613	.369	-.015	.226

Note: Factor loading < .3 are suppressed. *Conflict resolution skills* (1 = relationship skills, 2 = Common understanding, 3 = visionary perception, 4 = positive regards for mother)

From mother-child interaction scale, *conflict resolution skills* had the KMO = .69, Chi-square = 376.81, df, 120, Significance = .000. Four components were extracted. The underlying factors for component 1 included *understand the child's circumstances, laugh with each other, talks each other, completes the mother's order, listens to the child's idea, understands the mother's reason for the order, and like the mother's way of explanation and justification*. The second component contained two factors, *calls/name mother through respectful words, accepts the child's idea, and solve problems altogether*. The third component is only reflected through one factor and that is, *the mother considers a child's wish*. Yet, the fourth component is demonstrated through two factors such as *the mother is not boring and accepts the mother's view and accomplishes it*.

Based on the Oblimin rotation for the composite scale variance *solve the problem together* contributed 21.12%, *mother accepts child's idea* 18.32%, *mother listens child's view/idea* 8.16%, and *childlike mother's way of explanation and justification* 6.79% respectively. Based on generating an acceptable level of internal consistency among the underlying factors, three underlying factors with the factor loading below the minimum standard were removed from the final list of the instruments. These are *the child does things*

with the consent of the mother, the mother believes the child can do anything, and the child accepts the mother's idea.

Acceptance scale: Acceptance is one of the factors that can determine the interaction between mother and child representing the condition of mother recognition of her child and the child's acceptance of his/her mother. The results of FA are described in Table 6.13 below.

Table 6.13: Factor load for 7 MCI (acceptance sub-scale) (N = 95)

Acceptance	Component	
	1	
Get well	.669	
Advice	.623	
Comfort	.783	
Friendly	.610	
Mother know	.755	
Proud	.705	
Appreciate	.633	

Note: Factor loading < .3 are suppressed. *Acceptance skills (1 = acceptance skills)*

In this regard, the KMO = .84, Chi-square = 177.12, df = 21, Significance = .000. Through the Orthogonal method, all the underlying factors such as *get well*, *advice*, *comfort*, *friendly*, *mother know*, *proud*, and *appreciate* were loaded on a single component. The total variance of 46.50% was meaningfully explained by one underlying factor, *comfort*.

6.3.2.3 Participation in school-based psycho-educational activities

The characteristics of school-based psycho-educational participation were expressed (*cf.* Chapter 1, Section 1.7.4.2). Under this variable self-constructed items were used. Based on the results from the pilot test, the Cronbach Alpha coefficient for this scale, $r = .73$. The detail of the reliability analysis for each item is described in Table 6.14.

Table 6.14: Factor load for 15 items from psycho-educational participation (N = 95)

Psycho-educational activities	Component			
	1	2	3	4
Scouts	.721	.049	-.169	.083
Big brother/sister	.641	.264	-.207	.327
Team sport	.124	-.013	.796	-.059
Individual sport	.137	.694	-.047	-.270
School band	.357	.176	.091	-.543
Drama	.256	.131	-.623	.058
Music	-.129	.847	.042	.047
Crafts	.670	-.128	-.075	-.092
Academic club	.296	-.039	-.158	-.486
Journaling	.723	.044	.162	-.261
Hobby clubs	.304	-.107	-.002	-.459
Mentoring and tutoring	.164	-.137	.234	.789
Volunteering	.710	-.054	-.003	-.057
Religion education	.072	-.155	-.600	-.334
Religious colleagues	.105	-.010	-.690	-.152

Note: Factor loading < .3 are suppressed. *Participation in psycho-educational participation* (1 = Caring skills, 2 = Reclusive skills, 3 = Cooperative skills, and 4 = Academic skills)

Its sampling adequacy, KMO = .81, Chi-square = 435. 24, df = 105, Significance = .000 means that four components were extracted from fifteen indicators. Component one represented as *caring skills* (*journaling, scouts, volunteering, crafts, big brother/sister, school band, and hobby clubs*), component two named as *reclusive skills* (*music and individual sport*), component three known as *cooperative skills* (*team sport*), with the last component represented as *academic skills* (*mentoring/tutoring*). The total variance (58.90%) was significantly explained by *music* (33.77%), *cooperative skills* (9.32%), *mentoring/tutoring* (7.04%), and *journaling* (8.76%). For further understanding, Table 4.8 demonstrates the factor loadings.

Thus, conducting the above qualitative and quantitative assessments on the interview guideline and the questionnaires ensured the reliability and validity of the research instrument, particularly for the participants in the current study. The reliability coefficient for the composite (first-order scale), broadband and narrowband scales as well as for the scales to measure the confounding variables, proved to be of an acceptable level, the sample size for the pilot test was adequate and the relationship between factors in each scale was strong enough to assess each construct.

The pilot test assisted to explore twenty-six underlying factors in the YSR instrument with the eigenvalue greater than one. These factors were social withdrawal (*shy* and *withdrawn*), somatic compliant (*nausea* and *skin problems*), anxiety/depression (*fear doing bad*, *perfect*, *unloved*, *worthless*, and *suspicious*), social problems (*cling*, *prefers younger friends* and *clumsy*), thought problem (*strange ideas*), attention problems (*twitch*, *acts as young* and *poor school performance*), delinquency (*bad companion*, *prefers older friends*, *no guilt feeling*, and *steals at home*), and aggression (*teases*, *destroy own property*, *argues*, *talks much*, *brags*, and *attacks*). As to the conventional method, items with factor loading below .3 were suppressed whereas above it was retained in the original scale. As a result, 75 items remained on the final list of the YSR instrument with four items (*worries*, *sad*, *fearful* and *nervous*), two items from aggression (*disobey at home* and *disobey at school*), three items from social problems (*overweight*, *not get along* and *acts as young*), and three items from attention problem (*nervous*, *sit still* and *daydream*) being removed.

In the emotional intelligence section, there were five indicators with the underlying factor above one eigenvalue. These were intrapersonal skills (*control feeling* and *respect others*), interpersonal skills (*enjoy fun*), stress management (*sure about myself*), adaptive skills (*know most actions turn out okay*), and positive impression (*know how to be calm*). Emotional intelligence had a total of 23 items with a factor loading above point three. Two items, interpersonal skills (*smile*) and positive impression skills (*stay calm*) were omitted. As to the mother-child interaction scale, 16 items (9 from conflict resolution and 7 from acceptance sub-scale) were retained for the final list of items. Based on the eigenvalue, six indicators were found to be relevant indicators and they contributed most to the total variance. Specifically, from conflict resolution skills such as *likes mother's way of explanation and justification*, *accepts mother's idea and completes tasks*, *listens child's view*, *understands mother's view* and *completes mother's order*, as well as acceptance skills (*get well*). Finally, in participation in psycho-educational activities, four underlying factors were explored with the eigenvalue one. These were reclusive skills (*music*), team skills (*team sport*), academic skills (*mentoring/tutoring*), and caring skills (*journalizing*). Again, 11 indicators were found with an acceptable level of the factor loading, whereas *religious colleagues*, *participation in drama*, *religious education*, and *academic clubs* were removed from the final list of items.

6.4 DESCRIPTIVE STATISTICS FOR SEBD VARIABLES: THE MAIN STUDY

Four descriptive statistics were used in the study to scrutinise the instant picture of the data and include the frequency, the range, the mean, and the standard deviations. The frequencies

were drawn by transforming the total score of each variable into two (that is, known as dichotomisation) which is based on the mean index of the variables (*cf.*, Chapter Four: Methodology section – Methods of Data Analysis). The scores greater or equal to the mean were transformed into 1 which was *yes*, while the scores below the mean were transformed into 0 which represented *no*. This common approach was employed to analyse frequencies and the prevalence rate of problems for the continuous data. In addition to the range denoted, the difference between the maximum and the minimum score for each variable provided a rough estimation of the amount of dispersion between the two extremes. The standard deviation denoted the average dispersion of the scores of each variable from the mean. Taking this into account, nine variables are displayed in Table 6.15 below.

Table 6.15: Summary of descriptive statistics for key difficulty variables

Variable	Frequency				Range		Mean	SD
	Yes		No		Min	Max		
	N	%	N	%				
Anxiety/Depression	110	49.8	111	50.2	0	15	5.91	3.90
Somatic complaints	100	45.20	121	54.8	0	15	4.48	3.35
Attention problems	98	44.3	123	55.7	0	11	3.58	2.65
Delinquency	95	43	126	57	0	17	4.90	3.92
Composite SEBD	94	42.5	127	57.5	2	104	36.54	21.24
Aggression	92	41.6	129	58.4	0	26	8.19	5.74
Social problems	87	39.4	134	60.6	0	9	2.38	1.96
Thought problems	84	38	137	62	0	10	3.04	2.45
Social withdrawal	80	36.2	141	63.8	0	14	4.07	2.78

Table 6.15 reveals the dichotomous frequency of participants who said ‘*yes*’ or *I experience this problem* and ‘*no*’ or *I do not experience this problem*. Based on this response, the majority, 49.80% of the participants reported that they experienced anxiety/depression, 45.20% somatic complaints, 44.30% attention problems, 43% delinquency, and 41.60% aggression. The mean index shows, the scores of withdrawal, social, thought, and attention problems appeared relatively close to their mean compared to the scores of the test variables. The range and the standard deviation prove relatively high variability within the scores of aggression, delinquency, somatic complaints, and withdrawal respectively.

6.5 DESCRIPTIVE STATISTICS FOR SEBCs VARIABLES: THE MAIN STUDY

The frequency, the range, the mean, and the standard deviations of competency variables (i.e., participation in sports activities, hobby activities, community roles, household chores, and daily activities) were conducted. The frequency was conducted by transforming the total score of the variables based on the mean index. The results are demonstrated in Table 6.16.

Table 6.16: Summary of descriptive statistics for the competency variables

Variable	Frequency				Range		Mean	SD
	Yes		No		Min	Max		
	N	%	N	%				
Social interaction	163	73.8	58	26.2	0	9	6.32	6.32
Composite daily activities ¹⁰	115	52.0	106	48.0	6	43	21.35	21.35
Sport activities	110	49.8	111	50.2	0	14	5.26	5.26
Hobby activities	104	47.1	117	52.9	0	15	5.30	5.30
Household chores	80	36.2	141	63.8	0	9	3.93	3.93
Community roles	3	1.4	218	98.6	0	6	.53	.53

Regarding the competencies, 52% of young adolescents reported that they participate in different types of daily activities. The prevailed area of participation in daily activities among the young adolescents was evident in social interaction which accounted for 73.8%, while participation in sports activities constituted 49.8%. Conversely, very few young adolescents reported that participation in community roles is 1.4%.

6.6 DESCRIPTIVE STATISTICS FOR CONFOUNDERS: THE MAIN STUDY

The frequency, the range, the mean, and the standard deviations of three variables were conducted. The variables were emotional intelligence, psycho-educational participation, and mother-child interaction. The methods of calculating the overall frequency of each variable were through transforming the total score of the variables based on the mean index. The results are demonstrated in the following table.

Table 6.17: Descriptive statistics for the confounding variables

Variable	Frequency				Range		Mean	SD
	Yes		No		Min	Max		
	N	%	N	%				
Emotional intelligence	116	52.5	105	47.5	2	46	26.15	9.25
Mother-child interaction	115	52	106	48	4	38	21.94	7.83
Psycho-educational participation	100	45.25	121	54.75	2	20	10.13	3.27

Concerning the confounding variables, 52.5% of the participants said that they had emotional intelligence, 52% suggested that they have good interaction with their parents and 47.50% have involved themselves in psycho-educational activities. About the mean scores, the highest average result was obtained between the scores of emotional intelligence, followed by

¹⁰ Daily activity is the sum result of sport, hobbies, community roles, household chores and social interaction.

mother-child interaction. However, a large range and standard deviations were found among the scores of emotional intelligence followed by the scores of mother-child interactions.

6.7 THE CORRELATIONS BETWEEN THE MAIN STUDY VARIABLES

The correlation coefficients represented the relationship between the twelve study variables. These were young adolescents' SEBCs expressed as participation in daily activities. Again, SEBDs were articulated in terms of aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems, social withdrawal, and composite SEBDs. Additionally, confounding variables are emotional intelligence, psycho-educational participation, and mother-child interaction. Several relationships were explored between these study variables. Table 6.18 further describes the findings.

Table 6.18: Correlation among key variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
Withdrawal	-												
Somatic complaints	.622**	-											
Anxiety/depression	.615**	.590**	-										
Social problems	.515**	.465**	.515**	-									
Thought problems	.519**	.542**	.551**	.467**	-								
Attention problems	.520**	.455**	.580**	.582**	.577**	-							
Delinquency	.615**	.499**	.504**	.501**	.612**	.552**	-						
Aggression	.585**	.550**	.586**	.523**	.610**	.574**	.771**	-					
Emotional intelligence	-.057	-.038	.045	-.017	-.034	-.073	-.178**	-.114	-				
Psycho-educational role	.028	.093	.065	.002	.074	-.027	.017	.074	.241**	-			
Mother –Child interaction	-.010	.039	.038	-.096	-.007	-.163*	-.174**	-.164*	.610**	.323**	-		
Total SEBD	.786**	.750**	.792**	.688**	.763**	.748**	.830**	.873**	-.084	.059	-.095	-	
Daily activity	-.145*	-.063	-.094	-.166*	-.109	-.215**	-.217**	-.193**	.038	.175**	.026	-.193**	-

** $p < 0.01$, * $p < 0.05$

Legend: N = 221, Social withdrawal = 1, Somatic complaints = 2, Anxiety/Depression = 3, Social problems = 4, Thought problems = 5, Attention problems = 6, Delinquency = 7, Aggression = 8, Daily activity = 9, Emotional intelligence = 10, Psycho-educational participation = 11, Mother-child interaction = 12

Based on the descriptions presented in Table 6.18, significant positive correlations were found between each socio-emotional and behavioural difficulty. Strong significant positive correlation was found between aggression and delinquency ($r = .77$), social withdrawal and somatic complaints ($r = .62$), somatic complaints and anxiety/depression ($r = .62$), social withdrawal and delinquency ($r = .62$), delinquency and thought problems ($r = .61$), thought problems and aggression ($r = .61$). A moderate significant positive correlation was obtained between the majorities of the variables. For example, between aggression and social withdrawal ($r = .59$), aggression and anxious-depressive ($r = .59$). On the other hand, a strong positive correlation was found between the total SEBD scale and nearly all of the sub-scales except social problems ($r = .69$).

The relationship between the difficulty scales, competency scale, and confounding variables was examined. The finding demonstrated that positive correlations were found between the competency scale and confounding variables. For example, the relationship between daily activity and psycho-educational participation was significantly positive ($r = .18$). On the other hand, the relationship between each confounder was strongly positive; for example, the correlation between emotional intelligence (EI) and mother-child interaction (MCI) ($r = .61$).

Based on the findings from the correlation analysis, positive correlations were found between each difficulty scale. In the same way, a positive correlation was found between each confounding variables (emotional intelligence, psycho-educational participation, and mother-child interaction). In contrast, the relationship between difficulty factors and competency factors, difficulty factors, and confounding factors was negative. The results implied that opposing factors (that is, difficulty factors and competency factors) were negatively correlated to one another. On the other hand, those factors that complement one another (that is, competency factors and confounding factors) were correlated positively.

6.8 DESCRIPTION OF THE DATA FOR THE MAIN STUDY

Normality tests were conducted to provide graphic evidence regarding the concentration of the data across the normal curve. Normality tests assist in discovering the gaps in the data, tracing the outliers, and providing information on whether the distribution was skewed or symmetrical, in line with the assumption that 50% of the data is concentrated in the middle of the distribution. Box plotting is one form of investigating the normality of the data and detecting the outliers in the distribution of the scores. Box plotting organises the data into four categories. These are the scores below the 25th quartile, 25th to 50th, 50th to 75th, and

above the 75th quartile. With this understanding, the raw score of difficulty variable daily activities, and confounding variables were undertaken. The results of each variable are demonstrated in the following section.

6.8.1 Normality Test for the Socio-Emotional and Behavioural Difficulty Variables

Socio-emotional and behavioural difficulty variables are nine. These are SEBD as a global scale, comprising the sum of the eight sub-scales from Achenbach (1991) incorporating withdrawal, somatic complaints, attention problems, thought problems, social problems, delinquency, anxiety/depression, and aggression. The result is demonstrated in Figure 6.1.

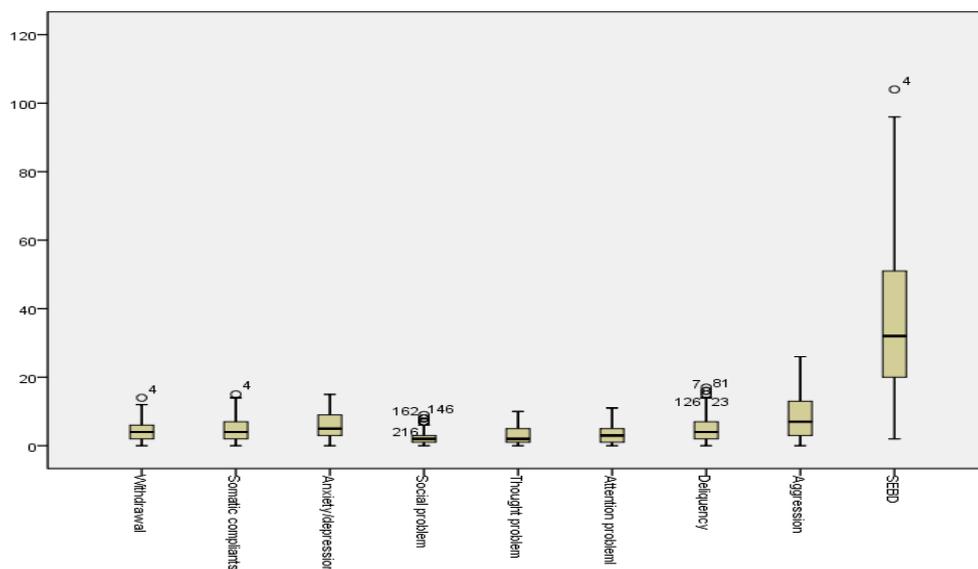


Figure 6.1: Box plotting for the difficulty scale

Figure 6.1 represents the box plotting of the eight difficulty scales and the global scale (SEBD). There are no outlier scores on the graph regarding the variables of aggression, attention problem, anxiety/depression, and thought problems. Only one score was found to be above the 75th quartile for the variables socio-emotional and behavioural difficulty (SEBD), somatic complaints, and withdrawal. Delinquency had four scores, yet social problems had three scores above the 75th quartile. The data of this study appeared to be normally distributed, in that the data was appropriate to run the model quartile proportional test (*cf.*, Chapter 4, Sections 4.6.1 and Chapter 4, Section 4.6.5.2).

6.8.2 Normality Test for Competency Variables

Competency variables included five specific and one total variable. The total variable was a daily activity, which was composed of five specific variables, namely participation in sports

activities, hobbies, community roles, household chores, and social interaction. The score of the daily activity was the sum result of the five variables mentioned in the preceding statements. The results of each variable are demonstrated in the following figure.

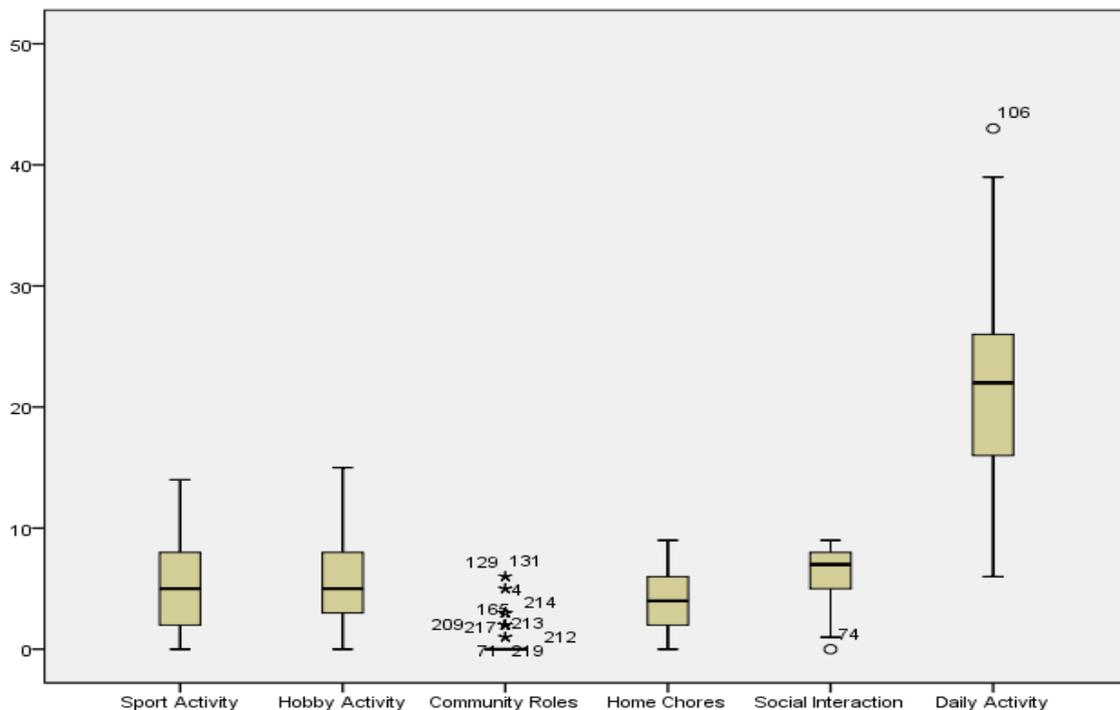


Figure 6.2: Box plotting for the competency scale

Figure 6.2 has no outlier score regarding the variables of sports activity, hobby activity, and home chores. One score presented below the 25th percentiles regarding the variable social interaction and one score was found to be above the 75th percentiles for the variable daily activity. The community role variable had nine scores above the 75th percentiles and three scores below the 25th percentiles. The above information regarding the distribution of the scores except community role appeared to be normally distributed and fit for further statistical analysis. In fact, the data for community role emerged as right-skewed, yet it was tolerable to combine it with the rest of the data to generate the composite score of daily activity. The reason is the variable daily activity is a composite variable that sums up participation in sport, hobby, household chores, community, and social interaction. Except for the variable community engagement, the data is relatively normally distributed with the rest of the variables. Hence, instead of omitting the nine participants above the 75th percentile on “community role” it had better keep them in the sample list. Unless removing these participants leads to a reduced number of participants which in turn reduces the sample size and impinges the adequacy of a sample size to respond to the research questions.

6.8.3 Normality test for confounding variables

Three variables were considered as confounders to ensure homogeneity among the study participants in Phase 3. These were emotional intelligence, psycho-educational participation, and mother-child interaction. About the rest of the variables, the distribution of the data was tested through box plotting and the result was demonstrated in the following figure.

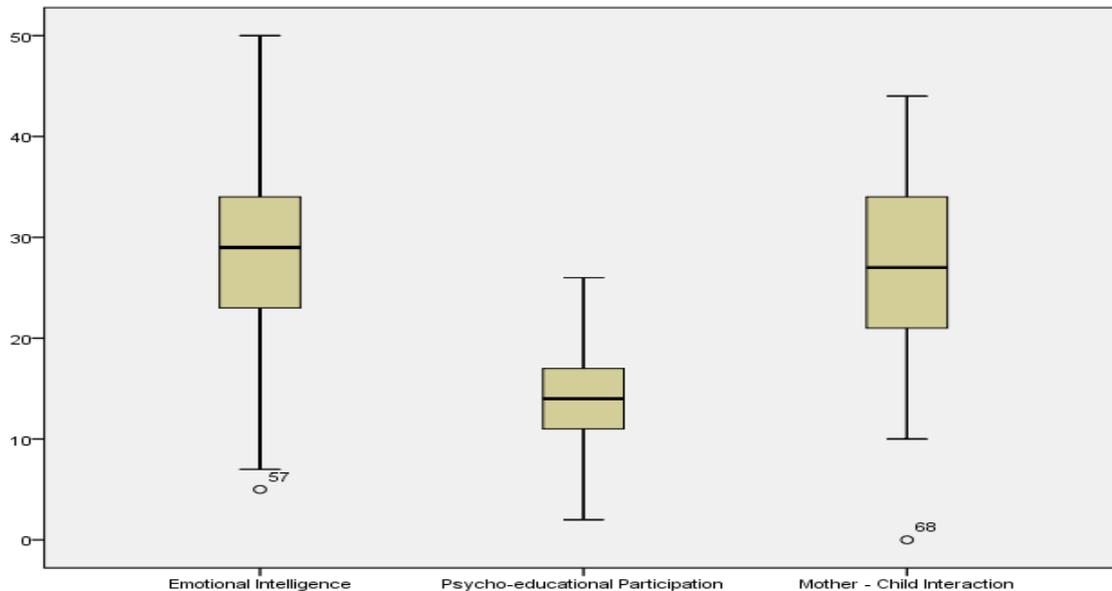


Figure 6.3: Box plotting for the confounding variables

Evidence from the Figure6.3 shows that one score was found below the 25th percentiles from each of emotional intelligence and mother-child interaction. Accordingly, it was concluded that the distribution of the data was relatively symmetrical and it allowed for conducting further inferential analysis with the given statistical model.

6.9 SCALE DESCRIPTION AND THE RELIABILITY OF THE SCALES

As per literature, the sample for the pilot test requisites was representative of the study population and the same inclusion and exclusion criteria were used as in the sample of the main study (Thabane et al., 2010). Quantitatively pilot sample size is dependent upon the population size. For example, Connelly (2008) suggests that 10% of the population size is adequate for the pilot test sample size. Hence, in the current study, the sample size for the pilot test which is an external pilot test was 95 participants resulting in the proportion of the pilot sample to the population size 95:409 or 23%. The following sections describe the scales used to assess SES competencies, SEBDs, and confounders.

6.9.1 Socio-Emotional and Behavioural Competencies

The Youth Self-Rating (YSR) questionnaire includes questions about involvement in daily activities. These questions are open-ended and probe the participants to identify self-referenced activities based on their best interest (denoted as SEBC, or competencies of participation in daily activities). The daily activities include participation in sport, leisure/hobby, household chores, community engagement, and social/relationship skills. No question was included regarding the academic performance of the participants in the current study because promoting the academic performance of the students' needs exclusive intervention methods such as tutorial and mentoring and as a result, tutorial and mentoring were not applied as intervention techniques in the current study. Accordingly, the involvement of the participants only in terms of daily activities was considered and the face validity of the items was evaluated qualitatively without ordinal scale measurement.

6.9.2 Socio-Emotional and Behavioural Difficulty Scale

Eight core socio-emotional and behavioural difficulty scales were considered in the current study from the Achenbach (1991): YSR 11-18. The scales include aggression, anxious-depressive, attention deficit, delinquency, social problems, somatic complaints, thought problems, and withdrawal. The core difficulty scale is organised into five groupings. The internalising scale contains the sum of the scores of anxious-depressive, somatic complaints, and withdrawal. Secondly, the externalising scales comprised the sum of the scores on aggression and delinquency. The remaining scales are stand-alone scales such as social problems, thought problems, and attention problems. The internalising, externalising, and stand-alone scales generate a total difficulty scale which is organised into a three-point checklist: 0 = not true in the last six months, 1 = Sometimes true in the last six months and 2 = often true in the last six months. Some of the illustrative items from the scale are: *I destroy things belonging to others*, *I am mean to others*, and *I feel lonely*. Accordingly, the results of the pilot test regarding the SEBD scales are demonstrated in Table 6.19.

Table 6.19: The psychometric qualities for gross and sub-SEBD scales

Scale name	Total items before deletion of items with low factor load	Total items after deletion of items with low factor load	Cronbach alpha for the final items
Composite socio-emotional and behavioural difficulty scale(YSR 11-18)	86	74	.90
Broad band scales	-	-	-
Internalised scale	30	26	.89
Externalized scale	32	30	.86
Stand alone scales(social, thought and attention problems)	24	18	Not done as composite
Narrow band scales	-	-	-
Social withdrawal	7	7	.70
Somatic complaints	9	9	.82
Anxiety-depression	14	10	.77
Social problems	8	5	.61
Thought problems	6	6	.71
Attention problem	10	7	.74
Delinquency	12	12	.62
Aggression	20	18	.85

The psychometric qualities of socio-emotional and behavioural difficulty scales were determined through the pilot test. The internal consistency coefficient for the global scale, internalised scale, externalised scale, and other narrowband scales such as somatic complaints, anxious-depressive, attention problems, and aggression, were found to be superior compared to a conventionally accepted margin. The literature suggests that an instrument needs to have internal consistency between .70 to .90 (Tavakol & Dennick, 2011). The other scales such as social withdrawal and thought problems were found close to the bottom margin of the guideline. Although the internal consistency for social problems and delinquency were found to be below the conventional margin (.70), these clusters of SEBDs are retained. The first reason, the coefficients of these two variables are close to the lower bound (that is, .70, as per the coefficient set by the rule of thumb. On the other hand, Sekaran and Bougie (2016) indicate that even .60 is acceptable particularly for the adapted instrument.

6.9.3 The scales to assess confounders

Three variables were considered as confounding variables in the current study. These are emotional intelligence; school-based psycho-educational participation and mother-child interaction. The validity and reliability of these scales were assessed during the pilot test and the results were depicted in the coming sections.

6.9.3.1 Emotional intelligence

Emotional intelligence was assessed by *the Emotional Quotient Inventory: Youth Version* (EQi: YV) (Bar-On & Parker, 2000). This scale was preferred because it is brief and composed of 30 self-referenced items developed for the youth from seven to 18 years of age. The instrument contains five categories of sub-scales such as intrapersonal, interpersonal, adaptability, stress management, and general mood or positive impression. Each sub-scale contains six items resulting in 30 self-referenced total items in the overall scale which are rated on a 3-point scale (that is, 1 = Never true for me, 2 = Seldom true for me, 3 = Sometimes true for me, 4 = Often true for me, 5 = Very often true for me) and adapted into 3-point scale (0 = Never true of me, 1 = Sometimes true of me and 2 = Often true of me) to fit to the understanding level of the current participants. Some exemplary items included, *I am good at understanding the way other people feel*, *I am happy and it is hard to talk about my deep feelings*. The psychometric quality of the instrument was tested and it was found to be adequate (that is, .84) to demonstrate each item was consistently to assess the variable.

6.9.3.2 School-based psycho-educational participation

To measure young adolescents' participation in psycho-educational areas, eight thematic aspects were considered which are participating in youth development programs, sports, arts, crafts, interest clubs, volunteering, religious activities, and paid works (Zarrett et al., 2007). To measure these constructs, a self-constructed questionnaire with eighteen items with a three-point scale consisting of 0 = Do not participate at all, 1 = occasionally participate, 2 = often participate, was used. Examples of items included to measure psycho-educational participations were: *I have participated in Youth Development Programs* (for example, boys/girls scout, big brother/sister, boys/girls club), *I have participated in a team sport* (for example, football), and *I have acquired skills from my participation in individual sports* (for example, tennis, martial art). The instrument to assess participation in *psycho-education tasks* is self-constructed, yet its psychometric qualities are ensured through the pilot test. The result was .73 which is sufficient to explain the presence of homogeneity within the items.

6.9.3.3 Mother-child interaction

Regarding mother-child interaction, an instrument from a young adolescents' version of a questionnaire was adapted from Lange et al. (2002). The young adolescents were asked about how they often experience certain behaviour/feelings with their mother by choosing five response categories, 0 = *never*, 1 = *hardly ever*, 2 = *sometimes*, 3 = *almost always*, and 4 =

always. Sample items include: *My mother thinks that I cannot do anything for myself* and *No matter what my mother says, I still do what I want*. This was later adapted to 3-point scale (that is, 0 = *Never true for me*, 1 = *Sometimes true for me* and 2 = *Often true for me*). The psychometric qualities were tested and it was found that adequate (that is, .81) to reveal that each item consistently assessed the construct under consideration.

6.10 FREQUENCIES FOR EACH SEBD SUB-SCALES

Eight specific variables of difficulties experienced by young adolescents include social withdrawal, somatic complaints, anxious-depressive, attention-deficit/hyperactive problems, thought problems, social problems, delinquency, and aggression. For simplicity of understanding, the three scores from the list of indicators are rated as “*often true*” was considered for discussion. The remaining responses can be obtained from the tables.

6.10.1 Withdrawal

Withdrawal is one of the YSR difficulty sub-scale. This sub-scale consisted of seven items in the original scale and is depicted in Table 6.20. All items are endorsed through the pilot test.

Table 6.20: Frequency of responses to withdrawal sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Rather be alone	112	50.7	79	35.7	30	13.6	221	100
2	Won't talk	89	40.3	25	11.3	25	11.3	221	100
3	Secretive	92	41.6	74	33.5	55	24.9	221	100
4	Shy	100	45.2	86	38.9	35	15.8	221	100
5	Underactive	163	73.8	44	19.9	14	6.3	221	100
6	Sad	125	56.6	71	32.1	25	11.3	221	100
7	Withdrawn	153	69.2	48	21.7	20	9.0	221	100

From the social withdrawal scale *secretive*, *shy*, and *rather be alone* appeared to prevail amongst the young adolescents compared to the rest of the indicators in the scale. That is, *secretive* accounted for 24.9%, *shy* 15.8%, and *rather be alone* 13.6%.

6.10.2 Somatic Complaints

Somatic complaints consisted of nine items in the YSR where all of them have remained in the final lists of the scale because all the items had better factor loading during the pilot test. The items with the frequencies of responses are displayed in Table 6.21.

Table 6.21: Frequency of responses to somatic compliant sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Dizziness	120	54.3	75	33.9	26	11.8	221	100
2	Tired	114	51.6	79	35.7	28	12.7	221	100
3	Somatic aches	129	58.4	74	33.5	18	8.1	221	100
4	Headaches	104	47.1	92	41.6	25	11.3	221	100
5	Nausea	147	66.5	61	27.6	13	5.9	221	100
6	Eye problems	176	79.6	35	15.8	10	4.5	221	100
7	Skin	149	67.4	58	26.2	14	6.3	221	100
8	Stomach	95	43.0	92	41.6	34	15.4	221	100
9	Vomit	145	65.6	64	29.0	12	5.4	221	100

Among the nine items, somatic complaints include *stomach ache*, *getting tired* and *dizziness* are likely to be persistent among young adolescents. The findings from the participants demonstrated that stomach ache constituted 15.4%, getting tired 12.7%, and dizziness 11.8%.

6.10.3 Anxious-Depressive

Anxious-depressive problems consisted of fourteen indicators in the YSR. Pilot testing resulted in four items being omitted, which meant that the final data analysis was conducted based on ten indicators. These relevant indicators are described in Table 6.22 below.

Table 6.22: Frequency of responses to anxious - depressive sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Lonely	133	60.2	52	23.5	36	16.3	221	100
2	Cries	133	60.2	52	23.5	36	16.3	221	100
3	Fear doing bad	116	52.5	76	34.4	29	13.1	221	100
4	Perfect	85	38.5	83	37.6	53	24.0	221	100
5	Unloved	126	57.0	61	27.6	34	15.4	221	100
6	Not go out	122	55.2	81	36.7	18	8.1	221	100
7	Worthless	135	61.1	56	25.3	30	13.6	221	100
8	Guilty	106	48.0	87	39.4	28	12.7	221	100
9	Suspicious	112	50.7	78	35.3	31	14.0	221	100
10	Self-conscious	150	67.9	52	23.5	19	8.6	221	100

From the given lists of anxious-depressive symptoms indicated on the table, the items *that attempt to be perfect*, *lonely*, and *crying* were more common symptoms than the rest. *Attempt to be perfect* constituted 24%, *lonely* 16.3%, and *crying* 16.3%.

6.10.4 Social problems

Social problem includes eight indicators, among which three indicators were removed after the pilot test due to low factor loading or less than .30, among which five indicators remained in the final data analysis. The responses are as reported in Table 6.23.

Table 6.23: Frequency of responses to social problems sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Clings	157	71.0	43	19.5	21	9.5	221	100
2	Teased	136	61.5	63	28.5	22	10.0	221	100
3	Not liked	152	68.8	49	22.2	20	9.0	221	100
4	Clumsy	139	62.9	61	27.6	21	9.5	221	100
5	Prefers younger friends for friendship	111	50.2	80	36.2	30	13.6	221	100

Within social problems, young adolescents were more likely to experience the symptoms of *preferring children younger than age mates*, *teasing*, *clumsy*, and *clings*. Preference for friends of a younger age accounted for 13.60%, teasing 10%, clumsy 9.5%, and clings 9.5%.

