

CHAPTER - I
INTRODUCTION

Juvenile delinquency is an universal phenomenon. The concept of juvenile delinquency may sound new, but youthful behaviour that disturbs the society is centuries old. The term was not coined to describe a new type of behaviour but rather to focus on signaled important developments in the approach to treatment of juvenile offenders. Historical accounts of child crime do not give the most precise content of modern juvenile delinquency, but they do place the field of juvenile delinquency in perspective, indicating where the field has been, and through examination of trends, where it is going.

Reports in the mass media have led the general public to believe that juvenile delinquency is a severe psychosocial problem, which requires systematic probing and scientific interventions. The crisis of juvenile misbehaviour has been noticed by the authorities in Indian scene. The police department, probation officers, social case workers of social defence department and others feel that ten out of hundred youth face some problems and come in conflict with laws. (Govt. of India, Social Defence Department Report 1987).

The magnitude of this psycho-social malady has been increasing every year. Relapse cases in juveniles' institutions are also increasing. (Govt. of India. Social Defence Department Report 1986). After decades of concern and discussions it is surprising that till December 1986, there was no single uniform act of juvenile delinquency. It was only in December 1986 that new 'Juvenile Justice Act, 1986' came into existence with the uniform definition of juvenile delinquency, institutional facilities and treatment, rehabilitation philosophy in dealing with juvenile delinquents.

The prime goals of institutions working for juvenile delinquents are reformation of character and rehabilitation. Institutions are expected to play an important role through integrated treatment programs in making juvenile delinquents useful limbs of the society. Correctional institutions find it extremely difficult to pay adequate attention to large number of institutionalized inmates with very limited number of trained and semi trained staff (Correctional institutions having 100 to 140 inmates are given one or two social case workers. - As per the present practices in correctional institutions in India).

Under such heavy workload correctional institutions not only do not correct adequately but often contributes

to the very anti-thesis of correctional treatment philosophy. Quite a few staff members of social defence department used to feel the dire need of having dialogue with social and behavioural science experts in evaluating the treatment services in correctional institutions working for juvenile delinquents. Social Defence department, Government of Gujarat, India organized one seminar (1979) on 'Effective Institutional Management' present researcher had presented a paper in the same seminar. One of the concluding remarks in the seminar was 'Psychological treatment services in correctional agencies require adequate attention and some efforts should be made in designing, planning and implementing innovative treatment technique' present researcher has been supervising M.S.W. (Master of Social Work) students' training programs in various correctional institutions since last eight years. He is also familiar with procedures and practices being followed in other correctional agencies the country over. It was felt that research experiment should be conducted to know the effects of treatment on juvenile delinquents' problems. The Superintendent and Social Case Workers of the agency too reinforced the idea of taking up research project. Hence it was decided to take up an experiment on 'Effects of group counselling on self-esteem of juvenile delinquents'.

In this Chapter the concept, perspectives and various treatment strategies addressed to juvenile delinquents are discussed.

Juvenile Delinquency An Overview :

The term 'Juvenile Delinquency' has different connotations of meaning for different people. For a lay person it is an act which disturbs the family of the juvenile delinquent, it harms the child himself and affects adversely the smooth functioning of society. Clear and uniform definitions of juvenile delinquency are rare in the literature.

Three major definitions have gained prominence; those are based on (1) Commission of a delinquent act, (2) arrest, and (3) adjudication. Each of these definition has advantages and disadvantages for practical application. (Griffin, 1978)

Definitions, Typologies and statistics suggest the content and give evidence of juvenile delinquency but do not indicate why delinquency exist. The causes juvenile delinquency have long been the focal concern for society. Explanations of behaviour relieve the tensions and fears associated with the unknown and provide security based upon the assumption that there is a link between 'Cause'

and 'Cure'. Here attempt has been made to discuss critically few theories of juvenile delinquency.

Pre-scientific theories of juvenile delinquency were based on moralist ideologies. Forces opposed to the natural order were blamed for problem behaviour, Devils, evil spirits, demons were emphasized in 'Demonology'. (Starkey, 1949)

The perceived relationship between body characteristics were discussed in 'Physiognomy'. In 'Phrenology' the shape of the 'Skull' and 'Facial Features' were indicated. (Starkey 1949). Geographic determinism was another prescientific theory which gave various explanations which were away from rational.

Economic determinism emphasized on 'Poverty' and 'Juvenile Delinquency or Crime'. Biological and heredity factors too were emphasized to explain the delinquent behaviour. (Ohlin 1960). Psychiatry and psychoanalysis do not constitute a single well-defined and coherent approach to juvenile delinquency. (George 1958). Mental deficiency, degeneration, abnormality, personality factors, character disorders were emphasized by various scholars to explain juvenile delinquency phenomenon. (Griffin 1978). Healy and Bronner (1936) emphasized on unsatisfied desires

and urges and its contribution in causing juvenile delinquency. Lovis Bovet (1951) considered anxiety and insecurity as contributing factors.

Success Goals and Opportunity Structures -
Lloyd Ohlin and Richard Cloward (1960)

"When pressures from unfulfilled aspirations and blocked opportunity become sufficiently intense, many lower class youth turn away from legitimate channels adopting other means beyond conventional mores, which might offer a possible route to successful goals Discrepancies between aspirations and legitimate avenues thus produce intense pressures for the use of illegitimate alternatives. Many lower class persons, in short, are the victims of a contradiction between goals toward which they have been led to orient themselves and socially structured means of striving for these goals. Under these conditions, there is an acute pressure to depart from institutional norms and to adopt illegitimate alternatives."
Ohlin and Cloward (1960).

Ohlin and Cloward described three forms of behaviour adaption to environmental strain. First, the criminal

subculture, which exists in areas where there is a strong adult criminal culture and where youth groups learn patterns of criminality at an early age and then to adult criminal circles. The illegitimate response to strain in these neighbourhoods takes the form of criminal apprenticeship programs. Second, the conflict subculture, which is similar to the criminal subculture in that it offers limited access to goal achievement through legitimate channels. Criminality is more individually oriented in these neighbourhoods, and behaviour is more violent, and less structured and systematic. Criminal apprenticeships do not generally exist. The third form of behavioural adaptation is the retreatist subculture, in which neither avenue of opportunity, legitimate or illegitimate, exists.

Thrasher (1927) is probably best known for the systematic way he analyzed gang activity and gang behaviour. His rigorous attempt at analyzing all facets of gang activity has probably never been equaled. He studied the local community to determine what influence it had on gang behaviour. He found that the environment was permissive, lacked control, and facilitated gang activity. The presence of adult crime within these communities also influenced gang behaviour because many of the adults who had

high status in the community were adult criminals. Even though most of the gangs' activities were not illegal, the environment was supportive of gang behaviour. Local businessmen would act as fences for stolen goods, and local citizens were readily available as customers for the stolen property. Local politics also contributed to gang behaviour political pull was often the only way that benefits could be obtained because of the extreme poverty conditions that existed at this time.

