C H A P T E R - VI

DISCUSSION AND IMPLICATIONS

Correctional institutions for juveniles are often known as reform schools. Cardinal goals of such agencies are 'Reformation of Character' and 'Rehabilitation'. The prime tasks to reach these goals are: reeducation , re-socialization, training, correctional treatment etc. Correctional institutions should essentially be training and treatment schools wherein the disciplines like education, social case work, group counselling, vocational guidance and such other professions can play a vital role in making juvenile delinquent an useful citizen of the society. In the present research an ardous attempt was made through Group counselling treatment to address various psycho-social needs and problems of institutionalized inmates. The various findings and observations are discussed here.

The results indicated that experimental group which was exposed to the treatment differed significantly from

the control group in terms of self-esteem, depressive affect and nine components of personality. The experimental group showed considerable change and improvement in comparison to the control group. The behavioural changes that were observed in the experimental group are discussed here to show how changes were gradually effected. This description is based on the observation records maintained by the group of trained observers.

TREATMENT PHASE - I :

In the initial couple of sessions group members' participation was not up to the mark. They found it difficult to articulate their personal feelings, views or reactions. But the empathy and warmth of acceptance by counsellor made them fairly comfortable and gradually their hesitations, reservations, fears, tensions got dilluted and participation level increased with the passage of time/session duration. During this stage a few traits of inmates' personality got depicted viz. hyperactive reactions, such as restlessness, complaints, impulsiveness, etc, Overanxious reactions, withdrawing reactions, quarrelsomeness, agression, hostile teasing of each other etc. Attempts were made to make them realize the serious consequences of such behaviour. Few of the group members suffered from poor concentration, passive make up, and being inattentive, sad, timid. These inmates were called individually and their morale was boosted in participation. During this phase of treatment a few of

the group members expressed themselves about their past deeds and different ways of their deviant behaviour. A few of them used 'Denial' mechanism to neutralize their past anti-social acts. They did try to blame others for their misbehaviour. Some of them considered 'Broken homes' and 'poor socialization', and lack of cohesion in their families as contributing factors in making them juvenile delinquents. There were number of group members who expressed 'No one was harmed' by their bad deeds. Some of them considered 'others' as 'worst' than them. Loyalty to gang was also found among a few members. Deviance neutralization techniques used by group members were discussed in greater details and were helped to accept 'one's self' and 'past deeds' and commitment for a fair behaviour in future. A few skills inducted during this phase were : Interviewing, questioning, sensing specific problems, empathizing, facilitating others' views, and communication in fear-freeeways. It was, during this phase of treatment, found that most of the subjects were craving for the happy and prosporous family. Many of them reflected in the discussion that they were devoid of parental love and care. Quite a few members had a history of criminal or immoral family members. They voiced their feelings on the same. Quite a few of them expressed their negative attitudes towards their family members. Rejection and indifferent attitudes were found more towards ~~more~~

parents. Some of them had learnt smoking, drinking and gambling from their family members. One of the reasons for such bad habits seemed the lack of constructive leisure time activities. Detective, terror films were the only sources of recreation for them.

Most of the respondents had a very low level of ambitions or desire for a future life. Quite a few of them expressed their desire to become carpenter, unskilled worker, or tailor and such low paid or low level jobs. Low level of future plans were dealt with in greater details during this phase of treatment. Realistic evaluation of 'success' and 'failure' stories of various characters was done. Acceptance of responsibility, goal-setting, decision making, self-motivating and self-disciplinary aspects were emphasized during this phase of treatment.

TREATMENT PHASE - II :

During this phase members' participation become little more 'Alive' and 'Natural'. Group members started enjoying the sessions. They showed lot of eagerness to participate in the sessions, motivation level had gone up and problem sharing was more intimate in nature without rationalizing or covering the harsh data of life. Awareness about their needs and problems got focused in a more precise way.

Clarity of problem situations was sharper. Group members started accepting contradictions and incongruences in sharing their experiences. They started appreciating that they were also greately responsible for their own problems. Inmates' understanding about themselves was better and they started relating role played by other significant individuals in shaping their life-styles.

