

**AN INVESTIGATION OF EDUCATIONAL SUPPORT  
FOR LEARNERS WITH BEHAVIOURAL DIFFICULTIES  
IN AN INCLUSIVE CLASSROOM SETTING**

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Department of Education for granting permission to conduct this research at their schools.

## SUMMARY

The aims of this research were to investigate, by means of both the literature review and empirical research the nature of externalizing and internalizing behavioural problems among children and learners; to investigate ways in which educators support learners with behavioural difficulties in an inclusive classroom; to determine if educators are coping with learners who are experiencing behavioural problems in an inclusive classroom; to determine if educators know of ways in which to identify learners with behavioural difficulties; and to make suggestions on what schools can do to help children and learners experiencing behavioural problems develop their latent human potentialities.

Findings from the empirical research revealed that educator participants who formed the sample population of this study reported the following as their daily experiences: the White Paper 6, which is the South African policy on Inclusive Education is not implementable because of time which is more spent on meetings, workshops and on the New Revised National Curriculum, overcrowded classes and educators having more than one learning areas to teach; learners who are experiencing behavioural problems are a reality in classrooms; fatigue caused by long-distances that learners have to travel coming to schools could be the etiology of learners experiencing behavioural problems; indigent family background and lack of enough parental academic education could be the etiology of learners experiencing behavioural problems; parents of learners with behavioral problems do love their children and would co-operate with educators if effectively involved in educationally supporting their children; parental involvement is important in educationally supporting learners experiencing behavioral problems; the need for educators to support both learners with behavioural problems and their parents in their practice of inclusion in classrooms; the learners of educator participants who participated in this research are experiencing the following behavioural problems in their classrooms, namely hyperactivity, conduct disorder, aggressiveness, social withdrawal, emotional disorders and temper tantrums; behavioural problems manifested by learners have the potential to distress

and disempower educators in their teaching practice; learners with behavioural problems need a special educational focus and support from educators; psychology specialists operating at District Child Guidance Clinics are not always the needed service providers to learners experiencing behavioural problems at schools; the new Revised National Curriculum and the paperwork related to it are overloading the educators which leads to them not having enough time to focus on individual problems that learners experience in class; parental involvement in the referrals of learners experiencing behavioural problems is crucial; educators are intolerant of learners experiencing behavioural problems; learners with behavioural problems' behaviours are problematic for other fellow learners and their educators in classrooms; parents' illiteracy could be an impediment in their full participation in the learning of their children who are experiencing behavioural problems; educators have no education and training on pedodiagnosis and pedotherapy for effective practice in inclusive classrooms; and educators have no education and training on learner support which makes it difficult, if not practically impossible for them to effectively support all learners in inclusive classrooms.

Recommendations for both psycho-educational practice and further research are presented in the last chapter.

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# CHAPTER ONE

## ORIENTATION

### 1.1 INTRODUCTION

Education in South Africa like in many other countries faces a challenge of having to deal with learners who are experiencing behavioural problems. Learners experiencing such problems could find it difficult to cope at schools which could have a great impact on their effective learning. It is for this reason that the Department of Education (2001) has stated that the central challenge facing South Africa's education system as a whole is to develop an inclusive learning environment which promotes the full personal, academic and professional lives of all learners irrespective of personal and learning barriers. Department of Education (2002:1) have also mentioned that South African education faces many challenges in its development as an inclusive system that brings equality to the education, teaching and learning of all learners and they assert that equality cannot be achieved without the following interventions:

- changes that bring about effective education for all learners in an inclusive social setting; and
- changes that affect the actual process of what goes on daily in the classroom and homes of the South African society.

Bartlett, Weisenstein and Etscheidt (2002:16) assert that learners with behavioural difficulties should be made part and parcel of the inclusive classrooms that South Africa is concertedly developing. It is for this reason that the long-term goal of the education system in South Africa is to gradually create an inclusive education and training system in which learners who experience mild to moderate psychopathologies such as behavioural problems can be assisted in mainstream schools (Department of Education, 2001).



In this regard the White Paper 6 (Department of Education, 2001:4) highlights the most important ways in which the school curriculum can accommodate different learning needs and styles of all learners and ways in which the curriculum can be made more flexible across all bands of education so that it is accessible to all learners irrespective of their learning problems. The emphasis of the White Paper 6 on inclusion in education denotes its focus on the need of intensive educational support for all learners.

The provision of educational support services at schools is important in dealing with both the externalizing and internalizing behavioural problems of learners. The externalizing behavioural problems are marked by defiance, impulsivity, hyperactivity, aggression, and antisocial features while the internalizing behavioural problems manifest in withdrawal, dysphoria, depression and anxiety (Booker, Hoffschmidt & Ash, 2001:81; Carr, 2002:43). Ryan and Deci (2000:70) have reported the comorbidity of learning problems with externalizing and internalizing behaviour problems. This shows how closely related behavioural problems to learning problems.

The foregoing paragraph highlights how behavioural problems are one of the most common forms of childhood and childhood psychopathology and, according to Wilson (2000:205), are the most frequently cited reason for learners' referral to psychosocial services in communities.

This research endeavours to investigate the nature and extent of behavioural problems among learners in South Africa with a view of providing ecosystemic as well as psychosocial recommendations for helping learners experiencing this kind of psychopathology. The White Paper 6 mentioned in the paragraph above which was developed by the South African Department of Education for all schools advocates for inclusion in education and schooling which means that all educational and learning support systems in the learning and teaching social context of the child and adolescent should be taken into consideration in dealing with his/her behavioural problems and promoting his/her development.

## 1.2 PROBLEM STATEMENT

Various researchers such as Clark and Maryann (2000:34); Rycik and Ivirn (2001:18); Hwang (2002:62) and Flannery (2003:93) report that the presence of behavioural disorders among learners is dramatically increasing in schools. These researchers also indicate in their surveys that behavioural disorders vary among learners, ranging from 2% and 6% among secondary schools' learners.

The presence of behavioural disorders become apparent when a learner displays a repetitive and persistent pattern of behaviour that results in the significant infringement of the human rights of other learners, teachers, community members and their parents thereby causing significant impairments in academic and social functioning of learners with behavioural problems (Slater, 2003:105). Funk and Elliott (2003:86) state that among the characteristics of behavioural problems among children, the following can be mentioned:

- initiation of aggressive behaviour and reacting aggressively towards others;
- a display of bullying, threatening, or intimidating behaviour;
- being physically abusive of others;
- deliberate destruction of other's property;
- showing little empathy and concern for the feelings, wishes, and well being of others;
- showing callous behaviour towards others and lack of feelings of guilt or remorse; and
- they may readily inform on their companions and tend to blame others for their own misdeeds.

It is not surprising that these learners find themselves being vulnerable to exclusive treatment from both schools and families, because of the failure by both educators and parents to effectively socialize them. Their behavioural problems in this respect become a barrier for their full human development (Wilks & McPherson, 2002:12). Mandaral (2003:129) asserts that behavioural problems in learners are, in most cases, as a result of their response to psychosocial stressors in their lives such as, for example, the death of a parent or a recent change of school. Johnson (1998:66) posits that learners with behavioural difficulties face challenges in their homes, at school and their communities which educators and parents, including adult community members fail to accept as psychopathology. The behavioural problems are as a result of a number of difficulties that learners may be experiencing such as, among many others:

- learners being forced by the dint of fate to become heads of families since both parents are dead especially during this era of the HIV/AIDS pandemic; and
- learners going to bed without food for many days as the result of poverty (Spender & Scott, 1997:128).

In the light of the foregoing statements the question that can now be asked is the following:

Are schools in South Africa having the capacity to offer educational support services to deal with behavioural problems exhibited by learners?

The above question can further be delineated into the following questions:

- How are behaviour problems defined?
- What is the nature of externalizing and internalizing behavioural problems among learners?
- How can educators support learners with behavioural difficulties in an inclusive classroom?

- Do educators cope with learners who are experiencing behavioural problems in an inclusive classroom?
- Do educators know how to identify learners with behavioural difficulties?
- What can be done at schools to help learners experiencing behavioural problems develop their latent human potentialities?

This research attempts to answer these questions by means of both the literature review and empirical research. These questions will also shape the following aims of this research.

### **1.3 AIMS OF THIS RESEARCH**

This section provides the aims which form the basis of this research.

The aims of this research are:

- to define behaviour problems;
- to investigate the nature of behavioural problems among children at schools whose educators formed a purposeful sample of this research;
- to investigate ways in which educators can support learners with behavioural difficulties in an inclusive classroom;
- to determine if educators cope with learners who are experiencing behavioural problems in an inclusive classroom;
- to determine if educators know ways in which to identify learners with behavioural difficulties; and
- make suggestions of what schools can do to help learners experiencing behavioural problems develop their latent human potentialities.

### **1.4 RESEARCH METHODOLOGY**

This research is made of both literature review and empirical research.

### 1.4.1 Literature review

The literature review helped the researcher to determine:

- what is already known about the problem;
- general trends and the most important models or theories;
- related problems, which have to be solved; and
- unanswered questions.

Banister, Burman, Parker, Taylor and Tindal (2001:38) posit that the review of related literature involves the system of identification, location and analysis of documents containing information related to the research problem. Bless and Higston-Smith (2000:127) state that literature helps researchers to understand the nature and meaning of the problem that has been identified.

In this study, the researcher reviewed the relevant national and international literature to extract both primary and secondary data. The primary and secondary data relevant to this research was gleaned from the following sources:

- Scientific books which formed the secondary sources of information
- Articles in professional journals which formed the primary sources of information
- Research reports such as Masters' and Doctoral degrees dissertations and theses which formed the primary sources of information

The main purpose of using the books, journals, dissertations and theses was to read and understand what other scholars are saying about the problem under investigation so that the researcher can be able to fit his/her different voice and approach on the same problem with a view of extending knowledge development and fresh perspective on the problem. Bryman (2001:17) declare that a thorough study of the literature is essential for all kinds of research. The researcher benefits from the knowledge she/he acquires while

studying the literature and gains an insight of accommodating his or her voice on the national and international debate on the problem.

The literature study helped the researcher to isolate the significant relevant facts and to adopt a particular theoretical framework as the basis for the recommendations and the suggested solutions to the problem under investigation.

Since behavioural problems are not a new concept, the researcher endeavoured to apply the ecosystems theory in the context of townships and farm areas because of the nature of the sampled educator participants who were all teaching at township and farm schooling areas. In the social context of South Africa, township and farm areas have historically disadvantaged schools which even today could be said to be educating learners from indigent families.

From the foregoing paragraphs in this section, it is clear that there is a necessity to review relevant information from related literature in order for the researcher to be able to form a strong basis of his/her study.

#### **1.4.2 Empirical research**

In this study the qualitative approach of empirical research was utilised. The qualitative method was used in an interpretivist, descriptive and explorative approach. According to De Jong and Berg (2002:37), the qualitative method analyses and interprets the research participants' individual and collective social action, belief, thoughts, and perceptions.

In this study educator participants were interviewed to collect necessary and relevant information concerning their practice of educational support for learners with behavioural difficulties in an inclusive classroom.

##### **1.4.2.1 Interview**

Bryman (2002:33) regards interviews as a data collection technique based on a series of questions relating to the research topic which are to be answered by participants. In this study the researcher used structured interviews which

allowed the respondents to express their reaction by choosing various given answers.

The researcher self-developed an interview schedule instrument which she used to obtain self-reports from educators on their practice, if any, of educational support for learners with behavioural difficulties in their classrooms.

According to Banister *et al.* (1995:6), interviews should be well placed and should attempt to establish a rapport between the researcher and participants so that a mutual and a meaningful relationship can be created to elicit the information required for the study. It is through such a relationship that both the participant and the researcher could solicit and gain trust for each other.

Interviews also enable the researcher to:

- interact with the respondents face to face; and
- pick up non-verbal information from the respondents

#### **1.4.2.2 Questioning**

In this research, the researcher asked educators about the ways in which they support learners who have behavioural difficulties in inclusive classroom settings. The interview questions were first piloted at two primary schools to check whether the language used in constructing the schedule of interview questions was clear and had no ambiguities. The results of the pilot study revealed the necessity for slight modifications for the final draft.

Personal briefing and guidelines were made to ensure standardised administration of the interview questions' schedule and to secure the respondents' guarantee of the confidentiality thereof. Structured questions were asked from which responses were sought from interviewees. Welman and Kruger (2000:56) state that the interview questions' schedule is an ideal technique for the researcher who is doing qualitative field research.

### 1.4.2.3 Sampling

The research used a purposeful sampling design. There are different types of purposeful sampling designs. The researcher decided to utilise network sampling which is one of the types mentioned in Berg (2003:166).

Patton (2001:180) argues that this strategy involves identifying cases of interest from people who know what cases are rich in information, that is, good examples for the study and good interview participants. The size of the sample, according to Patton (2001:181), is not important in purposeful sampling as long as the information that the researcher will elicit from the participants is rich of what he/she is researching. The researcher used her network of friends who are educational psychologists, remedial educators, and career educational supporters at the Child Guidance to conduct network sampling in identifying primary schools' educator participants whose learners had been referred to the Child Guidance in the Lejweleputswa Education District for participation in this research. Only five educators (n=5) were prepared and had time to voluntarily participate in this research.

In this study the target population were primary schools at Lejweleputswa Education District which comprises Welkom, Odendaalsrus, Virginia, Hennenman, Ventersburg and Theunissen in the Free State. The interviews were conducted with educators who have learners with behavioural problems. These learners were those who have been referred by educators to the Child Guidance Clinic.

Blaikie (2001:198) defines population as an aggregate of all participant cases in a research that can form a designated set of criteria. Population elements are single members or units of a population. This means that they can be people, social actions, places or events. In this research, a total number of 5 educators who have learners with behavioural difficulties in their classrooms formed the population sample of this research. Cohen, Manion and Morrison (2002:94) describe sampling as the quality of a piece of research which not only stands or falls by the appropriateness of methodology and instrumentation but also the suitability of the sampling strategy that has been



adopted by the population on which the researcher focuses. In this study a total number of 5 educators (n=5) who have learners with behavioural problems were interviewed.

The sample population from both formal (n=2) and informal (n=2) settlements and farm (n=1) schools were involved.

#### **1.4.2.4 Data analyses strategies**

The purpose of analysing data is to find meaning in the data. This is done by systematically arranging and presenting the information (Burns, 2000: 430). It has to be organised so that comparisons, contrasts and insights can be made and demonstrated. But the data are categorised not just to count occurrences instead they are categorised to permit analysis and comparisons of meaning within a category (Burns, 2000: 430).

This research followed the constructivist grounded theory approach in the analysis and interpretation of data. According to Creswell (2003:23), constructivism recognizes the mutual creation of knowledge by the researcher and the participants, and aims at an interpretive understanding of participants' experiences. A constructivist approach to grounded theory re-affirms studying people in their natural settings, and a focus on meaning while using grounded theory furthers interpretative understanding (Creswell, 2003:24).

In an interpretative study there is no clear point as to when data collection stops and analysis begins. Collecting, analyzing and interpreting the data coincide as the research process unfolds. The researcher intended to interpret data from a position of empathetic understanding, which is one of the key principles of interpretative analysis (Maxwell, 2004:17). Creswell (2003:19) supports this view by stating that one of the strategies of constructivist grounded theory is the simultaneous collection and analysis of data.

### **1.5 ETHICAL CONSIDERATION**

In this study, ethical principles refer to the ways in which the researcher created a trusting relationship between her and the educator participants of

learners with behavioural difficulties in an inclusive classroom. Bless and Higston-Smith (2000:62) state that the aim of ethics is to protect the participants involved in a piece of research.

He also describes confidentiality which, simply put, means that no one or no institution is identified in a report unless, of course, there is good reason to reveal institutional origins and permission is secured. In the case of this dissertation, the researcher assured educator participants of absolute confidentiality of their names and names of their learners and that their responses both verbal and non-verbal were going to be used for a Masters' degree research and to help the Department of Education in South Africa to realize the nature and extent of challenges educators have in supporting learners with behavioural problems.

In order to facilitate the participants giving their fully informed consent, all the necessary information pertaining to the nature, purpose and usefulness of this research including the voluntary nature of participation in the research was given. This exercise was carried out with the participants rather than just what Cohen *et al.* (2002:56) refer to as "gatekeepers".

The researcher applied for and was granted permission by the Free State Department of Education to conduct the empirical research with the educators (N=5) who formed the sample population of this research (see Appendix B).

## **1.6 THE THEORETICAL FRAMEWORK OF THIS RESEARCH**

The educational support of children with behavioural problems in schools is approached within the ecosystemic theoretical framework. The ecological and systemic theory as proposed by Bronfenbrenner and developed by Epstein propounds that a child is influenced by and influences the multiple systems in which he/she resides (Epstein, 1995:25). These systems may include, among others, the microsystem, the mesosystem, the exosystem and the macrosystem (Bronfenbrenner, 1986:50). This theory is crucial in developing a holistic educational support programme which takes the interconnections of families, schools and community agencies such as hospitals, Department of Social Welfare and so on into consideration (Forget & Lebel, 2001:69).

Families, schools and community agencies are seen as providing the social context in the full development of the human potential of a child with behavioural problems. According to Fiscus (2002: 135), human development and behaviour cannot be understood independently of the social context in which they occur. The whole social environment, including the family or extended family, services available in the community and community attitudes (Fiscus, 2001:45) influences the behaviour of children.

Gopalan (2004:135) states that certain environments may be unable to accommodate the unfolding nature of children and this might generate disturbance in the whole social system. The major sign of disturbance is an increased amount and intensity of energy that is required by others to interact with the child, or a disturbance in the equilibrium of the social system that calls attention to the child. Gopalan (2004:135) further states that to operate from an ecological framework one should accept that ecosystems rather than children are disordered, and that ecosystems are directly influenced by the culture in which they exist. This means that behavioural problems which learners exhibit should be seen as also linked to the communities' social contexts such as poverty, illiteracy among parents, dearth of effective and efficient learner psychosocial guidance services.

Fiscus (2002:116) explains the ecological context by dividing it into layers. The immediate environment (the microsystem) includes activities and interaction patterns with people close to the individual, for example, a child who is destructive and cries frequently, if born to parents who are impatient, might be subjected to negative interactions in the microsystem, which in turn, will affect social and emotional development (Fiscus, 2002:116). The next level of the development (the mesosystem) includes interactions among those in the microsystem, for example, one learner's parents may be at odds with school personnel, verbally criticising educators and administrators (Bronfenbrenner, 1977:62) which might lead to the learner seeing his/her educators as bad people and thereby always disrespect them. On the other hand, a learner's parents may co-operate with the educator in terms of a behavioural management contract and this might lead to the learner

respecting educator authority. The exosystem includes settings not directly interacting with the learner, but nevertheless affecting his/her development for example; the ecosystem may contain the parents' workplace, health and welfare agencies, or other community agencies (Epstein, 1995:128). Whether a child's parents receive insurance benefits or maternity leave will affect child development even though children do not directly interact with the parents. The last level, the macrosystem, refers to the values, laws, customs and resources present in a particular culture, for example, in countries with stringent gun laws child injuries and death are considerably fewer (Fiscus, 2002:86).

Forget and Lebel (2001:136) explain that social systems are dynamic and affect individuals in different ways and see children as products of the social environment in which they grow up. This means that social systems as found in various ecologies (environments) where learners grow up and develop have a great influence on their behavioural development. Ecologies, that is environments provide cultural virtues such as community attitudes, values, norms, beliefs, convictions, customs, way of life, philosophy of life, social support agencies, legal system, parents workplace, extended families, neighbours, political atmosphere, mass media and government policies which have influence on the motivational, behavioural and metacognitive development of learners.

The latter sentence of the foregoing paragraph can be diagrammatically illustrated in the following Ecosystemic Model as postulated by Bronfenbrenner (1977:62) as follows:

# Bronfenbrenners Ecological / System Model

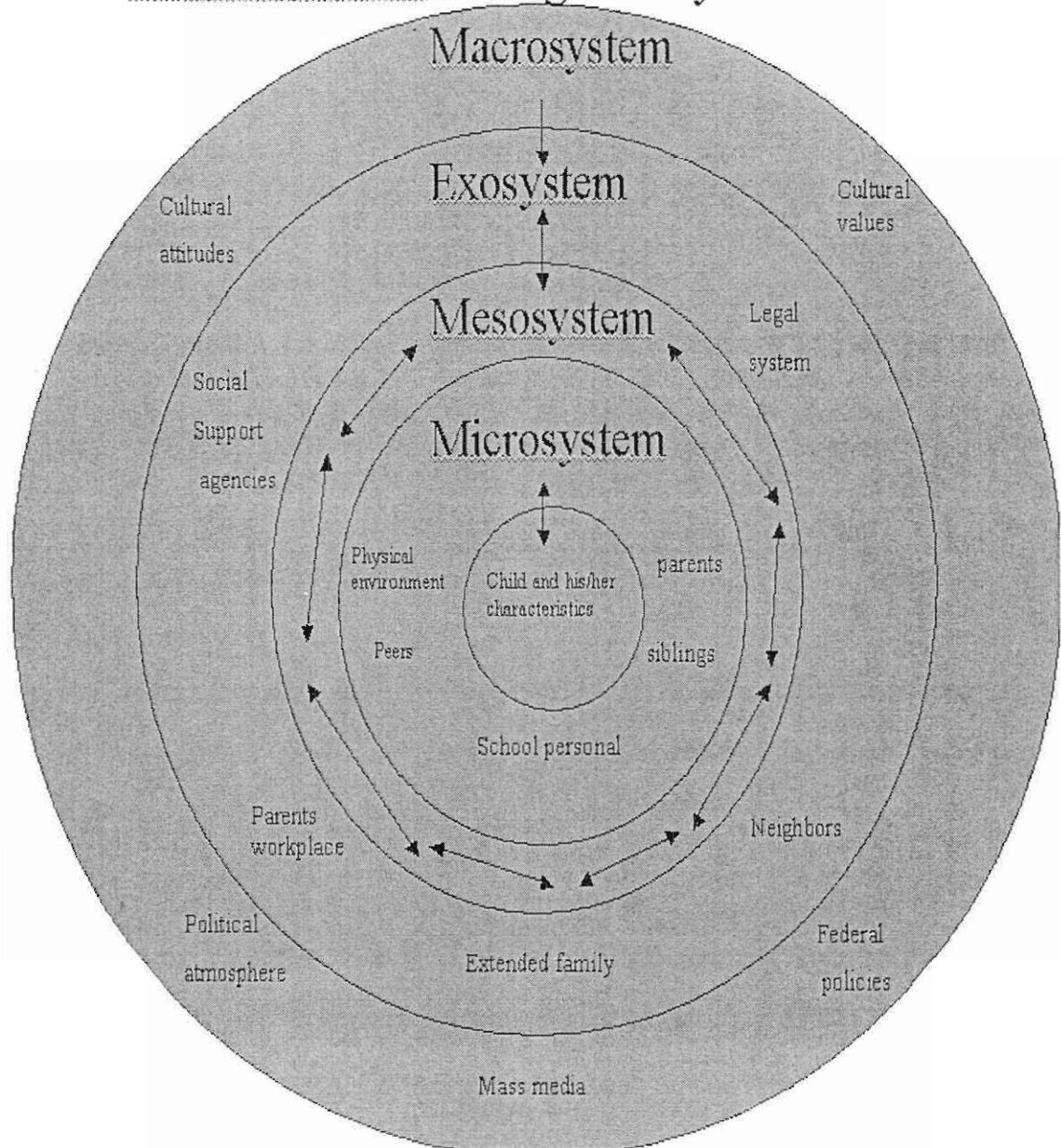


Figure 1: The Ecological and Systems Theoretical Model

## **1.7 CHAPTER DIVISIONS OF THIS RESEARCH**

This section provides the way in which chapters of this dissertation are presented.

### **Chapter 1**

Chapter one is primarily an orientation chapter preparing the reader for the subsequent chapters.

### **Chapter 2**

Chapter two presents the literature review on the nature of externalizing and internalizing behavioural problems of learners.

### **Chapter 3**

Chapter three presents the literature review on the nature of educational support.

### **Chapter 4**

Chapter four presents the empirical design.

### **Chapter 5**

Chapter five presents the analysis and interpretation of the empirical research results.

### **Chapter 6**

Chapter six presents the summary of research findings, conclusions and recommendations of the study.

## **1.8 CONTRIBUTION OF THE STUDY**

Although considerable research has been conducted on educationally assisting and supporting learners with behavioural problems, insufficient

research has been conducted on how ecological and systems theories can be used to empower educators to educationally support learners with such problems. Existing studies suggest that educators are failing to cope with the problems exhibited by learners with behavioural problems, and consequently have to always refer them to child and learner guidance clinic or, in extreme cases, learners with behavioural problems end up dropping-out of schools. Additionally, a small number, if any, of ecosystemic educational support programmes and models for assisting learners with behavioural problems to cope in schools exist in South Africa.

The purpose of this study is to contribute to the inconsistent body of research on learners with behavioural problems, educators without any knowledge and skills to educationally support learners with behavioural problems and ecosystemic educational support programmes. More specifically, the study should contribute to the knowledge of the relationship between educational support and the significance of the theories of social constructivism and ecosystems in assisting learners with behavioural problems.

## **1.9 CONCLUSION**

This chapter served as an orientation towards the entire research project. This was done with the sole aim of preparing the reader for the subsequent chapters.

The next chapter presents the literature review on behavioural problems of children.

## CHAPTER TWO

### EXTERNALIZING AND INTERNALIZING BEHAVIOURAL PROBLEMS OF CHILDREN

#### 2.1 ORIENTATION

Despite great diversity in the means and forms of socialisation, all societies share a common goal in child-rearing and upbringing; that is, they want their children to become competent and responsible adults. A major challenge to the process of socialisation is of course posed by the period of childhood, a time of dramatic physical, psychological, and social transitions. As a consequence of these complex forces, children may engage in a heightened level of behavioural problems ranging from misbehaviour in school to risk taking and anti-social aggression (Brown, 1999:77).

Psychologists have focused on two sources of social influence on children' propensity for behavioural problems, namely, family and peer factors. Family relationships (for example, parental warmth and family conflicts) and parental control in particular have been identified as a key and a significant correlate of behavioural problems among children (Foster, Hagan, Tremblay & Boulerice, 2002:56). Children are less likely to be involved in behavioural problems if their parents are warm and accepting, if the level of child-parent conflict is low, and if their parents communicate clearly and negotiate with them but at the same time retain firm control, a style of parenting typically described as authoritative (Hayes, 2004:79).

Peer norms and peer approval concerning behavioural problems are also a significant sources of influence on children's behaviour, in part because children's behavioural problems often involve groups of children and also because children, particularly during early childhood, show a high level of conformity to peers (Smart, Sanson, Toumbourou, Prior & Oberklaid, 2000:44; Kumpfer, Alvarado & Whiteside, 2003:759). The findings of Chen, Bauman, Rissel, Tang, Forero and Flaherty (1999:53) further suggest that family and



p er factors may be linked, that is, children from families with patterns of reciprocal negative behaviour, the coercive family processes are more likely to associate with deviant and anti-social peers which in turn lead to delinquent behaviours.

Sanders, Gooley and Nicholson (2000:29) state that, diagnostically, most of the psychological problems in childhood fall into the categories of emotional and behavioural problems or "mixed" states. The behavioural problems range from legally defined delinquent acts, such as violence, stealing, vandalism, truancy and arson, to a variety of non-delinquent behaviours, such as fighting, bullying, lying, destructiveness and defiance (Woolfenden, Williams & Peat, 2002:38). The behavioural problems also include the more or less troublesome and involuntary behaviours commonly associated with childhood: temper-tantrums, bouts of screaming and crying, surliness and episodes of commanding or pestering behaviour (Henley, Ramsey & Algozzine, 2002a).

Emotional disorders involve characteristics such as feelings of inferiority, self-consciousness, social withdrawal, shyness, anxiety, crying, hypersensitivity, depression and chronic sadness (Webb, Bray, Getz & Adams, 2002:206).

This chapter provides both the externalizing and internalizing behavioural problems of children.

