

C H A P T E R - IIIRESEARCH METHODOLOGY

The main focus of the introductory chapter, was to discuss the concept, nature, perspective and various treatment strategies of Juvenile Delinquency. In this chapter the details about methodology are presented. As it has been stated earlier Juvenile Delinquency has been a major psychosocial and economic problem. This colossal problem requires sound treatment and rehabilitation strategies. Most of the delinquent children suffer from a feeling of low self-esteem about themselves. They feel inadequate about their abilities and capacities to perform various tasks which are required for their development. Such a feeling can lead to inferiority complex, poor performance in various tasks, callous attitudes towards work, disinterest and problem behaviour. The kind of therapeutic interventions they undergo in the institutions lack systematic approach and sophistication. Documentation of the effects of various treatments in an Indian setting is rare. Behaviour modification techniques and other psychotherapies have been used by many social scientists and researchers to bring about a change in the behaviour of problem children and adolescents

in schools or colleges. Such techniques and therapies have not been used systematically in an institutionalized setup where inmates are admitted on the basis of certain norms and criteria. They have to follow the fixed rules and regulations.

Moreover, the institutional personnel do not have the adequate knowledge of sophisticated treatment techniques which are needed to bring about a change in behaviour along desired lines.

In an Indian setting, the institutional personnel are almost without professional training and they do not have research bent of mind. Under the circumstances their motivation and commitments for the welfare and development of inmates are quite inadequate. The lack of commitment and professional competence may be due to their frequent transfer, some times to widely differing institutions. A case worker, for example, working in the institution of Juvenile Delinquents may be transferred after about three to five years service to the Home for Mentally Retarded Children or Receiving Centre for Beggars or Home for Crippled Children. Each institution has its own problems requiring different insights and professional wisdom. By the time the case

worker develops sufficient understanding and decides to initiate a long range treatment planning he is transferred to an institution which requires a fresh inquiry. It is perhaps because of this that the treatment fails to produce desired results. Moreover systematic data are not available on the effects of the interventions made.

The present research is the outcome of years of experience the present researcher had in supervising and guiding the students, reading for their Master's degree in Social Work. These students are placed in the institutional settings for their field work training for a period of two years. The researcher has had nearly eight years of practical field supervision experience in various institutions under the Ministry of Social Defence, Government of Gujarat, India. The lack of commitment and research sophistication were very striking in the institutions. In the absence of any empirical data, the programme for the treatment cannot be recommended. Hence, it was decided to take up the research work on Juvenile Delinquency with a view to bring about a change in their self-esteem due to the administration of group counselling.

5. The differential impact of the two counselling techniques would vary according to the levels of self-esteem.

Sample :-

Initial sample consisted of 120 institutionalized Juvenile Delinquents in Government Certified School, Baroda out of which 100 were retained as they were fulfilling the specified criteria laid down by the researcher. These criteria were :

1. Subjects should be in a position to read and write Gujarati language.
2. Subjects should have no difficulty in 'Speech' i.e. without stammering problem.
3. Subjects should have no history of absconding from the institution.
4. Subjects who are not going to be discharged in next six months time.

The details on socio-economic background of the sample are as follows :

I.	Agewise distribution of the respondents.	<u>Number</u>	<u>Percentage</u>
	13 - 15 Years	70	70
	16 Years and above	30	30

II. Caste wise distribution of the respondents		<u>Number</u>	<u>Percentage</u>
Lower Artisans	...	02	02
Scheduled Castes	...	49	49
Scheduled Tribes	...	16	16
Caste not known	...	33	33
III. Religion wise distribution of the respondents.		<u>Number</u>	<u>Percentage</u>
Hindu	...	81	81
Muslim	...	15	15
Other	...	04	04
IV. Education wise distribution of the respondents.		<u>Number</u>	<u>Percentage</u>
4 - 5 Standards	...	41	41
6 - 9 Standards	...	59	59

Majority of the respondents fall in the age group of 13-15 years.

The Caste wise distribution of the respondents has the maximum of 49 % of the schedule castes.

81% of the religion wise distribution has the Hindu respondents.

Education wise respondents fall in 6 - 9 standards of 59%.

V. Urban/Rural Background wise distribution of the respondents.	<u>Number</u>	<u>Percentage</u>
Gujarat Urban ...	40	40
Gujarat Rural ...	57	57
Maharashtra Urban ...	02	02
Karnataka Rural ...	01	01

Thus, most of the children came from Gujarat State. Only three children belonged to other States.

