Chapter- IV

DISCUSSION
An important feature of this thesis is the way in which a perspective to our understanding of behavioural problems is combined with detailed case studies of intervention. Psychological problems occur within the context of the lifecycle. In this study, the meaning of behavioural problems is not the severe psychological disorders that affect whole life of the individual, but those problems that one can manage on his/her own way with a little guidance.

The findings indicated that the mostly the participants have behavioural problems related to anger, severe fear, anxiety, inferiority and insecurity. Theoretical models of developmental psychopathology, including the development of aggressive behaviour, fear, anxiety, inferiority etc. are multi-factorial: child, parenting, familial and extra-familial variables. The interview responses of participants with high behavioural problems in the present study suggested the causative factors for their problems to the same as mentioned above. The section 3 of results chapter where the twenty cases were presented also described that participants with anger and aggression have father and brother displaying the same behaviour back home. All the participants with such problem were youngest in order of birth. Female participants were feeling discriminatory behaviour in this family because of gender due to cultural norms so they displayed sibling rivalry to their brother with intense aggression and also in the classroom.
The outline of the discussion chapter is such as that firstly, the behavioural problems as figured out by the participants through interview had been discussed followed by the problem behaviour checklist. The role of behavioural problems in adjustment has been discussed latter followed by the effectiveness and importance of intervention strategies and intervention itself.

**Behavioural Problems**

Childhood and adolescence are notable for many changes in physical, cognitive and social-emotional skills and abilities. The pattern of changes is marked by periods of transition and reorganization. There are several behaviours at this stage of life which, if not intervened may be likely to convert into severe psychopathology. Therefore, in this research we attempted to identify that behaviour which children and adolescent deviate greatly from the expected developmental norms and which are bothering the child himself/herself, as well as, their families and teachers. Often parents and other guardians are reluctant to seek professional help for their ward. Behavioural problems had interfered with participants’ development by delaying the learning of both social and academic skills.

The cases of children in the present study showed that they had externalizing problems like they don’t pay attention, behave aggressively, harm to other people and their property especially in case
of sibling rivalry harm the sibling. Conduct related problems like aggressive actions that cause harm to others and rule violations were also reported by participants who were later enrolled in intervention program. Longitudinal studies have shown that the age of onset of conduct disorders bears a relationship to the seriousness of antisocial and other disorders in adulthood. Childhood onset is more strongly associated with adult criminal behaviour, mental disorder, violence, and substance abuse than adolescent onset (Moffitt et. al., 2007). It was also found that the participants of intervention group have poor home adjustment, emotional adjustment and academic skills (Poor percentages in previous exams as asked during history taking and interview). In children group their teachers are involved in intervention as these children were receiving only little positive reinforcement from peers, teachers and classmates and in addition to inadequate social skills, they tend to be academic underachievers. In particular, difficulties in reading and paying attention and concentration interfere with academic performance and poor performance in academics leads to unhappiness to parents and inferiority in the child. The parental factors were also important for children to behave in disruptive. In the present study all the mothers’ of intervention group participants were either illiterate or schooling to only primary level and only fifty percent of fathers were attended school upto class 8th but they pressurize their ward to excel in school.
The participants of the intervention group had also shown several internalizing behaviour like anxiety, fear, separation anxiety, social phobia and moodiness. Both the internalizing problem behaviour like anxiety and fear occurred together with externalizing behaviour like anger and aggression, conduct problems. One reason might be that externalizing behaviours may lead to difficulty in social interactions (Sarason & Sarason, 2012). According to Talukdar & Talukdar (2008), many studies have been conducted on problems of adolescents and various factors influencing adolescent behavior. Conflict between parents, mother’s low level of education, lack of support from parents, negligence by parents, adverse affect of television viewing giving rise to unfulfilled unrealistic demands, exposure to peers who smoke, drink or use drugs, their social status in modern society, etc. were some of the important factors found to be responsible for development of problem behavior in adolescents. Problem behaviors in adolescents give rise to symptoms such as frustration, obstinacy, aggressiveness, impulsiveness, violent behavior, antisocial behavior, etc.