## **2.2 CLARIFICATION OF CONCEPTS**

In this research, the following concepts will be used and described as follows:

### **2.2.1 Depression**

Depression refers to the feeling of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities (neuro-vegetative symptoms) or may bring on thoughts of suicide (Prior, Sanson, Smart & Oberklaid, 1999:563).

### 2.2.2 Anxiety

Anxiety means the tendency to be nervous, fearful or worried about real or imagined problems (Jones & Chalton, 1996:44).

### 2.2.3 Behavioural problems

Dekker, Nunn, Einfeld, Tonge and Koot (2002:601) define a behavioural problem as a psychological condition in a child/an adolescent which exists over a long period of time and to a marked degree has a potential of adversely affecting the child/adolescent's academic performance. Dekker *et al.* (2002:602) further highlights that a learner who is experiencing such a condition has an inability to build or maintain satisfactory interpersonal relationships with peers, parents and educators and exhibits inappropriate types of behaviour or feeling under normal circumstances. It is for this reason that Henley, Ramsey and Algozzine (2002b: 94) see behavioural problems as a special learning need of learners who cannot cope with the social demands of schools or societies.

Grilo, Sanislow, Fehon, Martino and McGlashan (1999:208) posit that a behavioural problem is a chronic clinical disorder that does not easily disappear. Zimmer-Gembeck and Ollins (2003:190) see this behaviour as socially unacceptable because of social or cultural expectations. Like a chronic disease which requires medical dependence, a behavioural problem also requires full psycho-social dependence.

Learners with behavioural problems are emotionally and psychologically unstable. They tend to cause confusion and create the impression that a clear distinction cannot be made between emotional life and their behaviour. A learner experiencing such a condition shows a general pervasive mood of unhappiness or depression and has a tendency to develop physical symptoms such as fear and learning barriers. In most cases, educators and parents usually blame learners for carelessness and laziness without identifying their real problems (Capaldi, 2003:46).

From the foregoing definition of behavioural problems, it is clear that a behavioural problem is a clinical disorder or psychopathology that has the potential to impair the quality of the learner's academic work. This clinical disorder manifests itself in academic, occupational and social situations. Learners in most cases perform badly in their academic work.

Einfeld, Tonge and Bless (2001:77) state that behavioural problems in children mostly manifest itself in hyperactivity: a condition characterized by uncontrollable, haphazard, and poorly organized motor behaviour. In young children gross motor activity makes them appear to be on the go and they have difficulty sitting still. Older learners can be extremely restless or fidgety, may talk too much in class or may constantly fight with friends, siblings or other classmates. Waizenhofer, Buchanan and Jackson-Newsom (2004:23) state that behavioural problems in children mostly show in emotional behaviour: a condition which cannot be explained by intellectual, sensory or any health factors which makes the child to develop physical symptoms of fear associated with personal, home, community or school problems. Emotional behaviour in children with behavioural problems shows in their inability to build relationships with peers, parents, community members and educators (Bumpus, Crouter & McHale, 2001:163).

Children with behavioural problems as referred to in this research is limited to those who manifest a tendency to engage in anti-social and rule-breaking behaviour like display of aggression or a the tendency to act in a hostile manner (either verbal or physical) that is threatening to others, including destroying property, defying authority and often frightening and disturbing adults (FACS, 2004:15).

#### **2.2.4 Etiology**

Etiology or causation refers to why a disorder begins (what causes it) and must include consideration of a number of factors or dimensions. These factors include biological dimensions, psychological dimensions and social dimensions (Coie & Dodge, 1998:779).

## **2.3 THE INTERNALIZING BEHAVIOURAL PROBLEMS OF CHILDREN**

As stated in section 1.1 above, the internalizing behavioural problems in children manifest in withdrawal, dysphoria, depression and anxiety (Fassler, 1997:82).

### **2.3.1 The incidence and manifestations of depression and anxiety in children with behavioural problems**

Depression and anxiety among children are significant psychological well being problems. A review of the child literature indicates that the median rate of depression in 14 studies of non-clinical samples is 35% (Rubak, 2005:27); while 50% of child school refuses meet DSM-IV (Greene, 2001:25) criteria for anxiety disorders (Wybrow, 1999:100). Osman and Kirk (2001:68) postulate that children who indicate that they have many depressive and anxiety symptoms are also likely to report many behavioural problems. In addition, children who receive high scores on behavioural problem scales, as assessed by their educators, are also likely to receive high scores from the educator on the depression and anxiety measures. This relationship between depressive, anxiety and conduct problems, although it is reflected in a correlation coefficient of modest size does appears to be a reliable finding (Rutter, Giller & Hagell, 1998:39).

Researchers (Kowatch & Bucci, 1998:173; Wybrow, 1997b:67; American Psychiatric Association, 1996:29) have highlighted the relation of anxiety and depression to negative and positive states of psychological well being. Negative affectivity has been described as a disposition toward negative emotionality that subsumes both anxiety and depression (Li, Feigelman & Stanton, 2000a:43). It encompasses aspects of anxiety such as nervousness, tension and worry, and aspects of depression such as anger, guilt and sadness. Negative affectivity is considered by some as essentially a mood-based personality construct and by others as a component of both anxiety and depression (Millon, Simonsen & Birket-Smith, 1998:32).

Much of the supporting evidence for the construct of negative affectivity has come from correlational and factor-analytic studies of self-report

questionnaires at the meta-analytic level (Cunningham & Reidy, 1998:35). The outcomes of such studies have shown that self-report anxiety and depression scales correlate positively, with coefficients typically ranging from 0,5 to 0,8. Studies have also found that anxiety and depression scales correlate universally with ego strength, psychological well-being, and social desirability, and positively with the Schizophrenia subscales of the Minnesota, Multiphasic Personality Questionnaire and the California Personality Inventory. Such evidence suggests that this broad construct of emotional distress may relate not only to anxiety and depression, but also to a number of other personality traits (Friedberg & McLure, 2002:36).

McNamara and Morenton (1996:48) have factor-analysed a number of mood ratings obtained from a sample of college students and have found that moods most commonly associated with depression include sad, blue, depressed, gloomy, unhappy, and miserable.

Each of these moods loads highly on the general factor of Negative Affectivity. In addition, moods commonly associated with anxiety, for example, worried, afraid, scared, nervous and jittery also load highly on the Negative Affectivity factor (Lynam, 1998:81). However, Ciechomski, Jackson, Tonge, Heyney and King (2001:49) noted that the relation between depression and negative affectivity is slightly stronger than that for anxiety. They conclude from such data that negative affectivity is a broad dimension that subsumes aspects of anxiety and depression as well as a number of other negative emotions. They have also asserted that the common, underlying factor of Negative Affectivity helps explain the strong correlations often found between measures of depression and anxiety (Rygaard, 1998:247).

Differences in the conceptualisation of the construct of negative affectivity have led to some interesting debate. For example, Mcleod and Nonnemaker (2000:166) have questioned whether the distinction between anxiety and depression as separate emotions is useful or even possible. Based on the findings of monomethod, multimethod, neurochemical/endocrine and comorbidity studies, Santoro and Cohen (1997:67) suggested that the term "negative affectivity" provides a better description for the shared symptoms of

anxiety and depression and that perhaps the distinction between the two should be put to rest. Alternatively, other researchers have argued that negative affectivity constitutes a component of both anxiety and depression as they are currently defined and that the two remain distinguishable on the basis of distinct symptomatology (Waltz, 2000:56).

As in previous studies, Maughan and Rutter (1998:24) found support for a general Negative Affectivity factor through meta-analysis of a number of mood rating scales. However, they argue that although anxiety and depression share a substantial component of general affective distress, they could be differentiated on the basis of specific symptoms. They have conducted their own factor-analytic study of 10 anxiety and depression scales and have found that a three-factor solution emerged, comprising a shared Negative Affectivity factor, a factor specific to depression, and a factor specific to anxiety.

The specific anxiety factor includes feelings of tension, nervousness, shakiness and panic, whereas the specific depression factor includes the loss of interest or pleasure, disorders of eating, crying spells, and feelings of hopelessness and loneliness (Serketich & Dumas, 1996:171).

Using a specially designed scale, Vassallo, Smart, Sanson, Dussuyer, McHenry, Toumbourou, Prior & Oberklaid, 2002:69) found support for a three-factor solution across student, adult and patient populations. They call these three factors General distress, Anhedonia Versus Positive Affect, and Somatic Anxiety. The General Distress factor includes feelings of nervousness, worry, depression, discouragement, sadness, hopelessness, and pessimism. The Somatic Anxiety factor encompasses items reflecting physiological symptoms such as dizziness, trembling, shaking, shortness of breath, and excessive perspiration, whereas the Anhedonia Versus Positive Affect factor consists of items which reflect positive moods such as optimism, confidence, cheer and happiness. It is concluded from these findings that depression differs from anxiety through the absence of positive affect, anxiety differs from depression by the presence of physiological hyper arousal, and that a factor of general distress explains the common variance found between anxiety and depression (Susan, 1999:38).

Although the majority of studies focus on adult populations, the applicability of the negative affectivity construct to children has received limited attention in the literature. Gelfand, Jenson and Drew (1997:51) reviewed evidence from clinical research to support the use of the construct with children. They cite diagnostic studies showing that the depressive and anxiety disorders of childhood frequently co-occur with about 30% of children who meet criteria for a range of anxiety disorders also developing depressive symptoms after 1 to 2 years. Bond, Nolan, Adler, Littlefield, Birleson, Marriage, Mawdsley and Tonge (1999:160) also cited studies that compare self-report measures of anxiety and depression. In particular, they focus on studies that utilised the Revised Children's Manifest Anxiety Scale and the Children's Depression Inventory. Studies comparing these two measures have found that they correlate highly with coefficients ranging from 0,65 to 0,71 (Buchanan, 1999:39).

Much of the evidence supporting the construct of negative affectivity has come from the use of factor-analytic methods. Unfortunately, few studies with child populations have made use of this methodology. McLeod and Nonnemaker (2000:137) examined depression in British and American children and its relation to anxiety and fear. As with other studies, they have found that anxiety and depression are highly correlated. They however argue that this result might be due to the inadequacies of self-report measures, namely shared item content (Papolos & Papolos, 1999:128). In another study, Strohschein (2002:32) investigated the relation among anxiety, depression and fear in British children. They have found that fear and anxiety are highly related, but that fear and depression are not. Unexpectedly, they have also found that anxiety and depression correlate more highly than fear and anxiety (Prior, Sanson, Smart & Oberklaid, 2000:33). Factor analysis of the Fear, Anxiety and Depression scales show that anxiety and depression items tend to load on separate factors with very little overlap. The anxiety factor parallel the Worry/Oversensitivity factor of the Revised Children's Manifest Anxiety Scale and the two depression factors parallel the Self-Criticism/Self-Deprecation and Dysphoric, Mood factors of the Children's Depression Inventory (Funk & Hagan, 2002:144). In another article, Hynan, Pantle and Foster (1998:267) have investigated the discriminant validity of self-reported

anxiety and depression in a sample of non-referred school children. They have administered the RCMAS, the State-Trait Anxiety Inventory for Children, the CDI, and the Reynolds Child Depression Scale to 273 eighth and ninth grade students. Using covariance structure analyses, they have found that a two-factor model, distinguishing between anxiety and depression, best fit the data. Unfortunately, a three-factor model (more consistent with a tripartite view) has not been tested (Taylor & Biglan, 1998:41).

Evidence from diagnostic studies in clinical samples of children shows that anxiety and depression frequently co-occurs. Evidence provides support for use of the negative affectivity construct to describe this phenomenon (Chang, Steiner & Ketter, 2000:453).

High correlations found between anxiety and depression in self-report measures also support the notion of negative affectivity in children. The limited evidence in child samples have however shown that measures of anxiety and depression in children may be differentiated using a factor-analytic approach (Rivera & Smith, 1997:27).

The evidence that anxiety and depression are closely related is relatively strong, based on genetic and family studies of children with anxiety and depression. If anxiety runs in a given family, depression is likely to run in the same family. In addition, drug treatments that have been successful with anxiety disorders are often effective for depression (Carr, 1999:51; Spender & Scott, 1999:128). Investigations have compared popular rating scales or questionnaires for measuring either anxiety or depression and found that they are very highly correlated. If a child has a high score on a questionnaire measuring depression, he is likely to have a high score on another. When anxiety is measured results indicate that almost all depressed children are anxious, but not all anxious children are depressed (Fisher & Blair, 1998:511). This means that there are certain core symptoms of depression that are not found in states of anxiety and, therefore, reflect what is "pure" about depression. These are best described as the inability to experience pleasure (anhedonna) and a depressive "slowing" where both motor and cognitive



functions become extremely laboured and effortful (Rai, Stanton, Wu, Li, Galbraith & Cottrell, 2003:108).

Cognitive content (what one thinks about) also seems more negative in depressed children than in anxious children (George, Thornton, Touyz, Waller & Beumont, 2004:81).

Symptoms which are specific to anxiety are apprehension, tension, edginess, trembling, excessive worry and nightmares and those which are specific to depression are helplessness, a depressed mood, loss of interest, lack of pleasure, suicidal ideation and diminished libido, while mixed anxiety and depression symptoms (negative effect) are anticipating the worst, worry, poor concentration, irritability, hyper vigilance, unsatisfying sleep, crying, guilt, fatigue, poor memory, middle and late insomnia, a sense of worthlessness, hopelessness and early insomnia (Dinkmeyer & Sperry, 2002:89).

An integrative theory of the etiology of anxiety and depression would take into consideration the interaction of biological, psychological and social dimensions, noting also the very strong relationship of anxiety and depression described above (Munger, 1998:27). Evidence pertaining to each contributing factor is separately reviewed below.

### **2.3.1.1 Familial and genetic influences (Biological dimensions)**

The overwhelming body of evidence suggests that depression and anxiety are familial and almost certainly reflect an underlying genetic vulnerability. Evidence from many of these studies supports the supposition that there is a close relationship among depression, anxiety and panic (Peterson, 1999:39).

Data from family studies indicate that the more signs and symptoms of anxiety and depression there are in a given child, the greater will be the rate of anxiety or depression or both in first-degree relatives and children of these individuals (Ralph & Sanders, 2003: 27). In two important twin studies, Ary, Duncan, Duncan and Hops (1999:217) also found that the same genetic factors contribute to both anxiety and depression.

### 2.3.1.2 Psychological dimensions

The context and meaning of stressful life events are strongly related to the onset of depression and anxiety. A number of studies have found a marked relationship between severe, and in some cases traumatic, life events and the onset of depression and anxiety (Catalano & Hawkins, 1996:39; Ary, Duncan, Biglan, Metzler, Noell & Smolkowski, 1999:141; Brody, 2003:59). When groups of children who are already depressed and anxious are compared with matched controls, similar findings emerge. In addition, for children with recurrent depression and anxiety, the clear occurrence of a severe life stress before or early in the latest episode predicts a much poorer response to treatment and a longer time before remission (Christian, Frick, Hill & Tyler, 1997:233). Types of events most often implicated include family difficulties, continuous failure at school, or other major life changes. The context and meaning of an event is probably more important than the event itself. Stressful life events seem to be the major precipitant of symptoms of depression and anxiety in children (De Jong & Berg, 2002:29).

They speculate that meaningful negative events in childhood may give rise to negative attributional styles in a developmental fashion making these children more vulnerable to future depressive and anxiety episodes when stressful events occur (Strober, Deantonio & Schmidt-Lackner, 1998:145).

Thompson (1998:65) revised the learned helplessness theory to de-emphasise specific attributions and to highlight the development of a sense of hopelessness as a crucial cause of many forms of depression and anxiety. Attributes will be important only to the extent that they contribute to a sense of hopelessness. Both anxious and depressed children develop a sense of helplessness and a lack of control, but only in the midst of depression and anxiety does a child give up and become hopeless about ever re-gaining control (Geller, Craney & Bolhofner, 2000:303).

There is some evidence that a pessimistic style of attributing the causes of negative events to one's own character flaws results in a state of hopelessness. This pessimistic style may predate and therefore, in a sense,

contribute to later anxious and/or depressive episodes when a child experiences negative or stressful events (Yalom, 2003:46).

According to Collins, Gleason and Sesma (1997:94), depression and anxiety may result from a tendency to interpret everyday events in a negative way. This tendency would be the opposite of the "rose-coloured glasses" analogy in which someone sees the bright side of everything. Children with depression and anxiety make the worst of everything and conclude that the smallest setbacks are major catastrophes in their lives with which they cannot cope.

In his extensive clinical work, Sheffield (1998:65) observed that all his depressed and anxious patients had dysfunctional attitudes in their thinking style, and he began classifying the types of "cognitive errors" that characterise this style of thought. From a long list of cognitive errors he compiled two representative examples are arbitrary inference and over-generalization.

Arbitrary inference describes a situation in which a depressed and anxious child will draw a conclusion from a situation that emphasises the negative rather than the positive. A high school child may assume he/she is a terrible learner because he failed Mathematics in his/her class (Clough & Corbett, 2000:99). He/she fails to consider other reasons he might be failing Mathematics (for example, he does not have the I.Q. for numbers) and "infers" that he/she is stupid or a failure in life. To exemplify the second type of error, over-generalization, the English teacher might make one critical remark on the learner's paper (Kizito, 2000:8) The learner then assumes that she/he is going to fail him/her in the class despite a long string of very positive comments she/he has made and good marks she/her has awarded him/her on other papers (Williams & Hine, 2002:20). Thus, he/she would be overgeneralising from one small remark. Children who are depressed and anxious think like this all the time. In so doing they make cognitive errors in which they think negatively about themselves, their immediate world, and their future. These three areas combined are called the depressive and anxiety triad (Li, Stanton & Feigelman, 2000b:53).

In addition, Ralph, Toumbourou, Grigg, Mulcahy, Carr-Gregg and Sanders (2003:9) theorise that after a series of negative events in childhood, depressed and anxious children may develop a deep-seated negative schema. Negative schema refers to an enduring and stable negative cognitive bias or belief system about some aspect of life. In a "self-blame" schema, children feel responsible for every bad thing that happens. With a negative self-evaluation schema, children believe they can never do anything correctly (Slater, Henry, Swaim & Anderson, 2003:713).

In Pepler, Craig, Connolly and Henderson (2002:153) view these cognitive errors and schemas as quite automatic. That is, they are not necessarily the child's conscious appraisal of the situation. Indeed, children might not even be aware that they are thinking in this way or that it is illogical. Thus, given the existence of these schemas and the more specific cognitive errors that result from them, very minor negative events might lead to a major depressive episode and anxiety disorder.

A variety of evidence has accumulated in support of a cognitive theory of depression and anxiety. The thinking of children who are depressed and anxious is, for an example consistently more negative than that of non-depressed and non-anxious children (Singer & Miller, 1999:78). Depressed children think more negatively in each of the dimensions of the cognitive triad – about self, the world and the future – than do non-depressed children. Also, depression and anxiety cognitions seem to emerge from distorted and probably automatic methods of processing information. Children are more likely to recall negative events when they are depressed and anxious compared to when they are not depressed and anxious or compared to non-depressed and non-anxious children (Crouter & Booth, 2003:29).

Several studies have found that prior dysfunctional attitudes seem to predict recurrence of depression and anxiety under some conditions. Also, there is some evidence suggesting that stress or a depressed and anxious mood activates negative thinking in some children but not in others, suggesting that these negative styles of thinking exist in some children but are latent until primed or activated (Stallman, Ralph & Sanders, 2004:54).

Considerable evidence exists in confirmation that depression and anxiety of all types are indeed associated with pessimistic-explanatory style as well as with negative cognitions. Some evidence also exists that cognitive vulnerabilities are present in some children to process stressful life events in a very negative way, putting children at risk for developing depression and anxiety (Murrie & Cornell, 2002:390). This becomes the major psychological vulnerability that, when combined with biological vulnerabilities described above, creates a slippery path to depression and anxiety (Pryor & Wiederman, 1998:291; Slater, Henry, Swaim & Anderson, 2003:53).

### **2.3.1.3 Social and cultural dimensions**

Depression and anxiety do not occur in a vacuum. They occur in an interpersonal context. Thorton (1998:178), in his review of studies done on depression and anxiety and the social or interpersonal environment concludes that changes in the social environment and the level of social support have been demonstrated to have clear association with depression and anxiety. In the study of depression and anxiety, some researchers emphasise the social roots of the disorder and thus the need to attend to interpersonal aspects (Mounts, 2004:446; Goodyer, Herbert & Tamplin, 2000:99; Parke & O'Neil, 1999:211), while others stress the interaction among the illness, the depressed and anxious child, and the environment (Gentile, 2003:46; Giller & Hagler, 1998:11; Rylewicz, Hilary & Pepper, 1996:43).

In a study on depressed and anxious children, Hailton (2000:65) and Sanford, Boyle, Szatmari, Offord, Jamieson and Spinner (1999:95) have found the following psychosocial and environmental problems to be important sources of stress that have etiological roles in depression and anxiety:

- problems with the primary support group, like major life events within the family (for example, births, marriages, deaths, remarriage, serious illness); child neglect and abuse, removal of the child from the home; abnormal parenting; death or illness of animals

- problems related to the social environment, for example, the death or loss of friend, racial discrimination, problems with neighbours, isolation of children in rural communities
- educational problems, like discordant relationships with teachers and peers, as well as academic difficulties
- housing problems, like inadequate housing, threatened or recent eviction, homelessness, unsafe or otherwise unsatisfactory neighbourhood, dispute with neighbours
- economic problems, like unemployment, poverty, threat of repossession of home
- problems with access to healthcare services, for example, inadequate or inaccessible healthcare service for children or their family, inadequate health insurance
- problems related to interaction with the legal system, for example, child arrested, imprisoned, victim of crime, ongoing litigation against the child arrested or on behalf of the child (for example, for compensation), when the child is the victim of child abuse, interviews by the police or social services, appearance in court as a witness, and
- other psychosocial or environmental problems, like exposure to psychic trauma outside the home – war, disasters or other forms of traumatic stress, and discord with professionals (Dekker, Nunn, Koot, Einfeld & Tonge, 2000:8).

Gunderson (2001:30) asserts that since World War II, there has been increasing interest in cross-cultural problems. The reason for this is obviously multifactorial. Perhaps one of the reasons is the situation where the child has difficulty forming and maintaining identity, which is nowadays to be seen in many European countries with “guest workers”, and in Britain with settlers from Commonwealth countries, which form minority groups. Even countries like the USA and the Netherlands are not free from problems of cultural

identity, with its attendant anxieties, depressions and consequences (Dishion, Nelson & Kavanagh, 2003:553).

Members of minority cultural identity groups often identify themselves with the dominant majority. In their attempts to be assimilated in the dominant culture they sometimes change their names or religion and try to actively reject and forget their old customs, language and lifestyle. Children may be seen to vacillate between two or more cultures (Bray, Adams, Getz & Stovall, 2001:436).

This struggle with or about identity often creates feelings of insecurity, leading to anxieties, worries and depressions that are reflected as feelings of uncertainty and insufficiency in growing up and following rules, norms and traditions. Often, this kind of struggle to attain cultural identity becomes enmeshed with ethnic identity and problems of racial discrimination (Smart, Sanson & Toumbourou, 2001:199).

In multicultural and multinational settings the concept of "culture" causes difficulties as the word is often confused with the word "race". Both these words are emotionally charged as people associate them with acts of discrimination. Culture therefore comes very much to the fore when the question is raised of what is associated with the socio-economic adjustment, frustrations and conflicts, anxiety and depression in children (Kumpfer *et al.*, 2003:759).

Israel, Beaulieu and Hartless (2001:67) have reported that children from low socio-economic status groups scored higher on the Children's Manifest Anxiety Scale and Children's Depression Inventory than children from high socio-economic status groups. Steiner (2000:79), in his study on an Indian sample of Marathi-speaking children has reported a tendency for middle-class/middle-income children to score higher on the Children's Manifest Anxiety Scale and Children's Depression Inventory than children belonging to lower-income families, though the differences are not significant. Crouter, Head and Bornstein, (2002:34) in their study of Indian children, have reported that the children of lower socio-economic class exhibited significantly higher

anxiety and depression than upper class children on both the General Anxiety and Depression Scale for Children and the Test Anxiety Scale for Children.

There is a striking similarity between some of their results for upper-class Indian children and those figures for Western children reported by Cummings (2002:95) and Isaacs and Stone (1999:258). Tice (2000:209) posits that it would be difficult to estimate the influence exerted on the level of anxiety and depression by socio-economic level and social status as these are, in turn, so interdependent with the cultural values and the philosophy of the people who make up the group.

There is considerable evidence from population studies (Vogt & Sue, 2003:24) and other cohort studies (Watson & Tharp, 2002:76) that children who have been exposed to adverse life events in middle or later childhood are at increased risk for child depression and anxiety.

Over the past decades there has been an impressive accumulation of evidence that poor maternal care in childhood (Baker, Rosenthal, Leonhardt, Kollar, Succop & Burklow, 1999:20), unsatisfactory child/parent relationships (Brody & Ge, 2001:82), parental "affectionless control" (Dishion & McMahon, 1998:61), and parental marital problems or marital separation (Rodgers-Farmer, 2000:18) are associated with an increased risk of suffering from depression and anxiety in child life.

The Newcastle Thousand Family Study has been undertaken to investigate illness in the first year of life of all children born in the city of Newcastle (England) upon Tyne between 1 May and 30 June 1947. Altogether, 1142 children in 1132 different families were enrolled in the study (Brody, Ge, Katz & Ileana, 2000:71). The study was first continued up to age 5 and then up to age 15. During the first five years of life, deaths, withdrawal from the study and removals from the area left 847 of the original sample and their families in the survey in 1952 (Gray & Panter, 2000:33).

From 1979 to 1981, Hodgins (1997:73) and Brandt, Kennedy, Patrick and Curtin (1997:29) have followed up a stratified sample of the 847 index children still in the study. The reason for focusing on these individuals was that during



the first five years extensive psychosocial data had been collected upon which the definitions of early family disadvantages were based.

Huesmann, Moise and Podolski (1997:3) have employed the following six categories of long-standing family disadvantages in their definitions:

- Family/marital disruption (divorce, separation or marital instability)
- Parental physical illness.
- Poor physical care of child and home.
- Social dependence (which included serious debt, unemployment, and reliance on National Assistance).
- Family overcrowding.
- Poor mothering (poor maternal coping skills).

The specific criteria of disadvantage in childhood in this sample population were present with rates ranging from 24% for parental physical illness to 35% for overcrowding (Huesmann *et al.*, 1997:30).

The results of the Newcastle Thousand Family Study have revealed that the experience of multiple family disadvantages during early childhood strongly predicted major depressive and anxiety disorders at child age (Mounts, 2002:58). In the National Cohort Study, Geller, Zimmerman and Williams (2001:125) has shown that those subjects who had experienced multiple adversity during childhood had more affective symptoms during the month prior to the interview than anticipated from the separate effects of each of the independent variables studied.

Using univariate analyses, Meltzer, Gatwood and Goodman (2000:30) in their study of child depression in male adoptees have shown a significant correlation between two or more adoptive home conditions (including low adoptive home socio-economic status and poor adoptive parent health among others) and affective symptomatology in childhood. This association did not retain its significance in multivariate (log-linear) analyses. When studying all

subjects the experience of multiple childhood disadvantages remained significant when the effect of gender was also taken into account (Tolan, Gorman-Smith & Henry, 2003:276).

It should be noted that in both this sample of the Newcastle Thousand Family Study with its revised criteria for multiple disadvantage and in the National Cohort Study only a small proportion of individuals have been exposed to "multiple disadvantage" or a "high level of childhood adversity" (Geller & Luby, 1997:168). Nevertheless, this small proportion accounted for a relatively high percentage of "caseness" or "best-estimate diagnoses" of depression and anxiety. This indicates that high risk clusters in a relatively small group of individuals who experienced many childhood disadvantages, and the risk is associated with substantially increased one-year prevalence rates of anxiety and depressive disorders in childhood (Noom, Dekovic & Meeus, 1999:17).

Univariate and multivariate analyses have revealed significant differences in the rates of anxiety and depressive disorders between those subjects who had and those who had not experienced:

- family or marital instability;
- both poor physical care and poor mothering; and
- both social dependence and overcrowding during childhood (Eaves, Silberg & Meyer, 1997:68).