6.10.5 Thought problems

Regarding thought problems, all six items from the original YSR scale were considered. Good factor loading coefficients entitled each item to be eligible to assess the construct thought problem. Table 6.24 describes these items and the frequencies of responses.

Table 6.24: Frequency of responses to thought problem sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Mind off	110	49.8	78	35.3	33	14.9	221	100
2	Hear things that do not exist	130	58.8	68	30.8	23	10.4	221	100
3	Repeats acts	119	53.8	83	37.6	19	8.6	221	100
4	Sees things that do not exist	167	75.6	38	17.2	16	7.2	221	100
5	Strange behaviour	143	64.7	55	24.9	23	10.4	221	100
6	Thinks strange ideas	124	56.1	73	33.0	24	10.9	221	100

Four specific symptoms, *mind off*, *strange ideas*, *strange behaviours*, and *hearing unusual voices* were found to be more than the others. Each constitutes different proportions; that is, mind off 14.9%, strange ideas 10.9%, strange behaviour 10.4%, and hearing things 10.4%.

6.10.6 Attention-Deficit/Hyperactivity Disorder

Attention deficit contained ten indicators in YSR. Only seven items were endorsed after the pilot test. The frequency distribution of each item is depicted in Table 6.25.

Table 6.25: Frequency of responses to attention deficit/hyperactivity sub-scale

No	Items	Not true(0)		Occasionally true (1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Acts as young /shows immature behaviour	140	63.3	64	29.0	17	7.7	221	100
2	Can't concentrate/pay attention	87	39.4	89	40.3	45	20.4	221	100
3	Appears confused	153	69.2	46	20.8	22	10.0	221	100
4	Impulsive	125	56.6	69	31.2	27	12.2	221	100
5	Twitch/involuntary muscle movement	153	69.2	50	22.6	18	8.1	221	100
6	Poor school activity	128	57.9	74	33.5	19	8.6	221	100
7	Clumsy	138	62.4	63	28.5	20	9.0	221	100

Experiencing a lack of *concentration*, becoming *impulsive*, and feeling *confused* were usually reported by young adolescents. Lack of concentration comprised 20.4%, becoming impulsive 12.2%, and confusion was 10.00%.

6.10.7 Delinquency

Among the fourteen delinquency items in the YSR twelve were retained in the final lists. The frequency of the ten indicators is outlined on Table 6.26 below.

Table 6.26: Frequency of responses to delinquency sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Doesn't feel guilty	123	55.7	54	24.4	44	19.9	221	100
2	Doesn't get along well with others	129	58.4	66	29.9	26	11.8	221	100
3	Lie/cheat	120	54.3	79	35.7	22	10.0	221	100
4	Prefers older peers	107	48.4	76	34.4	38	17.2	221	100
5	Run away	169	76.5	35	15.8	17	7.7	221	100
6	Set fires	180	81.4	28	12.7	13	5.9	221	100
7	Steals from home	173	78.3	35	15.8	13	5.9	221	100
8	Steal out of home	173	78.3	36	16.3	12	5.4	221	100
9	Swears	143	64.7	57	25.8	21	9.5	221	100
10	Thinks about sex	170	76.9	39	17.6	12	5.4	221	100
11	Drug use/abuse	182	82.4	30	13.6	9	4.1	221	100
12	Truancy	146	66.1	56	25.3	19	8.6	221	100

Among the ten indicators of delinquent behaviour, *lack of guilt* for being involved in bad actions, tendency to *choose older friends*, and having *bad companions* were more likely to persist among the participants of this study. Lack of guilt for being involved in bad actions constituted 19.9%, choosing older friends 17.2%, and having bad companions 11.8%.

6.10.8 Aggression

Twenty items from YSR were compiled, amongst which two items were removed through pilot testing. The final list of items with their respective frequency is indicated in Table 6.27.

Table 6.27: Frequency of responses to aggression sub-scale

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Argues	71	32.1	118	53.4	32	14.5	221	100
2	Braggs	143	64.7	63	28.5	15	6.8	221	100
3	Mean	179	81.0	30	13.6	12	5.4	221	100
4	Demands attention	154	69.7	46	20.8	21	9.5	221	100
5	Destroy own property	140	63.3	60	27.1	21	9.5	221	100
6	Destroy others property	172	77.8	34	15.4	15	6.8	221	100
7	Jealous	151	68.3	53	24.0	17	7.7	221	100
8	Fight	136	61.5	69	31.2	16	7.2	221	100
9	Attacks	136	61.5	69	31.2	16	7.2	221	100
10	Screams	142	64.3	63	28.5	16	7.2	221	100
11	Shows off	155	70.1	52	23.5	14	6.3	221	100
12	Stubborn	154	69.7	44	19.9	23	10.4	221	100
13	Mood changes	118	53.4	78	35.3	25	11.3	221	100
14	Talks too much	96	43.4	102	46.2	23	10.4	221	100
15	Teases others	154	69.7	50	22.6	17	7.7	221	100
16	Temperamental	121	54.8	69	31.2	31	14.0	221	100
17	Threatens others	142	64.3	59	26.7	20	9.0	221	100
18	Loud	153	69.2	52	23.5	16	7.2	221	100

Amid the salient features of aggression problems, frequent *arguing*, being *hot-tempered*, and *mood swings* were mentioned. The majority of the participants reported *frequent arguing* which accounted for 14.5%, *hot-tempered* 14%, and *mood changes* 11.3%.

6.11 FREQUENCIES OF COMPETENCY SCALES

The socio-emotional and behavioural competencies were previously discussed (*cf.* Chapter 1, Section 1.7.3 Socio-emotional and behavioural competencies: Daily activities). The descriptive statistics for the competency variables were computed and based on Achenbach's (1991) indicators, the competencies in the current study were represented as participation in daily activities. The daily activities were composed of young adolescents' participation in

five components. The first domain includes participation in sports activities including playing football, rope jumping, cycling, and swimming. The second area addressed involvement in hobbies such as playing music, pull, play station, reading books, and others. The third element highlighted community roles such as taking part in mini-media, traffic law sensitization, library, and others. The fourth area was participation in household chores, for example, cooking, bed cleaning, child caring, utensil, house, and compound cleaning. The last was concerned with social interaction where the relationship with siblings, other kids, parents, and other individuals were addressed.

The choice of competencies, as expressed on the YSR, is self-referenced. All competency variables are open-ended to the participants. That means participants mention their interest sequentially like a hobby (Hobby 1, Hobby 2, and Hobby 3) based on their interest and participation tendency. At the same time, they rate their competency in terms of participation in each particular hobby. For instance, a participant has the following choice. Hobby 1: Music, Hobby 2: Pull playing, and Hobby 3: Enjoying play station with the participant rating his/her competency to each of the hobbies. However, this is not working for another participant because the interest of another participant perhaps quite a different hobby; for example, hobby 1: reading fiction, hobby 2: Watching the film, and hobby 3: Supporting family. Accordingly, the point to be noted here is not the type of hobby that each participant has been involving but rather their competency level of each selected set of SEBCs.

6.11.1 Participation in sport activities

Participation in sports activities includes youth involvement in various sport-related activities. These sports activities are commonly distinguished found both across the globe and locally. For example, sports activities globally recognised, yet practiced across different parts of the world include volleyball, basketball, cycling, dancing, fishing, football, rope jumping, push up, running, swimming, tennis table, and handball. Locally practiced sports activities are preferred by certain groups of young adolescents such as *dimo*, *laklakicho*, *abarosh*, *mehalgebi*, and many more other sporting activities. About the assessment procedures, based on the YSR, the young adolescents were asked to rank three-sport activities that they daily enjoy. Simultaneously, they were advised to write their level of competencies in each sports engagement. Table 6.28 provides further information.

Table 6.28: Summary of frequencies for sport activities

Sport category	Level of self-expression in sport competencies								Total	
	Do not participate(0)		Fairly competent(1)		Moderately competent(2)		Strongly competent(3)			
	N	%	N	%	N	%	N	%	N	%
Sport 1	46	20.8	51	23.1	66	29.9	58	26.2	221	100
Sport 2	110	49.8	43	19.5	45	20.4	23	10.4	221	100
Sport 3	156	70.6	26	11.8	22	10.0	17	7.7	221	100

Three self-referenced sports activities were chosen by the participants as their own sports activity and then rated for their competency in each sports activity. Taking into account Sport 1, the majority of the participants (29.90%) reported that their competency level was moderate in the type of sports activity they mentioned. With Sport 2 and Sport 3, most of the participants (49.80% and 70.60%) reported that they did not have a second and third choice of sports activity). The conclusion from the finding that the majority of the participants have been involving only one type of sports activity. Secondly, even their competency level of their first choice of sports activity was moderate which could mean that they devote their time and energy only to one type of sports area.

6.11.2 Hobbies

Participation in hobbies was the second organising theme for daily activities. The research participants listed diverse hobbies as their first choice, second choice, and third choice. The kind of hobbies included attending spiritual (church) services, playing jot-ony, watching DSTV, playing pool, engaging in private revenue-generating activities, enjoying with play station, gym participation, music/song listening, chatting with peers, watching films, caring for domestic animals, and other activities. Each of the participant competencies on different hobbies was assessed on a four-point scale (0 = Do not have a hobby at all, 1 = have a hobby, yet fairly competent in it, 2 = have a hobby, yet moderately competent in it, and 3 = have and strongly competent in it). The summary of the response is demonstrated in Table 6.29.

Table 6.29: Summary of frequencies for hobby activities

Hobby category	Level of self-expression in hobby competencies								Total	
	Do not participate(0)		Fairly competent(1)		Moderately competent(2)		Strongly competent(3)			
	N	%	N	%	N	%	N	%	N	%
Hobby 1	52	23.5	48	21.7	79	35.7	42	19.0	221	100
Hobby 2	119	53.8	37	16.7	33	14.9	32	14.5	221	100
Hobby 3	182	82.4	13	5.9	13	5.9	13	5.9	221	100

Table 6.29 indicates participant engagement in different hobbies is displayed. With Hobby 1, the majority of the participants (35.70%) reported that their competency level was moderate. In responding to Hobby 2 and Hobby 3, most participants (53.80% and 82.40%) reported they did not have a hobby. So, the result suggests that the majority of the participants only have a single hobby and their competency is also moderate.

6.11.3 Community roles

The contribution of the research participants within their community is considered as one component to discharge responsibilities in their daily activities. The areas of community roles involved the football club, creativity association, cycling club, dance club, HIV and AIDS club, mini-media club, library club, child parliament club, peace club, scout club, Sunday school chanting, traffic accident management club, and youth club. Their competencies were assessed on a four-point scale (0 = do not have community role at all, 1 = have community role, yet fairly competent in it, 2 = have community role, yet moderately competent in it, and 3 = have community role and strongly competent in it). The summary of the responses is demonstrated in the following table.

Table 6.30: Summary of frequency for community roles

Category of community Role	Level of self-expression in community roles competencies								Total	
	Do not have community role(0)		Fairly competent(1)		Moderately competent (2)		Strongly competent (3)			
	N	%	N	%	N	%	N	%	N	%
Community Role 1	175	79.2	9	4.1	18	8.1	19	8.6	221	100
Community Role 2	210	95.0	5	2.3	1	.5	5	2.3	221	100
Community Role 3	216	97.7	2	.9	2	.9	1	.5	221	100

Table 6.30 demonstrates the community roles that the participants chose and engage in the course of their life. The results show that the majority of the participants did not participate in any community roles. That is to say, they did not have any first choice, second choice, or third choice community roles. Specifically, 79.20% of the participants did not have a first choice community role and also, 95.00% and 97.70% of the participants reported that they did not participate in either a second and third choice community engagement.

6.11.4 Household chores

The young adolescents were asked to describe three household chores that they frequently engage with their level of competency. These young adolescents listed diverse chores which included the house and bed cleaning, compound cleaning, boiling coffee, *injera*, and bread

baking, child caring, wood chopping, clothes washing, caring for domestic animals particularly donkeys, food preparation particularly dish catering, working in a garage and car washing, shopping, engaging in handcraft, utensil cleaning, water fetching, and shoe shining. Their competencies were assessed on a four-point scale (0 = do not involve themselves in household chores at all, 1 = engage in household chores, yet fairly competent in it, 2 = involved in household chores, yet moderately competent in it, and 3 = involved in household chores and strongly competent in it). The summary of the responses is presented in the following table.

Table 6.31: Summary of frequencies for household chores

Household chore category	Level of self-expression on household chores competencies								Total	
	Do not participate(0)		Fairly competent(1)		Moderately competent(2)		Strongly competent(3)			
	N	%	N	%	N	%	N	%	N	%
Chore 1	28	12.7	44	19.9	46	20.8	103	46.6	221	100
Chore 2	58	26.2	32	14.5	46	20.8	85	38.5	221	100
Chore 3	95	43.0	27	12.2	29	13.1	70	31.7	221	100

Table 6.31 shows that most of the participants (46.6%) were strongly competent in the household chores that they mentioned as Household Chore 1. Secondly, 38.5% of the participants were competent enough on their second choice, and 31.7% of the participants were found to be competent in their third household chore. Generally, participation in household chores appeared to be the most chosen part of daily activity for the participants. It is really interesting to have this kind of positive involvement of young adolescents in household chores particularly for the wellbeing of socio-emotional and behavioural life. However, this involvement might be due to several factors (*cf.* Chapter 6, Sections 6.2.1 Background information of young adolescents and 6.2.2 Background information about the parents of young adolescents). The life circumstance of both the young adolescents and their parents force young adolescents to become engaged in household duties particularly to generate their livelihood.

6.11.5 Social interaction

Achenbach's (1991) Youth Self-Rating (YSR) has a domain of items that assist in discovering young adolescents' tendency of interacting with different groups of individuals, which is aimed at scrutinising the competencies of the young adolescents' functioning within different social levels. The social levels include interaction with siblings, interaction with peers, interaction with parents, and doing things alone. Based on this understanding, the

young adolescents' competency of social functioning was investigated. The competencies were assessed on a four-point scale (0 = do not interact at all, 1 = interact, yet fairly competent in it, 2 = interact, yet moderately competent in it, and 3 = interact and strongly competent in it). The summary of the responses is demonstrated in the following table.

Table 6.32: Summary of frequencies for social interaction

Areas of social interaction	Level of self-expression on social interaction								Total	
	Do not interact(0)		Fairly interact(1)		Moderately interact(2)		Strongly interact(3)			
	N	%	N	%	N	%	N	%	N	%
With siblings	16	7.2	38	17.2	167	75.6	0	0	221	100
With other children/adolescents	19	8.6	93	42.1	108	48.9	1	.5	221	100
With parents	14	6.3	43	19.5	163	73.8	1	.5	221	100
Doing things alone-independent	23	10.4	108	48.9	90	40.7	0	0	221	100

As per the finding, the participants' level of interaction with a different group of individuals in the surrounding seems moderate. Accordingly, the majority of young adolescents interact moderately with their siblings (75.6%), with parents (73.8%), and with peers (48.9%). Conversely, the competency of the participants to do things alone or independently reported being fair at 48.9%.

6.12 FREQUENCIES FOR CONFOUNDING SCALES

Turning to the confounding variables, three were considered for maintaining similarities among *teret-teret* and control groups in Phase 3. These included emotional intelligence, participation in psycho-educational activities, and parental interaction. The following table demonstrates the frequencies of the confounding variables of emotional intelligence, participation in psycho-educational activities, and mother-child interaction.

6.12.1 Emotional Intelligence

From a total of 30 indicators, seven indicators were omitted after the pilot test. The remaining 23 items were endorsed in the final data set. The frequencies are presented in Table 6.33.

Table 6.33: Summary of frequencies for emotion intelligence

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Understand feeling	77	34.8	86	38.9	58	26.2	221	100
2	Control feeling	86	38.9	61	27.6	74	33.5	221	100
3	Respect others	41	18.6	65	29.4	115	52.0	221	100
4	Answer hard questions	47	21.3	92	41.6	82	37.1	221	100
5	Enjoy fun	45	20.4	64	29.0	112	50.7	221	100
6	Happy	46	20.8	53	24.0	122	55.2	221	100
7	Think everyone is good	47	21.3	57	25.8	117	52.9	221	100
8	Answer for hard questions	44	19.9	74	33.5	103	46.6	221	100
9	Care for other people	37	16.7	98	44.3	86	38.9	221	100
10	Like everybody	60	27.1	94	42.5	67	30.3	221	100
11	Sure about self	62	28.1	91	41.2	68	30.8	221	100
12	Talks about feelings	59	26.7	86	38.9	76	34.4	221	100
13	Bothers nothing	75	33.9	81	36.7	65	29.4	221	100
14	Know things will be okay	54	24.4	73	33.0	94	42.5	221	100
15	Know others' feelings	56	25.3	94	42.5	71	32.1	221	100
16	Know activities will be okay	52	23.5	89	40.3	80	36.2	221	100
17	Recognize new things easily	55	24.9	92	41.6	74	33.5	221	100
18	Hope best	51	23.1	73	33.0	97	43.9	221	100
19	Understand hard questions	62	28.1	97	43.9	62	28.1	221	100
20	Tell people how to feel ok	74	33.5	87	39.4	60	27.1	221	100
21	Known to be calm	46	20.8	89	40.3	86	38.9	221	100
22	Value friend importance	59	26.7	63	28.5	99	44.8	221	100
23	Persistent to solve problem	37	16.7	83	37.6	101	45.7	221	100

From the given indicators above becoming happy (55%), thinks every one as good (52.9%), and respecting others (52%) were more likely prevailed among the young adolescents.

6.12.2 Psycho-educational participation

Fifteen self-constructed items were used to assess psycho-educational participation of young adolescents, amongst which four items were omitted due to the low factor loading. Eleven items remained in the final instrument, and their frequencies are indicated in Table 6.34.

Table 6.34: Summary of frequencies for psycho-educational participation

No	Items	Do not participate(0)		Occasionally participate(1)		Often participate(2)		Total	
		N	%	N	%	N	%	N	%
1	Scouts	91	41.2	61	27.6	69	31.2	221	100
2	Elder brothers and sisters	77	34.8	87	39.4	57	25.8	221	100
3	Team sport	66	29.9	42	19.0	113	51.1	221	100
4	Individual sport	95	43.0	73	33.0	53	24.0	221	100
5	School band	124	56.1	55	24.9	42	19.0	221	100
6	Music	49	22.2	67	30.3	105	47.5	221	100
7	Crafts	86	38.9	85	38.5	50	22.6	221	100
8	Journaling	99	44.8	71	32.1	51	23.1	221	100
9	Hobby club	92	41.6	81	36.7	48	21.7	221	100
10	Mentoring	48	21.7	68	30.8	105	47.5	221	100
11	Volunteering	107	48.4	62	28.1	52	23.5	221	100

From the total participation in psycho-educational activities, team sport (51.10%), music (47.5%), and mentoring (47.5%) were rated as the most frequently practiced competencies.

6.12.3 Mother-child interaction

From 25 items (i.e., 17 conflict resolution and 8 acceptance items) 2 items through qualitative and 3 items through a quantitative analysis were removed. The remaining 20 items were considered for the main study and the frequencies are displayed here.

Table 6.35: Summary of frequencies for mother-child interaction

No	Items	Not true(0)		Occasionally true(1)		Often true(2)		Total	
		N	%	N	%	N	%	N	%
1	Laugh with my mother	60	27.1	65	29.4	96	43.4	221	100
2	Call mother with name	92	41.6	69	31.2	60	27.1	221	100
3	We talk to each other	66	29.9	69	31.2	86	38.9	221	100
4	Mother accept my view	108	48.9	57	25.8	56	25.3	221	100
5	Understand each other	103	46.6	64	29.0	53	24.0	221	100
6	Complete mother's interest	57	25.8	62	28.1	102	46.2	221	100
7	Solve problem together	93	42.1	54	24.4	74	33.5	221	100
8	Mother considers my wish	100	45.2	70	31.7	51	23.1	221	100
9	Mother listens to me	50	22.6	62	28.1	109	49.3	221	100
10	Love mother	82	37.1	53	24.0	86	38.9	221	100
11	Like mother's explanation	51	23.1	61	27.6	109	49.3	221	100
12	Trustful in mother's ethical conduct	66	29.9	69	31.2	86	38.9	221	100
13	Respects mother's order	48	21.7	76	34.4	97	43.9	221	100
14	Get well	47	21.3	60	27.1	114	51.6	221	100
15	Advice	55	24.9	76	34.4	90	40.7	221	100
16	Comfort	62	28.1	61	27.6	98	44.3	221	100
17	Friendly	51	23.1	68	30.8	102	46.2	221	100
18	Honour	58	26.2	47	21.3	116	52.5	221	100
19	Proud	55	24.9	54	24.4	112	50.7	221	100
20	Appreciate	45	20.4	79	35.7	97	43.9	221	100

From the given lists of indicators of mother-child interactions, the three most rated indicators belonged to the acceptance sub-scale where no indicator prevailed from the conflict resolution scale. These most prevalent indicators are *honour*, *get well*, and *proud*, with *honouring* resulting in 52.5%, *get well* (51.6%) and *proud* (50.7%).

6.13 ESTIMATION OF PREVALENCE RATE

To examine the prevalence rate of fused and separate SEBDS, a binomial proportion test was conducted. To calculate the prevalence rate, a binomial proportion test was applied (*cf.* Chapter 4, Section 4.6.1: Sampling as well as Figure 4.8 and Figure 4.9). That is to say, due to the absence of prior knowledge or lack of empirical evidence that shows the prevalence rate of SEBD in the study setting, there was a .5 or 50% of binomial proportion or prevalence rate among the study participants. Accordingly, the parameter (μ) = .50 was a point of reference or expected mean to test the current level of young adolescents' socio-emotional and behavioural difficulties. Specifically, the actual level of SEBD was conducted based on a 50% parameter (μ), considering the absence of a prior study that demonstrates the level of SEBD among the young adolescents of the present research setting.

To conduct the binomial proportion test, five assumptions were taken into account. The first assumption having a dichotomous response variable (also referred to as a binary variable). The second assumption is the response of each participant specified as SEBD present or SEBD absent. Assumption three is the probability of SEBD present, denoted by; p remains constant from variable to variable and from participant to participant. The fourth assumption is the response of the participants being independent. This means that one response cannot depend upon the other response. The final assumption is that the sample is representative of the population. Considering the above-mentioned assumptions, data analysis was conducted, and the results are presented in the subsequent sections.

6.13.1 Prevalence of gross SEBDs

This section relates to Research Question 3: *What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents in this study?* To respond to this question, data were obtained from young adolescents through Achenbach's (1991) YSR. To answer this research question, the following hypotheses were formulated:

The Null Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is .50. That is, $H_0 = .5$ or the expected prevalence rate is 50% among the study participants.

Alternate Hypothesis: The proportion of the socio-emotional and behavioural difficulties among the study participants is different from .50. That is, H_1

Having the above hypothesis and to respond to the research question, data analysis was conducted through a binomial proportion test. The composite SEBD scale was composed of the sum of eight sub-scales and included social withdrawal, somatic complaints, social problems, thought problems, attention problems, delinquency, anxious and depressive, and aggression. The final data transformed into two categories (that is the first assumption of binomial proportion is effected), based on the mean score (see Table 6.12 where it displays the mean of SEBD = 36.54 for the composite scale). The scores on the composite scale of SEBD 36.54 were transformed into 1 (represents yes or that participants experienced SEBD or SEBD present). Conversely, the scores on the composite SEBD 36.54 were transformed into 0 (stands for no or did not experience SEBD or SEBD absent). Given these procedures of data analysis the results are presented in Table 6.36.

Table 6.36: Binomial proportion test for the composite SEBD

		Category	N	Observed Prop.	Test Prop.	Exact Sig. (2-tailed)
Composite SEBD	Group 1	Present(1)	94	.43	.50	.031
	Group 2	Absent(0)	127	.57		
	Total		221	1.00		

According to Table 6.36, the binomial proportion test shown a significant difference between the observed and expected proportion of composite SEBD among the study participants. The binomial test indicated that the proportion of participants who experience SEBD was .43 was lower than the expected proportion .50, $p = .031$. In other words, as per the findings of the study, the prevalence rate of gross SBED among the young adolescents is 43%.

6.13.2 Prevalence of distinct SEBDs

In this specific topic, Research Question 4 is stated as *Which socio-emotional and behavioural difficulty is most prevalent among young adolescents in this study?*

This research question is addressed in terms of eight different kinds of socio-emotional and behavioural difficulties. These are social withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquency, and aggression. For data analysis similar procedures (*cf.*, procedures depicted under section 6.12.1 Prevalence rate of the overall socio-emotional and behavioural difficulties) were employed. That is to say, young adolescents who scored greater or equal to the average were assigned the value of “1”

to represent SEBD present, whereas the scores below the average were designated “0” to denote SEBD absent. To answer the research question and to substantiate the data analysis with more scientific ground, the following hypotheses were devised:

The Null Hypothesis: The proportion of socio-emotional and behavioural difficulties among the study participants is .50. That is, $H_0 = .5$

Alternate Hypothesis: The proportion of the socio-emotional and behavioural difficulties among the study participants is different from .50. That is, H_1

Based on the methods expressed above data analysis was undertaken and the results of each distinct SEBD are presented in Table 6.37 below.

Table 6.37: Binomial test of proportion for the distinct SEBDs

		Category	N	Observed Prop.	Test Prop.	Exact Sig. (2-tailed)
Withdrawal	Group 1	Present(1)	80	.36	.50	.000
	Group 2	Absent(0)	141	.64		
	Total		221	1.00		
Somatic complaints	Group 1	Present(1)	100	.45	.50	.178
	Group 2	Absent(0)	121	.55		
	Total		221	1.00		
Anxiety-depression	Group 1	Present(1)	110	.50	.50	1.000
	Group 2	Absent(0)	111	.50		
	Total		221	1.00		
Social problems	Group 1	Present(1)	87	.39	.50	.002
	Group 2	Absent(0)	134	.61		
	Total		221	1.00		
Thought problems	Group 1	Present(1)	84	.38	.50	.000
	Group 2	Absent(0)	137	.62		
	Total		221	1.00		
Attention problems	Group 1	Present(1)	98	.44	.50	.106
	Group 2	Absent(0)	123	.56		
	Total		221	1.00		
Delinquency	Group 1	Present(1)	95	.43	.50	.043
	Group 2	Absent(0)	126	.57		
	Total		221	1.00		
Aggression	Group 1	Present(1)	93	.42	.50	.022
	Group 2	Absent(0)	128	.58		
	Total		221	1.00		

*** $p < .001$, ** $P < .01$, * $p < .05$

Table 6.37 indicates that eight variables were involved in the analysis. Accordingly, the findings demonstrated a statistically significant difference between the observed and test

proportion to five distinct socio-emotional and behavioural difficulties. Namely, social withdrawal, social problems, thought problems, delinquency, and aggression. That is to say, the observed proportion of social withdrawal .36, $p = .000$; social problems .39, $p = .002$ thought problems, .38, $p = .000$, delinquency, .43, $p = .043$, and aggression, .42, $p = .022$. In each of the separate significant SEBD variables mentioned above the test, the proportion exceeded the observed proportion. In contrast, no statistically significant difference was found with somatic complaints, attention problems, and anxiety/depression.

The study confirmed that the rate of anxious-depressive SEBD is more prevalent than the rest of SEBD clusters. It accounted for 50% of the study participants. The rest is orderly in that somatic complaints is accounted for 45%, attention problem 44%, delinquency 43%, aggression 42%, social problem 39%, thought problem 38%, and withdrawal 36%.

The study confirmed that anxious-depressive was the most common type of SEBD amongst young adolescents. Somatic complaints, attention problems, delinquency, and aggression were ranked as the second, third, fourth, and fifth common difficulties respectively. Even though the actual outcome of anxious-depressive, somatic complaints, attention-deficit and delinquency were slightly exceeded the level of aggression, the data obtained from the Phase 1 study offered evidence to consider participants who experience aggression for the intervention study, Phase 3.

6.14 DISCUSSION

Results from Phase 2 measured the prevalence rate of socio-emotional and behavioural problems among young adolescents in Hawassa city administration. The composite and specific prevalence rates of SEBD were examined. Based on their prevalence rate the types of the disorders were presented consecutively. On this account, this phase of the study was guided by:

Research Question 3: What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents?

Research Question 4: Which socio-emotional and behavioural difficulty is most prevalent among young adolescents?

Regarding the overall prevalence rate of socio-emotional and behavioural problems, the study confirmed that a large percentage of the study participants (43%) experienced SEBD. In other words, the level of the problem partially appeared to be higher in the current study than the

majority of earlier studies conducted across the world (*cf.* Evans & Kim, 2012; Ashenafi et al., 2001).

Despite this relatively closer prevalence, results were also obtained with some studies conducted in the past. In other words, the consistency of the results from the past and the current studies implies that considerable numbers of global young adolescents are challenged by a kind of emotional, mental and/or behavioural difficulties (*cf.* Bor et al., 2014; Lin et al., 2014; Amare et al., 2012; Perry et al., 2006; Tarullo & Gunnar, 2005). Similarly, such an exceeding estimation (for example, above 40%) of socio-emotional and behavioural difficulties among adolescents reported in different previous studies (*cf.* Kleinrahm et al., 2013; Lin et al., 2014; Amare et al., 2012). In contrast, the reports from other findings appeared to produce a low prevalence rate (e.g., below 10%) compared to the findings of the current study (*cf.* Ashenafi et al., 2001; Atalay et al., 2000). Certainly, there was scant evidence on the level of SEBD in Hawassa city. Nonetheless, a few studies conducted previously in some parts of Ethiopia show a relatively low prevalence rate compared to the findings in the current study. For instance, Ashenafi et al. (2001) estimated 3.5% among clinically general child population and Atalay et al. (2000) projected 5% among children /young adolescents under difficult conditions.

Together, the present finding confirmed that anxious-depressives were found to be the most common type of SEBD among the participants of this study, which accounted for 50% of the study participants. The study further provided data that suggested somatic complaints, hyperactive-attention problems, delinquency, and aggression suggested to be the second, third, fourth, and fifth most prevalent SEBDs among young adolescents.

The symptoms of anxiety and depression co-exist with strong symptomatic associations in terms of pathophysiological factors (de Heer et al., 2014) particularly among children and young adolescents. With this basis, different conceptual expressions are applied in the current study. These are anxious-depressive, anxiety/depression, or anxiety and depression which all convey the same meaning. Concerning the results, a comparison between the results from the previous studies and the current study regarding the anxious-depressive symptoms has shown a difference. Essentially evidence drawn from diverse sources has shown the non-equivocal consensus regarding the youth under challenging circumstances experiencing more anxious-depressive symptoms than the general youth population (Shiferaw et al., 2018; Kumar et al., 2016; Tadesse et al., 2014). In particular, close estimation of the anxious-depressive symptoms was found between the findings of the current study and the findings reported by

Demoze et al. (2018) in Ethiopia. On the other hand, some previous studies demonstrated a greater prevalence rate among the youth affected by HIV and AIDS than the finding of the current study. For example, a study conducted in India suggested 74.4% of HIV and AIDS orphans are experiencing anxiety (*cf.* Kumar et al., 2016). Conversely, more excelled estimation (that is, 50% of young adolescents) was found to experience anxious-depressive episode in the current study compared to the study conducted by Shiferaw et al. (2018) in Ethiopia, Maideen et al. (2015) in Malaysia, as well as Hofflich (2006) and Ballenger (2000) in the USA.

The results of this study reveal different things. Firstly, children living under difficult circumstances are more likely to experience internalised types of socio-emotional and behavioural problems. This suggests orphan and vulnerable children experience one or more types of trauma. Concerning the data in the background section (*cf.* Table 6.1), 21.27% of the participants in the current study were orphaned. Most of the non-orphaned children are also from economically disadvantaged families. Hence, the lack of positive emotional stimulation, living under constrained living circumstances with the absence or dearth of basic needs such as food, shelter, medical care, and educational opportunities could be a major factor, with other factors including social exclusions and discriminations which could impact the emotional and mental needs and development adversely.

In short, the above challenges experienced during early periods of development could result in collective trauma which in turn results in internalized socio-emotional and behavioural problems such as anxiety and depression. It seems that the results in the current study align with previous studies (*cf.* Shiferaw et al., 2018; Kumar et al., 2016; Tadesse et al., 2014). About multiple trauma factors, the interplay of the child's internal self with the external milieu appeared to make young adolescents susceptible to anxiety and depression. This explanation is based on the psychodynamic perspective which indicates that when children fail to discharge internalised painful memories in a child-friendly way, they tend to experience problems such as anxiety/depression (Knight, 2014; Meehan & Levy, 2009). This is explained by Jung who tried to indicate the role of early memories' "unique lifestyles" which impact human behaviour (Trippany-Simmons et al., 1957).

Secure mother-child attachment has been a valuable historical and cultural tradition within African societies, yet this existing tradition seems to be disappearing for a number of reasons. In the first place, the increasing demand for inclusion and engagement of women in the labour force is creating a lack of time to care for their children (Grzywacz & Smith, 2016;

Abro & Mugheri, 2012; Chee et al., 2009). Secondly, social changes result in a change in the gender perspective and androgynous family system which are influencing parents to leave their growing infants leaving with other individuals or guardians. Furthermore, in Sub-Saharan countries (such as, Uganda and Ethiopia), HIV and AIDS have left several children orphaned as parents who normally provide love and affection to their children have passed away or are sick. Moreover, other factors disrupt and influence healthy parenting practices. For example, poverty in the family (Banovcinova et al., 2014; Kaisar et al., 2017), conflict in the family (Kader & Roman, 2018; Barthassat, 2014), marital discord (Jarnecke et al., 2017; Schulz, 2015) and other forms of health-related challenges like mental health problems (Simpson-Adkins & Daiches, 2018). The basic tenet is such factors hinder parents in addressing the psychological needs of their children through a secure bond between themselves and their children (Trippany-Simmons et al., 2015; Oren, 2011; Zuckerman, 2011).

Early intervention is vital to revert the development of emotional problems ahead of resulting major socio-emotional impairment. It necessitates meticulous strategies to respond to the problems, causative agents, and devastating outcomes to ensure holistically (i.e., physically, psycho-socially, mentally, and morally) healthy childhood which would lead to healthy and productive adulthood. However, the absence of psychological services that assist young adolescents along with their parents to acquire adaptive coping mechanisms further complicates this scenario. The results from the current study coincide with some of the studies conducted earlier. For instance, Mohangi and Archer (2015) from South Africa suggested the importance of school-based psychological services for parents with children experiencing SEBDs. On the other hand, diverse studies in the USA urge for the use of techniques from psychodynamic psychotherapies at different health care centres such as hospitals (Vermote et al., 2010; Gabbard & Horowitz, 2009) for individuals with personality disorders as well as PTSD (Foa, 2009).

6.15 CONCLUSION

Phase 2 had two objectives. The first objective was to assess the prevalence rate of the global socio-emotional and behavioural difficulties amongst the research participants. The second objective was to assess the prevalence rate of specific socio-emotional and behavioural difficulties among young adolescents. Regarding the global prevalence rate of socio-emotional and behavioural problems, the study confirmed that 43% of young adolescents experienced SEBD. Moreover, the present finding verified that anxiety/depression was found

to be the most common type of socio-emotional and behavioural problem among the participants. The study further provided evidence of somatic complaints, hyperactive-attention problems, delinquency, and aggression suggested a second, third, fourth, and fifth prevalence of socio-emotional difficulties amongst young adolescents.

In the next chapter, the results of Phase 3 are presented and discussed. It is an intervention study that applied *teret-teret* psychotherapy with participants experiencing aggressive behaviour. The short- and long-term outcomes of *teret-teret* psychotherapy are examined.

CHAPTER SEVEN

PHASE 3: PRESENTATION AND INTERPRETATION OF RESULTS

7.1 INTRODUCTION

In Chapter six, results from Phase 2 of the study were discussed with the overall and particular prevalence rate of socio-emotional and behavioural difficulties being outlined. The chapter highlighted the frequencies, descriptive statistics, and correlation among the study variables. Finally, the findings of the study were discussed against the research questions and findings from previous studies.

