

**A SUPPORT PROGRAMME FOR CONDUCT- DISORDERED
ADOLESCENTS IN SCHOOLS**

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EDUCATION)**

**A dissertation submitted in fulfilment of the requirements for the
degree**

MAGISTER EDUCATIONIS

in

Educational Psychology

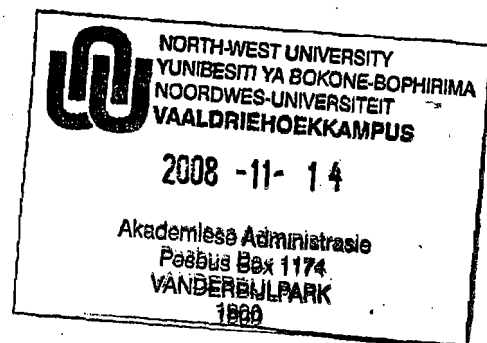
NORTH-WEST UNIVERSITY

(VAAL TRIANGLE CAMPUS)

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Vanderbijlpark

2006



ACKNOWLEDGEMENTS

The author wishes to thank the following people whose interest and supervision have made the presentation of this dissertation possible:

- 1 God, my Creator, for sustaining me through this pleasurable academic 'journey' of life ;
- 2 Dr N.J.L. Mazibuko for his patient guidance, expert advice, and understanding in the preparation of this dissertation;
- 3 Mr Brent Record for language editing this document;
- 4 Mrs Aldine Oosthuizen for technically editing this document;
- 5 My friend and 'sister,' Dr Siphokazi Joana Kwatubana, and my husband, Dumile, for their guidance during the data analysis and interpretation of results;
- 6 Parents, learners and educators of the schools involved with this project ;
- 7 My daughter, Zamansundu ,for her assistance in data collection;
- 8 My two daughters, Mbali and Nandipha, for their support, love and interest in this dissertation;
- 9 My parents and my sisters for their unwavering support even though they did not understand the reason for doing this research.

SUMMARY

The aims of this research were to investigate, by means of both literature review and empirical research, the incidence and manifestation of conduct disorders among adolescents growing up in the Vaal Triangle townships, with a view to suggesting a psycho-social intervention programme to help them learn life-skills which will decrease their susceptibility to depression and anxiety. According to the literature findings, depression and anxiety co-occur with conduct disorders during adolescence. An intervention programme can therefore help these learner adolescents develop effective coping skills to help them deal with environmental factors that cause stress, depression and anxiety.

The findings from the literature review revealed that adolescence is the highest risk period for the onset of conduct disorders such as, *inter alia*, substance use disorders, aggressiveness, destruction of property, defiance of authority, frightening and disturbing of adults, fighting, bullying, lying, destructiveness and defiance. The conduct problems also include the more or less troublesome and involuntary behaviours commonly associated with adolescence such as temper-tantrums, bouts of screaming and crying, surliness and episodes of commanding or pestering behaviour. The co-occurrence of depression, anxiety and conduct disorders in adolescents was, according to various researchers, also associated with more severe alcohol and drug-related problems, more prolonged depressive and anxiety episodes and increased frequency of behavioural problems, more severe impairment in interpersonal and academic competencies, increased utilization of mental health services, as well as elevated risk of suicide.

The literature also revealed that the period of adolescence is also marked by conflicting feelings about security and independence, rapid physical changes, developing sexuality, peer pressure and self-consciousness. This becomes a time of rapid physiological and psychological changes, of intensive re-adjustment to the family, school, work and social life and of preparation for adult roles. These changes are noticeable for their conduct disorders and behavioural accompaniments, and problems arising at this time may attract attention because

the adolescent's conduct and behaviour become obtrusive in the school and the home or elsewhere and evoke a sense of urgency for response.

Effective support programmes such as individual educational support and group educational support were regarded by the literature as having the efficacy to prevent the development of conduct disorders.

The empirical research findings revealed that adolescent participants who formed the population sample of this research were aggressive; characterized by risky behaviour such as staying with friends until very late at night and coming to school carrying a knife and bullying other children in class; deceitfulness or theft which manifested in the form of stealing from other children's schoolbags, stealing food and pens, and lying; serious violation of rules such as being disruptive in class, bunking school, and not coming to school regularly, conflict with parents, educators and others which manifests in the form of always being in trouble for beating up other learners in class, especially those that are younger, , and being rebellious at home, mood disruptions such as bursting in anger, aggressive, being happy one moment and then angry and sad the next, and poor performance at school resulting in failing grades.

Recommendations for educational practice and further research were made.

OPSOMMING

Die doel van hierdie navorsing was om deur middel van beide 'n literatuurstudie en 'n empiriese ondersoek die voorkoms en manifestasie van gedragsversteurings onder adolessente, wat hulleself in die townships van die Vaaldriehoek bevind, te ondersoek. Dit is gedoen met die vooruitsig om 'n psigososiale intervensieprogram voor te stel ten einde hierdie adolessente te help om lewensvaardighede aan te leer wat hulle vatbaarheid vir depressie en angs sal laat afneem. Volgens die literatuurbevindings kom depressie en angs saam met gedragsversteurings voor gedurende adolessensie.

'n Intervensieprogram kan dus van groot waarde wees vir hierdie leerder-adolessente by die ontwikkeling van effektiewe hanteringsvaardighede wat hulle sal help om omgewingsfaktore wat spanning, depressie en angs veroorsaak, effektief te kan hanteer.

Die bevindings uit die literatuurstudie toon dat adolessensie die hoogste risikotydperk is vir die aanvang van gedragsversteurings soos, onder andere, dwelmgebruiksversteurings, aggressie, saakbeskadiging, uitdaging van outoriteit, verskrikking en versteuring van volwassenes, bakleiery, afknouery, die vertel van leuens, destruktiewe gedrag en tarding. Die gedragsprobleme kan ook in 'n mindere of meerdere mate hinderlike en onvrywillige gedrag insluit, wat algemeen met adolessensie verbind word. Voorbeelde hiervan sluit onder meer in humeur-uitbarstings, afwisseling van skree en huil, stuursheid en episodiese voorkoms van beheersende of treiterende gedrag. Die gesamentlike voorkoms van depressie, angs en gedragsversteurings in adolessente was, volgens verskeie navorsers, ook geassosieer met ernstiger alkohol- en dwelmverwante probleme, verlengde depressiewe en angsepisodes en 'n toename in die frekwensie van gedragsprobleme, ernstiger aantasting van interpersoonlike en akademiese vaardighede, toenemende gebruik van geestesgesondheidsdienste, asook die verhoogde risiko van selfmoord.

Die geraadpleegde literatuur dui ook aan dat die tydperk van adolessensie gekenmerk word deur konflikterende gevoelens aangaande sekuriteit en

onafhanklikheid, snelle fisiese veranderings, ontwikkelende seksualiteit, groepsdruk en selfbewustheid. Dit word uiteindelik 'n tyd van vinnige fisiologiese en psigologiese veranderings, van intensiewe herinskakeling tot die familie, skool, werk en sosiale lewe en van voorbereiding vir rolle as volwassenes. Hierdie veranderings is opmerklik vanweë die versteurings en ander verskynsels in terme van gedrag wat daarmee saamgaan. Probleme wat gedurende hierdie tydperk voorkom is waarskynlik opvallend aangesien die adolessent se gedrag hinderlik word by veral die skool en huis of elders, wat 'n behoefte aan dringende optrede wek.

Effektiewe ondersteuningsprogramme, soos individuele opvoedingsondersteuning en groepsgerigte opvoedingsondersteuning, word deur die literatuur beskou as die werkzaamheid om die ontwikkeling van gedragsversteurings te voorkom.

Die bevindings in die empiriese ondersoek het aangetoon dat adolessente wat deelnemers in die bevolkingsteekproef van hierdie ondersoek was, was aggressief. Dit is veral gekarakteriseer deur gevaarlike gedrag soos die oorbly by vriende tot baie laat in die nag en die gebruik van wapens (byvoorbeeld messe) by die skool en die afknouery van ander kinders in die klas. Ander algemene voorbeelde hiervan kan ook beskou word as bedrieglikheid of diefstal wat manifesteer in die vorm van steel van ander kinders se skooltasse, die steel van kos en skryfbehoeftes, en die vertel van leuens. Voorbeelde van ernstige oortreding van reëls sluit onder meer in die ontwrigting van klasse, wegbly of dros van skool op 'n gereelde basis, konflik met ouers, onderwysers en ander outoriteitsfigure wat veral manifesteer deur die adolessent se bekendheid daarvoor om konstant in die moeilikheid te wees weens bakleiery met ander leerders (veral dié wat jonger is as die betrokke adolessent), rebelsheid tuis, gemoedsuitbarstings by wyse van aggressie of opvallende gemoedsveranderinge (een oomblik gelukkig en die volgende oomblik aggressief of hartseer), en swak prestasie op skolastiese vlak wat lei tot swakker uitslae.

Aanbevelings vir opvoedkundige praktyk en verdere navorsing is ook gemaak.

TABLE OF CONTENTS

<u>ACKNOWLEDGEMENTS</u>	i
<u>SUMMARY</u>	ii-iii
<u>OPSOMMING</u>	iv
<u>CHAPTER ONE ORIENTATION TO THE RESEARCH</u>	1
1.1 <u>ORIENTATION</u>	1
1.2 <u>PROBLEM STATEMENT</u>	2
1.3 <u>AIMS OF THE STUDY</u>	11
1.4 <u>CENTRAL THEORETICAL STATEMENT</u>	11
1.5 <u>PARADIGMATIC PERSPECTIVE</u>	12
1.6 <u>METHOD OF RESEARCH</u>	14
1.6.1 <u>Literature study</u>	14
1.6.2 <u>Empirical research</u>	15
1.6.3 <u>Study population</u>	15
1.6.4 <u>Sample</u>	15
1.7 <u>THE PURPOSE OF THE SUPPORT PROGRAMME</u>	16
1.8 <u>DATA ANALYSIS TECHNIQUES</u>	16
1.9 <u>STRUCTURING OF RESEARCH REPORT</u>	16
<u>CHAPTER TWO ADOLESCENCE AND THE ETIOLOGY OF ADOLESCENT CONDUCT DISORDERS</u>	17
2.1 <u>ORIENTATION</u>	17
2.2 <u>DEFINITION OF ADOLESCENCE</u>	18
2.3 <u>CHARACTERISTICS OF ADOLESCENCE</u>	18
2.3.1 <u>Freedom and independence versus security and dependence</u>	19

2.3.2	<u>Rapid physical changes</u>	19
2.3.3	<u>Developing sexuality</u>	19
2.3.4	<u>Peer pressure</u>	19
2.3.5	<u>Self-consciousness</u>	19
2.4	<u>ADOLESCENT STORM AND STRESS</u>	20
2.4.1	<u>A brief history of the storm-and-stress theory in relation to adolescent development</u>	20
2.4.2	<u>Defining storm and stress</u>	23
2.4.2.1	<u>Conflict with parents</u>	24
2.4.2.2	<u>Mood disruptions</u>	27
2.4.2.3	<u>Risk behaviour</u>	29
2.4.3	<u>Why adolescents exhibit aspects of storm and stress</u>	31
2.4.4	<u>Why the portrayal of adolescent storm and stress in this research?</u>	35
2.5	<u>THE ETIOLOGY OF ADOLESCENT CONDUCT DISORDERS, CONDUCT-DISORDERS</u>	37
2.5.1	<u>Causes of adolescent conduct disorders</u>	37
2.5.1.1	<u>Generic influences (biological dimensions)</u>	39
2.5.1.2	<u>Psychological and social dimensions</u>	41
2.5.2	<u>Causes of adolescent conduct-disorders</u>	43
2.5.2.1	<u>Familial and genetic influences (biological dimensions)</u>	44
2.5.2.2	<u>Psychological dimensions</u>	45
2.5.2.3	<u>Social and cultural dimensions</u>	48
2.6	<u>CONCLUSION</u>	51

<u>CHAPTER THREE</u>	<u>THE INCIDENCE AND MANIFESTATIONS OF</u>	
	<u>CONDUCT-DISORDERS IN CONDUCT-DISORDERED</u>	
	<u>ADOLESCENTS</u>	52
<u>3.1</u>	<u>INTRODUCTION</u>	52
<u>3.2</u>	<u>CLARIFICATION OF CONCEPTS</u>	53
<u>3.2.1</u>	<u>Depression</u>	53
<u>3.2.2</u>	<u>Anxiety</u>	53
<u>3.2.3</u>	<u>Conduct-disordered adolescents</u>	53
<u>3.3</u>	<u>THE RELATION OF ANXIETY AND DEPRESSION TO</u>	
	<u>NEGATIVE AND POSITIVE AFFECTIVE STATES</u>	53
<u>3.4</u>	<u>SOCIAL AND BEHAVIOURAL FACTORS ASSOCIATED WITH</u>	
	<u>CONDUCT DISORDERS AMONG ADOLESCENTS</u>	57
<u>3.4.1</u>	<u>Adolescent conduct disorders in cultural contexts</u>	58
<u>3.4.2</u>	<u>Impact of exposure to community violence on violent behaviour,</u>	
	<u>conduct-disorders among adolescents</u>	60
<u>3.4.3</u>	<u>Prospective childhood predictors of deviant peer affiliations in</u>	
	<u>adolescence</u>	63
<u>3.5</u>	<u>EARLY-LIFE FAMILY DISADVANTAGES AND CONDUCT-</u>	
	<u>DISORDERS IN ADOLESCENCE</u>	65
<u>3.6</u>	<u>THE RELATIONSHIP OF ADOLESCENT SUICIDALITY TO</u>	
	<u>CONDUCT DISORDERS, CONDUCT-DISORDERS</u>	69
<u>3.7</u>	<u>THE ASSOCIATION BETWEEN DEPRESSION, ANXIETY AND</u>	
	<u>SUBSTANCE USE IN ADOLESCENTS</u>	71
<u>3.8</u>	<u>SOMATIC SYMPTOMS IN ANXIOUS-DEPRESSED SCHOOL</u>	
	<u>REFUSERS</u>	73
<u>3.9</u>	<u>CONCLUSION</u>	77

<u>CHAPTER FOUR</u>	<u>SUPPORT PROGRAMMES DESIGNED TO ASSIST</u>	
<u>CONDUCT- DISORDERED ADOLESCENTS</u>		78
<u>4.1</u>	<u>INTRODUCTION</u>	78
<u>4.2</u>	<u>DEFINING SUPPORT</u>	79
<u>4.3</u>	<u>BASIC PRINCIPLES OF SUPPORTING ADOLESCENTS</u>	83
<u>4.3.1</u>	<u>Supporting the adolescent</u>	83
<u>4.3.2</u>	<u>Respect for the adolescent</u>	84
<u>4.3.3</u>	<u>Listening to the supportee</u>	84
<u>4.3.4</u>	<u>Clarifying the supportee's needs and feelings</u>	85
<u>4.3.5</u>	<u>Focusing on what the supportee has said in order to make it clearer to the educators, and understanding the supportee's needs</u>	85
<u>4.3.5.1</u>	<u>Reflecting</u>	85
<u>4.3.5.2</u>	<u>Summarising</u>	87
<u>4.3.5.3</u>	<u>Problem-solving</u>	87
<u>4.4</u>	<u>AIMS OF SUPPORT IN SECONDARY SCHOOLS</u>	88
<u>4.5</u>	<u>CATEGORIES OF INTERVENTION</u>	95
<u>4.5.1</u>	<u>Authoritative</u>	95
<u>4.5.1.1</u>	<u>Prescriptive</u>	95
<u>4.5.1.2</u>	<u>Informative</u>	95
<u>4.5.1.3</u>	<u>Confronting</u>	95
<u>4.5.2</u>	<u>Facilitative</u>	95
<u>4.5.2.1</u>	<u>Cathartic</u>	95
<u>4.5.2.2</u>	<u>Catalytic</u>	95
<u>4.5.2.3</u>	<u>Supportive</u>	95

<u>4.6</u>	<u>Levels of work in schools</u>	98
<u>4.6.1</u>	<u>The immediate level</u>	98
<u>4.6.2</u>	<u>The intermediate level</u>	98
<u>4.6.3</u>	<u>The specialist level</u>	99
<u>4.7</u>	<u>INDIVIDUAL SUPPORT</u>	101
<u>4.8</u>	<u>SUPPORT IN GROUPS</u>	104
<u>4.9</u>	<u>SUPPORTING CONDUCT- DISORDERED ADOLESCENTS</u>	107
<u>4.9.1</u>	<u>The practice of support</u>	107
<u>4.9.2</u>	<u>Types of questions</u>	108
<u>4.10</u>	<u>CONCLUSION</u>	111
	<u>CHAPTER FIVE EMPIRICAL DESIGN</u>	112
<u>5.1</u>	<u>INTRODUCTION</u>	112
<u>5.2</u>	<u>RESEARCH DESIGN AND METHODOLOGY</u>	112
<u>5.3</u>	<u>SAMPLING RECRUITMENT AND SELECTION</u>	113
<u>5.4</u>	<u>METHODS OF DATA COLLECTION AND ANALYSIS</u>	114
<u>5.4.1</u>	<u>Interview setting</u>	114
<u>5.4.2</u>	<u>Interview procedure</u>	114
<u>5.4.3</u>	<u>Field notes and methodological log</u>	115
<u>5.4.4</u>	<u>Transcriptions</u>	115
<u>5.4.5</u>	<u>Case study development</u>	115
<u>5.4.6</u>	<u>Ethical issues</u>	116
<u>5.5</u>	<u>CONCLUSION</u>	117

<u>CHAPTER SIX ANALYSES AND INTERPRETATION</u>	118
<u>6.1 INTRODUCTION</u>	118
<u>6.2 SAMMY'S CASE</u>	118
6.2.1 <u>FAMILY BACKGROUND:</u>	118
6.2.2 <u>INTERVIEW WITH SAMMY</u>	119
6.2.3 <u>INTERVIEW WITH SAMMY'S MOTHER</u>	121
6.2.4 <u>INTERVIEW WITH SAMMY'S GRANDMOTHER</u>	122
6.2.5 <u>INTERVIEW WITH SAMMY'S FRIEND</u>	123
6.2.6 <u>INTERVIEW WITH SAMMY'S EDUCATOR</u>	124
<u>6.3 MALESHOANE'S CASE</u>	125
6.3.1 <u>FAMILY BACKGROUND</u>	125
6.3.2 <u>INTERVIEW WITH MALESHOANE</u>	126
6.3.3 <u>INTERVIEW WITH MALESHOANE'S SISTER</u>	130
6.3.4 <u>INTERVIEW WITH MALESHOANE'S MOTHER</u>	131
6.3.5 <u>INTERVIEW WITH MALESHOANE'S FRIEND</u>	132
6.3.6 <u>INTERVIEW WITH MALESHOANE'S EDUCATOR</u>	134
<u>6.4 SEBOLELO' CASE</u>	135
6.4.1 <u>FAMILY BACKGROUND</u>	135
6.4.2 <u>INTERVIEW WITH SEBOLELO</u>	135
6.4.3 <u>INTERVIEW WITH SEBOLELO'S MOTHER</u>	137
6.4.4 <u>INTERVIEW WITH SEBOLELO'S EDUCATOR</u>	139
6.4.5 <u>INTERVIEW WITH SEBOLELO'S FRIEND</u>	140
<u>6.5 MOHLOUWA'S CASE</u>	141
6.5.1 <u>FAMILY BACKGROUND</u>	141

6.5.2	<u>INTERVIEW WITH MOHLOUWA</u>	141
6.5.3	<u>INTERVIEW WITH MOHLOUWA'S NEIGHBOUR</u>	144
6.5.4	<u>INTERVIEW WITH MOHLOUWA'S BROTHER</u>	146
6.5.5	<u>INTERVIEW WITH MOHLOUWA'S FRIEND</u>	146
6.5.6	<u>INTERVIEW WITH MOHLOUWA'S EDUCATOR</u>	147
6.6	<u>ANALYSIS AND INTERPRETATION OF THE INTERVIEWS'</u>	
	<u>RESULTS</u>	148
6.6.1	<u>Theme 1: Aggression</u>	148
6.6.1.1	<u>Analysis</u>	148
6.6.1.2	<u>Interpretation</u>	149
6.6.2	<u>Theme 2: Risky behaviour</u>	149
6.6.2.1	<u>Analysis</u>	149
6.6.2.2	<u>Interpretation</u>	151
6.6.3	<u>Theme 3: Deceitfulness or theft</u>	152
6.6.3.1	<u>Analysis</u>	152
6.6.3.2	<u>Interpretation</u>	153
6.6.4	<u>Theme 4: Serious violation of rules</u>	153
6.6.4.1	<u>Analysis</u>	153
6.6.4.2	<u>Interpretation</u>	154
6.6.5	<u>Theme 5: Conflict with parents and others</u>	154
6.6.5.1	<u>Analysis</u>	154
6.6.5.2	<u>Interpretation</u>	156
6.6.6	<u>Theme 6: Mood disruptions</u>	156
6.6.6.1	<u>Analysis</u>	156

6.6.6.2	<u>Interpretation</u>	157
6.6.7	<u>Theme 7: Poor performance at school</u>	157
6.6.7.1	<u>Analysis</u>	157
6.6.7.2	<u>Interpretation</u>	159
6.7	<u>CONCLUSION</u>	159
	<u>CHAPTER SEVEN SUMMARIES, RECOMMENDATIONS AND CONCLUSION</u>	160
7.1	<u>INTRODUCTION</u>	160
7.2	<u>SUMMARIES OF BOTH LITERATURE REVIEW AND EMPIRICAL RESEARCH</u>	160
7.2.1	<u>Findings from the literature study</u>	160
7.2.2	<u>Findings from the empirical research</u>	161
7.3	<u>RECOMMENDATIONS</u>	165
7.3.1	<u>Recommendations for educational practice</u>	165
7.3.2	<u>Recommendations with reference to further research</u>	168
7.4	<u>Conclusion</u>	169
	<u>REFERENCES</u>	170
	<u>APPENDIX A STRUCTURED INTERVIEW</u>	205
	<u>APPENDIX B LETTER OF CONSENT</u>	218

CHAPTER ONE

ORIENTATION TO THE RESEARCH

1.1 ORIENTATION

Adolescence is the highest risk period for the onset of conduct disorders which many researchers (Fitzpatrick & Lagory, 2000:14) assert that it is caused by adolescence stage-related depressive and anxiety problems, with incidence rates of each disorder estimated as high as 5% to 10% a year (Foster, Hagan. Tremblay & Boulerice, 2002:20). Depression, anxiety and conduct disorders such as aggressiveness, destruction of property, defiance of authority, substance use, frightening and disturbing adults, often co-occur in adolescents in referred (Aber, Brown & Jones, 2003:39) and non-referred populations (Einfeld, Tonge & Turner, 1999:57; Solon, Page & Duncan, 2000:85) and previous research suggests that the rate of co-morbidity among these three disorders in adolescents is even higher than was observed in adults (Wekerle & Wall, 2002:21; Lloyd, 1999:79; Tully, 2000:68), particularly among females (Knapp, Scott & Davies, 1999:47).

Adolescent depressive and anxiety problems are often associated with significant psychosocial dysfunction, and this is true of substance use disorders, aggressiveness, destruction of property, defiance of authority, and often frightening and disturbing of adults (Funk & Hagan, 2002:34). The co-occurrence of depression, anxiety and conduct disorders in adolescents is associated with more severe alcohol and drug-related problems (Singer & Miller, 1999:84), more prolonged depressive and anxiety episodes and increased frequency of behavioural problems (Hogben, 1998:20), more severe impairment in interpersonal and academic competencies (Broidy, 2003:22), increased utilization of mental health services (Conduct Problems Prevention Research Group, 1999:67), as well as elevated risk of suicide (Marshall & Watt, 1999:90).

Because adolescence is a crucial period in life that strongly influences a person's options for critical life choices which impact on adult functioning, the accumulation of adjustment problems during adolescence may be especially problematic for future

adaptation (Carr, 1999:38).

1.2 PROBLEM STATEMENT

A number of challenges that adolescents face make them vulnerable to conduct-disorders which, according to various researchers (Giller & Hagler, 1998:30), are the psychopathologies causing conduct-disorders. At present, no single theory is accepted as the explanation for conduct-disorders that co-occurs with conduct-disorders. Certain factors appear to increase the likelihood of conduct-disorders, while others seem to cushion adolescents against these feelings. Some research points to genetic factors associated with the clinical diagnosis of conduct-disorders. In research on the interaction between depressed and anxious mothers and their daughters and sons, Melhuish (2004:51) found that it is hard to separate genetic and environmental factors in the etiology of conduct-disorders.

Experiences of parental loss or parental rejection have been found to increase an adolescent's vulnerability to conduct-disorders (Ross, Mirowski & Pribesh, 2001:91; Tice, 2000:101). In a longitudinal study of the consequences of economic pressures on families, Dill and Dill (1998:7) have found a relationship between the family's economic stresses and increased adolescent conduct-disorders, which in turn produced heightened adolescent and parent conflict, increased hostility, and less nurturance toward adolescents. Subsequent adjustment problems were observed in adolescent girls, especially hostility and depression (Bushman & Anderson, 2000:28).

In addition, adolescence is a time of life when an adolescent is likely to encounter loss, failure, and rejection, as well as accumulated negative events and hassles (Taylor & Biglan, 1998:60). Even though adolescence is no longer viewed as a unique period of emotional turmoil, it is clear that adolescents are exposed to more negative events than are younger children (Loeber, Farrington & Petechuk, 2003:49). This may be due in part to the fact that they are more aware of what other people are experiencing. In part, more is expected of adolescents, and so they have more to worry about. And, of course, adolescents have a wide circle

of relationships through which they are exposed to more problems, expectations and

disappointments (Marvin, 2000:14). Adolescents report experiencing problems in the following domains:

- 1 social alienation (disagreements with teachers, disliking other students) (Morrison & Macgregor, 1999:31);
- 2 excessive demands (not enough time to meet responsibilities or to sleep) (Villani, 2001:40);
- 3 romantic concerns (dissatisfaction about a romantic relationship) (Health Canada, 2000:93);
- 4 decisions about the future (important decisions about a future career) (Robert, 1999:89);
- 5 loneliness and unpopularity (being excluded) (Davies, Nutley & Smith, 2000:35);
- 6 assorted annoyances and concerns (money problems, disagreement with a boy/girl friend) (Scott, 2002:1002);
- 7 social mistreatment (being taken advantage of or betrayed) (Kowaleski-Jones, 2000:64); and
- 8 academic challenge (struggling to meet other people's standards of performance at school) (Israel, Beaulieu & Hartless, 2001:68).

Adolescents who begin to identify themselves as having a homosexual orientation may be vulnerable to conduct-disorders, especially if they perceive this orientation to be highly stigmatized in their community. Peer rejection and social isolation place adolescents at risk for conduct-disorders (Mitchell & Lagory, 2002:19).

Experiences of conduct-disorders appear to be more common in adolescent girls than in boys. This gender difference has been found when comparing Anglo, African-American, Mexican, and other Hispanic adolescents (Haynes, Reading & Gale, 2003:62). In addition, Mexican-American adolescents appear to have a higher incidence of conduct-disorders than Anglos, African-Americans or other Hispanic ethnic groups. Evidence of greater risk for conduct-disorders among females

continues to be found in studies of adults (Slater, Henry, Swaim & Anderson, 2003:73).

Although pre-pubescent boys are somewhat more likely to show signs of conduct-disorders than pre-pubescent girls, this pattern reverses during adolescence (Huesmann, Moise-Titus, Podolski & Eron, 2003:39). Several theories have been offered to explain this reversal:

- 1 At puberty, girls become especially critical of their bodies, with a particular concern about being overweight and unattractive. This may lead to prolonged feelings of dissatisfaction with the self and subsequent conduct-disorders (Tremblay, 1999:73).
- 2 Girls tend to look for internal explanations for their failures, blaming problems on their own lack of ability, whereas boys tend to focus on factors outside the self, blaming other people or unfair conditions for their failures (Vogt & Sue, 2003:63).
- 3 Although girls tend to receive strong social support from parents and friends, they are also somewhat more sensitive to the problems that people in their support network are having. Girls who have higher levels of caring and who are likely to get involved in the problems of their close friends are more vulnerable to conduct-disorders (Hood & Roddam, 2000:67). The negative experiences that a girl's best friend or members of her friendship group are going through tend to add to her own negative mood.
- 4 Girls tend to persist in trying to account for negative events or to explain them, allowing these events to continue to disturb them. Boys tend to distract themselves with other thoughts or just "put problems out of their mind" (Dionne, 2003:39).
- 5 In adolescence, girls begin to experience numerous micro-aggressions spawned by sexist views of teachers, male peers and even parents. These negative messages create a worldview in which the adolescent girl is less important, less competent, and less entitled to her own independent ideas than her male peers. The result is increased feelings of insecurity, lack of confidence, and feelings of worthlessness (Funk & Elliott, 2003:86; Browne & Pennell, 2000:70).

According to Anderson and Murphy (2003:29) and Cunningham (1998:11) many of the problems of adolescence are linked to the expression, control and over-control of emotions. One disorder that may be a consequence of anxiety and over-control of emotions is anorexia nervosa. Anorexia is found primarily among girls, and symptoms usually begin shortly after the weight spurt that accompanies puberty. Adolescents with this condition focus their behaviour on weight loss. They take an obsessive, determined position in rejecting most foods (Sitarenios & Parker, 1998:26). They may experience intense eating binges, followed by prolonged avoidance of food. During the latter phase, they are continuously nauseous and have trouble holding down food. In addition, they tend to have a distorted perception of their body image, seeing themselves as much fatter than they really are. The outcome of this condition is a potentially life-threatening loss of weight (Eddy & Fetrow, 1999:27).

Van Schie and Wiegman (1997:27) maintain that another more common eating disorder in adolescence is bulimia, which involves binges of overeating followed by different strategies to prevent the absorption of food such as induced vomiting, the use of laxatives, or strenuous exercise. Bulimia has an incidence of between 5% and 18% of the adolescent population, and is experienced somewhat more evenly by males and females. Although both bulimia and anorexia are associated with serious health risks, anorexia fatalities are more likely to be from the complications of starvation (Appleton & Hammond-Rowley, 2000:16).