**Behavioural Problems and Adjustment**

In development the children enter into a social system and, by interacting and negotiating with others, establish understandings that become fundamental social knowledge on which they continually build (Rizzo & Corsaro, 1995). Children grow up in several environments.
Home, school, and community are the setting for social and intellectual experiences from which they acquire and develop the skills, attitudes and attachments which characterize them as individuals and shape their choice and performance of adult roles (Morrison & McIntyre, 1973) and educational and occupational outcomes as adults (Dubow, Huesman, Boxer, Pulkkinen, & Kokko, 2006). Children and adolescents adjustment problems are related to emotion, cognition and behaviour. Research has indicated that these problems may be classified into two broad dimensions: externalizing and internalizing behaviour problems (Frick & Kimonis, 2008).

The present findings had made it clear that the adolescents with high behavioural problems were less adjusted to their home, health and social aspects than children with high behavioural problems. Shah and Sharma (2012) found if parents want their children to achieve better, they should provide and maintain in the family, highly congenial atmosphere. Thus, a young person's social adjustment is not a thing apart, but is closely linked with his/her adjustment to his/her home and school relationships. It usually follows that an adolescent who experiences a normal and well-integrated home and school life carries over into all his/her other associations a similar wholesomeness of attitude and control of behaviour (Kokko & Pulkkinen, 2000). Moreover, the cause of an adolescent's social maladjustment often can be traced to a home environment in which the teen-ager has had little or no
opportunity to experience cooperative group living. With respect to adolescent adjustment, parental warmth/involvement and behavioral control are associated with greater social competence, autonomy, positive attitudes toward school and work, academic achievement and self-esteem, as well as with less depression, school misconduct, delinquency and drug use (Lamborn et al., 1996). Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviours.

These findings also displayed that adolescents participant with less problematic behaviour had better home, health and emotional adjustment than high problematic behaviour participants. On the other hand in children group of participant less behavioural problem children were showing better home and social adjustment than high behavioural problem children. The presence of children and adolescent problems are often predictive of later problems. One study found that high levels of childhood problems predict approximately two-to sixfold increase in the risks for disorders in adulthood (Hofstra et al., 2002). Boys with higher childhood physical aggression are far more likely to be aggressive later in life (Brame et al., 2001)

**Intervention Assessment**

The findings of the effectiveness of intervention clearly suggested that certain behavioural problems like anger and aggression,
conduct problems, anxiety and insecurity and other associated problems like lack of confidence, poor concentration and attention seeking and academic problems were decreased in the participants of intervention group after six weeks of professional help (Table 4.1 & 4.3). The case reports and participants evaluation of their pre and post intervention behaviour also suggested the effectiveness of cognitive behavioural intervention with both children and adolescents. However, with children certain inputs were made as the mean age of children was only 6.9 years. In sessions with children the researcher had involved their teachers as the intervention setting was school and manifestation of problem behaviour was mostly in school setting where classmates, peers and teachers had become victim of anger and aggression, fears and hyperactivity etc. However, for three children two or three sessions were taken with the help of the parents especially the mother of the child. For such sessions also the intervention setting was school though the researcher met the parents at their respective homes and elaborated them the problems of their wards and also the need and process of intervention and seeks their help. These children were residing in a semi urban area and were not explaining their problems as this was for the first time for them to seek help from professional for disruptive behaviour. In addition, poor communication skills also lead the researcher to involve their peers and teachers during intervention. Children could not follow a rigid C.B.T manual so the researcher applied the same with little innovation as incorporated certain games and play activities as per their age and also home assignments with fun element. The local dialect i.e. Bhojpuri was used by researcher that was
easily understood by the children. An activity work was also given to class teacher to modify the children behaviour.