In this chapter, the results and discussion of Phase 3 are presented. An intervention study using an independent sample *t*-test was conducted to examine the short-term and long-term outcomes of *teret-teret* psychotherapy. Two research questions were devised for this phase of the investigation.

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

To validate the treatment effects of *teret-teret* psychotherapy through a scientific approach, the following hypotheses were set.

- **H₀** = There are no statistically significant differences between the participants who were exposed and those not exposed to *teret-teret* psychotherapy concerning their socio-emotional and behavioural difficulties and level of competencies.
- **H₁** = There is a statistically significant difference between the participants who were exposed and not exposed to *teret-teret* psychotherapy concerning their socio-emotional and behavioural difficulties and level of competencies.

To respond to the above research questions and test the formulated hypotheses, the intervention was carefully designed around the selection of the participants (refer to Section 7.2) to assess and report the outcome and impact of the treatment. Each of the steps as well as the results of the intervention is outlined in the subsequent sections.

7.2 PARTICIPANT SELECTION

Two hundred and twenty-one participants completed the questionnaire. Based on the results obtained from the cross-sectional survey study or Phase 2, Phase 3 was designed and developed taking into consideration the data emerging from Phase 2. Sixty participants were selected (that is, 20 for the intervention, 20 for the control group, and 20 for the comparison group). Although the participants were not assigned to the intervention and control group randomly, equivalence between the intervention and control groups was ensured considering their age, level of socio-emotional and behavioural difficulties, participation in daily activities, emotional intelligence, participation in psycho-educational tasks, and interaction with mothers (*cf.* Table 7.1 which presents the T-scores/distributions).

7.3 GROUP INCLUSION AND EXCLUSION CRITERIA OF THE PARTICIPANTS

Based on the data from Phase 2, a marginal level of socio-emotional and behavioural difficulties, aggression, competence to participate in daily activities, emotional intelligence, taking part in psycho-educational activities, and mother-child interaction, was calculated. A T-score was applied (*cf.* Chapter 4 Section 4.6.7) to standardize the raw scores of the intervention and control groups where the mean of the scores was 50 and the standard deviation was 10. The T-score is one of the common statistical approaches used in counselling and clinical psychology, which helps to screen psychological problems or assess psychological constructs for various purposes including treatment, placement, and diagnosis and it also assists in group comparisons through a standardised method (Osadebe, 2014; Fischer & Milfont, 2010).

One of the principles in an intervention study is the detecting and excluding of outliers to realise the normality of the distribution as one of the assumptions of *the t*-test and other statistical models. For the intervention purpose, all outliers were not included in the intervention programme (*cf.* Chapter 6 Section 6.2 Box Plotting). Thereafter, the T-score is calculated for each variable with findings presented in Table 7.1.

Taking the above into account, the participants who were selected for the intervention study had an above-average level of socio-emotional and behavioural difficulties (SEBD) and aggression. Table 7.1 indicates that each of the participant scores had at least one standard deviation above the standard mean (that is, 50) relating to the degree of difficulty. The decision for inclusion was based on the definition of abnormality modelled by the normal curve (statistical approach). The statistical perspective is based on the psychometric measures

a person is judged as experiencing socio-emotional and behavioural challenges, particularly when the level of the problem is greater or equal to one standard deviation away from the mean (Marquand et al., 2019; Estrada & Restrepo-Ochoa, 2015).

On the other hand, other factors were also considered to ensure the reliability of the classification/labelling, in that the degree of participation in daily activities, emotional competency, skills to participate in psycho-educational activities, and competencies to interact with mothers. To put it more simply, the following conditions are important to be included as a participant in the intervention study. Firstly, to have a high gross SEBD and aggression level (1 standard deviation above the mean) and secondly, at the same time, to have a low level (below 1 standard deviation) of competency (daily activities) and other variables such as emotional intelligence, psycho-educational tasks, and skills to interact with a guardian (*cf.* Table 7.1).

One of the major issues ensuring an internal validity of an intervention study is the ability to maintain homogeneity of participants between the intervention and control groups. Homogeneity among the participants was maintained on different reference points: firstly, socio-emotional and behavioural difficulties: gross difficulty level and specific difficulty level such as aggression; secondly, socio-emotional and behavioural competencies (daily activities): household chores, community roles, leisure activities, interpersonal relationships and sports activities; and thirdly, the confounding variables were assessed and controlled and included emotional intelligence, psycho-educational participation, and interaction with guardians.

The selection of participants for the intervention and control groups was discussed in the above sections. Table 7.1 displays ten columns and relates to the code of the participants, gender, living area (sub-city in Hawassa city), level of socio-emotional and behavioural difficulties, level of aggression, level of participation in daily activities, emotional intelligence, involvement in psycho-educational tasks, interaction with guardians and the groups.

Table 7.1:Pre-test T-score for the intervention group

Code	Gender	Sub-city	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational	Mother-child interaction
ETPS-4	Male	Misrak	81.76	77.55	47.42	41.18	43.5	48.99
ETP-8	Male	Misrak	53.04	54.93	63.95	45.51	44.89	46.44
ETPS-11	Male	Misrak	60.57	60.12	44.11	48.75	40.45	43.89
ETPS-16	Female	Misrak	61.98	61.86	37.5	48.75	49.61	45.16
ETPS-20	Male	Misrak	58.22	61.86	45.77	41.18	43.5	42.61
ETPS-22	Male	Misrak	67.63	65.35	45.77	47.67	47.79	40.05
ETPS-23	Male	Misrak	66.69	59.58	39.16	44.14	49.61	42.61
ETPS-24	Male	Misrak	62.45	63.6	44.11	45.22	43.5	50.08
ETPS-29	Male	Misrak	66.69	65.35	47.42	49.83	47.79	45.16
ETPS-32	Female	Misrak	54.45	59.58	34.2	37.94	34.34	28.56
ETPS-42	Male	Misrak	61.04	74.06	32.55	47.67	46.56	48.99
ETPS-43	Male	Misrak	62.93	61.86	45.77	41.82	44.56	43.89
ETPS-44	Male	Misrak	68.57	68.83	49.07	49.83	44.56	47.72
ETPS-45	Female	Misrak	66.22	68.83	35.85	43.34	37.4	33.67
ETPS-50	Male	Misrak	65.75	61.86	30.89	43.34	43.5	41.33
ETPS-55	Female	Bahiladarash	65.28	65.35	37.5	42.26	47.79	46.44
ETPS-56	Female	Bahiladarash	52.10	52.15	29.24	43.34	44.89	40.05
ETPS-58	Female	Bahiladarash	67.16	65.35	40.81	31.45	43.5	31.11
TPS-6	Female	Bahiladarash	49.72	70.58	37.5	46.59	46.56	47.72
TPS-21	Female	Bahiladarash	58.4	58.31	39.16	49.83	44.89	45.16

Table 7.2: Pre-test T-score for the control group

Code	Gender	Sub-city	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational	Mother-child interaction
BPS-4	Male	MehalKetema	59.16	60.12	42.46	48.75	44.56	47.72
BPS-5	Male	MehalKetema	73.75	70.58	45.77	46.16	47.79	43.89
BPS-10	Male	MehalKetema	68.1	67.09	44.11	41.18	44.56	38.75
BPS-12	Male	MehalKetema	64.81	65.35	42.46	46.16	43.5	38.78
BPS-21	Male	MehalKetema	69.52	60.12	47.42	44.43	47.79	47.72
BPS-23	Male	MehalKetema	50.69	60.12	42.46	39.02	49.61	46.44
HDPS-2	Male	Addis Ketema	69.52	63.6	49.07	39.02	40.45	46.44
HDPS-11	Male	Addis Ketema	62.93	81.03	44.11	44.43	40.45	45.16
HDPS-18	Male	Addis Ketema	60.57	63.6	47.42	46.59	41.33	45.16
HDPS-28	Female	Addis Ketema	70.46	72.32	39.16	46.59	37.4	37.50
ADPS-9	Female	Tabour	64.81	60.12	47.42	42.91	47.79	34.95
ADPS-10	Male	Tabour	72.81	68.83	40.81	46.16	49.61	50.05
ADPS-17	Male	Tabour	51.16	60.12	45.77	31.45	47.79	29.84
SPS-5	Male	Menehariya	56.33	63.6	40.81	44.43	43.5	32.39
SPS-10	Male	Meneharia	68.1	67.09	49.07	45.08	41.33	48.99
SPS-13	Male	Menegaria	61.04	63.6	40.81	43.99	28.23	42.61
EFPS-2	Female	Addis Ketema	63.4	60.12	44.11	46.16	43.5	47.72
EFPS-6	Male	Addis Ketema	61.51	59.58	50.73	35.77	46.56	31.11
GDPS-8	Female	Haik Dar	76.11	77.55	35.85	39.02	41.33	43.89
GDPS-12	Male	Haik Dar	61.04	59.58	40.81	45.51	44.56	46.44

Table 7.1 lists the pre-test data in terms of the T-score for the intervention whereas Table 7.2 describes the T-score for the control group. The T-score for the composite SEBD and aggression was indicated as difficulty variables. Involvement in daily activities was considered as a competency variable. Emotional intelligence, participation in psycho-educational activities, and interaction with mother were taken as confounding variables as well as competency variables. When scrutinising the data of the participants in the intervention and control groups against the magnitude of the factors, the data-informed that the two groups are relatively equivalent. That means that almost all participants had the score T-score in composite SEBD and aggression. In contrast, almost all of the participants, both in the intervention and control groups, had the T-score in daily activity, emotional intelligence, psycho-educational activities, and mother-child interaction. This implies that the two groups are comparable and valid to conduct an intervention study because they experience socio-emotional and behavioural difficulties and they also lack basic socio-emotional and behavioural competencies.

7.4 PARTICIPANTS IN THE COMPARISON GROUP

An impact assessment explores behavioural change or decline of aggressive behaviour in the actual environment such as family, school, and community setting. One of the strategies to examine the impact of the treatment is to compare the outcome of the intervention on the intervention group with that of a control group. This strategy was employed for verification by comparing the levels of aggression between those participants who received *teret-teret* psychotherapy with participants who did not experience socio-emotional and behavioural difficulties such as aggression at all. For this purpose, 20 young adolescents who did not experience aggression and presented a better level of participation in daily activities, emotional intelligence, psycho-educational participation, and mother-child interaction, were selected as the comparison group (*cf.* Chapter 4, Section 4.8.1).

Table 7.1 and 7.2 above, indicates the pre-test T-score of the participants in the intervention and control groups and in the following table, Table 7.3 the pre-test T-score of the comparison group is indicated.

Table 7.3: Pre-test T-score for the comparison group

Code	Gender	Sub-city	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational	Mother-child interaction
ETPS-12	Male	Misrak	35.62	37.46	52.38	56.32	67.94	68.88
ETPS-13	Female	Misrak	36.09	35.72	58.99	54.16	64.88	63.04
ETPS-17	Male	Misrak	42.68	40.95	50.73	54.16	49.61	64.32
ETPS-35	Male	Misrak	42.21	39.2	52.38	53.08	55.72	61.77
ETPS-37	Male	Misrak	42.21	40.95	54.03	54.16	52.67	59.21
ETPS-47	Male	Misrak	43.62	41.04	60.64	61.73	61.83	59.21
TPS-1	Female	Tabour	45.98	41.04	62.29	56.32	58.78	65.60
TPS-2	Female	Tabour	42.21	41.04	67.25	54.16	58.78	64.15
TPS-3	Female	Tabour	40.33	39.2	70.56	54.16	52.67	59.21
TPS-9	Female	Tabour	43.15	40.95	72.21	63.89	61.83	49.99
TPS-27	Female	Tabour	42.68	39.2	65.6	52	58.78	68.15
TPS-28	Female	Tabour	37.03	37.46	55.68	64.97	70.99	60.49
TPS-30	Male	Tabour	39.86	40.95	50.73	57.4	64.53	60.49
TPS-36	Female	Tabour	42.21	40.95	60.64	56.32	52.67	65.60
ADPS-2	Male	Tabour	44.57	40.95	62.29	48.75	52.67	66.88
ADPS-6	Female	Tabour	44.1	40.95	55.68	60.65	58.78	66.88
SPS-1	Male	Menehariya	40.33	39.2	60.64	60.65	61.83	70.71
SPS-6	Male	Menehariya	40.33	37.46	57.34	68.22	55.72	68.15
SPS-9	Male	Menehariya	46.45	41.04	65.6	53.08	58.78	60.49
GDPS-2	Male	Haikdar	39.39	41.04	55.68	49.83	61.83	63.04

In comparing the intervention and comparison groups based on the pre-intervention, the results are quite different. Almost all participants in the intervention group had the score T-score in composite SEBD and aggression, but in daily activity, emotional intelligence, psycho-educational activities, and mother-child interaction. The opposite is true for the comparison group. This result implies that the two groups are not comparable during the pre-intervention stage because they have varying levels of SEBD, SEBC, emotional intelligence, psycho-educational participation, and interaction with their guardians.

7.5 RESULTS OF THE PRE-TEST

The pre-test results represented the baseline data which were a reference point for comparison of the outcome of the treatment before administering *teret-teret* psychotherapy. The pre-test result involved comparing the baseline data, with the intervention group considered as a common group, with the control group as well as the comparison group.

7.5.1 Pre-test Results between the Intervention and Control Groups

The comparison between the intervention and control group examined the immediate outcome of *teret-teret* psychotherapy on participant adjustment of aggressive behaviour. An independent *t*-test was conducted with the assumption of normality was upheld with Type 1 error = 0.05) and Type 2 error = 0.20 (the maximum possible expected positive outcome of *teret-teret* psychotherapy was 0.80). Quality data management was conducted by deleting missing data (*cf.* Chapter 6: Section 6.1). Furthermore, outliers (data below the 25th percentile and above the 75th percentiles were deleted). Eventually, from the 221 randomly selected participants, 40 participants with relatively homogenous characteristics were selected for the intervention study.

Another assumption was equal sample size for both the intervention and control groups. This was set to be 1:1; that means a 20:20 ratio which was the minimum sample size to undertake the inferential statistics. The final assumption is a homogeneity of the variance within the scores of each group. Homogeneity of variance was tested through Levene's Test for Equality of Variances. In this case, particular attention is given to ensure the intervention and control groups are comparable before the treatment. Table 7.4 summarises the results.

Table 7.4: Levene's Test for Equality of Variance among the pre-test groups

Variables	Pre-test b/n intervention and control		Pre-test b/n intervention and comparison	
	F	Sig	F	Sig
Gross SEBD	.318	.576	5.572	.023
Aggression	.412	.525	6.378	.016
Daily activities	7.70	.009	2.434	.127
Emotional intelligence	.015	.903	1.571	.218
Participation in psycho-educational tasks	.101	.752	6.191	.017
Mother-child interaction	.749	.392	2.809	.102

Table 7.4 above shows that except for daily activities, there was no statistically significant difference between the intervention and the control group before the treatment. Accordingly, Levene's Test for Equality of Variance ensures that group equivalence between the intervention and the control groups before the intervention.

On the other hand, the effect size is directly related to the homogeneity of the variance in the population. As for the intervention study during the pre-test group comparison, there should be a negligible effect size. If the effect size between the groups is big before the treatment, for example, greater or equal to the modest level, 0.5 for this study, the groups are not homogenous, so non-comparable. Hence, it would become difficult to compare and contrast the intervention and control groups and too difficult to conduct inferential statistics with groups that lack homogeneity of variance. Despite the fact with exception of participation in daily activities, there was no statistically significant difference between the intervention and control groups. That ensures the participants grouped under each category are homogeneous and acceptable to proceed with statistical inferences. Numerous authors suggest that even if statistically significant differences are obtained between the intervention and control groups, further analysis is required to investigate if the difference is remarkable. This is known as the effect test. For this purpose, Cohen's *d* (cf. Chapter 4, Section 4.4.7). Cohen *d* outlines the effect size from 0 – 0.20(weak effect), 0.21 – 0.50(modest effect), 0.51 -1.00 (moderate effect), and greater than 1(strong effect) (McMillian & Foley, 2011; Cohen et al., 2007). Though the result of daily activities is significant, the magnitude of the difference between the two groups is calculated through Cohen's *d* (Thalheimer & Cook, 2002).

$$\text{Cohen } d = \frac{\bar{X}_I - \bar{X}_C}{S_{\text{pooled}}}$$

Equation 7.1: Formula to compute Cohen *d* from two means

where d = Cohen's d effect size, \bar{X} = Mean (average of intervention/control conditions),
Subscripts: 'i' = the intervention condition and 'c' = the comparison condition.

$$S_{\text{Pooled}} = \sqrt{\frac{(n_i - 1)s_i^2 + (n_c - 1)s_c^2}{n_1 + n_2}}$$

Equation 7.2: Formula to compute pooled standard deviation from two means

where key to symbols: S = Standard deviations, n = number of subjects, *Subscripts*: "I" refers to the intervention condition and "c" refers to the control condition (or comparison condition). In other literature, notably Field (2009), Cohen's d is expressed as Point – Biserial r , the Pearson r between the variables and it is estimated from the following equation.

$$r = \sqrt{\frac{t^2}{t^2 + df}}$$

Equation 7.3: Formula to estimate Cohen d by using Point - Biserial approach

In this case, t = the calculated t value and df = degree freedom. Accordingly, only trivial significant difference was found between the intervention and control groups on daily activity, $d = 0.04$. However, no significant difference was obtained on the rest of the variables that ensured homogeneity of the groups. The results are revealed in Table 7.5 below.

Table 7.5: Pre-test independent t -test between the intervention and control groups

Constructs	Model	Mean	SD	SEM	t	Sig	95%CI	
							Upper	Lower
SEBD	Intervention group	62.35	19.959	4.46	-.820	.576	6.685	-15.785
	Control group	66.90	14.754	3.30				
Aggression	Intervention group	15.50	5.20	1.16	-.95	.53	1.52	-4.22
	Control group	16.85	3.63	.81				
Daily activities	Intervention group	13.65	5.743	1.28	-.217	.009	2.501	-3.101
	Control group	13.95	2.305	.52				
Emotional intelligence	Intervention group	23.10	8.071	1.81	-.171	.865	4.337	-5.137
	Control group	23.50	6.661	1.50				
Psycho – educational participation	Intervention group	10.55	3.154	.71	-.632	.531	1.433	-2.733
	Control group	11.20	3.350	.75				
Mother – child interaction	Intervention group	16.30	5.939	1.33	-.329	.744	3.355	-4.655
	Control Group	16.95	6.557	1.47				

** $p < .01$

Except for *participation in daily activities*, the findings indicate there was no statistically significant difference between the intervention and control group. Even for the variable *daily participation*, the strength of the difference was small ($d = 0.07$ or $r = .04$). Hence, the two groups were homogenous, comparable, and appropriate. Moreover, the results from the T-score provide further information regarding the homogeneity of the groups.

7.5.2 Pre-test Result between the Intervention and Comparison Groups

The comparison group comprised 20 participants who were functioning well in terms of their social, emotional, and behavioural aspects as they scored below the average. In contrast, they scored above average in terms of their daily activities, emotional intelligence, psycho-educational participation, and interaction with their guardians. The purpose of this type of comparison assisted in scrutinising the long-term effect of the intervention on the group experiencing aggression. The findings are presented in Table 7.6.

Table 7.6: Pre-test independent t-test between the intervention and comparison groups

Constructs	Model	Mean	SD	SEM	<i>t</i>	Sig	95% CI	
							Upper	Lower
SEBD	Intervention Group	72.10	22.595	5.052	9.755	.000	62.731	41.169
	Comparison Group	20.15	7.527	1.683				
Aggression	Intervention Group	15.50	5.196	1.162	10.628	.000	15.357	10.443
	Comparison Group	2.60	1.569	.351				
Daily activities	Intervention Group	13.65	5.743	1.284	-6.147	.000	-6.170	-12.230
	Comparison Group	22.85	3.438	.769				
Emotional intelligence	Intervention Group	23.10	8.071	1.805	-4.042	.000	-4.243	-12.757
	Comparison Group	31.60	4.828	1.079				
Psycho-educational participation	Intervention Group	10.55	3.154	.705	-2.433	.020	-.344	-3.756
	Comparison Group	12.60	2.062	.461				
Mother-child interaction	Intervention Group	16.30	5.939	1.328	-5.783	.000	-5.947	-12.353
	Comparison Group	25.45	3.845	.860				

* $p < 0.05$, *** $p < 0.001$

Table 7.6 above indicated that the mean values presented significant differences between the intervention and control groups. Cohen d and point Biserial test (*cf.* Section 7.5.1) were conducted and the results are presented. Large differences were found in *aggression*, $d = 3.23$ ($r = .87$) and *gross SEBD*, $d = 3.04$ ($r = .85$). On the other hand, medium differences were observed regarding *daily activities*, $d = 1.94$ ($r = .72$), *emotional intelligence*, $d = 1.27$ ($r = .55$),

and *mother-child interaction*, $d = 1.83(r = .68)$. Further supplementary information is provided regarding the intervention and the comparison groups based on their T-score.

7.6 THE INTERVENTION

The intervention design for Phase 3 of this study took place over a period of six months comprising 13 sessions through group modality. This period continued in May 2018 for organising the psychotherapeutic settings, June to August for conducting the psychotherapy, and September and October 2018 for the follow-up sessions. One of the pre-intervention activities was obtaining ethical consent from the guardians of the participants as well as ethics assent from the participants. Ensuring equivalence between the intervention and control groups was followed by participants being assigned to the intervention and control groups. Subsequently, the physical environment and time table for the intervention was established. Finally, the intervention was implemented with three groups of participants (7:7:6 ratios) at different times, but in the same physical environment. A total of 13 formal sessions of *teret-teret* psychotherapy were conducted. The details of each of the sessions and tasks are illustrated in Chapter 4 Section 4.8.5.2.

7.6.1 Sampling considerations

Phase 3 was an extension of Phase 2 where data was used from the findings. Probability sampling was applied in Phase two while the third phase of the study had its own unique way of selecting potentially relevant participants from the 221 participants selected for Phase 2. The major criterion was the comparability of the groups based on the level of SEBD, SEBC, and confounding variables with the adequacy of sampling ensured as 40(44.44%) participants from 90 participants who experienced aggression, were selected (*cf.* Chapter 4 Section 4.8.1).

7.6.2 Validity of the study

One of the major standards to assess the quality of an intervention study was ensuring the validity of the intervention. Two types of validity were particularly relevant to the current study, internal validity, and external validity. Internal validity refers to the change of behaviour due to the influence or manipulation of the intervention variable. The external validity represents the drawing of a conclusion from the data or findings emerging from the intervention. Brief descriptions of each are presented in the following sections.

7.6.2.1 Internal validity

Internal validity was ensured in several ways. *Selection bias* was managed through considering relevant participants who actually experience the problems in the study through statistical rigor by transforming the data into a T-score. To reduce *history bias*, confounding factors such as emotional intelligence, psycho-educational participation, and the quality of interaction with their mothers were assessed and equivalence was maintained. Thirdly, groups were *blindly assigned* to the intervention and control groups based on their geographic location to manage the diffusion of information. Fourthly, variability in *interactive effects* was realised through maintaining manipulation of the intervention variable (IV), number of sessions, and ways of controlling the groups. There were *no single participants who dropped out from each group* during the psychotherapeutic processes, which further promoted the validity of the intervention (*cf.* Chapter 4 Section 4.8.4).

7.6.2.2 External validity

External validity, indicated in the above section, has a due role within intervention studies (Handley et al., 2018) and thus, careful attention was given to maintain it. In the first place, adequate and representative samples were taken and these were involved in the intervention processes. There were 221 participants randomly selected from 409 participants to participate in the cross-sectional survey design. Among 221 participants, 60 non-randomly selected participants was based on the criteria of T-score (*cf.* Tables 7.1, 7.2, and 7.3) for Phase 3. That is, almost 27% of sample participants from the total of 221 participants. In some literature, it was reported even 25% of the sample size was considered as an adequate sample size. Also, the replication of the study based on a pre-set group (that is, comparing the intervention group with the comparison group) provided further meaningful assurance to conclude that the results is applicable to other settings as well.

7.6.3 Procedures for conducting the intervention

In Phase 2, an investigation into the extent of socio-emotional and behavioural difficulties among young adolescents was conducted. Thereafter, eligible participants, based on their level of socio-emotional and behavioural difficulties, competencies, and other factors such as emotional intelligence, psycho-educational participation, and mother-child interaction for the intervention, control, and comparison groups, were recruited.

In this phase, stories were selected as instruments with which the participants could engage during psychotherapeutic sessions. Also, the involvement in the story sessions referred to as

an independent variable (IV), served as a psychotherapeutic technique with manipulation of the stories by participants who displayed aggressive behaviour.

Thirteen intervention sessions were conducted in total with attention being given to a multitude of considerations in *teret-teret* psychotherapy. The initial session focused on establishing a relationship and planning while session two onwards focused on *teret-teret* psychotherapy where stories were used with due practice and self-observation. The last session gave attention to the termination and evaluation of the psychotherapy programme. The final session was conducted by summarising the psychotherapeutic processes and outcomes. In each session, the young adolescents' participation and level of participation were assessed through *Self-Evaluation Instrument* (cf. Appendix V), taking into account being punctual, reading stories, listening effectively, respecting each other, asking questions, answering questions, participating in self-portrayal, extracting the bright (positive) and dark (negative) plots from the story, providing feedback and engaging in self-evaluation. Short notes were taken on the activities in each session and a rating scale was used. For further understanding, each session was demonstrated on the Methodology Chapter 4 Section 4.8.5.2.

7.7 POST-TEST RESULTS

The post-test results represented the data after completion of the intervention programme which is the outcome of the treatment or *teret-teret* psychotherapy. The data were examined and compared with the groups which did not participate in *teret-teret* psychotherapy. The results were organised into those from the intervention group, considered as a common group, and the outcomes of the treatment with the control group and the comparison group.

The research questions (See Section 7.1) were addressed into two forms. Firstly, a short-term outcome was a comparison of the intervention group with the control group. Secondly, the long-term outcome of *teret-teret* psychotherapy was assessed by comparing the intervention group with the comparison group. Then, *how* the question was addressed either by reducing the gross SEBD or by improving SEBC. The reducing factor involved finding out whether the *teret-teret* psychotherapy sessions assisted the young adolescents in reducing their levels of SEBD and aggression and whether, at the same time, the *teret-teret* psychotherapy assisted participants in improving their socio-emotional and behavioural competencies. To find an answer to the research questions and test the given hypothesis (cf. Section 7.1), the research design outlined under Chapter 4 Section 4.3.2, was applied, both quantitative (independent *t*-test) and qualitative (interview with guardians). Findings are presented in different sections.

7.7.1 Post-test results between the intervention and control groups

Phase 2 confirmed that SEBD and aggression level were found to be 43% and 42% respectively (*cf.* Chapter 6 Sections 6.11 and 6.12). Based on this finding, a *teret-teret* psychotherapy was conducted for the 20 participants who experienced aggression. Accordingly, the data analysis and the findings under this section assisted in answering Research Question 5: *What extent of the statistical difference is found about the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive teret-teret psychotherapy?*

Concurrently, under this section the hypotheses were tested and the findings were compared across the intervention and control groups with the given psychological variables .

The Null Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) does not differ from the young adolescents in the control group (i.e., does not receive *teret-teret* psychotherapy) in terms of the socio-emotional and behavioural difficulties. In that, $H_0 = M_1$.

The Alternate Hypothesis: The young adolescents who receives *teret-teret* psychotherapy differ significantly from the young adolescents who does not receive *teret-teret* psychotherapy in terms of socio-emotional and behavioural difficulties. In that, $H_0 = M_1$.

Table 7.7: Post test independent t-test between the intervention and control groups

Constructs	Model	Mean	SD	SEM	<i>t</i>	Sig	95%CI	
							Upper	Lower
Gross SEBD	Intervention Group	38.10	13.70	3.06	-2.73	.009	-3.61	-24.29
	Control Group	52.05	18.27	4.09				
Aggression	Intervention Group	9.80	3.52	.79	-3.24	.002	-1.63	-7.07
	Control Group	14.15	4.86	1.09				
Daily activities	Intervention Group	22.90	6.21	1.39	.46	.652	5.18	-3.28
	Control Group	21.95	6.99	1.56				
Emotional intelligence	Intervention Group	29.85	5.363	1.20	1.19	.242	6.08	-1.58
	Control Group	27.60	6.541	1.46				
Psycho – educational participation	Intervention Group	13.65	2.207	.49	3.37	.002	5.13	1.28
	Control Group	10.45	3.634	.81				
Mother –child interaction	Intervention Group	32.70	4.692	1.05	3.61	.001	9.91	2.79
	Control Group	26.35	6.310	1.41				

** $p < .01$

Legend = 40, $df = 38$, SD = Standard Deviation, SE = Standard Error, t = the value of the independent t - test. The higher the mean is the higher the gross SEBD or aggression.

Based on Table 7.7 above, the results indicate significant differences in terms of gross socio-emotional and behavioural difficulties and aggression between participants who received *teret-teret* psychotherapy and those who did not. The results indicate that the intervention group ($M = 38.10$, $SE = 3.06$) demonstrated reduced level of gross SEBD when compared to the participants in the control group ($M = 52.05$, $SE = 4.09$), and the difference was significant, $t(38) = -2.73$, $p > .01$ with medium effect size, $d = 0.87$ ($r = .41$). Similarly, the participants in the intervention group ($M = 9.80$, $SE = .79$) exhibited reduced levels of aggression in comparison to the participants in the control group ($M = 14.15$, $SE = 1.09$) as of $t(38) = -3.24$, $p > .01$ with medium effect size, $d = 1.03$ ($r = .47$).

No statistically significant difference was found between the intervention and control group with participation in daily activities. However, the mean comparison revealed that participants in the intervention group ($M = 22.90$, $SE = 1.39$) had a better level of participation in *daily activities* than the participants in the control group ($M = 21.95$, $SE = 1.56$), where $t(38) = .454$, $p = .652$.

Significant differences were found, $t(38) = 3.37$, $p < .01$ with medium effect size, $d = 1.07$ ($r = .49$), between the intervention ($M = 13.65$, $SE = .494$) and control groups ($M = 10.45$, $SE = .813$), with regard to participation in *psycho-educational activities*, the participants in the intervention group ($M = 32.70$, $SE = 1.049$) significantly differ from the control group ($M = 26.35$, $SE = 1.411$) in terms of *interaction with their mother*, $t(38) = 3.612$, $p < .01$ with medium effect size, $d = 1.02$ ($r = .51$). However, as to emotional intelligence, except the mean values, but there was no statistically significant difference was found. The participants in the intervention group ($M = 29.85$, $SE = 1.199$) revealed relatively improved *emotional intelligence* than participants in the control group ($M = 27.60$, $SE = 1.463$), $t(38) = 1.19$, $p = .242$. Thus, based on the findings, it seems that *teret-teret* psychotherapy made a significant contribution to assist young adolescents in reducing aggressive behaviour. Hence, by rejecting the null hypothesis, the alternate hypothesis was accepted as there was a statistically significant difference between the intervention and control groups.

As supplementary information, a true score for all of the participants in the intervention and control groups was generated based on a common mean score and standard deviation. The descriptive statistics for each of the variables are shown in Table 7.8.

Table 7.8: Descriptive statistics after the between the intervention and control groups

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Composite SEBD	40	14	87	45.08	17.433
Aggression	40	4	26	11.98	4.73
Daily activities	40	11	33	22.42	6.54
Emotional intelligence	40	10	42	28.72	6.01
Psycho-educational participation	40	0	18	12.05	3.81
Mother-child interaction	40	17	40	29.47	6.27

Based on the above descriptive statistics the true score of the intervention and control groups for each of the variable was calculated and presented on Tables 7.9 and 7.10 below.

Table 7.9: Post test T-score for the intervention group

Code	Participation in teret-terst psychotherapy	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational participation	Mother-child interaction
ETPS-4	65.81	33.32	39.48	50.88	43.80	52.81	65.19
ETP-8	66.27	43.07	45.83	56.99	52.12	49.85	47.65
ETPS-11	46.45	57.41	52.17	44.77	47.13	52.81	47.65
ETPS-16	51.06	38.48	41.60	61.58	45.47	46.89	55.62
ETPS-20	47.83	43.07	43.71	44.77	55.45	58.72	54.03
ETPS-22	42.30	48.81	45.83	50.88	53.78	58.72	50.84
ETPS-23	56.13	59.13	56.39	44.77	43.80	52.81	54.03
ETPS-24	55.67	55.12	58.51	63.11	63.76	46.89	50.84
ETPS-29	49.22	43.07	39.48	63.11	72.08	55.77	66.78
ETPS-32	51.06	32.17	33.14	66.16	55.45	61.68	66.78
ETPS-42	60.28	51.10	56.39	41.71	55.45	58.72	54.03
ETPS-43	70.42	49.38	41.60	44.77	60.44	67.60	52.43
ETPS-44	36.77	44.22	41.60	60.05	47.13	55.77	65.19
ETPS-45	35.85	52.83	54.28	38.65	45.47	61.68	49.24
ETPS-50	52.44	40.78	33.14	47.82	45.47	52.81	57.22
ETPS-55	45.53	43.65	41.60	52.41	53.78	46.89	47.65
ETPS-56	45.07	51.68	50.05	44.77	40.48	49.85	50.84
ETPS-58	37.23	52.83	50.05	43.24	43.80	46.89	46.05
TPS-6	40.46	45.94	43.71	32.54	43.80	49.85	50.84
TPS-21	44.15	33.90	39.48	61.58	68.75	67.60	66.78

Table 7.10: Post test T-score for the control group

Code	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational participation	Mother-child interaction
BPS-4	39.63	45.83	63.11	45.47	43.94	60.40
BPS-5	74.05	66.96	38.65	58.77	58.72	39.68
BPS-10	59.71	54.28	43.24	43.80	49.85	33.30
BPS-12	66.02	60.62	55.46	43.80	52.81	38.08
BPS-21	53.97	52.17	61.58	38.82	46.89	39.68
BPS-23	43.65	39.48	63.11	57.11	52.81	49.24
HDPS-2	68.89	58.51	41.71	50.46	58.72	50.84
HDPS-11	60.86	79.64	37.12	50.46	46.89	57.22
HDPS-18	57.99	58.51	40.18	42.14	52.81	39.68
HDPS-28	70.03	69.08	32.54	45.47	14.36	34.89
ADPS-9	48.81	52.17	35.60	55.45	52.81	55.62
ADPS-10	57.99	62.73	52.41	53.78	40.98	44.46
ADPS-17	49.38	45.83	35.60	35.49	35.07	31.70
SPS-5	57.41	54.28	56.99	38.82	52.81	42.86
SPS-10	47.09	39.48	58.52	62.10	52.81	50.84
SPS-13	49.38	60.62	47.82	43.80	29.15	41.27
EFPS-2	48.81	45.83	60.05	52.12	40.98	55.62
EFPS-6	38.48	52.17	44.77	18.86	38.02	30.11
GDPS-8	48.24	50.05	63.11	60.44	46.89	39.68
GDPS-12	39.63	43.71	53.94	65.43	38.02	65.19

Further evidence was drawn from the T-score analysis that *teret-teret* psychotherapy has importance in assisting young adolescents who experience aggressive behaviour. The criteria to compare the participants from the intervention and control groups is the common mean score and standard deviation drawn from 40 participants after the intervention. With this procedure, a relatively improved number of participants from the intervention group, $n = 13(33\%)$ had shown a reduced level of gross SEBD, below 50 on the standard mean score compared to the participants in the control group, $n = 9(23\%)$. On the other hand, a promising number of participants in the intervention group were found to have scores below the standard of aggressive behaviour compared to the participants in the control group. That is to say, $n = 13(33\%)$ from the intervention group demonstrated a reduced level of aggression which is below 50, whereas only $n = 6(15\%)$ from the control group exhibited aggressive behaviour below 50.

As to the participation in daily activities, a relatively constant number of participants, $n = 10(25\%)$ from the intervention as well as from the control groups demonstrated scores above 50. Similarly, the same number of participants, $n = 10(25\%)$ from the intervention and control groups still exhibited emotional intelligence above the standard score. Despite the same frequency of participants obtained from the two groups after the intervention based on T-score regarding positive changes in daily activities and emotional intelligence the mean comparison informs participants in the intervention group had better improvement according to their participation in daily activities and emotional intelligence (*cf.* Table 7.8 Independent *t*-test between the intervention and control group after the intervention).