The origins of anorexia nervosa according to McLeod and Nonnemaker (2000:61), are not fully understood. Many authors implicate the cultural infatuation with thinness as a stimulus for this condition. In addition, the pre-occupation with body appearance may be provoked by the relatively rapid

physical changes associated with puberty. However, in addition to these factors, which are common to all adolescents, those who suffer from anorexia tend to have difficulty accepting and expressing their emotions (Fisher, 1999:35). As compared with adolescents who have other types of emotional disorders, anorexics show less emotional expressivity, greater timidity, and more submissiveness. Anorexics have been described as "duty bound, rigidly disciplined, and moralistic with underlying doubts and anxious hesitancy" (Bhattacharji, Dhawan, Vijay & Roy, 2001:17).

In contrast to adolescents whose over-control of emotions can be problematic, others are impulsive and highly reactive to any emotionally arousing environmental stimulus. They seem to be unable to modify the intensity of their reactions. A consequence of this impulsiveness for a large proportion of normal adolescents is involvement in conduct-disordered acts (Carr, 2002:19; Health Canada, 1999b:60).

Over 80 percent of American adolescents admit to committing one or more conduct-disordered acts, most of these minor, in the course of a few years of adolescence" (Mitchell & Lagory, 2002:19). The inability to exert intellectual control over their impulses is a passing experience for most adolescents, since the fear and guilt that follow a conduct-disordered act are usually sufficient punishment to prevent further violations (Wen, Browning & Cagley, 2003:84).

For some adolescents, however, committing several conduct-disordered acts weakens their ability to impose social constraints on such behaviour, and the conduct disorder intensifies. One national survey in America categorized about 30% of males and 10% of females as serious violent offenders. These adolescents had committed three or more violent crimes in a one-year period sometime before their eighteenth birthday. Boys commit more crimes than girls, and their crimes tend to be more serious (Wall & Mickee, 2002:149). In 1999, roughly 16% of the total arrests in the United States of America involved adolescents aged 15 to 18, but this age group accounted for 29% of the serious crimes such as motor vehicle thefts, arson, burglary, and murder (Stacy & Ames, 2001:16).

Since so many adolescents carry some type of weapon, especially knives and guns, researchers wonder about the emotional correlates of this type of behaviour. Are adolescents who carry weapons primarily motivated by self-defence, or are the

weapons an extension of their aggressive motives (Pepler, Craig, Connolly & Henderson, 2002: 53). In one study, adolescents who carried guns were found to differ from those who carried knives (Leigh & Stacy, 1998:46). For females, the more victims of violence the female knew, the more likely she was to carry a knife. Too few females carried guns to identify predictors for that group. For males, two strong predictors for carrying a knife were having been threatened with a knife and frequently being involved in fights they did not initiate (Strohschein, 2002:13). Correlates of carrying a gun included having been arrested before, being involved in and being an instigator of many fights, and believing that shooting people is justifiable under certain circumstances. In this research, gun-carrying was linked with a much more violent, aggressive orientation that could not really be construed as a strategy for self-protection (Whitbeck, Ronald, Simons, Conger, Wickrama & Glen, 1997:60).

To address the limitations of treatment of conduct-disordered adolescents with major depressive and anxiety problems, Bond, Nolan, Adler, Littlefield, Birleson, Marriage, Mawdsley and Tonge (1999:43) have developed a school-based psycho-educational intervention to prevent the development of conduct-disorders among adolescents who are already manifesting misconduct vices. This intervention programme teaches adaptive emotional, cognitive, and behavioural responses to stressors or challenges. Special emphasis is placed on adaptive ways of coping with normal levels of distressed affect that are common reactions to chronic strains, stressful life events, developmental transitions, and hassles. Indeed, the programme attempts to intervene by bolstering intrapersonal and interpersonal buffers to challenge (Marshall & Watt, 1999:64). Each session of the programme focuses on a particular social skill, coping method or challenge and begins with an activity that is designed to stimulate the group and to have members interact with one another in a fun way. Topics are presented in an interactive fashion in which feedback and comments from the group are encouraged (Kiewitz & Weaver, 2001:31). The main focus of each session is

typically an activity (or series of activities) designed to actualize the session's topic through experimental activities (for example, role playing, small-group problem solving, and co-operative and competitive games). Each session closes with an interactive review and discussion of the major points from the session and a link to subsequent sessions (Shaw & Winslow, 1997:58).

The model is based in part on theoretical and empirical developments in the areas of the development of mental health (Giller & Hagler, 1998:62), life-span development (Schweinhart & Weikart, 1997:117), developmental psychopathology (Huesmann, 1999:20) and stress and adjustment (Cumberbatch, 2002:84). Specifically, the model suggests that the manner in which adolescents adjust to situational and developmental challenges or stressful life events and hassles (for example, parental divorce, the onset of puberty) is determined by the internal and external resources available to adolescents. Internal resources refer to aspects of the adolescent such as coping skills, intelligence, and perceived locus of control (Funk & Baldacci, 2004:23). External resources refer to interpersonal sources of support and guidance such as satisfying relationships with parents, teachers and peers. Internal and external resources are assumed to moderate both the effects of major life events or developmental challenges on the frequency of hassles and the effects of all the different types of stressful events on adjustment (Anderson, 2004:113). The final assumption of this model is that the manner in which an adolescent copes with challenges not only influences his or her adjustment at that time but also determines, in part, the personal and social resources that will be available to the adolescent in subsequent periods (Maughan & Rutter, 1998:20).

Schmidt and Pepler (1998:221) assert that this conceptual model suggests several considerations for preventive interventions. First, challenges need to be considered from a developmental and age-appropriate perspective; the timing of the intervention as well as the intervention components should be developmentally informed. Next, enhancing or modifying internal resources (for example, coping style) and external resources (for example, social support) should affect the impact that challenges have on mental health. Taken further, internal resources could also affect external resources, and vice versa, so that altering one may benefit the other (Wootton, Frick & Shelton, 1997:301). The availability and utility of resources to

meet the challenges of adolescence can have implications for present and future mental health (Brestan & Eyberg, 1998:189). Therefore, the development of an intervention programme for adolescents should attend to the normative and non-normative challenges confronting youth, the enhancement of internal and external resources for meeting those challenges, and the inadequacy of current intervention efforts in reaching a large, underserved population (Underwood, 1997:43).

School-based support programmes are a logical point of departure in considering an appropriate setting in which to reach a large portion of the adolescent population. Group therapy can be a practical and preferred treatment modality – one demonstrated to be comparable in effectiveness with individual therapy (Wekerle & Wall, 2002:20)).

Generally, the effects of group treatments for conduct-disorders in conduct-disordered adolescents are positive, reflecting a reduction in symptoms of conduct-disorders and an improvement in conduct disorders when compared with no-treatment control groups (Kirsh, 2003:77). In studying treatments specifically targeting conduct-disordered adolescents with depressive and anxiety problems, Pettit and Dodge (2003:87) reported meta-analytic results indicating equally efficacious outcomes in individual and group modalities (effect sizes of 0,73 and 0,74 respectively). When comparisons were broken down by therapeutic orientation, the effect sizes for group cognitive-behavioural therapy (CBT) and individual CBT (0,81 and 0,87, respectively) were comparable. Effect sizes were also superior to both group and individual treatments (0,47 and 0.27, respectively) in the category the authors labelled “general verbal” therapy. However, direct comparison of group CBT and group general verbal therapy yielded a non-significant effect size (0,29). A further refinement of these analyses as reported by Pettit and Dodge (2003:88) revealed that when experimental allegiance was accounted for, any significant differences initially present in comparisons of specific therapies disappeared. One implication of these findings is that therapy, regardless of orientation, is effective in treating conduct-disordered adolescents problems, whether delivered in a group or individually.

In America, paralleling the efforts of psychotherapy professionals, community-based support groups have expanded since the 1970s, with group meetings becoming the

common format for paraprofessional support networks (Coe & Dodge, 1998:79). Interest in support groups has grown dramatically, leading to the development of over 750 000 community-based mutual support groups addressing almost every known mental health issue in schools, corrective settings and the community at large (Davis & Spurr, 1998:39). With estimates of membership ranging from 1,5 to 3 million adolescents, self-help groups could become a treatment of choice (Spender & Scott, 1997:28).

Although mutual support groups are accepted (Charlton, Gunter & Hannan, 2000:91) and argued to be effective (Brennan, 2003: 301), empirical research addressing their outcome is limited (Gentile, Lynch, Ruh-Linder & Walsh, 2004:21). The available research suggests that involvement in mutual support groups yields positive results (Wartella, Olivarez & Jennings, 1998:62). Nonetheless, the scarcity of well-designed outcome studies of support groups for conduct-disordered adolescents with depressive and anxiety problems underscores the need to conduct further research in this area.

Schools and correctional services' settings are the sole institutions with a significant and sustained access to adolescents (Tolan, Gorman-Smith & Henry, 2003:39). As the only compulsory institution remaining in the United States, schools and correctional settings occupy an average of 15 000 hours of time during an adolescent's school career. Furthermore, schools are located in geographically consolidated settings, which enable them to target larger populations of adolescents (Browning & Cagney, 2002:99). Hence, the intervention support programme developed in this study was designed at the outset to be implemented in schools and corrective settings and during school hours. Moreover, this support programme is timed to provide aid to adolescents who may be having difficulty coping with the transition from the primary to the secondary school format. Indeed, intervention during a time of experienced conduct-disorders has been found to be an effective prevention strategy for conduct disorders of adolescents (Einfeld, Tonge & Rees, 2001:81).

The research cited above suggests that depressive and anxiety problems are a potentially serious correlate of conduct disorder in some part of the adolescent population. The questions that now arise are:

- 1 What causes the incidence and manifestation of conduct disorders among adolescents growing up in the Vaal Triangle townships?
- 2 Are there sufficient, if any, psycho-social intervention programmes to help township adolescents learn life-skills that will decrease their susceptibility to depression and anxiety which, according to literature findings (see section 1.1 above) co-occur with conduct disorders during adolescence, and, therefore, help them develop effective coping skills to help them deal with environmental factors that cause depression and anxiety which co-occur with conduct disorders in adolescents?

1.3 AIMS OF THE STUDY

The aims of this study are to:

- 1 investigate the incidences and manifestations of conduct disorders among adolescents growing up in the Vaal Triangle townships; and
- 2 suggest a psycho-social intervention programme to help township adolescents learn life-skills that will decrease their susceptibility to depression and anxiety which, according to literature findings (see section 1.1 above), co-occur with conduct disorders during adolescence, and, therefore, help them develop effective coping skills to help them deal with environmental factors that cause depression and anxiety which co-occur with conduct disorders in adolescents.

1.4 CENTRAL THEORETICAL STATEMENT

A support programme for assisting educators of conduct-disordered adolescents to support their learners with depressive and anxiety problems can be developed if the lifeworld and the emotions of these adolescents can be examined and understood.

1.5 PARADIGMATIC PERSPECTIVE

This study will be viewed and conducted from:

- 1 An educational psychological perspective where the following are focused on:
 - learner development, personality, and aptitude;
 - educational objectives and instructional design;
 - the learning process;
 - the psychology of teaching methods, namely selecting, organising, motivating and presenting;
 - classroom management, namely, preventing and responding to behavioural problems, obtaining learner co-operation, allowing learners to assume appropriate responsibility for managing their own learning; and
 - evaluation of results; and
- 2 The Christian world-view, based on the following stated philosophy and the biblical revelation of the nature of God:
 - The researcher believes that a co-operative community is a more effective way to function than competitive individualism, both in school and in society at large.
 - The researcher believes that the whole person, body, mind and spirit must be cared for and developed in order to achieve health, happiness, and fulfilment.
 - The researcher believes that effective living requires the balanced integration of personal, family, work and recreational needs in relation to one's fundamental values.
 - The researcher believes that learners need the support of a trusting, caring and affirming community, which can develop quickly if people reach

out to one another.

- The researcher believes in the creative potential of the learner and that this is the learner's greatest resource for building a better future.
- The researcher believes that the pioneering value of people helping people is the most effective way to transform despair into hope and to get South Africa functioning again.
- Humankind is made in the image of God and shares the capacity to love and create, to communicate and relate. As a result, humankind has the capacity to rise to great heights of love, beauty, truth and creativity.
- Human cultures reflect the value systems of those who create them and are derived from the kind of gods they worship. The kingdom hierarchy of values flows from the researcher's vision of God as the supreme value, and His revelation in scripture provides the basis for the researcher's norms and moral authority.
- A Christian ideology affirms the primary and equal value of each human being, and is committed to individual freedom and growth within the context of a mutually responsible community. The concept of the primary value of the person provides a guideline for the formulation of educational, political and economic goals and policies.

These norms represent ideals and are indications of what Jesus meant when he taught his disciples to pray that his kingdom would come on earth as it is in heaven. Normative development is a core element of adolescents' overall development and it involves their conative life. Adolescents become increasingly competent at focusing their will on the initiation and completion of intentional actions in an independent and responsible way. Normative maturity is based on consciously applied religious principles according to which good and evil are evaluated and behaviour is regulated (Tonge, Mohr & Einfeld, 2003:59).

As members of society adolescents are confronted with values, norms, usages, traditions, customs and religious beliefs. Society also lays down guidelines,

principles, rules and norms expressing its conceptions of right and wrong, proper and improper, and good and evil (Ciechomski, Jackson, Tonge, Heyney & King, 2001:18). One of the main tasks of adolescents is to develop a personal value system. The cognitive ability of adolescents to formulate, examine and draw inferences from hypotheses, as well as to think abstractly, enables them to reflect on and form a rational opinion about alternative values and religious practices (Ewart & Suchday, 2002:21).

1.6 METHOD OF RESEARCH

1.6.1 Literature study

An overview of literature pertaining to the field of study will include journals and other primary and secondary sources of information. An ERIC-DIALOG search will be performed with the following key words:

- 1 psycho-social and educational support programmes for conduct-disordered children and adolescents;
- 2 conduct-disordered adolescents, youth, teenagers, juveniles
- 3 conduct-disordered adolescents problems
- 4 juvenile delinquency;
- 5 conduct disorders;
- 6 adolescent;
- 7 adolescent depression;
- 8 adolescent anxiety;
- 9 depression; and
- 10 anxiety.

1.6.2 Empirical research

The method of research is qualitative, therefore explorative, contextual and descriptive in nature.

1.6.3 Study population

The life-world and emotions of conduct-disordered adolescents attending schools in the Vaal Triangle area of the Gauteng Province were studied and investigated through interviews where the adolescents under investigation, that is those who formed the sample of this research, reported on the following:

- 1 the frequency with which they engaged in a specific conduct and behaviour disorder during a specified reference period;
- 2 their thoughts and feelings;
- 3 the causes of their conduct disorders;
- 4 their depressive and anxiety problems;
- 5 the incidence and manifestations of their conduct-disorders; and
- 6 their opinions about help they received for their psychological problems.

1.6.4 Sample

The sample of this research consisted of randomly selected learners who are perceived as having behavioural problems, and have been reported more often than the others by other learners, their parents and other educators for being aggressive, bullying, stealing other learners' property and violation of class or school rules, from primary schools in the Vaal Triangle area of Gauteng Province. This randomly selected sample will be constituted of four learners all in primary school (n=4), three parents (n=3); a grandmother of one of the learners (n=1); four friends (n=4) four educators (n=4) a neighbour and a brother of one of the participants (n=2).

1.7 THE PURPOSE OF THE SUPPORT PROGRAMME

The support programme was developed from the themes that were developed from the results of the interviews in conjunction with relevant literature findings from chapters one to four. This programme comprises guidelines and methods on how township conduct-disordered adolescents can be assisted and supported by their educators.

1.8 DATA ANALYSIS TECHNIQUES

The collected data of the causes of psychological and social problems that conduct-disordered adolescents who formed the sample of this research manifest was analysed and interpreted by means of a thematic approach.

1.9 STRUCTURING OF RESEARCH REPORT

- Chapter 1: Orientation, statement of the problem, aims of the study, hypotheses, central theoretical statement, paradigmatic perspective, method of research, the purpose of the support programme and statistical techniques.
- Chapter 2: Adolescence and the etiology of adolescent conduct disorders.
- Chapter 3: The incidence and manifestation of conduct-disorders in adolescents.
- Chapter 4: Support programmes designed to assist conduct-disordered adolescents.
- Chapter 5: Research design.
- Chapter 6: Analysis and Interpretation of data.
- Chapter 7: Conclusion, findings and recommendations.

CHAPTER TWO

ADOLESCENCE AND THE ETIOLOGY OF ADOLESCENT CONDUCT DISORDERS, CONDUCT-DISORDERS

2.1 ORIENTATION

The period of adolescence is marked by conflicting feelings about security and independence, rapid physical changes, developing sexuality, peer pressure and self-consciousness (Beyers, Goossens, Vansant & Moors, 2003:65). This is a time of rapid physiological and psychological change, of intensive re-adjustment to the family, school, work and social life and of preparation for adult roles (Pettit & Laird, 2002:97). These changes are noticeable for their conduct disorders and behavioural accompaniments, and problems arising at this time may attract attention because the adolescent's conduct and behaviour become obtrusive in the home or elsewhere and evoke a sense of urgency for response (Yau & Smetana, 2003:27). At all times, there is in the community a large group of adolescents who are a source of concern because of their misconduct and misbehaviour and apparent unhappiness (McLanahan, 2000: 703). The adolescent years are likely to be characterised by depression, anxiety, self-doubt and conflict (Parke & O'Neil, 1999:21). Hostility and impulsive action may dominate behaviour, but these phenomena only amount to serious disturbance in a small proportion of adolescents and few require psychological treatment (Jordon & Woodward, 2003:33). Psychological disorders occurring during adolescence are coloured inevitably by maturation processes and by transient disturbances that are closely associated with adolescent developmental changes. These disorders include those present since childhood and those arising initially in adolescence, the latter having symptomatology that resembles similar disorders in adults (Lyons-Ruth, 1996:64).

Diagnostically, most of the psychological problems in adolescence fall into the categories of emotional and conduct disorders or "mixed" states (Granvold, 1996: 345). The conduct disorders 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 (Afifi & Guerrero, 1998:231). The conduct problems also include the more or less troublesome and involuntary behaviours commonly associated with adolescence: temper-tantrums, bouts of screaming and crying, surliness and episodes of commanding or pestering behaviour (Daddis & Smetana, 2005:71).

Emotional disorders according to Freedman and Combs (2002:65) involve characteristics such as feelings of inferiority, self-consciousness, social withdrawal, shyness, anxiety, crying, hypersensitivity, depression and chronic sadness.

2.2 DEFINITION OF ADOLESCENCE

The Williams (2003:36) defines adolescence as the growing up period between childhood and maturity, said to extend over a period of some 10 years. It begins with the start of puberty (that is, the time at which the onset of sexual maturity occurs and the reproductive organs become functional. This is manifested in both sexes (that is, boys and girls) by the appearance of secondary sexual characteristics (for example, in boys they include the growth of facial and pubic hair and the breaking and deepening of the voice. In girls they include the growth of pubic hair, the start of menstruation and the development of the breasts). These changes are brought about by an increase in sex hormone activity due to stimulation of the ovaries and testes by pituitary hormones (Mounts, 2001:92). In girls, this stage of development usually begins at the age of about 12 and in boys at about 14. In this research, this definition is followed but the primary focus is on the early and middle stages of the period (Pettit & Laird, 2002:97).

2.3 CHARACTERISTICS OF ADOLESCENCE

The period of adolescence is well documented as a stage of turmoil and turbulence (Tilton-Weaver & Galambos, 2003:270); storm and stress (Whiteman, McHale & Crouter, 2003:65) and difficult adjustment (Zimmer-Gembeck & Collins, 2003:190). Many of the characteristics of adolescence can affect the processes of learning, for example:

2.3.1 Freedom and independence versus security and dependence

Adolescents are faced with the task of becoming independent and separating themselves from their families, but they also need these ties. Thus, they must resolve a conflict between their desire for freedom and independence and their desire for security and dependence (Pettit, Laird, Dodge, Bates & Criss, 2001: 590).

2.3.2 Rapid physical changes

Adolescence is a period of rapid changes in physical growth and appearance, including dramatic changes in facial and body structure. Adolescents must develop a new self-image and learn to cope with a different physical appearance as well as new psychological and biological drives (Stewart & Bond, 2002:37).

2.3.3 Developing sexuality

The adolescent period is also one of developing sexuality – another change to which the adolescent must learn to adjust. The sexual dimension of adolescence may be very demanding in terms of time, energy and worry (Marshall & Watt, 1999: 91).

2.3.4 Peer pressure

Adolescents are greatly influenced by peer pressure and peer values. When the values of friends differ from those of parents, family confrontation and conflict may result (Johnson, 1998:58).

2.3.5 Self-consciousness

Adolescents tend to be very conscious of themselves – of how they look and of how they compare with group norms. This self-consciousness can lead to feelings of inferiority and withdrawal (Greene & Ross, 2001:34).

2.4 ADOLESCENT STORM AND STRESS

Collins, Gleason and Sesma (1997:8) view that adolescence is a period of heightened “storm and stress” is reconsidered in the light of contemporary research. In this chapter, a brief history of the storm-and-stress view is provided and three key aspects of this view, viz. conflict with parents, mood disruptions and risk behaviour are examined (Crouter, Head & Bornstein, 2002:46). Adolescence, in this research, is discussed in the light of this view.

2.4.1 A brief history of the storm-and-stress theory in relation to adolescent development

Buchanan (1999:803) was the first to consider the storm-and-stress issue explicitly and formally in relation to adolescent development, but he was not the first in the history of Western thought to remark on the emotional and behavioural distinctiveness of adolescence. Aristotle stated that youth “are heated by Nature as drunken men by wine”. Socrates characterised youth as inclined to “contradict their parents” and “tyrannise their teachers”. Rousseau relied on a stormy metaphor in describing adolescence: “As the roaring of the waves precedes the tempest, so the murmur of rising passions announces the tumultuous change. ... Keep your hand upon the helm,” he advised parents, “or all is lost” (Tremblay, 1999:36).

Around the time Rousseau was writing, an influential genre of German literature was developing, known as “*sturm und drang*” literature – roughly translated as “storm and stress.” The quint essential work of the genre was Thompson (1998:71) *The Sorrows of Young Werther*, a story about a young man who commits suicide in despair over his doomed love for a married woman. There were numerous other stories at the time that depicted youthful anguish and angst. The genre gave rise to popular use of the term “storm and stress,” which Hall, in 1904, adopted a century later when writing his magnum opus on adolescent development (Crouter, Helms-Erickson, Updegraff & McHale, 1999:247).

Buchanan (1999:803) favoured the Lamarckian evolutionary ideas that were considered by many prominent thinkers in the early 20th century (Rubak, 2005:19) to be a better explanation of evolution than Darwin's theory of natural selection. In Lamarck's now-discredited theory, evolution takes place as a result of accumulated experience. Organisms pass on their characteristics from one generation to the next, not in the form of genes (which were unknown at the time Lamarck and Darwin devised their theories), but in the form of memories and acquired characteristics (Karayanni, 1996:60).

Thus Buchanan (1999:804) considering development during adolescence, judged evolution to be "suggestive of some ancient period of storm and stress." In his view, there must have been a period of human evolution that was extremely difficult and tumultuous; the memory of that period had been passed ever since from one generation to the next and was recapitulated in the development of each individual as the storm and stress of adolescent development. To Hall, this legacy of storm and stress is particularly evident in adolescents' tendency to question and contradict their parents, in their mood disruptions, and in their propensity for reckless and antisocial behaviour (Ellis, 2000:436).

Although Hall is often portrayed as depicting adolescent storm and stress as universal and biological, in fact his view was more nuanced. He acknowledged individual differences, noting for example that conflict with parents was more likely for adolescents with "runder natures" (Buchanan, 1999:805).

Also, he believed that a tendency toward storm and stress in adolescence was universal and biologically based, but that culture influenced adolescents' expression and experience of it. He saw storm and stress as more likely to occur in the United States of America of his day than in "older lands with more conservative traditions" (Buchanan, 1999:805). In his view, the storm and stress of American adolescence was aggravated by growing urbanisation, with all its temptations to vice, and by the clash between the sedentary quality of urban life and what he saw as adolescents' inherent need for activity and exploration. Hall also believed that adolescent storm and stress in his time was aggravated by the failure of home, school and religious organisations to recognise the true nature and potential perils of adolescence and to

adapt their institutions accordingly, a view not unlike that of many more recent scholars (Mounts, 2002:169; Kendal, 2000:22).

In the century since Hall's work established adolescence as an area of scientific study, the debate over adolescent storm and stress has simmered steadily and has boiled to the surface periodically (Shearer, Crouter & McHale, 2005:62). Anthropologists, led by **Margaret Mead (1928:3-15)**, countered the claim that a tendency toward storm and stress in adolescence was neither stormy nor stressful. In contrast, psychoanalytic theorists, particularly **Anna Freud (1947;18)**, have been the most outspoken proponents of the storm-and-stress view. Like Hall, psychoanalytic theorists viewed adolescent storm and stress as rooted in the recapitulation of earlier experiences, but as a recapitulation of ontogenetic oedipal conflicts from early childhood rather than psychogenetic epochs (Hwang, 2002:67). This recapitulation of Oedipal conflicts provoked emotional volatility (as the adolescent ego attempted to gain ascendancy over resurgent instinctual drives), depressed moods (as the adolescent mourned the renunciation of the Oedipal parent), and conflict with parents in the course of making this renunciation (Tilton-Weaver & Galambos, 2003:269). Furthermore, the resurgence of instinctual drives was regarded as likely to be acted out in "dissocial, even criminal" behaviour (Griffiths, 1999:22).

Anna Freud (1958:255) viewed adolescents who did not experience storm and stress with great suspicion, claiming that their outward calm concealed the inward reality that they must have "built up excessive defences against their drive activities and are now crippled by the results" (**Freud, 1968:15**). She, much more than Hall, viewed storm and stress as universal and immutable, to the extent that its absence signified psychopathology: "To be normal during the adolescent period is by itself abnormal" (**Freud, 1958:267**).

In recent decades, two types of studies concerning adolescent storm and stress have appeared. A handful of studies, mostly by Buchanan (1999:13), have

focused on public perceptions of adolescence as a time of storm and stress. These studies (using American middle-class samples) have consistently found that most people in the American majority culture perceive adolescence as a time of relative storm and stress. For example, Buchanan (1999:360) found that the majority of both parents and teachers agreed with statements such as “early adolescence is a difficult time of life for children and their parents/teachers”. Buchanan (1999:610) reported that college students and parents of early adolescents viewed adolescents as more likely than elementary school children to have problems such as symptoms of internalising disorders (for example, anxiousness, insecurity and depression) and risk taking/rebelliousness (for example, recklessness, impulsivity and rudeness). Similarly, the majority of college students surveyed by Clark and Maryann (2000:64) agreed with statements such as “adolescents frequently fight with their parents”.

A second type of study, in recent decades, has addressed the actual occurrence of adolescent storm and stress, in the specific areas of conflict with parents (Dattillio, 2000:99), emotional volatility (Carr, 1999:75), negative affect (Corey, 2005:34), and risk behaviour (Daddis & Smetana, 2005:371). Storm and stress tends to be mentioned in these studies not as the primary focus but in the course of addressing another topic. Consistently, these studies reject the claim, usually attributed to Buchanan (1999:803) that adolescent storm and stress is universal and find only weak support for the claim that it is biologically based. However, the studies also consistently support a modified storm-and-stress thesis that adolescence is a time when various types of problems are more likely to arise than at other ages (Deeds, Stewart, Bond & Westrick, 1998:92).

2.4.2 Defining storm and stress

It is important at this point to address directly the question of what is included in the concept of adolescent storm and stress. Taking historical and theoretical views in combination with contemporary research, the core of the storm-and-stress view seems to be the idea that adolescence is a period of life that is difficult, more difficult in some ways than other periods of life and difficult for

adolescents as well as for the people around them (Pinquart & Silbereisen, 2002:25). This idea, that adolescence is difficult, includes the following three key elements:

2.4.2.1 Conflict with parents

Adolescents have a tendency to be rebellious and to resist adult authority. In particular, adolescence is a time when conflict with parents is especially high (Updegraff, McHale, Crouter & Kupanoff, 2001:17). Buchanan (1999:24) views 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 adolescents' 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" (Buchanan, 1999:30). Contemporary studies have established that conflict with parents increases in early adolescence, and typically remains high for a couple of years before declining in late adolescence (Noom, Devic & Meeus, 2001:50). A meta-analysis by Apsel (1999:15) concludes that within adolescence, conflict frequency is highest in early adolescence and conflict intensity is highest in mid-adolescence. One naturalistic study of early adolescents' conflicts with parents and siblings reports a rate of two conflicts every three days, or twenty per month (Darling, Caldwell & Smith, 2005:51). During the same time the number of daily conflicts between parents and their early adolescent children increases (compared with pre-adolescence), declines occur in the amount of time they spend together and in their reports of emotional closeness (Whiteman, McHale & Crouter, 2003:65). Conflict is especially frequent and intense between mothers and early adolescent daughters (Dekovic & Meeus, 1997:163).

This conflict makes adolescence difficult not just for adolescents but for their parents. Parents tend to perceive adolescence as the most difficult stage of their children's development (Richards, Miller, O'Donnell, Wasserman & Colder, 2004:33). However, it should be added that there are substantial individual differences, and there are many parents and adolescents between whom there is little conflict, even if overall rates of conflict between parents and children rise in

adolescence (Slater, 2003:30). Conflict between parents and adolescents is more likely when the adolescent is experiencing depressed and anxious moods, when the adolescent is experiencing other problems such as substance abuse (Zimmer-Gembeck & Collins, 2003:175) and when the adolescent is an early-maturing girl (Noom, Dekovic & Meeus, 1999:71).

Almost without exception, scholars emphasise that higher rates of conflict with parents in adolescence do not indicate serious or enduring breaches in parent-adolescent relationships. Even amidst relatively high conflict, parents and adolescents 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. 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 (Bumpus, Crouter & McHale, 2001:37; Darling & Cumsille, 2003:98).

This point seems well-established by research, but it does not mean that adolescence is not a difficult time for both adolescents and their parents as a result of their minor but frequent conflicts. A useful connection could be made here to the literature on stress (Rygaard, 1998:47).

This 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, the "daily hassles" of life (Crouter, Head & Bornstein, 2002:34). Thus, for parents and adolescents, 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 adolescence is a difficult time (Afifi & Guerrero, 1998:231).

Furthermore, the principal issues of conflict between adolescents and their parents may not be as trivial as they seem on the surface. Conflicts between adolescents and their parents often concern issues such as when adolescents should begin

dating and whom they should date, where they should be allowed to go, and how late they should stay out (Kosson, 1998:73).