As compare to first phase of treatment inmates could develop deeper respect for their family and community. Fear, agitation, termites of nothingness, inadequency, poor self -image, etc. were focused during this phase of treatment and members could respond it positively. Financial and health problems and difficulties related to the agency staff were also addressed during this phase of treatment. It was found that inmates do suffer from 'self-rejection'. Realistic expectations, intervention for maladjustment could help them a lot. Lax parents, poverty, immoral values, association with the seasoned criminals, indecent acts supported by others, begging, vagrany, personal frustrations, brutal punishment, labled as delinquent without being involved in such acts, were shared as contributing factors for their behaviour during this phase of treatment. Realistic self-appraisal, and appraisal of situations, acceptance of self with reference to others' reactions, and success/

failures' analysis were used as intervention strategies. At this phase of treatment members' understanding about their needs, problems and causal corelates of problem behaviour had gone up and they were quite positive in gaining from the treatment sessions.

In the second phase of treatment the content of discussion used to get linked with their personal feelings, emotions, and sentiments. Group members could accept their vices, bad habits in a natural way. This may be attributed to the strength of helping relationship. Twofold treatment strategy could bring desired results i.e. first, confession of past misdeeds and second, commitment to present and future 'Good Work'. Most of the members had intensified guilt and anxiety. This was expressed as painful and emotionally burdensome. It was addressed in the second phase of treatment. Group members who were quite hostile and anti-authority in the initial phase of treatment could find some positive aspects in the institutional set up, family and closer relatives. Group members expressed themselves in terms of their positiveacceptance in the society. Some of them voiced their feelings about the way they were being humiliated and insulted by the community people. Sponteneous role playing and participation in group discussion was more 'feeling-centered' and down to earth realistic.

Trainers' interventions were sought only in confused situations. At this stage of treatment members' zeal to seek solutions of their problems was quite high.

TREATMENT PHASE - III :

One of the major changes that took place at this stage was the use of non-verbal communication in sessions. Subjects used to have bodily contacts like handshake, touch, caress and embrace etc. Group members' insight in problem-solving process had gone up. They could get courage to clarify certain conflicting values they were confronted with. Future career plans were more emphasized. Group members could learn to set immediate, intermediate and ultimate goals of life. The importance of corresponding tasks and hard work for the same was taken care during this phase of treatment. They could learn that life could be more purposeful, more exciting and more joy-giving provided one makes use of one's physical, social, intellectual and emotional abilities to the fullest extent. At this phase of treatment, group members could realize that life would never be static, it would be full of changes and challenges and one must accept them even though they produce stress, anxiety or tension. Group members could develop a better way of looking at themselves, better ways of accepting others, and higher self-worth.

Most of the group members seemed more cooperative, relaxed, calm, trusting and cheerful.

Thus, in the initial phase of the therapeutic process, the respondents were initially more resistive and they found it difficult to open up themselves to express their inner conflicts and frustrations and to appreciate or to accommodate the differing points of view expressed by the group members during the session. During this phase even if the problems were shared by the group members, they were expressed in a general context. The tendency to participate by referring to ones' own problems and difficulties was much less pronounced. This type of approach on the part of group members did not produce any new learning.

In the middle phase of training sessions the initial resistance was considerably lowered and the attentive processes were directed towards examining, owning and acknowledging ones' own problems and difficulties. The level of participation increased which made it possible for the participants to learn to appreciate and accommodate the differing view points. This generated self-insight and an inclination to search for better ways of resolving various conflicts.

In the third phase of training the group members

showed a good deal of concern about their lives. Secondly they showed various skills necessary for resources generation and mobilization for personal growth and development.

The three phased developmental sequence mentioned above was based on the detail observation records maintained by the trained observers. This type of development was also inferred from actual results showing changes in eighteen behavioural components during the three phases of training. Reference to tables ~~nos~~ in Section-II would indicate that on the overall bases the respondents had shown some improvement during the first phase of training followed by a significantly greater change during the second phase of training. The amount of change was also quite considerable during the final phase of training. The twentyfour different training sessions of one and a half hour to two hours duration each were divided into three equal parts with the first part (first eight sessions) denoting the initial phase, the second part (next eight sessions) denoting the middle phase, and the third part (the last eight sessions) denoting the final phase of training. As mentioned above the phase to phase improvement in the behavioural components was quite considerable.