Based on retrospective reports, Blair (1999:135) found a strikingly similar odds ratio for child depression and anxiety where subjects had been exposed to parental divorce.

They also used logistic regression analyses. After controlling for socio-economic status using MANOVA, Tonge, Einfeld and Parmenter (2000:49) has demonstrated a significant relationship between parental separation or divorce and an increased affective symptom score for females but not for males.

Most of the studies supporting the notion that the exposure to poor parental care and other adverse social and family-rearing experiences in childhood are related to depression and anxiety in childhood have used retrospective recall measures (Velting, Rathus & Miller, 2000:81). Since the studies of Wooton, Frick and Shelton (1997:301) and Smetana, Campione-Barr and Daddis (2004:22) have not employed adequate measures of parenting and care. Bray, Adams, Getz and Baer (2001:301) study is the only one available which has used a catch-up longitudinal design to examine the relationship between parenting in childhood and affective disorders in childhood. In Donald, Lazarus and Lolwana (1997:116) study, there has been a strong association of the experience of both family social dependence and overcrowding in childhood with depression and anxiety in childhood.

Gregory, Schwer, Lee, Wise and Gregory (2004:275) assert that symptoms of depression and anxiety are strongly associated with behavioural problems of children and, as a result of their assertion, it is necessary to in the following paragraphs review literature on children with behavioural problems with depression and anxiety:

#### **THE RELATIONSHIP OF CHILD SUICIDALITY TO CONDUCT DISORDERS, DEPRESSION AND ANXIETY**

Child suicide has been found to be related to a number of variables such as age (suicide ideation is more prevalent among older children) (Henley, Ramsey & Algozzine, 2002a:11); gender (higher incidence of thinking about suicide is found among girls) (Mounts, 2001:92); low self-esteem (Updegraff, Madden-Derdich, Estrada, Sales & Leonard, 2002:80); the belief that one lacks control over the outcomes of one's life (external locus of control) (Helms & Cook, 1999:92); negative stress (Prinz & Miller, 1996:161); insufficient social support in terms of quantity and quality (Shaw, Winslow, 1997:148); feelings of anomy (Stafford & Cornell, 2003:102); perception of oneself as less healthy than others; and alcohol and drug use (Silberg, Rutter & Meyer, 1996:86).

Moreover, many studies have revealed a relationship between suicidal behaviour, depression and anxiety (Dionne, 2003:261). Depression and anxiety have been found to be related not only to suicide but also in terms of the aforementioned variables, to age (depression is less common in early childhood than in later childhood) (Pinquart & Silbereisen, 2002:78); gender (more girls than boys become depressed) (Coatsworth, Sharp, Palen, Darling, Cumsille & Marta, 2005:37); low self-esteem (Gergen, Gulerce, Lock & Misra, 1996:52); a sense of lack of control over the outcomes of one's life (external locus of control) (Bozarth, Zimring & Tausch, 2002:147); negative stress (Scott, 2002:10); lack of social support and feelings of anomy (Sexton & Alexander, 2002:238); perception of oneself as less healthy than others; and alcohol and drug use (Bamberg, Toumbourou, Blyth & Forer, 2001:189).

Studying depression and anxiety cannot be a substitute for directly studying suicidality (Vicary, Snyder & Henry, 2000:21). Eddy (1996:24), using a modified Beck Hopelessness Scale, has found that suicidal risk corresponded more with hopelessness than depression and/or anxiety. Depression and anxiety dynamics have failed to explain suicidal behaviour in other psychiatric groups (Noom, Dekovic & Meeus, 2001:70).

An alternative to depression research examines the role of aggression, especially as diagnostically formulated in conduct-disorder. Studies find high co-existence of suicidality and aggression/behavioural problems in suicidal children. Children with conduct-disorder who attempt suicide often deny depression and demonstrate non-suicidal, self-mutilatory behaviour. Many suicidal children have had legal troubles and as such incarcerated children are at extreme risk of committing suicide (Salekin, Ziegler, Larrea, Anthony & Bennet, 2003:35).

Difficulty in correctly identifying children at risk for suicide may be due to a lack of attention to differences among developmental levels in suicidality theories (Tondo, Baldessarini & Hennen, 1998:405). Constructs heretofore used to explain suicide in adults do not adequately explain suicide in children in the throes of developmental progression. Ginerich and Eisangart (2000:77)

describe suicidal children as "prisoners of the present" lacking a finite sense of time, having little sense of future or irreversibility and thinking concretely.

In addition to depression, aggression and developmental level, separation anxiety plays a role in child suicidality. One major psychological task of childhood is separation from parents and infantile dependencies and wishes as well as the findings of new people to love. Suicide has been termed a "failed attachment" (Rubak, Sanddboek, Lauritzen & Christensen, 2005:305).

Pinsoeneault (2002:32) has developed the Child Separation Anxiety Test (SAT), a semi-projective measure of reactions to separation experiences. The SAT's theoretical underpinnings lie in Calpadi (2003:171) attachment theory. Diclemente, Wingood, Crosby, Sionean, Cobb and Harrington (2001:63) see separation problems as involving a balance between separation-individuation and attachment-interdependence. Beyers, Toumbourou, Catalano, Arthur and Hawkins (2004:16) have used Hansburg's SAT to study suicidal teenage girls. She has found the suicidal girl children to be less individuated with more regressive/symbiotic attachments than non-suicidal teenage girls. The girl child seeks relief from abandonment depression and separation anxiety by recapturing in suicide a symbiotic state (Spalding, 2000:76).

## **THE ASSOCIATION BETWEEN DEPRESSION, ANXIETY AND SUBSTANCE USE IN CHILDREN**

There are reasons to consider the relationship between depression and anxiety on one hand and cigarette, alcohol, marijuana and harder drug use on the other (Chikritzhs, Catalano, Stockwell, Donath, Young & Mathews, 2003:25). Over the past 30 years an abundance of research on children and young adults has investigated the relationships among depression, anxiety and substance use (Smart, Vassallo, Sanson, Richardson, Dussuyer, McHenry, Toumbourou, Prior & Oberklaid, 2003:56). The results of these studies suggest that children or young adults who are heavy cigarette, drug or alcohol users are more likely to show signs of depression and anxiety than light or non-users. Researchers and practitioners have typically concluded that there is a strong association between depression, anxiety and substance

use among children (Loxley, Toumbourou, Stockwell, Haines, Scott, Godfrey, Waters, Patton, Fordham, GrayMarshall, Ryder, Sagger, Sanci & Williams, 2004:14).

Stice, Barrara and Chassin (1998:16) report wide and uneven disparate relationship between depression, anxiety and substance use among different ethnic groups and between males and females within selected ethnic groups.

They have found no relationship between depression, anxiety and drug use among either black or Puerto Rican children however, this particular relationship was highly significant for white children with higher levels of depression and anxiety associated with higher levels of drug use. Furthermore, the relationship between depression, anxiety and drug use was significantly stronger for the white girls in the sample than for the white boys (Li, Duncan & Hops, 2001:199).

Neighbors, Clark, Donovan and Brody (2000:69) report socio-economic status (SES) differences in levels of depression and anxiety among child substance abusers. The high socio-economic status white child substance abusers scored significantly higher on the depression scale (The Children's Depression Inventory) and anxiety scale (the Anxiety Sensitivity Index) than the low socio-economic status white child substance abusers. Their findings suggest that the relationships among depression, anxiety and substance use may vary across social class. Beck, Boyle and Boekeloo (2003:108) state that the low success rates among treatment programmes for drug-abusing children may be related to a failure to "take into account the possibility that children from different ethnic or socio-economic backgrounds may take drugs and alcohol for different reasons: Drug and alcohol use may not be related to depression and anxiety for lower socio-economic status children as it is for higher socio-economic status children".

In their study, Gray, Morfitt, Williams, Ryan & Coyne (1996:33) have used both quantitative and qualitative methods to explore the relationships among depression and anxiety on one hand and cigarette, alcohol, marijuana and harder drug use on the other in two culturally divergent school environments,

that is, an inner-city public high school and a suburban public high school. They have found that in both schools all forms of substance use were highly intercorrelated. Depression scores among the students in the suburban sample were positively correlated with cigarette use ( $r=0,33$ ,  $p<0,0001$ ), with marijuana use ( $r=0,24$ ,  $p<0,0021$ ), and with harder drug use ( $r=0,22$ ,  $p<0,0037$ ). Depression and alcohol use was not significantly correlated ( $r=0,14$ ,  $p<0,074$ ); however, the non-significant correlation went in the same direction as the other significant correlations. A multiple regression analysis showed that substance use (the combined effect of cigarettes, alcohol, marijuana and harder drugs) explained 16% of the variability ( $p<0,001$ ) in depression and anxiety for the suburban sample. Depression, however, was not significantly correlated with any of these substances in the urban sample; and in the urban sample, males and females did not have significantly different depression scores yet the girls were over-represented in the top 10% of the sample, with 19 of the 24 highest depression and anxiety scores reflecting them. These findings were similar for their suburban sample (Gray *et al.*, 1996:38).

Males and females did not have significantly different depression and anxiety scores, but again, the girls were over-represented in the top 10% of the sample with 11 of the 16 highest depression and anxiety scores. For the girls in the suburban sample, depression and anxiety were correlated with the use of cigarettes ( $r=0,40$ ,  $p<0,001$ ), alcohol ( $r=0,21$ ,  $p<0,05$ ), marijuana ( $r=0,36$ ,  $p<0,0006$ ) and harder drugs ( $r=0,36$ ,  $p<0,0006$ ). For the boys in the suburban sample, there were significant correlations between depression and anxiety and the use of cigarettes ( $r=0,24$ ,  $p<0,03$ ), marijuana ( $r=0,22$ ,  $p<0,05$ ), and harder drugs ( $r=0,25$ ,  $p<0,03$ ), but not between depression, anxiety and alcohol use (Gray *et al.*, 1996:39).

These correlational findings suggest that the relationships between depression, anxiety and substance use may be stronger for girls than for boys in the suburban sample (Forero, Bauman, Chen & Flaherty, 1999:295).

## **SOMATIC SYMPTOMS IN ANXIOUS-DEPRESSED SCHOOL REFUSERS**

Research studies have found that somatic complaints are significantly associated with anxiety and depression in child psychiatric samples (Larson, Richards, Holmbeck & Duckett, 1996:744). It appears that somatic complaints are frequently endorsed by children with psychiatric disorders (Reifman, Barnes, Dintcheff, Farrell & Uhteg, 1998:311). Svensson (2000:67) has examined somatic complaints in outpatient children with anxiety disorders (N=158) and has found that somatic symptoms were common. In a study by Toumbourou (2004:185) somatic complaints in child psychiatric inpatients were associated with anxiety disorders, major depression and psychosis. Severity of depression was positively correlated with frequency of somatic complaints in a study by Foxcroft, Ireland, Lister-Sharp, Lowe and Breen (2004:63).

A study of outpatient children with anxiety disorders has found that those who reported more somatic complaints were more likely to be older and to demonstrate school refusal (Williams, Sanson, Toumbourou & Smart, 2000:31). Although no known studies of school refusal have looked at school attendance and its relationship to somatic complaints and psychiatric illness (that is, anxiety and depressive disorders). The idea that the rate of absenteeism may therefore be related to the severity of somatisation, anxiety and depression is therefore compelling. This is important to delineate because missing school is associated with substantial sequelae for the child including loss of peer relationships and academic difficulties (Sieving, Maruyama, Williams & Perry, 2000:489). Oxford, Harachi, Catalano and Abbott (2001:100) have investigated school refusal in anxious and depressed children and have found that the most commonly endorsed somatic symptoms in this outpatient child sample of school refusers were autonomic and gastrointestinal items.

These findings were consistent across the Anxiety Rating for Children Revised (ARC-R) and the Diagnostic Interview for Learners Revised-Child Version and Parent Version (DICA-R-A) instruments. Furthermore, these results are in agreement with those of Richards, Miller, O'Donnell,



Wasserman and Colder (2004:34) who investigated the most frequently reported physical symptoms in a group of children with anxiety disorder (N=24). The most common symptoms endorsed in their study fell predominantly into the autonomic category (shakiness/trembling, flushes/chills, sweating). The other two most commonly reported symptoms were nausea and palpitations which are in the gastro-intestinal and cardiovascular categories respectively. In an impatient child sample (N=96), including a subgroup with comorbid anxiety and depressive disorders (N=64), Richards *et al.* (2004:36) have reported that the most common somatic complaint was nausea. The other most frequently identified symptoms were palpitations, chest pains and feeling faint, all considered by the authors to be autonomic symptoms.

Simple regressions demonstrated that the Revised Children's Manifest Anxiety Scale and Beck Depression Inventory each have significantly predicted somatic complaints on the Anxiety Rating for Children – Revised Physiological subscale. Therefore, both anxiety and depression play a significant role in physical complaints. However, the strong correlation between the Revised Children's Manifest Anxiety Scale and Beck Depression Inventory in this sample makes direct comparisons of the relative influence of anxiety versus depression on somatic complaints difficult. It is possible that these findings may be influenced by characteristics of the sample being studied (that is, all subjects in this study had comorbid anxiety and depressive disorders) (Ginther, Havemann & Wolfe, 2000:65. Salekin, Larrea and Ziegler (2002:38) have evaluated children with anxiety disorders and found their somatic complaints to be related more to anxiety disorders than to depression. Moreover, Smith, Gacano and Kaufman (1998:51) have studied depressed and non-depressed controls and concluded that their somatic complaints increased with the severity of depression, regardless of anxiety levels.

Among the anxiety disorders, separation anxiety disorder and avoidance disorder were associated with specific patterns of somatic complaints. Separation anxiety disorder was predicted by the presence of gastrointestinal symptoms and the absence of cardiovascular symptoms. Children endorsing severe gastrointestinal symptoms compared with those reporting no

gastrointestinal symptoms were 8.4 times more likely to have separation anxiety disorder (Beren, 1998:28). In the study conducted by Solon, Page and Duncan (2000:383), abdominal pain and palpitations were significantly more common in children with separation anxiety disorder. Thus it is less clear why children with separation anxiety disorder report significantly fewer cardiovascular symptoms. One possibility is that subjects may focus their attention on a particular kind of symptom (for example, gastrointestinal) and then pay less attention to other symptoms (for example, cardiovascular). Thus, the subjects with separation anxiety may not have attended to cardiovascular symptoms and, therefore, did not report them.

Another possibility is that subjects with separation anxiety disorder represent a younger and a more immature subset of child school refusers as such their symptoms may be less severe which is reflected by the significantly better school attendance pattern found in children with separation anxiety disorder. Furthermore, somatic symptoms may turn out to be influenced by physiological development (Walter & Peller, 2000:29). According to Daddis and Smetana (2005:67) and Marsh and Dickens (1997:12), vulnerability to panic attacks and panic disorder is associated with increasing pubertal development in childhood. It is possible that cardiovascular symptoms commonly found in panic disorders are also associated with physiological development becoming more prominent in older subjects.

Avoidant disorder was negatively associated with muscular symptoms. This finding is somewhat difficult to interpret. However, it may be that avoidant children are less social and also less physically active and thus experience fewer muscle aches which were commonly reported by subjects in Brennan and Shaver (1998:35) research in relation to physical activity.

The positive correlation ( $r=0,27$ .  $P=0,074$ ) between severity of somatic symptoms as measured on the Anxiety Rating for Children – Revised Physiological subscale and school absentee rate suggests that physical symptoms may impede school attendance. Specifically, the presence of autonomic symptoms was significantly associated with greater absence from school. Thus, headaches, dizziness and other autonomic symptoms are

among the most common symptoms children report as reasons for non-attendance at school (Brennan & Shaver, 1998:35)

### **2.3.2 Key elements in children experiencing internalized behavioural problems**

Children experiencing internalized behavioural problems often manifest the following elements (Crouter, Helms-Erickson, Updegraff & McHale, 1999:246).

#### **2.3.2.1 Conflict with parents**

Children experiencing internalized behavioural problems have a tendency to be rebellious and to resist adult authority. In particular, childhood is a time when conflict with parents is especially high (Barlow, 1997:27). Foster (2001:16) views childhood and adolescence as a time when “the wisdom and advice of parents and teachers is overtopped and in ruder natures may be met by blank contradiction”. He views this as due not only to human evolutionary history but also to the incompatibility between children’s need for independence and the fact that “parents still think of their offspring as mere children and tighten the rein where they should loosen it” (Lloyd, 1999:59). Contemporary studies have established that conflict with parents increases in late childhood and typically remains high for a couple of years before declining in late adolescence (Orrell-Valente, Pinderhughes & Valente, 1999:753). A meta-analysis by Tully (2000:624) concludes that within childhood conflict frequency is highest in early childhood and conflict intensity is highest in mid-childhood. One naturalistic study of early children’ conflicts with parents and siblings reports a rate of two conflicts every three days or twenty per month (Tilton-Weaver & Galambos, 2003:269; Jackson, 2002:425). During the same time the number of daily conflicts between parents and their early childhood children increases (compared with pre-childhood), a decline also occur in the amount of time they spend together and in their reports of emotional closeness. Conflict is especially frequent and intense between mothers and early child daughters (Bjarnason, Andersson, Choquet, Elekes, Morgan & Rapinett, 2002:200).

This conflict makes childhood difficult not just for children but for their parents. Parents tend to perceive childhood as the most difficult stage of their children's development (Rueter, Conger & Ramisetty-Mikler, 1999:67). However, it should be added that there are substantial individual differences and there are many parents and children between whom there is little conflict even if overall rates of conflict between parents and children rise in childhood (Wood, Read, Mitchell & Brand, 2004:19). Conflict between parents and children is more likely when the child is experiencing depressed and anxious moods (Hayes, Hudson & Mathews, 2003:13), when the child is experiencing other problems such as substance abuse and when the child is an early-maturing girl (Buchanan, 1999:26).

Almost without exception scholars emphasise that higher rates of conflict with parents in childhood do not indicate serious or enduring breaches in parent-child relationships (Steinwachs & Flynn, 1996:18). Even amidst relatively high conflict parents and children tend to report that overall their relationships are good, that they share a wide range of core values and that they retain a considerable amount of mutual affection and attachment. The conflicts tend to be over apparently mundane issues such as personal appearance, dating, curfews and the like (Smetana, 2000:60).

Even if they disagree on these issues they tend to agree on more serious issues such as the value of honesty and the importance of education (Updegraff, McHale, Crouter & Kupanoff, 2001:65).

This point seems well-established by research but it does not mean that childhood is not a difficult time for both children and their parents as a result of their minor but frequent conflicts. A useful connection has been in numerous literature on stress. Such literature provides substantial evidence that it does not take cataclysmic events such as loss of employment or the death of a loved one to induce the experience of high stress. On the contrary many people experience a high degree of stress from an accumulation of minor irritations and aggravations brought about by the "daily hassles" of life (Spath, Redmond & Shin, 1998:385). Thus for parents and children it may be true that their frequent conflicts tend to concern relatively mundane day-to-day issues.

However, it may be that the “hassle” of these frequent conflicts is substantially responsible for perceptions that childhood is a difficult time (Underwood, 1997:34).

Furthermore, the principal issues of conflict between children and their parents may not be as trivial as they seem on the surface. Conflicts between children and their parents often concern issues such as when children should begin dating and whom they should date, where they should be allowed to go and how late they should stay out (Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002:90).

All of these issues can serve as proxies for arguments over more serious issues such as substance use, automobile driving safety and sex. By restricting when children can date and with whom parents indirectly restrict children’ sexual opportunities. By attempting to restrict where children can go and how late they should stay out parents may be attempting to limit children’ access to alcohol and drugs to shield children from the potentially dangerous combination of substance use and automobile driving and to restrict children’ opportunities for sexual exploration (Baeclay, 1997:16; Guo & Harris, 2000:33).

Sexual issues may be especially likely to be argued about in this indirect way, through issues that seem mundane (and therefore safe for discussion) on the surface. No clear mores currently exist in American society concerning the sexual behaviour of unmarried young people in their teens (Hancox, Miline & Poulton, 2004:57). Because of this lack of social consensus parents of children are left with many questions that admit no easy answers. Few would agree that sexual intercourse is permissible for 13 year olds but beyond this the questions grow more complex. Is kissing right or OK for 13 year olds? When do necking and petting become permissible? At what age should dating be allowed in light of the fact that it may lead to kissing, necking, petting and more? If intercourse is not permissible for 13 year olds, what about for 16 or 17 year olds? For the most part American parents prefer not to discuss these issues or any other sexual issues directly with their children (Poasa, Mallinckrodt & Suzuki, 2000:32). Yet even parents who believe in giving their

children a substantial degree of autonomy may not feel that they can simply leave sexual decisions to their children particularly in a time when AIDS and other sexually transmitted diseases are prevalent (Sacks, 1998:28). The result is that parents and their children argue about seemingly trivial issues (such as whether dating should be allowed as early as age 13 or whether a 17 year old's curfew should be at midnight or at 1 a.m.) that may be proxies for arguments over complex and sensitive sexual issues (Williams, McDermitt & Bertrand, 2003:91).

Some scholars (Hennessy & Williams, 2001:15) have suggested that conflict between children and their parents is actually beneficial to children's development because it promotes the development of individualism and autonomy within the context of a warm relationship. This may be true but high conflict may make childhood a difficult time for children and their parents even if the conflict ultimately has benefits (Urberg, Degirmencioglu & Pilgrim, 1997:834).

#### **2.3.2.2 Mood disruptions**

The claim of a link between childhood and extremes of emotion (especially negative emotions) is perhaps the most ancient and enduring part of the storm-and-stress review. Meloy and Gacano (1998:109) views childhood as "the age of rapid fluctuation of moods" with extremes of both elation and depressed mood. Contemporary research confirms that childhood is distinguished by high emotional volatility and a tendency toward negative moods. Buchanan (1999:12) assessed the mood of children at frequent intervals and found that children do indeed report greater extremes of mood and more frequent changes of moods compared with pre-childhood children or adults. Also, a number of large longitudinal studies concur that negative moods effect increases in the transition from pre-childhood to childhood (Stattin & Kerr, 2000:20; O'Brien & Frick, 1996:223).

One of the most interesting and enlightening lines of research on this topic has involved studies using the Experience Sampling Method. Also known as the "beeper method", this research entails having children (and others) carry

béepers throughout the day and having them record their thoughts, behaviour and emotions when they are beeped at random times. This method has provided an unprecedented look into the daily lives of children including how their emotions vary in the course of a day and how these variations compare with the emotions recorded by pre-childhood children and adults using the same method (Daderman, 1999:27).

The results of this research indicate that there is truth to the storm-and-stress claim that childhood is a time of greater mood disruptions. Children report experiencing extremes of emotion (positive as well as negative but especially negative) more often than their parents do (Yau & Smetana, 2003:211).

They report feeling "self-conscious" and "embarrassed" two to three times more often than their parents and are also more likely to feel awkward, lonely, nervous and ignored. Children also report greater mood disruptions when compared with prechildren. Comparing prechild fifth graders with child ninth graders, Barnes, Reifman, Farrell and Dintcheff (2000:175) describe the emotional "fall from grace" that occurs in that interval as the proportion of time experienced as "very happy" declining by 50% and similar declines take place in reports of feeling "great", "proud" and "in control". The result is an overall "deflation of childhood happiness" as pre-childhood ends and childhood begins (Dishion, Calpadi & Yoerger, 1999:175).

Ouellette, Gerrard, Gibbons and Reis-Bergan (1999:187) see this increase in mood disruptions as due to cognitive and environmental factors rather than pubertal changes. They note that there is little relationship in their data between the pubertal stage and mood disruptions. Rather children's newly developed capacities for abstract reasoning "allow them to see beneath the surface of situations and envision hidden and more long-lasting threats to their well-being". Sanson, Letcher and Smart (2003:8) also argue that the experience of multiple life changes and personal transitions during childhood (such as the onset of puberty, changing schools and beginning to date) contributes to children's mood disruptions. However, Letcher and Smart (2003:9) emphasise that it is not just that children experience potentially stressful events but how they experience and interpret them that underlies

their mood disruptions. Even in response to the same or similar events children report more extreme and negative moods than prechildren or adults (Li, Pentz & Chih-Ping, 2002:40).

In addition to the ESM studies, other studies have found negative moods to be prevalent in childhood, especially in girl children. In their review of child depression, McBride, Midford, Farrington and Phillips (2000:21) describe a "midchildhood peak" that has been reported in studies of age differences in depressed mood, indicating that children have higher rates of depressed mood than either children or adults. McWhither, McWhither and McWhither (1998:57) analysed 14 studies of non-clinical samples of children and conclude that depressed mood ("above which a score is thought to be predictive of clinical depression") applied to over one third of children at any given time.

Children vary in the degree to which they experience mood disruptions. A variety of factors have been found to make mood disruptions in childhood more likely including low popularity with peers, poor school performance and family problems such as marital discord and parental divorce (Baker, 1998:44; Dattillio, 2000:15). The more negative life events children experience the more likely they are to experience mood disruptions (Hart & Demptster, 1997:27). Generally, the results of research indicate support for the storm-and-stress view that childhood is more likely than other age periods to be a time of emotional difficulty (Mason & Kreger, 1998:19).

### **2.3.2.3 Risk behaviour**

At the beginning of a scene in "The Winter's Tale"; Shakespeare (1623/1995, Act III, Scene 3) has an older man deliver a soliloquy about the youth of his day. "I would wish that there were no age between ten and three-and-twenty, or that youth would sleep out the rest", he grumbles, "for there is nothing in between but getting wenches with child, wronging the ancientry, stealing, fighting ...". This lament should ring familiar to anyone living in Western societies in recent centuries and to people in many other societies as well. Childhood has long been associated with heightened rates of antisocial, norm-



breaking, and criminal behaviour, particularly for boys (Sitarenios & Parker, 1998:257). Deeds, Stewart, Bond and Westrick (1998:92) include this as part of his view of child storm and stress, agreeing that "a period of semi-criminality is normal for all healthy boy children".

Contemporary research confirms that in the United States of America and other Western countries the teens and early twenties are the years of highest incidence and manifestations of a variety of types of risk behaviour (that is, behaviour that carries the potential for harm to self and/or others). This pattern exists for crime as well as for behaviour such as substance use, risky automobile driving and risky sexual behaviour (Smetana & Daddis, 2002:73). Unlike conflict with parents or mood disruptions rates of risk behaviour peak in later childhood/emerging adulthood rather than early or middle childhood. Rates of crime rise in the teens until peaking at age 18 then drop steeply (Buchanan, 1999:61). Rates of most types of substance use peak at about age 20. Rates of automobile accidents and fatalities are highest in the late teens. Rates of sexually transmitted diseases (STDs) peak in the early twenties and two-thirds of all STDs are contracted by people who are younger than 25 years (Stakes & Hornby, 1996:34).

The variety of respects in which children engage in risk behaviour at greater rates than children or adults lends further validity to the perception of childhood as a difficult time, a time of storm and stress. Although children generally experience their participation in risk behaviour as pleasurable (Curran, Stice & Chassin, 1997:140), suffering the consequences of such behaviour – contact with the legal system, treatment for an STD, involvement in an automobile accident, and so forth – is likely to be experienced as difficult. Furthermore, it is understandable that parents may find it difficult to watch their children pass through the ages when such behaviour is most likely to occur (Mak & Kinsella, 1996:15).

In this area, as with conflict with parents and mood disruptions, it is important to recognise individual differences. Children vary a great deal in the extent to which they participate in risk behaviour. To some extent, these differences are forecast by behaviour prior to childhood. Persons who exhibit behaviour

problems in childhood are especially likely to engage in risky behaviour as children (Zubrick, Lawrence, Silburn, Blair, Milroy, Wilkes, Eades, D'Antoine, Read, Ishiguchi & Doyle, 2004:17).

Individual differences in characteristics such as sensation seeking and impulsivity also contribute to individual differences in risk behaviour during childhood. This lends substantial credence to the view that childhood is a period of storm and stress (Duncan, Duncan, Biglan & Ary, 1998:57).