All of these issues can serve as proxies for arguments over more serious issues such as substance use, motor vehicle driving safety and sex (Updegraff, McHale, Crouter & Kupanoff, 2001:68).

By restricting when adolescents can date and with whom, parents indirectly restrict adolescents' sexual opportunities. By attempting to restrict where adolescents can go and how late they should stay out, parents may be attempting to limit adolescents' access to alcohol and drugs, to shield adolescents from the potentially dangerous combination of substance use and motor vehicle driving, and to restrict adolescents' opportunities for sexual exploration (Darling, Palmer & Kipke, 2005:57).

Waizenhofer, Buchanan and Jackson-Newson (2004:18) maintain that 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. Because of this lack of social consensus, parents of adolescents are left with many questions that admit no easy answers (Ceballo, Ramirez, Hearn & Maltese, 2003:32). 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 (Fisher, 1999:23). Yet even parents who believe in giving their adolescents a substantial degree of autonomy may not feel that they can simply leave sexual decisions to their adolescents, particularly in a time when AIDS and other sexually transmitted diseases are prevalent (Yin & Buhrmester, 1998:90). The result is that parents and their

adolescents 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 (Wilson, 2000:15).

Some scholars (Udegaff, McHale, Crouter & Kupanoff, 2001:63) have suggested that conflict between adolescents and their parents is actually beneficial to adolescents' 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 adolescence a difficult time for adolescents and their parents even if the conflict ultimately has benefits (Lock, 1997:45).

2.4.2.2 Mood disruptions

The claim of a link between adolescence and extremes of emotion (especially negative emotions) is perhaps the most ancient and enduring part of the storm-and-stress review. Buchanan (1999:36) views adolescence as "the age of rapid fluctuation of moods", with extremes of both elation and depressed mood. Contemporary research confirms that adolescence is distinguished by high emotional volatility and a tendency toward negative moods. Smetana (2000:71) assessed the mood of adolescents at frequent intervals and found that adolescents do indeed report greater extremes of mood and more frequent changes of mood, compared with pre-adolescents or adults. Also, a number of large longitudinal studies concur that negative affect increases in the transition from pre-adolescence to adolescence (Johnson, 1998:58).

One of the most interesting and enlightening lines of research on this topic has involved studies using the Experience Sampling Method (Beyers, Goossens, Vasant & Moors, 2003:51). Also known as the "beeper method", this research entails having adolescents (and others) carry beepers 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 adolescents, including how their emotions vary in the course of a day and how these variations compare with the emotions recorded by pre-adolescents and adults using the same method (Bond *et al*, 1999:43).

The results of this research indicate that there is truth to the storm-and-stress claim that adolescence is a time of greater mood disruptions. Adolescents report experiencing extremes of emotion (positive as well as negative, but especially negative) more often than their parents do (Buchanan, 1999:50). 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. Adolescents also report greater mood disruptions when compared with pre-adolescents. Comparing pre-adolescent fifth graders with adolescent ninth graders, Strohschein (2002:15) describes 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" (South, Baumer & Lutz, 2003:10) as childhood ends and adolescence begins.

Orrell-Valente, Pinderhughes and Valente (1999:7) 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, adolescents' 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" (Eddy & Fetrow, 1999:27). Meltzer, Gatwood and Goodman (2000:27) also argue that the experience of multiple life changes and personal transitions during adolescence (such as the onset of puberty, changing schools, and beginning to date) contributes to adolescents' mood disruptions. However, Eaves, Silberg and Meyer (1997:38) emphasise that it is not just that adolescents 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, adolescents report more extreme and negative moods than pre-adolescents or adults (Frost, Johnson & Stein, 1997:62).

In addition to the ESM studies, other studies have found negative moods to be prevalent in adolescence, especially for girls. In their review of adolescent depression, Knapp, Scott and Davies (1999:219) describe a "mid-adolescence peak" that has been reported in studies of age differences in depressed mood, indicating that adolescents have higher rates of depressed mood than either

children or adults. Meltzer, Gatwood and Goodman (2000:16) analysed 14 studies of non-clinical samples of adolescents and conclude that depressed mood ("above which a score is thought to be predictive of clinical depression") applied to over one third of adolescents at any given time.

Adolescents vary in the degree to which they experience mood disruptions. A variety of factors have been found to make mood disruptions in adolescence more likely, including low popularity with peers, poor school performance and family problems such as marital discord and parental divorce (Krahe & Moller, 2004:53). The more negative life events adolescents experience, the more likely they are to experience mood disruptions (Carr, 1999:21). Generally, the results of research indicate support for the storm-and-stress view that adolescence is more likely than other age periods to be a time of emotional difficulty (Sitarenios & Parker, 1998:57).

2.4.2.3 Risk behaviour

At the beginning of a scene in "The Winter's Tale", Shakespeare (1995, Act III, Scene 3) has an older man deliver a soliloquy about the youth of his day. "I would 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. Adolescence has long been associated with heightened rates of antisocial, norm-breaking, and criminal behaviour, particularly for boys (Taylor & Biglan, 1998:41). Buchanan (1999:37) includes this as part of his view of adolescent storm and stress, agreeing that "a period of semi-criminality is normal for all healthy adolescent boys".

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 vehicle driving and risky sexual behaviour (Schmidt & Pepler, 1998:29). Unlike conflict with parents or mood disruptions, rates of risk behaviour peak in later adolescence/emerging adulthood rather than early or middle adolescence (Slater, 2003:32). Rates of crime rise in the teens until peaking at age 18, then drop steeply (Smith & Allen, 2004:92). Rates of most types of substance use peak at about age 20 (Hancox, Milne & Poulton, 2004:57). Rates of vehicle accidents and fatalities are highest in the late teens (Burns, 2003:19). Rates of sexually transmitted diseases (STDs) peak in the early twenties (Fleming & Rickwood, 2001:31), and two-thirds of all STDs are contracted by people who are younger than 25 years (Barlow, 1997:21).

The variety of respects in which adolescents engage in risk behaviour at greater rates than children or adults lends further validity to the perception of adolescence as a difficult time, a time of storm and stress. Although adolescents generally experience their participation in risk behaviour as pleasurable (Walters, 2004:35), suffering the consequences of such behaviour – contact with the legal system, treatment for an STD, involvement in an vehicle 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 (Sorenson & Jessen, 2000:19).

In this area, as with conflict with parents and mood disruptions, it is important to recognise individual differences. Adolescents 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 adolescence. Persons who exhibit behaviour problems in childhood are especially likely to engage in risky behaviour as adolescents (Van Schie & Wiegman, 1997:28). Individual differences in characteristics such as sensation seeking and impulsivity also contribute to individual differences in risk behaviour during adolescence (Ross *et al*, 2001:92). This lends substantial credence to the view that adolescence is a period of storm and stress.

2.4.3 Why adolescents exhibit aspects of storm and stress

Even if we accept Mitchell and Lagory's (2002:20) argument that adolescence is a time of heightened tendency toward storm and stress, the following questions of why this should be so remains:

- 1 To what extent do the roots of storm and stress lie in the biological changes that take place in the course of puberty?
- 2 To what extent are the roots cultural, with adolescent storm and stress being especially pronounced in cultures that value individualism?

Evidence from researchers indicates that biological changes make some contribution. With respect to mood disruptions, reviews of the effects of hormones on adolescents' moods have concluded that the dramatic hormonal changes that accompany puberty contribute to emotional volatility (Schmidt & Pepler, 1998:21) and negative moods (Vogt & Sue, 2003:43), particularly in early adolescence when the rate of hormonal change is steepest (Einfeld *et al*, 1999:40). However, scholars in this area emphasise that the hormonal contribution to adolescent mood disruptions appears to be small and tends to exist only in interaction with other factors (Solon, Page & Duncan, 2000:93).

More generally, with respect to mood disruptions as well as with respect to conflict with parents and risk behaviour, too little is known about the role of biological factors to make definitive statements at this point about the role they may play in adolescent storm and stress (Kiewitz & Weaver, 2001:32). Numerous possibilities exist concerning biological influences on storm and stress and the interaction between biological and cultural factors. For example, a phenomenon called delayed phase preference has been identified (Giller & Hagler, 1998:63), which is a tendency, based in the biological changes of puberty, for adolescents to prefer staying up until relatively late at night and sleeping until relatively late in the morning. Does the cultural practice of requiring adolescents to get up in the early morning to attend school, even earlier than young children, result for some adolescents in a sleep-deprived state that may contribute to mood disruptions and more frequent conflict with parents? Other possible biological contributors to adolescent storm and stress

include genes that may become active in adolescence and increase the likelihood of mood disruptions, as well as biological bases for developmental changes in characteristics such as emotional regulation (mood disruptions), aggressiveness (conflict with parents), and sensation seeking (risk behaviour) (Tully, 2000:69; Tolan, Gorman-Smith & Henry, 2003:40).

Even with the limitations that exist in the knowledge of biological contributions to adolescent storm and stress, it is clear that the biological changes of puberty do not make adolescent storm and stress universal and inevitable. This is easily and unmistakably demonstrated by the fact that not all cultures experience the same levels of adolescent storm and stress, and some evidently do not experience it at all (Barlow, 1997:22). Margaret Mead's original assertion to this effect has been confirmed by Schlegel and Barry (Smetana, 2000:17), in their analysis of adolescence in 186 "traditional" (pre-industrial) cultures world-wide. They report that most traditional cultures experience less storm and stress among their adolescents, compared with the West.

A key difference between traditional cultures and the West, as Coie and Dodge (1998:77) have observed, is the degree of independence allowed by adults and expected by adolescents. In the majority of cultures in the West, because of cultural values of individualism, it is taken for granted by adolescents and their parents (as well as by most Western social scientists) that children should become independent from their parents during the course of adolescence and should attain full independence by the end of adolescence (Sitarenios & Parker, 1998:27). A substantial amount of adolescent storm and stress arises from regulating the pace of adolescents' growing independence (Cunningham, 1998:12). Differences of opinion over the proper pace of this process are a source of conflict between adolescents and their parents, and part of the parents' perception of adolescence as difficult results from their concern that adolescents' growing independence may lead to participation in risk behaviour (Fleming & Rickwood, 2001:23). In contrast, independence for adolescents is less likely to be expected by adolescents and their parents in traditional cultures, so it is less

likely to be a source of adolescent storm and stress (Bensley & Eenwyk, 2001:38).

Even in traditional cultures, adolescent storm and stress is not unknown. Biological changes in combination with changing family obligations and changing economic responsibilities are common to adolescence virtually everywhere and inherently involve new challenges and, for some adolescents, at least – difficulty (Bensley & Eenwyk, 2001:30). Some ethnographies on adolescence describe conceptions in traditional cultures of adolescence as a time of mood disruptions (Singer & Miller, 1999:85). It should also be noted that differences exist among traditional cultures, with cultures that exclude adolescent boys from the activities of men being more likely to have problems with their adolescent boys than cultures in which boys take part daily in men's activities (Davies & Spurr, 1998:28). Nevertheless, adolescent storm and stress is generally more common in the industrialised societies of the West than in traditional cultures (Eaves *et al*, 1997:39).

However, all over the world, traditional cultures are becoming integrated into the global economy and are being influenced by Western (especially American) cultures through growing economic ties and through exposure to Western movies, music and television (Wen *et al*, 2003:85). Within traditional cultures, adolescents are often the most enthusiastic consumers of Western media (Eddy & Fetrow, 1999:45), and evidence shows that adolescents may embrace the individualism of the West more readily than their parents do (McLeod & Nonnemaker, 2000:42).

The limited evidence available so far indicates that adolescents in traditional cultures often are able to maintain their traditional values and practices, including low conflict with parents and low rates of risk behaviour, even as they become avid consumers of Western popular culture (Hwang, 2002:63). However, it remains to be seen whether adolescents' adherence to traditional ways and their low levels of storm and stress will be sustained as globalisation increasingly changes the nature of their daily experience. For adolescents in traditional

cultures, the results of globalisation include more time in school, more time with peers, less time spent with their parents and other adults, and more time for media-oriented leisure (Forster *et al*, 2002:11). All of these changes mean greater independence for adolescents, greater emphasis on their individual development, and less emphasis on their obligations to others. If it is true that cultural values of individualism lie at the heart of adolescent storm and stress, then it seems likely that adolescence in traditional cultures will become more stormy and stressful in the ways described here as the influence of the West increases (Ciechomski *et al*, 2001:19).

This does not mean that storm and stress is likely to increase in all respects for all adolescents in traditional cultures. Individual differences will undoubtedly exist, as they do in the West. Indeed, increased individualism means broadening the boundaries of socialisation, so that a greater range of individual differences is allowed expression (Fisher, 1999:36). Furthermore, the increased individualism fostered by globalisation is likely to result in benefits for adolescents, along with increased storm and stress. Cultural changes toward globalisation and individualism are likely to mean that adolescents in traditional cultures will have a greater range of educational and occupational opportunities than they had previously and that these choices will be less constrained by gender and other factors (Scott, 2002:103). However, the cost may be greater adolescent storm and stress. It is even possible that storm and stress will become more characteristic of adolescence in traditional cultures than in the West, because adolescents in rapidly changing societies will be confronted with multiple changes, not only in their immediate lives, but in their societies as well (Robert, 1999:90).

Wootton *et al.*, (1997:302) maintain that similar issues exist within American society. Currently, there is evidence that adolescent storm and stress may be more likely in the majority culture, the largely White middle class, than in other cultures that are part of American society (Appleton & Hammond-Rowley, 2000:6). For example, parent-adolescent conflict has been found to be more frequent in White middle-class families than in Mexican American families (Giller & Hagler, 1998:31).

In the same way that values of individualism make adolescent storm and stress

more likely in the American majority culture compared with non-Western traditional cultures, a similar difference in values may make storm and stress more likely in the American majority culture than in certain minority cultures that are part of American society. And in the same way that adolescence in traditional cultures may become more stormy and stressful as the influence of the West increases, adolescents in American minority cultures may exhibit storm and stress to the extent that they adopt the individualistic values of the American majority culture (Bond *et al*, 1999:44).

Thus, it might be expected that adolescent storm and stress would increase with the number of generations an adolescent's family has been in the United States of America. Among Asian American adolescents, for example, it has been found that the greater the number of generations their families have been in the United states, the more likely the adolescents are to exhibit aspects of storm and stress (Solon *et al*, 2000:94).

2.4.4 Why the portrayal of adolescent storm and stress in this research?

Mounts (2001:169) maintain that the theory that adolescence is stormy and stressful for many South African adolescents and for the people around them will be advocated in this research, in order to highlight conduct disorders of adolescents such as defiance, destructiveness, fighting, bullying, lying, temper-tantrums, surliness, episodes of commanding or pestering behaviour and also the emotional disorders involving characteristics such as feelings of inferiority, self-consciousness, social withdrawal, shyness, anxiety, crying, hypersensitivity, depression and chronic sadness. In their conflicts with parents, in their mood disruptions, and in their higher rates of a variety of types of risk behaviour, many South African adolescents who find themselves in a multicultural society exhibit a heightened degree of storm and stress compared with other periods of life (Kendal, 2000:21). Their parents and teachers, too, often experience difficulty from increased conflict when their children and learners are in early adolescence, from mood disruptions, during mid-adolescence, and from anxiety over the

increased possibility of risk behaviour when their children and learners are in late adolescence (Huesmann, 1999:92). However, Capaldi (2003:171) asserts that storm and stress in adolescence is not something written indelibly into the human life course. On the contrary, there are cultural differences in storm and stress and within cultures there are individual differences in the extent to which adolescents exhibit the different aspects of it.

Adolescence, in this research, is regarded as a time of "turmoil", "to be difficult" and as a time of life that is more likely than other times of life to involve difficulties such as conflict with parents, mood disruptions, and risk behaviour. Although it is true that if adolescence is expected to be a time of "turmoil", there may be adolescents whose problems go unrecognised and untreated (Crouter & Booth, 2003:19), it is also true that if adolescence is expected to be no more difficult than childhood, then adolescents who are experiencing normal difficulties may be seen as pathological and in need of treatment (Fischer & Blair, 1998:31). Also, expecting adolescence to be difficult could have positive effects. Anticipating adolescent storm and stress may inspire parents and teachers to think ahead about how to approach potential problems of adolescence if they should arise (Williams, 2003:58). Furthermore, parents, teachers, adolescents and others who expect adolescence to be difficult may be pleasantly surprised when a particular adolescent shows few or no difficulties, as will be the case for many adolescents because there are considerable individual differences in the storm and stress they experience (Stewart & Bond, 2002:20).

Finally, to view adolescence as a time of storm and stress is not to say that adolescence is characterised only by storm and stress. Even amidst the storm and stress of adolescence, most adolescents take pleasure in many aspects of their lives, are satisfied with most of their relationships most of the time, and are hopeful about the future (Noom, Dekovic & Meeus, 2001:30). Pinquart and Silbereisen (2002:25) see adolescence as stormy and stressful, but also as "the birth-day of the imagination" and "the best decade of life", when "the life of feeling has its prime" (Maughan & Rutter, 1998:18). The paradox of adolescence is that it can be at once a time of storm and stress and also a time of exuberant growth (Kendal, 2000:21).

2.5 THE ETIOLOGY OF ADOLESCENT CONDUCT DISORDERS, CONDUCT-DISORDERS

Johnson, (1998:58) posits that 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 (Haynes, Reading & Gale, 2003:13).

2.5.1 Causes of adolescent conduct disorders

Dionne, (2003:27) maintains that adolescents with conduct disorders 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:

1 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 (Darling, Palmer & Kipke, 2005:20; Fisher & Blair, 1998: 31).

2 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) (Pettit, Laird, Dodge, Bates & Criss, 2001:127).

3 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) (Tice, 2000:29; Foster, 2001:95).

4 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 (Jordon & Woodward, 2003:43).

Crouter, Bumpus, Davis and McHale (2005:86) describe these individuals as:

Social predators who charm, manipulate and ruthlessly plow 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.

2.5.1.1 Generic 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 (Griffiths, 1999:21). Brunner and his colleagues 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 (Karayanni, 1996: 60).

Marshall and Watt (1999:91) opine that 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.

From the linkage study and from biochemical analyses, Brunner and his fellow researchers believe the gene defect in these males involves the gene responsible for producing monoamine oxidase A or MAOA (Lazarus & Zur, 2002:33). 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 noradrenaline. 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 (Yau & Smetana, 2003:201). For 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 (Coatsworth, Sharp, Palen, Darling, Cumsille & Marta, 2005:29).

Flannery (2003:74), in an adoption study, has examined adopted-away adolescents of mothers who were felons and compared them with adopted-away adolescents of normal mothers. All these adolescents 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. Crowe finds that the adopted-away adolescents of felons had significantly higher rates of arrests, conviction, and conduct disorders than did the adopted-away adolescents of normal mothers. This finding suggests that at least some genetic influence on criminality and conduct disorders exist (Lewis & Kellett, 2004:127).

However, Stattin and Kerr (2000:20) have also found something else quite interesting. The adopted adolescents of felons who themselves later became criminals had spent more time in interim orphanages than did either the adopted adolescents of felons who did not become criminals or the adopted adolescents of normal mothers. As Stattin and Kerr (2000:31) 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) (Mounts, 2001:92).

Sherry, (2001:151) has 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 Stattin and Kerr (2000:23),

adding to the evidence that there is a genetic component among perpetrators of at least some forms of criminality and conduct disorders, in this case, non-violent crime.

2.5.1.2 Psychological and social dimensions

Cognitive researchers are trying to discover whether the way conduct-disordered adolescents think can help explain their disturbing conduct and behaviour. In one of several studies of how conduct-disordered adolescents process reward and punishment, Isaacs and Stone (1999: 12) set up a card-playing task on a computer, and provided five-cent rewards and fines for correct and incorrect answers to conduct and non-conduct disordered criminal adolescents. 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 conduct-disordered adolescents continued to play and lose (Bumpus, Crouter & McHale, 2001:163). As a result of this and other studies, they hypothesised that once conduct-disordered adolescents set their sights on a reward goal, they are less likely than non-conduct disordered adolescents to be deterred from that goal despite signs that the goal is no longer achievable (Coarthsworth, Sharpe, Pale, Darling, Cumsille, Pena-Alampay, 2005:36). Again, considering the types of reckless and daring activities of some conduct-disordered adolescents – deliberately destroying other's 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 some now unattainable goal seems to fit with the overall picture of a conduct-disordered adolescent (Collins & Laursen, 2000:59).

Englander (1997:69) postulates that aggressive adolescents 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 adolescents often "give in" to the problems displayed by their adolescents. For example, a mother asks her son to make his bed, and he refuses. Upset by his disobedience, the mother yells at the boy (Richards, Miller, O'Donnell, Wasserman & Colder, 2004:26). He in turns yells back and becomes abusive toward the mother. 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 (Updegraff, Madden-Derdich, Estrada, Sales & Leonard, 2002:72). Giving in to these problems results in short-term gains for both the mother (calm is restored in the house) and the adolescent (he gets what he wants), but it results in continuing problems. The adolescent 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 her demands (Cottrell, Li, Harris, D’Alessandri, Atkins & Richardson, 2003:19). This “coercive family process” is coupled with other factors, such as parents’ inept monitoring of their adolescent’s activities and less parental involvement to help maintain the aggressive behaviours of these adolescents (Waizenhofer, Buchanan & Jackson-Newson, 2004:34).

In the adoption study by Lanza-Tigues, Doukoure, Saint-Andre and Lemonnier (2003:265), 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 conduct disorder. They propound that low social status of the adoptive parents increases the risk of non-violent criminality and conduct disorders among females. They further highlight that adolescents having conduct disorders come from homes with inconsistent parental discipline (Lyons-Ruth, 1996:64).

Problems with housing and poverty are specific factors that have been linked with the development of conduct disorders (Spender & Scott, 1997:128). Ginther, Havemann and Wolfe, (2000:42) find a higher rate of conduct disorders 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), unco-operativeness in group situations, hyperactivity (“always on the go”), 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 adolescents 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 adolescents (Gergen, Gulerce, Lock & Misra, 1996:51). The large proportion of homeless families with teenage children and unsupported mothers living with adolescents in single bed-sits is an immense area of deprivation and distress. 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 adolescents (Collins & Laursen, 2004a:55). Being preoccupied with stress will effectively cut parents off from adolescents. 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 (Blair, 1999:135). Adolescents 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 adolescent'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 adolescent (Leigh & Stacy, 1998:39).

A poor marital relationship, adverse early experiences of being cared for in their own family as an adolescent or emotional and personality disturbances are all factors contributing to the conduct disorders in adolescents (Crouter, Helms-Erickson, Updegraff & McHale, 1999:24).

2.5.2 Causes of adolescent conduct-disorders

The evidence that anxiety and depression are closely related is relatively strong, based on genetic and family studies of adolescents with anxiety and depression (Parke & O'Neil, 1999:21; Collins & Laursen, 2000:59; Updegraff, McHale, Grouter & Kupanoff, 2001:22; Smetana, Campione-Barr & Daddis, 2004:14). 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 (Pettit, Laird, Dodge, Bates & Criss, 2001:58). Investigations have compared popular rating scales or questionnaires for measuring either anxiety or depression and found that they are very highly correlated (Noom, Dekovic & Meeus, 1999:77). If an adolescent has a high score on a questionnaire measuring depression, he is likely to have a high score on another, measuring anxiety (Darling,

Cumsille & Pena-Alampay, 2005:47). Almost all depressed adolescents are anxious, but not all anxious adolescents are depressed. 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 (anhedonia) and a depressive “slowing” where both motor and cognitive functions become extremely laboured and effortful (Crouter & Booth, 2003:29). Cognitive content (what one thinks about) also seems more negative in depressed adolescents than in anxious adolescents (Yin & Buhrmester, 1998:13).

Dennison, Russo, Burdick and Jenkins (2004:170) identify symptoms which are specific to anxiety as 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 affect) are anticipating the worst, worry, poor concentration, irritability, hypervigilance, unsatisfying sleep, crying, guilt, fatigue, poor memory, middle and late insomnia, a sense of worthlessness, hopelessness and early insomnia (Moore, Alvaermann & Hinchman, 2000:19).

Dekker, Nunn, Einfeld, Tonge and Koot (2002:601) opine that 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.

Evidence pertaining to each contributing factor is now reviewed separately:

2.5.2.1 Familial and genetic influences (biological dimensions)

The overwhelming body of evidence suggests that conduct-disorders are familial and almost certainly reflect an underlying genetic vulnerability (Brennan & Shaver, 1998:66). Evidence from many of these studies supports the supposition that there is a close relationship among depression, anxiety and panic. For example, data from family studies indicate that the more signs and symptoms of anxiety and depression there are in a given adolescent, the greater will be the rate of anxiety or depression or both in first-degree relatives and children of these individuals (Gregory, Schwer,

Lee, Wise & Gregory, 2004:35). In two important twin studies, Prinz and Miller (1996:161) and Tonge Einfeld and Parmenter (2000:44) have also found that the same genetic factors contribute to both anxiety and depression.

2.5.2.2 Psychological dimensions

The context and meaning of stressful life events are strongly related to the onset of conduct-disorders (Deeds, Stewart, Bond & Westrick, 1998:61). A number of studies have found a marked relationship between severe, and in some cases traumatic, life events and the onset of conduct-disorders (Fassler, 1997:95). When groups of adolescents who are already depressed and anxious are compared with matched controls, similar findings emerge in Williams' (2003:59) research. In addition for adolescents with recurrent conduct-disorders, 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 (Baker, 1998:58). Types of events most often implicated include family difficulties, continuous failure at school, or other major life changes (Rutter, Giller & Hagell, 1998:93). The context and meaning of the event are probably more important than the event itself.

Hancox, Milne and Poulton (2004:58) have reported, in their 5-year longitudinal study of adolescents, that stressful life events seem to be the major precipitant of symptoms of conduct-disorders in adolescents. They speculate that meaningful negative events in adolescence may give rise to negative attributional styles in a developmental fashion, making these adolescents more vulnerable to future depressive and anxiety episodes when stressful events occur.

Ryan and Deci (2000:70) have revised the learned helplessness theory to de-emphasise specific attributions and highlight the development of a sense of hopelessness as a crucial cause of many forms of conduct-disorders. Attributes will be important only to the extent that they contribute to a sense of hopelessness. Both anxious and depressed adolescents develop a sense of helplessness and a lack of control, but only in the midst of conduct-disorders does an adolescent give up and become hopeless about ever regaining control (Kendal, 2000:92).

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 an adolescent experiences negative or stressful events (Friedberg & McClure, 2002:17).

According to Ginther, Havemann and Wolfe (2000:60), conduct-disorders 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. According to Dekker, Nunn, Koot, Einfeld and Tonge (2000:26), adolescents with conduct-disorders 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, Krank and Johnson (1999:23) 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 overgeneralization (Hingson, Heeren & Howland, 2000:27).

Arbitrary inference describes a situation in which a depressed and anxious adolescent will draw a conclusion from a situation that emphasises the negative rather than the positive. A high school adolescent may assume he is a terrible learner because he failed mathematics in his class. He 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 is stupid or a failure in life (Bennathan & Boxall, 2000:19). To exemplify the second type of error, overgeneralization, the English teacher might make one critical remark on the learner's paper. The learner, then, assumes that she is going to fail him in the class despite a long string of very positive comments she has made and good marks she has awarded him on other papers. Thus, he would be overgeneralizing from one small remark. According to Dfes and Coram (2002:71), adolescents 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 (Nutley, Davies & Walter,

2002:22).

In addition, Dfes and Coram (2002:71) theorise that after a series of negative events in childhood, depressed and anxious adolescents may develop a deep-seated negative schema. Schema refers to an enduring and stable negative cognitive bias or belief system about some aspect of life (Schweinhart & Weikart, 1997:117). In a "self-blame" schema, adolescents feel responsible for every bad thing that happens. With a negative self-evaluation schema, adolescents believe they can never do anything correctly (Unsworth & Ward, 2001:134).

In Dfes and Coram's (2002:71) view these cognitive errors and schemas are quite automatic. That is, they are not necessarily the adolescent's conscious appraisal of the situation. Indeed, adolescents 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 (Sparks & Sparks, 2002:69). A variety of evidence has accumulated in support of a cognitive theory of conduct-disorders. For example, the thinking of adolescents who are depressed and anxious is consistently more negative than that of non-depressed and non-anxious adolescents (Zimring & Hawkins, 1997:56). Depressed adolescents think more negatively in each of the dimensions of the cognitive triad – about self, the world and the future – than do non-depressed adolescents (Beck, 1998:12). Also, depressive and anxiety cognitions seem to emerge from distorted and probably automatic methods of processing information. Adolescents 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 adolescents (Smith, Smees & Pellegrini, 2004:64).

Several studies have found that prior dysfunctional attitudes seem to predict recurrence of conduct-disorders under some conditions (Davis & Spurr, 1998:65). Also, there is some evidence that stress or a depressed and anxious mood activates negative thinking in some adolescents but not in others, suggesting that these negative styles of thinking exist in some adolescents but are latent until primed or activated (Anderson & Berkowitz, 2003:81). Considerable evidence exist that conduct-disorder of whatever types are associated with pessimistic explanatory style

and negative cognitions. Some evidence also exists that cognitive vulnerabilities are present in some adolescents to process stressful life events in a very negative way, putting adolescents at risk for developing conduct-disorders (Flood-Page, Campbell, Harrington & Miller, 2000:70). This becomes the major psychological vulnerability that, when combined with biological vulnerabilities described above, creates a slippery path to conduct-disorders (Bartholow & Anderson, 2002:83; Underwood, 1997:43).

2.5.2.3 Social and cultural dimensions

Conduct-disorders do not occur in a vacuum. They occur in an interpersonal context. Beck (1998:12), in his review of studies done on conduct-disorders 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 conduct-disorders. In the study of conduct-disorders, some researchers emphasise the social roots of the disorder and thus the need to attend to interpersonal aspects (Shaw & Winslow, 1997:148), while others stress the interaction among the illness, the depressed and anxious adolescent, and the environment (Spender & Scott, 1999:128).