Thrasher also studied gangs at the level of the adolescent and determined what activities were normal for adolescents and what activities were abnormal for adolescents and what activities were unique to gang members. He showed that gang behaviour was rewarding, and supported within the environment. He emphasized that not all gang activities were necessarily devious and that much of the gang members' time was spent in normal activities as well as in other teen-age endeavours.

Thrasher, like Durkheim and Merton, described how the environment can be conducive to delinquent behaviour. The more the environment is supportive of and conducive to delinquency, the more delinquency will exist. Durkheim's example of suicide's being a reaction to the strain produced

by the environment, as well as Merton's description of alternatives available to strain, can be correlated with Thrasher's discussion of gang behaviour's being a mode of adaption to environmental pressure.

Differential Association -
Edwin Sutherland (1956)

Sutherland's theory of differential association is probably one of most systematic and complete theories of delinquency causation that has yet been constructed. The theory states that (1) criminal or delinquent behaviour is learned ; (2) criminal or delinquent behaviour is learned in interaction with other persons in the process of communication ; (3) the principal part of learning of criminal behaviour or delinquent includes not only techniques for committing the crime, or juvenile delinquency, which are sometimes very complicated, sometimes very simple, but also a specific direction of motives, drives, rationalizations, and attitudes ; (4) the specific direction of motives and drives is learned from definitions of legal codes as favourable and unfavourable - in the society. These directions are almost always mixed and consequently there is culture conflict in relation to the legal codes ; (5) a person becomes delinquent because of an excess of definitions favourable to violation of law over definitions

unfavourable to violation of law ; (6) differential association may vary in frequency, duration, priority, and intensity; and (7) the process of learning criminal or delinquent behaviour by association of criminal and anticriminal patterns involves all of the mechanisms that are involved in any other learning.

Self-Role Theory - Mead (1958)

Mead lends new insight into why an individual takes on certain types of behaviour (roles), becomes comfortable with them, and develops a characteristic life-style. Role theory helps explain why only a limited number of persons assume criminal identities while the majority of people remain law abiding. The concept of role theory can be summed up as

"it assumes, like differential association theory, that we do not learn anything without first being exposed to it. It also assumes, however, that whether we take notice of it, remember, and make it our own depends on whether it matters to us.... from the standpoint of role theory, the central issue in the problem of learning deviant behaviour becomes the process of acquiring and becoming committed to roles."

Hence, becoming delinquent and assuming a criminal identity involves more than merely associating with law violators. The associations have to be meaningful to the individual and supportive of a role and self-concept that he wants to become committed to. Durkheim, Merton, Thrasher, and Shaw and McKay all emphasize the effect that the environmental system has on producing strain and, ultimately, deviant behaviour. Sutherland explains how criminality is learned and transmitted. Mead tells us why it is incorporated into an identity and perpetuated as a role.

Juvenile delinquency is a product and process of social interaction. Juvenile delinquent's behaviour is a result of his motives, or other internal psychological dynamics and also a product of the social situation in which he finds himself. Social satisfaction is linked to deviant behaviour through the mechanism of self-esteem. Social stratification, or the way power, wealth, and status are distributed, affects self-esteem

"When a person's self-esteem is affected by the social institutions in his environment and by his evaluation how he compares with others in similar or dissimilar situations, deviant behaviour may result if he feels he does not compare favourably."
Rubington (1968).

HEALY (1936) considered poor self-esteem as a contributing factor in juvenile delinquency. RACKLESS (1957) also emphasized on 'Self concept's relationship with delinquent behaviour.' GLUECK (1962) considered multi-factor approach, after comparing 500 delinquents with 500 non-delinquents, as an ideal approach dealing with juvenile delinquents. GABRIEL TRADE (1904) advocated the law of imitation in explaining the delinquent behaviour. EDWIN (1939) stressed the importance of social disorganization in explaining delinquent behaviour.

LEMERT (1951) presented societal reaction theory stressing conditions in the social environment. EDWIN LEMERT (1951) the pioneer of the modern labeling perspective believed that stigma attached to juvenile delinquents is the barrier in bringing desired results of treatment. SELLIN (1938) approached the crime from culture conflict perspective.

LISZT (1919) was the pioneer to develop an interdisciplinary approach to criminal behaviour. HEALY and BRONNER constructed series of studies in 1936 focused personality factors. They studied 800 juvenile delinquents and listed 140 factors that they believed might lead juvenile delinquency.

RACKLESS'S (1961) work emphasized on 'Pull' and 'Push' factors in causing juvenile delinquency. IVAN (1958) stressed on Family as a contributing factor in juvenile delinquency. Various other contributing factors emphasized are lax parents, bad environment, poverty, broken homes, lack of recreation, poor socialization and bad habits of other family members. BAKER (1969) considered mass media as a contributing factor of juvenile delinquency. ALCHHOM (1969) put emphasis on poor guidance to children in causing juvenile delinquency. ELLIOTT (1966) considered schools as a contributing factor for the juvenile delinquency.

KENNETH (1972) considered school and family environment as factors facilitating juvenile delinquency. DONALD (1970) probed urban factors in juvenile delinquency rates. WEST (1978) analyzed the problem of drugs and its correlates. ADLER (1975) considered siblings relationship in problem behaviour.

SARASON (1971) considered various aspects of rehabilitating juvenile offenders and 'Modeling' as one of the approaches of treatment. GANZER (1973), considered the 'Group Discussion' as one of the methods in helping juvenile offenders.

BHATTACHARYA (1985) probed various aspects of depression. MIRSKY (1985) indicated various factors which can label children as high-risk children. MEDNICK (1987) studied causes of delinquency and crime and advocated new biological approach in dealing with problem persons.

HAGAN (1987) talks of various measures to control criminal / delinquent behaviour. Author emphasis on scientific approaches in dealing with problem persons. KISKER (1987) probed various components of personality and problems of individuals who are considered having disorganized personality.

SHUKLA (1987) discussed on various aspects which could require interventions in the life of youthful offenders. SINGH (1987) considered the economic aspects of crime and delinquent behaviour. He emphasized on the developmental strategies in preventing problem behaviour.

Thus, literature available in the correctial field is of two types. The Encyclopedic, which attempts to discuss all the significant theories and orientations in the field of juvenile delinquency, it attempts to 'cover'

a field thoroughly. The second variety attempts to provide an approach to an area - a perspective on, a way of looking at, a phenomenon - juvenile delinquency.