VI. District wise distribution of the respondents.	<u>Number</u>	<u>Percentage</u>
Bharuch ...	50	50
Baroda ...	30	30
Ahmedabad ...	11	11
Surat ...	06	06
Others ...	03	03

Thus, the children came from many different districts of the Gujarat State.

VII. Distribution of Sample according to the Education of their Fathers. (N=80)	<u>Number</u>	<u>Percentage</u>
Illiterate ...	20	25
Below 5th Standard ...	26	32.5
6 - 7 Standard ...	23	28.75
8 - 9 Standard ...	03	3.75
10 - 11 Standard ...	08	10

VIII. Distribution of Sample according to the Education of Mothers. (N=86)	<u>Number</u>	<u>Percentage</u>
Illiterate ...	51	59.30
Below 5th Standard ...	12	13.95
6 - 7 Standard ...	16	18.60
8 - 9 Standard ...	03	3.48
10 - 11 Standard ...	04	4.65

IX. Distribution of Sample according to the Occupation of Fathers. (N=80)	<u>Number</u>	<u>Percentage</u>
Unemployed ...	07	8.75
Cultivator ...	18	22.5
Labour ...	24	30
Artisans ...	06	7.5
Shop Keeping ...	03	3.75
Salaried job ...	14	17.5
Self employed ...	08	10

Considering the education of parents, it is seen that most of the parents have insufficient education and the labour class constitutes higher percent as far as the occupation of Father is concerned.

X.	Sample Distribution according to the Family Stability Status.	<u>Number</u>	<u>Percentage</u>
	Both Father and Mother dead ..	18	18
	Father alive, Mother dead ..	19	19
	Mother alive, Father dead ..	61	61
	Both Father and Mother alive..	02	02

Comment : In 61% of the cases it is seen that their mother is alive but father is dead.

XI.	Sample Distribution according to the Families Agriculture Land.	<u>Number</u>	<u>Percentage</u>
	No agricultural land ..	90	90
	Less than 5 Acres ..	05	05
	Between 6 - 10 Acres ..	03	03
	Between 11 - 15 Acres ..	02	02

XII.	Sample Distribution according to the Family Member's job in Government.	<u>Number</u>	<u>Percentage</u>
	None in Government Service/Organised Sector	80	80
	Some one in Government Service/Organised Sector	20	20

XIII.	Sample Distribution according to housing facility.	<u>Number</u>	<u>Percentage</u>
	No house, shelter less	13	13
	Only a hut	67	67
	Pucca House	20	20

Majority of the Families had no agricultural land, no job in Government service and they had only a hut for housing.

XIV. Sample Distribution according to the Person who brought the child in the Institution.	<u>Number</u>	<u>Percentage</u>
Brother/Sister	03	03
Distant relatives/friends	03	03
Police/Guard	44	44
Agency transfer	40	40
Do not know	10	10
XV. Sample Distribution according to the Previous Institution i.e. First Institution (Remand Home).		
<u>Remand Homes' Location at</u>		
Jambusar	51	51
Baroda	04	04
Rajpipla	18	18
Surat	04	04
Nadiad	05	05
Prantij	04	04
Ahmedabad	04	04
Ahwa	02	02
Bharuch	02	02

	<u>Number</u>	<u>Percentage</u>
Amreli	02	02
Kheda	01	01
Navsari	01	01
Virangam	01	01
Rajkot	01	01

44% of the respondents were brought to the institution by Police/Guard and 40% brought by Agency transfer. Majority come from Jambusar and Rajpipla.

XVI. Sample Distribution according to the Total Stay in this agency.	<u>Number</u>	<u>Percentage</u>
1 - 3 Years	49	49
4 - 5 Years	33	33
6 - 10 Years	18	18

According to the stay in the agency 49% fall between 1 - 3 years and 33% between 4 - 5 years.

XVII. Sample Distribution according to Industrial Training received by the respondents.	<u>Number</u>	<u>Percentage</u>
Turning	01	01
Fitting	09	09
Tailoring	15	15
Carpentry	12	12

	<u>Number</u>	<u>Percentage</u>
Card Board Boxes	14	14
Turning/Fitting	15	15
No Industrial Training	34	34
XVIII. Sample Distribution according to other skills and abilities they possess.		
Fitting	10	10
Tailoring	12	12
Carpentry	04	04
Card Board Boxes	05	05
Music	06	06
Sports/Games	17	17
House keeping	02	02
Drawing/Painting	01	01
Turning and Fitting	11	11
Music and Games	02	02
House keeping, Games	07	07
Tailoring, Drawing	01	01
Games, Gardening	06	06
Cooking, Games	05	05
Electrician, Wiremanship	01	01
No skills at all	10	10

The maximum of 34% have received no industrial training. Tailoring and Turning/Fitting have 15% of respondents who have undergone training. 14% Card Board Boxes.