As to school-based psycho-educational participation and mother-child interaction, a major difference between the intervention and control groups was found. In other words, the *teret-teret* psychotherapy played a significant role in terms of improving young adolescents' participation in psycho-educational activities and constructing a healthy relationship with their guardians. In this regard, $n = 16 (40\%)$ from the intervention group, yet $n = 9 (23\%)$ from the control group exhibited scores above the mean score of 50 regarding school-based psycho-educational participation. Similarly, a larger number of participants, $n = 15 (38\%)$ from the intervention group shown improved interaction with their guardians than the participants in the control group, $n = 7 (18\%)$.

Thus, after the intervention, the participants in the intervention group demonstrated a reduced level of gross SEBD and aggression in particular. Also, the number of participants in the intervention group again exhibited a better level of participation in psycho-educational

activities and there were improved interactions with their guardians. The first implication is *teret-teret* psychotherapy had a positive outcome to manage SEBDs. Secondly, *teret-teret* psychotherapy contributed significantly to assist the participants to participate in school-based psycho-educational activities and to have positive interaction with guardians.

7.7.2 Post-Test Results between the intervention and comparison groups

An impact assessment was conducted by comparing the level of SEBCs and SEBDs of the intervention group with the comparison group. The comparison group was composed of the participants who had low levels of SEBD and aggression (that is, below 1 standard deviation) and a better level of competencies (that is, 1 standard deviation above the mean). Research Question 6: *How does teret-teret psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?* Is applied to this phase. The research question is supported by the following hypotheses.

The Null Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) does not differ from the young adolescents in the comparison group (i.e., does not receive *teret-teret* psychotherapy) in terms of the socio-emotional and behavioural difficulties. To state it differently, $H_0 = M_1$.

The Alternate Hypothesis: The young adolescents in the intervention group (i.e., receives *teret-teret* psychotherapy) differ significantly from the young adolescents in the comparison group (i.e., does not receive *teret-teret* psychotherapy) in terms of socio-emotional and behavioural difficulties. In other words, $H_0 = M_1$.

Under this section the *how* the question was addressed through two aspects. Firstly, the levels of SEBD, as well as SEBCs of the intervention group, were compared with the comparison groups through quantitative methods (i.e., an independent *t*-test). This part of the study is a form of impact assessment and the action is another way of replicating the contribution of *teret-teret* psychotherapy to support the young adolescents experiencing SEBDs. Hence, exploratory qualitative data were obtained from randomly selected guardian interviews on the healthy functioning of the participants who were involved in the *teret-teret* psychotherapy. The guardians were interviewed on their views on how adolescents demonstrate healthy functioning in their natural setting (that is, home, school, and other settings). In the subsequent sections, both quantitative and qualitative findings are presented. In this regard, the quantitative findings are presented below in Table 7.11.

Table 7.11: Post-test independent t-test between the intervention and comparison groups

Constructs	Model	Mean	SD	SEM	<i>t</i>	Sig	95%CI	
							Upper	Lower
Gross SEBD	Intervention Group	26.20	14.32	3.20	.15	.885	10.43	-9.03
	Comparison Group	25.50	16.04	3.59				
Aggression	Intervention Group	5.50	3.27	.73	-.18	.856	2.5	-3.02
	Comparison Group	5.75	5.17	1.16				
Daily activities	Intervention Group	22.90	6.21	1.39	.65	.522	5.57	-2.87
	Comparison Group	21.55	6.97	1.56				
Emotional intelligence	Intervention Group	31.95	5.81	1.30	.69	.495	-3.30	6.70
	Comparison Group	30.25	9.39	2.10				
Psycho-educational participation	Intervention Group	13.65	2.21	.49	3.62	.001	5.38	1.52
	Comparison Group	10.20	3.65	.82				
Mother-child interaction	Intervention Group	20.90	4.05	.91	-.44	.661	-5.02	3.22
	Comparison Group	21.80	8.15	1.82				

** $p < .01$

Legend: $N = 40$, $df = 38$, SD = Standard Deviation, SE = Standard Error, t = independent t - test. The higher the mean the higher the SEBD or aggression.

Table 7.11 indicates that the participants who underwent *teret-teret* psychotherapy ($M = 26.20$, $SE = 3.20$) demonstrated slightly more socio-emotional and behavioural difficulties than the participants in the comparison group ($M = 25.50$, $SE = 3.59$), but they presented with a slightly lower level of aggression ($M = 5.50$, $SE = .73$) than the participants in the comparison group ($M = 5.75$, $SE = 1.16$). The table also demonstrated changes in terms of competencies. Despite not being significant, the participants who experienced *teret-teret* psychotherapy ($M = 22.90$, $SE = 1.39$) showed improved involvement in *daily activities* than the participants in the comparison group ($M = 21.55$, $SE = 1.56$). Similarly, the participants who experienced *teret-teret* psychotherapy ($M = 31.95$, $SE = 1.30$) demonstrated a higher level of *emotional intelligence* than the participants in the comparison group ($M = 30.25$, $SE = 2.10$). With regard to participation in *psycho-educational activities*, the participants in the intervention group ($M = 13.65$, $SE = .49$) proved to participate more actively than the participants in the comparison group ($M = 10.20$, $SE = .82$) with the difference being significant, $t(38) = 3.62$, $p < .001$, $d = 1.05$ ($r = .51$). Lastly, the participants in the intervention group ($M = 20.90$, $SE = 0.91$) revealed a slightly lower level of positive

interaction with their mothers than the participants in the comparison group ($M = 21.90$, $SE = 1.82$).

Based on the true score analysis additional data is conducted to identify the number of participants with reduced levels of composite SEBD and aggression. The T-score provides pieces of evidence on the number of participants with improved participation in daily activities, and with improved levels of emotional intelligence, participation in school based psycho-educational activities, and interaction with their guardian. Accordingly, the descriptive statistics of each variable are presented in Table 7.12 below.

Table 7.12: Post-test descriptive statistics of the intervention and comparison groups

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Composite SEBD	40	5	60	25.85	15.01
Aggression	40	0	17	5.62	4.27
Daily activities	40	5	34	17.60	7.47
Emotional intelligence	40	3	44	31.10	7.76
Psycho-educational participation	40	6	22	11.93	3.45
Mother-child interaction	40	2	34	21.35	6.37

Given the above descriptive statistics, the true score of the intervention and comparison groups for each of the variable was calculated and is presented on Tables 7.13 and 7.14.

Table 7.13: Post-test T-score for the intervention group

Code	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational	Mother-child interaction
ETPS-4	52.77	57.90	47.86	49.87	53.11	51.02
ETP-8	42.77	43.85	61.25	49.87	50.22	46.31
ETPS-11	56.10	53.22	45.18	56.32	53.11	47.88
ETPS-16	37.44	46.20	39.82	58.90	47.32	44.74
ETPS-20	40.77	46.20	46.52	33.11	58.91	41.60
ETPS-22	60.10	50.88	46.52	40.84	58.91	41.60
ETPS-23	62.09	55.56	41.16	56.32	53.11	49.55
ETPS-24	39.44	43.85	45.18	52.45	47.32	54.16
ETPS-29	47.43	48.54	47.86	53.74	56.01	44.74
ETPS-32	40.10	46.20	35.80	52.45	61.80	52.59
ETPS-42	62.76	71.95	46.52	55.03	58.91	51.02
ETPS-43	39.44	41.51	49.20	53.74	67.60	55.73
ETPS-44	56.76	53.22	38.48	49.87	56.01	40.03
ETPS-45	62.76	43.85	34.46	47.29	61.80	40.03
ETPS-50	50.10	43.85	39.82	48.58	53.11	54.16
ETPS-55	50.77	53.22	33.12	51.16	47.32	51.02
ETPS-56	62.09	50.88	50.54	64.06	50.22	60.44
ETPS-58	38.11	36.83	42.50	46.00	47.32	44.74
TPS-6	60.10	57.90	39.82	39.56	50.22	52.59
TPS-21	42.77	48.54	62.59	62.77	67.60	62.01

Table 7.14: Post-test T-score for the comparison group

Code	SEBD	Aggression	Daily activity	Emotional intelligence	Psycho-educational	Mother-child interaction
ETPS-12	50.10	57.90	42.50	33.11	35.73	35.32
ETPS-13	42.77	39.17	39.82	61.48	38.63	57.30
ETPS-17	60.76	60.24	62.59	36.98	35.73	29.03
ETPS-35	46.77	41.51	43.84	48.58	38.63	46.31
ETPS-37	72.76	76.63	58.57	40.84	44.42	36.89
ETPS-47	48.10	50.88	53.21	61.48	79.18	69.87
TPS-1	68.09	50.88	66.61	57.61	44.42	55.73
TPS-2	36.11	36.83	65.27	60.19	41.53	60.44
TPS-3	46.77	46.20	71.97	48.58	56.01	52.59
TPS-9	36.77	36.83	49.20	42.13	50.22	55.73
TPS-27	43.44	43.85	55.89	13.77	38.63	19.61
TPS-28	39.44	41.51	57.23	66.63	38.63	57.30
TPS-30	42.77	43.85	45.18	53.74	50.22	68.30
TPS-36	43.44	43.85	41.16	47.29	47.32	47.88
ADPS-2	57.43	62.59	61.25	51.16	32.84	60.44
ADPS-6	63.43	69.61	61.25	47.29	38.63	55.73
SPS-1	48.77	46.20	49.20	53.74	58.91	62.01
SPS-6	42.77	39.17	58.57	43.42	47.32	46.31
SPS-9	62.76	71.95	63.93	49.87	38.63	44.74
GDPS-2	42.10	46.20	58.57	60.19	44.42	52.59

Comparison between the intervention and comparison groups based on the transformed score was made as a supplementary source of information to examine the impact of *teret-teret* psychotherapy. Regarding composite socio-emotional and behavioural difficulties, $n = 9(23\%)$, participants from the intervention group and, $n = 13(33\%)$ from the comparison group demonstrated a T-score below 50. On the other hand, a relatively close number of participants from the intervention group, $n = 11(28\%)$, and from the comparison group, $n = 12(30\%)$ showed a T-score below 50 about aggression, with the least number of participants, $n = 3(7.5\%)$ from the intervention group, but a greater number of participants, $n = 13(33\%)$ from the comparison group with a T-score above 50.

The T-score of emotional intelligence, psycho-educational participation, and mother-child interaction was also examined. In this regard, a large number of participants from the intervention group, $n = 14(35\%)$ had improved levels of emotional intelligence compared to the participants in the comparison group, $n = 10(25\%)$. In a more compelling finding, larger numbers of participants, $n = 16(40\%)$ demonstrated greater progression in levels of participation in school-based psycho-educational activities in the intervention group than the comparison group, $n = 5(12.50\%)$. Finally, several participants, $n = 11(27.5\%)$ in the intervention group and $n = 12(30\%)$ in the comparison group exhibited improved levels of interaction with their guardians.

In general, the comparison between the intervention and comparison groups based on the transformed score provided additional information about the impact of *teret-teret* psychotherapy. For example, Table 7.12 presented statistically significant differences in participation in school-based psycho-educational participation. This result is the positive contribution of the *teret-teret* psychotherapy which assisted in influencing the participants and assisted them in acquiring the desired competency. Similarly, the transformed score indicating a greater number of participants from the intervention group, $n = 16(40\%)$ with improved levels of participation in school-based psycho-educational activities than the participants in the comparison group, $n = 5(12.50\%)$.

7.7.3 Results from the qualitative analysis

The mother/guardians were used as informants to substantiate data through quantitative methods (*cf.* Chapter 4, Section 4.7.2.2 In-depth individual interview). Information was obtained through interviews with guardians and inquiries into the young adolescents' change of behaviour, particularly with aggressive behaviour. The interview focused on aggressive

behaviour, participation in daily activities (that is, household chores, community roles, and so on), the reflection of emotional intelligence, developing positive interaction with the guardians, and involvement in the outdoor activities (that is, psycho-educational roles). Five randomly selected guardians were involved in the interview processes and comprised two mothers, two fathers, and one older sister. A single interview was conducted with three guardians who reported that the change of behaviour witnessed in their son or daughter was satisfying. However, two consecutive interviews were conducted with two guardians, one father, and one older sister of the household.

As guardians had signed informed consent forms before the start of the psychotherapeutic sessions, the addresses of each of the guardians, location of the home, and telephone numbers were easily accessible. Besides, each guardian was briefed before the start of the counselling programme. At the end of the psychotherapeutic processes, contact was made with these guardians and an invitation was issued to participate in an interview session to find out relevant information about any changes of behaviour. Data were captured either through short notes or through audio-recordings.

Guardians were asked about the changes of behaviour and discussions revealed unique features of change in aggressive behaviour and qualities of socio-emotional and behavioural competencies. In some cases, guardians reported a positive change:

Parent One (First and Second Round Observation-Aggression):

“Currently, he behaves well compared to his behaviour before the intervention programme. For example, before the intervention, he used to complain and whine, yet currently, he improved them and become okay” (Round 1, Interview Number 1, Line Number 29 - 31).

Parent Two (First and Second Round Observation-Aggression): “Despite I do have less information regarding his school behaviour, at home he is decent, obedient not only to his parents but also to the neighbours as a whole. He is good despite his little brother” (Round 1, Interview Number 2, Line Number 32 -34)

Parent Three (First and Second Round Observation-Aggression): “She used to fight with class monitor and I was also continually called to the school on her case, yet now she is okay at school as well as at home. She is good for me and the family as a whole and she is obedient at her disposal” (Round 1, Interview Number 3, Line Number 37 - 39).

Parent Four (Second Round Observation-Aggression): “I believe that our discussion last time and your attempt to re-consult him resulted in good change of behaviours. For example, he began to manage the undesirable behaviours such as talking much, loudly speaking, demanding attention, and

attempting to show off’(Round 2, Interview Number 4, Line Number 79 - 81).

Parent Five (Second Round Observation-Aggression): “Right after our previous communication I also attending him frequently so that he improved the majority of difficult behaviours; for example, he began to manage his temper, obeying at home and honestly communicates with us”(Round 2, Interview Number 5, Line Number 74 -76).

However, in other cases, little change was seen:

Parent Five (First Round Observation-Aggression): “Despite I have seen a good change of behaviour at the time of intervention, after the end of the intervention programme he also cheats us as if he had a programme at school. He usually gets out in the morning and backs home late”(Round 1, Interview Number 5, Line Number 30 -32).

Parent Four (First Round Observation-Aggression): “Despite he began to stay at home he has still troublesome behaviours. For example, he challenges me to give him money to colourfully decorate his hair and cut it with a unique style (that is., show off and demand attention). Further, he feels upset and not satisfied in his life”(Round 1, Interview Number4, Line Number 37 -40).

In the following section, discussions conducted with guardians, are elaborated on to gather supplementary information regarding change of socio-emotional and behavioural competencies with attention on the young adolescents’ participation in daily activities, demonstrating emotional intelligence, participation in psycho-educational activities, and developing a sense of healthy interaction with their mothers/guardians. For convenience, the result obtained from each parent on each of the constructs is illustrated in the section below.

Parent One (First Round Observation only): Parental observations of the first parent. The responses from the mother revealed has some changes regarding the competencies (Round 1, Interview Number 1, Line Number 50 - 54)

Daily Activities: “Participates in cleaning the house, shopping.”

Emotional Intelligence: “Respects me and his cousin’s son as well as he tries to understand my problems”

Psycho-educational participation: “Football”

Mother-Child Interaction: “I love him and he loves me too”

Parent Two (First Round Observation Only): The father of the second participant was interviewed consecutively based on benchmarks listed earlier. During the two observation periods, this father made similar positive comments showing improvement (Round 1, Interview 2, Line Number 54 - 61).

Daily Activities: “Cooks food, such as spaghetti, macaroni, cleans house, boils coffee, shopping etc”

Emotional Intelligence: “Patient/tolerant, obedient to his parents and the neighbours, he gets back soon from school”

Psycho-educational participation: “Except customary football he has no fixed club or social group”

Mother-Child Interaction: “*Respects his parents as well as other people in the surrounding*”

Parent Three (First Round Observation Only): The mother of the third participant was urged to share her observations about her daughter’s acquisition of new competencies. The remarks from the mother demonstrated the following (Round 1, Interview Number 1, Line Number57 -69)

Daily Activities: “I am working the whole day as a waitress in a hotel and that I do not have time to take part in household chores. I don’t list out all of them I could say including the little baby-rearing she is responsible”

Emotional Intelligence: “My daughter has begun to understand the conditions in the family system and she tries to manage her feelings and desires. She is keen to the betterment of the family as a whole”

Psycho-educational Participation: “She used to participate in dance club due to her late coming and wasting too much time there I felt suspicion and I forced her to stop it. Yet, right after this intervention programme. I recognized that she might have the talent and the passion perhaps she can win her future life. As a result, I am talking with another trustworthy dance training institution. I hope it will be effective by the coming month”

Mother-Child Interaction: “At the moment we are four at home. My daughter has a healthy relationship not only with me but also with her grandparent, her little brother as well”

Parent Four (First Round Observation): In this case, an elder sister of the participant was asked to express her observation whether her brother acquired new competencies from the *teret-teret* psychotherapy. The sister of the participant reflected her evaluation of the programme and the change in behaviour with some reservations (Round 1, Interview 2, Line Number59 - 68).

Daily Activities: “He selectively engages himself in any household chores at all particularly he wants to find housekeeping and shopping”

Emotional Intelligence: “In many respects he is good, yet in some cases he communicates impulsively, less concern about things (negligence), less likely understands the conditions of his family, and wisdom related to solving personal and communal problems”

Psycho-educational participation: “Football is his favourite social activity”

Mother-Child Interaction: “He has no problem with the relationship, yet he attempts to cheat/lie to go out with his colleagues. He gets out and comes late to home and that is the typical concern that induces conflict between us”

Parent Four (Second Round Observation): Because this participant demonstrated an unsatisfactory change of behaviour (except participation in psycho-educational activities) after two sessions, the second round of therapy was conducted. The sister was once again requested to report on her observation and her reflection is demonstrated below (Round 2, Interview Number 4, Line Number88 -94).

Daily Activities: ‘‘He began doing small household chores such as shopping and cleaning house.’’

Emotional Intelligence: ‘‘Despite not complete change he is okay because at least he began to respect me and communicate positively with his brother as well’’

Mother-Child Interaction: ‘‘Now it is fine because he does not go out without permission. Further, even when we send him for shopping, we limit minutes to come to home soon’’

Parent Five (First Round Observation): Observations were conducted twice by the father, with responses from the parent indicating some developing competencies and a behaviour change (Round 1, Interview 5, Line Number51 - 63).

Daily Activities: ‘‘He began to complete small household chores including shopping and cleaning compound’’

Emotional Intelligence: ‘‘In fact, I trust he has got changes about enjoying a fun, smiling, becoming happy, loving everyone, becoming visionary (hoping best from future) and he knows that he will be successful in the future. However, he remains a problem, and that he should find ways to manage them. For example, he more likely cares and gives due regards for people who are not family members, fails to control his feeling at home, lack the temper how to be calm and less likely attempts to understand the realities at home’’

Psycho-educational participation: ‘‘Except football he has no role in other social activities’’

Mother-Child Interaction: ‘‘The father said that ‘‘we are three at home (I, my son and his mother). We are communicating well and we do have a smooth relationship. Besides, our communication is like comedy/joke type where we laugh off on conditions and we ease life. In that, we do not have a harsh conflictual relationship rather we tolerate each other even odds happen. So, we love and respect each other’’

Parent Five (Second Round Observation): The father said his son demonstrated a satisfactory change of behaviour after two sessions of the second round of therapy were conducted. Based on this action, the father requested his observation for the second time and reflected that:

‘‘Right after our previous communication I also attending him frequently so that he improved the majority of difficult behaviours; for example, he began to

manage his temper, obeying at home and honestly communicates with us” (Round 2. Interview Number 5, Line Number 77-79).

Additionally, the father said that (Round 2, Interview Number 5, Line Number 86 -98).

Daily Activities: “He began assisting the home through completing chores such as shopping”

Emotional Intelligence: “Despite not perfectly he has a good change particularly in terms of shaping his feelings and understanding home conditions (i.e., the socio-economic status our home)”

Psycho-educational participation: “Based on our mutual communication and understanding he told me that he joined citizenship and ethical club in his school. I believe this is a good beginning”

Mother-Child Interaction: “I am observing his interaction with his mother directly and indirectly. When I say directly he is responding properly when she orders him some household task, and he is good to share his problems and thoughts with his mother. Besides, I am observing he began respecting her idea and positively respond to her order. I mean indirectly, I ask my spouse about his behaviour and interaction between each of them. In all cases, she is providing an imperative comment on his overall relationship with her”

In general, pre-test results were the reference points to compare changes after the intervention of psychotherapy. Two major statistical approaches, the independent *t*-test results, and the T-scores were undertaken to compare the short-term and long-term outcomes of the *teret-teret* psychotherapy. In the above sections, the results of the *t*-test between the intervention and control groups and between the intervention and comparison groups were presented and the change in behaviour at the individual level was demonstrated with the help of the T-Score results.

The results of the quantitative (independent *t*-test and T-score) and the qualitative (interviews with randomly selected guardians) methods were employed to examine the effect of *teret-teret* psychotherapy on young adolescents with a lack of socio-emotional and behavioural competencies.

7.8 DISCUSSION

An intervention study was conducted on sixty young adolescents to examine the immediate and long term outcome of the *teret-teret* psychotherapy. To investigate the immediate outcome of *teret-teret* psychotherapy, the young adolescents were organized as *teret-teret* or control groups based on their proximity/geographic location such as living in similar sub-cities and schools. In the period set aside for the intervention between May 2018 for preparation, June-August 2018 for *teret-teret* psychotherapy, and September-October 2018 for follow up, *tere-teret* psychotherapy was conducted with the intervention group for

thirteen consecutive sessions. The outcome of the intervention was assessed periodically based on the principle of Routine Outcome Measure (ROM). The assessment was conducted three times including the baseline assessment (pre-intervention). The second assessment was a mid-term assessment conducted in late August 2018 upon completion of the intervention to investigate the immediate outcome of the treatment. The third and /final assessment was made two months later (post-intervention), in late October 2018 to analyse the long term outcome of *teret-teret* psychotherapy.

Regarding the findings of the study, three major meaningful dimensions were considered to interpret the results. Firstly, attention was given to examining the differences between groups such as conducting an independent sample *t*-test for Phase 3 the intervention and one sample *t*-test for Phase 2/the survey. Secondly, the magnitude of the difference between the means either as high, medium, or small was discussed in detail.

Phase 3 was guided by the following research questions:

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

The study verified the immediate and long-term outcome of the *teret-teret* psychotherapy on the young adolescents' behaviour where the long-term outcome specifically addressed the impact of *teret-teret* psychotherapy on the day-to-day functioning of the young adolescents in their natural environment. After thirteen sessions, the level of SEBD including aggression and adjunct competencies of the intervention group was compared with the control and the comparison groups. The magnitude of the mean difference between the groups about the variables indicated in the study was examined. Hence, the research questions were addressed through the examination of the *effect size* that indicates the effect of *teret-teret* psychotherapy in reducing levels of aggression and encouraged new socio-emotional and behavioural competencies.

Aggression was one of the major components of the difficulty variable, and the level of the *teret-teret* group was compared to the control and comparison groups. The study demonstrated that *terter-teret* psychotherapy had a major effect on young adolescents who experience reduced levels of aggression. Qualitative data were generated through interviews

from the parents of young adolescents, confirmed that young adolescents began to behave positively and abstain from *aggressive* behaviour. For instance, they began to give up arguing, demanding attention, destroying their own properties, fighting, attacking, screaming, threatening others, becoming hot-tempered, and obeying at home and school.

Participation in *daily activities* was one of the constructs measured through the YSR. The intervention program played a major role in motivating young adolescents to actively participate in daily activities, which included participation in sport, hobby, home chores, clubs, and interpersonal activities. Young adolescents began to participate more actively in *daily activities* particularly demonstrating improved participation in home chores, hobby activities, sports activities, and interpersonal relationships. Certain studies gave attention to young adolescents' need to participate in different activities that prompt their psychological impulses and develop new skills (de Souza et al., 2013; Daele et al., 2012; Lukens & McFarlane, 2004). Similarly, other scholars urge concerned bodies to organize open social ecology to allow young adolescents to freely participate in their respective social environments (Rahnama et al., 2014; Meyer et al., 2013; Lee & Song, 2012; Williams, 2010; Thommen & Wettstein, 2010).

Emotional intelligence was a construct to assess the short- and long-term outcome of *teret-teret* psychotherapy. This construct had twenty-three specific indicators among which the young adolescents demonstrated responsive emotional reactions. The qualitative data indicated that the majority of young adolescents' demonstrated good emotional competencies. For example, they began to solve problems, tell people how to feel good, think everyone is good, care for other people, bother for nothing, control feel, enjoy fun, happy, hope best, and they initiated to know things will become okay in the future. These results aligned with the findings from previous studies (*cf.* Serneels, 2014; Green & Myrick, 2014; Benveniste, 2005; Ryan & Edge, 2014; Romanoff & Thompson, 2006) and correlate with the findings of other studies (*cf.* Romanoff & Thompson, 2006; McArdle & Byrt, 2001).

The quality of *Mother-child interaction* was considered as a further supplementary criterion to assess the outcome of *teret-teret* psychotherapy. Young adolescents began to behave positively, connecting themselves with their parents with the young adolescents developing an improved relationship with their mothers in terms of conflict resolution skills such as respecting mother, understanding each other, solving problems altogether, and completing orders. A healthy attachment plays a significant role in developing and maintaining a comfortable and friendly relationship between mother and siblings. The findings in the

current study crystallised findings from previous studies particularly attention given to the improved relationship between mothers and their children as a bedrock to later personality development. Among the previous scholars who gave attention to a solid consistent relationship with primary caregivers are diverse (*cf.* Sloman & Taylor, 2015; Brett et al., 2014; Smyke et al., 2012; Stievenart et al., 2011; Ryan, 2011; Lee et al., 2010; Walden & Beran, 2010).

The underpinning reasons for changes in terms of improved socio-emotional and behavioural adjustment were attributed to the dynamics of the *teret-teret* psychotherapy and the internal psychological elements (memories, emotions, impulses, and images) and the inherent nature of psychodynamic therapy principles. Firstly, the pertinent qualities of psychodynamic therapies are the open and interactive nature of therapeutic processes and contexts. The principles allow clients to express their feelings, thoughts, and impulses freely. Based on this principle, the sessions were interactive and the young adolescents took the stories home to share/discuss with siblings, parents, and completed homework tasks. Furthermore, the open nature of the processes was evident through the activities in which the young adolescents actively participated. This included attentively attending the sessions, listening, asking, responding, participating in group discussions, feeling/thought/behaviour reflections, and self-portrayal based on the stories. These skills were developed and aligned with the ideas forwarded by other previous scholars including Green, (2005); McLeod and Kettner-Polley (2004); Hall et al. (2002), and Schaefer (1985).

Secondly, the inherent nature of psychodynamic psychotherapies was to *elicit painful materials* from deeply ingrained unconscious memories such as projective reflection. Accordingly, I argue that the stories in the current study assisted young adolescents as cues to elicit their painful memories to develop insightful self-observation to develop self-corrective behaviour. The major assumption in psychodynamic therapy lies in any elicited behaviour particularly socio-emotional difficulties which are beyond the conscious level of the individuals. As a result, the purpose of psychotherapeutic processes lies in drawing such unconsciously behaving young adolescents to behave consciously through drawing their painful memories to a conscious level. As a result, the *teret-teret* psychotherapies assisted the young adolescents' in developing enhanced conscious self-observation. This argument has been long-standing among pro-psychodynamic theorists including Delgado and Strawn (2012), Porter et al. (2009), Bruschiweiler-Stern et al. (2007), McLeod and Kettner-Polley, (2004), Mellou (1994), and Freud (1906).

Thirdly, *age-appropriate, and context-specific therapies* were given attention. The young adolescents were keen to participate and demonstrated basic competencies as of understanding the context, language, and meanings embedded in each story. In Africa indigenous knowledge is vast, yet at a time has been overlooked. For example, in Ethiopia *teret-teret* as a child-friendly vehicle and as indigenous knowledge has been practiced for psychological services with children and young adolescents (*cf.* Jirata & Simonsen, 2014; Jirata, 2012; Beiser et al., 2012; Bogale et al., 2011; Eshetu & Markos, 2011), yet poor attention has been given in the scientific arena. Similarly, this study explored 62 indigenous stories among which 28 *terets* (45.16%) were appraised as tools to assist young adolescents who experience aggressive behaviours, yet still, less is known about this fact. Nonetheless, the scanty studies in Africa support indigenous psychotherapies can become tools to support persons with diverse socio-emotional concerns (*cf.* Carothers et al., 2014; Midlarsky et al., 2012; McKeough et al., 2008; McCabe, 2007; Loizaga-Velder, 2003; Mabit, 2001; Green & Honwana, 1999; Levers, 2006).

The findings obtained through the qualitative approach in the phase 1 study was substantiated by the quantitative approaches in the phase 3 study (i.e., intervention study). In that, two major points were drawn from the findings of Phase 3 and that exactly corresponds with the findings from the first phase of the study. In the first place, *teret-teret* psychotherapy made a magnificent positive contribution to the adjustment of aggressive behaviour manifested among young adolescents. Also, young adolescents demonstrated improved socio-emotional and behavioural competencies compared to young adolescents in the control group. Another major achievement was the impact of the *teret-teret* psychotherapy was examined by comparing the changes of behaviour from the intervention group with another pre-set comparison group (that is a group of participants functioning healthy). In that, the young adolescents who had received *teret-teret* psychotherapy demonstrated a relatively similar level of gross SEBD and aggression. Besides, they demonstrated relatively similar positive functional skills in terms of participating in daily activities, emotional intelligence, involvement in psycho-educational activities, and interacting with their mothers. Thus, given the short-term and long-term change of behaviours the findings from this study (i.e., 3rd phase of the study or the intervention) ensured that there was quite a satisfactory improvement on the side of the participants from the intervention group. That is participants shown a reduced level of gross SEBD and aggression. In addition, they displayed an improved tendency to involve in daily activities, demonstrate well managed emotional

behaviours, participate in psycho-educational tasks, and have a positive relationship with the guardians.

7.9 CONCLUSION

In general, the findings from Phase 3 revealed some conclusions. In the first place, the results accentuate the positive role of indigenous knowledge as a medium of health devices that can help to address and mediate as culturally responsive processes. On the other hand, the study shares appropriate implications to researchers and practitioners to implement indigenous, yet empirically validated psychotherapeutic devices at home, school, health care, and community settings. As a scientific endeavour, the study stimulates researchers to conduct further studies either as a form of the verification process. This in turn assists to construct a substantial, valid, and reliable empirical confirmation for evidence-based practice in the discipline of psychological services. Besides, the study provides input for policymakers to expand developmentally and culturally sensitive psychological health knowledge.

Specifically, the intervention study generated two outcomes. The first is a short-term outcome whereas the second is a long-term outcome. Both the short terms and long term changes of behaviours are appraised based on similar standards. These standards have already been used as variables in the study including symptomatic signs on gross SEBDs and aggression symptoms from the YSR questionnaire. Concurrently, the acquisition of SEBCs has been considered as another quality of the study to inspect the effectiveness of the intervention. These are primarily related to participation in daily activities (i.e., sport, hobby, household chores, community engagement, and interpersonal relationships). In the side-line of the intervention confounding variables such as emotional intelligence, school-based psycho-educational participation, and interaction with guardians were considered. The finest achievement is that the participants have shown impressive short term and long terms positive changes in terms of participation in daily activities and other related areas of competencies.

CHAPTER EIGHT

SYNTHESIS, CONCLUSION AND RECOMMENDATIONS

8.1 INTRODUCTION

In the previous chapters the results, according to the sub-questions, were discussed in depth. Several key findings were identified. One of the findings *teret-teret* psychotherapy was found to be an effective psychotherapeutic technique under the domain of psychodynamic psychotherapy to assist young adolescents that experience aggression. Besides, the young adolescents demonstrated improved socio-emotional and behavioural competencies due to *teret-teret* psychotherapy.

In this final chapter, Chapter 8, a summary of the research, synthesis of the major findings according to the research questions, a reflection on the study, potential contribution to scientific and practical knowledge as well as concluding is presented. In the final section, recommendations are offered for theory, practice, and research.

8.2 SUMMARY OF THE RESEARCH

In this section, the research methodologies are summarised and the integration of the three phases of the study is presented.

8.2.1 Summary of the overarching research design

A sequential embedded mixed experimental design was used in the study. Two types of designs are delineated. The first is sequential in the sense that three phases of studies were carried out in sequence, namely Phase 1, Phase 2, and Phase 3. The second is the concept 'embedded' which represents the integration of data from Phase 1 and Phase 2 in the third phase of the study. With this understanding, in the current study, Phase 1 followed a qualitative-approach (qual), Phase 2 followed a quantitative-approach (QUAN), and Phase 3 was both QUAN – QUAN and qual, concurrent integrating data from the first two phases. The overarching design of the study with its relevant research questions and the relationship between each phase is presented in Figure 8.1.

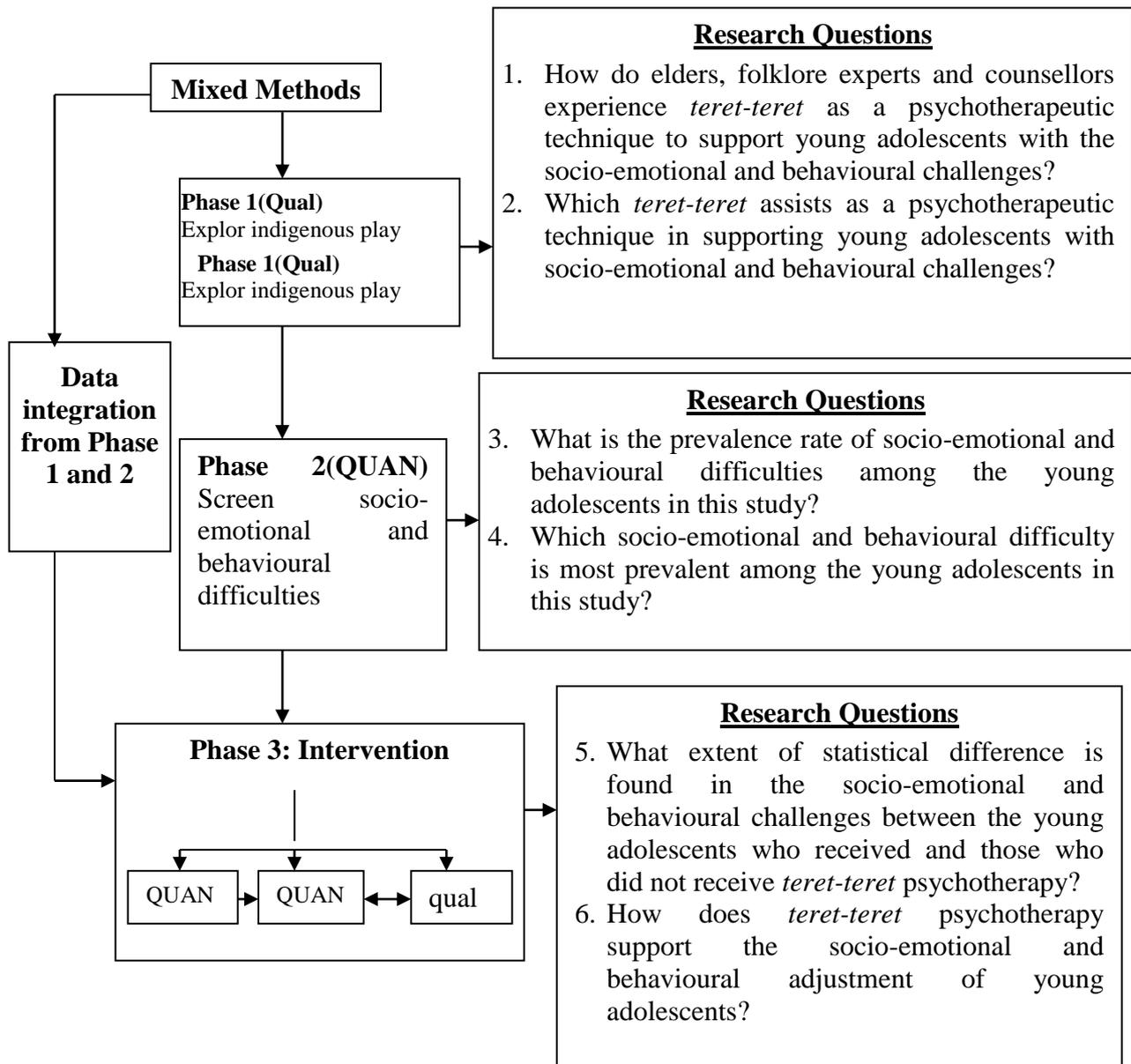


Figure 8.1: Review on the relationship between the three phases of the studies

Figure 8.1 in the above section demonstrates the summary of the overarching design of the current study with the research questions in each of the three phases outlined. More detailed descriptions of the overarching design are presented in Chapter 4, Section 4.4, Figure 4.2.