CLASSIFICATION OF JUVENILE DELINQUENCY :

The following classifications do not relate to offense; instead, they describe a behavioural adaptation within the environment. Theodore (1966) describes as follow.

GANG - ORGANIZED AND COLLECTIVE DELINQUENCY :-

Youngsters classified in this category would be those who perpetrate their illegal activities within a group. These children usually come from economically and socially deprived areas of the city and often seek excitement and express themselves through the gang. Much of their delinquent motivation and activity is a result of strain produced by the crowded conditions of their environment in large inner cities where economic opportunities are lacking and where upward mobility is difficult.

UNSOCIALIZED AGGRESSIVE BOYS :-

Boys classified in this category would have long police records and would probably come from homes where they were rejected or where there was an early identification with a criminal parent - or at least an anti-social type of parent. Families where these children come from are prone to physical violence. There is much hate and aggression within the home, and this hate is often transmitted to the child. His frustration and hatred is then vented on the community, where it becomes very aggressive. This youngster obviously does not learn how to sublimate his impulses in a socially acceptable manner.

ACCIDENTAL OFFENDER :-

A youngster classified in this category would be one who is law abiding most of the time, but who has a lapse of judgement. He becomes involved in delinquent activity as a result of unforeseen circumstances. This type of youngster is usually not a problem, and his delinquent behaviour ceases when he realizes what he has done or when he has been caught in the delinquent activity.

OCCASIONAL DELINQUENCY :-

In general, the occasional delinquent is similar to the accidental offender in that he also becomes involved in minor offenses, but not on a chronic or regular basis. His delinquency, unlike that of the accidental offender, is planned, and he knows what he is becoming involved in. His family is well integrated and adjusted, and the youngster does not exhibit psychopathic disturbances. He is usually well adjusted, and there is no real pattern to his delinquency.

PROFESSIONAL DELINQUENCY :-

e.g. A youngster classified in this category usually steals for profit. Stealing is for economic gain to satisfy some desire and, in many cases, an extravagant need. They are systematically trained in criminal activities.

Hewitt and Stephen (1970) described the following classifications which can be considered as psychological typologies because of their emphasis on individual factors and the psychological dynamics of the personality.

MENTALLY DEFECTIVE :-

This is an individual who has an organic problem

and who has difficulty controlling himself. Offenders who are mentally defectives are involved in petty crimes, such as petty theft and petty larceny. These adolescents do not present a major problem in terms of involvement in serious types of delinquent offenses.

SITUATIONAL OFFENDER :-

This type of offender is similar to the accidental offender; however, there are more contributing factors and variables. His delinquency is usually precipitated by a crisis or by some external event that he has difficulty handling. The death of a parent or some other traumatic event in the child's life could present a situation he is incapable of handling and could thus contribute to delinquent behaviour. Another example would be a youngster who is confronted with a delinquent opportunity in a unique situation and the temptation displaces his usual good judgement and he becomes involved in difficulty. This type of offender reacts to circumstances that occur in his environment at a particular time. In other words, he does not necessarily go out looking for trouble, but because of tempting circumstances, he does not use good judgement. Because of a series of events over which he initially had little control, he

becomes involved in delinquent behaviour.

PSYCHOTIC OFFENDER :-

A small number of youngsters do not have contact with reality. They may be classified as schizophrenic or may be given some other psychiatric label. As a result of dysfunctional thought patterns, they may hallucinate, have delusions, or 'hear voices' that command them to become involved in certain types of delinquent behaviour. The incidence of psychotic-oriented delinquency is minimal in relation to the other forms.

NEUROTIC OFFENDER :-

This is the youngster whose delinquency is the result of powerful unconscious impulses which often produce guilt which in turn motivates him to act out his delinquency in his community so that he will be caught and punished. Punishment does not totally dissipate the guilt, however, and a vicious cycle develops which involves the manifestation of delinquent behaviour. The delinquent act is considered symbolic. For example, if the youngster steals, he is stealing for love and not primarily for material gain. To the neurotic youngster, delinquency is a way of

handling his internal conflicts by externalizing the problem within the environment.

CULTURAL OFFENDER :-

A youngster in this category has either emulated faulty identification models or lives in an economically and socially deprived environment. His aggressiveness and delinquent acts may not necessarily be unusual for a youngster with his background. Cultural offenders are considered normal members of deviant subculture, and their patterns of behaviour are often accepted and normative for their environment.

CHARACTER DISORDER OFFENDER :-

The character disorder offender, unlike the neurotic offender, feels very little remorse when he acts out his delinquency in his community. Because of a lack of positive identification models in his environment, he has failed to develop self-control and does what he wants to do, when he wants to do it, because he wants to do it. He is unable to sublimate his impulses in a socially acceptable manner. He has difficulty postponing gratification, and he is considered irresponsible

and emotionally shallow. He has not developed an adequate conscience structure or superego, comes from a disorganized family, and had a very barren environment in his early years. He is self-centered and aloof, and he has difficulty forming meaningful relationships.

The classifications presented are merely general descriptions. They overlap and ~~may~~ not occur in, this pure form 'in the real world'. The major reason for presenting them is that there are different treatment implications for the various categories.

JUVENILE DELINQUENCY AND SOCIAL DEFENCE
DEPARTMENT IN INDIA :

In India there is a separate Ministry of Social Defence which takes care of juvenile delinquents' needs and problems. Here attempt is made to discuss various aspects of juvenile delinquency dealt by Social Defence department.

THE JUVENILE JUSTICE ACT 1986 :
(New Delhi, India)

A review of the working of the existing Children Acts would indicate that much greater attention is

required to be given to children who may be found in situations of social maladjustment or delinquency. The justice system as available for adults is not considered suitable for being applied to juvenile. It is also necessary that a uniform juvenile justice system should be available throughout the country which should make adequate provision for dealing with all aspects in the changing social, cultural and economic situation in the country. There is also need for larger involvement of informal systems and community based welfare agencies in the care, protection, treatment, development and rehabilitation of such juveniles.