The details of cases are already mentioned in chapter III of results. Therefore, now we only discuss those problem behaviours for which the intervention was found to be most effective.

*Anger and aggression:* Anger is a normal human emotion that in many circumstances is adaptive and helpful. Anger can cause problems when it is dysregulated, that is, when it is activated too frequently or expressed too intensely without appropriate controls. Problematic anger is a feature of many mental health problems leading to adverse consequences for the client and others. A wide spectrum of factors has been associated with the development and persistence of aggressive behaviour. Studies show that many children with early high levels of conduct problems discontinue by adolescence and only a small percentage identified as being at risk go on to have major problems (*Moffitt,* & *Caspi*, 2001; *Bennett, Lipman, Racine & Offord*, 1999; *Nagin & Tremblay*, 1999; *Patterson & Yoerger*, 1997). Aggression that begins in the earliest years of life is clearly linked to delinquent and criminal behaviour in later life.

*Anxiety:* Anxiety is a particularly interesting affliction because it is characterized by worry, which is a ubiquitous cognitive activity in psychological disorders. Worry has been defined as a chain of thoughts that are associated with negative affect (*Borkovec, Robinson, Pruzinsky*
& Depree, 1983), with other types of negative intrusive thoughts such as obsessions \cite{turker1992, wells1994} and depressive rumination \cite{papageorgiou1999, wells2004} and are difficult to control. Pathological anxiety occur when an individual overestimates the probability that a feared event (catastrophe) will occur, or the severity of the event when it does occur. There is a simultaneous underestimate of the coping resources and the likely rescue factors. In the study there is basic anxiety related with school performance and separation from parents found.

**Fear:** Most interesting aspects of fear are that the stimuli that evoke them are not random. The most common fear-arousing stimuli tend to be animals, objects, or events that are otherwise trivial. Although extreme fear of dogs, snakes, and spiders seems maladaptive today, such fears may have been highly adaptive in earlier times. Some researchers believe that human beings are instinctively predisposed (or prepared) to like or dislike, and fear or not fear, certain stimuli- snakes etc \cite{seligman1971}.

**Sibling Rivalry:** Sibling rivalry is the jealousy of a child in regard to his own sisters or brothers. In most families, children at one time or another compete among themselves for parental affection, attention, and approval. Such competition underlies many of the petty squabbles that occur among children in practically any family. Sibling relationships
comprised of a balance of both prosocial and conflicted interactions create experiences that are most likely to nurture children's social, cognitive, and psychosocial development.

*Hyperactivity:* Hyperactivity is impediment to learning. It is characterized by fidgeting, short attention span, excess of energy, extreme excitability, and general lack of control. On the basis of researcher observation the main cause of hyperactivity were unpleasant school environment, boring teaching strategy and interpersonal conflict.

*Conduct Disorders:* The persistent behaviours typical of conduct disorder include aggressive actions that cause threaten harm to people or animals, nonaggressive conduct that cause property damage, major deceitfulness or theft, and serious rule violations.

Approximately 15% of high school students report that they engaged in a physical fight on school property in the past 30 days (*Larson & Lochman, 2002*). There is evidence that treatment that includes helping parents deal with stress and teaching them better parenting skills reduces aggressive and antisocial behavior in children. This suggests that poor parent-child relationships characterize many of these cases (*Kazdin & Whitley, 2003*).

*Academic Problems:* Problem behavior may have a negative effect on learning because they make it more difficult for children to pick up basic
information and concepts. In a school setting, this problem is compounded by distraction and lack of organization in school assignments. In turns these difficulties may result in lack of practice of basic skills, such as those gained by completing sets of arithmetic problems or spelling exercises. As a result of the lack of skill development, school achievement becomes a problem, continuously setting up a spiral of decreasing achievement that can encourage a negative self-view, lowering the child’s belief that he or she can succeed at school related tasks.