8.2.2 Summary of the research design and methodology of Phase 1

Phase 1 of the study had two research objectives (*cf.* Chapter 4, Section 4.6). The first objective was to explore the worldview of the research participants in terms of *teret-teret* as a psychotherapeutic technique. Subjective meaning-making or providing an interpretation of the narratives of Ethiopian stories was conducted. The second objective was related to

clustering *teret-teret*, based on their psychotherapeutic values. A qualitative approach was applied. In total, 13 participants, comprising nine elders, two folklore experts, and two counsellors, were involved in the study. Convenience-purposive sampling techniques were employed. Semi-structured interviews were conducted and an analysis of selected stories from the archives was applied to collect data. Finally, thematic content analysis was used to analyse the data that emerged in this phase.

8.2.3 Summary of the research design and methodology of Phase 2

Two research objectives were set in this phase of the study (*cf.* Chapter 4, Section 4.7). The first objective was to identify the prevalence rate of socio-emotional and behavioural difficulties among the study participants. The second objective was to examine the most common form of socio-emotional and behavioural challenges among young adolescent participants. A quantitative approach was applied. The total population of the study was 409 fourteen-year-old young adolescents, among which 221 were selected through multistage probability sampling techniques from eight public schools in Hawassa City Administration (*cf.* Chapter 1, Section 1.8.2.1). A Youth Self-Report questionnaire, Emotional Quotient Inventory: Youth Version (EQi: YV), the researcher self-constructed questionnaire to assess school-based psychoeducational participation, and dyadic mother-child attachment practices were used. Face validity and content validity of the instruments was ensured through expert evaluation and construct validity and reliability coefficient were analysed through exploratory factor analysis and inter-item to total correlation. Data analysis was primarily made through descriptive statistics and the correlation among the study variables. Thereafter, inferential statistics particularly binomial proportion test was undertaken.

8.2.4 Summary of the research design and methodology of Phase 3

Phase 3 also had two research objectives (*cf.* Chapter 4, Section 4.8). The first objective was to investigate the extent of statistical difference in terms of socio-emotional and behavioural difficulties between the young adolescents who received *teret-teret* psychotherapy and those who did not receive the therapy. The second objective was to examine the mechanisms of how *teret-teret* psychotherapy supported the socio-emotional and behavioural adjustment of young adolescents. A quantitative quasi-experimental design was used. Sixty 14-year old adolescents were selected to participate in the study. Similarities between the participants were ensured before assigning them to the intervention and control groups. Among the total of 60 participants, 40 participants who experienced SEBDs, based on the YSR, were selected.

The remaining 20 participants who do not experience socio-emotional and behavioural difficulties were also selected to compare the long-term impact of the intervention between the intervention and comparison groups. In addition, five randomly selected parents/guardians were involved in an interview to substantiate the results obtained through the quantitative methods. The Achenbach Youth Self-Report questionnaire was employed periodically to assess the outcome and impact of the intervention. Moreover, other instruments such as instruments to assess emotional intelligence, participation in school-based psycho-educational activities, and the dyadic attachment with guardians, were also used. Data analysis was conducted through two approaches. The first approach was an independent *t*-test to examine the outcome and the impact of the intervention. The second approach was standard/transformed score to select participants to assign to different groups and then to scrutinise the number of participants with distinct levels of SEBDs and SEBCs based on the standard mean score.

8.3 FINDINGS BASED ON THE RESEARCH QUESTIONS

Three phases of studies were conducted through different research designs (*cf.* Section, 8.2.2, 8.2.3, and 8.2.4 in the above) across different periods. Findings were generated for each phase of the study and discussions were conducted based on the findings of each phase (*cf.* Chapter 5, Chapter 6, and Chapter 7). Although these previous chapters presented the finding in detail, the values or specific meanings embedded in each findings are discussed below.

8.3.1 Phase 1: *Teret-teret* psychotherapy as indigenous knowledge

The details on the research questions, results, and discussion on this phase of the study are outlined in Chapter 5 as well as discussions and results from previous studies (*cf.* Chapter 5, Section 5.6). However, in this section, the values or importance of the findings are elaborated, guided by the two research questions presented below.

Research Question 1: How do elders, folklore experts, and counsellors experience *teret-teret* as a psychotherapeutic technique to support young adolescents with socio-emotional and behavioural challenges?

Research Question 2: Which *terets* assist as a psychotherapeutic technique in supporting young adolescents with socio-emotional and behavioural challenges?

The findings for Phase 1 are based on themes, categories, and sub-categories emerging from the thematic content data (*cf.* Chapter 4, Section 4.5.6, and Chapter 5, Table 5.2). Two themes each with two sub-themes and three sub-themes respectively and answer for two

research questions. The major findings are highlighted and the values of the findings are elaborated on in the next sections.

8.3.1.1 Worldview of the participants on *teret-teret* psychotherapy

It is the first point of inquiry that proposed to examine how the research participants have perceived the practice and contributions of *teret-teret* psychotherapy in the Ethiopian communities which identify the worldview of the participants as Theme 1. The research sought to understand *how elders, folklore experts, and counsellors experienced teret-teret as a psychotherapeutic technique to support young adolescents with SEBDs*. The findings validated the traditional practice of the use of *teret-teret* as a medium to communicate thoughts, feelings, and behaviour with young adolescents in Ethiopia. Moreover, it verified that traditional stories are the forms of expressing ideas, feelings, and actions among the Ethiopian community for shaping future generations. The experiences of the research participants, the diverse value of stories, and the contexts where stories are recited for children and young adolescents were explored and found to be a valuable psychotherapeutic technique.

8.3.1.1.1 Participants' views and experiences of psychotherapeutic teret-terets

Participants' views and experiences with psychotherapeutic *teret-terets* (Sub-theme 1) was focused on the qualities of relevant cultural knowledge as instruments to play a role in shaping SEB development. More specifically, the results from the current study indicated that traditional stories are valuable devices to resolve diverse psychological challenges of children and adolescents, in that the practice of stories as an instrument to communicate with children and young adolescents' and address their psychological difficulties has captured the attention amongst scholars and confirmed through empirical evidence. Specific findings are discussed below with the sub-themes and categories.

The tradition of storytelling in Ethiopia: In the current study, the participants' experiences were examined in terms of their perspectives on *the tradition* of story recitation in Ethiopia and its *effectiveness* in working with young adolescents. In terms of the tradition of story recitation, the participants attempted to indicate the presence of strong cultural beliefs to educate and enlighten the future generation through child-friendly stories. It appeared that the ancestral role to transfer wisdom via metaphorically portrayed story-based communications continues to exist within the contemporary generation of Ethiopia. In the same way, there has been a long-standing tradition to organise *contexts* to realise ethical practices and promote

self-improvement against the characters and behaviour depicted by the story. Similarly, the effectiveness and the positive contributions of the stories were explored.

Storytelling context: Organising a storytelling context systematically and appropriately is a vital precondition for effective story recitation. This includes appropriateness in terms of choosing comforting schedules, the physical environment, and making the storytelling sessions stimulating and exciting. Storytelling setups require favourable arrangements to undertake the narrative processes which could include health care and community settings for the purpose of health behaviour promotion. In contrast, other settings are also suggested such as the school environment to enhance curiosity among the students and using stories as one type of instructional methodologies. Home contexts at the family level incorporating parent-child, sibling to sibling, was found to be the context where parents and children interact and share experiences through the form of story recitation. In addition to in the current study, the role of getting the attention of young adolescents' and encouraging them for active participation through mindful listening was highlighted. This, in turn, initiate interest during story recitation and the discussion processes to promote positive changes of behaviour. However, limited empirical data in Ethiopia means difficulty in comparative discussions with the findings in the current study. Despite this limitation, the results in this study can play a major role in the development of child-friendly psychotherapies.

Value of storytelling: The value of a story for young adolescents was found to be twofold and in developing healthy behaviour such as prevention SEBDs development and management of SEBDs through intervention opportunities. The first advantage socialises young adolescents and helps them develop desirable behaviour, thoughts, and emotions and that makes them astute in terms of cognitive, moral, emotional, behavioural, and social development. This intention of story recitation was confirmed by the findings of the current study. It was shown that stories are helpful to develop diverse competencies in social, emotional communication, and career life. At the same time, the results demonstrated in this study match the value of stories in terms of the cognitive and literacy skills development of young adolescents. Furthermore, the values of stories in terms of assisting young adolescents to acquire language and communication competencies were also explored. Similarly, this study verified that using stories improves moral functions, and finally, the role of stories illustrated aiding young adolescents in developing career/vocational aspirations and skills.

The second advantage of stories was to manage SEBDs of young adolescents. Stories are seen as healing instruments for inner emotional, spiritual, and mental pain of young

adolescents compared to the conceptualisation and practices in Ethiopia. That means psychological sciences explicate SEBDs as broader concepts that include a multitude of disorders. Even though each story is based on the modern classifications of SEBDs, the stories *per se* were self-explanatory and could be applied as a psychotherapeutic technique. This was the primary achievement of the current study where it provided a new impetus to differentiate, link, and classify traditional child-friendly stories as a psychotherapeutic technique to address distinct classifications of SEBDs. Despite the scant evidence in terms of understanding the functions of indigenous stories as a psychotherapeutic technique, evidence was found from the current study. Participants suggested that parents, teachers, or other adults employ stories to help children who experience different difficulties such as assisting children who experience eating disorders and sleep problems (i.e., bedtime resistance). It was found that stories are valuable tools to improve young adolescents' aggressive behaviour, depression/anxiety, and hyperactive-attention difficulties. The contributions of stories have been a long-standing tradition to treat other psychological complaints such as violence and delinquency with the findings of the study confirming that stories assist children who have learning difficulties, dyslexia, and autism.

8.3.1.1.2 Participants' stories as evidence to illustrate their worldview

Participants using their experiences and guided by Achenbach (1991) -YSR selected stories through depicting words, statements that indicate SEBCs, SEBDs, and their implications. The indicators, results, and discussions of Phase 1 are re-examined in the sections below.

Socio-emotional and behavioural competency indicators: SEBCs in the current study are expressed in terms of participation in daily activities such as sports, hobbies, household chores, community engagement, and interpersonal relationships. In addition, behaviour such as being emotionally stable/understanding and reflecting matured emotional states, and healthy relationship with the guardians are considered. From 62 stories, only seven stories were considered in the current study for illustration. Table 8.1 below.

Table 8.1: Review on SEBC indicators

Story	Socio-emotional and behavioural competency indicators
Father and his Son	Emotional intelligence: control of feelings, understand feelings, knowing that most things turn out okay and knowing and understanding others' feelings.
The Kind Small Girl	Emotional intelligence skills: respect for others, living with others, solving problems, and caring for others. Moreover, demonstrating interpersonal skills with healthy communication with colleagues, parents and other elders.
The Devious Boy	Healthy relationship between parent and their children in that it urges parents to use adaptive corrective mechanisms. The competencies in this story coincide with the majority of competencies demonstrated in mother-child interaction such as solving problems altogether, providing advice, and being open and friendly.
Children's Play	Children engage in games together, yet they should feel comfortable with one another and respect each other. Second, children again to listen and respond to elders' advice and they should differentiate good behaviour from bad behaviour.
Thought, Emotion and Action	Accepting father/parents' guidance and to feel regret for wrong doing, it is acceptable to come to the right track of development. Particularly, it assists some teenagers to avoid sex before marriage because it could lead to school dropout and impede the prospect of future career development.
The Lion and the Woman	Seeking opportunities to find a love cure. It infused determination and develops out-of-the-box thinking. Moreover, the story says the stepmother developed a strategy to find the lion's hair
Unity is strength	Accepting father/parents' advice to unite and work together. Demonstrating how far accepting elders' ideas could result to success in life either at individual and/or collective life aspect. Third, the positive contributions of unity as a source of strength.

Socio-emotional and behavioural difficulty indicators: Eight specific socio-emotional and behavioural difficulties such as withdrawal, somatic complaints, anxious-depressive, social problems, thought problems, delinquency, and aggression are involved. Each story has distinct indicators that testify to each syndrome through its characters. Based on these symptomatic syndromes, the seven stories are presented in Table 8.2 with the alignment of symptom indicators in the story and the YSR.

Table 8.2: Review on SEBD indicators

Story	SEBD indicators in the story	SEBD indicators in the YSR	Decision
Father and his Son	Troublesome and hostile against his classmates, fought with friends in the neighbourhood, streets and everywhere he went.	Attacks, fights, and being loud and mean to others	Aggression
The Kind Small Girl	Mean to the old man, bragging and showing off.	Mean to others, bragging and showing off.	Aggression
The Devious Boy	Mean to others, lie/cheat, no guilt for bad action	No guilt, cheated, lied	Delinquency
Children's Play	Tussle, grapple, not take lesson, fight, and run away.	Threaten, stubborn, attack, hot tempered, scream, disobey, run away	Aggression and delinquency
Thought, Emotion and Action	Restless, careless, desperate life, dropped out of school, premature sex	Restless, careless have sex, school dropout	Attention-deficit/ hyperactivity and Delinquency
The Lion and the Woman	Lack of trustfulness and poor attachment with guardians, hatred against the step mother.	unloved, feeling worthless, being suspicious, lonely, worried, and self-conscious, temper	Anxious-depressive and aggression
Unity is strength	Hateful/ spiteful ,fight, argue and glitch one to the other	Fight, temper, argue	Aggression

Purpose and implications of the stories: The underpinning meaning is embedded in each story demonstrating either the socio-emotional and behavioural difficulties or competencies. Young adolescents were required to make meaning from the story through reflection and self-observation then connect this to their personal behaviour. Taking the message or lesson from the story, they attempted to use it as a model of good behaviour and denounce bad behaviour. They attempted to change their undesirable social, emotional, or behavioural elements and develop the desirable behaviour that aids personal growth in terms of emotional, interpersonal relationship, and behavioural aspects. It shows the short- and long-term outcomes of both behaviours portrayed by the stories. Furthermore, the stories had meaningful messages for parents, educators, counsellors, and other concerned people who work with young adolescents. On certain occasions, malfunctions within the family system, school system, or other settings could impact the psychological development of young adolescents. These groups could learn meaningful lessons from the stories to understand the behaviour of children, young adolescents and work towards improving their behaviour and

develop healthy relationships (*cf.* Table5.3 Summary of the implications of the stories selected by participants).

8.3.1.2 Classifications of *teret-teret* based on YSR

Eight categories of SEBDs are indicated in the Youth Self-Report questionnaire to identify *which terets assist as a psychotherapeutic technique in supporting young adolescents with SEBDs*. Some 62 stories were explored, aligned, and verified that they were robust enough to assist young adolescents who experience aggression (*cf.* Chapter 5, Table 5.6).

The second step was to analyse the stories in terms of their therapeutic value using the YSR as the guiding device. It involved observation of the holistic nature of the stories and their details as well as an analysis of the underpinning implications of each story. According to the views and comments of the research participants, the stories were analysed and classified. Based on their combined feedback, the stories were sorted against the SEBDs represented by the YSR (*cf.* Chapter 5, Table5.6).

Based on the findings illustrated in Table5.6, the majority of the stories appear to be able to assist children with aggression (28 stories, 45.16%). On the other hand, nine stories (14.52%) were reported as being helpful to address aggression and delinquency. Among other stories, four stories(6.45%) involved delinquency; four stories (6.45%) attention problems; 3 stories (4.84%) attention problem and delinquency; two stories (3.28%) aggression and social withdrawal; two stories(3.23%) social problems; one story (1.61%) depression, aggression and delinquency; one story (1.61%) depression/anxiety and delinquency; one story (1.61%) aggression and depression/anxiety; one story (1.61%) social withdrawal and one story (1.61%) attention problem and aggression.

In Phase 3, these stories were applied as a psychotherapeutic technique to assist young adolescents experiencing SEBDs. The inherent nature of the stories allowed them to be used as a technique to assist young adolescents who experience aggression and delinquency. The distinctive psychotherapeutic nature of the stories was assessed and interpreted, based on the underlying factors of the SEBDs embedded in each story. Finally, 18 stories were allocated a code based on the most salient features of the stories such as aggression = 6, aggression and delinquency = 4, and multipurpose stories = 8).

Aggression: A total of 62 stories were compiled from the elders, folklore experts, and archives (*cf.* Appendix H), amongst which twenty-eight stories were confirmed as helpful to assist young adolescents who experience aggression. The decision was made based on the

features of the characters in the story that experience major symptoms of aggressions as indicated in Chapter One Table 1.1 They included characteristics such as teases, threatens, loud, stubbornness, destroy own properties, attacks, fights, jealousy, brags, talk much, demand attention, temper, destroy others properties, screams, argues, show off, mood change, mean to other. Given these SEBD indicators, the following stories serve as illustrative examples.

Aggression and delinquency: This category of stories includes the stories that embed the characteristics of children who experience both aggression and delinquency. The characteristics of young adolescents who experience aggression and delinquency where it refers to the co-morbid syndromes of both aggression and delinquency. With the consideration of the indicators of SEBDs more than nine stories were explored as a psychotherapeutic technique to assist young adolescents who experience aggression and delinquency.

Stories that may be used to address multiple themes: Evidence suggests that *teret-teret* assists with youngsters experiencing aggression and delinquency. Similarly, this study confirmed that *teret-teret* is also helpful to address other types of SEBDs such as hyperactive-attention problems, anxious-depressive, thought problems, and withdrawal problems. Supportive findings, drawn from the participants, suggested that Ethiopian adults have over many years used stories as vehicles to deal with youngsters to tackle the aforementioned problems. To verify this argument, more than eight stories were found to be helpful to fix any form of SEBD that face young adolescents.

Generally, the findings from Phase 1 offer value. Firstly, the results have implications for the advancement of scientific knowledge. Secondly, the findings assist in shaping and reconstructing the existing social policy in Ethiopia about socialising children and young adolescents to develop healthy and productive citizenship. The findings also contribute to devising social and organisational actions for the benefit of national survival through producing a healthy, productive, and confident generation. In expressing the above, the findings in the current study have pivotal relevance. Primarily, they inform stakeholders on the existing traditional wisdom with the results motivating practitioners to make use of the existing traditional knowledge and at the same time, integrate it with modern scientific knowledge.

8.3.2 Phase 2: Prevalence of socio-emotional and behavioural difficulties

Results from Phase 2 verified the prevalence rate of SEBD among young adolescents in Hawassa city. The composite and specific prevalence rates of SEBD were examined and based on this, the types of the disorders were presented consecutively. Phase 2 was guided by the following research questions:

Research Question 3: What is the prevalence rate of socio-emotional and behavioural difficulties among young adolescents in this study?

Research Question 4: Which socio-emotional and behavioural difficulty is most prevalent among young adolescents in this study?

8.3.2.1 Prevalence of gross SEBD

Gross SEBD is a combination of eight sub-SEBDs. The study confirmed that a large percentage (i.e., 43%) of the study participants experienced difficulties where this level of the problem appeared to be higher in the current study than the majority of earlier studies conducted across the world. Even though this was the fact, relatively similar patterns of the result were obtained with some of the studies conducted in the past. In other words, the consistency of the results from the past and the current studies implied that considerable numbers of global young adolescents are facing emotional, mental, and/or behavioural difficulties.

8.3.2.2 Prevalence specific SEBDs

Eight separate types of SEBDs were delineated and their prevalence rate was examined. Accordingly, data analysis was conducted through binomial proportional test for all the separate types of SEBDs. Then, the prevalent each of the SEBD types was identified and its statistical difference examined in line with the level of the proportion was set before. Together, the present findings confirmed that depression was found to be the most common type of SEBDs (i.e., 50%) among the participants of this study. The study further provided evidence on somatic complaints, attention-deficit, delinquency, and aggression suggested being the second, third, fourth, and fifth prevalent types of SEBDs among young adolescents. In line with depression as the most prevalent SEBD type among young adolescents, it appears that the findings of the current study demonstrated more prevalence rate compared to most of the studies conducted previously.

Thus, Phase 2 provided evidence on the magnitude of gross SEBD and distinct levels of SEBDs among the study participants. These results aware concerned bodies such as psychologists, sociologists, educators, health professionals, and others come up with alternative and innovative strategies to reconstruct the psychosocial well-being of children and young adolescents under difficult situations. Besides the meaning implied from the 43% of gross SEBD that the majority of SEB syndromes co-occur and too the young adolescents are morbid with multitude SEBDs. This probes to construct well-integrated and systematic intervention modalities that address the overall psychosocial aspects of young adolescents.

8.3.3 Phase 3: An Intervention study

Phase 3 had gone through different procedures. Initially, differences between groups were examined by conducting an independent sample *t*-test. Then, statistical significance between groups was examined. Thirdly, the magnitude of the difference between the groups was investigated. Subsequently, additional statistical procedures (i.e., T-score and frequencies) were conducted to substantiate the findings obtained through *t*-test. Lastly, qualitative data was generated from randomly selected guardians and supplementary thematic analysis was conducted. All these methods of data analysis were undertaken to find answers to the following research questions.

Research Question 5: What extent of the statistical difference is found in the socio-emotional and behavioural challenges between the young adolescents who received and those who did not receive *teret-teret* psychotherapy?

Research Question 6: How does *teret-teret* psychotherapy support the socio-emotional and behavioural adjustment of young adolescents?

Phase 3 was based on the results of the first and second phases of the study. Once aggression was verified as one of the common young adolescents' SEBD and *terets* had been identified for use as a psychotherapeutic technique for aggression, then the third phase of the study could be planned with an intervention. This means that the three-phases of the study are interconnected. In the first phase of the study relevant stories were explored, in the second phase of the study SEBDs were screened, and in the third phase of the study application of the data from the two studies was undertaken.

8.3.3.1 Short-term outcome of *teret-teret* intervention

The short term outcome of the intervention (i.e., outcome of the *tetet-teret* psychotherapy immediately after the termination of the intervention) was assessed. Both the quantitative and

qualitative findings demonstrated that *teret-teret* psychotherapy had a positive contribution to the adjustment of young adolescents experiencing aggression. For example, qualitative data generated through interviews with parents of young adolescents confirmed that young adolescents began to behave positively and abstain from *aggressive* behaviour. For instance, they began to give up arguing, demand attention, destroy their own properties, fighting, attacking, screaming, threatening others, getting hot temper, and began to obey at home and school. Also, there was increased participation in daily activities, showing emotionally matured behaviours, began to participate in psycho-educational activities and improved interaction with mother/ caregiver. Comparing the groups based on these competencies provided further verification to explicate how far the application of *teret-teret* psychotherapy had positive contributions to mediate the aggression among young adolescents.

The intervention program played a major role in assisting young adolescents to participate actively in *daily activities*. In this regard, young adolescents began to demonstrate improved participation in home chores, hobby activities, sports activities, and interpersonal relationships. In this regard, the findings young adolescents to give attention to participating in different activities that elicit their psychological impulses and develop new skills. Similarly, the finding has relevance to organise open social ecology to allow young adolescents to freely participate in their respective social environment.

8.3.3.2 Long-term outcome of *teret-teret* intervention

In this section, the study attempted to find out whether the interventions helped the participants to acquire SEBCs. The long-term outcome specifically addressed the impact of *teret-teret* psychotherapy on the day-to-day functioning of the young adolescents in their natural environment after two months of *teret-teret* psychotherapy. The quantitative data was generated through ROM where it was self-report data gathered through YSR and the instruments for confounding /competencies variables. Two months later after the termination of thirteen sessions, the level of SEBD including aggression and adjunct competencies of the *teret-teret* group was compared with the control and the comparison groups. The magnitude of the mean difference between the groups concerning the variables indicated in the study was examined. Hence, the examination of the *effect size* revealed that the power of *teret-teret* psychotherapy reduced the level of aggression and assisted the young adolescents to acquire new socio-emotional and behavioural competencies.

Aggression was one of the major components of the difficulty variable used to compare the control and comparison groups. As reported earlier by the parents of the young adolescents *teret-teret* psychotherapy likely produced positive effect on young adolescents who experienced aggression. The quantitative findings confirmed that young adolescents began to behave positively and abstain from *aggressive* behaviour. For instance, they began to give up arguing, demand attention, destroy their own properties, fighting, attacking, screaming, threatening others, getting hot temper, and obey at home and school.

In addition, the young adolescents tendency to participate in *daily activities* (i.e., sport, hobby, home chores, clubs, and interpersonal activities) was also improved. Young adolescents began to participate better in *daily activities* particularly they demonstrated improved participation in home chores, hobby activities, sports activities, and interpersonal relationships. Similarly, the finding urge concerned bodies to organize open social ecology to allow young adolescents to freely participate in their respective social environment.

Findings from Phase 3 study accentuate the positive role of indigenous knowledge as a medium to address and mediate culturally responsive processes within research and practical activities. Moreover, the study stimulates researchers to conduct further investigations either as a pilot series or as a verification process. This, in turn, assists to construct substantial, valid, and reliable empirical confirmation for evidence-based practices for psychological services. Finally, the findings inform policymakers and practitioners to use and expand developmentally and culturally sensitive psychological health knowledge.

In summary, Phase 1 assisted in exploring the role of *teret-teret* as a psychotherapeutic technique in Ethiopia. Views and examples provided by the research participants were verified through an intervention study Phase 3. The findings of the studies from Phases 1 and 3 supplement each other. That is to say, the participants during the first phase of the study confirmed *teret-teret* as helpful device to work with for healthy socio-emotional and behavioural development of children and young adolescents. Similarly, the intervention study verified the views of the participants in the first phase of the study. Therefore, it is much more relevant to advance *teret-teret* psychotherapy as one of the major instruments for psychological services for generation building.

8.4 RESEARCHER REFLECTIONS

This section outlines the reflections on methodological issues firstly and then the theory and conceptual framework. The methodological part gives particular emphasis to the limitations

of the study whereas theoretical reflection illuminates the connection between the findings of the current study and the theoretical underpinnings as well as the conceptual framework. Further reflections on each of these aspects are presented in the sections below.

8.4.1 Reflections on the methodology

In reflecting on the methodology used in the current study, several issues arose, in particular limitations of the study. The sample size is one of the areas where a single population sampling method was employed with 60 participants involved in the third phase of the study. Studies show that when sampling size increases, the level of precision increases to confirm the population characteristics (Onwuegbuzie & Collins, 2007; Hultsch et al., 2002). However, this study is population-specific only focusing on 14-year old young adolescents. Accordingly, the study is less likely to explicate the prevalence of SEBD among other groups of young adolescents. Secondly, this study does not show how far *teret-teret* psychotherapy is effective with young adolescents below and above the age of fourteen. However, the sample size, intervention design, and method of data analysis are worth mentioning. Using a more complex design, including many comparative groups such as placebo groups, may help to examine the effect of the intervention across various groups. The use of a robust design is accompanied in using the well-crafted method of data analysis such as regression discontinuity analysis which is considered more valid to scrutinise the effect of the independent variable on the dependent variable.

This study used mainly adapted instruments from the Euro-American contexts ;however, it would have been more relevant to use self-constructed instruments. Using the self-constructed instrument more likely helps to consider the contextual issues of the participants and to enhance the depth of the involvement of the researcher on the issue under the study. Even though instruments were taken from others socio-cultural experiences expert judgment to ensure the content validity and reliability analysis to examine the construct validity and the internal consistency between each item in each scale were undertaken.

The other point of reservation emerged from a limited period to conduct follow-up research. Six months were allocated to the intervention study with two months for following up. Hence, in future studies, it would be advisable to have a longer period of time for a longitudinal study on multiple groups in different settings. Study on multiple groups integrated with continuous follow-up likely promotes the validity of the study. The final point is related to a more controlled experimental setting. For example, studies on a cohort in a

controlled setting permits mitigating the influence of other intervening variables. Another drawback perhaps appears from the existence of a wide variety of play therapies. The current study only made use of a narrative approach which was practiced and validated through empirical evidence while the rest approaches are still open for the forthcoming studies.

Despite these limitations, I believe the study could be the source for other scholarly endeavours that motivate researchers either to verify the current topic or investigate other, yet closely related issues, within different circumstances to address young adolescents' SEBDs.

8.4.2 Reflection on the theory framing the study

Reflections on the theoretical and conceptual aspects are discussed in this section. The theoretical part of reflection focuses on the conventional way psychodynamic psychotherapy manages SEBDs. On the other hand, a new perspective on the operation of psychodynamic psychotherapy is discussed with the SEBDs and SEBCs of the clients.

8.4.2.1 Reflection on theory

The theoretical foundation of the current study was the psychodynamic theory. The study primarily attempted to examine the application of the psychodynamic psychotherapeutic concept/narrative therapy with Ethiopian indigenous psychotherapy, namely *teret-teret* psychotherapy. Major concepts were delineated as part of the psychodynamic theory and taken as research variables in the current study. Firstly, the traditional play was considered as a psychotherapeutic technique *teret-teret* psychotherapy was examined as an aspect of narrative therapy. Secondly, the subjective experiences of research participants on the traditional play as a psychotherapeutic technique were given attention. In line with this, research participants expressed their worldview on how *teret-teret* indicates significant roles to socialize young generation to shape and infuse SEBCs. Thirdly, the concept SEBDs was taken from psychodynamic theory and aligned with Achenbach's (1991) perspective. Finally, a psychodynamic theory does not only highlight SEBDs, it also indicates SEBCs as two sides of the same coin. Hence, in this section, the traditional play, subjective experience, SEBDs, and SEBCs are addressed from a psychodynamic perspective. Additionally, illustration is provided given the *teret-teret* 'A Father and His Son' (cf. Chapter 5, Table 5.4) as a technique devised to assist a young adolescent with aggressive behaviour based on the conventional and new mechanisms of psychodynamic psychotherapy.

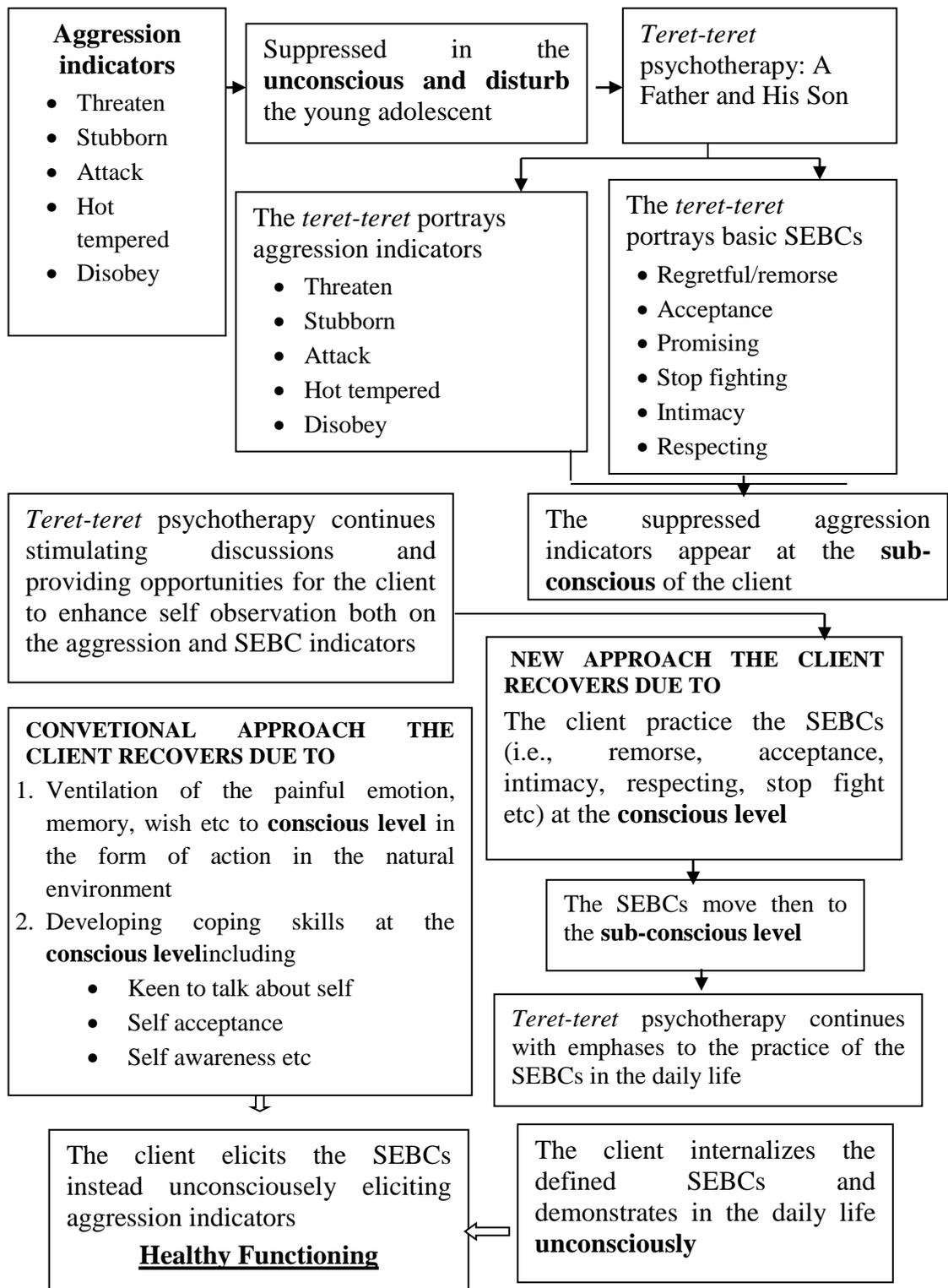


Figure 8.2: Conventional and new mechanisms how *teret-teret* psychotherapy

Figure 8.2 demonstrates the two-way processes of *teret-teret* psychotherapy that is employed as a psychotherapeutic technique with young adolescents who experience aggressive behaviour. Firstly, the conventional form is that *teret-teret* psychotherapy assists a young adolescent to elicit painful memories, feelings, desires, and impulses that are thought to be foundations for aggressive behaviour. Then, the psychotherapy probes a client to develop coping skills such as relaxation, self-awareness, self-acceptance, and living at ease. Conversely, inherently *teret-teret* psychotherapy is dense by its content and diverse in its imaginative characters as it contains many socio-emotional and behavioural competencies as well. Hence, these competencies are clearly differentiated during psychotherapeutic processes, and clients are required to practice the competencies during in-session and out-session contexts. Thereafter, the clients gradually internalise the competencies from conscious to the subconscious and then to unconscious memory. Later, it is expected that the unconscious painful materials (that is, sources of SEBDs) are replaced with the unconscious socio-emotional and behavioural competencies. Finally, the client demonstrates healthy social, emotional, and behavioural repercussions effortlessly within the context where the client continues to live. More detailed elaboration is provided in the coming sections regarding the operation of conventional and the new approaches of *teret-teret* psychotherapy.

8.4.2.1.1 Conventional mechanisms of psychodynamic techniques

Evidence from the current study informs the presence of the similarity between psychodynamic psychotherapies and *teret-teret* psychotherapy. The consistency between these perspectives is examined in terms of the mechanism of how the techniques function towards psychological adjustment. Talk or chat, narrative, and other forms of artistic techniques (*cf.* Chapter 3, Section 3.2.2.2) found in modern psychodynamic techniques are similar and play an important role in *teret-teret* psychotherapy. The classical psychodynamic theory of psychoanalytic technique, the role of free association, has also sound importance.