In a study on depressed and anxious adolescents, Perloff (2002:50) found the following psychosocial and environmental problems to be important sources of stress that have etiological roles in conduct-disorders:

- 5 problems with the primary support group, like major life events within the family (for example, births, marriages, deaths, remarriage, serious illness); adolescent neglect and abuse, removal of the adolescent from the home; abnormal parenting; death or illness of animals
- 6 problems related to the social environment, for example, the death or loss of friend, racial discrimination, problems with neighbours, isolation of adolescents in rural communities
- 7 educational problems, like discordant relationships with teachers and peers, as well as academic difficulties

- 8 housing problems, like inadequate housing, threatened or recent eviction, homelessness, unsafe or otherwise unsatisfactory neighbourhood, dispute with neighbours
- 9 economic problems, like unemployment, poverty, threat of repossession of home
- 10 problems with access to healthcare services, for example, inadequate or inaccessible healthcare service for adolescents or their family, inadequate health insurance
- 11 problems related to interaction with the legal system, for example, adolescent arrested, imprisoned, victim of crime, ongoing litigation against the adolescent arrested or on behalf of the adolescent (for example, for compensation), when the adolescent is the victim of child abuse, interviews by the police or social services, appearance in court as a witness, and
- 12 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.

Tully (2000:68) 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 adolescent 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, who 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 (Orrell-Valente, PinderHughes & Valente, 1999:27).

Members of minority cultural identity groups often identify themselves with the dominant majority, and in their attempts to be assimilated in the dominant culture, they sometimes change their names or religion and try actively to reject and forget their old customs, language and lifestyle. Adolescents may be seen to vacillate between two or more cultures (Kraemer & Kadzdin, 1998:37). This struggle with 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 (Barclay, 1997:32).

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 adolescents (Frost, Johnson & Stein, 1997:19).

Gentile (2003:63) and Fowles (1999:45) have reported that adolescents from low socio-economic status groups scored higher on the Children’s Manifest Anxiety Scale and Children’s Depression Inventory than adolescents from high socio-economic status groups. Ballard and Lineberger (1999:41), in their study on an Indian sample of Marathi-speaking adolescents, has reported a tendency for middle-class, middle-income adolescents to score higher on the Children’s Manifest Anxiety Scale and Children’s Depression Inventory than adolescents belonging to lower-income families, though the differences are not significant. Anderson (2003:143) in his study of Indian adolescents, have reported that the adolescents of lower socio-economic class exhibited significantly higher anxiety and depression than upper class adolescents on both the General Anxiety and Depression Scale for Adolescents and the Test Anxiety Scale for Adolescents. There is a striking similarity between some of their results for upper-class Indian adolescents and those figures for Western adolescents reported by Huesmann, Moise and Podolski (1997:23) and Barlow (1997:17).

Buchanan (1999:50) 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.

2.6 CONCLUSION

Symptoms of conduct-disorders are strongly associated with conduct disorders of

adolescents (Heins & Bertin, 2002:67) and, consequently, it is necessary, in Chapter 3, to review literature on conduct-disordered adolescents.

CHAPTER THREE

THE INCIDENCE AND MANIFESTATIONS OF CONDUCT-DISORDERS IN CONDUCT-DISORDERED ADOLESCENTS

3.1 INTRODUCTION

Conduct-disorders among adolescents are significant mental health problems. A review of the adolescent literature indicates that the median rate of depression in 14 studies of non-clinical samples is 35% (Wootton, Frick & Shelton, 1997:65), while 50% of adolescent school refusers meet DSM-III (Diagnostic and Statistical Manual of Mental Disorders, 3rd ed.; American Psychiatric Association, 1980) criteria for anxiety disorders (Conduct Problems Prevention Research Group, 1999:67). There is consensus among clinical and community studies that adolescent girls report and exhibit more symptoms of conduct-disorders than adolescent boys (American Academy of Child and Adolescent Psychiatry, 1997:36). These gender differences, largely absent or possibly reversed in childhood, persist into adulthood, with the prevalence of conduct-disorders in community studies of adults being about twice as high for women as for men (Brestan & Eyberg, 1998:27).

O'Brien and Frick, (1996:24) postulate that adolescents who indicate that they have many depressive and anxiety symptoms are also likely to report many conduct disorder problems. In addition, adolescents who receive high scores on conduct disorder scales, as assessed by their educators, are also likely to receive high scores from the educator on the conduct-disorders measures (Brestan & Eyberg, 1998:181). This relationship between depressive, anxiety and conduct problems, although it is reflected in a correlation coefficient of modest size, appears to be a reliable finding.

For the purpose of this study, it will be endeavoured to provide, in this chapter, existing national and international literature data and findings through a direct focus on adolescents with conduct disorders. This chapter will highlight the incidence and manifestations of depressive and anxiety thoughts and behaviour in these adolescents, and identify possible correlates of depressive and anxiety feelings in

adolescents whose primary diagnosis is not conduct-disorders but conduct disorders.

3.2 CLARIFICATION OF CONCEPTS

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

3.2.1 Depression

Depression refers to the feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities (neurovegetative symptoms) or may bring on thoughts of suicide (Orrell-Valente *et al*, 1999:28).

3.2.2 Anxiety

Anxiety means the tendency to be nervous, fearful or worried about real or imagined problems (Prinz & Miller, 1996:161).

3.2.3 Conduct-disordered adolescents

Conduct-disordered adolescents are those who manifest the tendency of engaging in antisocial and rule-breaking behaviour like aggression or 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 (Eddy & Fetrow, 1999:28).

3.3 THE RELATION OF ANXIETY AND DEPRESSION TO NEGATIVE AND POSITIVE AFFECTIVE STATES

Negative affectivity has been described as a disposition toward negative emotionality (Tully, 2000:69) that subsumes both anxiety and depression (Conduct Problems Prevention Research Group, 1999:68). It encompasses aspects of anxiety such as nervousness, tension and worry, and aspects of depression such as anger, guilt and sadness (Cunningham, 1998:11). Negative affectivity is considered by some as essentially a mood-based personality construct (Silberg, Rutter & Meyer, 1996:37) and by others as a component of both anxiety and depression (Kosson, Steuerwald, Forth & Kirkhart, 1997: 89; Salekin, Ziegler, Larrea, Anthony & Bennett,

2003:154; Wybrow & Peter, 1997a:11).

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 (Darling, Caldwell & Smith, 2005:51). 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 (Crouter, Helms-Erickson, Updegraff & McHale, 1999:46). 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 (Mounts, Reyes, Boswell, Rueger & Silvers, 2004:22). 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.

Einsfeld, Tonge and Rees, (2001:73) 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 (Sanford, Boyle, Szatmari, Offord, Jamieson & Spinner, 1999: 38). However, Watson and Kendall (1989:499) have noted that the relation between depression and negative affectivity is slightly stronger than that for anxiety. They conclude from these 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 conduct-disorders (Koivisto & Haapasalo, 1996:91).

Differences in the conceptualisation of the construct of negative affectivity have led to some interesting debate. For example, Davis and Spurr (1998:66) have questioned whether the distinction between anxiety and depression as separate emotions is useful or even possible. Based on the findings of mono-method, multimethod, neurochemical/endocrine and co-morbidity studies, Spender and Scott

(1997:29) have 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 (Foster *et al*, 2002:12; Dekker *et al*, 2002:60; Einfeld *et al*, 2001:82).

In an extensive meta-analytic review, Yau and Smetana (2003:27) have proposed a tripartite model of anxiety and depression. As in previous studies, Yau and Smetana (2003:28) have 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.

Using a specially designed scale, Yau and Smetana (2003:40) have 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, cheerfulness 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 (Vogt & Sue, 2003:63).

Although the majority of studies focus on adult populations, the applicability of the negative affectivity construct to adolescents has received limited attention in the literature. Flannery (2003:93) reviewed evidence from clinical research to support the use of the construct with adolescents. They cite diagnostic studies showing that the depressive and anxiety disorders of adolescence frequently co-occur with about 30% of adolescents who meet criteria for a range of anxiety disorders also developing depressive symptoms after 1 to 2 years. Barclay (1997:97) 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 (Colwell & Kato, 2003:149) 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 (Durkin & Barber, 2002:73).

Much of the evidence supporting the construct of negative affectivity has come from the use of factor-analytic methods. Unfortunately, few studies with adolescent populations have made use of this methodology. Ollendick and Yule have examined depression in British and American adolescents and its relation to anxiety and fear. As with other studies, they have found that anxiety and depression are highly correlated. However, they argue that this result might be due to the inadequacies of self-report measures, namely shared item content (Vogt & Sue, 2003:63). In another study, Ollendick, Yule and Ollier have investigated the relation among anxiety, depression and fear in British adolescents. 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 (Taubery & Van Der Hall, 1997:13). Factor analysis of the Fear, Anxiety and Depression scales show that anxiety and depression items tend to load on separate factors with little overlap. The anxiety factor parallels 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 (Strohschein, 2002:14). In another article, Shaw and Winslow (1997:149) have investigated the discriminant validity of self-reported anxiety and depression in a sample of non-referred school adolescents. 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 (Anderson & Murphy, 2003:30). Unfortunately, a three-factor model (more consistent with a tripartite view) has not been tested.

Evidence from diagnostic studies in clinical samples of adolescents shows that anxiety and depression frequently co-occur. Krank and Johnson (1999:24) argued that this evidence provides support for use of the negative affectivity construct to describe this phenomenon. Similarly, Hingson *et al* (2000:28) argued that the high correlations found between anxiety and depression in self-report measures also support the notion of negative affectivity in adolescents. However, the limited evidence in adolescent samples has shown that measures of anxiety and depression in adolescents may be differentiated using a factor-analytic approach.

3.4 SOCIAL AND BEHAVIOURAL FACTORS ASSOCIATED WITH CONDUCT DISORDERS AMONG ADOLESCENTS

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 young to become competent, responsible adults. A major challenge to the process of socialisation is posed by the period of adolescence, a time of dramatic physical, psychological, and social transitions. As a consequence of these complex forces, adolescents may engage in a heightened level of conduct disorders ranging from misbehaviour in school to risk-taking and antisocial aggression (Carr, 2002:20; Buchanan, 1999:51).

Psychologists have focused on two sources of social influence on adolescents' propensity for conduct disorders, namely, family and peer factors. Family relationships (for example, parental warmth and family conflicts) and parental control in particular have been identified as significant correlates of conduct disorders among adolescents (Underwood, 1997:62). Adolescents are less likely to be involved in conduct disorders if their parents are warm and accepting, if the level of adolescent-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 (Ginther *et al*, 2000:61). Peer norms and peer

approval concerning conduct disorders are also significant sources of influence on adolescents' behaviour (Scott, 1995:44; Frost *et al*, 1997:20), in part because adolescents' conduct disorders often involve groups of adolescents (Whitebeck, Ronald, Conger, Wickrama & Glen, 1997:291) and also because adolescents, particularly early adolescents, show a high level of conformity to peers (Coie & Dodge, 1998:78). The findings of Shaw and Winslow (1997:59) further suggest that family and peer factors may be linked, that is, adolescents from families with patterns of reciprocal negative behaviour, the coercive family processes, are more likely to associate with deviant and antisocial peers, which in turn leads to delinquent behaviours.

3.4.1 Adolescent conduct disorders in cultural contexts

Only a few studies have addressed how adolescent conduct disorders are manifested in different cultures, and even fewer have addressed cross-cultural differences in the factors that influence adolescent conduct disorders. Most of the comparative studies of adolescent conduct disorders and other problematic behaviours involving non-Western populations have been conducted by Weisz, Achenbach (Rygaard, 1998:247; Peterson, 1999:39).

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 overcontrolled or internalising problems (for example, fears and somatic concerns) than their European and American counterparts, whereas Europeans and Americans displayed a higher level of undercontrolled or externalising problems (for example, arguing and disobedience at home).

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 undercontrolled problem behaviours. Although these studies suggest the importance of cultural factors in understanding adolescent problem behaviours, they nonetheless do not directly assess specific dimensions of the socio-cultural contexts

in which these behaviours occur. Such information on the correlates of conduct disorders 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 (Mounts, 2001:92).

Thus far, only two studies have explored the family correlates of adolescent conduct disorders. In a study of Danish adolescents' risk behaviours (for example, speeding, substance abuse, and unsafe sex), Eaves, Silberg and Meyer (1997:38) 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 adolescents' risk behaviours. 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 adolescent conduct disorders, high school students in Hong Kong have reported a lower level of conduct disorders than did their American and Australian counterparts (Israel *et al*, 2001:69), but differences in parental monitoring were consistently related to levels of adolescent conduct disorders 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 (Dattillio, 2000:19) find significant differences in mean level of conduct disorders between Chinese and Americans, whereas Beren (1998:37) does not, these 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 (adolescents' self-report versus teachers' and parents' reports). The results of the study by Huesmann *et al* (1997:24) show clear cross-cultural differences and similarities in the level and nature of adolescent conduct disorders and in the correlates of conduct disorders.

3.4.2 Impact of exposure to community violence on violent behaviour, conduct-disorders among adolescents

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 (Barlow, 1997:18). 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 (Aber *et al*, 2003:25). By adolescence, most of these youths have witnessed stabbings and shootings, and one third have witnessed a homicide (Underwood, 1997:44). Other researchers have found similar alarming statistics. For example, Silberg, Rutter and Meyer (1996:37) have 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, Pettit and Laird (2002:98) have 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 adolescents are involved in or are witness to violent events, and underscore the need to examine systematically the consequences of chronic exposure to violence on adolescents (Stewart & Bond, 2002:38).

In addition to the physical aftermath of violence, the psychological repercussions associated with exposure to violence for adolescents are becoming more evident (Mounts, 2002:58). Witnesses of violent crime frequently endure extended periods of conduct-disorders along with feelings of grief and stress (Zimmer-Gembeck & Collins, 2003:191). Collins, Gleason and Sesma (1997:8) have found that the perpetration of violence within a sample of African American elementary school-age children was positively correlated with previous exposure to violence and levels of conduct-disorders. Their findings suggest that exposure to high levels of violence and involvement in violent behaviours could result in higher levels of conduct-disorders among the youth. Both chronic and acute exposure to witnessing violence

have also been associated with posttraumatic stress disorder, particularly among younger children (Spender & Scott, 1999:129). More generally, Beck (1998:13) found significant relations between level of violence exposure and depression, including symptoms such as intrusive thoughts, nervousness, loneliness, sleep problems and worrying about being safe, in a sample of elementary school students living in low-income neighbourhoods.

A plethora of researchers have suggested that repeated exposure to high levels of violence may cause adolescents to become uncaring toward others, and desensitised toward future violent events (Pepler *et al*, 2002:54; Marshall & Watt, 1999:65; Lyons-Ruth, 1996:64). Kendal (2000:93) noted similarities between adolescents exposed to community violence and adolescents living in combat areas. They also describe a classification of pathological adaptation to chronic violence. Included within this classification are conditions involving generalised desensitisation to continued threats and consequences of violence. Knapp *et al* (1999:220) also hypothesise that adolescents who have been exposed to chronic levels of community violence may act uncaring and emotionally desensitised because of having to deal with so much hurt and loss. In their study, mothers of African American adolescents in a New Orleans community described the violent events witnessed by their children in a "matter of fact" manner. That is, they had become so accustomed to violent events occurring on a daily basis that they started to think of them as normal events. Other researchers have reported similar finding. American Psychiatric Association (2000:19) has reported that adolescents in a predominantly African American sample of elementary school children growing up in inner-city communities in Chicago became less sensitised to the violence that they frequently witnessed. Additionally, Chang, Steiner and Ketter (2000:453) have reported that a predominantly African American sample of eighth and ninth grade adolescents living in a high-crime community who witnessed shootings, police raids, or even a dead body thought of the events as "nothing special". These findings may partly account for the results of a study by Dasari, Friedman and Jesberger, (1999:155) found that higher levels of chronic exposure to witnessing violent acts are associated with lower levels of conduct-disorders in a sample of low-income African American youths. They suggest that these adolescents may have possessed an ability to insulate themselves from the violent events, and thus were less affected

by these experiences. These findings contradict those of other studies that have found positive relations between exposure to violence and conduct-disorders (Funk & Elliott, 2003:86).

Social cognitive theory suggests that exposure to violence increases the likelihood that adolescents will engage in future aggression and violence. Geller and Luby (1997:168) have found that previous exposure to violence was the strongest predictor of current use of violence. Kowatch and Bucci (1998:173) have also reported a significant relation between exposure to chronic community violence and aggressive behaviours among elementary school children living in a violent community. These findings are consistent with **Bandura's (1997:129)** suggestion that exposure to violence can teach new violent and aggressive behaviours to adolescents and weaken adolescents' disinhibition about behaving aggressively.

Exposure to violence is, of course, just one of a multitude of factors that have been associated with youth violence. Sigurdsson, Fombonne, Saval and Checkley (1999:121) have found that factors such as family relationships, problem school behaviour, substance use, and delinquent behaviour are all related to adolescent violent behaviour. Economic disadvantage, stressful events, television violence and victimisation have also been found to be strong predictors of violent behaviour (Steiner, 2000:12). Using a longitudinal analysis, Strober, DeAntonio and Schmidt-Lackner (1998:145) have found that low economic status is associated with violent behaviour early in development, and that stressful events and beliefs about aggression predict aggression later in development.

The generalisability of several studies examining the effects of exposure to violence has been questioned (Tondo, Baldessarini & Hennen, 1998:405). For example, Geller, Zimmerman and Williams (2001:125) have examined adolescents after a specific traumatic event (a sniper attack on the school playground). Thus, their results may only apply to students who have experienced a severely traumatic incident. It would be difficult to conclude that these adolescents have experienced the same effects as adolescents who are exposed to chronic community violence. In addition, the specific methodology of various research studies also limits the generalisability across different groups as well as many of the conclusions one can draw from them (Geller, Craney & Bohofner, 2000:303). In particular, most of the

research in this area has been based on cross-sectional designs that do not allow researchers to examine the effects of exposure to violence over time.

3.4.3 Prospective childhood predictors of deviant peer affiliations in adolescence

A large number of studies have examined the risk factors and life processes associated with the development of antisocial and substance-abuse behaviours in adolescence (Lewinsohn, Klein & Seeley, 2000:281). A result that has emerged consistently from many studies is that the nature and quality of peer affiliations in adolescence 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 adolescent substance use (Goodyer, Herbert & Tamplin, 2000:99; Gunderson & John, 2001:5).

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

- 1 First, these affiliations may play an influential role in shaping adolescent 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 (Mason, Paul & Kreger, 1998:13; Moskowitz, 1997:34; Santoro & Cohen, 1997:29).
- 2 Second, it is possible that linkages between adolescent peer affiliations and adolescent adjustment arise because the development of peer affiliations may be symptomatic of adolescents who are at risk of delinquent or substance-using behaviours by virtue of their social, family, or individual backgrounds (Thornton, 1998:32).

For both reasons, the study of the life processes and risk factors that lead to the formation of deviant peer affiliations in adolescence 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 (Thornton, 1998:24).

In contrast to the large 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 (American Psychiatric Association, 1996:17). However, the existing research evidence has identified a range of factors that are associated with increased risks of deviant peer affiliations in adolescence. These factors include:

- 1 family, social and economic disadvantage (Clark & Maryann, 2000:79);
- 2 inept parenting styles and compromised parent-child relationships (Greene & Ross, 2001:22; Hamilton, 2000:19);
- 3 family adversity and parental deviance (Koplewicz, 1996:70; Lynn, 2000:62);
- 4 peer rejection in early and middle childhood (Papalos & Papalos, 1999:17);
- 5 academic or other problems at school (Phelan, 2000:29); and
- 6 the development of early-onset antisocial behaviours (Waltz, 2000:84).

Collectively, this evidence suggests that the development of deviant peer affiliations in adolescence 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 adolescence.

3.5 EARLY-LIFE FAMILY DISADVANTAGES AND CONDUCT-DISORDERS IN ADOLESCENCE

There is considerable evidence from population studies (Williams, 2000:57) and other cohort studies (Amador & Johnson, 1997:97) that adolescents who have been exposed to adverse life events in middle or later childhood are at increased risk for adolescent conduct-disorders.

Over the past decades there has been an impressive accumulation of evidence that poor maternal care in childhood (Carter, 1998:19; Bremner & Boyle, 1995:36), unsatisfactory child/parent relationships (Koplewitz, 1996:20), parental "affectionless

control" (Marsh & Dickens, 1997:35), and parental marital problems or marital separation (Mondimore, 1999:23) are associated with an increased risk of suffering from conduct-disorders in adolescent 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 (Papolos & Papolos, 1997:53). The study was first continued up to age 5 and then up to age 15 (Sheffield, 1998:23). 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.

From 1979 to 1981, Wybrow (1997a:32) and Drake, Robert and Mueser (1996:43) have followed up a stratified sample of the 847 index children still in the study in 1952. 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 (Wybrow, 1997b:43).

Ryglewicz and Pepper (1996:27) have employed the following six categories of long-standing family disadvantages in their definitions:

- 1 Family/marital disruption (divorce, separation or marital instability)
- 2 Parental physical illness.
- 3 Poor physical care of child and home.
- 4 Social dependence (which included serious debt, unemployment, and reliance on National Assistance).
- 5 Family overcrowding.
- 6 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 (Steinwaschs & Flynn, 1996:77). 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 adolescent age (Apsel, 1999:36). In the National Cohort Study, Baker (1998:58) has shown that those subjects who had experienced multiple adversities 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, Barry and Gilo (2002:33) in their study of adolescent 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 adolescence. 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 (Booker, Hoffschmidt & Ash, 2001:81).

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" (Burns, 2002:221). Nevertheless, this small proportion accounted for a relatively high percentage of "caseness" or "best-estimate diagnoses" of conduct-disorders. 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 adolescence (Dalby, 1998:59).

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:

- 1 family or marital instability;
- 2 both poor physical care and poor mothering; and

3 both social dependence and overcrowding during childhood (Davis, 1999:72).

Based on retrospective reports, Devieux, Malow, Stein, Jennings, Lucenko, Averhart and Kalichman, (2002:24) have found a strikingly similar odds ratio for adolescent conduct-disorders where subjects had been exposed to parental divorce. They also used logistic regression analyses. After controlling for socio-economic status using MANOVA, Griffiths (1999:22) 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 conduct-disorders in adolescence have used retrospective recall measures (Friedman-Lombardo, 1999:82). Since the studies of Cain and Seeman (2002:54) have not employed adequate measures of parenting and care, the study of Gonzalez (1998:56) 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 adolescence.

The findings in the study by Grilo, Sanislow, Fehon, Martino and McGlashan (1999:53) suggest that females are especially vulnerable in view of having conduct-disorders in adolescence, if they experienced both poor mothering and poor physical care in childhood. Thus, it is important to note the convergence between the results in this prospective study and the findings for females where the data were collected retrospectively. The measure of parental indifference used by Hiatt and Cornell (1999:64) come nearest to the parenting index employed by Hynan, Pantle and Foster (1998:267). After controlling for adolescent adversity, they have found a comparable odds ratio of 2,6 when comparing groups with and without adverse early parenting experiences (Johnson, 1998:51).

In the study by Kashani, Nair, Rao and Nair (1996:64), there has been a strong association of the experience of both family social dependence and overcrowding in childhood, with conduct-disorders in adolescence. Madison and Ruma (2003:213) do not report an association between an overall index of material home conditions, but there is a link between overcrowding in childhood and affective symptomatology

in adolescent females. However, this link is not confirmed when using multivariate analyses.

3.6 THE RELATIONSHIP OF ADOLESCENT SUICIDALITY TO CONDUCT DISORDERS, CONDUCT-DISORDERS

Adolescent suicide has been found to be related to a number of variables:

- 1 age (suicide ideation is more prevalent among older adolescents) (Murrie & Cornell, 2002:34);
- 2 gender (higher incidence of thinking about suicide is found among girls) (Murrie & Cornell, 2002:390);
- 3 low self-esteem (Murrie & Cornell, 2000:110);
- 4 the belief that one lacks control over the outcomes of one's life (external locus of control) (Peterson, 1999:39);
- 5 negative stress (Pinsonneault, 2002:32);
- 6 insufficient social support in terms of quantity and quality (Price, 1999:64);
- 7 feelings of anomy (Pryor & Wiederman, 1998:291);
- 8 perception of oneself as less healthy than others (Romm, Bockian & Harvey, 1999:125); and
- 9 alcohol and drug use (Sacks, 1998:28).

Moreover, many studies have revealed a relationship between suicidal behaviour, conduct-disorders (Salekin, Larrea & Ziegler, 2002:35). Conduct-disorders have been found to be related not only to suicide but also, in terms of the aforementioned variables, to the following:

- 10 age (depression is less common in early adolescence than in later adolescence) (Salekin, Ziegler, Larrea, Anthony & Bennett, 2003:154);
- 11 gender (more girls than boys become depressed) (Stafford & Cornell, 2003:102);
- 12 low self-esteem (Velting, Rathus & Miller, 2000:81);

13 a sense of lack of control over the outcomes of one's life (external locus of control) (Thompson, 1998:32);

14 negative stress (Stalenheim, Eriksson, von Knorring & Wide, 1998:79);

15 lack of social support and feelings of anomy (Smith, Gacano & Kaufman, 1998:54);

16 perception of oneself as less healthy than others (Slovenko, 1999:53); and

17 alcohol and drug use (Sells, 1998:17).

Studying conduct-disorders cannot be a substitute for directly studying suicidality (Sanford, Boyle, Szatmari, Offord, Jamieson & Spinner, 1999:38). Rygaard, (1998:247) using a modified Beck Hopelessness Scale, has found that suicidal risk corresponded more with hopelessness than depression and/or anxiety. Conduct-disorders dynamics have failed to explain suicidal behaviour in other psychiatric groups (Rutter, Giller & Hagell, 1998:17).

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/conduct disorders in suicidal adolescents (Rogers, Johansen, Chang & Salekin, 1997:25). Adolescents with conduct-disorder who attempt suicide often deny depression and demonstrate non-suicidal, self-mutilatory behaviour (O'Brien & Frick, 1996:24). Many suicidal adolescents have had legal troubles, and incarcerated adolescents are at extreme risk for suicide (Nesca, Dalby & Baskerville, 1999:17).

Difficulty in correctly identifying adolescents at risk for suicide may be due to a lack of attention to differences among developmental levels in suicidality theories (Munger, 1998:26). Constructs heretofore used to explain suicide in adults do not adequately explain suicide in adolescents who are in the throes of developmental progression. Meloy and Gacano (1998:95) describe suicidal adolescents 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 adolescent suicidality. One major psychological task of adolescence is separation from parents and infantile dependencies and wishes, and the findings of new people to love (Millon, Simonsen & Birket-Smith, 1998:3). Suicide has been termed a "failed attachment" (Meloy & Gacano, 1998:95).

Lynam (1998:6) has developed the Adolescent Separation Anxiety Test (SAT), a semi-projective measure of reactions to separation experiences. The SAT's theoretical underpinnings lie in Bundy (2004:47) attachment theory. Lynam (1996:209) sees separation problems as involving a balance between separation-individuation and attachment-interdependence. Apsel (1999:39) has used Hansburg's SAT to study suicidal teenage girls. She has found the suicidal adolescent girls to be less individuated, with more regressive/symbiotic attachments, than non-suicidal teenage girls. The adolescent girl seeks relief from abandonment depression and separation anxiety by recapturing in suicide a symbiotic state (Kosson, Steuerwald, Forth & Kirkhart, 1997:89).

3.7 THE ASSOCIATION BETWEEN DEPRESSION, ANXIETY AND SUBSTANCE USE IN ADOLESCENTS

There are reasons to consider the relationship between conduct-disorders and cigarette, alcohol, marijuana, and harder drug use (Lassiter, 1998:29; Kosson, 1998:73; Lynam, 1997:25). Over the past 30 years an abundance of research on adolescents and young adults has investigated the relationships among depression, anxiety and substance use (Lilienfield, 1998:99; Kirwin, 1997:17). The results of these studies suggest that adolescents or young adults who are heavy cigarette, drug or alcohol users are more likely to show signs of conduct-disorders than light or non-users (Koivisto & Haapasalo, 1996:91). Researchers and practitioners have typically concluded that there is a strong association between depression, anxiety and substance use among adolescents (Hart & Dempster, 1997:23).

Heide (1998:13) reports widely disparate relationships 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 adolescents; however, this relationship was highly significant for white adolescents, with higher levels of

conduct-disorders 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.

Barlow (1997:10) reports socio-economic status (SES) differences in levels of conduct-disorders among adolescent substance abusers. The high socio-economic status, white adolescent 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 adolescent substance abusers. Their findings suggest that the relationships among depression, anxiety and substance use may vary across social class.

Barlow (1997:10) states that the low success rates among treatment programmes for drug-abusing adolescents may be related to a failure to "take into account the possibility that adolescents from different ethnic or socio-economic backgrounds may take drugs and alcohol for different reasons: drug and alcohol use may not be related to conduct-disorders for lower socio-economic status adolescents as it is for higher socio-economic status adolescents".

In his study, Hodgins (1997:33) used both quantitative and qualitative methods to explore the relationships among depression, anxiety and cigarette, alcohol, marijuana and harder drug use in two culturally divergent school environments, that is, an inner-city public high school and a suburban public high school.

They have found the following:

- 1 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 conduct-disorders for the suburban sample.

Depression, however, was not significantly correlated with any of these substances in the urban sample.

- 2 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 conduct-disorders scores. The findings were similar for their suburban sample.

Males and females did not have significantly different conduct-disorders scores, but again, the girls were over-represented in the top 10% of the sample with 11 of the 16 highest conduct-disorders scores.

- 3 For the girls in the suburban sample, conduct-disorders 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 conduct-disorders 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.

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 (Hare, 1998:188).

3.8 SOMATIC SYMPTOMS IN ANXIOUS-DEPRESSED SCHOOL REFUSERS

Research studies have found that somatic complaints are significantly associated with anxiety and depression in adolescent psychiatric samples (Garbarino, 1999:32; Fisher & Blair, 1998:11). It appears that somatic complaints are frequently endorsed by adolescents with psychiatric disorders (Easterbrook, 1999:52). Eddy (1996:12) has examined somatic complaints in outpatient adolescents with anxiety disorders ($N=158$) and has found that somatic symptoms were common. In a study by Englander (1997:23), somatic complaints in adolescent 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 Cox (1997:33).

A study of outpatient adolescents with anxiety disorders has found that those who reported more somatic complaints were more likely to be older and to demonstrate school refusal (Daderman, 1999:22). 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 absences may be related to the severity of somatization, anxiety, and depression, is compelling. This is important to delineate because missing school is associated with substantial sequelae for the adolescent, including loss of peer relationships and academic difficulties (Brandt, Kennedy, Patrick & Curtin, 1997:42).