The relative effectiveness of the two techniques viz., role play/drama and case discussion varied according

to the level of self-esteem and also according to self-esteem components to which the techniques were applied. So far as the high self-esteem level is concerned, technique t1 based on role play/drama was found to bring about a change in the desirable direction to a significantly greater extent in family relations, self-determination, ability to cope up with problem situation, sense of belongingness, acceptance of others, ability to concentrate, sense of responsibility, ability to share experiences, ability to receive and give help, courage, ability to correct mistakes, and inquisitiveness. The two techniques turned out to be equally effective in emotional stability, ability to stand criticism, creative differences, ability to trust people, and imagination and dynamism. It was only in case of social relations that the case discussion technique (t2) turned out to be more effective than role play/drama (t1). In general role play/drama proved to be more effective in comparison to case discussion in twelve out of eighteen behaviour components at the high self-esteem level.

So far as the moderate level of self-esteem is concerned, role play/drama in comparison to case discussion proved to be more effective in thirteen out of eighteen behaviour components. Of these thirteen, ten behaviour components were common in both high and moderate self-esteem levels.

In case of low self-esteem level both the techniques were equally effective in fourteen out of eighteen behaviour components, role play/drama turned out to be better than case discussion in only one area of behaviour, and in the remaining three areas case presentation turned out to be better than role play/drama.

On the wholw role play/drama technique was more influential than case presentation and discussion in producing behavioural changes in the desired direction. The situations within which role play/drama was more effective were pertaining to social relations and personal development. It should be noted here that the group subjected to role play/drama and the group subjected to case discussion had similar general background and history and hence they were comparable in respect of this. Moreover the general contents of the themes presented during training were also comparable in both the techniques. The theme contents were fairly common to both the groups. Moreover, the themes and contents were such that they could easily be adapted to both the techniques. The superiority of the role play/drama technique to case discussion cannot therefore be attributed to the particular themes or contents which were used under the technique.

The role play actually begins when the protegonist or the client portrays his own life story containing problems

and difficulties in certain specific situations. This then is taken up by the audience who in the process of giving out their reactions also develop an insight into their own problems and difficulties. The spontaneous flow of ideas which are possible during role play perhaps make it more real. The problems are felt and understood in action with feelings and emotions being linked up with past and future. Since the person plays different roles like that of a father, superintendent, probation officer, inmate, etc., the actor gets all sorts of opportunities to experience problems from the point of view of significant others. With the overcoming of reservations and inhibitions, and with the development of empathy, it becomes possible for the actor not only to remember and understand events in their proper perspective but he also relates there events to his current problems and difficulties. Thus the role play technique makes it possible for the actor to meaningfully relate all the events to his own self, thereby getting more insight into his own problems.

In contrast, in the case discussion technique the various themes are discussed in a group situation with the proper direction of the trainer. It takes lot of time for the discussions to get themselves identified explicitly with the problems depicted in the themes even if they relate to them.

Moreover an element of passivity is involved in case discussion. Because the element of sponteneity is not there, there is ample of scope for the participants to give considerably processed information. Perhaps, the possibility of personal involvement, sponteneity, simultaneous generation of insight into problems faced by the group members, and the release pent of emotions are the responsible factors in the role play making it possible to bring about a desirable change among the participants more than in case of case discussion.

SOME OBSERVATIONS :

In order to maintain the beneficial effects of training, necessary changes should be made in the set up.

Pre-treatment data indicated that institutionalized inmates do suffer from certain personality-related problems. Anxiety and depression scales also gave very unhappy picture of juveniles. These traits were treated and their response to the treatment was quite high. In the present staff structure clinical psychologist and a psychiatrist are on part time basis. They visit institution twice in a months time for a few hours. In an institution having workload of 150 inmates, this much time given by such staff is not only inadequate but it does not serve any purpose. They sound as having only ornamental value. On the basis of

the present research it could be established that such positions should be made full time or at least services should be made available twice a week.

In the similar way a social case worker and a probation officer's positions also should be increased. The recruitment rules should be made quite strict and only trained professionals should be appointed as case workers and probation officers.

Care takers or class IV servents in such agencies do have closer contacts and larger hours of interactions with inmates. Group members, during treatment, voiced their feelings against the ill treatment and brutal punishment given by them. It would be a dire need to orient all care takers, guards and other class IV servents on the psychosocial needs of inmates, nature of delinquency and significance of their fair behaviour and treatment with them. Social Defence Department, Gujarat State can sponsore such in-service training programme from time to time.