## **2.4 THE EXTERNALIZING BEHAVIOURAL PROBLEMS OF CHILDREN**

As stated in section 1.1 above, the externalizing behavioural problems are marked by defiance, impulsivity, hyperactivity, aggression, and anti-social features.

Children with behavioural problems have a history of failing to comply with social norms. They have a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months (DSM IV, 1994):

- Aggression to people and animals
  - Often bullies, threatens, or intimidates others.
  - Often initiates physical fights.
  - Has used a weapon that can cause serious physical harm to others (for example, a bat, brick, broken bottle, knife, and gun).
  - Has been physically cruel to people.
  - Has been physically cruel to animals.
  - Has stolen while confronting a victim (for example, mugging, purse snatching, extortion, and armed robbery).

- Has forced someone into sexual activity (Einfeld, Tonge & Rees, 2001:73).
- Destruction of property
  - Has deliberately engaged in setting fire with the intention of causing serious damage.
  - Has deliberately destroyed other's property (other than by setting fire) (Hare, 1998:188).
- Deceitfulness or theft.
  - Has broken into someone else's house, building, or car.
  - Often lies to obtain goods or favours or to avoid obligations (that is, "cons" others).
  - Has stolen items of trivial value without confronting a victim (for example, shoplifting, but without breaking and entering, forgery) (Sparks & Sparks, 2002:128).
- Serious violations of rules
  - Often stays out at night despite parental prohibitions, beginning before the age of 13 years.
  - Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
  - Is often truant from school, beginning before the age of 13 years. Stewart and Bond (2002:379) describe these individuals as social predators who charm, manipulate and ruthlessly plough their way through life leaving a broad trail of broken hearts, shattered expectations and empty wallets. Completely lacking in conscience and in feelings for others, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret.

## 2.5 SOCIAL AND BEHAVIOURAL ETIOLOGICAL FACTORS ASSOCIATED WITH BEHAVIOURAL PROBLEMS AMONG CHILDREN

The following social and behavioural factors are associated with behavioural problems among children:

### 2.5.1 Genetic influences (Biological dimensions)

Researchers in the Netherlands are cautiously optimistic over their discovery that a gene mutation found in a large Dutch family may cause aggression. Nesca, Dalby and Baskerville (1999:63) at the University hospital in Nijmegen have tracked the males of one Dutch family since 1978. Some of the men in this family are prone to particularly violent outbursts. One of the men raped his sister, two other family members were arsonists and still another tried to run over his boss after being told his work was not good enough. All the men in the family who have had these violent outbursts also have mild levels of mental retardation. None of the women in the family appear to be affected; they neither have these outbursts nor do they exhibit the mental retardation seen in some of the men (Crouter, Bumpus, Davis & McHale, 2005:86).

The condition of a genetic explanation of violent outbursts occurs only in the males. This observation tells geneticists that the gene is probably on the X chromosome because men have only one X chromosome, any "bad" or mutated gene will show up. On the other hand, because women have two X-chromosomes, they will tend to have a "good" or normal gene to balance out the bad one (Nesca *et al.*, 1999:63).

From the linkage study and from biochemical analysis, Nesca and his fellow researchers (1999:65) believe the gene a defect in these males involve the gene responsible for producing monoamine oxidase A or MAOA. MAOA is an enzyme that helps break down neurotransmitters, specifically those neurotransmitters that are involved in our "fight or flight" responses to threats and other stresses and include serotonin, dopamine and nor adrenaline.

If the MAOA enzyme is not working properly, the fight or flight neurotransmitters may build up and the people affected will have trouble

handling stressful situations, for an example, the two arsonists in the Dutch family set fires following the deaths of close relatives. Put simply, these individuals may be more likely to exhibit the fight (react aggressively) reaction than the flight (avoid or leave) reaction in situations that are anger producing, frightening or frustrating. A subsequent study of these groups confirms that only in the affected males is there a deficiency in MAOA (Nesca *et al.*, 1999:70; Sigurdsson, Fombonne, Sayal & Checkley, 1999:121).

Darling and Cumsille (2003:21), in an adoption study, have examined adopted-away children of mothers who were felons and compared them with adopted-away children of normal mothers. All these children were separated from their mothers after their first several months of life, minimising the possibility that environmental factors from their biological families could have been responsible for the results. Darling and Cumsille (2003:24) found that the adopted-away children of felons had significantly higher rates of arrests, conviction and behavioural problems than did the adopted-away children of normal mothers. This finding suggests that at least some genetic influence on criminality and behavioural problems exist.

However, Zimring and Hawkings (1997:27) also found something else quite interesting. The adopted children of felons who themselves later became criminals had spent more time in interim orphanages than did either the adopted children of felons who did not become criminals or the adopted children of normal mothers. As Darling and Cumsille (2003:25) point out, this finding suggests as well a likely gene-environment interaction, in other words, genetic factors may play an important role only in the presence of certain environmental influences (or alternatively, certain environmental influences play an important role only in the presence of certain genetic predispositions). Genetic factors may present a vulnerability toward criminality, but actual development of criminality may require environmental factors, such as a deficit in early, high-quality contact with parents or parent-surrogates (in the orphanages).

Johnson and Johnson (2000:43) have conducted a large-scale adoption study of criminality in Denmark. They compared the criminal convictions of 14 427

adoptees with the criminal convictions of both their biological and adoptive parents. The researchers found a correlation between adoptees and their biological parents for criminal convictions, although for non-violent crimes only. In contrast they did not find a significant correlation between adoptees and adoptive parents for criminal convictions of any kind. These findings build on those of Darling and Cumsille (2003:25) adding to the evidence that there is a genetic component among perpetrators of at least some forms of criminality and behavioural problems, in this case, non-violent crime.

### **2.5.2 Psychological and social dimensions**

Cognitive researchers are trying to discover whether the way children with behavioural problems think can help explain their disturbing behaviour. In one of several studies of how children with behavioural problems process reward and punishment, Spoth, Redmond and Lepper (1999:103) set up a card-playing task on a computer and provided five cent rewards and fines for correct and incorrect answers to behaviour and non-behavioural problem prone/criminal children. The game was constructed so that at first they were rewarded about 90% of the time and fined only about 10% of the time. Gradually the odds of winning changed until the probability of getting a reward was 0%. The researchers observed that despite feedback that reward was no longer forthcoming the children with behavioural problems continued to play and lose. As a result of this and other studies, they hypothesised that once children with behavioural problems set their sights on a reward goal, they are less likely than non-behavioural problem children to be deterred from that goal despite signs that the goal is no longer achievable. Again, considering the types of reckless and daring activities of some children with behavioural problems – deliberately destroying others' property or engaging in deliberate fire setting with the intention of causing serious damage without wearing a mask and getting caught immediately – failure to shift attention away from a somehow unattainable goal seems to fit with the overall picture of a conduct-disordered child (Yin & Buhrmester, 1998:13).

Pepler *et al.* (2002:165) postulate that aggressive children may continue to act aggressively and may escalate their aggression in part as a result of their

interactions with their parents. They have found that parents of these children often “give in” to the problems displayed by their children. For example, a mother asks her son to make his bed, and he refuses. Upset by his disobedience the mother yells at the boy. He in turns yells back and becomes abusive toward the mother (Brody, 2003:59). At some point this interchange becomes so aversive for the mother that she stops fighting with her son and walks away, thereby ending the fight but also letting her son not make his bed. Giving in to these problems results in short-term gains for both the mother (calm is restored in the house) and the child (he gets what he wants), but it results in continuing problems. The child has learned to continue fighting and not to give up and the mother learns that the only way to “win” these fights is to give up on her demands (Ralph & Sanders, 2003: 28). This “coercive family process” is coupled with other factors such as parents’ inept monitoring of their child’s activities and less parental involvement to help maintain the aggressive behaviours of these children (Shearer, Crouter & McHale, 2005:70).

In the adoption study by Kosterman, Spoth, Haggerty and Zhu (1997:352), strong suggestions that share environmental factors – factors that tend to make family members more similar to each other – play an important role in the etiology of criminality and perhaps behavioural problem. They propound that low social status of the adoptive parents increases the risk of non-violent criminality and behavioural problems among females. They further highlight that children having behavioural problems come from homes with inconsistent parental discipline (Ceballo, Ramirez, Hearn & Maltese, 2003:66).

Problems with housing and poverty are specific factors that have been linked with the development of behavioural problems (Munger, 1998:27). Mounts (2002:48) find a higher rate of behavioural problems like restlessness (inability to sit still); attention seeking (“show off” behaviour); disruptiveness; tendency to annoy and bother others; boisterousness (rowdiness); dislike for school; jealousy over attention paid to other children; fighting; temper tantrums; irresponsibility; undependability; disobedience (difficulty in disciplinary control); uncooperativeness in group situations; hyperactivity (“always on the

gō"); destructiveness in regard to his or her own and/or others' property; negativism (tendency to do the opposite of what is requested); impertinence (sauciness); profane language (swearing and cursing); and irritability (hot-tempered and easily aroused to anger) in children living in tower blocks. Damp housing conditions, lack of electricity or hot water, and overcrowding are all additional stresses to the family and school-going children (Rivera & Smith, 1997:27). The large proportion of homeless families with teenage children and unsupported mothers living with children in single bed-sit is an immense area of deprivation and distress (Mounts, 2002:48). Demoralised parents who feel helpless and trapped by unemployment and council housing conditions will generate feelings of anger and depression that will in turn influence care of their children. Being preoccupied with stress will effectively cut parents off from children (Mandaral, 2003:129). They may feel unable to affect their environment or the "system" and so give up actively participating and generating enthusiasm in their association and interaction with their teenage children. Children demand a great amount of energy and resourcefulness from parents, plus endless patience and a sense of humour. Once a parent loses sight of the child's needs and becomes involved in his or her own problems, control and discipline difficulties will arise as the parent becomes emotionally erratic and inconsistent in reacting to the child (Clark & Maryann, 2000:34).

A poor marital relationship, adverse early experiences of being cared for in their own family as an child or emotional and personality disturbances are all factors contributing to the behavioural problems in children (Hwang, 2002:62).

### **2.5.3 Child behavioural problems in cultural contexts**

Only a few studies have addressed how child behavioural problems are manifested in different cultures and even fewer have addressed cross-cultural differences in the factors that influence child behavioural problems. Most of the comparative studies of child behavioural problems and other problematic behaviours involving non-Western populations have been conducted by Weisz, Achenbach and their colleagues (Munger, 1998:27; Whiteman, McHale & Crouter, 2003:60; Flannery, 2003:93). Although the results are not



altogether consistent the general conclusion is that Asian and African youths were reported by their teachers and parents to display a higher level of over controlled or internalising problems (for example, fears and somatic concerns) than their European and American counterparts whereas Europeans and Americans displayed a higher level of under controlled or externalising problems (for example, arguing and disobedience at home) (Taylor & Biglan, 1998:41).

These cultural differences typically have been attributed to variations in cultural values and socialisation practices. Specifically, compared with American and European cultures' emphasis on individualism and independence, Asian and African cultures tend to emphasise the socialisation of interdependence, self-control, social inhibition and compliance - practices that are believed to lead to a lower level of under controlled problem behaviours (Taylor & Biglan, 1998:41; Gelfand, Jenson & Drew, 1997:51).

Although these studies suggest the importance of cultural factors in understanding child problem behaviours, they nonetheless do not directly assess specific dimensions of the socio-cultural contexts in which these behaviours occur. Such information on the correlated of behavioural problems is necessary to explain cross-cultural findings, especially those that are inconsistent with predictions. One such finding is that, despite their cultural differences, Chinese and American children aged 6 to 13 years were not reported by their parents and teachers to display different levels of problematic behaviours (Rivera & Smith, 1997:27).

Thus far only two studies have explored the family correlates of child behavioural problems. In a study of Danish children's risk behaviours (for example, speeding, substance abuse, and unsafe sex), Gelfand, Jenson and Drew (1997:51) have addressed the effects of family factors as well as the neighbourhood/community and legal system. They have found that parental monitoring, city size and laws are all important in influencing Danish children's risk behaviours and because this is a study of one cultural group, it is not known whether the above factors would account for cross-cultural differences in risk behaviour. In the one comparative study of correlates of child

behavioural problems, high school students in Hong Kong have reported a lower level of behavioural problems than did their American and Australian counterparts (Funk & Hagan, 2002:144), but differences in parental monitoring were consistently related to levels of child behavioural problems in all three cultural groups. It is interesting to note however that the mean level of parental monitoring does not differ significantly among the three groups. Although it is not clear why Feldman et al. find significant differences in mean level of behavioural problems between Chinese and Americans whereas Maughan and Rutter (1998:24) does not could be due to the fact that the two studies differ with respect to several sample characteristics. Among the differences are age group (high school students versus elementary school students), residence (Hong Kong versus Mainland China), and source of information (children' self-report versus teachers' and parents' reports).

The results of Serketich and Dumas (1996:171) study show clear cross-cultural differences and similarities in the level and nature of child behavioural problems and in the correlates of behavioural problems.

#### **2.5.4 Impact of exposure to community violence on violent behaviour, depression and anxiety among children**

Thousands of children in America's cities are growing up in the midst of an increasing problem of community violence. Violence has become almost commonplace in many inner-city communities (Aber, Brown & Jones, 2003:49). Studies of African American children in poverty-stricken areas of Chicago have reported that by age 5, most have had first-hand encounters with shootings (Mandaral, 2003:129; Flannery, 2003:93). By childhood, most of these youths have witnessed stabbings and shootings and one third have witnessed a homicide (Clark & Maryann, 2000:34). Other researchers have found similar alarming statistics. For example, Mandaral (2003:129) found that 91% of African American 9 to 12 years olds in a New Orleans community had witnessed some form of violence. In particular 72% reported seeing weapons being used and 26% had witnessed a shooting.

Although witnessing even one occurrence of life-threatening violence may be a traumatic event many inner-city children have experienced multiple losses to violence and are themselves exposed to shootings and other mayhem on a regular basis. During a 3-month period prior to questioning, Bless and Higston-Smith (2000:127) found that 58% of a predominantly African American sample of 14 to 23 year olds reported seeing a fight, 34% had seen someone shooting a gun and 19% had seen a fight involving knives. At some point in their lives, nearly half (42%) had seen someone shot and another 22% had seen someone killed; 9% had seen more than one person killed. Findings such as these document the frequency with which children are involved in or are witness to violent events and as such underscores the need to examine systematically the consequences of chronic exposure to violence on children.

#### **2.5.5 Prospective childhood predictors of deviant peer affiliations in childhood**

A large number of studies have examined the risk factors and life processes associated with the development of antisocial and substance abuse behaviours in childhood (Santoro & Cohen, 1997:67; Bryman, 2001:17). A result that has emerged consistently from many studies is that the nature and quality of peer affiliations in childhood are an important determinant of these outcomes with the formation of attachments to delinquent and substance using, peer groups being one of the strongest predictors of both antisocial behaviour patterns and child substance use (Bless & Higston-Smith, 2000:127).

There are at least two ways in which deviant peer affiliations may be associated with child behaviour patterns:

- Firstly, these affiliations may play an influential role in shaping child behavioural patterns and directions through a variety of processes that may include peer pressure and influence, social learning and facilitation all of which may act to increase the likelihood that the individual will imitate

peer behaviours and participate in delinquent or substance using behaviours (Sale, Sambrano, Springer & Turner, 2003:49).

- Secondly, it is possible that linkages between child peer affiliations and child adjustment arise because the development of peer affiliations may be symptomatic of children who are at risk of delinquent or substance using behaviours by virtue of their social, family, or individual backgrounds (Bryman, 2001:17; Mandaral, 2003:129).

For both reasons, the study of the life processes and risk factors that lead to the formation of deviant peer affiliations in childhood is of key importance in both developing adequate theoretical accounts of the development of antisocial and substance use behaviours and in developing interventions to reduce the number of young people at risk of these outcomes (De Jong & Berg, 2002:29).

In contrast to the huge pile of literature on the risk factors associated with juvenile delinquency and substance use, there has been less research into the risk factors that place young people at risk of forming affiliations with delinquent or substance using peers (Ralph & Sanders, 2003: 27). However, the existing research evidence has identified a range of factors that are associated with increased risks of deviant peer affiliations in childhood. These factors include:

- family, social and economic disadvantage ((Munger, 1998:27);
- inept parenting styles and compromised parent-child relationships (Beyers *et al.*, 2003:335);
- family adversity and parental deviance (Taylor & Biglan, 1998:41);
- peer rejection in early and middle childhood (Gelfand, Jenson & Drew, 1997:51);
- academic or other problems at school (Serketich & Dumas, 1996:171); and
- the development of early onset antisocial behaviours (Waltz, 2000:56).

- Collectively, this evidence suggests that the development of deviant peer affiliations in childhood represents the endpoint of a process in which adverse social, family and individual ecologies combine to increase the likelihood that the young person will form attachments with delinquent or substance using peer groups in childhood (Santoro & Cohen, 1997:67; Bless & Higston-Smith, 2000:127; Bryman, 2001:17).

## **2.6 CONCLUSION**

The literature findings presented in this chapter have important clinical implications for the medical, psychiatric and educational care of children. A high absenteeism rate, aggression or the tendency to act in a hostile manner (either verbal or psychical) that is threatening to others, including destroying property, defying authority and often frightening and disturbing adults; suicidality, cigarette, alcohol, marijuana and harder drug use and somatic complaints should serve as a "red flag" to parents, school administrators and physicians that a child might be experiencing anxiety and/or depression. Knowledge that behavioural problems are commonly an expression of underlying anxiety and depression is of particular importance because behavioural problems like absence from school, marijuana and harder drug use have the potential to significantly affect academic achievement and the development of peer relationships.

In Chapter 4 a literature survey of educational support programmes for helping children with behavioural problems are undertaken.

## CHAPTER THREE

### EDUCATIONAL SUPPORT PROGRAMMES FOR HELPING CHILDREN WITH BEHAVIOURAL PROBLEMS

#### 3.1 INTRODUCTION

Effective educational support programmes can prevent the development of behavioural problems such as aggressiveness, destructiveness, lying, cheating, stealing, truancy and disobedience of parents and teachers, depression as well as anxiety among children (Smart *et al.*, 2000:16). In educational support, educational supporters need to listen, support, reflect and clarify the children's needs and feelings in order to help them solve their own behavioural problems, depression and anxiety problems (Gelfand, Jenson & Drew, 1997:39). Sorting out children's problems does not help them in the long-term and can be disempowering (Prior *et al.*, 1999:565). The educational supporter may offer practical advice if required but is more likely to use skills that allow children to gain a new perspective and new solutions to the problems being faced (Williams, 2003:3). Ideally, the educational supporter should be warm, trustworthy, understanding, accepting and empathetic towards the child irrespective of the predicament at hand (Williams & Hine, 2002:19). Most importantly, the educational supporter must not assume a judgmental or dismissive attitude towards the children with behavioural problems (Hennessy & Williams, 2001:39). In the educational supporting relationship the educational supporter should always respect the children's rights to reach their own solutions (Johnson, 1998:56; Singer & Miller, 1999:80).

In this chapter educational support will be defined and basic principles of educational support for children, aims of educational support in schools, individual educational support, educational support in groups and educational support for children with behavioural problems are discussed.

### 3.2 DEFINING EDUCATIONAL SUPPORT

There are a number of ways to approach a definition of educational support. Some of these are explored below prior to arriving at a composite definition for purposes of this research:

- It is a relationship. The emphasis here is on the quality of the relationship offered to the child. Characteristics of a good helping relationship are sometimes stated as non-possessive warmth, genuineness and a sensitive understanding of the child's thoughts and feelings (Goldenberg & Goldenberg, 2004:45).
- It involves a repertoire of skills. This repertoire of skills both incorporates and also goes beyond those of the basic relationship. Another way of looking at these skills is that they are interventions which are selectively deployed depending upon the needs and states of readiness of children. These interventions may focus on feeling, thinking and acting. Furthermore, they may include group work and life skills training. Another intervention is that of consultancy. This may deal with some of the problem "upstream" with the systems causing them rather than "downstream" with individual children (Dattilio & Freeman, 2000:11).
- It emphasises self-help. Helping is a process with the overriding aim of helping children to help themselves. Another way of stating this is that all children to a greater or lesser degree have problems in taking effective responsibility for their lives. The notion of personal responsibility is at the heart of the processes of effective helping and self help (Darling, Cumsille & Pena-Alampay, 2005:47).
- It emphasises choice. Loeber, Farrington and Petechuk (2003:45) define personal responsibility "as the process of making the choices that maximise the individual's happiness and fulfilment". Throughout their lives people are choosers. They can make good choices or poor choices. However, they can never escape the "mandate to choose among

possibilities". Helping aims to help children with behavioural problems, depression and anxiety to become better choosers (Bundy, 2004:43).

- It focuses on problems of living. Helping is primarily focused on the choices required for the developmental tasks, transitions and individual tasks of ordinary people rather than on the needs of the moderately to severely disturbed minority (Rogers, Johanses, Chang & Salekin, 1997:261). Developmental tasks are tasks which people face at differing stages of their life span for instance, finding a partner, developing and maintaining an intimate relationship and adjusting to declining physical strength. The notion of transitions both applies to progression through the life stages and to acknowledge that changes can be unpredictable and not necessarily in accordance with normative developmental tasks for instance, being expelled from school as contrasted with progressing well at school. The notion of individual tasks represents the existential idea of people having to create their lives through their daily choices (Englander, 1997:36). This is despite constraints in themselves or from others and from their environments. Though helping skills may be used with vulnerable groups like depressed and anxious children helpers are mainly found in non-medical settings (Whitbeck, Ronald, Simons, Conger, Wickrama & Glen, 1997:291).
- It is a process. The word "process" denotes movement, flow and the interaction of at least two people in which each is being influenced by the behaviour of the others. Both helpers and clients can be in the process of influencing each other (Bumpus, Crouter & McHale, 2001:163). Furthermore, though some of this process transpires within sessions, much of it is likely to take place between sessions and even after the contact has ended. What begins as a process involving two people ideally ends as a self-help process (Glauser & Bozarth, 2001:142).
- The American Psychology defines educational support as: Helping children towards overcoming obstacles to their personal growth, wherever these may be encountered and towards the optimal development of their personal resources (Yau & Semata, 2003:212).



- Green and Stiers (2002:233) define educational support as follows: People become engaged in educational support when a person who regularly or temporarily occupy the role of educational supporter offers or explicitly agrees to offer time, attention and respect to another person or persons temporarily in the role of client.
- Dfes and Coram (2002:18) define educational support as a facilitative process in which the educational supporter, working within the framework of a special helping relationship uses specific skills to assist young people to help themselves more effectively.
- Dalby (1998:79) defines educational support as: “n mens tot mens handeling waarin een persoon deur 'n ander gehelp word tot beter begrip en die vermoë om sy probleme te hanteer. Dit is baie meer as die gee van advies, hoe welmenend dit ook mag wees. Berading vind plaas in 'n atmosfeer van onderlinge begrip en vertroue.”

Key terms within these definitions are “a facilitative process”; “special helping relationship”; “specific helping skills”; “assist children to help themselves”; “offers or agrees”; “explicitly” and “focuses on problems of living”. These terms within the definitions of educational support provide the nature and range of educational support practice, namely:

- Educational support is not viewed simply as a means of providing help in the form of information, advice, or support but rather as a complex, interpersonal interaction which in itself promotes growth and change (Wahab, 2005:45);
- Meaningful change and help take place best when working within the framework of a warm accepting and empathic relationship. This serves to encourage those seeking help to express themselves more freely and fosters their natural tendency to move towards positive growth and change (Cunningham, 1998:11);

- Specific helping skills include communication techniques as well as specialised skills which are employed to help change feelings, thoughts or behaviour (Nutley, Davies & Walter, 2002:27);
- The most desirable and permanent help is self-help where the child accepts responsibility for changing to a more satisfactory way of living and participates actively in the process (Burns, 2002:221); and
- Educational support can only begin when the educational supporter has explicitly agreed to offer his or her services and when the child with problems has clearly and explicitly accepted that offer (Pedersen & Leong, 1997:25).

Educational support is therefore considered as a process of helping children to change, not by taking over or providing solutions but by creating favourable conditions for them to achieve their own insight and to change from within.

In this way they gain confidence in their ability to use their own resources and are encouraged to assume self-direction and responsibility for their lives (Collins, 1997:112; Appleton & Hammond-Rowley, 2000:10).

For the purposes of this research, educational support is defined as a process which aims to help children who are mainly seen outside medical settings to help themselves by making better choices and by becoming better choosers. The helper's repertoire of skills includes those of forming an understanding relationship as well as interventions focused on helping children change specific aspects of their feeling, thinking and acting.

### **3.3 BASIC PRICIPLES OF EDUCATIONAL SUPPORT CHILDREN**

In an educational support relationship, the educational supporter should always respect the child's right to reach his or her own solutions. Advice may be given for practical problems but this is a small part of what educational support is about (Mitchell & Lagory, 2002:195). The following are some of the most important contributions to effective educational support:

### 3.3.1 Supporting the child

Effective helpers and educational supporters require both good facilitative or relationship skills and good training skills. The majority of children are stuck and require more active help to provide skills to move forward. The helping relationship is central to this learning process in many ways (Dattilio, 2001:60). Such ways include strengthening the working alliance, helping assessment and child self-assessment, assisting child self-exploration and experiencing of feelings, providing the emotional climate for children to take risks and also look more closely at the consequences of their behaviour and allowing children to be open about difficulties in implementing life skills. Children are likely to gain most from helpers and educational supporters who both offer good supportive relationships and also impart skills effectively (Williams, 2003:31).

The helping relationship supports an active approach to training and learning. Support is utilised by reality therapists to maximise children' awareness, anticipation and expectation of a positive outcome (Darling & Cumsille, 2003:33; Corey, 2004:34). Children with a failure identity require much support particularly as they initiate their plans into action. They have learned to expect failure and do not relish the idea of risking more of it. Encouragement and support are essential if children are to commit themselves seriously to new behavioural patterns since child commitment is often only as strong as the child-therapist involvement (Romm, Bockian & Harvey, 1999:125).

Accepting children as persons of worth, seeking children' opinions and asking for their evaluations of their present behaviour expresses faith in children's abilities to change and providing pause for successfully completing a plan of action are supportive. Encouragement and support not only increase child motivation but also serve to communicate feelings of worth to the child (Combs & Freedman, 1998: 405; Blythe, 1998:19).

Feeling more worthwhile, children need not exert as much energy controlling perceptual errors in this particular station of their minds and the energy they

once directed toward controlling for perceptual error may now be focused on living more effectively and responsibly (Mondomore, 1999:56).

### **3.3.2 Respect for the child**

In the process of experimenting with new ways of thinking and behaving, children are often unsure of themselves and tend to personalise everything. They need ongoing reassurance both in the way the educational supporter speaks and acts, that the educational supporter recognises and genuinely respects them for who they are and for what they think and say, even if the educational supporter happens to disagree with them (Winslade & Monk, 2000:33).

It is sometimes more important for a child to feel that his/her opinions and feelings have been taken into serious consideration rather than to receive solutions to his problems however relevant or logical these solutions may be (McLaughlin, Clark & Chistolm, 1996:16). The educational supporter and helper must bear in mind that there is a generation gap and a growing dependence on the peer groups for setting standards. The educational supporter must be prepared to be accused of not understanding or "not being with it" and where this is valid, the educational supporter must acknowledge the fact and ask for co-operation in helping to bring him or her more up to date. On the other hand, if the educational supporter does not agree with a specific issue he must make this clear but give his reasons as well (Toumbourou & Gregg, 2002:279).

### **3.3.3 Listening to the educational supportee**

Effective listening is the cornerstone of educational support. It provides the basis for making sense of the educational supportee's problem and helps him or her feel understood. Listening involves active attention by the educational supporter. It is not a passive or a simple process. Effective listening involves listening to the educational supportee's words, recognising the feelings behind the words, taking note of body language and the feelings behind silences. The feelings aroused in the educational supporter should also be identified (Miller & Moyers, 2005:267).