In this context, the legislation aims at achieving the following objectives :-

- (i) To lay down a uniform legal framework for juvenile justice in the country so as to ensure that no child under any circumstances is lodged in jail or police lock-up. This is being ensured by establishing Juvenile Welfare Boards and Juvenile Courts;
- (ii) to provide for a specialised approach towards the prevention and treatment of juvenile delinquency.

in its full range in keeping with the developmental needs of the child found in any situation of social maladjustment;

- (iii) to spell out the machinery and infrastructure required for the care, protection, treatment, development and rehabilitation of various categories of children coming within the purview of the juvenile justice system. This is proposed to be establishing Observation homes, juvenile homes for neglected juveniles and special homes for delinquent juveniles;
- (iv) to establish norms and standards for the administration of juvenile justice in terms of investigation and prosecution, adjudication and disposition, and care, treatment and rehabilitation;
- (v) to develop appropriate linkages and coordination between the formal system of juvenile justice and voluntary agencies engaged in the welfare of neglected or socially maladjusted children and to specifically define the areas of their responsibilities and roles;
- (vi) to bring the operation of the juvenile justice system in the country in conformity with the

United Nations Standard Minimum Rule for the
Administration of Juvenile Justice.

JUVENILE COURTS/CHILDREN'S COURTS :

One of the important provisions of the children Acts is the setting up of Juvenile Children courts exclusively meant for dealing with youthful offenders. This provision aims at separate arrangement for trying and prescribing treatment to a child who has not attained maturity of understanding. The aim of the juvenile court is not to punish but to help a child in difficulty. Over and above the Judicial Magistrates, who generally preside, there are Hon. Magistrates, appointed by the Government in view of their social work background, to help the judicial authority in making a correct assessment of the child's social background. Probation Officers play a very important role in the social investigation of a child.

POLICE :

As a primary law enforcing authority, may the police have an important role to play in prevention and treatment of juvenile delinquency. According to provisions of all the Children Acts, the police, after making

the arrest of a child, have to report to the nearest Juvenile Court and send the child, who is not bailed out, for safe custody to the Remand Home. The police are also expected to handle juveniles with sympathy and understanding of their problems. Children Act also provide that the police should appear in the Juvenile/Children courts in plain clothes so that the child may not have any apprehension, and children, as a rule, should not be hand cuffed.

REMAND/OBSERVATION HOMES :

PROBATION OFFICERS :

Under the Children Act, the Remand/Observation Homes are a place of safety for the child while his case is pending before the Juvenile court. It has been realised that young offenders should not be sent to jails as undertrials. However, in the ~~some~~ States which still do not have the Children Act, some juveniles are sent to prisons. The baneful effect of detaining a child in jail alongwith adults has been realised and efforts are being made to enforce Children Acts all over the country uniformly. The Remand/Observation Home not only offers physical security, clean environment and healthy living,

but also provides opportunities for observing the child and to study his family and the social background. Such social enquiry report presented by the Probation Officer to the Juvenile Courts has a great value in the treatment programme to be prescribed by the Juvenile Courts.

Probation Officers are appointed under the Acts to assist the Juvenile Courts in studying the antecedents of children and they have a very useful function in diagnosis of the problems of the child. A Probation Officer has, therefore, to have proper qualifications and understanding of the social economic factors and psychology of the child.

CERTIFIED SCHOOLS/APPROVED SCHOOLS :

The Certified School, approved school special school or industrial school, prescribed under various children Acts in a treatment institution which provides for a long-term treatment and training of a child with a view to correcting and rehabilitating him. This school besides providing good physical care, should have adequate arrangements for casework, literacy training, industrial and craft training. The superintendents and

other personnel in charge of certified schools, have to devise ways and means to cater to the individual needs of correction and treatment of every child, so as to prepare the inmate for his final rehabilitation.

AFTER-CARE :

The Act makes provisions for an after-care organisation for the benefit of the released inmates of institutions. After-Care services are an extension of the services rendered in institutions and serve as a stepping stone for ultimate rehabilitation of discharged children.

ROLE OF THE COMMUNITY IN PREVENTION AND

TREATMENT OF JUVENILE DELINQUENCY :

Each delinquent child offers a unique set of problems and should be studied in relation to his own local situations.

The home, the school, the neighbourhood where he moves, the place of work and leisure time, all influence the individual and enter into the making of his personality. In the light of these facts, the programme of

delinquency prevention should aim at developing attitudes and creating conditions, both physical and social, which would be conducive to a decent living for every person. Hence, a community programme should be based on a creating a happy home situation, harmonious social adjustment, proper facilities of education, training and recreation, while developing a proper sense of values and respect for laws. The major constituents in this programme are the home, the neighbourhood and the school. Juvenile Guidance Centers are working for the community based corrections.

SCOPE OF TREATMENT TO JUVENILE DELINQUENTS :

There are host of treatment methods and techniques in use, to deal with juvenile delinquents. Institutions working for the juvenile delinquents should use various therapeutic methods. But there are quite a few institutions, because of lack of trained personnel, do not have any treatment programmes. Here attempt has been made to describe a few popular therapies being used in various institutions.

COUNSELLING - CONCEPT, APPROACHES,
PROCESSES & FUNCTIONS :

Pepinsky and Pepinsky (1954) state that counselling is that interaction which (1) occurs between two called counsellor and clients, (2) takes place in a professional setting, and (3) is initiated and maintained to facilitate changes in the behaviour of clients.

Several counsellors consider the definition given by Gustad (1957). According to "Counselling is a learning oriented process, carried on in a simple, one-to-one social environment, in which the counsellor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client, by methods appropriate to the latter's needs, to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of society."

COUNSELLING AS A HELPING RELATIONSHIP :

A helping relationship is characterized by certain essential features. According to Shertzer, and Stone

(1968), the helping relationship :

1. Is meaningful because it is personal and intimate.
2. Is affective in nature involving mild to strong emotional relationships.
3. Involves the integrity of the helper and the helpee and is sustained voluntarily.
4. Involves the mutual consent of the counsellor, and the counsellee either explicitly stated or to be inferred.
5. Takes place because the individual in need of help is aware of his own limitations and inadequacies.
6. Instills confidence in the helper.
7. Is often achieved and maintained through communication and interaction; it involves give and take, that is, it is not a one-way process.
8. Involves a certain amount of 'structure'. The situation is either vaguely or clearly defined.
9. Is marked by the desire for change in the existing condition of the client, that is, it is concerned with the improvement of the client.

COUNSELLING TO INSTILL CHANGE :

Elocher (1966) mentioned two goals. The first, according to him, is that counselling should maximize individual freedom to choose and act within the conditions imposed by the environment. The other goal is that counselling should increase the effectiveness of the individual responses evolved by the environment. Tiedeman (1964) holds that the goal of counselling is to focus on the mechanism of change and that the counsellee should be helped in the process of 'becoming' the change which pervades the period of adolescence through early adulthood during which the individual is assisted to actualize his potential. Shoben (1965) also views the goal of counselling as personal development.