As far as their abilities and skills they possess are taken into consideration Sports/Games have about 17% followed by tailoring, fitting & turning while 10% have no skills at all.

XIX. Sample Distribution according to the Skills/ abilities the inmates want to learn.	<u>Number</u>	<u>Percentage</u>
Nothing to learn	02	02
Tailoring/Cutting	43	43
Carpentry/Woodwork	08	08
Turning/Fitting	29	29
Wireman/Electrician	14	14
Teaching/PTC training	01	01
Masonry Work	01	01
Medical knowledge	01	01
Heavy Vehicle Driving	01	01

Maximum of the inmates wants to learn tailoring/cutting followed by turning/fitting and wireman/Electrician.

XX. Sample Distribution according to the Aspired Occupational status/position.	<u>Number.</u>	<u>Percentage</u>
Self-employment/ Industrial Trade	34	34
Salaried Job	58	58
Business/petty trades	05	05
Skilled/Factory job	02	02
Farming (own Land)	01	01
XXI. Sample Distribution according to Post release Stay with		
Parents	10	10
After Care Hostel	50	50
Other relatives	33	33
Not known/not decided	07	07

58% of the respondents prefer to go for salaried jobs while 34% self employment/industrial trades as their occupational status/position.

There are 50% of the respondents who prefer to stay in After Care Hostels and 33% with other relatives, just 10% prefers to stay with parents and 7% not decided their stay after releasing.

Experimental Design :

For conducting this research project 100 juvenile delinquents were selected. Out of which 50 members were kept in experimental group and 50 were kept in control group. All the 100 members were administered. Various tests both before and after treatment viz: self-esteem, depressive affect and 9 dimensions of Dutt Personality test.

Experimental group was administered group counselling treatment in small groups. This group was divided into 2 sub-groups viz. A group of inmates which was given treatment based on technique 1 i.e. Role Play/drama and a second group was given treatment based on technique 2 i.e. Case presentation and discussion. 24 sessions of treatment were administered and were evaluated on 18 components of self-esteem.

Towards the end of the treatment both the groups took tests viz-self-esteem, depressive affect and 9 components of Dutt Personality. Experimental groups were evaluated on techniques' effects, self-esteem effects, sessions' effects and interaction effects.

Experimental Design :

E X P E R I M E N T A L G R O U P	High Self-esteem Group	Pre-test	Counselling treatment.	Post-test
	Moderate Self-esteem Group	Pre-test	Counselling treatment	Post-test
	Low Self-esteem Group	Pre-test	Counselling treatment	Post-test
C O N T R O L G R O U P	High SE Group	Pre-test	-	Post-test
	Moderate SE Group	Pre-test	-	Post-test
	Low SE Group	Pre-test	-	Post-test

: EXPERIMENTAL DESIGN :

	HIGH SELF-ESTEEM GROUP	MODERATE SELF-ESTEEM GROUP	LOW SELF-ESTEEM GROUP
Treatment	Treatment Phase-1	Treatment Phase-1	Treatment Phase-1
Technique	Treatment Phase-2	Treatment Phase-2	Treatment Phase-2
	Treatment Phase-3	Treatment Phase-3	Treatment Phase-3

Treatment
Technique-1

Treatment
Technique-2

TOOLS :

Tools are needed to measure self-esteem, depressive affect, anxiety and personality variables. In order to measure self-esteem, Stephen's Q-sort procedure was used. Accordingly, the two sets of scores obtained under two sets of instructions for sorting the items- One for self sort and another for ideal self-sort-were correlated for each person. Anxiety and depression affects were measured using the suitably adapted tests. For the measurement of personality variables Dutt's personality test was used. The details of these measuring instruments are described below.

Measurement of Depressive Affect :-

Depression has been quite common among institutionalized juvenile delinquents. The incidence of committing suicide among the inmates during the past five years is not infrequent. The clinical psychologist and honorary psychiatrist of the institution also have shown an increasing concern about depression among the inmates. Social case workers have noted that the inmates suffer from a feeling of hopelessness and helplessness. The researcher consulted various experts and personnel of the institution to probe the depression related problems of the inmates. Considering

the magnitude and severity of the problem, as revealed in various reports of the case worker and the observations of the clinical psychologist, it was thought proper to include depression affect measure suitable to the problems of the inmates.