Effective listening requires resisting the temptation to interrupt the supportee with solutions or advice. Interruptions, criticisms, too many questions, premature advice and dismissing or belittling the presented problem all undermine the educational supportee's discovery of his or her own solutions. Even experienced educational supporters can fall prey to these pitfalls (Brestan & Eyberg, 1998:180). The educational supporter must listen to his or her own feelings to ensure that they do not interrupt the process of listening to the educational supportee. For example, if the educational supportee says something that makes the educational supporter feel uncomfortable he or she should avoid trying to deal with this discomfort by changing the subject or attempting to placate the educational supportee (Davis & Spurr, 1998:365).

### **3.3.4 Clarifying the educational supportee's needs and feelings**

During the process of ongoing listening the educational supporter should ask a few key questions to ensure he or she has understood the educational supportee correctly and to draw the educational supportee out further. This questioning process is called clarifying. The questions may be open-ended (and encourage long answers) or closed (which are answered by "yes" or "no") (Schoenbach, Greenleaf, Cziko & Hurwitz, 2000:14). Clarifying questions should assist rather than interfere with the listening process. Open-ended questions are preferable as they can help educational supportees to elaborate further on what they are saying. The educational supporter should never interrupt the educational supportee to ask questions.

An example of an open-ended questions is: "How does that make you feel?" and of a close question, "Are you angry?"(Baumeister, Campbell, Kreuger & Vohs, 2003:44).

### **3.3.5 Understanding the educational supportee's needs**

Focusing on what the educational supportee has said in order to make it clearer to the educational supporters, and understanding the educational supportee's needs. This is done by:

### 3.3.5.1 Reflecting

Reflecting is the process of communicating to the educational supportee as to how one, as an educational supporter has understood the educational supportee's feelings and perceptions. Reflecting involves the educational supporter acting as a mirror. The educational supporter reflects back to the educational supportee what he or she has said. Reflections show that the educational supporter understands the child's point of view including both the content and the feelings behind what is being said (Prinz & Miller, 1996:161).

Reflecting helps the educational supportee feel understood and encourages the educational supportee to continue sharing his or her experience of the problem (Bennathan & Boxall, 2000:45). Reflecting involves more than merely repeating what the educational supportee has said. It involves releasing those aspects of experience the educational supportee struggles to verbalise. It requires listening, attending to unexpressed feelings and putting them into words for the educational supportee. People are often not aware of their feelings. Reflecting can help them understand the feeling aspects of their experience (Heins & Bertin, 2002:17). In reflecting feelings the educational supporter must try to describe the feelings that he or she perceives as accurately and empathetically as possible. This is a difficult task, as the educational supporter's reactions may not match those of the educational supportee. Therefore the educational supporter must guard against assuming or guessing the educational supportee's feelings and should carefully assess what the educational supportee's words, body language and tone of voice communicate (Darling, Caldwell & Smith, 2005:51).

The educational supporter should not rush the educational supportee or interrupt with questions or premature advice as understanding takes time. In addition, the educational supporter needs to set aside the reactions or thoughts he or she might have about what should have been done or what might be done in the situation (Underwood, 1997:34).

The educational supportee's response is the best indicator of whether the educational supporter is accurate in his or her understanding. To be unsure is

a natural part of the educational support relationship. In such an instance it is wise for the educational supporter to check his or her understanding and ask the educational supportee if it feels correct (Phelan, 2000:36).

He or she may then elaborate on the experience more fully and in this way a bridge of mutual understanding is established. The essential point of reflecting is for the educational supporter to base reflections on the evidence he or she sees, hears and feels (Dattilio, 2001:17). An example of reflecting is: "It seems you are angry!"

### **3.3.5.2 Summarising**

Summarising draws on the understanding the educational supporter has developed by listening, clarifying and reflecting. The educational supporter shares those understandings and perceptions with the educational supportee. In this way the educational supportee should sense that someone else has heard things from his or her point of view and may promote a clearer understanding of the problem (Schunk & Zimmerman, 1997:34).

Summarising also entails linking reported experiences, events, reactions, feelings and ideas in order to define issues facing the educational supportee. As in reflecting, in summarising the educational supporter will not necessarily be complete or accurate. He or she needs to check that the summary feels right to the educational supportee and that he/she need to be prepared to change his or her attitude if necessary. Creating a summary is a joint activity involving both educational supporter and educational supportee (Bartlett, Weisenstein & Etscheidt, 2002:16; Corey & Haynes, 2005:14).

Although the summary may work well the educational supportee may reject or dismiss it because he or she is not ready to accept or hear it. In this case it is better to work with what the educational supportee is willing to hear. Timing of the presentation of a summary is vital to successful educational support (Ryan & Deci, 2000:70; Carr, 2002:43; Rycik & Ivirn, 2001:18; Funk & Elliott, 2003:86).

An example of summarising is: "You are angry and it seems part of the anger is that the situation makes you feel helpless."

### **3.3.5.3 Problem solving**

There are times in educational support where what is called for goes beyond listening, clarifying, reflecting and summarising. Sometimes a decision needs to be made or the supportee needs to make clear plans of action to break free of the problem. Hopefully the educational supportee will reach the decision or action plan by himself. However, in reality the educational supportee often looks to the educational supporter to play a greater role in decision-making and the formulation of action plans (Wilks & McPherson, 2002:12; Mandaral, 2003:129).

The educational supporter must not make decisions for a educational supportee but should enable the educational supportee to reach his or her own decisions. To make decisions for the educational supportee is ultimately disempowering. The educational supporter may give information but the decision and its consequences lie squarely with the educational supportee (Brown, 1999:77).

## **3.4 AIMS OF EDUCATIONAL SUPPORT IN SCHOOLS**

Schools have a statutory responsibility to develop a curriculum which promotes the spiritual, moral, cultural, mental and physical development of all learners and to prepare such learners for the opportunities, responsibilities, experiences and expectations of adult life (Hayes, 2004:79; Sanders, Gooley & Nicholson, 2000:29). Guidance plays a part in helping schools to fulfil this commitment. The aim is to contribute as fully and as positively as possible to the mental health of the learners in the school community and to do this in different ways, namely:

- through the curriculum,
- through the community of the school and



- through one-to-one and group work (Woolfenden, Williams & Peat, 2002:38).

Educational support interventions have a developmental function as well as a reactive one. Early in the development of educational support in schools the task was seen as involving teachers in working one-on-one with learners and was viewed as developmental in nature (Henley, Ramsey & Algozzine, 2002a:117). The objectives of educational support were related to the following:

- fostering self acceptance in learners and not changing or remediating personality;
- developing control from within or fostering an internal locus of control; and
- helping learners to learn strategies and coping skills for situations which were difficult or important in terms of their impact on future life (Dekker *et al.*, 2002:602).

These aims have not changed but there is a realisation that in a school context the work could play a more educative role. Henley, Ramsey and Algozzine (2002b:56) summed it up nicely when he talked of the art of giving individual guidance without having to give it individually. It is interesting to see how many of the key figures in educational support progressed to writing in the widest sense about schools and their impact on individuals (Burns, 2002:208).

Schools have a responsibility to develop learners personally and socially therefore they have an educative function, however, personal and social development as well as a sense of identity are learned in interactions with others. Children learn who they are in the context of a community and those in it. There is also the responsibility to explore the impact of the school on the personal and social development of the learners (Zimmer-Gembeck & Ollins, 2003:190).

This reflective or evaluative function involves exploring the possible impact of and contribution to personal and social development of practices in the

classroom and other aspects of the school community. This generally incorporates interactions between teachers and learners as well as between learners and learners (Capaldi, 2003:46). It also includes wider issues of teaching and learning styles, classroom and school climate. In addition, there is the welfare function: the responsibility to plan for and react to issues which impact on learners' welfare and development (Waizenhofer, Buchanan & Jackson-Newsom, 2004:23). This is the area where educational support has traditionally been seen to play a part. It is helpful to distinguish these different aims but there is also the need to co-ordinate them and see the links between them (Bumpus, Crouter & McHale, 2001:165). Coie and Dodge (1998:779) state, "Generally speaking the greatest strength of the guidance lay in its pervasiveness." It is important to see the task as one of identifying the different strands of the web rather than developing separate and unconnected practices. Guidance in the classroom is most successful where teaching and learning are of good quality (Fiedman-Lombardo, 1999:82).

If this is the case then co-ordination and management of provision become very important as does exploring the reality of the school's provision.

The educative element of the school's function includes guidance in the curriculum as well as the wider field of effective education or education for the emotions. In terms of guidance in the curriculum, vocational and educational guidance is a well accepted one (Rubak, 2005:27). The curriculum is related to the different needs and ages of learners. It should also reflect the particular needs of learners in relation to their community and context. Much of this element can be planned in advance using frameworks which have been tried and tested, for example, the framework for vocational guidance of developing decision making, transition learning, opportunity awareness and self-awareness (Wybrow, 1999:99). It includes giving learners the personal and social skills without which they may require problem based educational support, for example, helping learners acquire the skills of listening and responding appropriately to others or developing the ability to express feelings and opinions (Henley, Ramsey & Algozzine, 2002a:105).

It also contains elements which are in response to guidance needs perceived as arising from particular themes in groups or individuals. This may include working on topics such as friendship or negotiation as well as the experience and development of the ability to work in a group. Many of the issues which were responded to by teachers on an individual basis, such as bullying, are now being acknowledged as issues which need to be dealt with in an educative way through the curriculum. Responding to these issues on an ad hoc basis is no longer adequate (Sanders *et al.*, 2000:30; Woolfenden, Williams & Peat, 2002:39; Hayes, 2004:79).

The time of vulnerability for many learners is at periods of transition (Brown, 1999:77). Mandaral (2003:130) call these "critical incidents". They are critical because they are occasions when learners can affiliate to the school or become alienated. At these times, such as entry to school, transfer to new courses or transfers to new institutions learners need support and this support needs to be in an organised form and have a curricular element. Wilks and McPherson (2002:13) has noted that "All institutions understood the necessity of offering substantial guidance at these stages and most provided guidance that was overall sound in many respects." He has however identified guidance in Grade 10 as often inadequate and he emphasises the importance of guidance at age 13. In providing effective guidance there is a need to plan a programme which is coherent and not merely a collection of once-off events (Funk & Elliott, 2003:86). Guidance is most effective when it is continual and cumulative. The same themes will recur and yet will differ according to the age and stage the learners have reached (Rycik & Ivim, 2001:18).

Educational support requires an awareness of the appropriate methods in this field; for example, the ability to help learners to think for themselves or the ability to work with groups rather than as individuals (Carr, 2002:43). Ryan and Deci (2000:70) identified three areas of weakness here, namely:

- Not all teachers involved are at ease with various aspects of content and approaches;

- Over-reliance on commercially reproduced schemes and duplicated worksheets so that learners are not encouraged to think for themselves; and
- Failure to achieve an appropriate balance between content and related personal, vocational and educational issues.

Teachers need to be able to use a repertoire of teaching styles and to be able to choose consciously from them being aware of the impact that each one has. There is considerable evidence to show that techniques such as co-operative learning do impact on learners' personal and social development (Burns, 2002:224).

The creation of an appropriate classroom climate as well as the establishment of procedures are as important as the content and teaching format (Bartlett *et al.*, 2002:16). In a study of girls' development Dekker *et al.* (2002:602) show that during childhood girls lose the ability to express their real feelings and opinions. They describe this as a loss of voice. They argue that girls do this to avoid endangering relationships and that it has long term consequences for the development of women. As a result they argue for the need to encourage child girls to express difference and disagreement. This would suggest that procedures in the classroom such as the negotiation of ground rules and rules for constructive controversy are important (Henley *et al.*, 2002b:34). The following programmes of work are examples of this:

- Skills for Childhood include procedures and rules regarding how learners listen to one another or demonstrate respect (Collins & Laursen, 2000:208).
- The Elton Report on discipline in schools also emphasises the importance of learners' negotiating rules and procedures as well as having opportunities for the expression of opinion (Zimmer-Gembeck & Ollins, 2003:190).

The classroom context, the procedures and the nature of interactions all impact on learner self-image and self-esteem. These are important elements

in the schools' contribution to personal and social development as well as in motivation (Capaldi, 2003:46).

Other processes, such as the development of self-assessment and the formation of action plans, facilitate the personal development of learners. In the one-on-one dialogues with learners teachers are required to use skills drawn from educational support (Waizenhofer *et al.*, 2004:23). It is important to distinguish between drawing on educational support skills to make communication effective and conducting a educational support interview. The ethical constraints, the boundaries of the talk and the learners' choosing of that dialogue are all important differences between the two activities (Bumpus *et al.*, 2001:163).

The reflective function is related to an exploration of the impact of the school on the personal and social development as well as the mental health of the learners. This is to argue that the role of educational support is to promote healthy institutions as well as healthy individuals (Coie & Dodge, 1998:779).

Research has shown that schools can have a substantial impact on children's psychological development both in the present and in the future. Fiedman-Lombardo (1999:82) sum up much of his own and others' research in these words: It is no easy matter to create a happy, effective school and there are a variety of influences outside the control of the schools. Nevertheless, schooling does matter greatly. Moreover, the benefits can be surprisingly long-lasting. This is not because school experiences have a permanent effect on a child's psychological brain structure, but rather because experiences at one point in a child's life tend to influence what happens afterwards in a complicated set of indirect chain reactions (Rubak, 2005:27). It is crucial to appreciate that these long-term benefits rely on both effects of cognitive performance (in terms of learning specific skills, improved task orientation and better persistence) and effects of self-esteem and self-efficacy (with respect to better attitudes to learning, raised parental expectations and more positive teacher responses because children are more rewarding to teach) (Wybrow, 1999:100).

The Elton Report advocates an approach which reflects this position of developing schools as healthy environments personally, socially and academically. Previously the disciplinary role of the school had largely to do with the reaction to incidents of bad behaviour (American Psychiatric Association, 1996:29). The Elton Report has argued for the promotion of positive behaviour. It is a much more proactive and wide ranging approach, one which acknowledges the role of all in the school community and which shifts the emphasis to a concentration on developing positive behaviour rather than focusing on problem behaviours (Li *et al.*, 2000a:43). Similarly, in the area of educational support and guidance a more proactive and wide-ranging approach is needed. This should reflect the promotion of positive strategies to developing mental health rather than a focus on reacting to problem situations (Millon *et al.*, 1998:32).

Just as Cuning and Reidy (1998:35) show how interactions in the classroom can impact on girls' development so there is an awareness of the impact of other aspects of school life on the learning and development of learners. The nature of learners' interactions with other learners is an example. Initiatives in child abuse and bullying allied to an emphasis on children's rights have alerted educators to what the experience of children is (McNamara & Morenton, 1996:48). The voices of children are being heard more clearly and the nature of their experience is being acknowledged more fully. In reaction to these teachers and others (Carr, 1999:815) have argued for intervention by teachers and the co-ordination of approaches in the curriculum as well as in response to incidents. The task here then is to explore the school as a community and examine its impact on learners and teachers. It will involve teachers in actively inviting learners to give feedback on the functioning and health of the school and its practices (Ciechomski *et al.*, 2001:49). This may engage teachers in debates about teacher-learner interactions and the values underpinning them, a difficult and controversial area for many to engage in. The welfare aspect of educational support and guidance is the area most focused on and developed in writing about educational support in school settings (Rygaard, 1998:247; Mcleod & Nonnemaker, 2000:166).

Santoro and Cohen (1997:67) describe the school's role as that of being "a guidance community". The objectives in this area are:

- to aid learners in decision making and problem-solving;
- to support learners in a constructive manner in times of difficulty ;
- to monitor and detect learners who are at risk or under pressure;
- to react in an appropriate fashion; and
- to co-ordinate work within and outside the school.

The area will include a range of activities, *inter alia*:

- educational support when it is sought by learners;
- more focused guidance activities such as that involved in decision making of a predictable kind;
- educational support to react to crises, problems and transitions; and
- more specialist educational support.

It will also involve liaising with outside agencies and parents (Waltz, 2000:56).

These activities require many and different skills and abilities. They also require practitioners to be able to distinguish between these different activities. Maughan and Rutter (1998:24) argue that there are six possible types of intervention between practitioner and client. By an intervention he means "an identifiable piece of verbal and/or non-verbal behaviour that is part of the practitioner's service to the client" (Serketich & Dumas, 1996:171). The six categories are subdivided into two main types, that is:

#### **3.4.1 Authoritative categories**

The following three categories are called authoritative because they are rather more hierarchical, meaning the practitioner is taking responsibility for and on behalf of the educational supportee (Vassallo *et al.*, 2002:69; Susan, 1999:38).

#### **3.4.1.1 Prescriptive**

A prescriptive educational support intervention seeks to direct the behaviour of the client usually behaviour that is outside the practitioner-client relationship (Gelfand *et al.*, 1997:51)

#### **3.4.1.2 Informative**

An informative educational support intervention seeks to impart knowledge, information and meaning to the client (Bond *et al.*, 1999:160).

#### **3.4.1.3 Confronting**

A confronting educational support intervention seeks to raise the client's consciousness about some limiting attitude or behaviour of which he is relatively unaware (Buchanan, 1999:39).

### **3.4.2 Facilitative categories**

The following three categories are called facilitative because they are rather less hierarchical. The practitioner is seeking to enable clients to become more autonomous and take more responsibility for themselves (Knapp *et al.*, 1999:427; Papolos & Papolos, 1999:128).

#### **3.4.2.1 Cathartic**

A cathartic educational support intervention seeks to enable the client to discharge, to abreact painful emotion, primarily grief, fear and anger (Corey, 2005:32).

#### **3.4.2.2 Catalytic**

A catalytic educational support intervention seeks to elicit self-discovery, self-directed living, learning and problem solving in the client (Prior *et al.*, 2000:33).



### 3.4.2.3 Supportive

A supportive educational support intervention seeks to affirm the worth and value of the client's persona, qualities, attitudes or actions (Funk & Hagan, 2002:144).

Waltz (2000:56) comments that "Traditional education and training have often omitted the facilitative sorts altogether". He argues that the skilled practitioner is someone who is equally proficient in a wide range of interventions in each of the above-mentioned categories; can move elegantly, flexibly and cleanly from one intervention to another as the situation and purposes require; is aware at any given time of what intervention he/she is using; knows when to lead the client and when to follow and has a creative balance between power over the client or power shared with the client as well as the facilitation of power within the client (Santoro & Cohen, 1997:67).

The educational support interventions are helpful to work done in schools and as a framework for teacher development. They can also highlight some of the problems of work in schools. Mcleod and Nonnemaker (2000:166) detect the following confusion about the role and type of interventions that are described in schools as educational support interventions, for an example, wanting to change someone's behaviour because it causes problems for the school or is seen as unacceptable by a particular teacher is not necessarily a prescriptive educational support intervention.

Rygaard (1998:247) further describes vividly the misuses of educational support in schools. He argues that educational support is not about personality change; it is not solely for those perceived as "deviant" and "disadvantaged"; it is not an opportunity to exercise subtle control or manipulation nor is it probing into the learner's private world. Ciechowski *et al.* (2001:49) comment on the lack of clarity between discipline and educational support, saying that "staff learners often perceived a clash between guidance and the need to enforce discipline".

There is a need to establish some principles which could help to distinguish educational support from other activities in schools. The first is that

educational support is something which the learner must be aware is occurring and which must in some way be chosen (Bitter & Nicoli, 2000:815). This does not imply that this requires that educational support can only be learner-initiated but rather that it should be invitational in nature, for example, the teacher might say, "Would you like to talk about this?" There is an assumption "built-in" educational support that suggests that the learner can change - it is an essentially optimistic, but not unrealistic, activity (McNamara & Morenton, 1996:48). The learner's needs are paramount in educational support rather than the needs of the school or the teacher, although the learner may need to know the views and perceptions of others. The educational support should aim generally to empower the learner and to develop a sense of control and autonomy (Friedberg & McLure, 2002:36).

The relationship in which the educational support takes place should be:

- respectful (including an acknowledgement of and respect for the views and experiences of others different from ourselves);
- genuine on the part of the teacher ; and
- aimed at demonstrating empathy (Corey, 2005:35).

In addition, the educational support should include the full range of educational support interventions and be practically helpful to the learner. Millon *et al.* (1998:32) argue that a valid intervention is one which is "appropriate to the client's current state and stage of development and to developing practitioner-client interaction". To say that it is appropriate is to say that:

- it is in the right category ;
- it is the right sort of intervention within the category;
- its content and use of language are fitting;
- it is delivered in the right manner; and
- it is delivered with good timing.

Some of the issues being highlighted in this research have to do with a specialist level of work and it is essential to distinguish between the different levels of work in schools. Li *et al.* (2000a:48) distinguishes three levels of work in schools:

### **The immediate level**

This level of work is for all teachers in the school and involves the use of first level educational support skills and an awareness of what educational support is. Educational support skills will be used to facilitate good communication as well as to acknowledge the emotional dimension of learning and living. Reasonable demands would be made on learners and teachers. Teachers would be able to work in the emotional domain, adapting to individuals and groups in the light of what is known and providing reinforcement and support (Collins & Laursen, 2000:59).

Teachers would also be involved in detecting signs of stress, depression and anxiety in learners and communicating this to others if that is appropriate. Maughan and Rutter (1998:24) call this an exploratory and screening function. This level of work may involve working with teachers and other professionals (American Psychiatric Association, 1996:30).

### **The intermediate level**

Serketich and Dumas (1996:171) argue that at this level the school is concerned about providing continuity of care, concern and relationship. It has to do with the co-ordination of efforts and resources including those outside of the school setting. It also has to do with the establishment and operation of systems which act as early warnings of learners who may need educational support and guidance. This means that systems of communication need to be established, monitored and reviewed. Vassallo *et al.* (2002:69) comment on aspects of provision at this level. He highlights the importance of good record keeping, "including recording interviews held with learners, by whom, when, for what purpose and with what result". Part of the co-ordination of resources includes knowing what training and expertise exists amongst the staff. Susan (1999:38) argues that: Successful practice involved adults who had special

training, qualities or experience (or more often all three) and included trained educational supporters, chaplains, matrons and nurses as well as some individual pastoral staff. However, educational support was often ad hoc, dealt with problems which had simmered unattended for too long, and was undertaken by teachers who lacked training in educational support skills. Several teachers who had received educational support training were not always in positions where such skills could be put to good use (Gelfand *et al.*, 1997:51).

### **The specialist level**

This level demands training for the task and such expertise may reside within the school or without. It also involves the identification of learners who may require this level of help. It may involve specialists in the running of groups as well as working with individuals (Bond *et al.*, 1999:160).

In the formation of an educational support policy the levels of work and the training needs of the teachers need to be determined. The provision needs to be evaluated and managed. Part of the ethical requirements of schools is to monitor and evaluate the nature of the provision. Buchanan (1999:39) has found it was clear that this was not a common activity in schools. Only two institutions "had a systematic approach to evaluating the planning, processes and outcomes of the personal, educational and vocational guidance offered to learners". There is also a responsibility to ensure that staff is equipped to provide adequate educational support and guidance and this involves looking at the training and development needs of the staff (Knapp *et al.*, 1999:427).

Confidentiality is another ethical matter which the school needs to look into. There is rarely a clear statement on this issue and learners often receive very mixed messages on this. The school setting is very complex to work in regarding this issue, as outlined above (Corey, 2001:14). There is a desire to protect learner privacy and at the same time there are legal requirements which prevent the promising of total confidentiality to learners in certain areas of work like child abuse, for instance. What is important is that both staff and learners are aware of the limitations of confidentiality in various settings and

types of interview as well as being aware of what happens to information shared with teachers and other professionals (Papolos & Papolos, 1999:128).

Staff working in this area also needs professional support and a forum to debate some of the difficult professional and moral decisions which may occur (Dfes & Coram, 2002:18).

Farrell (1997:32) has found examples "of networks or groups of teachers coming together to plan specific initiatives or to review aspects of a school's work". Apart from managing the development of policy on ethical and professional support there are many other management issues. The provision of private spaces for educational support and guidance work is important (Prior *et al.*, 2000:33). Funk and Hagan (2002:144) comment that "effective guidance was promoted where the physical environment was such as to encourage good relationships and a positive ethos, and where special accommodation for a range of guidance activities was readily available and of a good standard". The allocation of time is also important. Taylor and Biglan (1998:41) note big variations between institutions. He concludes, "Institutions may like to consider reviewing the time allocated for guidance, on the basis of a closer identification of need."

Chang *et al.* (2000:453) found that "responsibilities for planning the use of guidance resources were usually too widely dispersed to allow for effective management". The issue of managing staffing, training and development of staff, and co-ordinating the communication between them, is central to the management task. Rivera and Smith (1997:27) identified the following management issues:

- a need to clarify the purposes of educational support and guidance, acknowledging the different purposes and different levels of work;
- a need to evaluate that provision, including the learner voice in that process; and
- a need to draw up and communicate policy in this area.

Koivisto and Haapasalo (1996: 91) found that, "Generally speaking the greatest strength of the educational support lay in its pervasiveness.

There were, however, weaknesses in the provision of educational support as it was seldom co-ordinated and there were rarely policies relevant to its promotion. Finally, more attention needed to be given to analysing the outcomes of educational support and relating findings to planning of provision, if schools are to offer educational support of good quality they need to develop approaches which, in the light of their circumstances achieves and maintains a proper balance between meeting the needs of the individual and of society as well as between reacting to problems and taking the initiative" (Carr, 1999:51; Spender & Scott, 1999:128).

### **3.5 INDIVIDUAL EDUCATIONAL SUPPORT**

Most educational support that takes place in Europe, the United States of America and South Africa today probably occurs within the one-on-one arena of individual educational support (Beyers, Goossens, Vansant & Moors, 2003:33; Rai *et al.*, 2003:108). The particular therapeutic merits of individual educational support are:

- Individual educational support by its nature provides clients with a situation of complete confidentiality. It is indicated therefore when it is important for clients to be able to disclose themselves in privacy without fear that others may use such information to their detriment. Some clients are particularly anxious concerning how others, for example in group educational support, would react to their disclosures, and such anxiety precludes their productive participation in that arena. Similarly clients who otherwise would not disclose "confidential" material are best suited to individual educational support. As in other situations transfer to group educational support may be indicated later when such clients are more able and/or willing to disclose themselves to others (George *et al.*, 2004:81; Kosson *et al.*, 1997:89; Munger, 1998:27).
- Individual educational support by its dyadic nature provides an opportunity for a closer relationship to develop between educational supporter and

client than may exist when other clients are present. This factor may be particularly important for some clients who have not developed close relationships with significant people in their lives and for whom group educational support, for example, may initially be too threatening (Peterson, 1999:39; Ralph & Sanders, 2003: 27).

- Individual educational support can be conducted to best match the client's pace of learning. Thus it is particularly suited for clients who, due to their present state of mind or speed of learning, require their educational supporter's full individual attention. This is especially important for clients who are quite confused and who would only be distracted by the complexity of interactions that can take place in other therapeutic arenas (Ary *et al.*, 1999:217; Catalano & Hawkins, 1996:39).
- Individual educational support is particularly therapeutic when clients' major problems involve their relationship with themselves rather than their relationships with other people (Brody, 2003:59; Lewinsohn *et al.*, 2000:281).
- Individual educational support may be particularly helpful for clients who wish to differentiate themselves from others – for example, those who have decided to leave a relationship and wish to deal with individual problems that this may involve. Here, however, some conjoint sessions with their partner, friend and family may also be helpful, particularly in matters of conciliation (De Jong & Berg, 2002:29).
- Individual educational support may also be the arena of choice for clients who want to explore whether or not they should differentiate themselves from others - for example, those who are unhappy in their relationships with significant others but are not sure whether to work to improve the relationship or to leave it. The presence of the other person may unduly inhibit such individuals from exploring the full ramifications of their choice (Strober *et al.*, 1998:145; Thompson, 1998:65).

- It can be helpful for educational supporters to vary their therapeutic style with clients in order to minimise the risk of perpetuating the clients' problems by providing an inappropriate interactive style. Individual educational support offers educational supporters an opportunity to vary their interactive style with clients free from the concern that such variation may adversely affect other clients present (Geller *et al.*, 2000:303).
- Individual educational support is particularly beneficial for clients who have profound difficulties sharing therapeutic time with other clients (Yalom, 2003:46).
- Individual educational support may also have therapeutic merits but for negative reasons. Thus, clients may benefit by being seen in individual educational support who may not be helped from working in group educational support. Therefore, clients who may monopolise a educational support group, be too withdrawn within it to benefit from the experience, or who are thought too vulnerable to gain value from family educational support can often be seen in individual educational support with minimal risk (Collins *et al.*, 1997:94).