Brennan and Shaver (1998:35) have investigated school refusal in anxious and depressed adolescents and have found that:

- 4 The most commonly endorsed somatic symptoms in this outpatient adolescent 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 Children and Adolescents – Revised-Adolescent Version and Parent Version (DICA-R-A) instruments. Furthermore, these results are in agreement with those of Brennan and Shaver (1998:35), who investigated the most frequently reported physical symptoms in a group of adolescents 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 gastrointestinal and cardiovascular categories, respectively. In an inpatient adolescent sample (N=96), including a subgroup with co-morbid anxiety and depressive disorders (N=64), Brinkley, Newman, Harpur and Johnson (1999:87) 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.
- 5 Simple regressions demonstrated that the Revised Children's Manifest Anxiety Scale and Beck Depression Inventory each has 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 co-morbid anxiety and depressive disorders). Brown (1999:25) has evaluated children with anxiety disorders and found their somatic complaints to be related more to anxiety disorders than to depression. Moreover, Christian, Frick, Hill and Tayler (1997:23) have studied depressed and non-depressed controls and concluded that their somatic complaints increased with the severity of depression, regardless of anxiety levels.

- 6 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. Adolescents endorsing severe gastrointestinal symptoms compared with those reporting no gastrointestinal symptoms were 8.4 times more likely to have separation anxiety disorder. In the study conducted by Beren (1998:12), abdominal pain and palpitations were significantly more common in adolescents with separation anxiety disorder. Thus it is less clear why adolescents 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.
- 7 Another possibility is that subjects with separation anxiety disorder represent a younger, more immature subset of adolescent school refusers. As such, their symptoms may be less severe, which is reflected by the significantly better school attendance pattern found in adolescents with separation anxiety disorder. Furthermore, somatic symptoms may turn out to be influenced by physiological development. According to Black (1999:17) and Blackburn and Fawcett (1999:14), vulnerability to panic attacks and panic disorder is associated with

increasing pubertal development in adolescence. It is possible that cardiovascular symptoms, commonly found in panic disorders, are also associated with physiological development, becoming more prominent in older subjects.

- 8 Avoidant disorder was negatively associated with muscular symptoms. This finding is somewhat difficult to interpret. However, it may be that avoidant adolescents are less social and also less physically active, and thus experience fewer muscle aches, which were commonly reported by subjects in the research by Blair, Sellars, Strikland and Clark (1996:15) in relation to physical activity.
- 9 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 adolescents report as reasons for non-attendance at school (Beren, 1998:16).

3.9 CONCLUSION

The literature findings presented in this chapter have important clinical implications for the medical, psychiatric and educational care of adolescents. A high absentee rate, aggression or 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; suicidality, cigarette, alcohol, marijuana and harder drug use; and somatic complaints should serve as a “red flag” to parents, school administrators, and physicians that an adolescent might be experiencing anxiety and/or depression. Knowledge that conduct disorders are commonly an expression of underlying anxiety and depression is of particular importance because conduct disorders like absence from school, marijuana and harder drug use have the potential to significantly affect academic achievement and the development of peer relationships.

CHAPTER FOUR

SUPPORT PROGRAMMES DESIGNED TO ASSIST CONDUCT- DISORDERED ADOLESCENTS

4.1 INTRODUCTION

Effective support programmes can prevent the development of conduct disorders such as, *inter alia*, aggressiveness, destructiveness, lying, cheating, stealing, truancy and disobedience of parents and teachers among adolescents (Black, 1999:13). In their efforts to support learners, educators need to listen, reflect and clarify the adolescents' needs and feelings in order to help them solve their own conduct disorders (Blackburn & Fawcett, 1999:15). Sorting out adolescents' problems does not help them in the long term and can be disempowering (Blair, Sellars, Strikland & Clark, 1996:16). The educator may offer practical advice if required, but is more likely to use skills that allow adolescents to gain a new perspective and new solutions to the problems being faced (Klinterberg, 1996:57). Ideally, the educator should be warm, trustworthy, understanding, accepting and empathetic towards the adolescent, irrespective of the predicament at hand (Bukstein, 1997:140). Most importantly, the educator must not assume a judgmental or dismissive attitude towards the conduct-disordered adolescents (Center for Substance Abuse Treatment, 1998:45). In this relationship the educator should always respect the adolescents' right to reach their own solutions (Drake & Mueser, 1996:35).

In this chapter the concept **support** will be defined and the following will be discussed:

- 1 basic principles of supporting adolescents;
- 2 aims of supporting learners in secondary schools;
- 3 individual support;
- 4 support in groups; and

5 supporting conduct-disordered adolescents.

4.2 DEFINING SUPPORT

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

- 1 It is a relationship. The emphasis here is on the quality of the relationship offered to the adolescent. Characteristics of a good helping relationship are sometimes stated as non-possessive warmth, genuineness and a sensitive understanding of the adolescent's thoughts and feelings (Barak & Golan, 2000:100).
- 2 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 adolescents. 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 problems "upstream", with the systems causing them rather than "downstream" with individual adolescents (Friedman, 1999a:60; Gergen, Gulerce, Lock & Misra, 1996:96).
- 3 It emphasises self-help. Helping is a process with the overriding aim of helping adolescents to help themselves. Another way of stating this is that all adolescents, 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 (Slater, Henry, Swaim & Anderson, 2003:30).
- 4 It emphasises choice. Helms and Cook (1999:91) 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" (Leung, Guo & Lam, 2000:81). Supporting aims to help adolescents with conduct disorders to become better choosers.

- 5 It focuses on problems of living. Supporting 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. 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 (Marchetti-Mercer & Cleaver, 2000:61). 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 (Pedersen & Leong, 1997:17). This is despite constraints in themselves, from others and from their environments. Though helping skills may be used with vulnerable groups like depressed and anxious adolescents, helpers are mainly found in non-medical settings (Poasa, Mallinckrodt & Suzuki, 2000:32).
- 6 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 supporters and conduct-disordered adolescents can be in the process of influencing each other (Rogler, 1999:24). 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-support process (Moore, Alvermann & Hinchman, 2000:19).

- 7 The American Psychology (Wiske, 1998:24) defines support as:

Helping adolescents towards overcoming obstacles to their personal growth, wherever these may be encountered, and towards the optimal development of their personal resources.

- 8 Rycik and Irvin (2001:14) define support as follows:

People become engaged in support when a person, occupying regularly or temporarily the role of educator, offers or agrees explicitly to offer time, attention and respect to another person or persons temporarily in the role of conduct-disordered adolescent.

- 9 Wiggins and McTighe (1998:34) define support as a facilitative process in which the educator, working within the framework of a special helping relationship, uses specific skills to assist young people to help themselves more effectively.

- 10 Kruger (1995:70) defines 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 adolescents to help themselves", "offers or agrees", "explicitly" and "focuses on problems of living". These terms within the definitions of support provide the nature and range of support practice, namely:

- 11 support is not viewed simply as a means of providing help in the form of information, advice, or support, but as a complex, interpersonal interaction, which in itself promotes growth and change (Karayanni, 1996:58);
- 12 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 (Tauber & van der Hal,

1997:15);

13 specific helping skills include communication techniques, and specialised skills which are employed to help change feelings, thoughts or behaviour (Shuval & Bernstein, 1996:65);

14 self-support, which is the most desirable and permanent help, where the adolescent accepts responsibility for changing to a more satisfactory way of living, and participates actively in the process (Warhurst, 1996:19); and

15 support, which can only begin when the educator has explicitly agreed to offer his or her services, and when the adolescent with problems has clearly and explicitly accepted that offer (Winslade & Monk, 2000:36).

Support is, therefore, considered as a process of helping adolescents 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 (Schoenbach, Greeleaf, Cziko & Hurtwitz, 2000:14).

For the purposes of this research, support is defined as a process which aims to help conduct-disordered adolescents, who are mainly seen outside medical settings, to help themselves by making better choices and by becoming better choosers. The supporter's repertoire of skills includes those of forming an understanding relationship, as well as interventions focused on helping adolescents change specific aspects of their feeling, thinking and acting (Schunk & Zimmernan, 1997:34).

4.3 BASIC PRINCIPLES OF SUPPORTING ADOLESCENTS

In a supporting relationship the educator should always respect the adolescent's right to reach his or her own solutions. Advice may be given for practical problems but this is a small part of what support is about. The following are some of the most important contributions to effective support:

4.3.1 Supporting the adolescent

Effective educator supporters require both good facilitative or relationship skills and good training skills. The majority of adolescents are stuck and require more active help to provide skills to move forward. The supporting relationship is central to this development process in many ways (Allen, 2000:20). Such ways include strengthening the working alliance, helping assessment and adolescent self-assessment, assisting adolescent self-exploration and experiencing of feelings, providing the emotional climate for adolescents to take risks and also look more closely at the consequences of their behaviour, and allowing adolescents to be open about difficulties in implementing life skills (Moore, Bean, Birdyshaw & Rycik, 1999:84). Adolescents are likely to gain most from helpers and educators who both offer good supportive relationships and also impart skills effectively. The supporting relationship highlights an active approach to training and human development (Baumeister, Campbell, Kreuger & Vohs, 2003:1). Support is utilised by reality educators to maximise adolescents' awareness, anticipation, and expectation of a positive outcome. Adolescents with a failure identity require much support, particularly as they put 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 adolescents are to commit themselves seriously to new behavioural patterns since adolescent commitment is often only as strong as the adolescent-educator involvement (McCombs & Barton, 1998:24).

Accepting adolescents as persons of worth, seeking adolescents' opinions and asking for their evaluations of their present behaviour, expresses faith in adolescents' abilities to change, providing for successfully completing a plan of action are supportive. Encouragement and support not only increase adolescent motivation but also serve to communicate feelings of worth to the adolescent (Luke

& Elkins, 1998:4).

Feeling more worthwhile, adolescents need not exert as much energy controlling perceptual errors in this particular station of their minds (Blythe, 1998:19), and the energy they once directed toward controlling for perceptual error may now be focused on living more effectively and responsibly (Collins, 1997:112).

4.3.2 Respect for the adolescent

In the process of experimenting with new ways of thinking and behaving, adolescents are often unsure of themselves and tend to personalise everything. They need ongoing reassurance, both in the way the educator speaks and acts, that the educator recognises and genuinely respects them for who they are, and for what they think and say, even if the educator happens to disagree with them (Bundy, 2004:43).

It is sometimes more important for an adolescent to feel that his opinions and feelings have been taken into serious consideration, than to receive solutions to his problems, however relevant or logical these solutions may be (Karayanni, 1996:59). The educator supporter must bear in mind that there is a generation gap, and a growing dependence on the peer groups for setting standards. The educator must be prepared to be accused of not understanding or "not being with it", and where this is valid, the educator 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 educator does not agree with a specific issue, he must make this clear, but give his reasons (Shuval & Bernstein, 1996:66).

4.3.3 Listening to the supportee

Effective listening is the cornerstone of support. It provides the basis for making sense of the supportee's problem and helps him or her feel understood. Listening involves active attention by the educator. It is not a passive or simple process. Effective listening involves listening to the supportee's words, recognising the feelings behind the words, taking note of body language, and the feelings behind silences. The feelings aroused in the educator should also be identified (Barnett & Scheller, 2002:91).

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 supportee's discovery of his or her own solutions. Even experienced educators can fall prey to these pitfalls (Baumeister, Campbell, Kreuger & Vohs, 2003:44). The educator must listen to his or her own feelings to ensure that they do not interrupt the process of listening to the supportee. For example, if the supportee says something that makes the educator feel uncomfortable he or she should avoid trying to deal with this discomfort by changing the subject or attempting to placate the supportee (Bernard, Hutchison, Lavin & Pennington, 1996:115).

4.3.4 Clarifying the supportee's needs and feelings

During the process of ongoing listening the educator should ask a few key questions to ensure he or she has understood the supportee correctly and to draw the 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") (Bertolino & O'Hanlon, 2002:17). Clarifying questions should assist rather than interfere with the listening process. Open-ended questions are preferable as they can help supportees to elaborate further on what they are saying. The educator should never interrupt the supportee to ask questions (Cain & Seeman, 2002).

An example of an open-ended questions is: "How does that make you feel?" and of a close question, "Are you angry?"

4.3.5 Focusing on what the supportee has said in order to make it clearer to the educators, and understanding the supportee's needs

This is done by:

4.3.5.1 Reflecting

Reflecting is the process of communicating to the supportee how one, as educator, has understood the supportee's feelings and perceptions. Reflecting involves the educator acting as a mirror. The educator reflects back to the supportee what he or

she has said. Reflections show that the educator understands the adolescent's point of view, including both the content and the feelings behind what is being said. Reflecting helps the supportee feel understood and encourages the supportee to continue sharing his or her experience of the problem (Bitter & Nicoli, 2000:95; Bozarth, Zimring & Tausch, 2003:147).

Reflecting involves more than merely repeating what the supportee has said. It involves releasing those aspects of experience the supportee struggles to verbalise. It requires listening, attending to unexpressed feelings and putting them into words for the counselee (Bundy, 2004:43). People are often not aware of their feelings. Reflecting can help them understand the feeling aspects of their experience. In reflecting feelings the educator must try to describe the feelings that he or she perceives as accurately and empathetically as possible (Carlson & Kjos, 2002:19). This is a difficult task, as the educator's reactions may not match those of the supportee. Therefore the educator must guard against assuming or guessing the supportee's feelings and should carefully assess what the supportee's words, body language and tone of voice indicate (Combs & Freedman, 1998:405).

The educator should not rush the supportee or interrupt with questions or premature advice as understanding takes time. In addition, the educator 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 (Corey & Haynes, 2005:50).

The supportee's response is the best indicator of whether the educator is accurate in his or her understanding. To be unsure is a natural part of the support relationship. In such an instance it is wise for the educator to check his or her understanding and ask the supportee if it feels correct (Corey, 2001:19).

He or she may then elaborate on the experience more fully. In this way a bridge of mutual understanding is established. The essential point of reflecting is for the educator to base reflections on the evidence he or she sees, hears and feels (Cummings, 2002:24; Dattilio & Freeman, 2000:18). An example of reflecting is: "It seems that you are angry!"

4.3.5.2 Summarising

Summarising draws on the understanding the educator has developed by listening, clarifying and reflecting. The educator shares those understandings and perceptions with the supportee. In this way the 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 (Dattilio, 2001:3; Corey, 2004:93).

Summarising entails linking reported experiences, events, reactions, feelings and ideas in order to define issues facing the supportee. As in reflecting, in summarising the educator will not necessarily be complete or accurate. He or she needs to check that the summary feels right to the supportee and that he/she need to be prepared to change his or her attitude if necessary (Corey, 2005:17). Creating a summary is a joint activity involving both educator and supportee (Dattilio, 2000:13).

Although the summary may work well the 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 supportee is willing to hear. Timing of the presentation of a summary is vital to successful support (De Jong & Berg, 2002:32).

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

4.3.5.3 Problem-solving

There are times in support where what is called for goes beyond listening, clarifying, reflecting and summarising. Sometimes a decision needs to be made or the counsellor needs to make clear plans of action to break free of the problem. Hopefully the supportee will reach the decision or action plan by himself. However, in reality the supportee often looks to the educator to play a greater role in decision-making and the formulation of action plans (Degrandpre, 2000:16; Dinkmeyer & Sperry, 2002:16).

The educator must not make decisions for a supportee but should enable the supportee to reach his or her own decisions. To make decisions for the supportee is ultimately disempowering. The educator may give information but the decision, and

its consequences, lie with the supportee (Ellis, 2000:168).

4.4 AIMS OF SUPPORT IN SECONDARY SCHOOLS

Schools have a statutory responsibility to develop a curriculum, which promotes the spiritual, moral, cultural, mental and physical development of learners at the school and of society, and prepare such learners for the opportunity, responsibilities and experiences of adult life (Freedman & Combs, 1996:33). 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:

- 1 through the curriculum;
- 2 through the community of the school; and
- 3 through one-to-one and group work (George, Thornton, Touyz, Waller & Beumont, 2004:81).

Support interventions have a developmental function as well as a reactive one. Early in the development of support in schools, the task was seen as involving teachers in working one-to-one with learners and was viewed as developmental in nature. The objectives of support according to Gergen and McNamee (2000:49) are related to:

- 4 fostering self-acceptance in learners and not changing or remediating personality;
- 5 developing control from within or fostering an internal locus of control; and
- 6 helping learners to learn strategies and coping skills for situations which were difficult or important in terms of their impact on future life (Winslade & Monk, 2000:15).

These aims have not changed but there is a realisation that in a school context the work could play a more educative role. Wilson (2000:205) has summed it up 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 support progressed to writing

in the widest sense about schools and their impact on individuals (Watson & Tharp, 2002:23).

Schools have a responsibility to develop learners personally and socially, so there is an educative function. However, personal and social development and sense of identity are learned in interactions with others. Adolescents learn who they are in the context of a community and those in it. Therefore, there is also the responsibility to explore the impact of the school on the personal and social development of the learners (Walter & Peller, 2000:27). 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 (Wahab, 2005:45). This generally incorporates interactions between teachers and learners as well as between learners and learners. 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. This is the area where 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 (Sexton & Alexander, 2002:23). Rubak, Sandboek, Lauritzen and Christensen (2005:31) 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 (Sexton, 1997:59). 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 affective education or education for the emotions. In terms of guidance in the curriculum, vocational and educational guidance is now a well-accepted one (Ryan & Deci, 2000:68). 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 (Ginerich & Eisangart, 2000:77). It includes giving learners the personal and social skills without which they may require problem-based support, for example, helping learners acquire the skills of listening and responding appropriately to others, or developing the ability to express feelings and opinions. It also contains elements which are in response to guidance needs perceived as arising from particular themes in groups or individuals (Isaacs & Stone, 1999:58). 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 (Lazarus & Zur, 2002:20).

The time of vulnerability for many learners is at periods of transition (Lock, 1997:45). Lewis and Osborn (2004:38) 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 transfer to new institutions, learners need support and this support needs to be in an organised form and have a curricular element. Miller and Moyers (2005:67) have 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." However, he has identified guidance in Grade 10 as often inadequate and he emphasises the importance of guidance at age 13 (Moursund & Erskine, 2004:25). In providing effective guidance there is a need to plan a programme which is coherent and not merely a collection of one-off events. Guidance is most effective when it is continual and cumulative (Rubak, 2005:16). The same themes will recur and yet will differ according to the age and stage the learners have reached (Glauser & Bozarth, 2001:142).

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 (Granvold, 1996:345). Granvold (1996:45) has identified three areas of weakness here, namely:

- 1 not all teachers involved are at ease with various aspects of content and approaches;
- 2 over-reliance on commercially reproduced schemes and duplicated worksheets so that learners are not encouraged to think for themselves; and
- 3 failure to achieve an appropriate balance between content and related personal, vocational and educational issues (Granvold, 1996:34; Green & Stiers, 2002:246).

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 (Miller & Moyers, 2005:27).

The creation of an appropriate classroom climate and the establishment of procedures are as important as the content and teaching format (Ginerich & Eisangart, 2000:49). In a study of girls' development Lazarus and Zur (2002:24) show that during adolescence 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 adolescent girls to express difference and disagreement (Moursund & Erskine, 2004:28). This would suggest that procedures in the classroom, such as the negotiation of ground rules and rules for constructive controversy, are important. The following programmes of work are examples of this:

- 1 Skills for Adolescence (Ryan & Deci, 2000:78) includes procedures and rules regarding how learners listen to one another or demonstrate respect.
- 2 The Elton Report (Wahab, 2005:60) on discipline in schools also emphasises the importance of learners' negotiating rules and procedures, as well as having opportunities for the expression of opinion.

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 school's

contribution to personal and social development, as well as in motivation (Watson & Tharp, 2002:19).

Other processes, such as the development of self-assessment and the formation of action plans, facilitate the personal development of learners (Sexton & Alexander, 2002:239). In the one-to-one dialogues with learners, teachers are required to use skills drawn from support. It is important to distinguish between drawing on support skills to make communication effective and conducting a 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 (Glauser & Bozarth, 2001:123).

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 support is to promote healthy institutions as well as healthy individuals (Corey, 2004:16). Research has shown that schools can have a substantial impact on adolescents' psychological development both in the present and in the future. Baumeister, Campbell, Kreuger and Vohs (2003:42) sum up much of their 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 an adolescent's psychological brain structure, but rather because experiences at one point in an adolescent's life tend to influence what happens afterwards in a complicated set of indirect chain reactions (Bozarth *et al*, 2002:18). 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 adolescents are more rewarding to teach)" (Green & Stiers, 2002:23).

The Elton Report advocates an approach which reflects this position of developing

schools as healthy environments personally, socially, and academically (Lock, 1997:56). Previously the disciplinary role of the school had largely to do with the reaction to incidents of bad behaviour (Moursund & Erskinne, 2004:56). 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 (Sexton & Alexander, 2002:28). Similarly, in the area of 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 (Barnett & Schueller, 2002:19).

Just as Combs and Freedman (1998:50) 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 adolescents is (Goldenberg & Goldenberg, 2004:14). The voices of adolescents are being heard more clearly and the nature of their experience is being acknowledged more fully. In reaction to this, teachers and others (Lewis & Osborn, 2004:48) 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. 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 (Wahab, 2005:45). The welfare aspect of support and guidance is the area most focused on and developed in writing about support in school settings. Watson and Tharp (2002:16) describe the school's role as that of being "a guidance community". The objectives in this area are:

- 1 to aid learners in decision-making and problem-solving;
- 2 to support learners in a constructive manner in times of difficulty ;

- 3 to monitor and detect learners who are at risk or under pressure;
- 4 to react in an appropriate fashion; and
- 5 to co-ordinate work within and outside the school.

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

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

It will also involve liaising with outside agencies and parents (Winslade & Monk, 2000:10; Karayanni, 1996:60).

These activities require many and different skills and abilities. They also require practitioners to be able to distinguish between these different activities. Warhurst (1996:20) argues that there are six possible types of intervention between practitioner and conduct-disordered adolescent. 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 conduct-disordered adolescent" (Wybrow, 1997b:13).

4.5 CATEGORIES OF INTERVENTION

The six categories are subdivided into two main types, that is:

4.5.1 Authoritative

4.5.1.1 Prescriptive

A prescriptive support intervention seeks to direct the behaviour of the conduct-disordered adolescent, usually behaviour that is outside the practitioner-conduct-disordered adolescent relationship.

4.5.1.2 Informative

An informative support intervention seeks to impart knowledge, information, and meaning to the conduct-disordered adolescent.

4.5.1.3 Confronting

A confronting support intervention seeks to raise the conduct-disordered adolescent's consciousness about some limiting attitude or behaviour of which he is relatively unaware.

4.5.2 Facilitative

4.5.2.1 Cathartic

A cathartic support intervention seeks to enable the conduct-disordered adolescent to discharge, to abreact painful emotion, primarily grief, fear and anger.

4.5.2.2 Catalytic

A catalytic support intervention seeks to elicit self-discovery, self-directed living, learning and problem-solving in the conduct-disordered adolescent.

4.5.2.3 Supportive

A supportive support intervention seeks to affirm the worth and value of the conduct-disordered adolescent's person, qualities, attitudes or actions (Barak & Golan, 2000:101).

The first three categories are called authoritative because they are rather more hierarchical; the practitioner is taking responsibility for and on behalf of the conduct-disordered adolescent. The second three are called facilitative because they are rather less hierarchical, the practitioner is seeking to enable conduct-disordered adolescents to become more autonomous and take more responsibility for themselves (Friedman, 1999b:123). Gergen *et al* (1996:52) comment that "Traditional education and training have often omitted the facilitative sorts altogether". Helms and Cook (1999:92) argue 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 conduct-disordered adolescent and when to follow; and has a creative balance between power over the conduct-disordered adolescent, power shared with the conduct-disordered adolescent and the facilitation of power within the conduct-disordered adolescent (Leung *et al*, 2000:81).

The 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. Marchetti-Mercer and Cleaver (2000:62) detect the following confusion about the role and type of interventions that are described in schools as support interventions, for 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 support intervention.

Pedersen and Leong (1997:18) further vividly describe the misuses of support in schools. He argues that 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. Poasa *et al* (2000:33) comment on the lack of clarity between discipline and support, saying that "educators and learners often perceived a clash between guidance and the need to enforce discipline".

There is a need to establish some principles which help to distinguish support from other activities in schools. The first is that support is something which the learner must be aware is occurring and which must in some way be chosen. This does not imply that this requires that support can only be learner initiated but rather that it should be invitational in nature (Rogler, 1999:33). For example, the teacher might say, "Would you like to talk about this?" There is an assumption in-built into support that the learner can change - it is an essentially optimistic, but not unrealistic, activity. The learner's needs are paramount in support rather than the needs of the school or the teacher, although the learner may need to know the views and perceptions of others (Smetana & Daddis, 2002: 73). The support should aim generally to empower the learner and to develop a sense of control and autonomy.

The relationship in which the support takes place should be:

- 1 respectful (including an acknowledgement of and respect for the views and experiences of others different from ourselves);
- 2 genuine on the part of the teacher ; and
- 3 aimed at demonstrating empathy (Rycik & Irvin, 2001:15).

In addition, the support should include the full range of support interventions and be practically helpful to the learner. Schoenbach *et al* (2000:19) argue that a valid intervention is one which is "appropriate to the conduct-disordered adolescent's current state and stage of development and to developing practitioner-conduct-disordered adolescent interaction". To say that it is appropriate is to say that:

- 4 it is in the right category ;
- 5 it is the right sort of intervention within the category;
- 6 its content and use of language are fitting;
- 7 it is delivered in the right manner; and
- 8 it is delivered with good timing (Schunk & Zimmerman, 1997:50).

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.

4.6 LEVELS OF WORK IN SCHOOLS

Wiggins and McTighe (1998:35) distinguish three levels of work in schools:

4.6.1 The immediate level

This level of work is for all teachers in the school and involves the use of first level support skills and an awareness of what support is. 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. Teachers would also be involved in detecting signs of stress, conduct-disorders in learners and communicating this to others if that is appropriate. Wiske (1998:25) calls this an exploratory and screening function. This level of work may involve working with teachers and other professionals (Allen, 2000:21; Tauber & van der Hal, 1997:34).

4.6.2 The intermediate level

Here Warhurst (1996:21) argues that the school is concerned to provide continuity of care, concern and relationship. It has to do with the co-ordinations of efforts and resources, including those outside of the school setting. It has also to do with the establishment and operation of systems which act as early warnings of learners who may need support and guidance. This means that systems of communication need to be established, monitored and reviewed. Friedman (1999a:61) comments 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 exist amongst the staff. Barnett and Schueller (2002:29) comment that:

"Successful practice involved adults who had special training, qualities or experience (or more often all three) and included trained educators, chaplains matrons and nurses as well as some individual pastoral staff. However, support was often ad hoc, dealt with problems which had simmered unattended for too long, and was undertaken by teachers who lacked training in support skills. Several teachers who had received support training were not always in positions where such skills could be put to good use."

4.6.3 The specialist level

This level demands training for the task and this expertise may reside within the school or outside of it. 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 (Winslade & Monk, 2000:72).

In the formation of 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. Baumeister *et al* (2003:19) 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 are equipped to provide adequate support and guidance and this involves looking at the training and development needs of the staff (Watson & Tharp, 2002:44).

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 a complex one to work in regarding this issue (Bernard *et al*, 1996:118). 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, for example child abuse. What is important is that both staff and learners are aware of the limits 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 (Wilson, 2000:205; Bitter & Nicoli, 2000:96).

Educators working in this area also need professional support and a forum to debate some of the difficult professional and moral decisions which may occur. Wahab (2005:49) 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 support and guidance work is important (Bertolino & O’Hanlon, 2002:22). Walter and Peller (2000:19) 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. Sexton and Alexander (2002:250) note big variations between institutions. They conclude that “institutions may like to consider reviewing the time allocated for guidance, on the basis of a closer identification of need.”

Bundy (2004:33) has 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. Ryan and Deci (2000:72) have identified the following management issues:

- a need to clarify the purposes of 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.

Cain and Seeman (2002:15) have found that

“Generally speaking the greatest strength of the support lay in its pervasiveness ...There were, however, weaknesses in the provision of support. It was seldom co-ordinated and there were rarely policies relevant to support... finally, more attention needed to be given to analysing the outcomes of support, and relating findings to planning of provision...If schools are to offer support of good quality they need to develop approaches which, in the light of their circumstances, achieve and maintain a proper balance between meeting the needs of the individual and of society; and between reacting to problems and taking the initiative.”

4.7 INDIVIDUAL SUPPORT

Most support that takes place in Europe, the United States of America and South

Africa today probably occurs within the one-to-one arena of individual support (Rubak *et al*, 2005:312; Carlson & Kjos, 2002:9). The particular educational merits of individual support are:

- 1 Individual support, by its nature, provides conduct-disordered adolescents with a situation of complete confidentiality. It is indicated therefore when it is important for conduct-disordered adolescents to be able to disclose themselves in privacy without fear that others may use such information to their detriment. Some conduct-disordered adolescents are particularly anxious concerning how others, for example in group support, would react to their disclosures, and such anxiety precludes their productive participation in that arena. Similarly, conduct-disordered adolescents who otherwise would not disclose "confidential" material are best suited to individual support. As in other situations, transfer to group support may be indicated later when such conduct-disordered adolescents are more able and/or willing to disclose themselves to others (Ginerich & Eisangart, 2000:490; Ryan & Deci, 2000:72; De Jong & Berg, 2002:14).
- 2 Individual support, by its dyadic nature, provides an opportunity for a closer relationship to develop between educator and conduct-disordered adolescent than may exist when other conduct-disordered adolescents are present. This factor may be particularly important for some conduct-disordered adolescents who have not developed close relationships with significant people in their lives and for whom group support, for example, may initially be too threatening (Moursund & Erskine, 2004:92).
- 3 Individual support can be conducted to best match the conduct-disordered adolescent's pace of learning. Thus, it is particularly suited for conduct-disordered adolescents who, due to their present state of mind, or speed of learning, require their educator's full individual attention. This is especially important for conduct-disordered adolescents who are quite confused and who would only be distracted by the complexity of interactions that can take place in other therapeutic arenas (Degrandpre, 2000:721).
- 4 Individual support is particularly educational when conduct-disordered adolescents' major problems involve their relationship with themselves rather

than their relationships with other people (Lock, 1997:100).