The depressive effect scale was originally prepared by Patel (1968). It was administered to several small groups consisting of seven to eight non-institutionalized normal children. These groups were based on prior field work about problems they were facing in their day to day dealing with people. It was decided to use this scale for the institutionalized children with certain modifications. Original scale consisted of 30 items. Its retest reliability was reported as .71. Modifications were made in terms of language clarity and appropriateness of situations for the institutionalized inmates. To illustrate the nature of adaptation of the test, one of the original items "Many a times I feel like going away from home" was change to the form "Many a times I feel like going away from the institution". or "Family members disturb me" was change to "Institutional staff and family members disturb me".

In the modified scale also 30 items were retained. In order to ascertain its reliability it was administered to the group of 20 inmates twice with an interval of 15 days between the two administrations. These inmates were not included in the final sample. The correlation between the test and the retest on this group was found to be .82. This indicated that the test is highly reliable.

The Depressive Effect Scale was administered to the inmates in groups of seven to eight. Each item was required to be rated using a three point scale as follows :

- (1) Least applicable
- (2) Somewhat applicable
- (3) Highly applicable

Thus, the total possible score could be 90 and the lowest possible score could be 30. The score for each subject was the sum of the scores on each of the 30 items.

Self-esteem Scale :-

The measurement of self-esteem involves the preparation of self-reference statements referring to important areas of behaviour and then judging the items for their relevance to pertinent areas of behaviour in terms of some objective

criteria: Seven specific areas were identified for this purpose by considering similar researches in this area and referring to the relevant literature on self-esteem.

These areas are as follows:

1. Family relations
2. Self-determination
3. Intellectual ability
4. Social relations
5. Emotional Stability
6. Ability to stand criticism
7. Personal strengths and weaknesses.

The reason for selecting these seven areas was that they were found to be quite relevant to the study of juvenile delinquency.

The areas for the measurement of self-esteem were worked out through utilizing the information from various sources. One of the sources was researches done on self-esteem and juvenile delinquency. Second source used was literature in the field of social/clinical psychology and criminology. Third source was case records and discussion material emerged out of interaction and dialogues with superintendents, probation officers and case workers dealing

with juvenile delinquents. Seven major areas of self-esteem were thus detected with the information obtained from the above sources.

The tool based on these seven areas was used for ascertaining the level of self-esteem before and after treatment administrations. In order to study the specific behavioural changes occurring during the treatment administrations at some intervals of time, the main tool of self-esteem was analyzed into eighteen behavioural components which were observed during the period of treatment administrations. These eighteen behavioural components were all based on the major seven areas. The main seven areas are described as under :

(1) Family relations :-

Family is a major socialising unit in our society. The importance of the psychological and social forces involved in Family environment and parent-child relationship has been recognized at least since ~~decade~~. Researches in social sciences do emphasize on Family's role in making child an useful member or one who would go delinquent. Observations of various personnel of juvenile delinquent's institution also emphasize on the same. Quite of a few inmates come from broken families, or divorced parents, parents have an

unrivalled significance in the lives of children. Juvenile delinquent's studies indicate that parents have the ~~deport~~ and most continuing influence on problem children's behaviour. There has been a colossal amount of research on the family backgrounds of delinquents, concerned with showing 'problem relationship' with children. (Masud Hognugni) Marital harmony, stability of relationship, violence between parents, parental dominance, behavioural problems of siblings, offending history in the family, and such other factors do play a vital role in the lives of Juvenile Delinquents. Hence 'Family relationship' was considered as one of the important components in the self-esteem tool for the Juvenile Delinquents.

(2) Self-Determination :-

Whether juvenile delinquents accept all that is given to him without protest or refuse some and demand for something else show his sense of determination. Healthy individuals show dissent occasionally and will not comply always. Institutionalized juvenile delinquents, often, show over obedience, due to over disciplined environment which drains away creativity and affects adversely their self-esteem. In this context, this component has been included in self-esteem tool.

(3) Intellectual Ability :-

Inmates in the correctional institutions are found to be timid and intellectually dull. The whole set up is punitive in nature and based on negative evaluation. This situation acts as a big barrier in inmates overall growth and sound development. Inmates are leading 'suppression's' life which does not allow intellectual expressions. The ethos in the institution is not emotionally satisfying and intellectually stimulating. Hence inmates growth and development gets affected adversely. Hence this component is included in the study.