MODIFICATION OF BEHAVIOUR AS A GOAL OF COUNSELLING :

Behaviourally oriented counsellors stress the need for modification of behaviour, for example, removal of undesirable behaviour or action or reduction of an irritating symptom in such a way that the individual attains satisfaction and effectiveness. Growth-oriented coun-

sellors stress on the development of potentialities within the individual. Existentially-oriented counsellors stress self-enhancement and self-fulfilment. Obviously the latter cannot be realized without first securing the former, namely, symptom removal or reduction as necessary precondition for personal effectiveness.

APPROACHES TO COUNSELLING :

Counselling therapies could broadly be divided into two major categories : (1) supportive and (2) insight therapies.

Supportive therapies believe in restoring the individual's adaptive capacities by teaching him new ways to maintain control and by strengthening the existing defenses against anxiety. Supportive therapies may involve persuasion, pressure and coercion, reassurance, environmental manipulation, prestige suggestion, suggestive hypnosis, muscular relaxation. Behaviour modification and learning theory approaches can be placed under this type of supportive therapy.

Insight therapies are broadly of two kinds :

(1) re-educative and (2) re-constructive. These therapies differ from the supportive approaches in that they try to release what has been called the self-actualizing tendency in the individual. Insight therapies, instead of removing the anxiety-producing sources or factors in the life of the individual, allows behaviour that permits and enables the individual to cope with anxiety. They attempt to reduce, and if possible, remove anxiety by altering the individual's perceptions. Re-educative approaches to therapy are directed toward producing more harmonious self-structure. Rogers' client-centered approach is an outstanding example of insight therapy with re-educative goals (Tucker, 1970).

The reconstructive approach emphasizes the gaining of insight into an individual's unconscious conflicts, thereby bringing about extensive alteration in the individual's character structure and the energies for the development of new adaptive capacities.

YOUTH AND ITS CONCERNS :

The problems of youth broadly fall under three

categories :

1. Emotional problems which include anxiety, hypersensitivity, impulsiveness, moodiness, immaturity, withdrawal, etc.
2. Motivational problems which include lack of ambition, low aspirational level, feelings of frustration, negative attitudes, lack of interests, etc.
3. Moral problems which include feelings of guilt, sense of being lost, confused ideas of right and wrong, delinquencies such as lying, stealing, unruly behaviour, etc.

Adolescents who are beset with such problems are not able to function efficiently in any sphere of activity. Their academic life leaves much to be desired. Their performance is adversely affected. It is thus obvious that youth, not only as an important section of the community but also as the future hope of society, require counselling assistance. Studies made in India by Riddle (1962), Rao (1962, 1965, 1967, 1974) and others emphasize the need for

counselling our youth.

RESOLUTION OF PROBLEMS :

Another goal of counselling is the resolving of the problem brought to the counsellor. This, in essence, is an outcome of the former goal and implies positive mental health. In behavioural terms three categories of behavioural goals can be identified, namely, altering maladaptive preventing problems (Kurmboltz, 1966) and Wolpe (1958) feels that the goal of counselling is to relieve the suffering and disability of the clients.

IMPROVING PERSONAL EFFECTIVENESS :

Yet another goal of counselling is that of improving personal effectiveness. This is closely related to the preservation of good mental health and securing desirable behavioural change(s). Blocher (1966) defines an effective person as one who is able to commit himself to projects, investing time and energy and willing to take appropriate economic, psychological and physical risks. He is seen as reasonably consistent outside

and within his typical role situation. He is seen as being able to think in different and original, that is, creative ways. Finally, he is able to control impulses and produce appropriate responses to frustration, hostility and ambiguity.

COMMON DIAGNOSTIC CLASSIFICATION
SYSTEMS IN COUNSELLING :

Williamson and Darley (1937) proposed the following diagnostic classification :

1. Personality problems-Difficulties pertaining to adjustmental problems, family conflicts, personal problems, etc.
2. Educational problems-Such as unwise choice of courses of study, differential scholastic achievement, inadequate general scholastic aptitude, ineffective study habits, reading difficulties, lack of motivation, under-achievement and the like.
3. Vocational problems-Comprising unwise vocational choice, differences between interests and aptitudes, etc.

4. Financial problems-Need for self-support at school and college.
5. Health problems-Inability to go about one's routine activities owing to problems of health.

The categories in the second dimension refer to the causes of the developed problems. The five categories of this dimension are given below :

1. Lack of information about or understanding of self (LIS) - The client does not clearly know about himself in relation to certain groups.
2. Lack of information about or understanding of the environment (LIE) - This refers to lack of educational and occupational information.
3. Motivational conflict within self (CS) - There is a gap between the client's perceived self and ideal self.
4. Conflict with others of significance (CO) - Conflicts occur with parents, teachers, room-mates, friends, etc.
5. Lack of skill (LS) - Poor reading ability, poor study skills and poor social skills are typical.

Pepinsky's (1949) classification is a modification of Bordin's categories.

GROUP COUNSELLING - ITS VALUE :

According to Mahler (1969), group counselling is important to :

1. Learn to understand other people and their view points.
2. Develop a deeper respect for other people, particularly those who are different in many ways from oneself.
3. Gain greater social skills in dealing with peers.
4. Learn to share with other people a sense of belonging by participating in group activities.
5. Clarify one's own concerns, problems, values and ideas through discussion with others having similar problems in like areas.

Group Counselling is of great value in :

1. Exploring what it means to be a person - "Who am I, really ? " "What do I want out of life ? "

2. Developing greater confidence in one's own perceptions - "I know this is what I must do, even if my parents do not agree".
3. Learning to understand other people better and learning to really listen to others - "I can attune myself to what people are saying, what they are really trying to express. It amazes me that people can feel so differently about the same experience".
4. Integrating one's feelings and thinking - "I never thought about why...Was behaving the way he did...Now I can understand him".
5. Becoming more effective in social situation - "I am not so afraid of meeting people and talking with them".

CORRECTIONAL COUNSELLING :

Correctional Counselling is the application of counselling techniques to the development, treatment and rehabilitation of offenders. Correctional Counselling is a major part of the services delivered to public offenders in the broader area of correctional

treatment and the term best describes the setting of counselling rather than describing a particular counselling technique or theory.

A variety of theoretical counselling models have been applied on offenders. Most of these have been applied in two different areas of counselling.

1. Corrective Counselling.

The thrust of this counselling is to bring changes in behaviour or in the causes that led to the offenders' involvement in crime: this counselling is done because the individual has committed a criminal act. The goal of this counselling is to help the offender integrate himself back into society by treating the specific area of the individual's personality or behaviour that caused him to come in contact with the criminal justice system.

2. Developmental Counselling.

The thrust of this counselling is to facilitate growth and positive functioning on the part of the offender: this treatment concentrates on the offender as a person, apart from his crime. The goal of this

counselling is to help the offender understand the negative aspects of imprisonment or institutionalization. Consequently, the goals of this counselling are growth and developments in general as opposed to being crime-specific.