Contra-indications for individual educational support are the following:

- Individual educational support may be contra-indicated for clients who are likely to become overly dependent on the educational supporter, particularly when such dependency becomes so intense as to lead to client determination. Such clients may be more appropriately helped in group educational support where such intense dependency is less likely to develop due to the fact that the educational supporter has to relate to several other people (Hiatt & Cornell, 1999:65; Ralph & Sanders, 2003: 27).
- Individual educational support, by its dyadic nature, can involve a close interpersonal encounter between client and educational supporter and as such may be contraindicated for some clients who may find such a degree of intimacy or the prospect of such intimacy unduly threatening and where



the likelihood of overcoming this is poor (Peterson, 1999:39; Munger, 1998:27).

- Individual educational support may be contra-indicated for clients who find this arena too comfortable. Based on the idea that personal change is often best facilitated in situations where there is an optimal level of arousal, individual educational support may not provide enough challenge for such clients. In this context, Kosson *et al.* (1997:89) found that it may be unproductive to offer individual educational support to clients who have had much previous individual educational support but who still require therapeutic help (Munger, 1998:27).
- Individual educational support may not be appropriate for clients for whom other arenas are deemed to have greater therapeutic value. Clients who are shy, retiring, and afraid to take risks, for example, are more likely to benefit from group educational support (if they can be encouraged to join such a group) than from the less risky situation of individual educational support (Kosson *et al.*, 1997:89; George, *et al.*, 2004:81).

### **3.6 EDUCATIONAL SUPPORT IN GROUPS**

Group educational support offers a fundamentally different experience to the client from that of individual one-on-one educational support. In his masterly work, Rai *et al.* (2003:108) identified the following eleven factors which distinguish the curative factors operating in group educational support and provide a background to all its forms:

- The instillation of hope is central to all forms of psychological therapy and to religion and medicine.
- Universality: one of the most significant learnings by members of groups is that they are not alone either in their experience or concerns.
- Imparting of information: although in the beginning group members often expect that, as in school, they will be taught facts but they will soon come to realise that that is of a relatively small importance.

- Altruism: group memberships often release within participants previously hidden or forgotten capacities for helping others.
- The corrective recapitulation of the primary family group: groups can help members to work through and in some ways heal hurts sustained in earlier life.
- Development of socialising techniques: participating in a group provides the opportunity of learning, and practising, different ways of relating to others in a live setting.
- Imitative behaviour: by watching others' behaviour and listening to them, group members can discover their own distinctive personal styles.
- Interpersonal learning: through interacting with others, members are often able to grow and change. Groups provide an opportunity for both emotional and cognitive understanding.
- Group cohesiveness is the result of all the forces acting on the members to remain in a group and is not a curative factor per se but a necessary precondition for effective change.
- Catharsis and ventilation of feelings are not in themselves sufficient for change, but both can be a significant part of the process and can therefore also be curative factors.
- Existential factors such as the need to take responsibility oneself, the fact of individual isolation, contingency, the inevitability of mortality, and the capriciousness of existence are all themes which are often more easily tackled in group settings rather than in individual therapy.

In one of the most significant pieces of large-scale research in this field, Bray, Adams, Getz and Stovall (2001:301) established what members of groups themselves saw as the most helpful factors. In order of importance they are:

- discovering and accepting previously unknown or unacceptable parts of myself;

- being able to say what was bothering me instead of holding it all in;
- other members honestly telling me what they think of me;
- learning how to express my feelings;
- the group's teaching me about the type of impression I make on others;
- expressing negative and/or positive feelings towards another member;
- learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others;
- learning how I come across to others;
- seeing that others could reveal embarrassing information and take other risks and benefit from it helped me to do the same; and
- feeling more trustful of groups and other people.

Group educational support provides a therapeutic and learning environment where many human problems can be worked on with good effect (Spender & Scott, 1999:128). Children, for whom a one-to-one helping relationship is essential, will not benefit from groups. Children who will probably not do well in groups are those suffering from psychotic illness and severe depression, those who can only see their difficulties in psychological terms, the paranoid who are overly suspicious, the narcissistic who need all the attention for themselves, and the schizoid who are too cut off from other people (Carr, 1999:51). Once children have been helped to move from these categories, group work can often provide an important and potent ingredient in their return to well being. In essence, groups are more for interpersonal rather than intrapersonal development (Carlson & Kjos, 2002: 91).

It is often difficult to persuade potential participants that a group really is the most useful option and not a second best to individual therapy. The culture of individualism in societies is often strongly embodied in those with difficulties, especially interpersonal difficulties (Rivera & Smith, 1997:27; Chang *et al.*, 2000:453).

The power and flexibility of group educational support is that it can be used to help participants over a whole range of concerns. There are very few people who could not benefit from group educational support which can provide a forum of open and genuine communication (Taylor & Biglan, 1998:41).

### **3.7 EDUCATIONAL SUPPORT FOR CHILDREN WITH BEHAVIOURAL PROBLEMS**

Educational support can be distinguished by the goal of the therapy. Some therapies such as long-term analytic educational support aim to bring about fundamental change in the way a child feels about himself or herself and how he/she relates to others. Therapies such as crisis intervention and behavioural therapy aim at symptomatic improvement and the restoration of effective functioning to children affected by a psychological illness or a life crisis. Educational support aims to maintain adequate functioning in long-standing, intractable personality or psychological disorders (Ary *et al.*, 1999:217; Catalano & Hawkins, 1996:39).

Educational support therapy is a brief problem-focused therapy. Its principal goal is to achieve symptomatic improvement and enhance an child's coping strategies. It also aims to help the child with depression and anxiety change more fundamentally as well. Improvements in self-esteem and global functioning may partly explain why studies have found that educational support therapy reduces the risk of relapse in a number of children with behavioural problems with depression and anxiety (Brody, 2003:59; Lewinsohn *et al.*, 2000:281).

The goal of educational support is to help the conduct-disordered child with depression and anxiety, firstly to understand how dysfunctional thoughts (for example, unrealistic, negative and self-critical thoughts) contribute to unpleasant feelings and unhelpful conduct and behaviour and then to find ways to overcome problems by modifying these thoughts (De Jong & Berg, 2002:29; Strober *et al.*, 1998:145).

### **3.7.1 The practice of educational support**

The practice of educational support according to Dinkmeyer and Sperry (2002:27) involves assessment where a careful history is taken to establish the following:

- Does the conduct-disordered child have a longstanding susceptibility to depression and anxiety?
- Are there life circumstances, which contribute to the problem, such as family relationships, schoolwork or financial problems?
- Are there physical symptoms of depression and anxiety?
- What worrying and debilitating thoughts does the conduct-disordered child have?
- What are the behavioural symptoms?
- Enquire about specific situations, places or people that the conduct-disordered child tends to avoid because of depression and anxiety.

Include substance misuse, physical illness and a major psychological disorder, which may cause the depression and anxiety. Enquire about depressive symptomatology such as, for example, sustained low mood, loss of the ability to enjoy life, suicidal thoughts and disturbed sleep (Thompson, 1998:65; Geller *et al.*, 2000:303; Yalom, 2003:46).

The practice of educational support, also, involves a detailed analysis of the feelings, thoughts and behaviours in collaboration with the conduct-disordered child with depression and anxiety. Typically the conduct-disordered child would keep a diary. Using this dysfunctional thought record, the patient and therapist embark on a process of challenging negative automatic thoughts (Collins *et al.*, 1997:94; Hiatt & Cornell, 1999:65).

### **3.7.2 Types of questions**

Thought challenging questions to ask about negative automatic thoughts are:

- Is there good evidence to support this thought?
- Is there another conclusion I could reach instead?
- Am I making a logical error when I think like this, in other words, am I:
  - jumping to conclusions?
  - using all or nothing thinking - events are either all good or all bad?
  - only selecting the negatives?
  - over-generalising?
  - magnifying the negatives or minimising the positives? (Clough & Corbett, 2000:99; Kizito, 2000:8).

The therapist works with the patient to challenge automatic behaviours and to find new ways of coping. Two columns can be added to the thought record – a “rational response” to the negative automatic thoughts and “further action” to be taken (Williams & Hine, 2002:20).

Educational support is structured and collaborative. Each session follows a determined format – the patient and therapist agree on an agenda for the session, which includes a review of the previous week's homework (Li *et al.*, 2000b:53). At the end of the session the patient is invited to give feedback and patient and therapist decide together on what tasks or homework the patient will tackle during the following week. Towards the end of the therapy the patient is given greater responsibility in directing therapy (Ralph *et al.*, 2003:9). Ideally the patient should continue the therapeutic exercises on his or her own after termination of therapy. The later stages of therapy often involve investigating a patient's underlying false assumptions. These are deeply set ideas that usually develop in childhood and may make the patient more vulnerable to mental illness (Barnett & Schueller, 2002:38). For example, the belief that “I cannot cope on my own” may lead to dependent behaviour as well as depression and anxiety when relationships are under threat (Pepler *et al.*, 2002:153; Singer & Miller, 1999:78).

Most patients are helped when they are given useful information about the nature of their complaints. This might involve explaining the depression and anxiety cycles to the patient and how these maintain the behavioural problems (Crouter & Booth, 2003:29). If the disorders are severe or long-standing then specific interventions might be appropriate, amongst which are the following:

- graded exposure to feared situations to overcome the avoidance;
- education and cognitive challenging to overcome unrealistic worries and fearful misinterpretations; and
- realisation techniques to help with the psychological symptoms (Stallman *et al.*, 2004:54; Murrie & Cornell, 2002:390).

In patients who see their difficulties as physical in nature and do not perceive a link to depression and anxiety it is important to acknowledge their very real concerns. An explanation of how depression and anxiety may work through the body to produce physical symptoms might lead to a discussion of their problems as well as to strategies and resources for solving these (Pryor & Wiederman, 1998:291; Slater *et al.*, 2003:53).

The essential principles of educational support to be conducted on disordered children with depression and anxiety are:

- educate the child regarding symptoms that may be experienced in the coming weeks;
- discuss coping strategies such as realisation the use of support networks;
- the short-term use of hypnotics may be indicated; and
- it may also be helpful to encourage the patient to talk through what had happened (Thorton, 1998:178; Mounts, 2004:446).

Techniques utilised in educational support for children with behavioural problems with depression and anxiety is:

### **3.7.2.1 Activity scheduling**

This may be useful for helping depressed children. It is often used as the first non-medical intervention for treating patients who are inactive and lack energy and drive. A list of pleasurable and useful tasks is scheduled for the patient to do each day. The therapist offers gentle encouragement and praise for tasks accomplished (Parke & O'Neil, 1999:211).

### **3.7.2.2 Graded exposure**

This is used to treat phobias. The patient is gradually exposed to the feared situation or object or several feared situations in ascending order of difficulty (Gentile, 2003:46; Goodyer *et al.*, 2000:99).

### **3.7.2.3 Behavioural experiments**

These are used to test negative expectations and assumptions, for an example the thought "if I am more assertive with my friends they will like me less" can easily be tested (Giller & Hagler, 1998:11; Dishion *et al.*, 2003:553).

### **3.7.2.4 Relaxation training**

This is usually started in a quiet and a calm environment. The patient breathes deeply and tries to imagine the depression, anxiety and tension leaving his/her body as he or she breathes out. Tensing and relaxing muscles, music and mental imagery may also help the patient to relax. Once patients have learnt strategies that help them relax they can then apply them when they begin to feel anxious (Ryglewicz *et al.*, 1996:43; Gunderson 2001:30).

### **3.7.2.5 Social skills training**

This aims to teach awkward or socially unskilled patients how to behave appropriately in a variety of social situations. Assertiveness and conflict resolution skills can also be of great value and equip persons to cope more effectively with future crises (Hailton, 2000:65; Sanford *et al.*, 1999:95; Dekker *et al.*, 2000:8).



### **3.8 CONCLUSION**

This section provided ways in which educational support is a simple and practical way of helping children with a wide range of psychological difficulties and disorders. It also became clear that educational support can be used effectively by educators to manage most common behavioural disorders with or without other forms of intervention.

The next chapter deals with empirical research design.

## **CHAPTER FOUR**

### **EMPIRICAL DESIGN**

#### **4.1 INTRODUCTION**

The emphasis of the previous chapters was on the literature review on the nature of learner behavioural problems and learner support of learner with behavioural problems in inclusive classroom settings. Supporting learners with behavioural difficulties in an inclusive classroom is a challenging situation. According to Denzin and Lincoln (2000:114), among the challenges that are facing the South African education system is to develop an inclusive learning setting which promotes the full personal and academic development of all learners irrespective of their learning difficulties.

This chapter describes the research methods which were employed in designing the empirical investigation of this research. The empirical investigation was qualitative in nature where interviews were the main tool of data-collection strategies. The interview was based on how educators support learners with behavioural difficulties in an inclusive classroom. The participants were selected purposefully. The focus was on educators who have learners with behavioural difficulties in an inclusive classroom. The learners referred to in this study were identified as learners with behavioural difficulties by educators and parents and had been referred to the child guidance clinic.

#### **4.2 AIMS OF THE RESEARCH DESIGN**

The aim of any research design is to select or choose and utilise the methods and techniques that the researcher considers imperative to yield a better attainment of the aims and objectives of the study. There are numerous research methods in literature which researchers employ for the specific nature and kind of research to be undertaken (Marshall & Rossman, 1999:76; Kvale, 1996:49). It is difficult to find one single research method being suitable for carrying out every type of research problem at all times.

There are a great number of other factors that implicate the choice of research methods for any given research problem such as the nature and dynamics of the problem being researched, costs and time (Flick, 1998:127; DeMarrais & Lapan, 2004:123) to mention only a few. As such it is imperative that a specific research problem be solved through relevant research methodology (DeMarrais, 1998:98). For these reasons, researchers have to consciously and purposefully select and utilise only those research methods that would permit better, convenient and successful attainment of specific research aims (Creswell, 2003:123). This study is not an exception and therefore the research method and techniques considered by the researcher to be relevant are utilised to help the researcher achieve the following aims of this research, namely:

- to investigate the nature of externalizing and internalizing behavioural problems among children and learners;
- to investigate ways in which educators support learners with behavioural difficulties in an inclusive classroom;
- to determine if educators cope with learners who are experiencing behavioural problems in an inclusive classroom;
- to determine if educators know ways in which to identify learners with behavioural difficulties; and
- to make suggestions on what schools can do to help learners experiencing behavioural problems develop their latent human potentialities.

#### **4.3 RESEARCH DESIGN AND METHODOLOGY**

The qualitative research approach was employed in designing the empirical research of this study. Shank (2002:74) notes that one of the major features of a qualitative empirical research method is that it focuses on naturally occurring, ordinary events in natural settings so that researchers are able to develop robust conceptualizations of what “real life” is like.

They further note the richness and holism of such data which provides a strong potential for revealing complexity since such data provides “thick descriptions” that are vivid, nested in real context and have a “ring of truth” that has a strong impact on the reader. Denzin (2002:98), Welman and Kruger (2000:113) and Strauss and Corbin (1998:23) contend that the qualitative researchers study things in their natural settings then attempting to make sense of or interpret their phenomena in terms of the meanings people bring to them. This study therefore seeks primary data from educator participants who are directly involved with educationally supporting primary school learners who are experiencing behavioural problems.

It is clear from the latter paragraph that the word ‘qualitative’ in qualitative research methods signifies that emphasis is placed on processes and meanings and not on accurately scrutinizing or measuring in terms of quantity, amount, magnitude or frequency as in quantitative research methods. The socially assembled nature of reality is stressed and answers are sought about questions and subsequently given meaning (Leedy & Ormrod, 2005:147; Denzin & Lincoln, 2000:13).

Qualitative inquiry gives rise to new questions, expands the frame of reference of the individual and enables the examination of evidence in a productive manner. Qualitative researchers also concentrate on natural settings as they are interested to discover new insights. Nothing is taken for granted and they want those who are studied, to speak for themselves (Leedy & Ormrod, 2005:149; Maxwell, 2004:240).

Qualitative research also places emphasis on comprehension by paying attention to the words used by people and the intention of such research is to discover patterns emerging from thoughtful analysis of the research topic. Contextual findings and limited generalizations are the discoveries made through qualitative research (Marshall & Rossman, 1999:26; Berg, 2003:64).

Cohen *et al.* (2002:56) explain qualitative research as a systematic and subjective approach used to describe life experiences and to give them meaning. According to Bless and Higston-Smith (2000:62) qualitative

research is not a new idea in the social or behavioural sciences. It is a way to gain insight through discovering meanings. These insights are obtained not through establishing casualties but through improving researchers' comprehension of the whole.

Maxwell (2004:17) states that qualitative researchers approach their studies with a certain paradigm or world view with a basic set of beliefs of assumptions that guide their inquiries. The assumptions that are related to the study are: -

- the nature of reality;
- the role of values in the study; and
- the process of research or the methodological issues.

Burns (2000: 430) defines qualitative research as a range of methods which are used to measure, record and to investigate aspects of social reality whereas Cohen, Manion and Morrison (2002:94) define qualitative research as a plan for selecting subject, site and data collection procedure to answer the research questions.

Finally, qualitative investigation broadens the understanding of educational research by extending the researcher's frame of reference. It provides a means of counteracting rationalization of researchers and assists them to search for universal and infinite generalizations. In present research, the qualitative method of investigation should provide constant truths pertaining to the concept of learners with behavioural problems and the nature and extent of educational support they receive (Leedy & Ormrod, 2005:147).

Blaikie (2001:198) and Patton (2001:180) indicate that the following important concepts should be applied by the qualitative researcher:

- qualitative research is designed to discover what can be learned about a phenomenon of interest;

- qualitative research has various interpretations. It reveals logistics and the relevance which has an influence on the readers. It enables a researcher to gain insights about the nature of a particular phenomenon. It develops new concepts or theoretical perspectives about the phenomenon and also discovers the problems that exist within the phenomenon;
- impressive conceptions, related to the origin of truth of the world, the nature of certain situations, settings, processes, relationships, systems, or people are revealed;
- the focus is based on the respondents' ideas and experiences;
- simple events in their original situations display aspects of real life in the research process;
- it assists in the justification of correct life skills and the future success of the individual;
- it stresses identification, induction and formulation theory;
- it involves the respondents' observation in detailed interview and conversational analysis;
- it allows a researcher to test the validity of certain assumptions, claims, theories and generalizations within real world contexts and
- it provides a means through which a researcher can judge the effectiveness of particular policies, practices and innovations (Berg, 2003:166; Silverman, 2002:19).

Qualitative methods enable the researcher to investigate selected matters in depth and detail while quantitative methods compare standardized measures to be used in order that the perspective and experiences of people could be placed into strategies which are predetermined and to which numbers are allocated (Bryman, 2001:33).

On the basis of the foregoing paragraphs the use of qualitative research in this study can be justified as follows:

Firstly, it is a type of formative research that could offer specialized techniques for obtaining in-depth responses about:

- the nature and extent of externalizing and internalizing behavioural problems among children and learners of schools who form the sample of this study;
- the ways in which educators support learners with behavioural difficulties in an inclusive classroom;
- whether educators cope with learners who are experiencing behavioural problems in an inclusive classroom setting; and
- whether educators know ways in which to identify learners with behavioural difficulties.

The responses to the above items enabled the researcher to make suggestions of what schools can do to help children and learners experiencing behavioural problems develop their latent human potentialities.

Secondly, qualitative research provides a rich texture and context through which to learn about the experiences of educator participants in educationally supporting learners with behavioural problems face-to-face without losing the rich descriptions of their attitudes and feelings and the essence of experiences (Manson, 2002:37).

The social constructivist theoretical framework (see chapters one and two of this research) fits in well with a qualitative research approach because social constructivist researchers believe in the narratives and stories of the individuals being interviewed. This research is investigative and exploratory and as such the interviews with educator participants in educationally supporting learners with behavioural problems were designed to encourage them to tell their stories in a narrative way. According to Bryman (2001:17) this is consistent with the idea that people make sense of and communicate

their experiences through stories. Bless and Higston-Smith (2000:127) explain that narrative or story telling represents a distinctive “way of knowing” quite different from the theoretical, propositional or paradigmatic knowledge that has historically been the trademark of the scientific community. According to Bless and Higston-Smith (2000:127) narratives are vehicles for expressing the consciousness of the narrator. How a person constructs meaning is believed to be unique to the person. This contends counter to the positivist assumption that “everyone shares the same meaning system” and experiences “the world in the same way” (Banister *et al.*, 2001:38). As opposed to searching for universals that can be applied to the analysis of all humans, the aim herein is to undertake the subjective world of the participants which is best realized through a qualitative research approach.

#### **4.3.1 Sampling (Selection of cases)**

Burns (2000: 430) describes sampling as a way of obtaining data from a smaller group or subset of the total population in such a way that the knowledge gained represents the total population.

The researcher used the sample design of purposeful sampling. There are different types of purposeful sampling. Network sampling is one of the types mentioned in Maxwell (2004:17). Bless and Higston-Smith (2000:62) argue that this strategy involves identifying cases of interest from people who know what cases are information-rich, that is, good examples for the study as well as good interview subjects.

The researcher used her network of friends who are educational psychologists, remedial educators, and career educational supporters at the Child Guidance Clinic in conducting network sampling.

In this study the sample population consists of primary school educators teaching at Lejweleputswa Education District in Welkom, a city in the Free State Province. The selection of the participants will purposefully be five educators (n=5) who have learners with behavioural problems in their mainstream classrooms. The learners with behavioural problems that are in the sampled educator participants' classrooms have been assessed by the



professional psychologists at the Welkom Child Guidance Clinic and have been diagnosed as having behavioural problems. The sample population which was involved in this research was from both township formal (n=2) and informal (n=2) settlements and farm (n=1) schools.

A very important issue in sampling is to determine the most adequate size of the sample. A large sample is more representative but very costly while a small sample on the other hand is much less accurate but more convenient (Cohen *et al.*, 2002:56).

Patton (2001:180) describe sampling as away of obtaining data from a smaller group or subset of the total population in such away that the knowledge gained represents the total population however defined under study.

#### 4.3.2 Design type

The use of individual interviews in this research is recommended by different authorities in the field including the works of Berg (2003:166), Patton (2001:56) and Bryman (2001:33). The aim of interviews in this research was to obtain primary information from the sample participants who were selected to participate to form the population of this study. Due to the nature of the study the researcher wanted to:

- ask numerous open-ended questions (Manson, 2002:37), or open ended probes;
- transcribe and audiotape the answers given by the respondents;
- encourage participants to say what they think and to do so with great richness and spontaneity; and
- generate or attain an improved response rate by the interviewees and by so doing enhance the quality of the study. These aspects concur with the advantages of interview schedule stated by Bryman (2001:17) and Bless and Higston-Smith (2000:127).

Furthermore, the researcher wanted to gain first-hand in-depth information from the participants on the items of the interview schedule (see Appendix 1).

When learners gave permission for the interviewer to interview them interviews were then scheduled accordingly. At that time the researcher indicated that the interview was designed to last between thirty and forty-five minutes, and with the permission of those being interviewed, the interviews were taped. Most interviews were based on the pre-developed questions; however, the interviewer probed the responses and asked for clarification when needed. The researcher met and applied the criteria for interviewing as prescribed by Cohen *et al.* (2002:56), which are:

- knowledgeable - Has an extensive knowledge of the interview theme;
- structuring - Introduces a purpose for the interview, outlines the procedure in passing, and rounds off the interview by, for example, briefly telling what was learned in the course of the conversation;
- clear - Poses clear, simple, easy, and short questions, speaks distinctly and understandably and does not use academic language or professional jargon;
- gentle - Allows the subjects to finish what they are saying, lets them proceed at their own rate of thinking and speaking;
- sensitive - Listens actively to the content of what is said, hears the many nuances of meaning in an answer;
- open - Hears which aspects of the interview topic are important for the interviewee;
- steering - Knows what he or she wants to find out - is familiar with the purpose of the interview;
- critical - Does not take everything that is said at face value, but questions critically to test the reliability and validity of what the interviewees tell;

- remembering - Retains what a participant has said during the interview, can recall earlier statements and ask to have them elaborated; and
- interpreting - Manages throughout the interview to clarify and extend the meanings of the interview statements.

#### 4.3.3 Types of interviews

The researcher opted for in-depth and semi-structured interviews which involve one-to-one interaction and are organized to encourage the respondent to talk freely and to express his/her experiences and ideas on:

- the nature and extent of externalizing and internalizing behavioural problems among children and learners of schools who form the sample of this study;
- the ways in which educators support learners with behavioural difficulties in an inclusive classroom;
- whether educators cope with learners who are experiencing behavioural problems in an inclusive classroom setting; and
- whether educators know ways in which to identify learners with behavioural difficulties;

In-depth interviewing takes the investigation one step further by focusing in considerable detail on the life experience and social behaviour of selected individual respondents (Burns, 2000: 430).

Maxwell (2004:17) suggests that the interview may be likened to a conversation. It is an interaction which takes place in the context of a relationship.

This interaction offers a rich data source of human structures of experience. Bless and Higston-Smith (2000:62) proposes the use of certain skills in facilitating an atmosphere conducive to openness and trust within an interview situation. He suggests that the interviewer be alert and listen actively to the participants verbal and non-verbal communications. Furthermore, he notes

that the researcher must engage in a non-judgemental, non-evaluative manner. Burn's (2000:94) suggestions were kept in mind during the interviews with the educator participants who formed the population sample of this research.

In this study five educators (n=5) were interviewed. Cohen, Manion and Morrison (2002:94) state that the main purpose of an interview is to obtain information about the human being, his/her opinion, attitude, values and his/her perception of his environment. Interviewing in qualitative research is typical of the unstructured or semi-structured kind. In qualitative research, interviewing may be the sole method in an investigation or it may be used as part of an ethnographic study or indeed in tandem, and then transcribed.

Patton (2001:180) regards interviews as data collection techniques based on a series of questions relative to the research topic to be answered by research participants. The interpretation of data is not done in a straightforward manner as it is done in quantitative questionnaires.

Berg (2003:166) describe interviews in qualitative research as the open ended questions to obtain data from the participants, how individuals conceive their world and how they explain or make sense of the important events in their lives. Unstructured interviews are crucial in that the interviewer must be able to make the participant feel comfortable and be able to encourage the subject to explore the relevant material and topic (Bryman, 2001:33).

Bryman (2001:37) shows how through an informal and unstructured interview one can gain an insight into the character and intensity of the participants' attitudes, motives, feelings and beliefs. Banister *et al.* (2001:38) continue to explain non-structured interviews that are not ordinarily employed to conduct interviews but those which are used when one is testing a hypothesis.

Although this is an informal approach it is very helpful in the exploratory stages of any research. The answers given by participants under such conditions may help in identifying unanticipated variables and relations that are related to the area of the investigation.

In this study the researcher asked the participants the same set questions. In this way, the researcher wanted to reduce the level of bias and to strive towards objectivity. The researcher then decided to self-develop a distinctive interview schedule which could be used to measure the need for educational support for learners with behavioural difficulties in South African classrooms.

#### **4.3.4 Interview setting**

These interviews were conducted at the participant educators' schools with only the interviewer and the interviewee in the classroom. The confidentiality of the conversation had to be maintained. The interviews were conducted in a relaxed conversational style. The rapport that developed was important in helping to elicit more in-depth information by encouraging the educator participants to feel both safe and confident. Bryman (2001:33) suggests various types of interviews, which range from the hostile interview to the humanist phenomenal interview where there is mutual respect and sharing of information between the interviewee and interviewer. The latter is characteristic of the interviews used in this study. The educator participants were encouraged to feel relaxed and were asked to discuss anything about their enjoyable life experiences generally before focusing on the questions on the interview schedule. This was done in order to keep the interviewees at ease and to build a rapport between the interviewer and her interviewee.

The responses were tape-recorded with the permission of the interviewees for later transcription analysis and interpretation.

### **4.4 METHODS OF DATA COLLECTION**

Methods of data collection are hereby discussed in terms of participant observation, data documentation and data capturing.