(4) Social Relations :-

This component includes two concepts viz. Lasting relationship and stable set of social expectations. Ability to establish relationship is a parameter directly related to the inmates' psycho-social functioning. Juvenile delinquents are not in a position to build up purposeful relationship because they are not well accepted by the society. Inmates get the strength of developing the relation with others only if he has positive self-image and positive opinion about others. Most of the juvenile delinquents are weak in understanding and building up relationship with

rest of the society. The social expectations will be well set in person when he belongs to a good imaged family where he has been properly socialized. The stable set of social expectations are found to be lacking in the juvenile delinquents. Because of their deviant behaviour they try to indulge in anti-social activities which may not be in tune with desired social expectations juvenile delinquents have to be treated like normal individuals who can develop desired social behaviour, societal values and standards with this perspective, this component got included in the study of juvenile delinquents' self-esteem.

(5) Emotional Stability :-

This component includes two concepts viz. understanding of self and ability to control impulses. Inmates in the correctional institutions have, often, poor self-understanding. Understanding of self is one of the yard sticks to ensure the psycho-social growth of persons poor self-understanding leads to many problems among institutionalized juvenile delinquents viz. mal adjustment, deviant behaviour, low self-esteem inferiority complex etc. Emotionally healthy person should be in position to control his impulses. Those who are emotionally disturbed will not be in a position to cope up with problems properly. Inmates with emotional instability develop

lot of problems for themselves as well as for the society. Hence this component got included in the study.

(6) Ability to Stand Criticism :-

Inmates in the correctional institutions have a very low degree of self-confidence. They have, in most of the cases, very traumatic childhood experiences, this leads to insecurity and poor self-image. This manifest in variety of ways. The feeling of insecurity and negative attitudes towards society would make inmates over attentive to society's scornful remarks. Even small negative remark and criticism makes him think that people in the society are not facilitating his growth and development. They note the others and can not withstand people who criticize them for a longer period of time. The juvenile delinquents have the problem of facing and controlling their frustrations and conflicts and they try to scapegoat others. Thus juvenile delinquents find it difficult to stand criticism. Hence this is included in the study.

(7) Personal Strength and Weaknesses :-

Personal strength of juvenile delinquents i.e. their capacities, abilities, skills interests, inclinations, aptitude for better quality of life is, always doubtful. The

emotional, mental and physical abilities of juvenile delinquents require probing because the institution does not allow fullest growth of those faculties. They have potentials to grow and they do want to grow too but somehow they do not find growth. They require interventions. Hence this component got included in measuring the self-esteem of juvenile delinquents.

Personal weaknesses of institutionalized juvenile delinquents also a vital area for the study of their self-esteem. Juvenile delinquents often, are not aware of their own limitation, and weak points which leads them to poor self-esteem and unhappy life. Insight into their weaknesses is of prime importance. Hence this component was included in the self-esteem tool.

Construction and administration of the Self-esteem tool :-

Several items were gathered from standard personality tests and inventories. Other items were prepared by the investigator to define each of the seven areas of behaviour. Since the self-esteem measure is to be used for Gujarati speaking subjects, it was decided to use Gujarati language in preparing the items. Twenty items were prepared for

each of the seven areas of behaviour. Thus total of 140 items after preliminary inspection were given to 10 competent judges to sort them into seven areas of behaviour. These competent judges were the various social case workers, probation officers and superintendents of various institutions of juvenile delinquents. They were requested to give their comments on items which were most suitable to describe the behaviour of juvenile delinquents on each of the seven areas. Based on the judgements of the 10 judges, seven items for each of the seven areas, were selected by considering the frequency of their placement in the pertinent area. Thus in all, 49 items were selected. The reliability of this test was determined by the Retest procedure. The correlation was found to be .56.

The final self-esteem scale was administered to 100 subjects under two different instructions one for self-sort and the other for ideal self-sort. For the self-sort the following instructions were given:

Every individual has definite notions about his own self. These can be expressed through self referent statements. In order to know what type of notions you have about yourself or how you perceive yourself, some statements are

given below: Read these statements carefully and indicate whether they relate to your own self. While responding to the statement, please do not forget that you are expressing your notions as to what you actually are at present. You have to indicate your preference according to the instructions given below :

1. First of all read all the 49 items carefully. Out of these items, select 17 items which, you think are applicable to you. Put a tick mark { / } against each item number to indicate your preferences.
2. From the 17 items that you have just preferred, choose eight items that are more applicable to you than any one of the remaining items, indicate your choice by putting brackets on both the sides of tick marks (/).
3. From the eight items, select two that are highly applicable to you than the remaining items. Put the large brackets on both the sides of the small brackets [(/)] to indicate your choice.
4. You have selected 17 items, which you think are more applicable to you. Now, out of the remaining 32 items select 17 items that, you think, are less

applicable to you. Indicate your answer by cross mark (X) before the number of each preferred item.