One of the arguments presented by psychodynamic perspectives is conventionally attributing maltreatment and abuse, such as lack of parental affection and deprived living circumstances, as causes of SEBD. The major factor relates to the human repressing the negative life experiences in the unconscious psyche which later emerges as a source of psychological morbidity. In this case, psychodynamic psychotherapy creates psychotherapeutic conditions that help to uncover the obstructive psyche such as memories, feeling, wishes, thoughts, desires, and so forth, to calm the socio-emotional morbidity. Besides, psychodynamic psychotherapy clients get assistance from therapists in developing coping skills including

insight creation (i.e., promoting self-awareness on personal life scenarios, developing acceptance and comfort in the psychosocial environment to reconstruct previously lost life stimulations). This psychotherapy is known as the mending or stitching approach which has been practiced in orphanages, child care institutions, and community centres where workers care and support children living under difficult conditions.

Figure 8.3 illustrates a conventional or existing mechanism (statuesque) of *teret-teret* psychotherapy which functions as a psychotherapeutic technique.

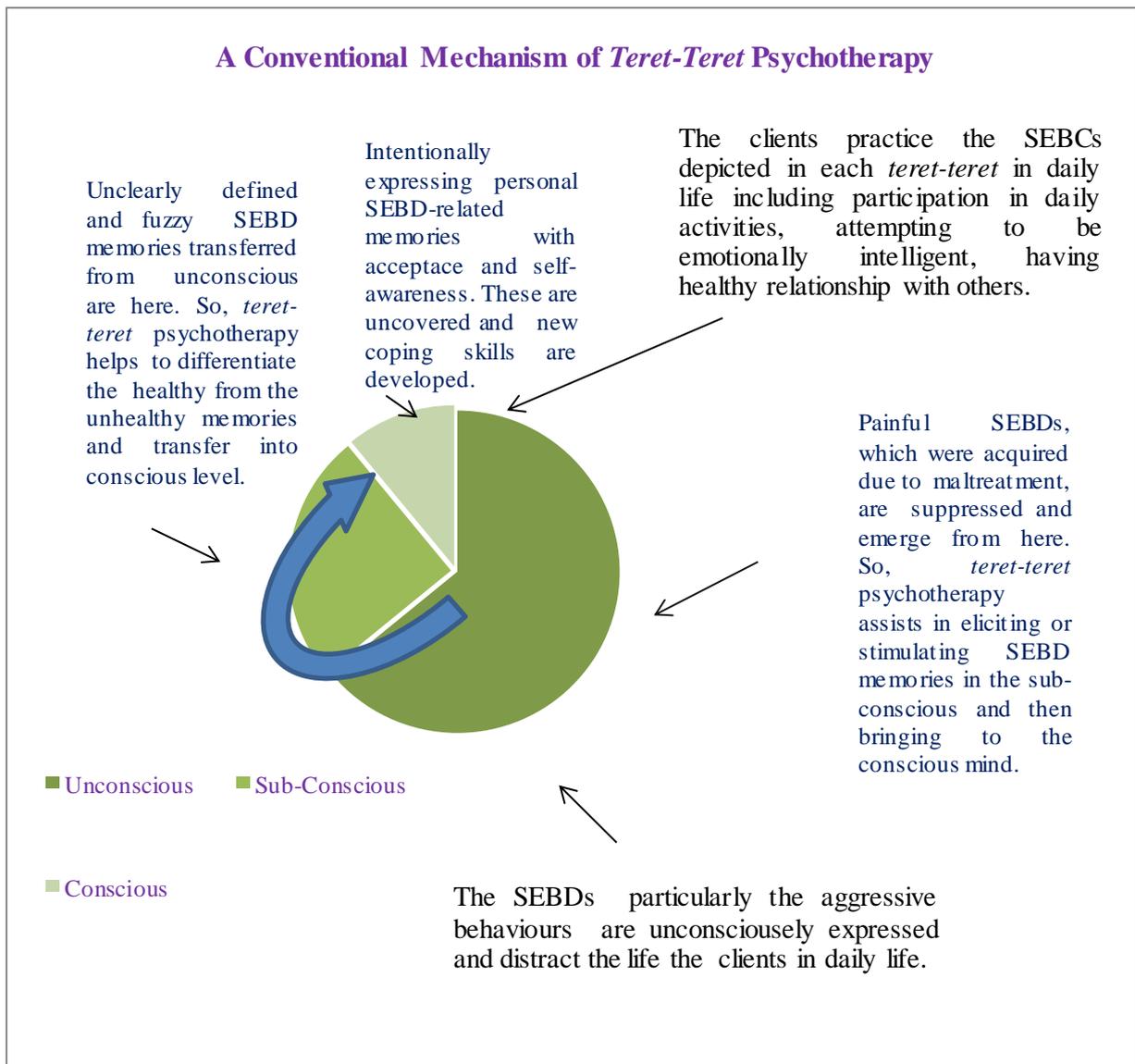


Figure 8.3: Conventional mechanism of *teret-teret* psychotherapy

Based on the mechanism indicated in Figure 8.2, *teret-teret* psychotherapy functions as a psychotherapeutic technique in different ways. Firstly, the technique works as an external factor stimulating and uncovering hidden memories in the deep psyche which then assists the person in expressing the suppressed undesirable memories. Secondly, the technique helps the person to behave consciously and purposefully daily at different times, places, and within certain conditions. Thirdly, the technique assists the person in acquiring basic SEBC with the help of those communicated in each story.

8.4.2.1.2 A new mechanism of psychodynamic psychotherapy

The conventional mechanism of psychodynamic psychotherapy was presented in the former section (Section 8.4.2.2.1). In addition to the role of psychodynamic psychotherapy outlined

8.4.2.2 Reflection on the conceptual framework

As per the discussion in Chapter 3, Section 3.2.2.1, the theory underpinning this study was the psychodynamic theory. In reality, a psychodynamic theory is a combination of different theories and has been presented in a unique way across different psychological disciplines. The specific categories of the psychodynamic theory include eight theories. These predominantly include Freud: Psychoanalysis; Adler: Individual Psychology; Jung Analytic Psychology; Klein: Object Relations Theory; Horney: Psychoanalytic Social Theory; Fromm: Humanistic Psychoanalysis; Sullivan: Interpersonal Theory and Erickson: Post-Freudian Theory. Thus, depending upon the nature of psychodynamic theory and the relevance of concepts from psychodynamic theory for the current study (*cf.* Chapter 3, Table 3.2) some concepts are drawn from psychodynamic theory and cross-validated. Given the understanding of the relevant concepts and the mechanisms indicated in Figures 8.1 and 8.2, verification was made. Hence, based on this understanding, the present study laid the foundation both on the theoretical and conceptual frameworks. Taking this into account, a comparative analysis is provided in the subsequent sections.

8.4.2.2.1 Indigenous knowledge: Traditional play

The concept of traditional play contextually denotes communication between two or more individuals through the means of child-friendly languages such as stories. The instruments that elders or peer groups use to communicate with one another through child-friendly stories in Ethiopia are known as *terets*. The processes of sharing ideas or views, feelings, or opinions are termed as *teret-teret*. *Teret-teret* is a metaphoric story-telling approach that is friendly, exciting, and educative, and/or a psychotherapeutic form of a discussion between individuals. The concept of play therapy, outlined in Chapter 2, section 2.7 among which narrative psychotherapy, is the common child-friendly psychotherapeutic way of sharing ideas or assisting the growing generation.

In psychodynamic psychotherapies, traditional play is explained in terms of helping young adolescents with different forms of socio-emotional and behavioural difficulties. For example, in Chapter 3, section 3.2.2.4 traditional play particularly concerning psychodynamic psychotherapies, is presented. With this combination, story-based narrative psychotherapy for young adolescents has been practiced over time in Ethiopia. However, this practice has never been considered as a form of psychotherapy to provide an impetus for the development of psychodynamic psychotherapy. In other words, the abundance of *teret-teret* practice in

Ethiopia as a means to shape the thought, feeling, and behaviour of the young generation, has never been tested through empirical analysis. Nor has the practice been integrated as a component or a form of psychodynamic psychotherapy and shared with the global community. Accordingly, hereafter this study may be considered as a landmark incorporating Ethiopian *teret-teret* psychotherapy as a form of narrative psychodynamic psychotherapy.

Culture as an instrument to socialise growing children has been highlighted by diverse psychodynamics theorists. For instance, Karen Horney and Erick Fromm are proponents of psychodynamic perspectives, yet they give attention to the role of cultural influence on personality formation. With the backdrop of this conceptualisation, cultural practices play a major role in shaping the behaviour of growing children. Hence, the results emerging from the current study support the concepts mentioned by other psychodynamic theorists such as Freud, Horney, and Fromm. In this case, counselling or psychotherapy as a discipline supports cultural sensitivity while working with clients at the grassroots level. This, in turn, requires the integration of a wide range of knowledge from different corners of the world to solidify into a specific discipline.

8.4.2.2 Subjective experience

The concept of subjective experience is a conceptual segment under psychodynamic psychotherapy. For example, Erich Fromm is a member of the group of psychodynamic perspective proponents who have identified the role of unique subjective experiences in the development and analysis of human behaviour. This perspective assumes that a unique subjective experience plays a major role in terms of constructing desirable and/or undesirable socio-emotional and behavioural life domains. This study attempted to explore the subjective experience of the study participants on the values of *teret-teret* to shape the socio-emotional and behavioural development of the younger generation. Psychodynamic theories provide due regard for the subjective experiences of human beings to construct meanings through individuals' interaction with the existing socio-cultural practice. Accordingly, this study also attempted to explore the deep inside worldview of participants regarding *teret-teret* as a means to assist the development of a younger generation. Hence, based on the experience acquired from the psychodynamic perspectives (for example, humanistic psychoanalysts), the current study confirmed *teret-teret* psychotherapy as a trustful and effective technique to deal with young adolescents who experience socio-emotional and behavioural difficulties.

8.4.2.2.3 Gross SEBD

The concept of socio-emotional and behavioural difficulty is widely discussed in the literature not only under psychodynamic theory but also in other theories of psychological sciences. Nature, classifications, aetiologies, and treatment strategies are common areas that demand attention. The clustering of socio-emotional and behavioural difficulties is based on their unique indicators. Hence, Achenbach (1991) in his Youth Self-Report questionnaire, outlined eight distinct socio-emotional and behavioural difficulties that commonly affect the younger generation. Taking this into account, the current study examined the prevalence rate of the gross socio-emotional and behavioural difficulty level among the participants. As indicated by Achenbach (1991), these SEBDs include anxiety/depression, withdrawal, social problems, somatic complaints, thought problems, delinquency, aggression, and hyperactive-attention deficit. Hence, gross SBDSs include the combination of all the eight sub-domains of socio-emotional and behavioural difficulties. With the understanding of the concept of gross SEBDs indicated in the above section, an intervention study was designed to test the extent of *teret-teret* psychotherapy assists young adolescents' adjustment in terms of their SEBDs. In this regard, different approaches of data analysis were carried out and the results were presented in Chapter 7, Section 7.7.

A post-intervention independent *t*-test demonstrated a statistically significant difference between the participants of the intervention and control group, indicating a reduced level of SEBD among the participants of the intervention group. The average value of the intervention group is lesser than the control group with a smaller standard deviation. In contrast, the independent *t*-test result between the intervention and comparison groups suggested no statistically significant difference between the two groups. The findings imply an improvement in terms of socio-emotional and behavioural adjustment among the participants of the intervention group. Based on the results obtained from the pre-and post-test, it seems that an intervention using *teret-teret* psychotherapy as a psychotherapeutic technique is of value in helping young adolescents who experience gross SEBD. *Teret-teret* psychotherapy thus plays an essential role in reducing gross SEBDs; however, caution needs to be taken as robust study designs are required with large sample size and follow-up procedures.

8.4.2.2.4 Aggression

As indicated in Chapter 1, Table 1.1, socio-emotional and behavioural difficulties presented by young adolescents with aggressive behaviour are characterised by diverse indicators

(Achenbach, 1991). These indicators include teasing, threatening, speaking loudly, stubborn behaving, destroying own property, attacking, fighting, feeling jealous, bragging, talking too much, demanding attention, getting hot-tempered, destroying others' property, screaming, arguing, showing off, mood swings, and being mean to others.

A post-intervention independent *t*-test demonstrated a statistically significant difference between the participants of the intervention and the control groups. The participants in the intervention group displayed a more reduced level of aggressive behaviour than the participants in the control group. The results offer valid support of *teret-teret* psychotherapy in becoming a relevant psychotherapeutic technique to deal with young adolescents who experience aggression. Concurrently, the mean value of the intervention group is less with a smaller standard deviation than the control group. On the other hand, the independent *t*-test result between the intervention and the comparison groups suggested no statistically significant difference between the two groups. Even though there was no statistical difference, the study has shown that the participants from the intervention group progressed positively in terms of adjustment against showing aggressive behaviour. Given the results of the pre-and post-test, the intervention indicated value in using *teret-teret* psychotherapy as a psychotherapeutic technique to help young adolescents who experience aggressive behaviour; however, the role of robust study design, large sample size, and follow up procedures are still noted.

8.4.2.3 Reflection on socio-emotional and behavioural competencies

The socio-emotional and behavioural competencies comprised two broad categories. The first category includes the participation of the young adolescents in daily activities, which include their enrolment in different activities such as sport, hobbies, household chores, community roles, and engaging in healthy relationships with others. The second category expressed in terms of demonstrating positive emotional and social behaviour (i.e., becoming emotionally matured, tolerance, understanding, patience etc.), having a healthy relationship with parents or guardians and taking part in school-based psychoeducational activities.

8.4.2.3.1 Participation in daily activities

The current study explains participation in daily activities in terms of discharging responsibilities in five key daily life engagements. These are active involvement in sport, leisure; household chores, community engagement, and relationship with others (*cf.* Chapter 5, Section 5.7.1.2). Taking this into account, psychodynamic theories suggest healthy

functioning has to do with the fair involvement of young adolescents in daily activities. For instance, Freud's Psychoanalysis psychodynamic theory views an individual's participation in daily activities as a means of ventilating emotion, memory, wishes, and/or other impulses. At the same time, this theory claims that participation in daily activities is a form of generating pleasure. Similarly, the current study supported the involvement of young adolescents in a variety of daily activities as a means of healthy functioning.

The psychotherapeutic function of participating in daily activities is drawn from three fundamental dimensions. The first is through psychotherapeutic functioning. If children or young adolescents effectively participate in any form of daily activities, as described earlier, the probability of releasing painful emotions and memories becomes more evident. Participation in daily activities offers young adolescents the opportunity to release painful feelings and thoughts supported by individuals around them. However, if the person is not an extrovert or is hesitant to interact with others, the physical movement by itself gives children the opportunity to communicate the ideas or feelings which they have suppressed within their psyche. The second function is expressed in line with the development of psychological and social skills, which require growing children to take on responsibilities thus allowing them the opportunity to acquire skills to interact, solve the problem, make decisions and feel valued. The third function is related to self-exploration where the younger generation is able to discover their unique talents when given opportunities to test their true identities and explore their environment. This, in turn, assists the younger generation in finding out and developing their career path which in turn, could promote the development of self-reliance and productivity. This is also the area where psychodynamic theorists strongly urge families and/or institutions working with children to create opportunities for children to explore their environment and areas at their disposal, with adults playing a guiding role.

With the intention of the above psychotherapeutic functioning, an intervention study was designed to test to what extent *teret-teret* psychotherapy aids the young adolescents in acquiring the competency to participate in daily activities. With this background, the pre-and post-test intervention assessments were conducted and the results were presented in the earlier sections (*cf.* Chapter 7, Section 7.7). In the coming paragraph, a comparative additional discussion is presented based on the findings.

After the intervention, the independent *t*-test demonstrated no statistically significant difference between the participants in the intervention and the control groups in terms of their daily activities. However, the mean index of the participants in the intervention group was

slightly greater than the mean index of the participants in the control group, which shows a positive outcome of the intervention. On the other hand, the independent *t*-test result suggested a statistically significant difference between the intervention and the comparison groups. However, the mean index of the participants from the intervention group was less than the mean index of the participants in the comparison group. Based on the findings, the intervention group showed incremental progress in terms of demonstrating positive socio-emotional and behavioural competencies including participation in sport, leisure, chores, community engagement, and positive relationship with other people.

8.4.2.3.2 Other socio-emotional and behavioural competencies

In this study, emotional intelligence, school-based psycho-educational participation, and healthy interactions with mothers or guardians were primarily considered as confounding variables. Despite this understanding, these variables were also useful to consider as supplementary socio-emotional and behavioural competencies. With this understanding, a comparative analysis is provided in the subsequent section with each of the competencies.

Emotional intelligence: A person with emotional intelligence is characterised by healthy intrapersonal and interpersonal relationships, adaptability skills, having a positive impression, and practising good stress management skills (*cf.* Chapter 5, Section 5.7.1.2). This study provided a result with no statistical significance between the participants in the intervention and the control groups, although good progress was found with a higher mean index and lower standard deviation among the participants of the intervention group.

Although positive changes were seen among the participants in the intervention group, lack of stable findings on the part of the control and the comparison groups raised questions on the nature of emotional intelligence is a complex psychological element that requires time to change. The result implies that a favourable social and psychological environment is the necessary foundation to demonstrate consistent behaviour. However, the reader needs to be reminded that all participants were living under difficult life circumstances and were either orphaned or considered vulnerable. Given this fact, practising emotionally intelligent behaviour is prone to be context-specific depending on the suitability of time, place, and conditions. If time, place conditions are not comfortable, the tendencies to behave awkwardly are to increase regardless of the amount of emotional intelligence that an individual possesses. Therefore, the application of *teret-teret* psychotherapy and the connection with the parents/guardians seemed to develop a comfortable home and school environment for the

participants in the intervention group for a while. However, unless favourable socio-cultural and economic conditions are maintained, the probability to demonstrate emotionally-matured behaviour is likely to decrease. By the same analogy, the participants in the comparison group behaved inconsistently as emotionally matured within the six month intervention period. Perhaps it was due to the impoverished socio-cultural and economic circumstances in which these participants were living. Hence, the proponents of psychodynamic theories (Freud, Horney, Fromm, and Erickson) for better SEBCs the overarching system including socio-economic status, parental behaviour, school circumstances, and cultural orientation, could matter. If the overall external environment is favourable, the child can make the best out of it. However, if an environment is flawed, the child with healthy behaviour could develop problems. At the same time, the age of the participants should be taken into account as well as the extent of their sensitivity to factors that influence their mentality, emotions, and behaviour.

Psycho-educational participation: School-based psycho-educational participation denotes the involvement of young adolescents in activities such as scouts, big brother/sister, team sports, individual sports, school band, drama, music, crafts, academic club, journaling, hobby clubs, mentoring and tutoring, volunteering, religion education, religious colleagues (*cf.* Chapter 5, Section 5.7.1.2). After the intervention, the independent *t*-test demonstrated a statistically significant difference between the participants of the intervention and the control groups. The participants in the intervention group demonstrated a relatively better school-based psycho-educational involvement than the participants in the control group. The *t*-test result suggested a statistically significant difference between the two groups where the participants in the intervention group again performed far better than the participants in the comparison group. In general, the pre-and post-test provided relatively valid and predictable results. Positive changes among the participants in the intervention group were found with their school-based psycho-educational participation.

Healthy interaction with mothers/guardians: Mother-child interaction was expressed in terms of two major competencies (*cf.* Chapter 5, Section 5.7.1.2). Firstly, conflict resolution skills, composed of having good beliefs, respectfulness, informed consent, accepting each other also includes acceptance skills such as getting well, taking advice, and ensuring comfort. During the pre-test, the independent *t*-test demonstrated no statistically significant difference between the intervention and the control groups, yet there was a significant difference between the intervention and the comparison groups. After the intervention, the

independent t-test demonstrated a statistically significant difference between the participants of the intervention and the control groups. The participants in the intervention group demonstrated a relatively healthier interaction with their parents/guardians than the participants in the control group. Hence, the pre and post-tests provided relatively valid and predictable results. Positive changes among the participants in the intervention group were found concerning their interaction with their guardians, although a robust design with a longitudinal approach is needed to ensure that the role of *teret-teret* psychotherapy in terms of assisting young adolescents to interact well with their guardians results in consistent and sustainable behaviour.

8.5 CONTRIBUTIONS TO SCIENTIFIC AND PRACTICAL KNOWLEDGE

In this section contributions of the study are discussed. The first contribution of the study is giving due attention to young adolescents particularly as many experience different types of socio-emotional and behavioural challenges. The study indicates that the younger generation, particularly children living under difficult circumstances, are faced with socio-emotional and behavioural problems.

The second contribution of the study is to urge for early detection and management of childhood socio-emotional and behavioural challenges. Early detection assists stakeholders, including the children themselves, in reducing the long-term impact of psychosocial adversities and identifying risk factors and symptoms of the problems at an early stage.

The third contribution of the study asks for attention to be given to developmentally appropriate psychotherapy. Customising psychotherapeutic practices based on the needs of cultural and developmental characteristics, are highlighted. One of the focal professional duties of psychology is studying and fulfilling the demands of human beings based on their developmental characteristics. It is felt that the practice of psychotherapy for children and adolescents is not given enough attention in Ethiopia. Accordingly, this study explores the type of relevant indigenous knowledge from a psychotherapeutic perspective and verifies the relevance to address young adolescents' needs. A further contribution has to do with reconstructing indigenous knowledge for *teret-teret* psychotherapy. The practice of using indigenous knowledge, child-friendly stories, as a vehicle to manage young adolescents' problems, has not yet been studied in line with psychotherapeutic contributions. From this perspective particularly, the current study has placed attention on one of the overlooked aspects of indigenous knowledge and formulated a way in which to make a change by giving

appropriate attention to local knowledge *teret-teret* psychotherapy to solidify it with existing psychodynamic perspective.

Generally, the study presented a new approach to working with young adolescents' SEBDs. The findings of this study offer significant suggestions. Firstly, they urge scholars and practitioners to consider immense existing knowledge as a relevant instrument to manage psychological problems. Then, the findings question the reconstruction of the experiences based on empirical pieces of evidence but on the other hand, the findings acknowledge the strong convictions on existing practices, but call for expansion and acceptance within the practice of the global community. The final contribution is related to the application of age and context-specific as well as methodologically relevant practices as to interactive psychotherapies for the younger generation has to be effected at different settings.

8.6 RECOMMENDATIONS

Human beings experience morbidity through mental, emotional, and/or behavioural problems. In this study, the background of the participants (i.e., OVCs) indicated that they had been deprived of basic emotional, social, and physical needs. Within a psychodynamic perspective, this kind of deprived attachment and deficiency in socio-emotional stimulation results in psychological and social morbidity. The major concern from a psychodynamic perspective is assisting the younger generation in managing early socio-emotional adversities for healthy functioning later in life. Accordingly, based on the findings emerging from the study, I forward the recommendation for practice, policy, and future research. This study was pragmatic in nature, and combine theory with practice to guide and translate theoretical knowledge into practice at the grassroots level. With this understanding, I forward the following points as specific recommendations.

8.6.1 Recommendations for Using Evidence-Based Practice

Child welfare centres, schools, and other settings should make use of the evidence-based practice. Thousands of childcare centres, NGOs, and schools in Ethiopia directly or indirectly address the issues manifest in the younger generation, yet the majority of these centres are not informed through evidence-based practices.

Recommendation 1: Primary schools in Ethiopia more likely do not have organized and knowledge of child care and support systems. Hence, developing professionalism through the continued training of qualified child and young adolescents' psychotherapists (such as play therapists) is recommended. Although the concern of the younger generation is the matter of

society, it should not be treated as a business but rather an area that requires professionally trained, qualified, and accountably relevant persons.

Recommendation 2: The study proposes the use of developmentally and culturally appropriate psychotherapy in terms of supporting youth adjustment from SEBDs. Therefore, a new structure (i.e., professional positions) should be designed with clear job descriptions at the federal, regional, district, and school levels to discharge responsibilities related to child therapy.

Recommendation 3: Traditional story recitations are being integrated into the nation's modern education system. This is particularly relevant for pre-primary, primary, and junior secondary school students as the psychological, social, and behavioural characteristics of the students at these grade levels especially require contextualised and friendly learning environments.

8.6.2 Recommendations Regarding Policy

The role of this study concerning policy development is expressed in terms of three areas. These are policy for the application of developmentally appropriate therapies such as play therapies in the pre-primary and primary schools, the introduction of policy for early childcare and support, and policy for re-constructing and sharing existing knowledge and wisdom through research and practice for the global community.

Recommendation 4: Policy is required for the application of play therapy in the pre-primary and primary schools. The policies would help in working through painful emotions and memories due to early traumatic adversities particularly among children who have been abused, maltreated, or who have experienced any form of vulnerability. Play therapy is regarded as a vital psychotherapeutic technique where young children and adolescents are encouraged to develop socio-emotional and behavioural competencies while they are participating in play. Children, while involved in a play, are given the opportunity to communicate their feelings and thoughts easily and freely. In addition, they explore their unique potential which would help them to discover their strengths and weaknesses and possibly lead them on a future career path at an early age of development.

Recommendation 5: The findings of this study highlights the importance of early identification and support for children and youth who experience SEBDs. Hence, developing policy for the introduction of early child care and support draws the attention of CBOs, FBOs, NNGOs, GOs, and families. The policy would enable key systems and stakeholders to

take care of the growing generation and shape their behaviour in such a way that it meets the demand of the global state of affairs.

Recommendation 6: There needs to be a policy to reconstruct existing knowledge and wisdom through research and practice. This applies particularly to *teret-teret* psychotherapy which is significant of traditional pearls of wisdom being developed in Africa, but due to lack of policies, these experiences are not being passed from one generation to the other. To solve this problem, clear and contextually relevant policies are required.

8.6.3 Recommendations for Further Research

This study encourages scholars in the field of psychology, social work, education, and other related social and health sciences to draw undertake research in a multitude of areas. Among the majority of areas that need additional empirical evidence on the contribution of object relation, linking *teret-teret* psychotherapy with other psychotherapies, reconstruction of culturally and developmentally appropriate therapies, and the concern of early identification and treatment of psychological challenges. These recommendations are elaborated below.

Recommendation 7: Appropriate object relations theory development in indigenous cultures is a necessary need for child and young adolescents' socio-emotional and behavioural development within the concept of psychodynamic psychotherapies. Hence, the cathartic effect of object relation should be given further attention in the scientific arena in the context of holistic child and young adolescents' development.

Recommendation 8: Examination of other theories of psychotherapy is recommended. The current study examined *teret-teret* psychotherapy within psychodynamic therapy, yet the connection of *teret-teret* psychotherapy with other psychotherapeutic approaches such as Cognitive Behaviour Therapy (CBT), humanistic, and other approaches need greater examination.

Recommendation 9: Culture and age-sensitive psychotherapies are reconstructed. This study proved that *teret-teret* psychotherapy could have significant implications in managing the growing rate of child and young adolescents' SEBD through adapting developmentally and culturally appropriate psychotherapies. Hence, it is recommended that these beginnings could be expanded and developed through empirical evidence across other psychotherapeutic techniques.

Recommendation 10: Early identification and treatment of psychological challenges should be considered. Perspectives in psychological therapy claim that most psychological disorders

are manifest at an early age. Studies attest that early intervention is a vehicle for the development of socio-emotional and behavioural wellbeing. The trend of early identification is required in this kind of intervention study but the role of early identification and treatment needs to be validated through empirical evidence.

Recommendation 11: Periodic mentoring of the socio-emotional wellbeing of the younger generation is put in place. Continuous assessment of child and young adolescents' socio-emotional and behavioural wellbeing helps to inform policymakers to find practical solutions. As a result, conducting an ongoing assessment with a broad population and geographic range is recommended.

Recommendation 12: Conducting play therapy with children below the age of 14 is recommended. The study attempted to examine the outcome of *teret-teret* psychotherapy on the young adolescents of fourteen years of age, yet the outcome of *teret-teret* psychotherapy with young adolescents in other age ranges still needs scientific validation.

Recommendation 13: Other forms of play therapy should be developed. In the context of this study, only one form of play therapy, a narrative approach namely *teret-teret* therapy, was the focus with its outcome being investigated; however, there are other modes of play therapy that still require support from empirical data.

8.7 CONCLUSION

The application of *teret-teret* psychotherapy produced significant-high differences between the intervention and control groups in terms of reducing the level of gross socio-emotional and behavioural difficulties in general and aggression in particular. In conjunction, *teret-teret* psychotherapy promoted the socio-emotional and behavioural competencies of young adolescents enabling them to participate in daily activities and school-based psycho-educational activities. In addition, young adolescents demonstrated an improved level of emotional intelligence and interaction with their guardians. Accordingly, the study draws relevant implications to stakeholders from multitudes of disciplines to practice *teret-teret* psychotherapy at school, home, and community settings to ensure morally, mentally, emotionally, and behaviourally healthy functioning young generation. The child is the father of the adult. That means healthy adulthood starts in healthy childhood. Healthy childhood is a function of healthy socialisation. Hence, we, as adults, need to use adaptive approaches (i.e., age, culture, and friendly) socialisation techniques to produce healthy functioning children and young adolescents.

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APPENDICES

Appendix A: Permission to conduct the research HCCA W Department

36

UNISA 

Title: Indigenous plays as psychotherapeutic technique with young adolescents experiencing socio-emotional and behavioral difficulties in the town of Hawassa, SNNPR, Ethiopia.

Date: March 2017- June 2018

Name of the person: Meaza Batiso

Organization/Department of the person: Women and Children Department

Contact details (tel and email address): tel = 0916848599, email = meazbatiso@gmail.com

Dear Meaza

I, Mr Tarekegn Tadesse, am conducting research under supervision of Professor Kesh Mohangi (mohank@unisa.ac.za) and Professor Vanessa Sherman (scherv@unisa.ac.za) professors in the Department of Psychology of Education towards a PhD in Education at the University of South Africa. I have been sponsored by Dilla University for the purpose of my doctoral study. I am inviting you to participate in a study entitled "*Indigenous plays as psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioral difficulties in the town of Hawassa, SNNPR, Ethiopia*".

The aim of the study is to examine the effectiveness of indigenous plays (that is, *teretteret*) as a psychotherapeutic technique with children experiencing socio-emotional and behavioural difficulties.

Your organization has been selected because it manages and supervises various governments, non-government, community based and faith based organizations that focus on care and support programs on children and young adolescents in the city of Hawassa.

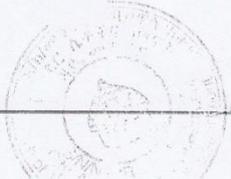
The design of the study is a mixed method intervention design which will be conducted through three phases. Phase one is qualitative and it is aimed to explore indigenous plays (child friendly stories) in Ethiopian. Based on this purpose two research questions are formulated for investigation,

- What are elders and folklore professionals' experiences regarding indigenous plays/stories as psychotherapeutic technique to support young adolescents with the socio-emotional and behavioural challenges?
- Which indigenous plays/stories assist as psychotherapeutic techniques to support young adolescents with socio-emotional and behavioural challenges?

The second phase of the study involves quantitative method which focuses on screening the prevalence of socio-emotional and behavioural difficulties among young adolescents. Having this purpose the study was guided by the following research questions.

- What is the extent of socio-emotional and behavioural difficulties among young adolescents?
- Which socio-emotional and behavioural difficulty is most prevalent among young adolescents?

The third phase of the study embedded the data from phase one and phase two studies to test the effectiveness indigenous plays (*teretterets*) on the young adolescents experiencing socio-emotional and behavioural difficulties. The research questions that guided this phase of the study were:



- Is there significant difference on the socio-emotional and behavioural challenges between the young adolescents who received and not received *teretteret* psychotherapy?
- How do indigenous plays/stories support the socio-emotional and behavioural adjustment of young adolescents?

This study has potential benefits for children, parents, child-care centres and other concerned stakeholders who are working on the wellbeing of children and adolescents. In the first place, the study advances context based child friendly therapy by testing the efficacy of culturally relevant stories to manage young adolescents socio-emotional and behavioural difficulties. Secondly, the rôle and practice of play therapy in Ethiopia for children who experience socio-emotional and behavioural difficulties is not known. As a result, this kind of studies opens the door to use developmentally and contextually appropriate psychotherapeutic techniques. Besides, this study urges stakeholders and policy makers to widen their horizon to give attention to psychosocial assistances. As of all the above benefits and based on the principle of comparative advantages the study is targeted to focus on generating new knowledge to manage young adolescents' socio-emotional and behavioural difficulties.

Potential risks are organised in the form of the following:

- **Exercise related risk:** Young adolescents will be organised to participate in play sessions and this may require physical and psychological energy.
- **Psychological risk:** As long as research participants participate in survey questionnaire and in the intervention study they may experience *emotional stress*. In fact, this problem will be mitigated through referring the participant to study counsellors and debriefing the process and the outcome of the study.

There will be no reimbursement or any incentives for participation in the research.

Feedback procedure will entail communicating the findings to the participants (young adolescents) and their parents through the following strategies.

1. Submitting the Amharic version of debriefing form (both for young adolescents and their parents) based on a form which includes: study name, researcher's name, researcher's contact information for questions about the research, the study aim, the way in which answers are evaluated, the issues addressed by the study, the study methods, conditions, and/or manipulations, and anticipated or observed results so far.

2. Communicating deep appreciation and other concerns for the young adolescents and their parents through, (1)thanking the participant, (2)provide references for further reading on the topic, (3)offer to send them the results of the study, (4)relating the research with the participants may have learned in their everyday social context (methods/theory) particularly in relation to the role culturally appropriate stories in the management of spcio-emotional and behavioral difficulties, (5) ask the participants questions if they experienced part of the study that is difficult and if they would change anything in the study.

Yours sincerely


Tefekgn Tadesse Gemed

Dilla University

Institute of Education and Behavioral Sciences

Department of Psychology



Appendix B: Ethics approval from University of South Africa



UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Ref#: 2017/07/12/49024426/23/MC

Name: Mr TT Gemedu

Student#: 49024426

Approval from
022/07/12

Researcher:

Name: Mr TT Gemedu
Email: 49024426@mylife.unisa.ac.za
Telephone#: +2510911301803

Supervisor:

Name: Prof K Mohangi
Email: mohank@unisa.ac.za
Telephone#: +27837791771

Title of research:

Indigenous play as a psychotherapeutic technique with young adolescents experiencing socio-emotional and behavioural difficulties in Hawassa City, Ethiopia

Qualification: D Ed in Psychology of Education

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2017/07/12 to 2022/07/12.

The medium risk application was reviewed by the Ethics Review Committee on 2017/07/12 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.



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www.unisa.ac.za

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the UNISA College of Education Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
7. No field work activities may continue after the expiry date 2022/07/12. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **2017/07/12/49024426/23/MC** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Kind regards,



Dr M Claassens

CHAIRPERSON: CEDU RERC

mcdtc@netactive.co.za

Approved - decision template – updated 16 Feb 2017



Prof V McKay

EXECUTIVE DEAN

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Appendix C: Final Turnitin Results

Turnitin Originality Report

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 Submitted to Saint George's University on 2014-07-02
- < 1% match (publications)
 "Encyclopedia of Personality and Individual Differences", Springer Science and Business Media LLC, 2020
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- < 1% match (publications)
 Francisco Perales, Martin O'Flaherty, Janeen Baxter. "Early Life Course Family Structure and Children's Socio-Emotional and Behavioural Functioning: A View from Australia", Child Indicators Research, 2015
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 Submitted to University of Bath on 2013-04-10
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Appendix D: Certificate for Editing Services

To whom it may concern

This letter serves to confirm that editing and proofreading was done for:

Tarekegn Tadesse Gemed

Department of Psychology of Education

University of South Africa

Doctoral Study

**Indigenous Play as a Psychotherapeutic Technique with Young Adolescents
Experiencing Socio-Emotional and Behavioural Difficulties in Hawassa City, Ethiopia**

Supervisor: Professor K Mohangi

Co-Supervisor: Professor V Scherman



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Appendix E: Elders/folklore experts consent form

Dear _____

This letter is an invitation to consider participating in study I, Tarekegn Tadesse is conducting as part of my research as a doctoral student entitled *Indigenous plays as a psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioural difficulties in the town of Hawassa, SNNPR, Ethiopia* at the University of South Africa. Permission for the study has been given by Psychology of Education and the Ethics Committee of the College of Education, UNISA. I have purposefully identified you as a possible participant because of your valuable experience and expertise related to my research topic.