- 5 Individual support may be particularly helpful for conduct-disordered adolescents 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 (Bertolino & O'Hanlon, 2002:49).
- 6 Individual support may also be the arena of choice for conduct-disordered adolescents 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 (Lazarus & Zur, 2002:84).
- 7 It can be helpful for educators to vary their educational style with conduct-disordered adolescents in order to minimise the risk of perpetuating the conduct-disordered adolescent's problems by providing an inappropriate interactive style. Individual support offers educators an opportunity to vary their interactive style with conduct-disordered adolescents free from the concern that such variation may adversely affect other conduct-disordered adolescents present (Bitter & Nicoli, 2000:99).
- 8 Individual support is particularly beneficial for conduct-disordered adolescents who have profound difficulties sharing therapeutic time with other conduct-disordered adolescents (Isaacs & Stone, 1999:260).
- 9 Individual support may also have educational merits but for negative reasons. Thus, conduct-disordered adolescents may benefit by being seen in individual support who may not be helped from working in group support. Therefore, conduct-disordered adolescents who may monopolise a support group, be too withdrawn within it to benefit from the experience, or who are thought too vulnerable to gain value from family support can often be seen in individual

support with minimal risk (Glauser & Bozarth, 2001:145).

Contra-indications for individual support are the following:

- 10 Individual support may be contra-indicated for conduct-disordered adolescents who are likely to become overly dependent on the educator, particularly when such dependency becomes so intense as to lead to conduct-disordered adolescent determination. Such conduct-disordered adolescents may be more appropriately helped in group support where such intense dependency is less likely to develop due to the fact that the educator has to relate to several other people (Combs & Freedman, 1998:406).
- 11 Individual support, by its dyadic nature, can involve a close interpersonal encounter between conduct-disordered adolescent and educator and as such may be contra-indicated for some conduct-disordered adolescents 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 (Green & Stiers, 2002:240).
- 12 Individual support may be contra-indicated for conduct-disordered adolescents 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 support may not provide enough challenge for such conduct-disordered adolescents. In this context, Corey (2005:91) has found that it may be unproductive to offer individual support to conduct-disordered adolescents who have had much previous individual support but who still require therapeutic help (Granvold, 1996:350).
- 13 Individual support may not be appropriate for conduct-disordered adolescents for whom other arenas are deemed to have greater therapeutic value. Conduct-disordered adolescents who are shy, retiring, and afraid to take risks, for example, are more likely to benefit from group support (if they can be encouraged to join such a group) than from the less risky situation of individual support (George et al, 2004:84).

4.8 SUPPORT IN GROUPS

Group support offers a fundamentally different experience to the conduct-disordered

adolescent from that of individual one-to-one support. In his masterly work, Yalom (2003:100) has identified the following eleven factors which distinguish the curative factors operating in group support and provide a background to all its forms:

- 1 The instillation of hope is central to all forms of psychological therapy, and to religion and medicine.
- 2 Universality: one of the most significant learnings by members of groups is that they are not alone either in their experience or concerns.
- 3 Imparting of information: although in the beginning group members often expect that, as in school, they will be taught facts, they come to realise that this is of relatively small importance.
- 4 Altruism: group memberships often release within participants previously hidden or forgotten capacities for helping others.
- 5 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.
- 6 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.
- 7 Imitative behaviour: by watching others' behaviour and listening to them, group members can discover their own distinctive personal styles.
- 8 Interpersonal learning: through interacting with others, members are often able to grow and change. Groups provide an opportunity for both emotional and cognitive understanding.
- 9 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.
- 10 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.

11 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 (Scott, 1995:44; Klintenberg, 1996:57; Fowles, 1999:17; Wilson, 2000:44; Corey, 2001:24; Walters, 2004:35) .

In one of the most significant pieces of large-scale research in this field, Winslade and Monk (2000:111) have established what members of groups themselves saw as the most helpful factors. In order of importance they are:

- 1 discovering and accepting previously unknown or unacceptable parts of myself;
- 2 being able to say what was bothering me instead of holding it all in;
- 3 other members honestly telling me what they think of me;
- 4 learning how to express my feelings;
- 5 the group's teaching me about the type of impression I make on others;
- 6 expressing negative and/or positive feelings towards another member;
- 7 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;
- 8 learning how I come across to others;
- 9 seeing that others could reveal embarrassing information and take other risks and benefit from it helped me to do the same; and
- 10 feeling more trustful of groups and other people (Hancox *et al*, 2004:59; Foster, 2001:97) .

Gergen and McNamee (2000:344) maintain that group support provides a developmental and learning environment where many human problems can be worked on with good effect. Adolescents, for whom a one-to-one helping relationship is essential, will not benefit from groups. Adolescents 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 psychical 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 (Wilson, 2000:210). Once adolescents have been helped to move from these categories, groupwork can often provide an important and potent ingredient in their return to wellbeing. In essence, groups are more for interpersonal rather than intrapersonal development (Granvold, 1996:359; Sexton, 1997:590).

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 (Rubak, 2005:92).

The power and flexibility of group 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 support, which can provide a forum of open and genuine communication (Lazarus & Zur, 2002:65).

4.9 SUPPORTING CONDUCT- DISORDERED ADOLESCENTS

Support can be distinguished by the goal of the human development. Some support approaches, such as long-term analytic support, aims to bring about fundamental change in the way the adolescent feels about himself or herself and relates to others. Support approaches, such as crisis intervention and behavioural support, aim at symptomatic improvement and the restoration of effective functioning to adolescents affected by a psychological illness or a life crisis. Support aims to maintain adequate functioning in long-standing, intractable personality or psychological disorders (Ryan & Deci, 2000:69; Lewis & Osborn, 2004:38).

The principal goal of support is to achieve symptomatic improvement and enhance an adolescent's coping strategies. It also aims to help the adolescent with conduct disorders change more fundamentally as well. Improvements in self-esteem and global functioning may partly explain why studies have found that support reduces the risk of relapse in a number of conduct-disordered adolescents (Moursund & Erskinne, 2004:99; Bundy, 2004:45).

The goal of support is to help the conduct-disordered adolescent 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 (Cain & Seeman, 2002:95; Corey & Haynes, 2005:45).

4.9.1 The practice of support

The practice of support involves assessment where a careful history is taken to establish the following:

- 1 Does the conduct-disordered adolescent have a longstanding susceptibility to conduct-disorders?
- 2 Are there life circumstances which contribute to the problem, such as family relationships, schoolwork or financial problems?
- 3 Are there physical symptoms of conduct-disorders?
- 4 What worrying and debilitating thoughts does the conduct-disordered adolescent have?
- 5 What are the behavioural symptoms?
- 6 Enquire about specific situations, places or people that the conduct-disordered adolescent tends to avoid because of conduct-disorders.
- 7 Include substance misuse, physical illness and a major psychological disorder, which may cause the conduct-disorders. Enquire about depressive symptomatology such as, for example, sustained low mood, loss of the ability to enjoy life, suicidal thoughts and disturbed sleep (Cummings, 2002:10; De Jong & Berg, 2002:77; Lazarus & Zur, 2002:17).

The practice of support, also, involves a detailed analysis of the feelings, thoughts and behaviours in collaboration with the conduct-disordered adolescent. Typically the conduct-disordered adolescent would keep a diary. Using this dysfunctional thought record, the conduct-disordered adolescent and educator embark on a process of challenging negative automatic thoughts (Degrandpre, 2000:721).

4.9.2 Types of questions

Thought-challenging questions to ask about negative automatic thoughts are:

- 1 Is there good evidence to support this thought?
- 2 Is there another conclusion I could reach instead?
- 3 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? (Isaacs & Stone, 1999:258; Goldenberg & Goldenberg, 2004:133).

The educator works with the conduct-disordered adolescent 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 (Ginerich & Eisangart, 2000:477).

Support is structured and collaborative. Each session follows a determined format – the conduct-disordered adolescent and educator agree on an agenda for the session, which includes a review of the previous week’s homework. At the end of the session the conduct-disordered adolescent is invited to give feedback and conduct-disordered adolescent and educator decide together on what tasks or homework the conduct-disordered adolescent will tackle during the following week (Bundy, 2004:45). Towards the end of the therapy the conduct-disordered adolescent is given greater responsibility in directing therapy. Ideally the conduct-disordered adolescent should continue the therapeutic exercises on his or her own after termination of therapy. The later stages of therapy often involve investigating a conduct-disordered adolescent’s underlying false assumptions (Freedman & Combs, 1996:115). These are deeply set ideas that usually develop in childhood and may make the conduct-disordered adolescent more vulnerable to mental illness.

For example, the belief that “I cannot cope on my own” may lead to dependent behaviour as well as conduct-disorders when relationships are under threat (Cunningham, 1998:13).

Most conduct-disordered adolescents are helped when they are given useful information about the nature of their complaints. This might involve explaining the conduct-disorders cycles to the adolescent and how these maintain the conduct disorders. If the disorders are severe or long-standing, specific interventions might be appropriate:

- 1 graded exposure to feared situations to overcome the avoidance;
- 2 education and cognitive challenging to overcome unrealistic worries and fearful misinterpretations; and
- 3 realisation techniques to help with the psychical symptoms (Silberg *et al*, 1996:82).

In conduct-disordered adolescents who see their difficulties as physical in nature and do not perceive a link to conduct-disorders, it is important to acknowledge their very real concerns. An explanation of how conduct-disorders 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 (Coie & Dodge, 1998:79).

The essential principles of supporting adolescents with conduct-disorders are:

- 1 educate the adolescent regarding symptoms that may be experienced in the coming weeks;
- 2 discuss coping strategies, such as realisation and the use of support networks;
- 3 the short-term use of hypnotics may be indicated; and
- 4 it may also be helpful to encourage the conduct-disordered adolescent to talk through what had happened (Giller & Hagler, 1998:64; Foster *et al*, 2002:13).

Techniques utilised in supporting conduct-disordered adolescents are:

1 Activity scheduling

This may be useful for helping depressed adolescents. It is often used as the first non-medical intervention for treating conduct-disordered adolescents who are inactive and lack energy and drive. A list of pleasurable and useful tasks is scheduled for the conduct-disordered adolescent to do each day. The educator offers gentle encouragement and praise for tasks accomplished (American Academy of Child and Adolescent Psychiatry, 1997:24).

2 Graded exposure

This is used to treat phobias. The conduct-disordered adolescent is gradually exposed to the feared situation or object, or several feared situations in ascending order of difficulty (Brestan & Eyberg, 1998:180).

3 Behavioural experiments

These are used to test negative expectations and assumptions. For example the thought "if I am more assertive with my friends they will like me less" can easily be tested (Lyons-Ruth, 1996:64).

4 Relaxation training

This is usually started in a quiet, calm environment. The conduct-disordered adolescent 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 conduct-disordered adolescent to relax. Once conduct-disordered adolescents have learnt strategies that help them relax, they can apply them when they begin to feel anxious (Marshall & Watt, 1999:66).

5 Social skills training

This aims to teach awkward or socially unskilled conduct-disordered adolescents 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 (Prinz & Miller, 1996:161).

4.10 CONCLUSION

Support therapy is a simple and practical way of helping adolescents with a wide range of psychological difficulties and disorders. It can be used effectively by educators and primary health care workers to manage most common anxiety and depression disorders, with or without other forms of intervention.

The next chapter deals with empirical research design.

CHAPTER FIVE

EMPIRICAL DESIGN

5.1 INTRODUCTION

The purpose of this study was to find out more about the behavioural problems adolescents have and to develop a programme to assist these adolescents. This chapter provides details of the methods of empirical research - it focuses on the procedure of the design, methods of data collection, data analysis, selection of cases as well as the design of the interview research.

5.2 RESEARCH DESIGN AND METHODOLOGY

Through a qualitative empirical research design, this study investigated the incidences and manifestations of conduct disorders among adolescents growing up in the Vaal Triangle townships with a view to suggesting a psycho-social intervention programme to help township adolescents learn life-skills that will decrease their susceptibility to depression and anxiety which, according to literature findings, co-occur with conduct disorders during adolescence, and, therefore, help them develop effective coping skills to help them deal with environmental factors that cause depression and anxiety which co-occur with conduct disorders in adolescents.

The conduct-disorder problems with their co-occurring depression and anxiety were investigated through actual personal accounts of adolescents who had been identified by their parents and educators to be problematic both at home and school, their parents, their friends, their educators, and in some cases a brother and a neighbour in order to form four case studies. The four case studies were analysed for common themes and patterns. These cross-case themes were presented in a conceptual framework. Such a format was chosen in order to clarify the findings of this research.

The qualitative paradigm was selected because it allowed for an inclusive study of behavioural problems without confining the investigation to a pre-determined set of responses or categories of analysis. The qualitative design included the following

components: (a) purposive sampling; (b) in-depth interviewing with the goal of obtaining exemplar events and detailed descriptions of behavioural problems from adolescents who have these problems; (c) case study reporting to richly portray each of the credible 'stories'; and, (d) inductive analysis of the themes or common patterns among all four case studies.

5.3 SAMPLING RECRUITMENT AND SELECTION

Significant efforts were made to recruit ten learners with behavioural problems, their family members, friends and their educators. After seven months of recruitment and interviewing, from July 2005 to February 2006, four rather than ten learners were recruited and included in this project together with their parents, educators and friends. Recruitment was implemented by network sampling, which is one of the types of purposeful sampling mentioned in Merriam (1998:23). Patton (2001:24) argues that this strategy involves identifying cases of interest from people who know what cases are information-rich, that is good examples for the study, good interview subjects. The researcher used her network of friends who are remedial educators, chairpersons of School Based Support Teams (SBST), guidance educators and principals of schools. These people issued the researcher with the records of all learners that have behavioural problems within each of these schools. The researcher selected the worst cases, which she thought would be information-rich, from the lists. These worst cases are those of learners who have been reported more often than the others by other learners, their parents and other educators for being aggressive, bullying, stealing other learner's property and violation of class or school rules.

The researcher selected three learners from the school A, two from school B, two from school C and three from school D. After approaching the parents of these learners, only four were willing to participate. As stated in 1.5.2, four learners with behavioural problems, their four friends, three parents, four educators, one neighbour, one sister and one grandmother participated in this research (n=18). All participants are from the Gauteng province of South Africa, living in four different townships in the Vaal Triangle, which are Sebokeng, Moshango, Sharpeville and Bophelong.

This study required that learner participants must all have been identified with behavioural problems. Interview arrangements for all participants were made within three weeks of phone contact.

5.4 METHODS OF DATA COLLECTION AND ANALYSIS

Data collection and analysis are not independent processes in qualitative research design. While data collection actually entailed the process of interviewing, informal analysis of the respondents was also conducted during the interview. Handwritten assessment notes taken during and after the interview constituted part of the initial research design. Immediate review of audiotapes, verbatim review of the interview transcript and notes to the methodological log were additional analysis steps that intertwined with data collection. Thus, analysis was ongoing and occurred during the process of data collection. Details of the interview setting and procedure, field notes/methodological log, transcriptions, case study development, case analysis and cross case analysis follow.

5.4.1 Interview setting

Participants were encouraged to pick an interview setting that would be private, convenient and comfortable. All respondents chose to be interviewed in private at their homes. Participants were asked to allow two hours for the complete interview. Participants were told that the interview would be audiotaped and asked if they had any objections to this process.

5.4.2 Interview procedure

Prior to the beginning of the interview, participants were asked to sign the informed consent form (see Appendix B). This form specified that confidentiality would be preserved during the documentation and reporting process. The consent form detailed the fact that the identity of each of the respondents would remain confidential throughout the research project. Each of the respondents was asked to select a pseudonym, which was used for the recorded interview, the transcription and the reporting process in this dissertation. The consent form stated that the interview tapes and transcribed documents would only be available to the transcriber and her study supervisor.

Prior to the interview, respondents were asked if they objected to the researcher taking handwritten notes. They were also told that they would receive a copy of the verbatim transcript. Respondents were asked to read the transcript and make any necessary corrections. They were also informed that they would receive their completed case studies. They were asked to correct it for any inaccuracies and to make sure that the case studies accurately portrayed the information they provided. The researcher asked the respondents to return their comments within one to two weeks after receiving their case studies.

An open-ended interview was used to explore each of the participant's thoughts and feelings about the learners' behavioural problems. In this open-ended interview, a group of questions was used to guide the interview.

5.4.3 Field notes and methodological log

All of the audiotapes and handwritten notes were reviewed immediately following the interview. The researcher also recorded informal notes in a notebook after each of the interviews. The "field notes/methodological log" contained the researcher's basic observations, impressions and family background of each learner. Additional thoughts and observations that occurred throughout the entire research process were also jotted down in this log. Many key aspects of these notes were used for the compilation of the case studies and case analyses.

5.4.4 Transcriptions

Transcriptions were made of all the audiotaped interviews. The researcher compared audiotapes to transcripts and reviewed each transcript to ensure that it contained the verbatim-recorded interview. The informant was also asked to review the transcript for accuracy. These steps were important for the rigour of the design and for the identification of emergent issues.

5.4.5 Case study development

Verbatim data from each of the transcripts was reviewed repeatedly through the case study formulation, compared to the audiotape, summarized and reported in a case study format (see Chapter 4). Careful and repeated review of the data was

carried out in order to assure accuracy in the final case study report. A case study was generated for each of the four interviewees. The case studies included an in-depth and thorough explanation of the behavioural problem as told by the respondent/interviewee, his/her friend, his/her educator, his/her parent and his/her significant other. Each of the case studies was presented as a holistic and descriptive account of the individual respondents and all other participants.

Basic information on age, grade, sex and family background of each learner participant was contained in the case studies. Finally, emergent information, which was a result of the qualitative design, was contained in all of the case studies.

5.4.6 Ethical issues

Voluntary verbal consent to participation was secured from the participants prior to the interviews. Sensitivity to, and empathy with learners with behavioural problems, learners' rights, privacy, self-esteem, emotions, beliefs, values and actions were maintained. No matter how much the researcher emphasised the issue of confidentiality, two of the participants were sceptical about giving her their real names (Colwell & Kato, 2003:149). They believed that there was a possibility of someone reading the dissertation, tracing their names and finding out who they were. In a way they were trying to ensure their protection, even though the researcher presented no harm to them. They were probably not worried about the researcher *per se*, but about anyone who might read the dissertation. They were assured that fictitious names were to be used.

It has to be understood that these participants had never been exposed to research. They had never had someone visiting them and wanting to write about their problems. To ensure full anonymity, pseudonyms were used for all participants. In order to secure ethical issues, the researcher provided participants with information concerning the following:

- 1 the nature and purpose of the research;
- 2 all procedures to be used with the participants;
- 3 procedures (including methods to ensure confidentiality) for protecting

- 4 against, or minimising potential risks;
- 5 any benefit to the participant for taking part in the research, such as
- 6 an indication of what information will accrue to science or to society in general as a result of the research; and
- 7 provision of contact details of the researcher and signature along with the name and location of the researcher's institution and the names and contact details of both her supervisors (Llyod, 1999:45).

To put it briefly, the nature of this research topic calls upon any researcher to take precautionary measures with a view to protecting the people studied.

5.5 CONCLUSION

This chapter covered the research design and methodology pertaining to this study in detail. The resulting research design chosen to guide the study was identified as a case study and this term was elucidated.

CHAPTER SIX

ANALYSES AND INTERPRETATION

6.1 INTRODUCTION

This chapter provides collection of data, its analyses and interpretation of the responses of learners with conduct disorders that participated in this research. Interviewees who are learners, their parents, friends, educators, a neighbour and a brother form part of the case studies of this research.

6.2 SAMMY'S CASE

6.2.1 FAMILY BACKGROUND:

Sammy is a 15-year-old boy who stays with his grandmother, who is 78 years old. They live in a four-roomed house at Sharpeville. The house is about 3km away from his school. He stays at this place during the week.

His mother, who is 48 years, old stays in Bophelong Extention 15. Sammy usually goes to his mother's place over the weekends. His parents separated when he was 6 years old. His mother divorced his father because he threatened to kill her. Sammy used to live with his mother and brother but had to be moved to his grandmother because of his behaviour and uncontrollable temper. Another reason for Sammy to be moved to Sharpeville, was because his father used to discriminate against him. He favoured his older brother over Sammy, but would never punish or rebuke them whenever they did something wrong.

Sammy's brother Thabo dropped out of school because other kids and teachers would turn him into a laughing stock because of his age. Thabo was a slow learner who was 17 years old and only in Grade 7.

Sammy loves watching TV, like most boys his age, but his grandmother does not have one. He always has to go to his aunt's place, about 500m away from his grandmother's house to watch TV. He always gets himself into trouble because he always comes home late after having watched his favourite movies. His

grandmother cannot punish him because of her age. Sammy is very much aware of this and capitalizes on it.

His grandmother is so poor that she sometimes does not have any food in the house as she is a pensioner who lives from a meager R720 monthly from a social grant. Hunger sometimes sends him out of his grandmother's house to pretend to be watching TV when in actual fact he is scouting for a plate of food.

6.2.2 INTERVIEW WITH SAMMY

Interviewer: How old are you?

Interviewee: I am 15 years old

Interviewer: Do you have friends?

Interviewee: Yes, but most of my friends are at Muvhango (Bophelong Ext. 15)

Interviewer: How did it come about that you live in Sharpeville but most of your friends are at Muvhango?

Interviewee: My mother stays at Muvhango and I always spend my weekends with her.

Interviewer: Do you have brothers and sisters?

Interviewee: I only have one brother.

Interviewer: Where is he now?

Interviewee: He stays with my mother at Muvhango.

Interviewer: Does he go to school?

Interviewee: No. He left school because he is 17 years old and was only in Grade 7. Children at school would call him names because of his age and he could not take it anymore. Even some educators had funny comments because he was also a very slow learner. They referred to him as an ancestor of the school.

- Interviewer:** How do you perform at school?
- Interviewee:** I do not perform well, I partially achieve a few learning areas and did not achieve most.
- Interviewer:** Why are you not achieving others?
- Interviewee:** I really do not know, but I do not remember sitting at home and studying.
- Interviewer:** How are you in class?
- Interviewee:** I try to behave but girls like calling me names and I just feel like hurting them. I just hate girls. I enjoy seeing them cry .It makes me feel good. They also like to make funny remarks about my shabby clothes.
- Interviewer:** Why do you like to dress shabbily when going to school?
- Interviewee:** You see, I don't have proper school uniform. The uniform I wear now was given to me by my brother two years ago. My mother is not working and I have never had a new shirt or a trouser that was bought for me. I always get uniform from other children.
- Interviewer:** When we came to your house for an appointment you were not at home and it was late at night .Where had you gone to?
- Interviewee:** I had gone to watch TV at one of my friends who stays about four streets down the road.
- Interviewer:** Why do you have to go so far at night to watch TV?
- Interviewee:** My grandmother doesn't have a TV.
- Interviewer:** Why don't you just accept that your grandmother doesn't have a TV and stay home at night?
- Interviewee:** I also want to have something to talk about at school. Sometimes I don't watch TV at my friends house but I roam the street with

'majita'(guys) and tease girls at the shops but when I come home I tell my grandmother that I had been watching TV. You see, my grandmother doesn't mind because I always come home safe.

Interviewer: Which Learning Area do you enjoy at school?

Interviewee: Mathematics and Technology because those are subject for boys and not stupid girls.

Interviewer: Do you like sport?

Interviewee: Yes I like to play and I enjoy soccer and athletics .You see at these two sporting codes I can show people that I am really good .

6.2.3 INTERVIEW WITH SAMMY'S MOTHER

Interviewer: How many children do you have?

Interviewee: I have two boys, Thabo and Sammy.

Interviewer: How do you get along with your boys?

Interviewee: You see Thabo is well-behaved but Sammy is very aggressive and a bully. He likes bullying everybody including his brother Thabo. They sometimes fight over petty things like food and clothes.

Interviewer: Why do they fight for food and clothes? Don't you buy them these things?

Interviewee: No. I cannot afford to buy them these things because I am unemployed. I sometimes do odd jobs in order to get money to try and please them.

Interviewer: Where is their father?

Interviewee: I divorced him because he was useless. He used to threaten to kill me. He was very abusive .This man never loved my little boy, Sammy. He loved and adored Thabo.

- Interviewer:** You said that you often take up odd jobs in order to get money. What happens when you do not find these odd jobs?
- Interviewee:** I sometimes get help from my brother who lives in Pretoria. His children grow up fast and they give my children old clothes.
- Interviewer:** Is Sammy helpful in the house?
- Interviewee:** No. He is never at home. My mother doesn't have a TV in the house in Sharpeville and so he goes out till late. I am bit concerned about this because that is where he hangs around with bad boys.
- Interviewer:** How do you think you can stop him from doing these things?
- Interviewee:** I really don't know because this really affects my mother and I think that Sammy does all these things because he knows that my mother is very old and cannot do anything to him.
- Interviewer:** Have you ever received a complaint from school about Sammy?
- Interviewee:** Yes, I was told that he likes to bully other children, especially girls. He often plays truant. What really destroys me is the fact that I was told that he even steals other children's stuff and pretends not to know a thing.
- Interviewer:** How is Sammy's performance at school?
- Interviewee:** He is not doing well. I think he is slow like his brother, or maybe it's because the teachers complain that he is very naughty.

6.2.4 INTERVIEW WITH SAMMY'S GRANDMOTHER

- Interviewer:** What can you tell us about Sammy?
- Interviewee:** He stays with me during the week but he is useless and lazy. All he does is to roam around the streets at night. I am a bit worried about this as he mixes with bad company.
- Interviewer:** How is he at home?

Interviewee: Sammy is like his father, he likes fighting. His father used to fight with Sammy's mother. He used to kick her, swear at her in front of these children. You see, that is why Sammy does not have friends around here. They are all afraid of him. This boy really gives me a headache.

Interviewer: Does Sammy do his chores?

Interviewee: He never helps us with anything, he is very lazy. Besides he does not listen or even respect anyone here.

6.2.5 INTERVIEW WITH SAMMY'S FRIEND

Interviewer: How long have you known Sammy?

Interviewee: I have known him since 2002.

Interviewer: How does he get along with the other learners at school?

Interviewee: He doesn't like them. He is a boss. He always fights.

Interviewer: Have you ever reported the matter to the educators?

Interviewee: We have done that more than once but nothing changed.

Interviewer: What do educators do when you report him?

Interviewee: They would call him, and talk to him but this does not help as he would do the same thing afterwards.

Interviewer: What else can you tell us about Sammy?

Interviewee: He likes to steal from other children's schoolbags. He steals food and pens.

Interviewer: How is his performance in class?

Interviewee: You cannot really say much. Sometimes he performs well and when you do not expect it, he performs dismally.

6.2.6 INTERVIEW WITH SAMMY'S EDUCATOR

Interviewer: For how long have you known Sammy?

Interviewee: I've known the boy since 2003.

Interviewer: How does he behave in class?

Interviewee: He is a bully. He is always in trouble for beating up other learners in class especially those that are younger than him. He makes sure that his presence is felt. He is also very naughty. It is very difficult to control his behaviour in class.

Interviewer: How do you control him?

Interviewee: I make him feel important by talking to him and giving him responsibility. This sometimes works but there are times when he just becomes worse. He sometimes becomes very aggressive, when he is like that there is nothing you can say or do.

Interviewer: What else does he do besides being naughty?

Interviewee: Every now and then there are complaints that he has stolen something out of other learners, schoolbags. He also takes their food and eats it while they are watching: he does not have any respect for other learners' things.

Interviewer: Is he always like this?

Interviewee: He is very unpredictable. One moment he is a sweet boy, the next moment he is in trouble. The boy can be very aggressive at times. There are times when other learners say he has brought a knife to school.

Interviewer: How do other educators deal with this problem?

Interviewee: Most teachers would like to see him expelled from school. They cannot stand him at all. He is very disruptive in class, you spend half

the period sometimes trying to make him quiet in class.

Interviewer: How would you rate his performance in class?

Interviewee: Far below average.

Interviewer: Does he wear school uniform?

Interviewee: He is struggling with a school uniform and that is why he was included to benefit from the uniforms that were distributed by the Department of Social & Welfare last year. He doesn't have school shoes.

Interviewer: Do you think that he eats well?

Interviewee: No .That is why he was included in the school nutrition programme.

Interviewer: As a school, what is done to help learners like Sammy instead of wishing them out of school?

Interviewee: Parents are often invited to school when the child gets out of hand. We also try other means, like motivational talks and perhaps appraise them for things done right. We sometimes give them responsible duties to show confidence in them. Truly speaking, we do not have a plan as a school to deal with this kind of behaviour.

6.3 MALESHOANE'S CASE

6.3.1 FAMILY BACKGROUND

Maleshoane is a 14 year old girl who is in grade seven in one of the schools in Sharpeville. Maleshoane's family lives in a dilapidated four-roomed house in Sharpeville. Her mother has a stay-in boyfriend who does odd jobs and earns R50 per day which is used to support the whole family. Her father died six years ago. The family is so poor that they cannot even apply for a social grant because children do not have birth certificates and their mother doesn't have an identity document. She claims that she does not have money to take photos for the id book.

She has four other siblings who each has two children and they are all dependent on the R50 that their mother's boyfriend brings home daily. One sister decided to move out as there used to be fights among the siblings which was caused by scarcity of food.

Children are literally on their own without proper guidance of parents. All the sisters move around as they please. They would leave the house and sleep out without bothering to tell anybody where they were going.

Maleshoane lives in the world of mockery as other children at school mock her because her mother's house falls apart and has no windows. She once reported at school that the other kids at school said that their house would fall on them and they would die.

Due to lack of funds in the house, the family also depends on hand-outs from caring neighbours. Neighbours would also help with clothes as there is practically no money to buy clothes in the house.

Hunger would sometimes drive Maleshoane to sleep over at friends without even bothering to tell her mother, who, by the same token, does not bother to know where her children are at any given time. Maleshoane's mother is always drunk.

6.3.2 INTERVIEW WITH MALESHOANE

Interviewer: How old are you?

Interviewee: I am fourteen years old.

Interviewer: How many siblings do you have?

Interviewee: I have three sisters.

Interviewer: Where are you parents?

Interviewee: My father died when I was still young. The person that we are living with now is not my father but my mother's boyfriend.

Interviewer: How is the relationship between you and you mother?

- Interviewee:** The relationship is not healthy because we always quarrel over minor issues .My mother drinks a lot but does not accept the fact that she is an alcoholic.
- Interviewer:** Does you mother work?
- Interviewee:** No, my mother is not employed. She stays home and drinks the whole day.
- Interviewer:** Where does she get the money to buy beer from?
- Interviewee:** She says that her boyfriend buys her beer.
- Interviewer:** If you need something for school, who do you ask?
- Interviewee:** I ask Mathabo, one of my sisters, who understands me.
- Interviewer:** Why do you visit your friend and stay over without your mother's permission?
- Interviewee:** My mother is always drunk. She does not know what is going on. At my friend's place there is a TV that I can watch and then stay over and I always lie to my friend's parents that I have asked for permission from my mother.
- Interviewer:** I understand that you were staying at your friend's place, recently without your mother's permission, and you decided to come back. What happened?
- Interviewee:** My friend's mother swore at my friend and accused me of being a bad influence on my friend, so I decided to come back home.
- Interviewer:** Do you think you are a bad influence on your friend?
- Interviewee:** I do not think so although sometimes she seems reluctant to come home late when we are hanging out with friends.
- Interviewer:** What makes you stay away from school so often?