5. From the 17 items you have just selected, choose 8 that are much less applicable to you in comparison to the remaining 9 items. Indicate your choice by putting small brackets on both the sides of the cross (X).
6. Out of these eight items, select two that you think are least applicable to you than the remaining items. Indicate your choice by putting large brackets on both the sides of the small brackets, [(X)]

After completing this be sure that you have marked the statements as follow :

- | | |
|-----------|-------------------|
| / | before nine items |
| (/) | before six items |
| [(/)] | before two items |
| X | before nine items |
| (X) | before six items |
| [(X)] | before two items |

For the purpose of measuring the ideal self, the same self-esteem scale was administered to the same subjects

after 15 days' time. During this time the following instructions were given :

15 days ago you were given some statements to express your ideas about yourself as you are at present. This time you are given the same statements. You have to indicate in reference to these items what type of person you would like to be. Whatever ideas you have about yourself at present may be different from those you might have about yourself in future. You have to choose each item keeping in mind the type of person you would like to be in future. While answering you should not forget that you are expressing your ideas about yourself in future.

Each subject, as mentioned above, made two appraisals - one for the self and the other for the ideal self. These appraisals were made by sorting the items into seven categories, ranging from least to most. Items most descriptive of the self were put in the seventh category and those least descriptive in the first category. The number of items to be sorted was decided in such a way that the resulting distribution was approximately normal.

DUTT PERSONALITY INVENTORY :

The Dutt Personality Inventory (DPI) has been developed to its present form after an experimentation of nearly 10 years. It has already been used extensively in several research projects. From experience, it has been found that it can successfully be used on subjects (SS) of 15 years and above. In addition to measuring general anxiety level as a whole, it gives scores on various components of anxiety. If followed by an intensive and structured interview, it can work as a very useful diagnostic test tool. The author of the test has used it as a base for counselling and then for further therapies like hypnosis, transcendental meditation and the like. It should invariably be followed up by interview if the ultimate purpose is therapeutic. For more details on anxiety, the author's handbook on DPI may be referred to.

The DPI is a 90 item scale, the break up of which is shown below :

I. <u>Psychic Components</u>	<u>Items Nos.</u>	<u>Total No. of Items.</u>
1. Insecurity-Loneliness	1, 27, 28, 43, 49, 50, 53, 58.	8
2. Depression	10, 12, 14, 37, 56, 66, 72, 78.	8

3.	Inferiority Complex- Self-consciousness	17, 26, 36, 38, 45, 52, 55, 67, 73, 79, 83.	11
4.	Guilt-proneness	32, 35, 59, 68, 74, 80, 84.	7
5.	Ergic Tension	2, 3, 4, 6, 7, 11, 19, 24, 25, 29, 75.	11
6.	Paranoid Suspici- ousness	31, 34, 39, 48, 57, 69, 76, 81, 85, 87.	10
7.	Emotional Insta- bility	21, 22, 23, 33, 40, 41, 44, 46, 51, 54, 60, 70.	12
8.	Hypochondriacal tendencies.	5, 8, 9, 16, 62, 63, 64, 65.	8
II.	<u>Somatic Components</u>	<u>Items Nos.</u>	<u>Total No. of Items</u>
9.	Somatic reactions	15, 20, 61, 71, 77, 82, 86, 88, 89, 90.	10

Validity :

Its content & construct validities have been established by proper analysis of opinions from experts in the field of anxiety.

Reliability :

The split - half reliability (N=350) corrected by Spearman - Brown Formula has been found to be 0.95. In several other studies, the same reliability has been found

to range from 0.84 to 0.96 (N = 103 to 280).

In this scale the respondents are required to rate each item, using a three point scale, ranging from often to never through sometimes.

Never - 0

Sometime - 1

Often - 2

Observation Tool :

Self-esteem, which was defined in terms of 49 items in seven categories, was measured before and after treatment administrations. Each group of subjects was given 24 sessions of treatments and the measure of self-esteem is available only at two points i.e. before and after treatment administration. The specific changes that might occur during the sessions are thus not available. It was, therefore, thought to evaluate each group on 18 specific behavioural components at the end of 8, 16, and 24 sessions, denoting the duration of the treatments. These 18 components are all related to self-esteem. They were identified by analysing the seven areas of self-esteem. They are as follow :

1. Family relations.

2. Emotional Stability.
3. Social Relations.
4. Ability to stand criticisms.
5. Self-determination.
6. Ability to cope-up with problem situations.
7. Sense of belonging.
8. Acceptance of others.
9. Concentration.
10. Creative differences.
11. Sense of responsibility.
12. Trust in others.
13. Ability to share experiences.
14. Receiving versus giving help.
15. Imagination and dynamism.
16. Resourcefulness and courage.
17. Ability to correct mistakes.
18. Inquisitiveness.