I would like to provide you with more information about this project and what your involvement would entail if you should agree to take part. The importance of the study is examined in terms of (1) exploration culturally and developmentally appropriate psychotherapeutic techniques for young adolescents, (2) support indigenous knowledge with scientific and empirical evidences, (3) assess the socio-emotional and behavioural difficulties among young adolescents, and (4) improve the socio-emotional and behavioural wellbeing of young adolescents

In this interview, I would like to have your views and opinions on this topic. The information can be used to improve the socio-emotional and behavioural wellbeing of young adolescents through promoting developmentally and contextually fit psychotherapeutic approaches.

Your participation in this study is voluntary. It will involve an interview of approximately one hour thirty in length to take place in a mutually agreed upon location at a time convenient to you. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences. With your kind permission, the interview will be audio-recorded to facilitate the collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will send you a copy of the transcript to allow you to confirm the accuracy of our conversation and to add or to clarify any points. All information you provide is considered completely confidential. Your name will not appear in any publication resulting from this study and any identifying information will be omitted from the report. However, with your permission, anonymous quotations may be used. Data collected

during this study are retained on a password protected computer for 5 years in my locked office.

The benefits of this study are addressed for children, parents, child care centers, and other concerned stakeholders who engaged themselves working on the wellbeing of children and adolescents. In the first place, this study advances context-based child-friendly therapy by testing the efficacy of culturally relevant stories to manage young adolescents' socio-emotional and behavioural difficulties. Secondly, the role and practice of play therapy in Ethiopia for children who experience socio-emotional and behavioural difficulties is not known. As a result, this kind of study opens the door to use developmentally and contextually appropriate psychotherapeutic techniques. Thirdly, the existing realities and literature show that children under difficult conditions can be assisted on six major pillars. These pillars are fo shelter, education, health, legal, and, psychosocial. Even though the existing conditions in Ethiopia show that assistance on psychosocial services is the most overlooked and shadowed by the rest of the pillars. Hence, this study urges stakeholders and policymakers to widen their horizons to give attention to psychosocial support for all the above benefits and based on the principle of comparative advantage the study is targeted to focus on generating new knowledge to manage young adolescents' socio-emotional and behavioural difficulties by using developmentally and contextually appropriate therapy techniques.

There are no known or anticipated risks to you as a participant in this study. You will not be reimbursed or receive any incentives for your participation in the research. If you have any questions regarding this study or would like additional information to assist you in deciding on participation, please contact me at 0911301803 or by e-mail at ttgemed@yaho.com.

I look forward to speaking to you and thank you in advance for your assistance in this project. If you accept my invitation to participate, I will request you to sign the consent form.

Yours sincerely

Tarekegn Tadesse Gemed (GTT)

Researcher's name Researcher's signature:  Date: _____

CONSENT FORM

I have read the information presented in the information letter about the study in education. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that I have the

option of allowing my interview to be audio recorded to ensure an accurate recording of my responses. I am also aware that excerpts from the interview may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

Participant's Name (Please print): _____

Participant Signature: _____

Researcher Name: TAREKEGN TADESSE GEMEDA (GTT)

Researcher's Signature:

Date



Appendix F: Interview guidelines for elders and folklore experts

Purpose: The purpose of this interview is to collect data from research participants (i.e., elders and folklore experts) on culturally relevant stories that assist as psychotherapeutic technique to help young adolescents who experience socio-emotional and behavioural difficulties.

Consent: Your participation in this study is entirely dependent on your agreement. That is, if you hesitate providing information in the interview sessions has adverse impact on your physical, psychological and social aspect you can withdraw any time from the participation.

Confidentiality: Any piece of information that you provide to this interview is kept confidential. That is, it stays only between you and the researcher. To assure confidentiality you are not allowed to write your name on the interview guideline or you are not forced to tell your name to the interviewer. Secondly, the secrecy of the data you provide is realised through the system of coding and password.

Note: You are not allowed to write or tell your personal identifiers such as your name and organization that you are working on the interview guideline.

Direction One: Read the following questions that focus on your background information and provide the correct answer in the space provide.

1. Name of the participant (Anonymous : Code): _____
2. Age: _____ 3. Gender: _____ 4. Educational status: _____
5. Ethnicity: _____ 6. Living Town _____ 7. Sub-city _____
8. Kebel _____ 9. Date and year of birth _____ 10. Place of Birth _____
11. Marital status _____ 12. Number of children _____
13. Number of grand children _____ 14. Mother tongue _____
15. Religion _____ 16. Experience growing through cultural stories (i.e., teret-teret) Yes No

Direction Two: Read the following eight categories of socio-emotional and behavioural difficulties attentively. Based on your understanding provide your answer for the coming questions.

Aggression

Examples of vital characteristics

- Argue a lot
- Destroying own properties
- Disobey at home/school
- Scream a lot
- Having hot temper find appropriate word
- Many fights

Attention deficit/hyperactivity

Examples of vital characteristics

- Trouble concentrating or paying attention
- Cannot get mind of certain thoughts
- Trouble sitting till
- Inattentive or easily distracted
- Failing to finish activities
- Confusion

Anxious-depressive

Examples of vital characteristics

- Feeling no one loves oneself
- Feeling worthless or inferior
- Being unhappy or sad
- Becoming too fearful or anxious
- Feeling dizzy or lightheaded
- Feeling too guilty

Delinquency

Examples of vital characteristics

- Alcohol intake without parents' permission
- Smoke, chew or sniff tobacco
- Swearing or using slang language
- Lie or cheat
- Bragging
- Breaking rules at home, school or elsewhere

Social problem

Examples of vital characteristics

- Jealousy of others
- Not getting involved with others
- Not helping other people
- Not becoming fair to others
- Threaten to hurt others
- Teasing others

Somatic complaints

Examples of vital characteristics

- Feeling of overtired without reason
- Physical problems without known causes such as headache, nausea, etc
- Eating too much
- Overweight
- Nail biting

Thought problem

Examples of vital characteristics

- Acting without stopping thinking
- Thinking too much about sex
- Having thoughts that other people think as strange
- Feel afraid as if doing something wrong
- Feeling to be perfect

Social withdrawal

Examples of vital characteristics

- Do not get along with other kids
- Afraid of going school
- Shy or timid
- Prefer to be with younger kids than age mates
- Choose to be alone than with others
- Not enjoying being with others

Direction Three: Based on your experiences and your cultural orientations provide two relevant cultural stories (i.e., teret-teret) that assist as psychotherapeutic technique to manage socio-emotional and behavioural difficulties for young adolescents.

1.Type of the Socio-emotional and behavioural difficulty: _____ (e.g., aggression)

Story-1

2. Implications and assumptions embedded to use the above story while dealing with the children and young adolescents' behaviour
3. Socio-emotional and behavioural difficulty indicators/signs of aggression in the story
4. Socio-emotional and behavioural competencies embedded in the story to manage aggression among young adolescents
5. Therapeutic mechanisms how the above story helps young adolescents to stop aggression in terms of their:
 - a) Emotion b)Cognition c) Morality d)Social/interpersonal relationships e)Behaviour
6. The tradition of *teret-teret* wisdom and its inclusive practice across varied Ethiopian socio-cultural continuation:
 - a) Reasons to suggest the tradition of storytelling is existent Ethiopian cultural practice
 - a) Inception and practice of the storytelling in the history of Ethiopia society
7. Practical/ unique live experiences from personal, family or communal setting
 - a) How did you experience teret-teret as therapeutic technique? In terms of improving undesirable behaviour, thoughts and/or emotions. Give examples.
 - b) How do your family members experience this play/teret as therapeutic technique?
8. Values of teret-teret/stories for young adolescents
 - A. Manage socio-emotional and behavioural difficulty
 - B. Develop socio-emotional and behavioural competencies
9. Pre-conditions(i.e., contexts) to practice the story with young adolescents. For example, contexts and schedule
 - Time schedule
 - Physical environment set up
 - Psychological readiness
 - Storytelling modality:individual vs group modality
 - Processes and conceptualization in storytelling sessions
 - Symbolization and imaginations in storytelling sessions
10. If any point to be added with regard to your world view on teret-teret as psychotherapeutic technique with young adolescents?

The End!

Appendix G: Counsellor's story evaluation sheet

Difficulty	Features	Story titles	Justification
Anxiety/depression	Unloved, worthless, suspicious, lonely, worries, self-conscious, cries, fear of doing bad, perfect, out to get, guilt		
Delinquency	Steals at home, set fire, steals out, runaway, truant, prefers older friends, lies/cheats, swears, no guilt, alcohol/drug abuse, think sex		
Aggression	Teases, threatens, loud, stubborn, destroy own properties, attacks, fights, jealous, brags, talk much, demand attention, temper, destroy others properties, screams, argues, show off, mood change, mean to other		
Hyperactive attention problem	Twitch, poor school performances, acts as young, concentration problems, confusion, impulsive, clumsy		
Social problem	Clings, clumsy, teases, not liked, prefers younger friends		
Physical compliant	Nausea, skin problems, vomits, eye problems, stomach ache, head ache, tired, disease, unspecified problems		
Thought problem/	Strange ideas, repeats action, sees things, shows strange behaviours, hears things, mind off		
Social withdrawal	Shay, withdrawn, sad, secretive, under active, won't talk, rather be alone		
General Comment: _____			
Name of the counsellor: _____ Signature: _____ Date: _____			

Appendix H: Classifications of the stories based on their psychotherapeutic values

No.	Story Title	Source	Characters	Indictors	Implications	Purpose
1	The Wise Boy and Nine of his Brothers	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Wise boy, nine brothers and father	Jealous, isolation discrimination, stealing	Obedience from the wise boy Churlishness, indolence from the eight brothers	Aggression and delinquency
2	The Lion and Cat Friendship	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	The Lion and Cat	Low self-awareness, stress, bragging, threatening	The importance of being oneself and categorizing oneself with individuals with similar characteristics	Aggression
3	The King's Action and the Mother's Advice	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	King, mother and cows	Unfaithfulness, no guilt	The disadvantage of infidelity rather becoming faithful to partner	Delinquency
4	A Lion and A Boy	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Lion, a boy and boy's family	Gossip, lack of transparency	The importance of friendship The disadvantage gossip	Aggression
5	The King and Wild Animals	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	King, wild animals and domestic animals	Cheating, tricky	The importance of living together The impact of cheating/deception	Aggression
6	The Sycamore and Acacia	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Sycamore and Acacia	Trick, wickedness, denunciation	The value of helpfulness/cooperation	Aggression
7	Wisely Kept Liar	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Money borrower, debtor and arbitrators	Liar, impartiality, deception, denunciation	The significance of tolerance	Delinquency
8	The Promise of the Tiger and an Antelope	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Tiger and Duke	Jealousy, malignancy, evil	The importance of togetherness/cooperation	Aggression
9	The Monkey and the Bee Friendship	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Monkey, Bee and bee family	Liar, violation of rules and regulation, greedy, fight	The importance of friendship/alliance and respect each other. The value of wise solution	Aggression
10	Ibis, Sparrow and Wood Pecker	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Ibis, Sparrow, Wood Pecker and their Mother	Fearful, dishonesty	Gives attention to the outcome of delayed response	Attention problems

11	The Wise Wife	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Wife, two brothers and arbitrators	Compliant, ridged, attack, fight	The role women as source for wise solution	Aggression
12	Unity is strength***	Folklorist Two obtained through interview	Father and seven hateful boys	Spiteful children, used to hitch each other, fight, argue and glitch one to the other	Unity is strength. Restive behaviours of siblings in a family settled through the effort of astute father.	Aggression
13	The Unsuccessful Mice Forum	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Mice, Cats and their mothers	Fear, nervous	The role of alliance/friendship Unrealistic problem solving strategies	Anxiety/depression
14	The Innocent Farmer and the Tiger	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Farmer, Tiger and Tiger Chasers	Forceful, attack, no guilt, threaten	Unconditional acceptance Retaliation	Aggression
15	The Sick Lion and the Ape	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Lion, Ape and other wild animals	Threaten, attack, cheat	Alliance/friendship, thoughtful self-protection. Trick/cheat	Aggression
16	The Fox and the Hawk***	Folklorist One – Tadesse Jaleta Jirata	Fox and Hawk	Mean, selfish; run away	The importance of generosity is conveyed. If a person becomes mean to the other he/she can lose what s/he has owned.	Aggression, delinquency and social problem
17	The Glutton Hyena and an Ape	SNNPR Culture and Tourism compiled by Girma Buke, 2008b	Hyena, Ape and Family	Rush, impulsive, steal out, trick	Alliance/friendship Endangering	Attention problem and delinquency
18	The War between Animals	Elder One	King Lion and Other Animals	Attack, brag	Alliance/friendship	Aggression
19	The Deceitful Donkey	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	A Donkey and Wild Animals	Liar/cheat, deception	Alliance/living together	Delinquency
20	The Five Friends	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Elephant, Snake, Rat, Fire and Water	Jealousy, spitefulness	Cooperation/helpfulness	Aggression
21	The Lion and Hyena Friendship	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Lion, Hyena and Other Wild Animals	Jealousy, dishonesty, malignancy/spitefulness	Friendship/alliance Devotion for legality	Aggression

22	The Contest between the Appeared Fool and Astute Persons	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Innocent and astute person	Disrespecting others, perfectionism, brag	The irrelevance of judging people based on their external attributes	Aggression
23	The Shortest Boy and His Brothers	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Mother, shortest boy and two siblings	Blame, fight, partiality, submissive, crying	Self protection	Aggression and social withdrawal
24	‘‘Tef’’ Credit with No Reason	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Fox, Cat, Hyena and Dead animal body	Greedy, deception, disagreement, no guilt	Living together	Aggression
25	Speak Truth, Sleep Out	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Lion, Hyena, Heifer, Ox, Cattles and Other Wild Animals	Denunciation, trick, fake witness	Living together	Aggression
26	The Contest between the Rabbit and the Tick	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Fire, Water, Snake, Rabbit, Tick and Cattles	Plunder/steal out, spiteful one to the other	Cooperation and living together	Aggression and delinquency
27	Holding from the Loft, Dropping from the Armpit	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Two friends, and the goat	Steal out, on-productive	Friendship	Aggression and delinquency
28	The Lion and the Weasel	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Lion, Weasel and Cattles	Temper, offense, loud, trick, malicious, run away, steal home	Living together	Aggression and delinquency
29	The Lawsuit between Snake and the Trekker	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Snake, a person, Lion, and an Ape	Malicious , trick	Unconditional helpfulness	Aggressive
30	Truth Glimmer all the Time	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Group of animals	Hopeless	Living together ‘‘Right is right even if only one person does it’’	Aggression
31	The Two Brothers	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Brothers, and corpse	Rigidity, impulsive, lack of thoughtfulness	Living together	Attention problems

32	The Astute and Fool Brothers	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Brothers and rich Person	Orphaned-depressed and lonely(boys), infliction and bestiality (the rich person)	Sympathy/compassionate relationship between siblings	Depression, aggression, and delinquency
33	The Greedy Dog	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Dog, Earth and People	Greedy	The importance of sharing regardless of the amount things we have	Aggression
34	The Crocodile and Monkey Friendship	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Crocodile and Monkey	Trick, sabotage	Living together	Aggression
35	The Honest Boy and the Dishonest Father	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Father, son and dead Python	Lie, fake promise, bad companion	Parents should tell truth for their children	Depression/anxiety and delinquency
36	The Heir Son and the Mouse's Swatter	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Rich person and fool son	Fool, lack of attention, impulsive	Parents arrange succession planning for their children	Attention problem
37	The Flea and the Bragging Gazelle	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Flea, Gazelle and Dog	Brag, teas, contempt	Unique talent and wise strategy are tools for success	Aggression
38	The Laird Shepherd***	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Shepherd, sheep, fox and community	Laugh, trick, fun making, no guilt	Fun making at the expense of others costs much	Delinquency and social problems
39	The Arrogant Tiger and the Mouse	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	Tiger and Mouse	Brag, arrogance	Unique talent and wise strategy are tools for success	Aggression
40	The Cock's Arrogance	SNNPR Culture and Tourism compiled by Girma Buke, 2008a	God, Ibis, Cock, Eagle and Vulture	Arrogance, hatred	Noncompliance to existing fair leadership costs much	Aggression
41	The Best Home	Tadesse Jaleta Jirata - Folklorist One	Old man and two sons	Lack of thoughtfulness, acts as young	"Home" is defined as a set of love, kindness and cooperation.	Attention problem

42	Gadisee and Her Daughters***	Tadesse Jaleta Jirata - Folklorist One	Gadisee and three daughters	Teased, rejected	Unconditional treatment of children	Social problem, delinquency, aggression
43	The Foxes Inside Us***	Tadesse Jaleta Jirata - Folklorist One	White foxes and black foxes	Liar, steals, criminality; recklessness, dishonest, hateful, sinful	Young adolescents develop positive/ negative conducts based on their free will.	Aggression, delinquency and social problem
44	The Lion and a Woman***	Tadesse Jaleta Jirata - Folklorist One	Woman, Step child, Witch Craft Doctor and the lions	Disobey at home; mood change, jealousy, and temper; no talk and withdrawn	The impossible becomes possible depending on determination.	Aggression, anxiety/depression and social problem
45	The Elderly Man***	Tadesse Jaleta Jirata - Folklorist One	Elderly man, his Sons and Donkeys	Brag, careless, impulsive	Guide and socialize children to develop morally good behaviours.	Aggression
46	The Kitten of a Cat and the Pup of a Rat	Tadesse Jaleta Jirata - Folklorist One	Kitten and their parents, pup and their parents	Threaten, attack, trick, strike	Conformity with folks of similar background	Aggression
47	A Man and His In-Laws	Tadesse Jaleta Jirata - Folklorist One	Man and In-Law	Evil, disrespect	Mortification as guest is shameful	Delinquency
48	A Father and His Son***	Tadesse Jaleta Jirata - Folklorist One	Father, Mother and Son	Troublesome, hostile and fight	Use of meticulous strategies and repercussions that assist young adolescents' self-improvement.	Aggression
49	A Boy and the Fruits***	Kebede Michael, 1994 E.C	Honest boy, dishonest boy and an old man	Apathy, dishonesty ; steals out, no guilt	Respect the properties of other people, (2) trustfulness/honesty, (3) respect and helpfulness to people who are in need of assistance (e.g., elder, disabled persons etc).	Aggression and delinquency
50	The Kind Donkey***	Elder Three	Kind Donkey, Frog, and Rude boys	Lack of compassion, not feeling guilty, attack	Compassionate/kindness/sympathy for any creatures costs nothing.	Aggression and delinquency
51	The Children's Play***	Elder Five	Tolerant boy, tempered boy and arbitrators	Threaten, stubborn, attack, hot tempered, scream, and disobey	Tolerance, respect for elders, acceptance in social interaction	Aggression

52	The Kind Small Girl***	Elder Three	Small girl, an old man, daughters, teacher, and class students	No guilt and bad companion	Respect and positive treatment for elders from the young adolescents	Aggression and delinquency
53	The Least Word of Wrath***	Kebede Michael, 1994 E.C	Two girls	Sadness, worries, cries, jealous, attack, temper, threaten and mood change	Becoming grouchy and talking offending words against others can grudges deep seated painful memories and emotions	Aggression and depression/anxiety
54	The Trick Boy***	Elder Four	Husband, Wife and Trick Boy	No remorse; jealousy and mean	Tricking can impair interpersonal relationship and urges to lose our trust within the existing social network.	Aggression and delinquency
55	Thought, Emotion and Action***	Elder Six	Father, Boy and Boy's Wife	Restless, careless over things, forceful	Self-reliance is important with consideration of readiness in terms of cognitive, social and emotional competencies.	Attention problem and delinquency
56	Matured Person***	Kebede Michael, 1994 E.C	“Teseema” and a lady	Act as a young, threaten destroy others property, sabotage	Respecting elders and elder's property as matured person is valued	Attention problem and aggression
57	Deceptive Word***	Kebede Michael, 1994 E.C	Father and his Son	Destroy of others property, disobey at home, trick	Obedience and trustfulness for parents.	Aggression
58	Love***	Kebede Michael, 1994 E.C	The five finger and a Judge	Unhealthy contest, shirk	Unity and cooperation are ways for strength	Aggression
59	A Fox and A Wolf	Elder Nine	Group of animals	Poor time management skills, laziness	The importance of planning, punctuality and becoming active	Thought problem
60	Fayo	Elder Two	A young girl, “Fayo”, her parents, her fiancé and the community	Poor and irresponsive parenting	Wise and independent decision making	Social problem
61	Feed alone die alone	Elder Seven	A father Hyena, his two sons, a Donkey, and the owner of the Donkey	Selfish and irresponsive parenting	Sharing, caring and carefulness	Delinquency and aggression
62	The unwise young king	Elder Eight	Young king, citizens and neighbouring nation	Irresponsive leadership and lack of caution	Caution and effective leadership	Social problem

Appendix I: Sample Interview Transcript –Elder 1

Interviewer: Research Assistant **Interviewee:** Elder 1 Research Participant

Place: Hawassa City – National Hotel **Time:** 3:00 – 4:30 P.M

Orientation about the Interview: Welcome Sir to this interview session. My name is _____ (i.e., concealed for the purpose of confidentiality). I am a research assistant for Tarekegn Tadesse Gemedo who is a Ph.D. scholar at University of South Africa. Tarekegn is affiliated to Dilla University, Institute of Education and Behavioral Sciences, Department of Psychology. At the moment he is attending UNISA for his PhD study and that he is currently conducting his thesis.

Note: I = Interviewer R = Respondent

After the orientation the interview was started through a word of acknowledgment from the interviewee

R = Thank you!

I = Would you introduce yourself?

R = Well! My name is _____ (i.e., concealed for the purpose of confidentiality)

I = Would you mind telling me about your age, educational status, and ethnicity?

R = I am 59 years old and from Hadiya people. Regarding my educational status I have completed primary school levels (grade six)

I = Where do you live currently? Please would you mention about your town, sub-city and Kebele?

R = I am living in Hawassa town, Hayk Dar Sub-city, at Gudumale Kebele

I = Great! Dear Sir! Would tell me about your birth place and year?

R = I was born in Hadiya zone in the year 1951 Ethiopian Calendar

I = Which church are attending?

R = I am an Ethiopian Orthodox religion background

I = Would you tell me about your work experiences and where you have been working and on what job positions?

R = My current job is reciting stories for children and young adolescents at Lewis Resort. I am doing this every weekend, Saturday and Sunday.

I = I want to know about your marital status! If you have got married and how long you have been with your spouse?

R = Well! I am not married.

I = Fine! How many children do have Sir?

R = No, I don't have!

I = You mean you don't have adopted child?

R = Yes

I = So, you mean you enjoy to reciting stories amid you don't have children?

R = Yes! I have been influenced by the way how I brought up while I was kid and I do have deep passion with teret-teret and working with children.

I = That is really interesting.

R= Perhaps further I tell you beyond passion and socialization I do have the inherent talent how to influence children through teret-teret.

I = That is good I believe you are going in the right track in terms of your career life. Sir! I informed you the purpose of this interview. So, do you have any connection/experiences with regard to reciting stories, listening stories ever in your life?

R = Yes of course!

I = Would you further elaborate it? Specify the time? Whether as you were kid, or adult?

R = Both! As kid as well as adult!

I = Great! Would you trace back to the time how you experienced Ethiopian teret-erets?

R = My parents were telling us stories every night before bed time when I was kid.

I = What about now as you are adult?

R = As adult and elder I am sharing the true Ethiopian wisdom to Ethiopian youngsters every week through story recitation. I do have scheduled time particularly on Saturday and Sunday. On other days by appointment. I have well organized storytelling room which is organized as a form of traditional Ethiopian rural household including simulated cattle pen, yarn, yolk etc. The chairs, the tables, the bed, all are exactly look like Ethiopian traditional household where family members are living together under such a small hat.

I = Great! Would you mind telling me the underpinning reasons that you use stories/terets with the communities' children and young adolescents?

R = Teterets are valuable in terms of developing desirable behaviors. In the first place, to entertain the kids and those children can get trilled when they listen the narratives of some characters in the stories. So, through story I insist children to listen about the story

of children in the same age category with different characters with good and bad behaviors. Then, right after reciting the story I ask them to find out the characters with good behaviors and the characters with bad behaviors and also allow them to specify the behavior of each character and assist them to model the behavior of the character with desirable behaviors. The good news is parents report that their children learned something new from stories, and too children with extra ordinary behaviours recover from their behavioural problems

I = How did you find the stories were effective achieving your purposes?

R = Parents report that a child who refuses to feed itself got ok with food taking. Further, those children who refuse to sleep again change their sleep behavior. In that some children right after having their dinner refuse to sleep with the normal sleep time. However, instead of pressurizing or screaming on the child to go to sleep it would have better to take sit and recite stories for children. While children listening the story they gradually go into sleep unconsciously.

I = Excuse me Sir! Would you further to give example particularly regarding the procedures that you instruct parents to socialize their kids to develop the skills of self-feeding?

R: Well! This is a bit entertaining, yet I can express it! By the way story recitation has some steps before the storytelling, during the storytelling and after the storytelling.

Mother: Before telling the title of the story she gives one mouthful food.

The child: Grinds and swallows.

Mother: Say ‘teret –terete’

The child: ‘Ye lam beret’

Mother: Give one mouthful food for the child

The child: Grinds and swallows

Mother: Begin with the introductory sections of the teret

The child: Gets curious to listen

Mother: Give one mouthful food

The child: Grinds and swallows

Mother: The final mouthful food

The child: Grinds and swallows

Mother: Teretenmelsue –afen be daboabisu. This statement refers ‘ give proper answer /implication for my story or give me rewarding bread for the beautiful story I shared you’’

The child: Attempts to express the implications/answer for the story and if s/he gets the answer ‘OK’ if not... with time limit!

Mother: Say ‘Hager yesetegn’ which is interpreted as give a country or nation to live. This request from the parent shows that the child loss of the exact implication of the story.

The child: Says for example, ‘Hawassa’

Mother: Expresses all the positive sides of Hawassa and as Hawassa is fine for living by saying, ‘Hawassa heje min atiche, hulebedeje, hulebedeje ...’ the narration all the positive sides of Hawassa continue. Then, the mother tells the exact implication or the answer of the story for the child.

That is all! The mothers/caregivers can go through it. In fact, it needs patience and challenging practice.

I = Extremely lovely! So, you mean you practice in your story session?

R = Yes of course!

I = generally what do you say teret-teret practice in the Ethiopian contexts?

R = Well! Terets have been used through centuries and that our ancestors have been using it particularly to help children to develop good moral behaviors and develop a sense of curiosity in their course of their life.

I = Sir! How do you observe the values of stories in terms of assisting children/young adolescents’ who experience socio-emotional and behavioral difficulties? Specifically, how did your parents or you use stories to children/young adolescents experiencing; for example, aggression, delinquency, attention problems, social problems, thought problems, anxiety/depression, and/or social withdrawal?

R = This is fine stories are helpful to develop socially desirable behaviors such as cooperation, obedience, and to be polite. As you mentioned also stories are valuable in relation to treating children with different emotional and behavioral problems. For example, Lion is strong fisted animal. It can kill different animals and eat at ease. It is very much aggressive, but not working all the time. Other animals know that Lion is furious and they do not want to come to close it particularly Monkey. Lion many times kicked back by monkey and on another occasion even killed by group of aunts despite its fist and aggression. Hence, we have been educating kids by using such metaphoric expressions about undesirable behaviours like to avoid aggressive behaviours. That means, from the Lions behaviour the courage is good, yet its aggression and conspiracy to kill or hurt others is not good.

I = Sir! I want to know about the contexts (i.e., time, place and conditions) that are suitable to recite stories?

R = Yes! My parents used to recite stories during night time before bed time because all children get together before the supper. And we were living in a small hat house and we were so eager to listen stories from our father, elder brother or sometimes we also share stories one to the other. So, you can see in the night the group composition, the silence, competition to respond to the questions raise at the end of the story session etc were memorable.

I = Fine! The basic reason in fact lies to what? To choose such time, place and conditions?

R = Indeed it has been due to educating children in group context to create competitiveness among them while answering questions quickly. Night was the appropriate time to have all children together. Yet, in the case of my job now I recite stories every Saturday and Sunday from morning 2:00 Local Time to the evening 12:00 local Time. It is a weakened and parents take their children to this area.

I = Sir! Now I want to listen about at least one story from your experiences that you think is helpful to assist children/young adolescents can get lesson from it?

R = Fine! The title of the story is 'A Father and His Son' and it is recited as follow:

In the old day there was a family of mother; father and children were living together. Many of the kids in the family were obedient to their parents and respect each other. Yet, one of the broods was unusually behaving odd. He used to become troublesome and hostile against his classmate. Plea was coming to home. The father advised him and clinches the conflicts. The boy didn't learn from his lesson and continued with the wearisome behavior. He again fought with friends in the neighbor, streets and everywhere he went. The father was not tedious rather persistently directed the child and settles quarrel. With plenty of effort, in a day the father insightfully thought a solution. He asked the child if the child could do a job. The child was interested and curious to know and perform the new job assigned by the father. Soon after, the father instructed him and said, 'listen my child I would assign you a job that you could go market and buy materials that help to re-build the ruined hedge of our house. Go and purchase hammer, saw, nails, posts and other materials. The child did everything as the father instructed him. Subsequently, the father delivered another job to the child. He insisted the child, 'my child! Please, would you deracinate all the posts from the fences? The boy did it! The father called the boy for the third time and asked him, 'my child did you see all the opening that you pulled up the posts?'The child replied, 'Yes father! The father again said, 'It is like that you remained and entrenched a lot of holes in the sprite and heart of your siblings, friends and other people around you. You fought in every roads and school. Everybody got grudge and resent about you. Holes could impede people; could break legs, and could injure body. Like that the holes in every body's sprit and heart could slip you, break your body and spirit. My child this is the day that you could learn lesson and end your throbbing ill conducts. The child observed the long journey that his father went, watched himself carefully, thought for a while and regretted with all he did in the past. Finally, he promised to the father that he could come out with new healthy personality.

I = Great! Sir! What lessons that the above story conveys to children/young adolescents?

R = The above story is metaphoric while it doesn't directly portray the child as he has been problematic. So, fathers need to be wise enough not to hurt their children's psychology as the expense of socializing their children to the desired direction. So, from the above story lessons can be drawn that children to be assisted through in a more descent and such symbolic approaches.

I = Do you think the above story convey/demonstrate any socio-emotional and behavioral difficulty indicators?

R = Yes!

I = Which words, phrases, sentences? From which character?

R = The statements "...troublesome and hostile against his classmates, fought with friends in the neighbor, streets and everywhere he went"

I = What about socio-emotional and behavioral competencies depicted in the story?

R = Yes present!

I = Which words, phrases, sentences? From which character?

R = Competencies from the father, "...not tedious rather persistently directed his son and settled the son's quarrelsome behavior. With plenty of effort, in a day the father insightfully discovered a solution..."

R = Competencies from the child, "...observed the long journey that his father went, watched himself carefully, thought for a while and regretted with all he did in the past. Finally, he promised he could come out with new healthy personality"

I = Dear Sir! So far we discussed a lot! One final question I do have which is based on the story recited in the above section. Would you explain about the implications of the above story in terms using this story as psychotherapeutic technique to help children experiencing socio-emotional and behavioral difficulties in the realm of developing adaptive/suitable child friendly techniques?

R = In a family there could be a child with difficult behavior. It requires parents to devise through meticulous strategies that the child can observe himself/herself and make use of the competencies portrayed by the story for self-improvement.

I = How could this come true?

R = Everything is possible through strong determination.

I = I appreciate your effort. Dear Sir. I want to give time if you have further idea to be added?

R = I wish you good luck in your study!

I = These all are about our session! I would like to express my deepest gratitude for dedicating your time, energy and experiences to share to me! If you have further point to add?

R = Thank you so much for choosing me as informant! I am glad to see you again with other topic. Besides, I believe the outcome of the study will become promising!

Appendix J: Sample Qualitative Method of Data Analysis–Elder 1

Theme	Sub-theme	Category	Sub-category
Theme 1: Participant’s worldview to use this story	<p>Participants’ unique experiences</p> <p>I have been influenced by the way how I brought up while I was kid and I do have deep passion with teret-teret and working with children.</p> <p>Beyond passion and socialization I do have the inherent talent how to influence children through teret-teret.</p> <p>As adult and elder I am sharing the true Ethiopian wisdom to Ethiopian youngsters every week through story recitation. I do have scheduled time particularly on Saturday and Sunday. On other days by appointment. I have well organized storytelling room which is organized as a form of traditional Ethiopian rural household including simulated cattle pen, yarn, yolk etc. The chairs, the tables, the bed, all are exactly look like Ethiopian traditional household where family members are living together under such a small hat.</p>	Category 1: Tradition of storytelling in Ethiopia	<p>Intergenerational exchange of the wisdom</p> <p>My parents were telling us stories every night before bed time when I was kid.</p> <p>Terets have been used through centuries and that our ancestors have been using it particularly to help children to develop good moral behaviors and develop a sense of curiosity in their course of their life.</p>
		Category2: Context of the storytelling	<ul style="list-style-type: none"> • General conceptualization and naming: Teret-teret, ye’lam beret, tereten melisu – afen bedabo abisu etc • Specific story focused naming: The title of the story “ A Father and His Son” • General symbolization: Lion is strong fist animal. It can kill different animals and eat at ease. It is very much aggressive, but not working all the time. Other animals know that Lion is furious and they do not want to come to close it particularly Monkey. Lion many times kicked back by monkey and on another occasion even killed by group of aunts despite its fist and aggression. Hence, we have been educating kids by using such metaphoric expressions about undesirable behaviours like to avoid aggressive behaviours. That means, from the Lions behaviour the courage is good, yet its aggression and conspiracy to kill or hurt others is not good. • Specific story focused symbolization: Words, sentence etc from the story. Morally, socially and behaviourally undesirable actions of the boy are symbolized by invisible holes on the ground to hurt people in the surrounding. • Time:Night was the appropriate time to have all children together. Yet, in the case of my job now I recite stories every Saturday and Sunday from morning 2:00 Local Time to the evening 12:00 local Time. It is a weakened and parents take their children to this area.

Theme	Sub-theme	Category	Sub-category
Theme 1: ...Continued	Participants' unique experiences	Category 3: Values	<p><u>Manage socio-emotional and behavioural difficulties</u> Parents report that a child who refuses to feed itself got ok with food taking. Further, those children who refuse to sleep again change their sleep behavior. In that some children right after having their dinner refuse to sleep with the normal sleep time. However, instead of pressurizing or screaming on the child to go to sleep it would have better to take sit and recite stories for children. While children listening the story they gradually go into sleep unconsciously.</p> <p><u>Develop healthy socio-emotional and behavioural competencies</u> Stories are helpful to develop socially desirable behaviors such as cooperation, obedience, and to be polite.</p>
Theme 2: Classifications of this story under the YSR	Aggression	Category 1: SEBD indicators	The child: The statements "...troublesome and hostile against his classmates, fought with friends in the neighbor, streets and everywhere he went"
		Category 2: SEBC indicators	<p>The father: "...not tedious rather persistently directed his son and settled the son's quarrelsome behavior. With plenty of effort, in a day the father insightfully discovered a solution..."</p> <p>The child: "...observed the long journey that his father went, watched himself carefully, thought for a while and regretted with all he did in the past. Finally, he promised he could come out with new healthy personality"</p>
		Category 3: Surface and allegorical implications	In a family there could be a child with difficult behavior. It requires parents to devise through meticulous strategies that the child can observe himself/herself and make use of wisely. So, fathers need to be wise enough not to hurt their children's psychology as the expense of socializing their children to the desired direction. So, from the above story lessons can be drawn that children to be assisted through in a more descent and such symbolic approaches.

Appendix K: Informed assent from young adolescents to participate in Phase 2 study

Date: _____

Title: Indigenous plays as a psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioural difficulties in the town of Hawassa, SNNPR, Ethiopia.

Dear prospective participant

My name is Tarekegn Tadesse and I am conducting research under the supervision of Kesh Mohangi and Vanessa Sherman, professors in the Department of Psychology of Education towards a PHD (Psychology) Education at the University of South Africa. I have been sponsored by Ministry of Education (MOE), Ethiopia. I am inviting you to participate in a study entitled *Indigenous plays as psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioral difficulties in the town of Hawassa, SNNPR, Ethiopia*.

The purpose of the study

The purpose of the study is to investigate how indigenous plays (that is, *teret-teret*) as a psychotherapeutic technique assists young adolescents who are experiencing socio-emotional and behavioural difficulties.