#### **4.4.1 Participant observation**

Berg (2003:18) refers to observation as the classical and the oldest research technique. The researcher attempts to obtain information only by observing, looking and listening without communicating with the observed. Observation is a one-way technique. Crewell (2003:18) sees observation as meaning "to

watch and to attend". In this study the researcher will observe the participants during the time of interview. The researcher records the way the participant reacts to the questions the researcher has asked him/her.

Data sources of participant observation were used in this study to add a unique dimension to this qualitative research by observing and interpreting the social meanings of the everyday lives and actions of educator participants with learners experiencing behavioural problems in their classrooms. As the term suggests, participant observation means that the researcher directly observes the behaviour and activities of the educator participants under investigation when responding to the questions posed by the researcher. This commonly entails gaining the trust and confidence of research participants and it is invariably a time consuming activity, however, the rich contextual data that resulted was invaluable, both in confirming and validating self reports of challenges of educators having learners with behavioural problems in their classrooms and also in describing the events and situations in which social action took place (the nature of behavioural problems experienced by their learners and how they think they can cope in the midst of challenges of learners who experience behavioural problems and also how they can be helped).

This is particularly important where precise and detailed descriptions of the social context (communities), context of systems (education, police, social workers, psychologists, and communities) and context of culture (beliefs both traditional and Christian, norms and values) are needed for social constructivist support.

#### **4.4.2 Field Notes**

DeMarrais and Lapan (2004:23) explain how field notes can be made usable to the researcher. Once a researcher has completed an interview, it is necessary that as soon as possible thereafter he/she writes up the material he/she elicited from the interviewees, because it is critical to work out from raw notes. Field notes refer to the written information that is collected by the researcher during interviews. At the same time the researcher either writes

her/his notes or busy with organising them. Flick (1998:27) advises that researchers elaborate on everything during the time they are organizing their data.

All the information that the researcher elicited from the five educator participants who formed the sample of this research was written. The researcher recorded every single word of the participants during interviews. Even the non-verbal behaviour of the participants was recorded. Kvale (1996:123) suggests that there are essentially two kinds of field notes. Firstly there are notes that the researcher wrote to describe as fully as possible what educator participants did and said. Secondly, there are notes that the researcher wrote called "soft" notes that were concerned with the unfolding analysis.

#### **4.5 DATA ANALYSIS**

Maxwell (2004:278) defines data analysis as a process of bringing order, structure and meaning to the mass of collected data. Marshall and Rossman (1999:118) further sees data analysis as the process whereby order, structure and meaning are imposed on the data that is collected in a qualitative research study.

In this research an interpretive approach called hermeneutics was selected in order to bring order, structure, and meaning to the mass of collected data with a view to understanding the worldview of the educator participants who formed the sample of this research. According to Patton (2001:134) hermeneutics refers to a detailed reading or examination of a text which could refer to conversational written words or pictures. The reading is to discover embedded meaning.

The term hermeneutics is a Greek word which means to interpret and it is derived from the story of Hermes, a mythological messenger who was tasked with changing the unknown to a form that humans could understand, *via* language and writing (Shank, 2002:36). As a contemporary research approach, hermeneutics involves understanding and interpretation. The aim is

to understand how people experience the world pre-reflectively without classifying or abstracting it (Strauss & Corbin, 1998:39).

The goal of hermeneutics then is to discover meaning and achieve understanding, not to extract theoretical terms or concepts at a higher level of abstraction (Creswell, 1998:12). It aims to interpret a person's experiences through a text. The assumption is however, that the experience is veiled. Thus the researcher's task in collaboration with the participant is to uncover the shared common practices of the experience (Miles & Huberman, 1994:116).

The principles of hermeneutics are in keeping with the ecosystemic paradigm on which this research is based. This is because Hermeneutics assumes that the meaning-giving process is influenced by social structures, shared practices, and language (Merriam, 1998:121). Also in line with the ecosystemic perspective the hermeneutic approach assumes that the process of interpretation is informed by the interpreter's values. The notion of truth or a correspondence with reality is not considered to be an issue from this perspective.

It is acknowledged that the researcher cannot completely know or understand the participants' experiences. This would imply an objectivist ability to stand apart from the interview and make value-free observations.

In addition, it must be kept in mind that the participants may censor their stories or simply may not be fully aware of or be able to articulate certain aspects of their experiences (DeJong & Berg, 2002:46).

Although proponents of hermeneutics do not generally advocate the use of specified techniques the following approach has been adapted from Merriam (1998:243) and was applied in this study:

- permission was obtained from participants before being interviewed;
- taped interviews were transcribed;
- the researcher carefully listened to the tape recordings while simultaneously reading the transcribed interviews;



- the researcher read the text repeatedly and immersed herself in each of the participant's stories in order to make sense of their worlds; and
- the researcher identified themes or patterns from each of the original texts and used excerpts from the original texts to support these proposed themes. Stories for each participant were constructed around identified themes.

At the commencement of data collection, the qualitative analyst becomes aware of meanings, patterns, regularities, explanations and possible configurations. The competent researcher should, however, be aware of "early" conclusions and approach these conclusions with a sceptical but yet an open mind (Creswell, 1998:243). Final conclusions must not be made until data collection has been completed.

Dialogue was a constant feature between the researcher and the text, between the researcher and her supervisor, between the researcher and the account itself as well as with her own values interpretations and impressions (Leedy & Ormrod, 2005:163).

During this process the researcher searched for any possible misconceptions, deeper meanings, alternative connotations and changes over time as she examined elements of the text and the entire text and collected data (Merriam, 1998:150). According to Miles and Huberman (1994:50) analyzing is a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account.

Data analysis consisted of the following four phases:

- phase one included reading through transcripts to confirm their accuracy and listening to audio-taped interviews in order to (re)familiarise the researcher with the discussion;
- phase two involved a process of identifying the meanings hidden within the discourse. De Vos (2001:112) states that there are two contexts to quotations - the interview from which it is taken and the "pool of meanings"

that arise from the discourse. In addition, interpretation of quotations throughout the analysis phase was based on the context of experience. Quotations were therefore highlighted from interview transcripts while the discourse was interpreted within the scope of the meanings expressed by each participant across an entire interview;

- phase three involved the organisation of the results of analysis into themes based on similarity and difference in meaning. Quotations were sorted into groups and then organised on the basis of standard characteristics that defined each group;
- phase four completed the analysis and involved a process of reduction in which groups of quotations were re-organised into discrete themes.

Leedy and Ormrod (2005:279) show the following seven phases of data analysis which were followed during the time of data analysis in this research, namely:

- Organizing the data
- Generating categories and themes
- Interpreting
- Writing the report.

In this research data from the interviews were stored in the following three forms:

- on hard copy;
- cassettes; and
- on the computer.

The researcher followed Miles and Huberman's (1994:26) suggestion of approaching the text by "trying out coding categories on it then moving on to identify themes and trends, and then to testing hunches and findings, aiming

firstly to delineate the 'deep structure' and then to integrate the data into an explanatory framework." Data was displayed in the narrative form.

In this study the researcher transcribed all the information during the time of organization and familiarization with the data. The researcher started to be deeply involved in lots of the words that she recorded and wrote during the interview sessions. The researcher started to search for the meaning of words in order to interpret correctly.

The oral interviews were transcribed into written text from recorded information on audiocassettes and as such the researcher had to make time to:

- play back each tape in a chronological order in writing exactly as the interviews were conducted;
- listen to all tapes very carefully; and
- add missing information in the transcripts.

All transcriptions were completed by the same transcriber to ensure that the same procedures were used for all interviews. The transcripts were prepared *verbatim*. In cases of grammatical mistakes in the sentences and the use of inappropriate terms/language the researcher corrected with (own) suitable words. This means that the data was presented in the exact manner as the participants had given it.

After transcribing all the data the researcher organized it in a sequential order. All the five participants were given numbers starting from one to five. The researcher started the interview on top of each page where notes were transcribed. This assisted the researcher not to mix the participants' answers up.

The researcher started to familiarise herself with the data by reading until it was understood. The data was summarised before it was analysed. The data was then categorised according to the following themes:

- Educator's background
- Learner's background
- Parental involvement
- Educator's perception of the learners with behavioural difficulties
- Identification
- Support of the learner
- Referrals

All information was transcribed under the relevant theme. The researcher checked if all important questions had been answered. Throughout the analysis and interpretation of raw data elicited from the five educator participants the researcher had to demonstrate the reliability of the qualitative research methods used in this study. Denzin and Lincoln (2000:37) show how to assess if qualitative research methods are reliable or valid. They insist that the onus lies with the researcher to demonstrate to the readers that the qualitative methods used in his/her research is both representative and consistent, Banister *et al.* (2001:22):

During analysis the raw material was condensed into shorter formulations which contained the gist of what the educator participants said. Creswell (1998:279) explain data condensation as a process of synthesising material into shorter formulations and that this process requires judgement about the salience and power of data to tell the story. The purpose as well as the conceptual framework guides this process.

#### **4.5.1 Organising data**

Merriam (1998:240) explain how data can be organised after a researcher has conducted an interview. The researcher takes all the notes which were recorded during the interview and marks all the important information. By so doing so it saves him/her time, creates more complete records and stimulates

analytic thinking. It is very important for the researcher to know when and where he/she took notes. It is also important for the researcher to mark all the notes in order to remember them.

The foregoing paragraphs show how important it is for a researcher to familiarise himself/herself with the collected data. The importance of reading, re-reading and once more reading through the data should be in the mind of the researcher all the time of data analysis and interpretation. This is the process that enables the researcher to be familiar in an intimate way with what he/she has learned.

#### **4.5.2 Data documentation**

Data is documented mainly as a historical record for the researcher and other possible researchers. In this research, keeping track of fieldwork as the process unfolded helped create this historical record. The researcher relied on the field notes and the audiotaped messages of the interviews to document her collected data. Every tape was dated clearly and transcribed into written format. Emergent themes were realized for the purpose of analysis and interpretation.

Although some of the themes identified for this study indicated that other aspects are easy to generalise to a larger population of learners experiencing behavioural problems some were not, Kvale (2000:31) notes that in post-modern approaches to the social sciences the goal of universal generalisability is being replaced by an emphasis on contextuality and heterogeneity of knowledge.

The goal in this research was not so much to generalize but to describe the specifics within the context of this study. The issue of validity was addressed in the following two ways, namely:

- the interview questions were posed to answer the research questions; and
- to provide triangulation.

Patton (1994:26) states that “there are basically two kinds of triangulation that contribute to verification and validation of qualitative analysis which are checking at the consistency of findings generated by different data collection methods as well as different data sources within the same method.

The findings of the study are communicated in narrative form. The quotes which relates to the general text were conceptualized and names of people and places were altered to avoid a violation of their confidentiality.

#### **4.6 ETHICAL CONSIDERATIONS**

The rationale for ethical consideration is to protect participants from any adverse consequences of being involved in a survey or research. One way of achieving this is through anonymity, by allowing responses to be submitted anonymously, and to ensure that identification is withheld on the schedule of interview questions or achieved test. Before data could be collected, appropriate procedures had to be followed in order to gain permission from the Chief Directorate of Lejweleputswa. A letter was written to the Department of Education to solicit their permission to conduct interviews.

Cohen *et al.* (2002:56) describe ethics as a matter of principled sensitivity to the rights of others. Ethical principles in research focus on the relationship between the research and the researched. In this instance, questions of access, power, harm, deception, secrecy and confidentiality are all issues that the researcher has to consider and resolve.

The researcher has the responsibility to recognize and promote the rights of the participants. The human rights issues that require protection in research are following:

- Right to self determination
- Right to privacy
- Right to anonymity and confidentiality
- Right to fair treatment

- Protection from discomfort and harm (De Jong & Berg, 2002:116).

In this study the researcher treated prospective participants as autonomous and informed them of their right to participate in the study or to refuse if they do not feel comfortable. The participants also had the right to withdraw from the study at any time without any penalty.

The latter paragraph implies that the researcher should always ensure that each and every participant's privacy is respected. This means that the researcher should take the necessary precautions in ensuring that the self-respect and dignity of the participant is always maintained. In ensuring privacy all individual participants had to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others. Such information consists of one's attitudes, beliefs, behaviours, opinions and records. Confidentiality entails that no information provided by a participant should be divulged or made available to any other person (Creswell, 1998:98)

When a participant agrees to participate in a research project, his or her rights fall away, since the information must be included in the research report. The research should ensure that the anonymity of any person or institution is protected in the report by ensuring that it is not possible to relate particular data to a particular person or institution (Miles & Huberman, 1994:180). Leedy and Ormrod (2005:202) recommended that to maintain confidentiality the researcher might use pseudonyms instead of the participants' real names.

To distort certain details in a subject the researchers must respect participants' privacy as they decide how much detail and editing of private information are necessary to publish in a study. If the anonymity of a participant is threatened all research records should be destroyed.

This study will be published for the sake of educators who have learners with behavioural difficulties in their inclusive classrooms. Educators should have access to it and modify their teaching, as well as their mode of planning lessons for learners with behavioural difficulties in an inclusive classroom.

Merriam (1998:351) propose the four alternative constructs that more accurately reflect the assumptions of the qualitative paradigm:

- **Credibility:** This is an alternative to internal validity whose goal is to demonstrate that the inquiry was conducted in such a manner that ensures that the participant was accurately identified and described. The qualitative research should state those parameters, thereby placing boundaries around the study.
- **Transferability:** This is an alternative to external validity or generalising in which the burden of one set of findings in another context rests more with the investigator who would make the transfer rather than with the original investigator.
- **Dependability:** This is an alternative to reliability in which the researcher attempts to account for changing conditions in the phenomenon chosen for a particular study as well as changes in the design created by an increasingly refined understanding of the setting. This represents a set of assumptions very different from those that shapes the concept of reliability.
- **Conformability:** This captures the traditional concept of objectivity. Creswell (1998:123) stress the need to ask whether the findings of the study could be confirmed by another.

In this study the four criteria that were developed by De Vos (2001:151) can help the researcher to prove that the research results are impeccable.

#### **4.7 CONCLUSION**

In this section various aspects relating to the empirical research methodology to be used in this study were described. Research design was also explored as well as an evaluation given on strategies to enhance trustworthy and ethical measures.

The next chapter deals with the analysis and interpretation of data collected during interviews.



## **CHAPTER FIVE**

### **AN ANALYSIS AND INTERPRETATION OF THE EMPIRICAL RESEARCH RESULTS**

#### **5.1 INTRODUCTION**

This chapter provides an analysis and interpretation of the responses that the interviewees (N=5 educator participants) who participated in this research gave to the questions that the interviewer posed to them.

The transcript of each case is placed first followed by an analysis and interpretation of each educator participant's responses to the questions asked by the researcher. Themes emerging from each educator participant's responses are also highlighted.

#### **5.2 BIOGRAPHICAL DATA OF PARTICIPANTS**

This section provides the biographical data of the educator participants who formed a sample population of this research.

##### **5.2.1 Educators' background**

###### **5.2.1.1 Positions held by educator participants at their respective schools**

On the question about positions that educator participants held at their schools, the responses were as follows:

**Table 5.1: Positions held by educator participants at their respective schools**

<b>Educator Participants (N=5)</b>	<b>Responses</b>
1	Teacher on Post Level One
2	Teacher on Post Level One
3	Head of Department on Post Level 2
4	Teacher on Post Level One
5	Head of Department on Post Level 2

### **Analysis and interpretation**

Table 5.1 shows that all the educator participants who formed the sample of this research were females. Three of them were on post-level one (n=3) while two were on post-level two (n=2). Educators on post-level one are mainly junior educators who are not occupying any promotional post within the school staff compliment while educators on post-level two are heads of departments by virtue of having been promoted on their learning area expertise and have been teaching for quite a number of years.

#### **5.2.1.2 Grades which educator participants are teaching at their respective schools**

**Table 5.2: Grades which educator participants are teaching at their respective schools**

<b>Educator Participants (N=5)</b>	<b>Responses</b>
1	Grades 4 and 5
2	Grade 4
3	Grades 4 and 6
4	Grade 5
5	Grade 5

### **Analysis and interpretation**

The participants are all educators of the intermediate phase. They are teaching from grade 4 to grade 6.

#### **5.2.1.3 Number of classes which educator participants teach at their respective schools**

**Table 5.3: Number of classes which educator participants teach at their respective schools**

<b>Educator Participants (N=5)</b>	<b>Responses</b>
1	Three classes
2	Five classes
3	Four classes
4	Three classes
5	Four classes

### **Analysis and interpretation**

It shows that all the participants were teaching more than three, four and five classes each, respectively.

#### 5.2.1.4 Number of learners in each class of the educator participants

Table 5.4: Number of learners in each class of the educator participants

<b>Educator Participants (N=5)</b>	<b>Responses</b>
1	Grade 4: 120 learners Grade 5: 55 learners
2	Grade 5: 110 learners Grade 4: 90 learners Grade 6: 135 learners
3	Grade 4: 220 learners
4	Grade 4: 90 learners Grade 6: 45 learners
5	Grade 5: 220 learners

#### **Analysis and interpretation**

It shows that all the educator participants are teaching in overcrowded classes.

#### **Theme 1**

Overcrowded classrooms.

#### **5.2.1.5 Ways in which the educator participants implement the inclusion policy (White Paper 6) in their respective schools**

Participants:

1. We do not practise inclusion in our school
2. We do have inclusion policy but because of lack of time we do not practise it
3. We do not have enough time to practise inclusion policy

4. I don't have time to practise inclusive policy because I am responsible for teaching two learning areas and have a high number of learners in my classes.
5. I do not have time to practise the inclusion policy because we have to attend a series of meetings on this new Revised National Curriculum And after these meetings and workshops we end up with a lot of paper work which leave us with no time to meet all the requirements for practising inclusion in classrooms These includes paying more attention to learners with specific needs including those experiencing behavioural problems in my daily teaching.

### **Analysis and interpretation**

It is worrying to note that some of the educator's mention not practising inclusion in their daily teaching. This is despite the fact that their schools do have an inclusion policy. These educators do so due to them not having enough time to put such an important policy; into practice. of not having time to practise this important policy while some "ignore" this policy due to the fact that they teach two or more learning areas as well as having high number of learners in classes. They find themselves overburdened by the daily routine and expectations of the department to a point of breaking down. The demands of the Revised National Curriculum also places enormous pressure on this educators and as such the inclusion policy gets relegated to the lowest level in the ladder of priorities.

### **Theme 2**

The White Paper 6 which is the South African policy on Inclusive Education is not easy to implement due to the amount of time spent on meetings and workshops on the New Revised National Curriculum, overcrowded classes and educators having more than one learning areas to teach.

#### **5.2.1.6 Number of learners who are experiencing behavioural problems educator participants have in their classrooms**

Participants:

1. four learners
2. two learners
3. three learners
4. one learner
5. eight learners

#### **Analysis and interpretation**

It is worrying to note that all educator participants reported to be having learners who are experiencing behavioural problems in their respective classrooms.

#### **Theme 3**

Learners who are experiencing behavioural problems are a reality in classrooms.

#### **5.2.1.7 Educator participants' explanation of the environment where their learners come from**

Participants:

1. My learners come from the township near the school. The township is situated here at Letjweleputswa district.
2. My learners come from the squatter camps some come as far as five kilometres away from school.
3. My learners come from the squatter camps but they travel very long distances to come to school

4. My learners come from the farm nearest to my school.
5. My learners come from the squatter camps.

### **Analysis and interpretation**

It is worrying to note that there are learners who have to travel long distances of about five kilometres to school.

### **Theme 4**

Fatigue caused by long-distances that learners have to travel to schools could be the etiology of learners experiencing behavioural problems.

#### **5.2.1.8 Educator participants' brief explanatory background concerning their parents' socio-economic status and academic levels**

Participants:

1. Learners that I have in my class most of their parents are not working. They usually work at the mine because of the closure of mines they were retrenched and as such they are unemployed. Their children depend on the feeding scheme the schools provide. Parents are not educated as they only went up to grade 4. This was due to them having leave school and seek employment in the mines at a very early age due to their family poverty situation.
2. Most learners that I have in my class have parents who work at the nearby mine. Due to the recent closure of some mines most of them are currently not working. Children of the affected parents are now dependent on their grandparents' social grants. These parents also left school at a very early age.
3. Most of my learners' parents are having part time jobs whilst others are not working at all. Some of those who are not working are surviving by selling fruit and vegetables at the street corners and such have no dependable income. They only went up to grade 6 of formal education.

4. My learners are coming from the nearby farm. Their parents are working on the same farm. They (parents) are not educated as they only went up to grade 3 of formal education. They started working on the farm at a very tender age due to the fact that the farm owner did not allow them to attend school. They usually work as a family on the farm so as to earn their families' keep.
5. Parents of learners that I am teaching were mine workers but now unemployed following the closure of mines. They are not educated as they only went up to grade 7 of formal education. They do not have any other skills as they have worked in the mines almost all their lives.

### **Analysis and interpretation**

It is worrying to note that most of the parents of the learners of educator participants who formed the sample of this research are not working and that some learners depend on food parcels from the government, feeding schemes that they receive at schools, and support from grand-parents. It is also a worrying factor to note that the academic level of education for the parents of the learners of educator participants who formed the sample of this research is only Grade seven.

### **Theme 5**

Indigent family background and lack of enough parental academic education could be the etiology of learners experiencing behavioural problems.

#### **5.2.1.9 Ways in which educator participants communicate with the parents of learners who are experiencing behavioural difficulties**

Participants:

1. If I have a problem I call parents to come to school at their earliest convenience. They do usually come and they are very co-operative.



2. When we need to communicate with the parents we send them letters inviting them to school. We then discuss the nature of their children's problems together with them. They are usually very co-operative
3. We use letters to call the parents to school but I usually don't write the purpose of the invitation reason being that if I do so parents usually do not honour invitations. When they come to school we then discuss the problem together.
4. Communication is good as parents do come to school if I call them. When they come we do discuss the problem together.
5. I use letters to communicate with the parents. Parents' response is very good because they do come to school whenever we ask them to. Some parents cannot read and in such cases I ask other learners to go read for them.

### **Analysis and interpretation**

It is encouraging to note that parents of learners with behavioural problems do come to school when invited by educators.

### **Theme 6**

Parents of learners with behavioural problems do love their children and would co-operate with educators if effectively involved in educationally supporting their children.

#### **5.2.1.10 Ways in which educator participants involve parents of learners with behavioural difficulties when discussing their problem**

Participants:

1. Parents are invited to come to school and discuss the problem. Parents talk to the children and ask them to come with solution. Both Parent and educator look at the solution the child gives and then decide if its appropriate.

2. Parents are invited to come to school. Together we discuss the problem. If the learner does not change the behaviour we refer the learner to the school counsellor to discuss the problem and do counselling.
3. We do invite parents to come to school so that we can discuss the problem together with them. Should the learner's behaviour show no signs of improvement we then refer him/her to specialist like psychologists at the Child Guidance Clinic.
4. When parents come to collect progress reports of their children we do discuss the problem of their children together. If we see that referral is needed we then refer such a learner to a relevant specialist.
5. When parents come for class meetings we do discuss problems of their children together and if the child needs referral we, together with the parents refer such a learner to a specialist.

### **Analysis and interpretation**

It is encouraging to note that there is involvement of parents of learners with behavioural problems by educators where they together discuss the problems of learners. It is also interesting to note that in case where they feel that a particular behavioural problem needs a specialized therapy they do refer learners to specialists like psychologists.

### **Theme 7**

Parental involvement is important in educationally supporting learners experiencing behavioural problems.

#### **5.2.1.11 Ways in which educator participants support the parents of learners with behavioural difficulties**

Participants:

1. Parents of learners with behavioural difficulties need support. Some parents when you start explaining the problem that you experience in the

- class about the children they start crying. As an educator I do make sure that I explain the uniqueness each affect learner's problem to the parents until they underrated. I do so by showing them the good things that the learner does.
2. As an educator I support parents by referring learners to specialists where a parent and a child can together get counselling.
  3. As an educator I support the parents by giving counselling where it is needed. In an event there is no improvement I then refer the affected learner to a specialist where both the parent and the child could receive counselling.
  4. As an educator I support parents of learners who are experiencing behavioural difficulties by explaining the problem that the child is experiencing until parents understand it.
  5. As an educator I support parents of learners who are experiencing behavioural difficulties by showing different ways of communicating with their children.. Parents should change the way they communicate with their children they should, for an example, know that every time their children do good they must praise them and that every time they do wrong they should correct it immediately. I usually help parents to understand their children.

### **Analysis and interpretation**

It is interesting to note that educators do support learners with behavioural problems and their parents.

### **Theme 8**

The need for educators to support both learners with behavioural problems and their parents in their practice of inclusion in classrooms.

#### 5.2.1.12 Types of behavioural problems which the learners of educator participants are experiencing in their classrooms

- Hyperactivity
  - Conduct disorder
  - Aggressiveness
  - Withdrawal
- Emotional disorders
  - Hyperactivity
  - Withdrawal
  - Behavioural disorder
  - Aggressiveness
- Conduct disorder
  - Hyperactivity
  - Withdrawal
  - Aggressiveness
  - Behavioural disorder
- Temper tantrums
  - Emotional
  - Behavioural disorder
  - Withdrawal
  - Hyperactivity

- Behavioural disorder
  - Emotional disorder
  - Withdrawal
  - Hyperactivity
  - Conduct disorder

### **Analysis and interpretation**

It is worrying to note that all the educator participants who formed the sample of this research reported the above mentioned manifestations of behavioural problems.

### **Theme 9**

Behavioural problems in learners manifest themselves in various forms.

#### **5.2.1.13 Perceptions of educator participants on learners with behavioural difficulties**

Participants:

1. I perceive learners with behavioural difficulties as naughty, problematic, disturbing and boring.
2. I perceive learners with behavioural difficulties as being both stupid and irritating in class.
3. I perceive learners with behavioural difficulties as under achievers, hyperactive and troublesome.
4. I perceive learner with behavioural difficulties as problematic, underachievers and as causing trouble every time.
5. I perceive learners with behavioural difficulties as problematic and as needing both attention and remedial every time.

## **Analysis and interpretation**

It is worrying to note that educator participants who formed the sample of this research perceive learners with behavioural problems naughty, stupid, problematic, disturbing, boring, irritating, hyperactive, underachievers and burdensome.

### **Theme 10**

Behavioural problems of learners are a great source of stress and helplessness to educators in their profession.

#### **5.2.1.14 What educator participants do to support a learner identified as having behavioural difficulties**

Participants:

1. Arrange counselling session for the learner
2. First identifying the nature of the problem, family background and then break the problem into the workable units by unpacking it on a one-on-one with the affected learner.
3. Encourage the learner and give him or her proper guidance.
4. Talk to the learners and show them factors that hinder their performance. In cases where anger is displayed showing love and care to the affected learner goes a long way.
5. Encourage the learner to come and discuss the problem together with you and ensure that you both find a workable solution to the problem.

## **Analysis and interpretation**

It is interesting to note that educators do support learners with behavioural problems.

## **Theme 11**

Learners with behavioural problems need a special educational focus and support from educators.

### **5.2.1.15 Ways in which educator participants access any support service offered by the department of education**

Participants:

1. All learners with learning and behavioural problems are referred to the Child Guidance Clinic.
2. When we need specialists from the department we call them to come to our schools.
3. We do not have access to the support services offered by the department as they are only reserved for the people working in the Guidance Clinic.
4. As an educator I do not have any access for the support services offer by the department as they are only for people working at the Guidance Clinics such as psychologists, socio-pedagogy and psychometric. Learners also get send back to their respective schools from these Clinics sometimes.
5. We refer learners to the support services but it takes a very long time to get answers. As an educator I do not have access to the services.

### **Analysis and interpretation**

It is worrying to note that while the Department of Education has services in the Child Guidance Clinic there are referrals which are rejected and that some referrals takes too long to be attended to. It is also worrisome to note that even when Child Guidance Clinic's specialists are called by educators at schools to come and render psychological service they do not always come.

## **Theme 12**

Psychology specialists operating at District Child Guidance Clinics are not always there when needed to render their services providers to learners experiencing behavioural problems at schools.