Correctional Counselling is encompassed in the broader "Correctional treatment point of view," which serves as a philosophical base for the implementation of more specific theoretical approaches.

- Assumption I. Most offenders need help in constructive behaviour changes.
- Assumption II. Most offenders can benefit from correctional treatment services offering constructive behaviour changes.
- Assumption III. Many offenders would prefer to follow a more positive, socially constructive life-style.
- Assumption IV. Correctional treatment should not make offenders more dependent on institutions or community services.

Assumption V. Correctional treatment of offenders should meet both the individual needs and social needs for help.

Assumption VI. The only real and effective correctional treatment is voluntary and uncoerced.

Assumption VII. Participation in correctional treatment service in no way substitutes for, or detracts from, legal deposition for crimes committed by offenders.

Assumption VIII. Participation in correctional treatment in no way detracts from or minimizes the seriousness of the crime committed by offenders.

Assumption IX. Participation in correctional treatment services in no way minimizes the necessity of protecting society from public offenders while the offender is involved in treatment.

Assumption X. Correctional treatment is designed to return to society a more socially

useful citizen and worker who does not recidivate in crime. Robert (1978).

In addition to training in traditional counselling techniques, effective correctional counsellors have additional training in the following areas.

- a) An understanding of the criminal justice system.
- b) A knowledge of deviancy theory.
- c) Skills in counselling the highly manipulative, disorganized personality.
- d) Skills in functioning in a highly untherapeutic environment.

The techniques employed in counselling in correction vary according to the theoretical models that have been applied, and no one theory of counselling prevails in corrections.

Correctional Counselling is applied to a specific groups of clients defined by law as offenders. The function of Correctional may be carried out by workers with a variety of titles, such as case worker, social

worker, offender counsellor, correctional treatment specialist, or counsellor. In any case, it will be the person charged with helping the offender at various points in the criminal justice system. Counselling occurs with individuals who are in juvenile or adult institutions, who are on probation or parole. Counselling occurs at pre-release centers, work-release centers, halfway houses of community correction programs. Correctional Counselling may occur within the court system or law enforcement agencies. The present criminal and juvenile justice systems are a myriad of agencies and programs, so the applications of Correctional Counselling are quite diverse.

GROUP ART THERAPY :

Group Art Therapy is a process that combines the healing/therapeutic qualities of art with group psychotherapy. Virtually every manifestation of Group Therapy involve participants in the basic process of making art and sharing their work with others. For the most part art is made during the group session, although therapists will often encourage clients to make art individually outside of the group session and bring in their

work for discussion. The sessions tend to run from one to three hours, and group members discuss their work with each other during and after the process of production. The discussion that follows the production of art allows for more formal and focused analysis of feelings. Art works can provide the opportunity for the sharing of the artist's motive; the analysis and sharpening of visual perception; the projection of repressed conflicts and emotions; and as a means of provoking associations to past experience. In addition, art activity is inherently therapeutic in and of itself. Thus, group discussion often focuses on the healing power of art, with participants sharing how they are personally affected by the artistic process. This orientation to art therapy is encouraged in situations where it is important for clients to be involved in creative activity for its own sake. Practitioners of Group Art Therapy have observed that the sharing of art works and the object orientation of artistic activity take away a great deal of the fear that many clients have of discussing their feelings directly. In this respect, artistic activity helps in the early stages of

a group in developing trust, mutual respect, and a sense of purpose.

Although most of the literature on Group Art Therapy describes the use of drawing materials, paint, and clay, virtually any art medium can be introduced to a therapy group, depending on the purpose of the group, its structure, and available space. There is also a growing interest in the integration of the fine arts (dance, drama, music, poetry and the visual arts) in therapy. Analytically oriented group leaders will generally limit the availability of materials with the goal of developing a sense of continuity from session to session and to minimize distractions. Within this context, art is perceived as a tool in furthering the process of group therapy. Other approaches are more art oriented and make the broadest range of creative activities accessible to participants - from simple line drawings to stone and wood sculpture, to the construction of environments, to the artistic use of photography, videotapes, and so on. The art oriented group may also place an emphasis on the artistic development of the person, because of the positive effects that this may have on the whole personality.

The structure of Group Art Therapy can again be extended along a continuum, running in this case from small, closed group sessions stressing intimacy and private sharing to the more open studio approach where individuals may work within the same space on individual projects and come together from time to time to discuss their work. It is generally agreed among group therapy leaders that a combination of both approaches is needed to maximize opportunities for creative expression. Structure in the sense of a common activity and a common artistic theme can also help a group to focus itself on personal issues. For example, if fear happens to be an important theme in a group, each individual might be asked to deal with the feeling of fear in an art work. In this way each individual gives the opportunity to intensely focus on his personal concern. When the art is shared by the group, similarities and differences in experiences are discovered. On the other hand, more non-directive approaches to art activity and group discussion can give the more independent and self sufficient group the space needed to bring personal feelings and concerns into the group experience.

It is generally true that young children cannot sustain formal discussion of their art for more than a few minutes - especially if the children are afflicted by severe emotional disorders. Practitioners have discovered that behaviourally disordered children tend to function best in a structured environment where limits are clearly set. Children are also apt to show needs for accomplishment in their art and consequently. Group Art Therapy activity with children tends to be more "Product" oriented than group sessions with adults. Although adults often have similar needs for pleasing "Products", the literature on Group Art Therapy indicates more of concern with the process of artistic activity and the role that art can play in furthering personal reflection, sharing and interpersonal learning.

GUIDED GROUP INTERACTION :

Guided Group Interaction is a group-centered treatment program aimed at altering or modifying certain established behaviour patterns of its members. The group is both the target and medium of change, since the development and processes of the group are thought to produce

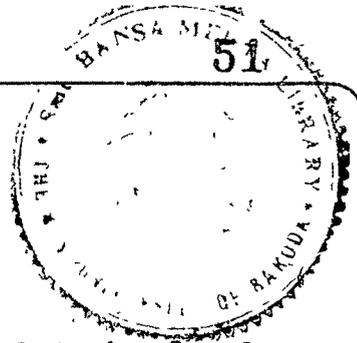
the change in the individual. The program is based on the assumption that the same group processes that inducted a person into a course of action and gave support to it can be used to free him from it and develop alternative modes of adaptation.

Guided Group Interaction combines and extends elements of both group-centered and total milieu therapy. Traditional group therapy involving periodic group discussions is extended to include the community by linking it to the program in order to avoid the structure of a "Total Institution". Guided Group Interaction differs from group psychotherapy in that the group rather than the individual is the focus of treatment. Although some informal, individual psychotherapy may take place as a by product, the program is not organized to treat presumed psychopathologies or explore in depth the psychodynamics of individuals.