- Interviewee:** Sometimes I decide to stay away because I do not have clean clothes to wear because there is no soap to wash clothes at home. Other learners make a fool out of me, saying that I am from a poor family and I dress shabbily. They also say that I do not have style.
- Interviewer:** I heard you saying that you have started to menstruate. Does your mother help you? Do you talk about it?
- Interviewee:** No! She does not care. Instead she will tell me to use old cloths to pad. This embarrasses me. I have resorted to asking one caring educator to help and she gives me sanitary pads when I need them.
- Interviewer:** Do you take a lunch-box to school like other learners?
- Interviewee:** No, because we often don't have food in the house but fortunately there is a feeding scheme at school and I make full use of it although I sometimes feel shy to collect food as other learners laugh when a Grade 7 learner collects food. This is embarrassing and belittling.
- Interviewee:** I have learnt that you sometimes go to neighbours to watch TV. Why don't you just stay home and accept the fact that there is no TV at home?
- Interviewee:** I also want to share in their discussions regarding what was on TV the previous night.
- Interviewer:** What embarrasses you most?
- Interviewee:** When we are expected to wear ordinary clothes (civvies) at school and everyone is in his or her best clothes while I'm dressed in shabby clothes. All the learners will be discussing clothes or even how shabbily I am dressed. This really makes me feel out of place. These are the days when I am forced to bunk school.
- Interviewer:** Where do you get your school uniform from?

Interviewee: Our neighbours are very kind to us and they give us their children's old uniform and ordinary clothes.

Interviewer: Have you ever been in trouble at school?

Interviewee: Yes, we were at one of my friend's house one afternoon, after school and we were drinking alcohol. We had invited boys and they later wanted to have sex with us. When we refused, a fight ensued and glasses broke and we really landed ourselves in hot water.

Interview: Why did you drink alcohol?

Interviewee: We were bored.

6.3.3 INTERVIEW WITH MALESHOANE'S SISTER

Interviewer: How old are you?

Interviewee: I am 27 years old.

Interviewer: How is the relationship between Maleshoane and you?

Interviewee: We get along very well but what I do not like is her habit of leaving the house and sleeping over at friends without informing my mother.

Interviewer: Why does Maleshoane sometimes stay away from school?

Interviewee: Some learners laugh at her because her mother is an alcoholic and that they are so poor that our house will one day fall apart when everybody is asleep.

Interviewer: Have you ever been summoned to school about Maleshoane?

Interviewee: Yes, one educator called me to school being concerned about Maleshoane's negative attitude and the fact that she is abnormally withdrawn.

Interviewer: Is she also like that at home?

Interviewee: At home she is very rebellious, you cannot tell her anything. She does not listen to anyone.

Interviewer: Was this the last time that you were called to Maleshoane's school?

Interviewee: No, I was called in by another educator to discuss Maleshoane's behaviour. This was when they drank liquor at her friend's place when they broke glasses.

Interviewer: Were you surprised that she was drinking?

Interviewee: Not really because she has another friend who stays in a shebeen, she likes visiting this friend. I suspected that she has started drinking.

6.3.4 INTERVIEW WITH MALESHOANE'S MOTHER

- Interviewer:** How many children do you have?
- Interviewee:** I have five girls but the eldest passed away and Maleshoane is the fourth child.
- Interviewer:** How many of them stay with you?
- Interviewee:** I stay with two girls each of which has two children of her own. The other one moved out with her children.
- Interviewer:** Where is the father of your children?
- Interviewee:** He died in 1998 but I have a stay-in boyfriend who stays with us now. We've been together for five years now.
- Interviewer:** Where is he now?
- Interviewee:** He is working at the scrap yard.
- Interviewer:** Are you working?
- Interviewee:** No. I used to work as a domestic worker but had to quit due to ill-health. I have a hearing problem.
- Interviewer:** How do you survive?
- Interviewee:** My boyfriend earns R50 per day and we try to buy electricity and food but, I must agree, it is not enough to keep us going.
- Interviewer:** Do you get a grant for Maleshoane and her younger sister?
- Interviewee:** No. I cannot apply for one because I do not have an identity document and my children do not have birth certificates.
- Interviewer:** Have you ever tried to apply for an identity document?
- Interviewee:** No. I haven't because I do not have money to go to Home Affairs' offices in town.

Interviewer: How is Maleshoane at home?

Interviewee: Maleshoane is very stubborn, she does not want to do anything. She sometimes bunks school because she has not washed her shirt the previous day.

Interviewer: What do you think of Maleshoane's friends?

Interviewee: I think they are bad influence on my daughter. Maleshoane sometimes sleeps over at her friend's home; sometimes she comes home very late.

Interviewer: How is her performance at school?

Interviewee: Although she failed only grade four, she is not doing well at all. All the educators have complained about her poor performance and lack of concentration. Sometimes she is just lazy or she is busy with her friends.

Interviewer: Why doesn't she do her homework regularly?

Interviewee: Sometimes we do not have electricity and no candles .When this happens then she cannot do her homework.

Interviewer: Does Maleshoane help with chores in the house?

Interviewee: Oh no! She is very stubborn and does not want to be told what to do.

6.3.5 INTERVIEW WITH MALESHOANE'S FRIEND

Interviewer: When did you meet Maleshoane?

Interviewee: When we were in Grade 4.

Interviewer: How is she with other children?

Interviewee: She is very quiet but she likes fighting in class.

Interviewer: Why does she fight other children?

- Interviewee:** She often asks for food and when they refuse to give her she becomes frustrated and hits them.
- Interviewer:** Does she bring a lunch box to school?
- Interviewee:** No. She always has money. She once brought R30 to school.
- Interviewer:** Who gives her the money?
- Interviewee:** When I ask her she doesn't say anything but simply looks down shyly.
- Interviewer:** Does she get food from the School Nutrition Programme?
- Interviewee:** Yes. She is supposed to but she sometimes shies away for fear of being laughed at by the other children.
- Interviewer:** Does she dress properly at school? Does she have a proper school uniform?
- Interviewee:** No. Her khaki shirt is torn and she does not have proper school shoes.
- Interviewer:** What do you talk about when you are with Maleshoane?
- Interviewee:** Although she likes to talk about her mother's drinking habits, we usually talk about boys, parties and booze.
- Interviewer:** How does she get along with the other children in class?
- Interviewee:** She does not talk much but when she opens her mouth, she bursts in anger especially when she cannot get what she wants or things don't seem to go her way.
- Interviewer:** Are there any other places that she would go to besides your place?
- Interviewee:** She used to stay at one of our friend's place. She stayed there for three weeks and also left the place unceremoniously.

6.3.6 INTERVIEW WITH MALESHOANE'S EDUCATOR

Interviewer: How long have you known her?

Interviewee: Three years now.

Interviewer: How does Maleshoane get along with the other children in class?

Interviewee: She is very reserved and will only burst out when she is being mocked about her house or shabby clothes.

Interviewer: How does she react when other children mock her?

Interviewee: She becomes very aggressive and she is bound to stay away from school for a while after the outburst.

Interviewer: How do you intervene, as an educator, when this happens?

Interviewee: I wrote several letters to her mother asking her to come to school but I haven't received any positive response. I also reprimand the learners who mock her.

Interviewer: What else did you try when there was no response from the mother?

Interviewee: I resorted to inviting her older sister to school to discuss the matter with her.

Interviewer: Did her sister respond?

Interviewee: Yes. She came and gave me the background that I needed and I have since briefed the principal.

Interviewer: How is Maleshoane's performance?

Interviewee: Her performance is poor, she seems not to be bothered by her performance. She does not bother whether she passes or fails. There are times though when she is happy, she then participates and become very cooperative. This is however very rare.

6.4 SEBOLELO' CASE

6.4.1 FAMILY BACKGROUND

Sebolelo is a 13 year old grade seven learner who stays with her mother in a four-roomed house in Sharpeville. She is the only child. Sebolelo's biological father lives in Sebokeng. He never married her mother, after they separated he married another woman who owns a house in Sebokeng and lives with her in that house, where Sebolelo is not welcome.

Sebolelo's mother got involved with another man to whom she is now married. He used to work for the Department of Health as a health adviser. He infected her with HIV and hastened to marry her. It seemed as though the man was aware of his status but kept it from Sebolelo's mother until when she confronted him.

6.4.2 INTERVIEW WITH SEBOLELO

Interviewer: How old are you?

Interviewee: I am 13 years old.

Interviewer: What grade are you in?

Interviewee: I am in Grade 7.

Interviewer: What makes you happy?

Interviewee: To see my mother happy and being healthy.

Interviewer: Is your mother employed?

Interviewee: No. My mother never worked and she is now HIV positive.

Interviewer: How do you know that your mother is HIV positive?

Interviewee: She told me so.

Interviewer: How did you feel after she told you this?

Interviewee: I cried because I'm scared that she is going to die and I will be left

alone. My grandparents died three years ago, my uncle also died last year, October. My mother is the only person that I am left with. My father never married my mother. He married another woman and I am not welcome at my father's place. The woman he is married to does not like me.

Interviewer: How did this affect you emotionally?

Interviewee: I wish I could die first before my mother. It seems as if people do not understand what I am going through. To them life is going on well while I have to battle with all these things in my mind.

Interviewer: How is your relationship with educators at school?

Interviewee: I feel that they also do not understand what I am going through. I'm always in trouble at school. They think that I do these strange things because I like attention. I hate this life.

Interviewer: Do you attend school regularly?

Interviewee: No. I sometimes just stay home to look after my mother. What is the point of going to school when my mother is sick?

Interviewer: Is your mother very sick now?

Interviewee: No. She is very strong in such a way that some people do not know that she is HIV positive. But there are times when she becomes very sick.

Interviewee: Doesn't the whole situation affect your schoolwork?

Interviewee: Yes. I think it does. I feel like I do not do as well as I used to but it's life. What can I do?

Interviewer: What help do you get from other people?

Interviewee: Nothing. Nobody but my mother and I know that she is HIV positive. I don't tell people.

6.4.3 INTERVIEW WITH SEBOLELO'S MOTHER

Interviewer: Are you married?

Interviewee: I am married but not to Sebolelo's father. We stayed together with Sebolelo's father for five years then thereafter we separated. I came home and got married to another man.

Interviewer: Whose house is this that you are staying in?

Interviewee: This is my parents' house. They passed away three years ago. My brother moved in but also died last October.

Interviewer: Do you have any other relatives?

Interviewee: I only have an aunt.

Interviewer: How does Sebolelo attend school?

Interviewee: She used to go to school regularly, but she has developed a tendency of playing sick and staying home with me.

Interviewer: As a parent what do you do motivate her to attend regularly?

Interviewee: I sometimes talk to her but there is no change.

Interviewer: How do you survive?

Interviewee: Sebolelo receives a social grant and I also receive a grant because of my HIV status.

Interviewer: How is Sebolelo at home?

Interviewee: She is very spoilt. I think that she is a tomboy because she likes to play with boys. Her fights with other boys are always over dogs and pigeons that she keeps as pets. She is very intolerant of girls, she says they have a lot to say.

Interviewer: Does she listen to you?

- Interviewee:** She likes doing wrong things and then pretends that nothing has happened. This makes me sick.
- Interviewer:** Has she ever done something that embarrassed you?
- Interviewee:** Sebolelo once brought friends home and they watched pornographic movies. It seems as though they also drank liquor and indulged in sexual activities. I came home to find broken glasses all over the place.
- Interviewer:** What did you do about this?
- Interviewee:** I reported to the principal of the school.
- Interviewer:** What did the principal do?
- Interviewee:** Other parents were called in, the matter was discussed and learners concerned were reprimanded.
- Interviewer:** What do you think about this?
- Interviewee:** I think other children influenced my child into being part of this.
- Interviewer:** Where did they get the video from?
- Interviewee:** The video is mine but I did not give them permission to watch it.

6.4.4 INTERVIEW WITH SEBOLELO'S EDUCATOR

Interviewer: How long have you known Sebolelo?

Interviewee: This is the fourth year if I am not mistaken.

Interviewer: What can you tell us about Sebolelo.

Interviewee: She is the only child at home. She is very spoilt and her mother is very protective over her.

Interviewer: Does she attend school regularly?

Interviewee: She is often absent without a valid reason. She is a good liar and her mother also protects her. I always encourage her to be a little bit strict with the child. She is very irresponsible, as she does not do her work.

Interviewer: How is her behaviour at school?

Interviewee: She likes touching other children's private parts, both boys and girls. She is very aggressive if things do not go her way. She will go to lower grades and demand food from the young children.

Interviewer: Does she bring lunch to school?

Interviewee: Yes, but she will still demands food from other children. It seems as if she only wants attention.

Interviewer: How does she perform in class?

Interviewee: She blows hot and cold. Sometimes she performs well and the next minute she performs horribly.

6.4.5 INTERVIEW WITH SEBOLELO'S FRIEND

Interviewer: How long have you known Sebolelo?

Interviewee: We have been in the same class since grade 1.

Interviewer: What can you say about Sebolelo?

Interviewee: *She is spoilt. Her mother gives her anything she wants .She likes to touch other children's private parts.*

Interviewer: How does she attend school?

Interviewee: *She doesn't come to school regularly and her mother protects her. When you ask her about not being at school, her mother will always tell you to mind your own business.*

Interviewer: You told me that she likes touching. Is there any other strange thing that she likes to do?

Interviewee: *She likes piercing her body with sharp objects. Her body is full of scars. She is also fond of piercing other children's bodies with sharp objects.*

Interviewer: What does she do this for?

Interviewee: *She says she enjoys seeing blood.*

Interviewer: How does she get along with educators at school?

Interviewee: *She is forever in trouble for not having done her homework or lying.*

6.5 MOHLOUWA'S CASE

6.5.1 FAMILY BACKGROUND

Mohlouwa is a 15-year-old boy who stays with his widowed mother in a small two-roomed shack with his other two siblings. The shack is very small without electricity. There is no privacy at all.

His brother, Jabulani, is a nineteen-year-old Grade 9 learner who repeated several grades.

His father died four years ago and his mother is a domestic worker who earns very little. His mother battles to make ends meet and cannot afford to buy all three children uniforms and food. The family is living below the poverty line.

Mohlouwa's shack is at an informal settlement referred to as Tau Bazaar, which is about 8km from school. This is the distance which Mohlouwa has to cover everyday to go to school.

He was involved in a car accident when trying to cross a busy road. Mohlouwa hasn't been himself ever since this accident.

The area that Mohlouwa lives in has about 90% unemployment rate. He always finds himself hanging around these unemployed youths who smoke dagga and cigarettes and sniff glue. There are often fights among themselves.

6.5.2 INTERVIEW WITH MOHLOUWA

Interviewer: How old are you?

Interviewee: I am 15 years old.

Interviewer: Who do you live with?

Interviewee: I live with my mother and my two brothers.

Interviewer: Where is your father?

Interviewee: He passed away.

Interviewer: In which grade are you?

Interviewee: I am in Grade 7.

Interviewer: Have you ever failed?

Interviewee: Yes, I failed Grade 4 because I spent most of the time in hospital when I was knocked down by a car.

Interviewer: Do you have friends?

Interviewee: Yes. I have friends but my best friend is Tumelo.

Interviewer: How is your friend Tumelo?

Interviewee: He is a soft person, he agrees to everything I do or say.

Interviewer: Don't you give educators hard time at school?

Interviewee: I am not scared of them. I can take anyone of them on anytime.

Interviewer: Has your mother ever been called to school because of your behaviour?

Interviewee: Yes, more than once.

Interviewer: What exactly did you do?

Interviewee: I once threatened educators with a knife and on the other occasion I had hit a girl with a brick.

Interviewer: Where did you get a brick from?

Interviewee: There was a brick on the window. I grabbed it and hit the girl who was making a fool of me.

Interviewer: Which learning areas do you like most at school?

Interviewee: Mathematics and Technology

Interviewer: Why do you love them?

Interviewee: I enjoy them and maybe also because I like educators who handle these learning areas.

Interviewer: Is your performance good at school?

Interviewee: Sometimes I do good but at times things do not go well.

Interviewer: What do you want to be when you grow up?

Interviewee: I want to be a soldier.

Interviewer: Why do you want to be a soldier?

Interviewee: I just want to kill people.

Interviewer: Do you have pets?

Interviewee: Yes. I have a dog.

Interviewer: For how long have you had this dog?

Interviewee: It is for a while now.

Interviewer: What do you use your pet dog for?

Interviewee: I hunt with my dog. I'm still a Mosotho boy.

Interviewer: You mentioned that you have a brother. Is he still at school?

Interviewee: Yes. He attends school somewhere around Sharpeville but I do not know the name of the school.

Interviewer: Where is he now?

Interviewee: He does odd gardening jobs in town to supplement my mother's income.

Interviewer: Does he punish you when you do something wrong?

Interviewee: Yes. He is very strict. He doesn't take any nonsense. I cannot even run away because he outruns me. He beats me up for nothing

sometimes, one day I slept in my mother's bed as it is warm, my brother saw this and hit me.

Interviewer: What does he use to punish you when you have done something wrong?

Interviewee: He uses a belt or an open hand.

Interviewer: When last did he give you a hiding?

Interviewee: Yesterday.

Interviewer: How do you help in the house?

Interviewee: I clean the house and fetch water because these are my duties.

Interviewer: Who do you play with after school?

Interviewee: I play with my friend, Motshane.

Interviewer: Is he still at school?

Interviewee: No.

Interviewer: Why is he not at school?

Interviewee: He looks after his father's cattle during the day.

Interviewer: How old is Motshwane.

Interviewee: He is twenty years old.

Interviewer: Why do you befriend a person older than you?

Interviewee: I enjoy his company, he taught me how to sniff glue and how to roll a 'zol'.

6.5.3 INTERVIEW WITH MOHLOUWA'S NEIGHBOUR

Interviewer: How long have you known this family?

Interviewee: About five years.

Interviewer: What can you tell us about Mohlouwa?

Interviewee: He sometimes seem absent-minded. His moods swing a lot. He is happy one moment and then angry and sad the next minute. He is very aggressive.

Interviewer: How does the family get along?

Interviewee: They are a very noisy family. Their mother loves to shout at the children. Poor Mohlouwa is the one who is often scolded and punished.

Interviewer: Why is Mohlouwa always singled out?

Interviewee: Mohlouwa hangs around with bigger boys who sniff glue, and smke dagga and cigarettes. He stays out until late at night.

Interviewer: Is Mohlouwa helpful to the family and neighbours?

Interviewee: Sometimes when he wants to he fetches water for his mother.

Interviewer: I learnt that Mohlouwa was involved in an accident. Do you think his behaviour is affected by the fact that he was involved in an accident?

Interviewee: No.

Interviewer: Do you know if his mother seeks advice regarding Mohlouwa's behaviour?

Interviewee: No.

Interviewer: What else can you tell me about Mohlouwa?

Interviewee: He likes, like any other boy his age, watching TV and they do not have one. He always has to go to friends about 50m away from their shack. This upsets his mother because this place is not safe at all.

6.5.4 INTERVIEW WITH MOHLOUWA'S BROTHER

Interviewer: With whom do you live?

Interviewee: I live with my mother and two brothers.

Interviewer: Where is your father?

Interviewee: He died some years ago .

Interviewer: How is Mohlouwa at home?

Interviewee: He is very aggressive, short tempered, rude and he likes staying with friends until very late at night.

Interviewer: Have you ever fought with your brother Mohlouwa?

Interviewee: Yes. I always give him a hiding because he doesn't listen. He hangs around with friends until late.

Interviewer: Why does he like to be away until late?

Interviewee: We don't have TV and he watches TV at our neighbour's.

Interviewer: Does he respect your mother?

Interviewee: Yes. Although he sometimes backchats when spoken to and that is really rude and unacceptable.

6.5.5 INTERVIEW WITH MOHLOUWA'S FRIEND

Interviewer: How long do you know Mohlouwa?

Interviewee: I met him in 2003.

Interviewer: What does he like doing which, according to you, is unacceptable?

Interviewee: He likes coming to school carrying a knife and bullying other kids in class. He likes swearing .He can be very rude at times.

Interviewer: Does he keep friends?

Interviewee: No. He changes friends everyday because he is a bully. He does not respect other people's opinion.

Interviewer: How is he in class?

Interviewee: He talks too much. He also like to backchat educators.

Interviewer: What do educators do when this happens?

Interviewee: They always report him to the principal and his mother has been called in on several occasions.

Interviewer: Does he take his schoolwork seriously?

Interviewee: No. He only goes to school to while away time and to please his mother. Actually, he has said this to me on several occasions.

6.5.6 INTERVIEW WITH MOHLOUWA'S EDUCATOR

Interviewer: How long have you known Mohlouwa?

Interviewee: About four years.

Interviewer: How is Mohlouwa in class?

Interviewee: The boy is very aggressive and insubordinate. He likes bossing other children around. He's got a bad tendency of swearing at other kids. The boy is very rude.

Interviewer: How is his performance in class?

Interviewee: His performance fluctuates. He blows hot and cold. Sometimes he shows interest in his schoolwork, the next minute he is not interested. At times the boy refuses to write or do anything in class. When he is like this he just walks out of the class and bangs the door behind him.

Interviewer: What do you normally do when he behaves this way in class?

Interviewee: just pretend not to be noticing and in turn give him responsibility like

sending him to the staff-room

6.6 ANALYSIS AND INTERPRETATION OF THE INTERVIEWS' RESULTS

6.6.1 Theme 1: Aggression

6.6.1.1 Analysis

When Sammy was asked about how he is in class he said:

'I just hate girls .I enjoy seeing them cry .It makes me feel good.'

Sammy's mother said about Sammy:

'Sammy is very aggressive and a bully. He likes bullying everybody including his brother Thabo. They sometimes fight over petty things like food and clothes.'

Sammy's grandmother said about Sammy's behaviour:

'Sammy is like his father, he likes fighting.'

Sammy's friend said about how Sammy gets along with other learners at school:

'He doesn't like them. He is a boss. He always fights.'

Sammy's educator said:

'He sometimes become very aggressive, when he is like that there is nothing you can say or do.'

Maleshoane's friend said:

'She often asks for food and when they refuse to give her she becomes frustrated and hits them.'

Mohlouwa said:

'I am not scared of them. I can take anyone of them on anytime.'

'I once threatened educators with a knife and on the other occasion I hit a

girl with a brick.'

'I just want to kill people.'

6.6.1.2 Interpretation

The majority of the respondents show signs of being aggressive, they seem to like fighting, they bully other learners, one of them even goes to an extent of threatening educators with a knife. These responses also show that respondents bully others for self-gratification. Sammy is irritated by just looking at girls and would enjoy to see them cry. These respondents are often 'provoked' by minor irritations. This could indicate that bullying in schools is a problem that can have negative effects on the general school climate and on the rights of other learners to learn in a safe environment.

Maleshoane bosses the other learners by asking for food and then hitting them when they refuse. It seems that she wants things to go her way, if not so she becomes frustrated.

On the other hand Mohlouwa expresses that he is not scared of teachers that he 'can even take them on at anytime'. It seems that he feels great that he once hit a girl with a brick and also threatened a teacher with a knife. This is an indication that these adolescents would derive pleasure from inflicting injury and pain on others.

6.6.2 Theme 2: Risky behaviour

6.6.2.1 Analysis

Sammy's grandmother indicated that:

'All he does is to roam around the streets at night. I am a bit worried about this as he mixes with bad company.'

Sammy's educator said:

'There are times when other learners say he brought a knife to school.'

Maleshoane said:

'Yes, we were at one of my friend's house one afternoon, after school and we were drinking alcohol. We had invited boys and they later wanted to have sex with us. When we refused, a fight ensued and glasses broke and we really landed ourselves in hot water.'

Maleshoane's sister said:

'We get along very well but what I do not like is her habit of leaving the house and sleeping over at friends without informing my mother.'

'Not really because she has another friend who stays in a shebeen, she likes visiting this friend. I suspected that she has started drinking.'

Maleshoane's mother said:

'Maleshoane sometimes sleeps over at her friend's home, sometimes she comes home very late.'

Maleshoane's friend said:

'She used to stay at one of our friend's place. She stayed there for three weeks and also left the place unceremoniously.'

Sebolelo's mother said:

'Sebolelo once brought friends home and they watched pornographic movies. It seems as though they also drank liquor and indulged in sexual activities. I came home to find broken glasses all over the place.'

Sebolelo's friend said:

'She likes piercing her body with sharp objects. Her body is full of scars. She is also fond of piercing other children's bodies with sharp objects.'

Mohlouwa's neighbour said:

'Mohlouwa hangs around with bigger boys who sniff glue, and smoke dagga and cigarettes. He stays out until late at night.'

'He always goes to friends about 50m away from their shack. This upsets his mother because this place is not safe at all.'

Mohlouwa said:

'he taught me how to sniff glue and how to roll a 'zol'.'

Mohlouwa's brother said:

'he likes staying with friends until very late at night.'

Mohlouwa's friend said:

'he likes coming to school carrying a knife and bullying other kids in class'

6.6.2.2 Interpretation

The responses of the respondents in this research show that there is a considerable tendency to being involved in risky behaviours. The majority of these adolescents, especially boys hang out at night until late, they have a tendency to indulge in drugs, they smoke and drink alcohol, girls sleep over at their friends' places without their parents' permission, one of the respondents practices piercing her body with sharp instruments, another one carries a knife to school, they watch pornography and have started being sexually active.

It seems that these adolescents defy authority of their parents by hanging out until late. These learners seem to have started being sexually active at a very tender age, when they are impulsive and lack knowledge about sexually transmitted diseases. These adolescents could be infected with HIV/AIDS or sexually transmitted diseases. Piercing one's body with sharp objects could be very risky as one could hurt herself in many ways, these objects are never sterilized and HIV/AIDS could be spread in this way. The use of drugs could adversely affect their learning.

6.6.3 Theme 3: Deceitfulness or theft

6.6.3.1 Analysis

Sammy's mother indicated that:

'What really destroys me is the fact that I was told that he even steals other children's stuff and pretends not to know a thing.'

Sammy's friend said:

'He likes to steal from other children's schoolbags .He steals food and pens.'

Sammy's educator said:

'Every now and then there are complaints that he has stolen something out of other learner's schoolbags. He also takes their food and eats it while they are watching, he does not have any respect for other learner's things.'

Maleshoane said:

'I always lie to my friend's parents that I have asked for permission from my mother.'

Sebolelo's mother said:

'She used to go to school regularly but she has developed a tendency of playing sick and staying home with me.'

'She likes doing wrong things and then pretends that nothing has happened.'

Sebolelo's educator said:

'She is a good liar and her mother also protects her.'

'She will go to lower grades and demand food from the young children.'

6.6.3.2 Interpretation

The majority of the respondents in this research steal from other children. It seems that these adolescents would steal not because they need something sometimes, but for the sheer sake of doing it. They steal from their peers, but mainly from children younger than them. These adolescents show signs of being unfaithful, unreliable and cannot be trusted.

Most adolescents will tell lies, without feeling guilty, in order to conform or to be accepted by the others. They lie about being given permission to do things, one of them plays truancy in order to bunk school. These responses show that, unless well guided, adolescents are apt to tell lies and be deceitful to have things go their way.

6.6.4 Theme 4: Serious violation of rules

6.6.4.1 Analysis

When asked if Sammy is helpful at home her mother said:

'He is never at home. My mother doesn't have a TV in the house in Sharpeville and so he goes out till late. I am bit concerned about this because that is where he hangs around with bad boys.'

Sammy's grandmother said about Sammy:

'He never helps us with anything, he is very lazy.'

Sammy's friend said:

'They would call him, and talk to him but this does not help as he would do the same thing afterwards.'

Sammy's educator said:

'It is very difficult to control his behaviour in class.'

'He is very disruptive in class, you spend half the period sometimes trying to make him quiet in class.'

Maleshoane's mother said:

'She sometimes bunks school because she has not washed her shirt the previous day.'

'Oh no! She is very stubborn and does not want to be told what to do.'

Sebolelo's educator said:

'She is often absent without a valid reason.'

'She is very irresponsible, as she does not do her work.'

Sebolelo's friend said:

'She doesn't come to school regularly and her mother protects her.'

Mohlouwa's neighbour said:

'Sometimes when he wants to he fetches water for his mother.'

6.6.4.2 Interpretation

In all the above responses there is a pattern of negative, defiant, and disobedient behaviour, or problem behaviour, where adolescents repeatedly and persistently violate rules and the rights of others without concern or empathy. The primary behavioural difficulty is the consistent pattern of refusing to follow commands or requests by adults or even conform to the community's expectations.

It seems that adolescents display this tendency towards serious violation of rules by bunking school, being disruptive in class, with stubbornness, not doing schoolwork or refusing to do house chores. It seems that it becomes difficult for teachers to teach these learners or even control their behaviour in class.

6.6.5 Theme 5: Conflict with parents and others

6.6.5.1 Analysis

Sammy's grandmother said:

'This boy really gives me a headache.'

'Besides he does not listen or even respect anyone here.'

Sammy's educator said:

'He is always in trouble for beating up other learners in class especially those that are younger than him.'

'Most teachers would like to see him expelled from school. They cannot stand him at all.'

When Maleshoane was asked about the relationship between her and her mother, she said:

'The relationship is not healthy because we always quarrel over minor issues.'

'My friend's mother swore at my friend and accused me of being a bad influence to my friend so I decided to come back home.'

Maleshoane's sister said:

'At home she is very rebellious, you cannot tell her anything. She does not listen to anyone.'

Maleshoane's mother said:

'Maleshoane is very stubborn, she does not want to do anything.'

Sebolelo's mother said:

'The video is mine but I did not give them permission to watch it.'

Sebolelo's friend said:

'She is forever in trouble for not having done her homework or lying.'

Mohlouwa's brother:

‘Although he sometimes backchats when spoken to and that is really rude and unacceptable’

Mohlouwa’s friend said:

‘He talks too much, he also likes to backchat educators’

Mohlouwa’s educator said:

‘He’s got a bad tendency of swearing at other kids. The boy is very rude’

6.6.5.2 Interpretation

The responses above reflect that most respondents are in conflict with parents, peers and their teachers. It seems that these adolescents are in conflict with parents and others because they are in a stage marked by conflicting feelings about security and independence, rapid physical changes, developing sexuality, peer pressure and self-consciousness. This conflict is shown when they do not listen or respect anyone, beating up other learners in class, teachers cannot stand them because of their behaviour, they are stubborn, do not do their work or lie, and backchat when reprimanded.