The outline of the study

In phase one study: Elders, folklore experts and counsellors are invited as participants to provide and examine indigenous plays (*teret-teret*) that have therapeutic values. Moreover, they reflect on and share their personal experiences retrospectively on the psychotherapeutic role of *teret-teret*.

In phase two study: Young adolescents are invited to provide information on their socio-emotional and behavioural wellbeing,

In phase three study: Young adolescents are invited (1) To take part in *teret-teret* psychotherapy, (2) monitor and evaluate the level of their adjustment in terms of their socio-emotional and behavioural wellbeing.

I obtained your contact details from database of Hawassa City Administration Children and Women Office and the respective schools you are attending. I inform you, as I am obliged through the act of *the Protection of Personal Information Act, no 4 of 2013*, which necessitates the disclosure of how access was gained to the personal information of

prospective participants. Please be assured that none of your personal information will be disclosed.

The nature of the participant's participation in this study

In the first place, young adolescents participate in the study through responding to different questionnaires under the guidance of trained psychologists. The Youth Self-Rating questionnaire includes 113 items (Ridge et al., 2009) which helps to assess two distinct areas of youth behaviours. The first area concerns about the assessment of competency which includes the sub-scales on daily activities and the social/ relationship skills of the youth, while the second area includes eight core difficulties scale such as aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems and withdrawal. In similar manner, young adolescents' emotional intelligence, participation in psycho-educational activities and their interaction with their gurdians were assessed to find out groups with similar characteristics.

Secondly, young adolescents participate in the study through involving in play therapy sessions. That includes active involvement in the play therapy sessions and conducting genuine self-assessment on the overall processes and outcome of play therapies for six months where four months for therapeutic activities in play sessions and two months for impact assessment. Each of play therapy session requires 40 minutes involvement and evaluation at the end of the session by the help of observation checklist (See Appendix-V).

Freedom of withdrawal from this study even after having agreed to participate in the study

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent (Appendix-K)/assent (Appendix-L and Appendix-U) form.

Completing the form implies that you have agreed to participate in this research. Furthermore, I would like to assure you that all information obtained from you would remain anonymous. Your participation in the study is voluntary and you have the right to omit any question if so desired, or to withdraw from answering data gathering tools without penalty at any stage. Moreover, after the completion of the study, an electronic summary of the findings of the research will be made available to you on request.

The potential benefits of taking part in this study

This study has potential benefits for children, parents, childcare centres and other concerned stakeholders who are working on the wellbeing of children and adolescents. In the first place, the study advances context based child friendly therapy by testing the efficacy of culturally relevant stories to manage young adolescents socio-emotional and behavioural difficulties. Secondly, the role and practice of play therapy in Ethiopia for children who experience socio-emotional and behavioural difficulties is not known. As a result, this kind of studies opens the door to use developmentally and contextually appropriate psychotherapeutic techniques. Besides, this study urges stakeholders and policy makers to widen their horizon to give attention to psychosocial assistances. As of all the above benefits and based on the principle of comparative advantages the study is targeted to focus on generating new knowledge to manage young adolescents' socio-emotional and behavioural difficulties.

Potential risks to participants

The potential level of inconvenience and/or discomfort to the participant is medium level of risk. This will be expressed in terms of experiencing the following risks:

- a. **Exercise related risk:** Children will be organised to participate in play sessions and this may require effort to put in physical and psychological energy.
- b. **Psychological risk:** As long as research participants participate in survey questionnaire and in the intervention study they may experience *emotional stress*. Despite the fact that emotional risks will be mitigated through referring the participant to study counsellors (see on page 5 and Appendix-12: Emotional Risk Protocol) and debriefing the process and the outcome of the study.

Confidentiality of information and identity of research participants

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

If relevant, identify who will have access to the data *transcriber/external coder* and how these individuals will maintain confidentiality *by signing a confidentiality agreement*. Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. A report

of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Protection and security of participants' data

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet in Dilla University, Department of Psychology for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Besides, hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software program.

Payment or incentives for participating in this study

There is no reimbursement or payment for the participation in the study

Ethics approval

This study has received written approval from the SNNPR Bureau of *Children and women and Unisa*. A copy of the approval letter can be obtained from the researcher if you so wish.

Methods of informing of the findings/results of the research

The final research findings will be communicated to you, please contact Tarekegn Tadesse Gemedo on 0911301803 or email ttgemedo@yahoo.com. The findings are accessible for late 2019

Should you require any further information or want to contact the researcher about any aspect of this study, please contact 0911301803 or email ttgemedo@yahoo.com.

Should you have concerns about the way in which the research has been conducted, you may contact Professor Kesh Mohangi with the email mohank@unisa.ac.za and telephone number +27837791771 or Professor Sherman Vanessa with the email scherv@unisa.ac.za and telephone + 27768329027.

Thank you for taking time to read this information sheet and for participating in this study.

Signature document

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the: Youth Self-Rating, Emotional Intelligence, and Psycho-educational participation

I have received a signed copy of the informed consent agreement.

Participant name and sure name (please print) _____Signature _____Date _____

Researcher's Name & Surname: TAREKEGN TADESSE GEMEDA (GTT)



Researcher's signature

Date

Appendix L: Informed consents from parents/guardians to permit their son/daughter

Dear Parent

Your _____ <son/daughter/child> is invited to participate in a study entitled: Indigenous plays as psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioral difficulties in the town of Hawassa, SNNPR, Ethiopia.

I am undertaking this study as part of my doctoral research at the University of South Africa. The purpose of the study is to explore indigenous plays (that is, *teret-teret*) as a psychotherapeutic technique with children experiencing social and emotional difficulties.

The possible benefits of the study are (1) exploration culturally and developmentally appropriate psychotherapeutic techniques for young adolescents, (2) supporting indigenous knowledge (cultural stories) with scientific and empirical evidences, (3) assessing the socio-emotional and behavioural difficulties among young adolescents, and (4) potentially improving the socio-emotional and behavioural wellbeing of young adolescents.

I am inviting your child as he/she was randomly selected to participant in this study. I expect to have more than 200 other children participating in the survey study, and among them 60 young adolescents in the intervention study.

In the first place, young adolescents participate in the study through responding to different psychometric tools and questionnaires under the guidance of trained/ registered psychologists. The Youth Self-Rating questionnaire includes 113 items (Ridge *et al.*, 2009:118) which helps to assess two distinct areas of youth behaviour. The first area concerns about the assessment of social competency which includes the sub-scales on daily activities and the social/ relationship skills of the youth, while the second area includes eight core difficulties scale such as aggression, anxiety/depression, attention deficit, delinquency, social problems, somatic complaints, thought problems and withdrawal. In similar manner, young adolescents' emotional intelligence and participation in psycho-educational activities will be assessed to find out groups with similar characteristics.

Secondly, selected young adolescents participate in play therapy sessions. That includes active involvement in the play therapy sessions and conducting self-assessment on the overall processes and outcome of play therapies for six months where four months for therapeutic activities in play sessions and two months for impact assessment. Each of play therapy session requires 45 minutes involvement on average and evaluation at the end of the session by the help of observation checklist.

Any information that is obtained in connection with this study and can be identified with your child will remain confidential. His/her responses is not linked to his/her name or your name

or the school's name in any written or verbal report based on this study. Such a report will be used for research purposes only.

There might be feeling emotional stress (but, to be assisted by research counsellors) to your child by participating in the study except some effort to put in physical and psychological energy and emotional *stress while completing the questionnaires and participating during therapeutic play sessions*. Your child could receive direct and indirect benefits from participation in the study through gaining insight in their socio-emotional and behavioural difficulties and developing coping skills. Neither your child nor you will receive any type of payment for participating in this study.

Your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusal to participate will not affect him/her in any way. Similarly, you can agree to allow your child to be in the study now and change your mind later without any penalty.

The intervention will take place not during regular classroom activities, instead it is on Saturday and other days in the evening (5:30-6:30 PM) with the prior approval of the school director. In addition to your permission, your child must agree to participate in the study and you and your child will also be asked to sign the assent form which accompanies this letter. If your child does not wish to participate in the study, he or she will not be included and there will be no penalty. The information gathered from the study and your child's participation in the study will be stored securely on a password locked computer in my locked office for five years after the study. Thereafter, records will be erased.

This study has benefits for children, parents, childcare centres and other concerned stakeholders who are working on the wellbeing of children and adolescents. In the first place, the study advances context based child friendly therapy by testing the efficacy of culturally relevant stories to manage young adolescents socio-emotional and behavioural difficulties. Secondly, the role and practice of play therapy in Ethiopia for children who experience socio-emotional and behavioural difficulties is not known. As a result, this kind of studies opens the door to use developmentally and contextually appropriate psychotherapeutic techniques. Besides, this study urges stakeholders and policy makers to widen their horizon to give attention to psychosocial assistances. As of all the above benefits and based on the principle of comparative advantages the study is targeted to focus on generating new knowledge to manage young adolescents' socio-emotional and behavioural difficulties.

Potential risks are:

a. **Exercise related risk:** Children will be organised to participate in play sessions and this may require effort to put in physical and psychological energy.

b. **Psychological risk:** As long as research participants participate in survey questionnaire and in the intervention study they may experience *emotional stress*. Despite the fact that emotional risks will be mitigated through referring the participant to study counsellors (see on page 5 and Appendix-12: Emotional Risk Protocol) and debriefing the process and the outcome of the study. If you have questions please ask me/my study supervisor, Prof Kesh Mohangi and Vanessa Sherman Department of Psychology of Education, College of Education, and University of South Africa. My contact number is 0911301803 and my e-mail is ttgemed@yaho.com. The e-mail of my supervisors are mohank@unisa.ac.za and scherv@unisa.ac.za. Permission for the study has already been given by Bureau of Women and Children and the Ethics Committee of the College of Education, UNISA.

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. You may keep a copy of this letter.

Name of the young adolescent: _____

Sincerely

Parent/guardian's name (print)

Parent/guardian's signature

Date

TAREKEGN TADESSE GEMEDA

Researcher's name



Researcher's signature

Date

Appendix M: Youth self-report questionnaire 11 -18 years

Title of questionnaire: Youth Self-Rating

Dear respondent

This questionnaire forms part of my doctoral research entitled Indigenous plays as psychotherapeutic technique for young adolescents experiencing socio-emotional and behavioural difficulties in the town of Hawassa, SNNPR, Ethiopia for the Doctoral study at the University of South Africa. You have been selected by a simple random sampling strategy from the population of 409. Hence, I invite you to take part in this survey.

The aim of this study is to investigate how can indigenous plays (that is, *teret-teret*) as a psychotherapeutic technique with young adolescents experiencing social and emotional difficulties.

The findings of the study may benefit children and youth, parents, child care centres and other concerned stakeholders who engaged themselves working on the wellbeing of children and adolescents to assist children and young adolescents to be healthy in terms of their socio-emotional and behavioural life. As a result, you are kindly requested to complete this survey questionnaire honestly and frankly. Except some degree of emotional stress no foreseeable physical risks are associated with the completion of the questionnaire. The questionnaire will take approximately 30 minutes to complete.

You are not required to indicate your name or organisation and your anonymity will be ensured; however, indication of your age, gender, occupation position etcetera will contribute to a more comprehensive analysis. All information obtained from this questionnaire will be used for research purposes only and will remain confidential. Your participation in this survey is voluntary and you have the right to omit any question if so desired, or to withdraw from answering this survey without penalty at any stage. In addition to, the psychologists/social workers will explain the questionnaire before you commence completing each item. That means, you complete the questionnaire under the guidance of psychologists/social workers and that you can ask questions that are not clear to you without hesitation throughout you finish all the items.

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Site Manager's address is: Dilla University, Dilla, SNNPR 419 Ethiopia;
e-mail: ttgemed@yaho.com; telephone: [+25 10911301803](tel:+2510911301803).

Permission to undertake this survey has been granted by Hawassa City Administration department of Women and Children and the Ethics Committee of the College of Education, UNISA. If you have any research-related enquiries, they can be addressed directly to me or my supervisor. My contact details are: 0911301803 e-mails: ttgemed@yaho.com and my supervisors can be reached at + 27837791771/+27768329027 Department of Psychology of Education, College of Education, UNISA, email: mohank@unisa.ac.za/sherman@unisa.ac.za.

Please return the completed questionnaire to Tarekegn Tadesse or the social worker helping you to complete the questionnaire before September 2017

						ID _____		
Full Name	First		Middle	Last		PARENTS' USUAL TYPE OF WORK		
Gender	Boy	Girl	Age	Ethnicity/Race		Father		
						Mother		
Today's Date			Birth Date					
Mon ____ Date ____ Year ____			Mon __ Date __ Year __					
Grade in School								
Not attending school								
I. Please the sports you s like to take part in. For example: Swimming, baseball, skating, skate boarding, bike riding, fishing etc <input type="checkbox"/> None a. _____ b. _____ c. _____			Compared to others of your age, about how much time do you spend in each?			Compared to others of your age, how well do you do each one?		
			< Average	Average	>Average	<Average	Average	> Average
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>II. Please list your favourite hobbies, activities and games other than sports. For example: video games, cards, reading. Piano, cars, computers, crafts, etc. (Do not include listening to radio, watching TV, or other media).</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of your age, about how much time do you spend in each?</p>			<p>Compared to others of your age, how well do you do each one?</p>		
	<p>< Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<p>III. Please list your organizations, clubs, teams, or groups you belong to.</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of your age, how active are you in each?</p>		
	<p>< Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<p>IV. Please list any jobs or chores you have. For example: doing dishes, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of your age, how well do you carry them out?</p>		
	<p>< Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>>Average</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

V. 1. About how many close friends do you have? (Do not include brothers and sisters)

None 1 2 or 3 4 or more

3. About how many times a week do you do things with any friends outside of regular school hours? (Do not include brothers and sisters Less than 1 1 or 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers and sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers and sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Get along with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. 1. Performance in academic subjects. I do not attend school because _____

Check a box for each subject that you take

		Failing	Below average	Average	Above average
Other academic subjects-for example: computer courses, foreign languages, business. Do not include gym, shop, driver's education, or other non-academic subjects	a. English or language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or social sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, disability, or handicap? No Yes- please describe: _____

Please describe if you have any concern or problem about the school _____

Please describe if any other concern _____

Please describe the best things about yourself: _____

Below is a list of items that describe young adolescents. For each item that describes you **now or within the past six months**, please circle the "2" if the item is "very true" or "often true" of you. Circle "1" if the item is "somewhat" or "sometime true". If the item is "not true" of you, circle the "0"

0 = Not true, 1= Sometimes or Somewhat True, 2 = Very True or Often True

0	1	2	1	I act too young to my age
0	1	2	2	I drink alcohol without my parents' approval (describe): _____
0	1	2	3	I argued a lot
0	1	2	4	I fail to finish things that I start
0	1	2	5	There is very little that I enjoy
0	1	2	6	I like animals
0	1	2	7	I have trouble concentrating or paying attention
0	1	2	8	I brag
0	1	2	9	I can't get my mind off certain thoughts (describe): _____
0	1	2	10	I have trouble sitting still
0	1	2	11	I am too dependent on adults
0	1	2	12	I feel lonely
0	1	2	13	I feel confused or in a fog
0	1	2	14	I cry a lot
0	1	2	15	I am pretty honest
0	1	2	16	I am mean to others
0	1	2	17	I daydream a lot
0	1	2	18	I deliberately try to hurt or kill myself
0	1	2	19	I try to get a lot of attention
0	1	2	20	I destroy my own things
0	1	2	21	I destroy things belong to others
0	1	2	22	I disobey my parents
0	1	2	23	I disobey at school
0	1	2	24	I don't eat as well as I should
0	1	2	25	I don't get along with others

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0	1	2	26	I am afraid I might think or do something bad
0	1	2	27	I am jealous of others
0	1	2	28	I break rules at home, school, or elsewhere
0	1	2	29	I am afraid of certain animals, situations, or places, other than school (describe):_____
0	1	2	30	I am afraid of going to school
0	1	2	31	I don't feel guilty after doing something I shouldn't
0	1	2	32	I feel that I have to be perfect
0	1	2	33	I feel that no one loves me
0	1	2	34	I feel that others are out to get me
0	1	2	35	I feel worthless or inferior
0	1	2	36	I accidentally get hurt a lot
0	1	2	37	I get in many fights
0	1	2	38	I get teased a lot
0	1	2	39	I hang around with kids who get in trouble
0	1	2	40	I hear sounds or voices that other people think aren't there(describe):_____
0	1	2	41	I act without stopping to think
0	1	2	42	Parts of my body twitch or make nervous movements(describe):_____
0	1	2	43	I lie or cheat
0	1	2	44	I bite my fingernails
0	1	2	45	I am nervous or tense
0	1	2	46	I am overweight
0	1	2	47	I have nightmares
0	1	2	48	I am not liked by other kids
0	1	2	49	I can do certain things better than most kids
0	1	2	50	I am too fearful or anxious

0	1	2	51	I feel dizzy or lightheaded
0	1	2	52	I feel too guilty
0	1	2	53	I eat too much
0	1	2	54	I feel overtired without good reason
0	1	2	55	I would rather be alone than with others
0	1	2	56	Physical problems <i>without known medical causes</i>
0	1	2	a	Aches or pain (not stomach or headache)
0	1	2	b	Headaches
0	1	2	c	Nausea, feel sick
0	1	2	d	Problems with eyes(not if corrected by glass) (describe):_____
0	1	2	e	Rushes or other skin problems
0	1	2	f	Stomach-aches
0	1	2	g	Vomiting, throwing up
0	1	2	h	I physically attack people
0	1	2	57	My school work is poor
0	1	2	58	I can be pretty friendly
0	1	2	59	I like to try new things
0	1	2	60	I pick my skin or other parts of my body(describe):_____
0	1	2	61	My school work is poor
0	1	2	62	I am poorly coordinated or clumsy
0	1	2	63	I would rather be with older kids than kids my own age
0	1	2	64	I would rather be with younger kids than kids my own age
0	1	2	65	I refuse to talk
0	1	2	66	I repeat certain acts over and over (describe):_____
0	1	2	67	I run away from home

0	1	2	68	I scream a lot
0	1	2	69	I tease others a lot
0	1	2	70	I sees things that other people think aren't there (describe): _____
0	1	2	71	I am self-conscious or easily embarrassed
0	1	2	72	I set fires
0	1	2	73	I can work well with my hands
0	1	2	74	I show off or clown
0	1	2	75	I am too shy or timed
0	1	2	76	I sleep less than most kids
0	1	2	77	I sleep more than most kids during day and/or night (describe): __
0	1	2	78	I am inattentive or easily distracted
0	1	2	79	I have speech problem (describe): _____
0	1	2	80	I stand up for my rights
0	1	2	81	I steal at home
0	1	2	82	I steal from places other than home
0	1	2	83	I store up too many things I don't need (describe): _____
0	1	2	84	I do things other people think are strange (describe): _____
0	1	2	85	I have thoughts that other people would think are strange (describe): _____
0	1	2	86	I am stubborn
0	1	2	87	My moods or feelings change suddenly
0	1	2	88	I enjoy being with people
0	1	2	89	I am suspicious
0	1	2	90	I swear or use dirty languages
0	1	2	91	I think about killing myself
0	1	2	92	I like to make others laugh
0	1	2	93	I talk too much
0	1	2	94	I tease others a lot

0	1	2	95	I have a hot temper
0	1	2	96	I think about sex too much
0	1	2	97	I threaten to hurt people
0	1	2	98	I like to help others
0	1	2	95	I have a hot temper
0	1	2	99	I am louder than other kids
0	1	2	100	I have trouble sleeping(describe): _____
0	1	2	101	I cut classes or skip school
0	1	2	102	I don't have much energy
0	1	2	103	I am unhappy, sad, or depressed
0	1	2	104	I am louder than other kids
0	1	2	105	I use drugs for nonmedical purposes (don't include alcohol o tobacco) (describe): _____
0	1	2	106	I like to be fair to others
0	1	2	107	I worry a lot
0	1	2	108	I like to take life easy
0	1	2	109	I try to help other people when I can
0	1	2	110	I wish I were of the opposite sex
0	1	2	111	I keep from getting involved with others
0	1	2	112	I enjoy a good joke

Thank you very much for participating in this study.

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Appendix N: Emotional intelligence questionnaire

Title of questionnaire: Emotional Intelligence

Dear respondent: You are kindly requested to complete this survey questionnaire honestly and frankly as based on your personal views and experience. The questionnaire has no foreseeable risks which are associated with the completion of it.

Level of self-expressions: 0 = Not true, 1 = Sometimes true, 3 = Often true

No.	Areas of Emotional Intelligence	Scale points		
1	I am good at understanding the way other people feel.	0	1	2
2	It is hard to control my anger	0	1	2
3	I have a temper	0	1	2
4	I am able to respect others.	0	1	2
5	I fight with people	0	1	2
6	I try to use different ways of answering hard questions.	0	1	2
7	I enjoy having fun	0	1	2
8	I am happy	0	1	2
9	I have good thoughts about everyone	0	1	2
10	I like to smile	0	1	2
11	It is hard to talk about my deep feelings.	0	1	2
12	I can come up with good answers to hard questions	0	1	2
13	I care what happens to other people	0	1	2
14	I like everyone I meet	0	1	2
15	I feel sure of myself	0	1	2
16	I can talk easily about my feelings	0	1	2
17	Nothing bothers me	0	1	2
18	I know things will be okay	0	1	2
19	I usually know how other people are feeling	0	1	2
20	I think that most things I do will turn out okay	0	1	2
21	It is easy for me to understand new things	0	1	2
22	I hope for the best.	0	1	2
23	I can understand hard questions	0	1	2
24	I try not to hurt other people's feelings	0	1	2
25	I can stay calm when I am up set	0	1	2
26	It is to tell people how feel	0	1	2
27	I know how to keep calm	0	1	2
28	I get too upset about things	0	1	2
29	Having friend is important	0	1	2
30	I try to stick with a problem until I solve it	0	1	2

Thank you very much for participating in this study.

Appendix O: School Based Psycho-educational Questionnaire

Title of the questionnaire: Psycho-educational participation

Dear respondent: You are kindly requested to complete your level of participation on psycho-educational activities. I hope you express your personal views and experience honestly and frankly because there will be no foreseeable risks which are associated with the completion of it.

Level of self-expressions:

0 = Do not participate, 1 = occasionally participate, 2 = often participate

No.	Level of involvement in psycho-educational activities	Scale point		
		0	1	2
1	My strong desire is realized through participation in boys scouts and girl scouts	0	1	2
2	I am adore of taking part in big brothers and big sisters in my school	0	1	2
3	I am not happy to participate in boys and girls club in my school	0	1	2
4	Compared to individual sports I enjoy team sports like soccer /football or other	0	1	2
5	Compared to team sports I prefer individual sports like martial arts, tennis	0	1	2
6	I rely on my skills to participate in school band	0	1	2
7	I am confident performing drama	0	1	2
8	I tend to enjoy to participate in dance in my school and community	0	1	2
9	I hate to participating in music club	0	1	2
10	I enjoy working crafts activities like clay work, hand kerchief, woodworks	0	1	2
11	I am a regular participant in academic clubs including math club, language club, behaviour management club in my school	0	1	2
12	I am less likely participate in school government	0	1	2
13	I share duties in journaling newspaper in my school	0	1	2
14	I am happy enjoying hobby clubs like books collection and chess competition	0	1	2
15	I like to engage myself in mentoring/peer advising	0	1	2
16	I participate in volunteer Work	0	1	2
17	In my life time I come up with religious education	0	1	2
18	I enjoy joining colleagues from religious background than other categories	0	1	2

Thank you very much for participating in this study.

Appendix P: Mother –child Interaction Questionnaire

Title of the questionnaire: Mother – Child Interaction

Dear respondent: You are kindly requested to complete this survey questionnaire regarding your level of your attachment/interaction with your mother. I hope you express your personal views and experience honestly and frankly because there will be no foreseeable risks which are associated with the completion of it.

Level of self-expression: 0 = Not true, 1 = Sometimes true, 3 = Often true

No.	Mother-child interaction	Scale point		
	Conflict resolution			
1	My mother thinks that I cannot do anything for myself	0	1	2
2	I call my mother's names	0	1	2
3	No matter how what my mother says, I still do what I want	0	1	2
4	Whenever I have an idea, my mother does not think much of it	0	1	2
5	My mother does not understand me very well	0	1	2
6	I often have a laugh with my mother	0	1	2
7	My mother and I often have problems which we cannot solve	0	1	2
8	When my mother and I disagree, we are to talk about it	0	1	2
9	Most of the time I do what my mother asks me	0	1	2
10	My mother does not take my wishes into consideration enough	0	1	2
11	My mother listens to me when I want to talk to her	0	1	2
12	When my mother tells me not do something I do it anyway	0	1	2
13	I find my mother a bore	0	1	2
14	I like it when my mother explains things to me	0	1	2
15	My mother often does things that I find stupid	0	1	2
16	When my mother tells me not do things, I don't do it	0	1	2
17	When my mother disallows something, I understand the reason	0	1	2
	Acceptance			
18	My mother and I get on well	0	1	2
19	When I have a problem, I ask my mother for advice	0	1	2
20	When I am sad about something my mother comforts me	0	1	2
21	My mother mostly talks to me in a friendly voice	0	1	2
22	My mother asks me to do things all the time	0	1	2
23	I think that my mother knows a lot	0	1	2
24	My mother is proud of me	0	1	2
25	When I do something for my mother, I see that she appreciates it	0	1	2

Thank you very much for participating in this study.

Appendix Q: Parents permission slip to allow their youth for group therapy

Date: _____

Number: _____

To the Parents of Student (Name of the Student)

Ethiopia Tickdem Primary School

Tabour Primary School

Hawassa

Subject: Participation in Youth Friendly Psychotherapy

Based on the research results conducted earlier in this school youth friendly psychotherapy and education was needed. Hence, your child (Name of the child) from this school (Name of the School) had got the chance to participate in this program. The program continues at least for a month and three weeks owing two sessions per - week with a session length 40 minutes to one hour. The program is planned to be conducted without the interference the academic programs of your child. Furthermore, it is quite subject to your permission and the willingness of your child to take part in the psychotherapy program. On your confirmation please sign and return this permission letter accordingly. Finally, I would like to appreciate your cooperation in advance!

Name of the researcher: _____ Signature: _____ Date: _____

Name of the parent: _____ Signature: _____ Date: _____

Appendix S: Declaration of responsibility and confidentiality for group therapy

Indigenous plays as psychotherapeutic technique with young adolescents experiencing socio-emotional and behavioural difficulties in the town of Hawassa, SNNPR, Ethiopia.

I, _____ [name of research assistant], agree to assist the primary investigator with this study by recruitment of research participants, data collection, conducting play therapy and progress monitoring, .I agree to abide full confidentiality to perform these tasks. Specifically, I agree to:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the primary investigator;
2. Hold in strictest confidence the identification of any individual that may be revealed during the course of performing the research tasks;
3. Not make copies of any raw data in any form or format (e.g., disks, tapes, transcripts), unless specifically requested to do so by the primary investigator;
4. Keep all raw data that contains identifying information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
 - keeping all digitized raw data in computer password-protected files and other raw data in a locked file;
 - closing any computer programs and documents of the raw data when temporarily away from the computer;
 - permanently deleting any e-mail communication containing the data; and
 - using closed headphones if transcribing recordings;
5. Give, all raw data in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
6. Destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

Provide the following contact information for research assistant:

Printed Name of the Research Assistant _____ Address _____
Telephone number _____ Signature _____ Date _____

Printed name of primary investigator _____ Signature of primary investigator _____
Date _____

Appendix T: Emotional risk/distress management protocol

Title of questionnaire: Interview emotional risk/distress protocol

Dear respondent

Category of problem: _____

Number of group members: _____ Date of the therapy _____ Time _____

Place: _____ Context where the problem majorly manifest _____

Name of the teret-teret: _____

Actions for the researcher

- A. If the participant's distress reflects an emotional response reflective of what would be expected in an interview about a sensitive topic, offer a support and extend the opportunity to: (a) stop the interview; (b) regroup;(c) continue
- B. If a participant's distress reflects acute emotional distress or a safety concern beyond what would be expected in an interview about a sensitive topic, but NOT imminent danger, take the following action:
 - Encourage the participant to contact his/her study counsellor
 - Provide the participant with study counsellor call number
 - Indicate that, with the participant's permission study counsellor will contact the participant under some kind of emotional discomfort
 - Notify study counsellor and the researcher of the recommendations given to the participants
- C. If a participant's distress reflects imminent danger, take the following action:
 - Arranging to take the participant to emergency treatment by the family members
 - Indicate that with the participant's permission study counsellor contact the research participant
 - Study counsellor and the researcher Immediately notifying the action taken

N.B: Further illustration indicated in the following table

Indication of distress during interview	Follow up Questions	Participants' behaviour/response	Acute emotional distress/Safety concern?(Yes/No)	Imminent danger(Yes/ No)
Indicate the young adolescents are experiencing a high level of stress or emotional distress. OR exhibit behaviours suggestive that the interview is too stressful such as uncontrolled crying, incoherent speech, indication of flashbacks, etc	<ol style="list-style-type: none"> 1. Stop the interview 2. Offer support and allow the participant time to think/regroup 3. Assess mental stress <ol style="list-style-type: none"> a. Tell me what thoughts you are having b. Tell me what you are feeling right now c. Do you feel you are able to go on about your day d. Do you feel safe? If no determine if the person is experiencing acute emotional distress beyond what would be normally expected during the interview 			
Indicate the participants are thinking of hurting themselves	<ol style="list-style-type: none"> 1. Stop the interview 2. Express concern and conduct safety assessment <ol style="list-style-type: none"> a. Tell me what thoughts you are having b. Do you intend to harm yourself? c. How do you intend to harm yourself? d. When do you intend to harm yourself? e. Do you have the means to harm yourself? 3. Determine the participant is an imminent danger to self 			
Indicate the participants are thinking of hurting others	<ol style="list-style-type: none"> 1. Stop the interview 2. Express concern and conduct safety assessment <ol style="list-style-type: none"> a. Tell me what thoughts you are having b. Do you intend to harm someone else? Who? c. How do you intend to harm him/her/them? d. When do you intend to harm him/her/them? e. Do you have the means to harm him/her/them? 3. Determine the participant is an imminent danger to others 			
Indicate the participants would be in any danger if anyone else found out about their participation in the study	<ol style="list-style-type: none"> 1. Stop the interview 2. Assess danger from other persons <ol style="list-style-type: none"> a. How might you be in danger? b. How might the other person find out you were participating? c. What do you think the other person would do if they found out you were participating in the study? d. When do you intend to harm him/her/them? e. Do you have the means to harm him/her/them? 3. Determine if the person is experiencing a safety concern 			

Source: Draucker, C.B., Martsof, D.S., & Poole, C. 2009. Developing distress protocols for research on sensitive topics. *Archive of Psychiatric Nursing*, 23(5),343-350

Appendix U: Group therapy session format

Session	Topic	Psychotherapist's activities	Participants' activities
1	Establishing relationship and forming working alliance	<ol style="list-style-type: none"> 1. Making the participants to introduce each other, 1. Expressing the benefits of the psychotherapy processes 2. Ensuring confidentiality 3. Discussion on the time, place and conditions of the psychotherapy processes 	<ol style="list-style-type: none"> 1. Self - introduction, 2. Developing cohesion with the group members, 3. Demonstrating consent to participate in the psychotherapeutic processes 4. Forwarding ideas on the overall processes, plans and activities related to the counselling program
2	<p>Story-1: The Little Kind Girl</p> <p>Story-2:The Story of a Father and His Son</p>	<ol style="list-style-type: none"> 1. Dispatching the stories for the participants 2. Initiating self – reading for 3 minutes 3. Reading the stories each of the participants turn by turn 4. Effectively listening while a colleague reading the story 5. Connecting the story the existing behaviours of young generation 	<ol style="list-style-type: none"> 1. Story reading, effectively listening, 2. Identifying the topic and contents in the story 3. Demonstrating the positive and negative aspects indicated in the story 4. Identifying the contexts (i.e., time, place and conditions of the story) 5. Describing the characters in the story with positive and negative behaviours
3	Discussion, reflection, sharing experiences and good lessons	<ol style="list-style-type: none"> 1. Assisting the participants to review the previous story topic and contents 2. Explicating the contributions of the story for young adolescents 3. Assisting the participants to connect the contents of the story with their own life 4. Reflection and demonstrating the implication of the story for young generation 	<ol style="list-style-type: none"> 1. Reviewing the previous session duties 2. .Expressing the implication of the story for the young generation 3. Relating the contents of the story with private life and reflecting lesson learned 5. Overall discussion, comments etc

Appendix V: Self-evaluation format for youth participation during group therapy

Title of questionnaire: Self - Evaluation

Dear respondent: You are kindly requested to give your consent to conduct observation and record your level of participation during the session in the play therapy. This will be done at the end of each play therapy session and information will be recorded by the help of the tool indicated below. While doing this there will be no foreseeable risks which are associated with the completion of the questionnaire.

2 = superbly participation, 1 = Moderately participation, 0 = Not participation at all

Category of problem: _____

Number of group members: _____ Date of the therapy _____ Time _____ Place: _____

Name of the teret-teret: _____

Objective of the session: _____

No.	Areas of participation	Scale point		
1	The young adolescent listens to the group members and the therapist	0	1	2
3	The young adolescent accomplishes session activities	0	1	2
4	The young adolescent expresses his/her emotional states(i.e., anger, fear, frustration, joy) on the theme of therapy session	0	1	2
5	The young adolescent reflects his/her mental states(i.e., problem solving, decision making) on the theme of the therapy session	0	1	2
6	The young adolescent reveals his/her behavioural states (i.e., behavioural regulations, understanding group norms, and assertion skills) on the theme of therapy session	0	1	2
7	The young adolescent uses body languages during the therapy session	0	1	2
8	The young adolescent painted/portrayed the theme of therapy session	0	1	2
9	The young adolescent used behavioural demonstration during the therapy session	0	1	2
10	The young adolescent demonstrates of resilience skills(i.e., competence, connection, confidence, character, coping, contribution, and/or control)	0	1	2

Additional comments

1. Strengths _____

2. Things to be improved _____

3. Feedback by the therapist _____

Name of the therapist: _____ Signature: _____ Date: _____

Appendix W: Interview guideline for parents/mothers for impact assessment

Dear Participants

The purpose of this interview is to collect data from the mother of the young adolescents to assess change of behaviour (impact) among the young adolescents after teret – teret psychotherapy.

Direction One: Read the background information below and provide answer in the given space

1. Name (Anonymous: Code):_____2.Age:____3.Gender:_____4.Educational status: _____
- 5.Job and income level _____
6. Relationship status with the young adolescent_____

Direction Two: Based on your permission and the willingness of your child (Name of the child) has been attending teret –teret psychotherapy for seven consecutive weeks (i.e., 14 sessions). Having this into account, I would like to get information concerning the change of behaviour demonstrated by your child at home and community setting.

1. Would you explain how your child was behaving before attending the teret –teret psychotherapy? Give examples!
2. Do you believe that your child demonstrated change of behaviour either partially or completely? Yes No
 - A. If ‘‘Yes’’ would you specify the changes of behaviour?
 - B. If ‘‘No’’ what do you think the reason?
3. Identify and give example for the change of behaviour with the following particular behaviour.

- | | | |
|--------------------------|--------------------------------|-----------------------|
| 1. Teasing | 8. Jealous to others | 15. Showing off |
| 2. Threatening | 9. Talking too much | 16. Changing mood |
| 3. Loudly speaking | 10. Demanding attention | 17. Mean to others |
| 4. Stubborn behaviour | 11. Hot tempered | 18. Disobey at home |
| 5. Destroying properties | 12. Destroying others property | 19. Disobey at school |
| 6. Attacking others | 13. Screaming | 20. Braging |
| 7. Fighting with others | 14. Arguing a lot | |

4. How do you see your child’s in terms of the following areas:

- Participation in daily activities(i.e., doing household chores, participating in community services etc).
- Demonstrate of emotional intelligence(understanding personal and others emotional states, control feelings, express feeling properly, manage feelings etc).

- Involvement in psycho-educational participation(participation in different social activities; for example, clubs at school, community roles around your surrounding etc).
 - Interaction with you.
5. If any additional concerns that you want to raise regarding the implications of *terte –teret* psychotherapy to young adolescents in terms of behaviour management programs.

Thank You