By examination and discussion in evening meetings of events prior to, as well as during, the program, each individual is expected to locate his "Problem". "Problems" are anything that brought the person to the group and continue to inhabit playing an effective and satisfying

role in it. Through daily interaction with and help from others in all phases of the program, each person is charged with making progress in handling his problem and helping others with theirs. All the activities of each person are involved in the treatment process. What happens on the job, during meals, in leisure activity, while in the community, or during the course of informal interaction at any time are subjects for open discussion in the evening meetings. At the meetings, conceptions and attitudes that give rise to problems are challenged and analyzed. Alternatives and reasons for them are discussed and debated in sometimes heated exchange, where often for the first time, inner thoughts and feelings are expressed in a situation that links them to overt action. At the same time, the daily round of activities provides opportunity to test and practice insights and understandings acquired during the meetings.

Since each person is involved in seeking solutions to his own problems while helping others to solve theirs, all are involved in a collective therapeutic effort, and the group as a whole has responsibility for designing and carrying out its course of action. In the



process, it is possible for the individual to be freed from group domination as he learns the dynamics of group interaction, as he is forced to recognize responsibility for his own behaviour and its consequences for others, and as he is encouraged to develop confidence in self and respect for others. Each group develops a culture of its own, reflecting the characteristics of its members, the situation at the time, and the larger design of the program, which encourages innovation and flexibility in the absence of fixed, formal rules or regulations. The role of the staff is largely non-directive and consists of guiding the group toward self-sufficiency, through interpreting and questioning events and discussion in the meetings, assuring that the group confronts individual and collective difficulties, and maintaining a focus on striving for realistic solutions that involve respect for self and others.

Evaluative research involving comparison with alternative correctional programs was part of the original design of the group programs in New Jersey, Utah, Kentucky and California. The results of this research generally have not indicated marked superiority of this

technique with respect to recidivism. However, they have demonstrated that : youths will participate in a community-centered, non-custodial setting without danger to themselves or others: those who complete the program are more successful than those who do not: completers are more successful after release: than comparable releases from reformatories: the volume of prior offences diminishes after release: and the program seems to be particularly adaptable to boys with longer histories of delinquency, black youth, and those from lower socio-economic strata who are often considered to be poor risks in delinquency treatment.

HOLISTIC COUNSELLING :

Holistic Counselling, a comprehensive approach to mental health, allows the total person to develop - mind, body and spirit. It is based on the fundamental understanding that any effort to achieve mental health must include attention to physical well-being. A sound mind in a healthy body is the optimal human condition.

Holistic Counselling is directly concerned with "Wellness" not with sickness. Unlike psychotherapy,

which is designed to remove symptoms of mental illness. Holistic Counselling, using practical techniques, provided a way that people can obtain and integrate physical, mental, emotional and spiritual health. The objective of Holistic Counselling is total "Wellness".

The role of the Holistic Counsellor is to clarify and educate the total person. In the "Clarification" process, the counsellor helps clients obtain perspective about their behaviour, particularly as it relates to their immediate dilemmas. When clients comprehend that their activities are manipulations of the universal laws of human behaviour, confusion and uncertainty disappear, courses of action become apparent, and in the long run, consciousness becomes clarified.

The Counsellor teaches clients how to cleanse their bodies and minds, balance their emotions, and gain more energy. Toxins reside in the body as a result of improper or incomplete food processing. Mental "Toxins" (unhealthy emotions or behaviours) result from improper or incomplete emotional processing. The holistic counsellor teaches effective ways of eliminating both.

Preoccupation or obsession with a single problem limits our effectiveness and ability to function. Often, the individual's behaviour becomes limited to painfully few emotional responses. He feels "Out of Control", uncomfortable in life, or just plain "Unwell". With the holistic counsellor, clients learn how to gain more control over their emotions and attain a healthier balance.

When we can simultaneously release previously restricted energy experience inner calm, and remain alert, we have made significant strides toward self-realization. The holistic counsellor assists clients make such gains.

Clients facilitate their own progress by taking responsibility (not blame) for their health. To ensure success, they practice exercises and carry out agreed-upon routines between sessions. The new techniques become an integral part of their lives.

LIFE SKILLS COUNSELLING :

Life Skills (also referred to as Life Copying Skills or Life Skills Education) is a planned counselling

intervention designed to help people learn to cope more effectively with the predictable psychological and social problems, crises and developmental tasks they face throughout life. Like other counselling approaches, it is aimed at helping people to clarify feelings and values, make decisions and choices, resolve conflicts, gain self-understanding, explore environmental opportunities and constraints, communicate effectively with others, and take personal responsibility for their actions. Yet, unlike those counselling interventions that rely mainly on non-structured verbal exchanges between practitioner and client on a wide range of general problems. Life Skills makes use of preplanned, carefully developed learning programs as well as instructional and counselling methods to help people learn to cope with particular problems one at a time. As such, Life Skills is part of an increasing trend in the field toward programmatic approaches to coping, exemplified by such courses and workshops as Parent Effectiveness Training, Assertiveness Training, Communication Skills, Stress Management Workshops and Career Education.

Life-Skills can best be understood as an effort to create an alternate and complementary delivery system

to provide counselling services aimed at making learning opportunities available to the large number of people who need but cannot obtain counselling. This system is designed to provide a wide variety of learning methods and processes to help people acquire the necessary knowledge, insight, and particularly the behaviour for coping successfully with complex, emotion-laden problems. The system consists of a program design and learning model, a set of program development methods, a staff training program, and dissemination and installation processes.

This system permits the development of program for the common life problems of particular populations, such as disadvantaged adults, high school dropouts, juvenile delinquents, the physically and mentally handicapped, and persons facing unemployment. The programs are designed to be delivered by specially trained teachers as well as counsellors in a wide variety of educational, training, rehabilitation, mental health, and correctional agency settings.

Each Life Skills program consists of a cluster of Life Skills, learning units, each of which is focused on a specific coping problems. In the design of each Life

Skills unit particular attention is paid to such issues as learning readiness, peer group support, inductive and deductive reasoning, small step learning followed by immediate reinforcement, behavioural modeling, role playing, and simulation with video feedback. The structure of each unit provides for the elicitation of feelings as well as prior experiences, the incorporation of new knowledge, and the translation of knowledge into actual behaviour. Once the unit is completed, it is tested, revised, and then published. The Life Skills Units, The developments methods and installation process ensure that excellent units are developed and installed effectively in actual learning centers.