The task of evaluation was entrusted to a group of observers who were the trainees in the Faculty of Social Work, M.S. University of Baroda. The trainees who acted as evaluators were thoroughly trained, to look for specific evidences for the occurrence of a component.

The observers were given a sheet of paper containing the names of the eighteen components. They were instructed to mark each of the eighteen components using seven point scale, independently at the end of each treatment session. All the observers then jointly decided the rating on each component at the end of 8, 16, and 24 sessions. The rating to be assigned to each component for each subject was decided by all the observers together through mutual exchange of their individual ratings. This was done at the end of eighth, sixteenth, and twenty fourth sessions. Thus each respondent was assigned a score on each of the eighteen components by the observers at three different intervals denoting the duration of the sessions.

Treatments :-

Therapists and researchers are always interested in experimenting various intervention strategies. The present researcher also got interested trying out Role Play / Drama, and Case records as techniques of interventions in the areas of self-concept, depression, anxiety and personality-related problems.

The treatments aimed at the following :

1. Remediation :- Interventions directed toward altering a problem situation that is a source of difficulty for the juvenile delinquents, e.g. Anti-authority traits, self-destruction attitudes, poor value system, poor self-concept, etc.
2. Enhancement :- Interventions directed toward improving inmates functioning. Inmates who do not suffer from severe mal-adjustment or chronic behavioural problems also require some help, e.g., Juvenile delinquents who are doing well in the training class requires special help for stabilizing their improved status.
3. Competence :- To handle not only existing difficulties but variety of problem areas including those of future, e.g. Self-induced relaxation, cognitive coping, anxiety management skill, etc.
4. Re-socialization or Re-education :- Presentation of information facilitates understanding in an area of treatment, e.g. the nature of situation, its adverse effects, typical ways of individuals to cope up with problem situations.

5. Prevention :- Interventions directed toward eliminating potential difficulties, e.g. making juvenile delinquents aware about conflict situations, conflict resolution strategies and decision making skills.
6. Resource provision :- Interventions in mobilizing resources for the final rehabilitation of the inmates.
7. Social control :- Making inmates aware about the society's expectations from its members and legal machinery which protects members from delinquents and criminals.

Group Counselling Treatments' Content/Theme :-

As mentioned in the introduction, juvenile delinquency is a symptom of emotional pathology leading to unacceptable behaviour in the society. Juvenile delinquents commit petty offences like theft, shop lifting, gambling, sex related acts, drugs, etc. etc. Most of the juvenile delinquents have a family history where parents do not enjoy cordial relations, parents have history of criminal behaviour, etc. These children are anti-authority and have gang-norms and value orientation. They fail to adapt and adjust to

social norms. They also suffer from anxiety and depression. Certain symptoms observed by institutional staff members are sad face, off mood, feeling hopelessness, helplessness, guilt, feeling of inadequacy, suicidal tendencies, indcisiveness, low motivation, poor sense of responsibility, loss of interest, sleep disturbances, tendency to operate on 'id', poor value orientation, poor concern about other, and low self-esteem. Among other characteristics of this group of children are no sense of shame, anti-social behaviour, poor judgement, failure to learn from experiences, lack of insights in their needs and problems, incapacity for love, and attachment.

Keeping in mind above mentioned factors, traits or characteristics of juvenile delinquents, treatment sessions were planned. Following mentioned objectives were thought to be achieved through treatment sessions :

1. Learn to understand oneself i.e. exploring what it means to be an useful limb of the society.
2. Learn to understand others i.e. What others expect me to behave, act, contribute and what I expect others in the same areas.

3. Learn to probe one's own needs, problems, values, ideas and resources to address these needs and problems.
4. Be honest and authentic in interpersonal relations.
5. Develop abilities to resolve conflicts through logical and rational thinking.
6. Develop greater confidence in oneself.
7. Release emotional tensions.
8. Have a self-disciplined behaviour.
9. Express oneself fully or act out own feelings.
10. Discuss the content areas and relate with ones own life experiences and future development with better quality of life.

Keeping in mind the above mentioned objectives, 24 treatment sessions were planned. The theme of these sessions include the following areas :

1. Family Dynamics.
2. Family conflict areas.

3. Family cohesiveness.
4. Family adaptibility.
5. Family's relationship patterns.
6. Roles and responsibilities.
7. Family's contribution in promoting growth and development of its members.
8. Inadequate personality.
9. Strong headed persons.
10. Obsessive-compulsive personality.
11. Agressive personality.
12. Rigid persons.
13. Over sensitive persons.
14. Hysteric personality.
15. Socially attractive persons.
16. Positive oriented persons.
17. Stress situations.
18. Healthy individuals.
19. Helpers.
20. Attention seekers.
21. Emotionally disturbed.
22. Cruel individuals.
23. Anti-social individuals.
24. Educational problems.