This conflict with almost everyone who is around these learners can deprive them of support they need to go through their adolescence.

6.6.6 Theme 6: Mood disruptions

6.6.6.1 Analysis

Sammy’s educator said:

‘He is very unpredictable. One moment he is a sweet boy, the next moment he is in trouble.’

Maleshoane’s sister:

‘One educator called me to school being concerned about Maleshoane’s negative attitude and the fact that she is abnormally withdrawn.’

Maleshoane's friend said:

'She is very quiet but she likes fighting in class.'

'She does not talk much but when she opens her mouth, she bursts out in anger especially when she cannot get what she wants or things don't seem to go her way.'

Maleshoane's educator said:

'She is very reserved and will only burst out when she is being mocked about her house or shabby clothes.'

'She becomes very aggressive and she stays away from school for a while after the outburst.'

Mohlouwa's neighbour said:

'He sometimes seem absent-minded. His moods swing a lot. He is happy one moment and then angry and sad the next minute.'

6.6.6.2 Interpretation

The majority of the respondents seem to show signs of having mood disruptions and mood swings. These adolescents tend to be very unpredictable in their behaviours due to moods disruptions. The responses indicate that one could not know what to expect the next moment from most of these children. These mood disruptions could be attributed to the feeling of uncertainty, which is brought about by physical changes that are very common at this stage of life. These changes involve menstruation, wet dreams, and pubic hairs, growing a beard and growing breasts. These physical changes lead to a great deal of uncertainty, which manifests itself in these mood disruptions.

6.6.7 Theme 7: Poor performance at school

6.6.7.1 Analysis

Sammy's mother indicated that:

'He is not doing well. I think he is slow like his brother, or maybe it's because the teachers complain that he is very naughty.'

Sammy's friend said:

'Sometimes he performs well and when you do not expect it, he performs dismally.'

Sammy's educator said:

'Far below average.'

Maleshoane's mother said:

'Although she failed only grade four, she is not doing well at all. All the educators have complained about her poor performance and lack of concentration. Sometimes she is just lazy or she is busy with her friends.'

Maleshoane's educator said:

'Her performance is poor she seems not to be bothered by her performance. She does not bother whether she passes or fails. There are times though when she is happy, she then participates and become very cooperative. This is however very rare.'

Sebolelo's educator said:

'She blows hot and cold. Sometimes she performs well and the next minute she performs horribly.'

Sebolelo said:

'Yes. I think it does. I feel like I do not do as well as I used to but it's life. What can I do?'

Mohlouwa said:

'Sometimes I do good but at times things do not go well'

Mohlouwa's friend said:

‘He only goes to school to while away time and to please his mother’

Mohlouwa’s educator said:

‘His performance fluctuates, he blows hot and cold. Sometimes he shows interest in his school-work. The next minute he is not interested. At times the boy refuses to write or do anything in class. When he is like this he just walks out of the class and bangs the door behind him’

6.6.7.2 Interpretation

The responses above reflect the fact that it is very common among adolescents that performance at school is affected, often negatively. This could be attributed to the fact that these ‘adults-in-waiting’ tend to be preoccupied with the physical changes in their bodies so that school-work is neglected. The performance of these adolescents is not stable - one moment they perform well and the other very badly. Some of these adolescents seem not to be spared from other problems in life as they have problems at home, which also influence their performance at school.

6.7 CONCLUSION

This chapter analysed and interpreted responses of respondents who participated in this research. Themes, which are common to all these respondents, were used for easier analysis and interpretation.

The next chapter deals with conclusions, summaries and recommendations.

CHAPTER SEVEN

SUMMARIES, RECOMMENDATIONS AND CONCLUSION

7.1 INTRODUCTION

This chapter presents summaries of both the literature review and the findings of the empirical research are presented, with a view to making recommendations for the practical implementation of these findings and for further research.

7.2 SUMMARIES OF BOTH LITERATURE REVIEW AND EMPIRICAL RESEARCH

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

7.2.1 Findings from the literature study

The review of literature revealed that adolescence is the highest risk period for the onset of conduct disorders which many researchers assert is caused by adolescence stage-related depressive and anxiety problems, with incidence rates of each disorder estimated as high as 5% to 10% a year (see 1.1). According to various researchers (see 1.1), adolescent depressive and anxiety problems are often associated with significant psycho-social dysfunction, and this is true of substance use disorders, aggressiveness, destruction of property, defiance of authority, and often frightening and disturbing of adults (see 1.1). The co-occurrence of depression, anxiety and conduct disorders in adolescents is also associated with more severe alcohol and drug-related problems, more prolonged depressive and anxiety episodes and increased frequency of behavioural problems, more severe impairment in interpersonal and academic competencies, increased utilization of mental health services, as well as elevated risk of suicide (see 2.5).

The literature also revealed that the period of adolescence is marked by conflicting feelings about security and independence, rapid physical changes, developing sexuality, peer pressure and self-consciousness (see 2.4). This becomes a time of

rapid physiological and psychological changes, of intensive re-adjustment to the family, school, work and social life and of preparation for adult roles (see 2.4). These changes are noticeable for their conduct disorders and behavioural accompaniments, and problems arising at this time may attract attention because the adolescent's conduct and behaviour become obtrusive in the school, the home or elsewhere, and evoke a sense of urgency for response (see 2.4). The conduct disorders 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 (see 2.5). The conduct problems also include the more or less troublesome and involuntary behaviours commonly associated with adolescence such as temper tantrums, bouts of screaming and crying, surliness and episodes of commanding or pestering behaviour (see 3.3). Emotional disorders, according to the literature, involve characteristics such as feelings of inferiority, self-consciousness, social withdrawal, shyness, anxiety, crying, hyper-sensitivity, depression and chronic sadness (see 3.3).

Effective support programmes such as individual educational support and group educational support were regarded by the literature as having the efficacy to prevent the development of conduct disorders (see 4.3).

7.2.2 Findings from the empirical research

The empirical research revealed that adolescent participants who formed the population sample of this research were:

- 1 **Aggression:** This conduct disorder was deduced from statements such as "I just hate girls. I enjoy seeing them cry. It makes me feel good," "Sammy is very aggressive and a bully. He likes bullying everybody including his brother Thabo. They sometimes fight over petty things like food and clothes," "Sammy is like his father, he likes fighting," "He doesn't like them. He is a boss. He always fights," "He sometimes becomes very aggressive, when he is like that there is nothing you can say or do," "She often asks for food and when they refuse to give her she becomes frustrated and hits them," "I am not scared of them. I can take anyone of them on anytime," "I once threatened educators with a knife and on

the other occasion I hit a girl with a brick," and "I just want to kill people"(see 6.6.1).

- 2 **Characterized by risky behaviour:** This conduct was deduced from the statements such as "All he does is to roam around the streets at night. I
- 3 am a bit worried about this, as he mixes with bad company," "There are times when other learners say he brought a knife to school," "Yes, we were at one of my friend's house one afternoon, after school and we were drinking alcohol. We had invited boys and they later wanted to have sex with us. When we refused, a fight ensued and glasses broke and we really landed ourselves in hot water," "We get along very well but what I do not like is her habit of leaving the house and sleeping over at friends without informing my mother," "Not really because she has another friend who stays in a shebeen, she likes visiting this friend. I suspected that she has started drinking," "Maleshoane sometimes sleeps over at her friend's home, sometimes she comes home very late," "She used to stay at one of our friend's place. She stayed there for three weeks and also left the place unceremoniously," "Sebolelo once brought friends home and they watched pornographic movies. It seems as though they also drank liquor and indulged in sexual activities. I came home to find broken glasses all over the place," "She likes piercing her body with sharp objects. Her body is full of scars. She is also fond of piercing other children's bodies with sharp objects," "Mohlouwa hangs around with bigger boys who sniff glue, and smoke dagga and cigarettes. He stays out until late at night," "He always goes to friends about 50m away from their shack. This upsets his mother because this place is not safe at all," "He taught me how to sniff glue and how to roll a "zol", "He likes staying with friends until very late at night," and "He likes coming to school carrying a knife and bullying other kids in class"(see 6.6.2).
- 4 **Deceitfulness or theft:** This conduct was deduced from the statements such as "What really destroys me is the fact that I was told that he even steals other children's stuff and pretends not to know a thing," "He likes to steal from other children's schoolbags .He steals food and pens," "Every now and then there are complaints that he has stolen something out of other learners' schoolbags. He also takes their food and eats it while they are watching, he does not have any

respect for other learners' things," "I always lie to my friend's parents that I have asked for permission from my mother," "She used to go to school regularly but she has developed a tendency of playing sick and staying home with me," "She likes doing wrong things and then pretends that nothing has happened," "She is a good liar and her mother also protects her," and "She will go to lower grades and demand food from the young children" (see 6.6.3).

- 5 **Serious violation of rules:** This conduct was deduced from the statements such as "He is never at home. My mother doesn't have a TV in the house in Sharpeville and so he goes out till late. I am a bit concerned about this because that is where he hangs around with bad boys," "He never helps us with anything, he is very lazy," "They would call him, and talk to him but this does not help as he would do the same thing afterwards," "It is very difficult to control his behaviour in class," "He is very disruptive in class, you spend half the period sometimes trying to make him quiet in class," "She sometimes bunks school because she has not washed her shirt the previous day," "Oh no! She is very stubborn and does not want to be told what to do," "She is often absent without a valid reason," "She is very irresponsible, as she does not do her work," "She doesn't come to school regularly and her mother protects her," and "Sometimes when he wants to he fetches water for his mother"(see 6.6.4).

- 6 **Conflict with parents and others:** This conduct was deduced from the statements such as "This boy really gives me a headache," "Besides he does not listen or even respect anyone here," "He is always in trouble for beating up other learners in class especially those that are younger than him," "Most teachers would like to see him expelled from school. They cannot stand him at all," "The relationship is not healthy because we always quarrel over minor issues," "My friend's mother swore at my friend and accused me of being a bad influence to my friend so I decided to come back home," "At home she is very rebellious, you cannot tell her anything. She does not listen to anyone," "Maleshoane is very stubborn, she does not want to do anything," "The video is mine but I did not give them permission to watch it," "She is forever in trouble for not having done her homework or lying," "Although he sometimes backchats when spoken to and that is really rude and unacceptable," "He talks too much, he also likes to backchat

educators,” and “He”s got a bad tendency of swearing at other kids. The boy is very rude”(see 6.6.5)

- 7 **Mood disruptions:** This conduct was deduced from the statements such as “He is very unpredictable. One moment he is a sweet boy, the next moment he is in trouble,” “One educator called me to school being concerned about Maleshoane”s negative attitude and the fact that she is abnormally withdrawn,” “She is very quiet but she likes fighting in class,” “She does not talk much but when she opens her mouth, she bursts out in anger especially when she cannot get what she wants or things don”t seem to go her way,” “She is very reserved and will only burst out when she is being mocked about her house or shabby clothes,” “She becomes very aggressive and she stays away from school for a while after the outburst,” “He sometimes seems absent-minded. His moods swing a lot. He is happy one moment and then angry and sad the next minute”(see 6.6.6)

- 8 **Poor performance at school:** This conduct was deduced from the statements such as “He is not doing well. I think he is slow like his brother, or maybe it”s because the teachers complain that he is very naughty,” “Sometimes he performs well and when you do not expect it, he performs dismally,” “Far below average,” “Although she failed only grade four, she is not doing well at all. All the educators have complained about her poor performance and lack of concentration. Sometimes she is just lazy or she is busy with her friends,” “Her performance is poor, she seems not to be bothered by her performance. She does not bother whether she passes or fails. There are times though when she is happy, she then participates and become very cooperative. This is however very rare,” “She blows hot and cold. Sometimes she performs well and the next minute she performs horribly,” “Yes. I think it does. I feel like I do not do as well as I used to, but it”s life. What can I do?” “Sometimes I do good but at times things do not go well,” “He only goes to school to while away time and to please his mother,” and “His performance fluctuates, he blows hot and cold. Sometimes he shows interest in his schoolwork. The next minute he is not interested. At times the boy refuses to write or do anything in class. When he is like this he just walks out of the class and bangs the door behind him” (see 6.6.7)

7.3 RECOMMENDATIONS

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

7.3.1 Recommendations for educational practice

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

1 School guidance and counseling are important programmes of conduct-disordered learners' education and are essential for South African schools which to date cannot afford to employ full-time educational psychologists. They should be promoted at schools as follows:

- Various provincial departments of education, which are custodians of education for each of the nine provinces in South Africa, should create posts for guidance teachers for both primary and secondary schools and should see to it that these educators are properly trained on psycho-educational assessment, counselling, inclusive education, learner support, family counselling and psychopathology. Heads of Department posts for School Guidance Services should be created for all schools to co-ordinate and manage psycho-educational programmes at each school.
- The School Guidance learning area for senior primary phase should include, among many other theories, theory on adolescence. Here the child can be helped to understand the adolescent stage and how the stage can psychologically affect his/her behaviour in society, and can also show how behavioural problems can be solved through life-skills such as assertiveness, learning to deal with stress, anxiety and depression associated with adolescence.
- In-school counseling is a necessity in both primary and secondary schools. School guidance can serve as consultants to educators, parents, and administrators in assisting them to understand behavioural problems in adolescents. They can also conduct workshops for parents and

classroom educators to provide training in managing conduct disorders in adolescents in schools.

- Guardianship, homeroom education and a mentorship system should be practised in schools. Guardianship should be regarded as an attempt by the school to continue and supplement the education of the home outside the home environment. It is necessary for the learners to experience the same measure of security at school as they enjoy (or should enjoy) at home. This feeling of security is determined by the measure of love, interest and acceptance that they receive from their educators. It is also determined by the understanding with which the child is treated and the willingness with which he is helped. This implies that a true educational relationship between the educator and the learner must be established and should be characterized by the following essential features: understanding, trust and authority. Guardianship should be the task of every educator.
- It is necessary to democratize education in secondary schools through the formation of a non-stationary educational structure like Parents-Educators-Learners' Association (PELAs) to ensure that parents, educators and secondary school learners are fully involved in developing inclusive, ecological and systemic policies, school curriculum planning, the creation of communication mechanisms through which learners are able to voice factors that cause their stress, anxiety and depression, which could be the main causes of their conduct-disorders.
- Provision of an Ecological and Systemic Related Services Multi-disciplinary Team (ESRSMT) is a necessity for all schools to be able to deal, in a collaborative and comprehensive approach, with conduct-disordered adolescents' psycho-social pathologies. Each district can form a team of professionals from all social agencies that deal with children and adolescents with conduct disorders such as educational psychologists, social workers, police, correctional services, clinical psychologists, counselling psychologists, community psychologists,

medical doctors, nurses, life-skills educators, school principals, parents, non-governmental organizations advocating for the psycho-social well-being of conduct-disordered youth, psychological services officials from the Education District offices and other related professionals. This team can help in the psycho-social assessment and therapeutic assistance of learners with conduct disorders which are caused by poor vocational orientation, experiencing of study method difficulties, comprehension of scholastic work difficulties, poor attention span, reading difficulties, migraine headaches, difficulty in sitting still, acting before thinking, physical exhaustions, poor sight, poor hearing, indulging in use of palliatives, alcohol, tobacco and so on.

- An improvement in communication between teachers, learners and school managers seems to be essential for conduct disorders which are caused by learners' disobedience of authority and school rules and regulations.
- School management teams, school governing bodies and educators ought to determine and establish with the learners early in the year, by means of stress, anxiety, and depression inventories, what the systemic sources of stress, anxiety and depression are for them. Learners must write the stressors, depressive and anxiety factors that affect their cognitive, affective, conative and behavioural well-being and indicate the nature and extent of their experiences, how often the situation repeats itself and the measure of control they have over it. As soon as that has been done, steps can be taken to prevent and control the stress, anxiety and depression experienced by each learner which would subsequently lead to the development of conduct disorders.
- Each week there should be an opportunity, on informal basis, to discuss in an open conversation the important stressors, depressive, anxiety-triggering factors with educators and parents and to find mutual solutions. Learners must feel free at any time to engage in conversations with teachers and parents, even the members of ESRSMT.
- Learners should attempt to develop their own stress, depression and

anxiety prevention plans. They should learn to adopt a culture of involvement in extracurricular activities, a healthy diet, enough sleep and physical exercise to release some tension which could lead to conduct disorders.

- Stress, anxiety and depression ought to be effectively counteracted by recreational exercises. Learners must practise to learn as well as to recreate.
 - Schools ought to work actively and collaboratively with parents and other community systems. This will increase the potential for effective communication, constructive partnerships, and productive relationships between home, school and community.
- 2 Universities need, as a matter of urgency, to educate and train educational psychology educators on both the theory and practice of psycho-educational assessments, counselling, 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 conduct disorders.

7.3.2 Recommendations with reference to further research

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

- 3 Little or no research has been done on how teacher stress can cause or exacerbate learner conduct disorders in township schools. Further research can thus serve as a vehicle for the teacher to more empathically understand child stress, anxiety and depression which co-occur with conduct disorders, and serve as a model against which to compare both symptoms and possible alternatives for solving this complex problem.
- 4 Since this research concentrated on few learners in the Vaal Triangle townships in the Gauteng 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 psycho-social pathology and its etiology, with a view to developing an inclusive and ecosystemic programme for helping conduct-disordered adolescents in a socially contextualized approach.

Research ought to be conducted on the influence of motivation, meta-cognition and learning strategies on helping conduct-disordered adolescent learners.

7.4 CONCLUSION

This research investigated, by means of both literature review and empirical research, the incidence and manifestation of conduct disorders among adolescents growing up in the Vaal Triangle townships, with a view to suggesting a psycho-social intervention programme to help them learn life-skills which will decrease their susceptibility to depression and anxiety. According to the literature findings, depression and anxiety co-occur with conduct disorders during adolescence. An intervention programme can therefore help these learner adolescents develop effective coping skills to help them deal with environmental factors that cause stress, depression and anxiety.

The researcher hopes that the contributions made in the form of a programme 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 conduct-disordered adolescents.

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APPENDIX A

STRUCTURED INTERVIEW

INTERVIEW WITH SAMMY

Interviewer : How old are you ?

Interviewer : Do you have friends ?

Interviewer : How did it come about that you live in Sharpeville but most of your friends are at Muvhango?

Interviewer : Do you have brothers and sisters ?

Interviewer : Where is he now ?

Interviewer : Does he go to school?

Interviewer : How do you perform at school ?

Interviewer : Why are you not achieving others?

Interviewer : How are you in class?

Interviewer : Why do you like to dress shabbily when going to school ?

Interviewer : When we came to your house for an appointment you were not at home and it was late at night .Where had you gone to ?

Interviewer : Why do you have to go so far at night to watch TV ?

Interviewer : Why don't you just accept that your grandmother doesn't have a TV and stay home at night ?

Interviewer : Which Learning Area do you enjoy at school ?

Interviewer : Do you like sport?

INTERVIEW WITH SAMMY'S MOTHER

Interviewer : How many children do you have ?

Interviewer : How do you get along with your boys ?

Interviewer : Why do they fight for food and clothes ? Don't you buy them these things ?

Interviewer : Where is their father ?

Interviewer : You said that you often take up odd jobs in order to get money. What happens when you do not find these odd jobs?

Interviewer : Is Sammy helpful in the house ?

Interviewer : How do you think you can stop him from doing these things?

Interviewer : Have you ever received a complaint from school about Sammy?

Interviewer : How is Sammy's performance at school?

Interviewer : How long have you known Sammy ?

Interviewer : How does he get along with the other learners at school ?

Interviewer : Have you ever reported the matter to the educators?

Interviewer : What do educators do when you report him?

Interviewer : What else can you tell us about Sammy ?

Interviewer : How is his performance in class?

INTERVIEW WITH SAMMY'S EDUCATOR

Interviewer : For how long have you known Sammy ?

Interviewer : How does he behave in class ?

Interviewer : How do you control him ?

Interviewer : What else does he do besides being naughty?

Interviewer : Is he always like this ?

Interviewer : How do other educators deal with this problem?

Interviewer : How would you rate his performance in class ?

Interviewer : Does he wear school uniform ?

Interviewer : Do you think that he eats well ?

Interviewer : As a school, what is done to help learners like Sammy instead of wishing them out of school ?

INTERVIEW WITH SAMMY'S GRANDMOTHER

Interviewer : What can you tell us about Sammy ?

Interviewer: How is he at home?

Interviewer : Does Sammy do his chores?

INTERVIEW WITH SAMMY'S FRIEND

Interviewer : How long have you known Sammy ?

Interviewer : How does he get along with the other learners at school ?

Interviewer : Have you ever reported the matter to the educators?

Interviewer : What do educators do when you report him?

Interviewer : What else can you tell us about Sammy ?

Interviewer : How is his performance in class?

INTERVIEW WITH MALESHOANE

Interviewer : How old are you ?

Interviewer : How many siblings do you have ?

Interviewer : Where are you parents ?

Interviewer : How is the relationship between you and you mother ?

Interviewer : Does you mother work ?

Interviewer : Where does she get the money to buy beer from?

Interviewer : If you need something for school, who do you ask ?

Interviewer : Why do you visit your friend and stay over without your mother's permission ?

Interviewer : I understand that you were staying at your friend's place, recently without your mother's permission, and you decided to come back. What happened ?

Interviewer : Do you think you are a bad influence on your friend?

Interviewer : What makes you stay away from school so often ?

Interviewer : I heard you saying that you have started to menstruate. Does your mother help you? Do you talk about it ?

Interviewer : Do you take a lunch-box to school like other learners ?

Interviewer : I have learnt that you sometimes go to neighbours to watch tv. why don't you just stay home and accept the fact that there is no tv at home?

Interviewer : What embarrasses you most ?

Interviewer : Where do you get your school uniform from ?

Interviewer : Have you ever been in trouble at school?

Interview : Why did you drink alcohol?

INTERVIEW WITH MALESHOANE'S SISTER

Interviewer : How old are you ?

Interviewer : How is the relationship between Maleshoane and you ?

Interviewer : Why does Maleshoane sometimes stay away from school ?

Interviewer : Have you ever been summoned to school about Maleshoane?

Interview : Is she also like that at home?

Interviewer : Was this the last time that you were called to Maleshoane's school?

Interviewer : Were you surprised that she was drinking?

INTERVIEW WITH MALESHOANE'S MOTHER

Interviewer : How many children do you have ?

Interviewer : How many of them stay with you ?

Interviewer : Where is the father of your children ?

Interviewer : Where is he now ?

Interviewer : Are you working ?

Interviewer : How do you survive?

Interviewer : Do you get a grant for Maleshoane and her younger sister ?

Interviewer : Have you ever tried to apply for an identity document?

Interviewer : How is Maleshoane at home?

Interviewer : What do you think of Maleshoane's friends?

Interviewer : How is her performance at school?

Interviewer : Why doesn't she do her homework regularly ?
Interviewer : Does Maleshoane help with chores in the house ?

INTERVIEW WITH MALESHOANE'S FRIEND

Interviewer : When did you meet Maleshoane ?

Interviewer : How is she with other children ?

Interviewer : Why does she fight other children ?

Interviewer : Does she bring a lunch box to school ?

Interviewer : Who gives her the money ?

Interviewer : Does she get food from the School Nutrition Programme ?

Interviewer : Does she dress properly at school? Does she have a proper school uniform?

Interviewer : What do you talk about when you are with Maleshoane ?

Interviewer : How does she get along with the other children in class ?

Interviewer : Are there any other places that she would go to besides your place?

INTERVIEW WITH MALESHOANE'S EDUCATOR

Interviewer : How long have you known her ?

Interviewer : How does Maleshoane get along with the other children in class?

Interviewer : How does she react when other children mock her ?

Interviewer: How do you intervene, as an educator, when this happens?

Interviewer : What else did you try when there was no response from the mother?

Interviewer : Did her sister respond ?

Interviewer : How is Maleshoane's performance?

INTERVIEW WITH SEBOLELO

Interviewer: How old are you

Interviewer: What grade are you in ?

Interviewer: What makes you happy?

Interviewer: Is your mother employed?

Interviewer: How do you know that your mother is HIV positive?
Interviewer: How did you feel after she told you this?

Interviewer: How did this affect you emotionally?

Interviewer: How is your relationship with educators at school?

Interviewer: Do you attend school regularly ?

Interviewer: Is your mother very sick now ?

Interviewer: Doesn't the whole situation affect your schoolwork?

Interviewer: What help do you get from other people ?

INTERVIEW WITH SEBOLELO'S MOTHER

Interviewer: Are you married ?

Interviewer: Whose house is this that you are staying in ?

Interviewer: Do you have any other relatives?

Interviewer: How does Sebolelo attend school?

Interviewer: As a parent what do you do motivate her to attend regularly?

Interviewer: How do you survive?

Interviewer: How is Sebolelo at home ?

Interviewer: Does she listen to you ?

Interviewer: Has she ever done something that embarrassed you ?

Interviewer : What did you do about this

Interviewer : What did the principal do?

Interviewer : What do you think about

Interviewer : Where did they get the video from?

INTERVIEW WITH SEBOLELO'S EDUCATOR

Interviewer: How long have you known Sebolelo ?

Interviewer: What can you tell us about Sebolelo .

Interviewer: Does she attend school regularly ?

Interviewer: How is her behaviour at school?

Interviewer: Does she bring lunch to school ?

Interviewer: How does she perform in class ?

INTERVIEW WITH SEBOLELO'S FRIEND

Interviewer: How long have you known Sebolelo ?

Interviewer: What can you say about Sebolelo ?

Interviewer: How does she attend school ?

Interviewer: You told me that she likes touching. Is there any other strange thing that she likes to do?

Interviewer : What does she do this for?

Interviewer: How does she get along with educators at school?

INTERVIEW WITH MOHLOUWA

Interviewer: How old are you?

Interviewer: Who do you live with?

Interviewer: Where is your father?

Interviewer: In which grade are you **Interviewer:** Have you ever failed ?

Interviewer: Do you have friends ?

Interviewer : How is your friend **Interviewer:** Don't you give educators hard time at school?

Interviewer: Has your mother ever been called to school because of your behaviour?

Interviewer: What exactly did you do?

Interviewer: Where did you get a brick from ?

Interviewer: Which learning areas do you like most at school?

Interviewer: Why do you love them?

Interviewer: Is your performance good at school?

Interviewer: What do you want to be when you grow up?

Interviewer: Why do you want to be a soldier?

Interviewer: Do you have pets ?

Interviewer: For how long have you had this dog?

Interviewer: What do you use your pet dog for?

Interviewer: You mentioned that you have a brother. Is he still at school?

Interviewer : Where is he now ?

Interviewer: Does he punish you when you do something wrong?

Interviewer: What does he use to punish you when you have done something wrong?

Interviewer: When last did he give you a hiding ?

Interviewer: How do you help in the house ?

Interviewer: Who do you play with after school?

Interviewer: Is he still at school ?

Interviewer: Why is he not at school?

Interviewer : How old is Motshwane.

Interviewer : Why do you befriend a person older than you?

INTERVIEW WITH MOHLOUWA'S NEIGHBOUR

Interviewer: How long have you known this family?

Interviewer: What can you tell us about Mohlouwa?

Interviewer: How does the family get along?

Interviewer: Why is Mohlouwa always singled out?

Interviewer: Is Mohlouwa helpful to the family and neighbours ?

Interviewer: I learnt that Mohlouwa was involved in an accident. Do you think his behaviour is affected by the fact that he was involved in an accident?

Interviewer: Do you know if his mother seeks advice regarding Mohlouwa's behaviour?

Interviewer: What else can you tell me about Mohlouwa?

INTERVIEW WITH MOHLOUWA'S BROTHER

Interviewer: With whom do you live?
Interviewer: With whom do you live?.

Interviewer: How is Mohlouwa at home ?

Interviewer: Have you ever fought with your brother Mohlouwa ?

Interviewer: Why does he like to be away until late ?

Interviewer: Does he respect your mother ?

INTERVIEW WITH MOHLOUWA'S FRIEND

Interviewer: How long do you know Mohlouwa ?

Interviewer: What does he like doing which, according to you, is unacceptable?

Interviewer: Does he keep friends ?

Interviewer: How is he in class ?

Interviewer: What do educators do when this happens ?

Interviewer: Does he take his schoolwork seriously ?

INTERVIEW WITH MOHLOUWA'S EDUCATOR

Interviewer: How long have you known Mohlouwa?

Interviewer: How is Mohlouwa in class?

Interviewer: How is his performance in class?

Interviewer: What do you normally do when he behaves this way in class?

APPENDIX B

LETTER OF CONSENT

Dear Parent or Guardian

I am a graduate student studying for an M. Ed. Degree in Educational Psychology at the North-West University (Vaal Campus) and I am conducting a study to investigate conduct-disorders among adolescents. I am requesting your consent to include you and your child as participants in this study.

Learner participants will be asked questions relating to their behaviour at home, school, towards other learners and about their performance at school. Interviews will take place at the participant's home in the presence or absence of the parent/guardian.

All information gathered will be kept in strict confidentiality and all participants will remain anonymous at all times.

If you have any questions regarding the planned interviews, you may contact Dr NJL Mazibuko, my supervisor on (016) 910-3075 at the already said University.

Your and your child's participation is entirely of your own free will and you and your child may withdraw from the study at any time.

Yours sincerely

Nomndeni Nomasonto Margaret Ngcana (Mrs)

Family Consent Form

(to be completed by a parent or guardian)

As the parent/guardian of the participant in this study :

- I have been provided with the cover letter that describes the purpose of the study
- I have a list of names and phone numbers of persons I may contact if I have questions or concerns about it
- I understand that my child's data will be anonymous and kept confidential.
- I understand that denying consent will not cause any unfavourable attention for my child/ children who do not participate will have classes as usual.

I DO grant permission for my child to participate in this study.

Print your name

Signature

I DO NOT grant permission for my child to participate in this study .

Print your name

Signature

Child's Consent

(To be completed by the participant)

As a participant in this study :

-I agree to answer all questions during an interview.

-I understand that these questions are about my behaviour and my relationship with others.

-I understand that I will answer these questions when the interviewer visits my home.

-I understand that my responses will be kept confidential.

I DO agree to participate in this study .

Print your name

Date

Signature

I DO NOT agree to participate in this study

Print your name

Date

Signature