REALITY THERAPY :

In simple terms, Reality Therapy is based on two principles. They are that man is driven by 1) a need for love, a meaningful and reciprocal relationship with a responsible person. According to Dr. William Glasser, the founder of Reality Therapy "In all its forms, ranging from friendship through mother love, family love, and conjugal love, this need drives us to continuous activity in search of satisfaction." 2) A need for a feeling of self-worth,

self-esteem, self-respect, "Equal in importance to the need for love". Glasser adds, "Is the need to feel that we are worthwhile both to ourselves and to others.

Although the two needs are separate, a person who loves and is loved will usually feel that he is worthwhile person, and one who is worthwhile is usually someone who is loved and who can give love in return. "The reality therapist works actively with the client to help him meet these needs, and the emphasis in treatment is on here and now events in the client's life, rather than on past events (as in psychoanalysis).

Although Glasser's theory has become increasingly complex during the period 1962-1977, the technology of practice has remained relatively consistent, easy to understand in principle, but hard to do.

1. Involvement. A warm, friendly, personal relationship is the foundations for the successful practice of Reality Therapy. One cannot crack the lonely armour of the failure/identify person by being aloof, impersonal, or emotionally distant. The client must become convinced that another human being cares enough about him to discuss his life

philosophy, his values, his hopes for the future as well as sports, sex and religion in an honest and transparent fashion. Any subject that both therapist and client consider worthwhile and interesting are appropriate for conversation. When the therapist can get the client to joke and laugh with him, progress is being made.

Very soon the client presents a problem that is bothering him. The therapist listens as the client usually thrashes about, blaming his measurable childhood, his unfeeling parents, his boss, society, fate etc.

2. Behaviour. The therapist does not argue about the client's self-solving analysis of his troubles. Instead he firmly moves (once the involvement is strong enough to stand this strain) to get the client to examine his behaviour. "What are you doing?" is a favourite RT question. Glasser proposes that no one can gain a success identify without being aware of his current behaviour.

People in trouble avoid facing their present behaviour by speaking at length about their feelings.

Of course, feelings are important, but for a relationship to be successful how we behave is what counts. So, if a depressed client comes to Dr. Glasser's office and laments at length about how upset, worried, and miserable, he feels, he might respond, "I believe you. You have convinced me that you are depressed. But what are you doing?"

3. Evaluation. After his behaviour has been held up for scrutiny and described in detail, the therapist gently asks, "Is it doing you any good?... Is it the best available choice for you?... Is it in the interest of your ~~parents~~ your friends? etc." This self evaluation teacher of reality therapy is frequently mis understood. The therapist does not act as a moralist : he does not deliver sermons: he does not tell a patient his behaviour is wrong and that he must change. The judgement "I ought to change" belongs solely to the patient.
4. Plan. It was not sufficient that the person declare that his behaviour is counter-productive. The therapist must help him work out a plan that will bring him involvement and self-worth. The tact, creativity

and ingenuity of the therapist is tested at the stage of the therapeutic process. He must avoid a plan that is beyond his client's ability. A failing person needs success. Glasser says, "The plan should be ambitious enough so that some change, small though it may be, can be seen, yet not so great that failure is likely." A plan that calls for small, success-assured increments of change is better than one that is grandiose. The plan should be concrete, specific, with no loose ends or uncharted contingencies.

5. Contract. The legal profession discovered centuries ago that a commitment, a contract, helps a wavering client stick to his resolution. Glasser was a pioneer in adapting this notion to his therapeutic technique. It is characteristic of people with failure identities that they avoid committing themselves, initialing a contract. Perhaps, in their loneliness they are convinced that no one cares, and if they fail they will be exposing themselves to more pain. But insisting on a verbal commitment, even a written contract, intensifies involvement.

It verifies that the therapist is concerned about him and provides him with the strength to carry out a minimal plan that may lead to more ambitious projects in near future.

6. Follow-up. It is well that we recognize that the failure identity person may agree to a plan, make a commitment - and then do nothing. Therefore, the reality therapist leaves as little as possible to chance. He may say, "You have this plan, and you've made a contract to carry it out. But how will I know that you did it?" This approach is an additional sign of the therapist's concern and involvement. He may accept the suggestion that the client will telephone, or report in person about fulfilling the contract.
7. No excuses. In the course of the follow-up, the reality therapist is not amazed if the chronic failure person does not carry out the plan. Invariably this client will present a whole array of excuses. In Reality Therapy, once a commitment has been made, the therapist does not accept excuse. He does not discuss excuses. He does ask why: he says, "Let's

not waste time arguing about excuses. What counts is accomplishment. Do I still have your commitment? Perhaps the plan was too hard for you. Should we make it easier or leave it as it is? When will you carry it out? Will you initial this contract? How will I know if you have carried out the plan?"

Excuses and rationalizations disrupt involvement and have no place in Reality Therapy.

8. No punishment. Successful people have an exaggerated regard for the value of punishment because they believe that a great deal of their own success stems from a fear of punishment. But the reality therapist is aware that with failure-oriented individuals, punishment, the use of mental or physical pain to modify behaviour, generally does not work. Incompetent and irresponsible people are punished over and over again throughout their lives, but instead of changing for the better, they tend to become even more fixed in their failure identity. The rule of Reality Therapy is : no punishment, but no interference with natural consequence. Therefore, the therapist does not scold, curse, ridicule, or

denigrate people: he uses praise in large measure instead.

9. Never give up. Finally the reality therapist must appreciate that his clients are often content with failure and want him to give up on them. Then their world view will be confirmed: I'm no good. It's no use trying. Nobody expects me to accomplish anything." The reality therapist mobilizes his own strength and patience to persist in maintaining an involvement despite failure after failure.

Although these steps are presented here in a somewhat mechanical form, their correct application in real life requires great flexibility, creativity, patience and humor on the part of the therapist.

In contrast to conventional psychodynamic therapy, which seems to be effective only with people who suffer from what may be called the YARIS syndrome (Young, Articulate, Rich, Intelligent and Successful). Reality Therapy frequently works with those populations that are beyond the parameters of conventional treatment, the failures, the criminals, the juvenile delinquency,

the addicts, the whole army of poor and ineffectual people that most therapists will not touch.

Thus, treatment methods in dealing with juvenile delinquents can be viewed in terms of continuum which suggests scope and intensity of focus. Treatment methods are usually classified as involving either an individual client (case work, psychotherapy, crisis intervention etc.) or group (guided group interaction, group psychotherapy, group counselling etc.). Juvenile's institutions have occupational, vocational training programme. But therapeutic programmes are not given adequate attention in Indian Correctional institutions. Hence it was thought to have an experiment on group counselling's effects on juvenile delinquents 'Self-esteem'.