The present research which emphasized the consistant treatment for a period of three months with a set goal and specific focus, could bring desired results. The superintendent of the agency should take up such consistent treatment programme rather than correctional endeavour in bits and

pieces. All the inmates of the institution should be divided on the basis of their psycho-social needs and treatment should be administered in smaller groups. Adhoc correctional programmes should be deemphasized. Programmes should be relevant geared to the nature and causal factors of juvenile delinquency.

COMMUNITY-BASED CORRECTIONAL TREATMENT FOR JUVENILE DELINQUENTS :

There can be number of alternatives to divert juveniles from institutions. Some of these can be informal, semi-official measures; others can be community-based treatment programmes. One of the most important reasons for de-institutionalization is to relieve overburdened correctional juvenile justice system. Another advantage is that it contributes to decriminalization. It has been a settled fact the system tends to criminalize in direct proportion to the amount of time that the individual spends in the system. Community-based treatment would prevent social stigma attached to the institutions. Community-based correctional treatment programmes substitutes a normal environment for abnormal inmates. It will also enable community resources to be more widely employed in the correctional endevaour.

PRE-INSTITUTIONAL TREATMENT PROGRAMMES :

Family, school, mental health clinics, social welfare

programmes, juvenile guidance centres, and Family Counselling Centres' services could be utilized as an answer to institutional programmes. Informal handling of juvenile delinquents can be decided after the 'voluntary' consent of the juvenile and gardians. The choice is between the official institutional and semiofficial/informal non-institutional treatment programmes. Social Defence Department, Government of Gujarat, India, allowed the experiment on a trial basis in a few of the correctional institutions which was aiming at treating juvenile at his family and institutions both. During day time the client is allowed to stay in the institution and rest of the time with his family members. The present researcher could study the five cases of this experiment. With the help of probation officer and case worker, the data were gathered and it was found that results of this strategy are quite satisfactory. In one of the cases only full time institutionalization became a must. Rest four cases were rehabilitated avoiding full time institutionalization. Deinstitutionalization should be emphasized in more and more cases.

POST-INSTITUTIONAL TREATMENT PROGRAMMES :

In most of the cases home environment was found to be the major contributing factor in causing juvenile delinquency

Such children are considered as coming from 'Risk-families'. Immediately after discharge from the institution, they should be placed in 'Aftercare Hostel'- an institution working as a 'Half-Way House' with main emphasis on preparing the juvenile to go back to the community with fullest preparation for successful rehabilitation. Parents, school teachers, local police officers, probation officers, youth clubs' personnel, and juvenile guidance centre staff should be oriented about such children and community-based corrections should take over responsibility of post-institutional informal treatment programme.

The harsh reality is that the nation has not fully come to grips with the problems of juvenile aftercare. Many juvenile inmates leave institutions after treatment and training and often come back to institutions as relapse cases. Many juveniles who need a sound aftercare programme receive only minimal assistance during a critical period in their lives. Quite a few inmates go back to delinquency-producing situations and get their condition worsen. Aftercare programmes are relatively economical compare to juvenile institutions. Programmes are understaffed and supervisors are poorly paid (Parmar 1986). Thus, the effectiveness of programme is reduced. It has failed in many cases in preventing recidivism and facilitating the juveniles' adaptation on reentry into the

home community. Hence, aftercare programmes should be modified and implimented more effectively in such a way that goals of institutional treatment programmes are not defeated.

EARLY DETECTION AND SPECIAL CARE OF DELINQUENCY-PRONE YOUTHS :

In the present research it was found that some of the inmates who were labelled as delinquents had history of violating certain norms or laws once or twice only and they did not seem to be suffered from serious delinquency traits. Such boarderline cases should not be brought to the institution. The delinquency-prone youth should be identified through systematic ways. Children who are likely to become seasoned delinquents should be treated as day time inmates avoiding full time institutionalization. Early detection is an important factor in the treatment and rehabilitation outcomes for youths .

Thus, it can be noted that effective treatment and control of juvenile delinquency demand knowledgeable, committed, sensitive and innovative correctional staff, proper diagnosis, sound planning and goal-centred consistant interventions.