### **5.2.1.16 Assistance which educator participants as support educators give to learners with behavioural problems in an inclusive classroom**

Participants:

1. I do not give any assistance because the time I am supposed to render the remedial assistance I have meetings on the Revised National Curriculum Statement. I also, during my free periods, do marketing for the workbooks.
2. I do assist learners with behavioural difficulties although not always as their behaviour bores me sometimes.
3. As an educator I do assist the learners by referring them to the guidance educator for counselling.
4. I don't have time to assist these learners because most of the time I am in class teaching.
5. To assist learners with behavioural difficulties is not easy it needs a person who is trained on assisting them to do so. I do not know how I can assist these learners.

### **Analysis and interpretation**

It is worrying to note that there is mention of not giving any assistance to learners experiencing behavioural problems because of the work-overload caused by the demands of the Revised National Curriculum and the marketing of workbooks.



## **Theme 13**

The new Revised National Curriculum and the paperwork related to is overloading the educators which leads them to not having time to focus on individual problems that learners experience in class.

### **5.2.1.17 Explanations of educator participants on procedures they follow before a learner is referred to the child guidance clinic.**

Participants:

1. As an educator I call parents to come to school and we discuss the problem together in consultation with other educators who are teaching with me in the same grade. In an event we see a need for referral we refer the learner to a specialist.
2. I call parents of a learner to inform them about the problem and if we agree on referring the learner to a sinologist then we do so with full permission and knowledge of the parents.
3. I invite the parents to come and fill in the forms for referral and also to give their permission.
4. I call the parents to come and discuss the problem together and if we see that there is a need for referral we do refer the learner to a specialist.
5. I write a letter to parents informing them about the needs of a learner and if they agree about the referral we do refer the child to a specialist.

### **Analysis and interpretation**

It is interesting to note that all educator participants see the need to involve parents in their referrals of learners experiencing behavioural problems.

## **Theme 14**

Parental involvement in the referrals of learners experiencing behavioural problems is crucial.

### **5.2.1.18 Ways in which learners with behavioural problems affect educator participants as educators**

#### **Participants**

1. Learners with behavioural difficulties affect both the educator interrupts effective teaching in the classroom, I become easily annoyed and I also tend to become depressed as the result of this situation.
2. Learners with behavioural difficulties are stressful to me because I am not trained to teach such learners. It is difficult for me to maintain standards, progress and control in the classrooms where such learners causes disturbances every time.
3. Learners with behavioural difficulties affect me as an educator because their progress slows down due to their behaviour. It becomes a problem to deal with such learners.
4. These learners affect me as an educator because they disturb lessons in class and their behaviour is stressful.
5. Learners affect me as an educator because every time I think about them I get bored and their performance is far below par. I become emotional and stressed up if all my efforts are not working in changing the behaviour of such learners.

#### **Analysis and interpretation**

It is worrying to note that educator participants who formed sample of this research see learners experiencing behavioural problems as a source of stress, boredom, frustration and also as depressing due to their unbecoming behaviour and unsatisfactory academic performance.

#### **Theme 15**

Some educators are intolerant of learners experiencing behavioural problems.

### **5.2.1.19 Ways in which learners with behavioural problems affect other learners in a classroom situation, according to the educator participants.**

Participants:

1. Learners with behavioural difficulties disturb classes and make other learners to dislike school. Learners with behavioural difficulties can easily mislead other learners as they have a great deal of influence over others.
2. Learners with behavioural difficulties affect other learners because of their bad influence and as such their action in class disturbs the concentration of other learners.
3. Learners affect other learners because they tend to easily copy their bad behaviour thereby wasting other learners' precious time.
4. Learners with behavioural difficulties affect other learners because educators turn to concentrate on them and leave other learners' unattended. They waste others learners' time.
5. Learners with behavioural difficulties affect learners because they waste time in class. Their behaviour has detrimental affect in the lives of others in that their sense of pity and writing affecting the rate of performance.

### **Analysis and interpretation**

It is worrying to note that these learners' behaviour is causing problems for other learners and their educators in the classrooms which reinforce calls for their exclusion from the mainstream classrooms.

### **Theme 16**

Learners with behavioural problems are problematic for other fellow learners and their educators in the classrooms.

### 5.3 LEARNERS' BACKGROUND

The educator participants revealed that the learners in their classes who have been referred to the Child Guidance Clinic because of behavioural problems:

- come from the families where both of their parents are not working, and/or
- their parents cannot afford to buy food, clothes, shelter and pay for their educational needs.

As a result, these learners find it difficult to cope with schoolwork because of their socially disadvantaged home backgrounds. This is the reason why most of these children were referred to the Child Guidance Clinic for *kleptomania*.

The educator participants also revealed that most of their learners come from the informal settlements (squatter camps) where:

- there are no proper lights;
- the whole family is crammed in one room and sleeps in the same room; and/or
- parents do not have money to buy electricity because of poverty and unemployment.

All these factors make it difficult for the learners to do their homework.

The educator participants further stated that most of the learners stay with their illiterate grandparents because their parents have passed away. As a result of this state of affairs the majority of learners do not receive any academic support at home and cannot do their homework. The level of education of parents affects the learner's academic performance. Learners with behavioural difficulties need support from parents and educators. The Revised National Curriculum needs parents to be involved with their children's schoolwork.

### **Analysis and interpretation**

These findings reveal that learners experiencing behavioural problems are from indigent families and families with illiterate parents and grandparents.

### **5.4 PARENTAL INVOLVEMENT**

The educator participants stated that they do involve parents when discussing problems of their learners and have ways of communicating with the parents. Although most of the parents cannot read when they are called to come to school they do come. They also revealed that some of the parents do not want to accept that their children have problems.

The educator participants also revealed that some parents do not come to school when they are called to do so which could be an indication of lack of co-operation on the part of such parents.

### **Analysis and interpretation**

This paragraph reveals that parents' illiteracy could be an impediment in their full participation in the learning of their children, especially those learners who are experiencing behavioural problems.

### **Theme 18**

Parents' illiteracy could be an impediment in their full participation in the learning of their children who are experiencing behavioural problems.

### **5.5 IDENTIFICATION OF LEARNERS**

The majority of educator participants revealed that they have no capacity to identify learners with behavioural problems which is the reason for their referral of such learners to the Child Guidance Clinic.

### **Analysis and interpretation**

It is worrying to note that all educators reported not to have capacity to practise pedodiagnosis with learners experiencing behavioural problems which is the reason for always referring them to the Child Guidance Clinic.

One would expect all educators practising in inclusive classrooms to have the capacity of both pedodiagnosis and pedotherapy in order to identify learning problems of all learners with a view to providing pedotherapy.

### **Theme 19**

Educators have no education and training on pedodiagnosis and pedotherapy for effective practice in inclusive classrooms.

### **5.6 INCLUSION**

The educator participants revealed that they do have policies which deal with inclusion but they are not implemented at their schools because of overcrowding in their classrooms and as such they cannot give individualized teaching attention to each learner with behavioural problems. The educator participants were of the opinion that the implementation of inclusion in their classrooms needs a lot of time which they do not have because of being busy with the Revised National Curriculum. They also highlighted that they need a lot of training in inclusion and White Paper 6 in particular and that the Department of Education should reduce the teacher and learner ratio for inclusion in the classrooms to be effectively implemented.

#### **Analysis and interpretation**

It is worrying to note that in spite of schools having policies dealing with inclusion these policies are not implementable because of lack of time caused by the work-overload brought about by the Revised National Curriculum, overcrowded classrooms and lack of training on White Paper 6 which is the South African National Policy on Inclusive Education.

### **5.7 SUPPORT FOR LEARNERS**

The educator participants revealed that they have no education and training in learner support and have no skills on how to render learning support to learners with behavioural problems. The educator participants also revealed that although there are professionals from the Department of Psychological Services at the District Office who continually visit schools to administer

psychological assessment tests with learners in learning distress but they always pass the buck to the educator who should integrate learners with behavioural problems in their classrooms which of course is difficult because they have no training in learner support and, also, do not have time for individualized teaching.

### **Analysis and interpretation**

It worries one to note that all the educator participants who formed the sample of this research reported having no education and training on learner support. Education and training in learner support is important for educators practising in classrooms.

### **Theme 21**

Educators have no education and training on learner support which makes it difficult if not practically impossible for them to effectively support all learners in inclusive classrooms.

## **5.8 THE IMPACT OF LEARNERS WITH BEHAVIOURAL DIFFICULTIES IN AN INCLUSIVE CLASSROOM ON EDUCATORS AND FELLOW LEARNERS**

The educator participants revealed that they are frustrated and distressed by the learners with behavioural problems. What frustrates and distresses them most is that they are not trained to teach such learners and classes are overcrowded for them to give individualized teaching attention. They do not see any difference or improvement with learners with behavioural difficulties and this makes their lives extremely difficult. And some even think of resigning from the Department of Education.

### **Analysis and interpretation**

It is worrisome to note that the distress caused by learners experiencing behavioural problems has a potential of leading to educators leaving the teaching profession.

## **5.9 REFERRAL PROCEDURES**

Regarding the referral procedures, all the educator participants revealed that they do call parents to come and discuss the learning problems of their children together with them. They felt that parents must grant them permission to refer their children to the Child Guidance Clinic.

### **Analysis and interpretation**

It is interesting to note that all educator participants see the need to involve parents in their referrals of learners experiencing behavioural problems.

## **5.10 CONCLUSION**

This chapter analysed and interpreted the responses that the interviewees (N=5) who participated in this research gave to the questions that the interviewer posed to them. From the analysis and interpretation of their responses themes were formulated.

The next chapter deals with conclusions, findings and recommendations.



## **CHAPTER SIX**

### **SUMMARIES, RECOMMENDATIONS AND CONCLUSION**

#### **6.1 INTRODUCTION**

The aims of this research were to investigate the nature of externalizing and internalizing behavioural problems among children and learners; to investigate ways in which educators support learners with behavioural difficulties in an inclusive classroom; to determine if educators do cope with learners who are experiencing behavioural problems in an inclusive classroom; to determine if educators know ways in which to identify learners with behavioural difficulties and to make suggestions on what schools can do to help children and learners experiencing behavioural problems develop their latent human potentialities.

This last chapter of the dissertation provides summaries of the findings from both the literature review (see chapters one, two and three) and qualitative empirical research (see chapter 5) with a view to making recommendations for both implementation and further research.

#### **6.2 SUMMARIES OF BOTH LITERATURE REVIEW AND EMPIRICAL RESEARCH**

This section provides both the findings from the literature review and empirical research.

##### **6.2.1 Findings from the literature study**

The defining of children with behavioural problems in this research was limited to those who manifest a tendency to engage in anti-social and rule-breaking behaviour like display of aggression or a the tendency to act in a hostile manner (either verbal or physical) that is threatening to others, including destroying property, defying authority and often frightening and disturbing adults (see sub-section 2.2.3). Findings from the literature saw a behavioural problem as a psychological condition in a child/an adolescent which exists

over a long period of time and to a marked degree has a potential of adversely affecting the child/adolescent's academic performance. A learner who is experiencing such a condition has an inability to build or maintain satisfactory interpersonal relationships with peers, parents and educators and exhibits an inappropriate type of behaviour or feelings under normal circumstances. It is for this reason that the researchers used in this study:

- see behavioural problems as a special learning need of learners who cannot cope with the social demands of schools or societies;
- posit that a behavioural problem is a chronic clinical disorder that does not easily disappear; and
- see this behaviour as socially unacceptable because of social or cultural expectations (see sub-section 2.2.3).

It is for this reason that behavioural problems are seen as chronic which, like a chronic disease which requires medical dependence, requires full psycho-social dependence.

The literature review revealed that educational support is important in dealing with both the externalizing behavioural problems of learners such as *inter alia* defiance, impulsivity, hyperactivity, aggression, and antisocial features and their internalizing behavioural problems such as *inter alia* social withdrawal, dysphoria, depression and anxiety. Various researchers also reported the comorbidity of learning problems with externalizing and internalizing behavioural problems which is an indication of how closely related behavioural problems to learning problems are (see section 1.1).

Among the characteristics of behavioural problems among children revealed during the literature review stage of this research (see section 1.2) are initiation of aggressive behaviour and reacting aggressively towards others; a display of bullying, threatening, or intimidating behaviour; being physically abusive of others; deliberate destruction of other's property; showing little empathy and concern for the feelings, wishes, and well being of others; showing callous behaviour towards others and lack of feelings of guilt or

remorse; and they may readily inform on their companions and tend to blame others for their own misdeeds. It is not surprising that these learners find themselves being vulnerable to exclusive treatment from both schools and families because of the failure by both educators and parents to effectively socialize them. Their behavioural problems in this respect become a barrier for their full human development.

The researchers used in this study also stated that behavioural problems in children mostly manifest themselves in hyperactivity, that is, a condition characterized by uncontrollable, haphazard and poorly organized motor behaviour in young children. It should be noted that gross motor activity makes such children and learners appear to be on the go and as such have great difficulty sitting still. Older learners can be extremely restless or fidgety, may talk too much in class or may constantly fight with friends, siblings or other classmates.

It was also stated in the literature that behavioural problems in children mostly show in emotional behaviour, that is, a condition which cannot be explained by intellectual, sensory or any health factors which makes the child to develop physical symptoms of fear associated with personal, home, community or school problems. Emotional behaviour in children with behavioural problems shows in their inability to build relationships with peers, parents, community members and educators.

The literature review (see section 1.2) also revealed that behavioural problems in children and learners is, in most cases, as a result of their response to psychosocial stressors in their lives such as, for example, the death of a parent or a recent change of school and that learners with behavioural difficulties face challenges in their homes, at school and their communities which adults, that is educators and parents, including adult community members fail to accept as psychopathology. Researchers posited that the behavioural problems are as a result of a number of difficulties learners may be experiencing such as, among many others, some learners are heads of families since both parents are dead especially during this era of

the HIV/AIDS pandemic and some learners go to bed without food for many days as the result of poverty (see section 1.2).

It was highlighted in the literature review that learners with behavioural problems:

- are emotionally and psychologically unstable;
- tend to cause confusion and create the impression that a clear distinction cannot be made between emotional life and their behaviour; and
- show a general pervasive mood of unhappiness or depression and have a tendency to develop physical symptoms such as fear and learning barriers (see sub-section 2.2.3).

In most cases, educators and parents usually blame learners for carelessness and laziness without identifying their real problems.

From the foregoing literature review findings, it is clear that a behavioural problem is a childhood and adolescence clinical disorder or psychopathology that has a potential to impair the quality of the learner's academic work. Such a clinical disorder also has a potential to affect learners' performance in academic and social situations. Learners in most cases perform badly in their academic work which is the reason for their frequent referrals to psychosocial services in communities for educational and learning support.

The literature findings revealed that effective educational support programmes can prevent the development of behavioural problems such as aggressiveness, destructiveness, lying; cheating, stealing, truancy and disobedience of parents and teachers, depression as well as anxiety among children (see section 3.1). Educational support was highlighted in the literature as a relationship involving a repertoire of skills which incorporates and also goes beyond those of the basic relationship; emphasizing self-help; the process of making the choices that maximise the individual's happiness and fulfilment; focusing on problems of living; movement, flow and the interaction of at least two people in which each is being influenced by the behaviour of

the others; helping children towards overcoming obstacles to their personal growth, wherever these may be encountered and towards the optimal development of their personal resources. An event where a person who regularly or temporarily occupy the role of educational supporter offers or explicitly agrees to offer time, attention and respect to another person or persons temporarily in the role of client was also highlighted . . .

This "intimate" relationship between an educational supporter and a supportee is also presented as a facilitative process in which the educational supporter working within the framework of a special helping relationship uses specific skills to assist young people to help themselves more effectively; "*'n mens tot mens handeling waarin een persoon deur 'n ander gehelp word tot beter begrip en die vermoë om sy probleme te hanteer* and that *Dit is baie meer as die gee van advies, hoe welmenend*" (see section 3.2).

The latter paragraph highlights that the key terms in describing the phenomenon of educational support are "a facilitative process"; "special helping relationship"; "specific helping skills"; "assist children to help themselves"; "offers or agrees"; "explicitly" and "focuses on problems of living". This means that educational support is not simply a means of providing help in the form of information, advice, or support but rather a complex, interpersonal interaction which in itself promotes growth and change. Meaningful change and help take place best when working within the framework of a warm accepting and empathic relationship. This serves to encourage those learners with behavioural problems seeking help to express themselves more freely and fosters their natural tendency to move towards positive growth and change

On the basis of the foregoing paragraphs educational support is therefore considered, in the reviewed literature (see section 3.2) as a process of helping children to change, not by taking over or providing solutions but by creating favourable conditions for them to achieve their own insight and to change from within. In this way they gain confidence in their ability to use their own resources and are encouraged to assume self-direction and responsibility for their lives.

In the light of the findings from the literature review in this research educational support is defined as a process which aims to help children with behavioural problems who are mainly seen outside medical settings to help themselves by making better choices and by becoming better choosers of effective ways of surviving in life. The educational supporter's repertoire of supporting skills includes those of forming an understanding relationship as well as interventions focused on helping children change specific aspects of their feeling; thinking and acting (see section 3.2).

The following are, according to the literature findings, some of the most important contributions to effective educational support:

- strengthening the working alliance between the supporter and supportee, assisting supportee self-exploration and experiencing of positive feelings, providing the emotional climate for supportees to take risks and also look more closely at the consequences of their behaviour and allowing supportees to be open about difficulties in implementing life skills;
- on-going reassurance by the educational supporter both in the way the he/she speaks and acts that he/she recognises and genuinely respects supportees for who they are and for what they think and say, even if the educational supporter happens to disagree with them;
- effective listening that involves listening to the educational supportee's words, recognising the feelings behind his/her words, taking note of body language and the feelings behind his/her silences;
- clarifying (the educational supporter should ask a few key questions to ensure he or she has understood the educational supportee correctly and to draw the educational supportee out further) the educational supportee's needs and feelings; and
- focusing on what the educational supportee has said in order to make it clearer to the educational supporters, and understanding the educational supportee's needs which is done by reflecting (the process of communicating to the educational supportee as to how one, as an

educational supporter has understood the educational supportee's feelings and perceptions); summarising which draws on the understanding the educational supporter has developed during the supporting relationship with the educational supportee by listening, clarifying and reflecting; problem solving where the educational supporter does not make decisions for an educational supportee but enables him/her to reach his or her own decisions (see section 3.3).

The literature review revealed that schools have a statutory responsibility to develop a curriculum which promotes the spiritual, moral, cultural, mental and physical development of all learners and to prepare such learners for the opportunities, responsibilities, experiences and expectations of adult life and that School Guidance plays a part in helping schools to fulfil this commitment. The aim should be to contribute as fully and as positively as possible to the psychological well-being of the learners in the school community and to do this in different ways, namely through the curriculum, through the community of the school and through one-to-one and group work (see section 3.4).

Various researchers postulated that the objectives of educational support were related to fostering self-acceptance in learners and not changing or remediating personality, developing control from within or fostering an internal locus of control, and helping learners to learn strategies and coping skills for situations which were difficult or important in terms of their impact on their future life.

Researchers also described the school's role in educational support as that of being "a guidance community" whose objectives are to aid learners in decision making and problem-solving; to support learners in a constructive manner in times of difficulty; to monitor and detect learners who are at risk or under pressure; to react in an appropriate fashion; and to co-ordinate work within and outside the school. The area includes a range of activities, *inter alia* educational support when it is sought by learners; more focused guidance activities such as that involved in decision making of a predictable kind; educational support to react to crises, problems and transitions; and more specialist educational support. It also involves liaising with outside agencies

and parents (see section 3.4). These activities require many and different educational support skills and abilities and also require educational support practitioners to be able to distinguish between these different activities. Researchers argue that the following are possible types of intervention categories between educational support practitioner and his/her supportee, that is:

- authoritative categories where the educational support practitioner is taking responsibility for and on behalf of the educational supportee by directing the behaviour of the client, that is, usually behaviour that is outside the practitioner-client relationship; imparting knowledge, information and meaning to the supportee; and seeking to raise the supportee's consciousness about some limiting attitude or behaviour of which he is relatively unaware.
- Facilitative categories where the educational support practitioner is seeking to enable educational supportees to become more autonomous and take more responsibility for themselves by enabling the educational supportee to discharge, to abreact painful emotion, primarily grief, fear and anger; seeking to elicit self-discovery, self-directed living, learning and problem solving in the supportees; seeking to affirm the worth and value of the supportee's persona, qualities, attitudes or actions.

Techniques, according to the findings from the literature, utilised in educational support for children with behavioural problems with depression and anxiety are activity scheduling, graded exposure, behavioural experiments, relaxation training, and social skills training,

### **6.2.2 Findings from the empirical research**

The empirical research led to the extraction of the following themes from the responses of the educator participants who formed the population sample of this research:

- **Theme 1:** Overcrowded classrooms.



- **Theme 2:** White Paper 6, which is the South African policy on Inclusive Education, is not implementable because of time which is more spent on meetings and workshops on the New Revised National Curriculum, overcrowded classes and educators having more than one learning areas to teach.
- **Theme 3:** Learners who are experiencing behavioural problems are a reality in classrooms.
- **Theme 4:** Fatigue caused by long-distances that learners have to travel to schools could be the etiology of learners experiencing behavioural problems.
- **Theme 5:** Indigent family background and lack of enough parental academic education could be the etiology of learners experiencing behavioural problems.
- **Theme 6:** Parents of learners with behavioural problems do love their children and would co-operate with educators if effectively involved in educationally supporting their children.
- **Theme 7:** Parental involvement is important in educationally supporting learners experiencing behavioural problems.
- **Theme 8:** The need for educators to support both learners with behavioural problems and their parents in their practice of inclusion in classrooms.
- **Theme 9:** The learners of educator participants who participated in this research are experiencing the following behavioural problems in their classrooms, namely: hyperactivity, conduct disorder, aggressiveness, social withdrawal, emotional disorders, and temper tantrums.
- **Theme 10:** Behavioural problems manifested by learners have the potential to distress and disempower educators in their teaching practice.

- **Theme 11:** Learners with behavioural problems need a special educational focus and support from educators.
- **Theme 12:** Psychology specialists operating at District Child Guidance Clinics are not always the needed service providers to learners experiencing behavioural problems at schools.
- **Theme 13:** The new Revised National Curriculum and the paperwork related to it is overloading the educators which leads to their not having time to focus on individual problems that learners experience in class.
- **Theme 14:** Parental involvement in the referrals of learners experiencing behavioural problems is crucial.
- **Theme 15:** Educators are intolerant of learners experiencing behavioural problems.
- **Theme 16:** Learners with behavioural problems' behaviours are problematic for other fellow learners and their educators in classrooms.
- **Theme 18:** Parents' illiteracy could be an impediment in their full participation in the learning of their children who are experiencing behavioural problems.
- **Theme 19:** Educators have no education and training on pedodiagnosis and pedotherapy for effective practice in inclusive classrooms.
- **Theme 21:** Educators have no education and training on learner support which makes it difficult, if not practically impossible, for them to effectively support all learners in inclusive classrooms.

### 6.3 RECOMMENDATIONS

This section provides recommendations for both psycho-educational practice and further research.

### 6.3.1 Recommendations for psycho-educational practice

The data analysis and interpretation led to the following recommendations which have implications for psycho-educational practice:

- Learner Support and Inclusive Education are important psycho-educational programmes of conduct-disordered learners' psychosocial development and are essential for South African schools which to date cannot afford to employ full-time educational psychologists. Both Learner Support and Inclusive Education should permeate the whole school curriculum, which implies that every educator should be educated and trained in Learner Support and Inclusive Education. This will enable them to be both specialists of learning areas they are teaching and of supporting learners experiencing psychopathologies such as behavioural problems, e.g. hyperactivity, conduct disorder, aggressiveness, social withdrawal, emotional disorders, temper tantrums and so on. This means that all educators should be educated and trained on assessing learners experiencing learning distress as a result of various psychopathologies and on ways to offer psychotherapeutic assistance at para-psycho-educational level.
- The latter sentence of the above paragraph demands that universities, as a matter of urgency, educate and train all educators on both the theory and practice of psycho-educational assessments, learner support, inclusive learning and teaching and family counselling, community psychology, ecological and systemic theories of dealing with the psychopathologies of learners such as anxiety and depression that co-occur with behavioural problems.
- The Department of Education should provide schools with more educators so that classes cannot be overcrowded. It is practically impossible to practise Inclusive Education and Learner Support in overcrowded classrooms. Primary schools, according to this researcher, should never have more than twenty-five learners if any educator is to be effective in supporting learners experiencing psychopathology and learning distress.

Overcrowded classrooms could also be distressing for educators which could lead to educator turnover.

- South Africa, more than ever before, needs a Multi-disciplinary Team in all communities consisting of Educational psychologists, educational sociologists, parents, educators, social workers, police, magistrates, medical doctors, religious leaders and so on which should work with schools in supporting learners with behavioural problems adapt and cope at schools. If needs be, the Department of Education should go to the extent of paying these professionals on an-hourly basis for the services they render to learners they support. Such a Multi-disciplinary Team could help those learners who are orphans and without any adult care.

### **6.3.2 Recommendations with reference to further research**

This research has identified the following possible research topics which can develop from the present research topic, and which could not be explored with a bigger population sample:

- Little or no research has been done on how educator distress could cause or exacerbate learner behavioural problems in schools. Further research can thus serve as a vehicle for the educators to more empathically understand child distress, anxiety and depression which co-occur with behavioural problems, and serve as a model against which to compare both symptoms and possible alternatives for solving this complex problem.
- Since this research concentrated on few Black educator participants in one Education District in the Free State Province, further comprehensive research ought to be undertaken on a provincial basis for all racial groups in South Africa in order to determine the nature and extent of this psychosocial pathology and its etiology, with a view to developing an inclusive and ecosystemic programme for helping learners with behavioural problems in a socially contextualized approach.

- Research ought to be conducted on the influence of motivation, meta-cognition and learning strategies on helping learners with behavioural problems.

#### **6.4 CONCLUSION**

This research investigated, by means of literature review and empirical research the incidence and manifestation of behavioural problems among learners in one Education District Office in the Free State with a view to suggesting a psycho-educational intervention programme to help them deal with their behavioural problems which have the potential to cause learning distress. According to the literature findings, depression and anxiety co-occur with conduct disorders during adolescence. An intervention programme targeting depression and anxiety causing social and educational factors can therefore help learners experiencing behavioural problems develop effective educational, psychological and social coping skills to help them deal with their environmental factors that trigger their distress, depression and anxiety which lead to negative behavioural problems.

The researcher hopes that the contributions made in the form of suggestion in this last chapter will help South African government through its department of education, school governing bodies, school management teams, educators, parents and communities see the need for the integration of inclusive, ecosystemic and social constructivist educational theories in their collaborative psycho-educational efforts to help learners with behavioural problems.

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## APPENDIX A

The questions which were posed to the educator participants were based on the following:

### QUESTIONS ON EDUCATORS BACKGROUND

1. On what post level are you at your school?
2. Which grade(s) are you teaching at your school ?
3. How many classes in a grade do you teach at your school?
4. How many learners do you have in each class of the grade that you teach?
5. How do you implement the inclusive education policy (White paper 6) in your school?
6. How many learners experiencing behavioural problems do you have in your class?
7. Please explain the environment where your learners come from.
8. Please explain the parents' socio-economic status and academic levels of your learners.
9. How do you communicate with the parents of learners who are experiencing behavioural difficulties ?
10. How do you involve parents of learners with behavioural difficulties?
11. How do you support the parents of learners with behavioural difficulties?
12. Which behavioural problems do your learners experience in their classroom?

13. What perceptions are you having on learners with behavioural difficulties?
14. What do you do to support learners you have identified as having behavioural difficulties?
15. How do you access any support service offered by your department of education?
16. What assistance are support educator do you give to learner with behavioural problems in your inclusive classroom?
17. Please explain procedures that you follow before a learner is referred to the child guidance clinic?
18. How do learners with behavioural problem affect you?
19. How do learners with behavioural problems affect other learners in classroom situations?
20. Give me the background of the learners you have referred to the child guidance clinic because of behavioural problems?