Children often value their friends because they provide opportunities for emotional support and self-disclosure, and researchers have typically assumed that self-disclosure in friendship indicates healthy functioning. However, some friendships are characterized by aggressive behavior (e.g., Crick et al., 2007; Poulin & Boivin, 2000).

Sigmund Freud, Erikson, Fromm, Mahler, Horney, Adler, and Jung, for example, devoted only tangential attention to children’s friendships and peer experiences. Instead, these theorists focused primarily on the contributions of parents to children’s healthy self-perceptions and behavioral functioning and tended to dismiss the importance of peer relationships or downplay their significance. Whereas the individual who begins life with adequate relationships with parents is assumed to succeed in peer relationships, the peer experiences themselves are not seen as central to adaptive or maladaptive personality

Children set standards of achievement for them, and self-administer reinforcement when those standards are met and punishment when they are not. The intensity of children’s self-reinforcement or self-punishment is governed by many features. Children’s beliefs about their abilities, characteristics, and vulnerabilities guide their behavior by determining what actions they attempt and how much effort and persistence they invest in these. The adolescent is exposed to new social situations, patterns of behaviour and societal expectations which bring a sense of insecurity.

The remaining interventions had been developed by the researcher and all was described not having a fixed curriculum, sometimes with associated resources as cognitive behaviour approach. All twenty subjects began treatment within the same week. However, the days on which sessions were held with each subject varied and varied week-to-week, based on subjects’ schedules and availability. The twenty subjects completed all ten sessions in the given intervention series.

The feedback from participants especially the adolescent one was that deep breathing exercise for relaxation was good and as they were persuaded to practice it at home also, they found its benefits at the time of arousal. In the first two or three sessions the participants were not
very prompt with home assignments but especially with coping skills they used it and found it effective. Then they started enjoying the home assignments and role playning was also new thing for such participants which improved their faulty cognition a lot. Marked improvement was noticed after 9 sessions of therapeutic intervention program. At the end of six weeks, follow-up was done. There was significant improvement, which ultimately led the participants to maintain a normal daily routine.

**Conclusion & Implications:**

Preventative interventions during the early years of life for at risk families reduce the prevalence and the seriousness of behaviour problems. In the modern era, we are living in competitive world and the children and adolescents are highly valued in societies, families and their lives. Children and adolescents should have to capabilities to meet the challenges in their lives. This thesis may give an insight to understand the children and adolescents that are conducive to make better future. Counseling and the continued assistance to teachers and sometimes to parents is vital in providing adequate coping skills, stress management, conduct problems and well adjustment and are therefore, necessary in resolving early predictors of distress transitional phases from childhood to adolescence to youth.

This dissertation has worked on effective strategies and intervention for children and adolescents. Study defined the behavioural difficulties that are experienced by children and adolescents and examined the evidence for effective intervention and therapeutic
approach that can support children and adolescents. CBT appear to be most effective for adolescents with anger and fear. Eclectic approach is the best strategy for children.

**Limitations & Suggestion for Future Research:**

An important limitation of this study was that the participants belong to rural and semi urban area are not so cognitively develop to modify their behaviour as they are slow to adapt to new situations, and are predominately negative in mood is most likely to have difficulty in proper handling.

To know more about origin and maintenance of problem behaviour the family background and parents of the participants may be consulted which we had not done for all participants, although for some children of Intervention group it was done.

Since several decades intensive efforts have been paid to find strategies to intervene and prevent the development of behavioural and emotional problems in children and adolescents. Although several issues have to be resolved and outcome data indicate the most categories of intervention for children and adolescents produce significant effects. The findings of this research provide empirical support for further research and practice in intervention.

To develop more conceptually complex models of functioning for children and adolescents, further work should be focused on such area as family and parenting characteristics, school setting and educational issues, the peer group as a source of stress and support, children and
adolescents’ emotional and cognitive experiences and associated interventional factors.