25. Vocational problems.
26. Financial problems.
27. Health problems.
28. Motivational problems and solutions.
29. Adjustments' solutions.
30. Relationships related interventions.
31. Conflict resolution situations.
32. Rehabilitation related issues.

The contents of treatment sessions were prepared in such a way that major areas of evaluation as mentioned earlier, can get reflected.

Orientation of Observers/Evaluators to treatment sessions :-

Six M.S.W. students were oriented thoroughly on the following mentioned areas of the group counselling :

1. Group counselling :- Concept, various definitions, counselling-related fields viz. Advising, Guidance, Case Work, Group Work, etc. etc.
2. Developmental characteristics of juvenile delinquents/Adolescents, Adolescents' needs, problems, developmental tasks, development of personality etc. etc.

3. Group Counselling :- Expectations and goals, resolution of problems, behaviour modification, decision-making, improving personal effectiveness, raising self-esteem, counsellor-counselee expectations.
4. Approches to Counselling :- Humanistic approach, development of self-concept, behaviouristic approach, to counselling, nature of counselling, etc. etc.
5. Group Counselling Process :- Rapport, goal specification, planning and implementation of programme, evaluation, termination of relationship, follow-up.
6. Psychological Testing :- Anxiety, depressive effect, self-esteem, Dutt Personality Scale.
7. Group Counselling Stages :- The formation of the groups, the involvement stage, the working stage, the ending stage.
8. Counselling in the correctional setting, correctional goals, programmes, correctional staff's interventions, problems/needs of juvenile

delinquents in correctional setting, reformation of character, reverence for human life, treatment and rehabilitation of institutionalized inmates.

9. Group dynamics, individual-centred phase, frustration and conflict phase, group-harmony phase, group-centred, productive phase.
10. Group counsellor's skills/technique :- Rapport, communication, interviewing, resource mobilization, intervention strategies, etc etc.
11. Evaluation of counselling treatment :- Survey, case study and experimental approaches to evaluation of treatment, usefulness of counselling, effectiveness, suggestions of subjects of treatment.

Orientation/Induction of Sample :-

Phase - I : RAPPORT BUILDING :

(Through various recreational programmes, outings, picnics, musical evenings etc etc. (two weeks)).

Phase - II : Discussions about the inmates needs and problems Awareness about problems and need for psycho-social

treatment. (Goals of group counselling, etc) (Four weeks).

Phase - III : Planning of group counselling sessions, Time-table, place, techniques (Role Play/Drama, Case records, etc) Demonstrations of techniques with the help of experts. (Two weeks).

Phase - IV : Implementation of group counselling sessions. Inmates of the institution were helped to understand the goals of group counselling treatment and participate in the group counselling sessions with following mentioned instructions :

1. Please participate positively, actively and put life in the counselling sessions.
2. Your participation is of great value for bringing desired results of the experiment, and your ideas, sharing will be treated strict confidential.
3. Please do not colour your ideas i.e. thinking which would be good or bad, instead present whatever you think and feel about various issues.
4. Content presented to you is just a guidelines, please feel free to expand, add new characters or

ideas if you consider necessary to facilitate the discussions.

5. You have unique ideas, feelings/emotions/sentiments and experiences, and therefore voice your feelings related to the content.
6. Ideas presented in case or Drama/Role Play require reexamination, re-thinking, dissection and its significance to your childhood, present life and future life.
7. You have a freedom to accept, reject or modified ideas, situations presented or re-act the role played, or acted out in the sessions.
8. You are requested to express and act out whatever you think and feel or feel like doing.
9. Please do not bother about fellow members' ideas in presenting your ideas/expressions i.e. your ideas/expressions may be different than that of presented by others.
10. If you have some reservations, please put them on a piece of paper.

11. In brief,
- Understand the content.
 - Analyze the content with reference to your experiences, life style, etc. etc.
 - React on Content.
 - React on the expressions of actors.
 - React on characters.
 - Feel free to put additional acting on content.
 - Participate in discussions in most meaningful and realistic manners/ways.
 - Give your suggestion to make sessions more alive.

Techniques of treatment :-.

Techniques are the backbones in the anatomy of helping process. Intervention technique is a recognised and distinctive set of helping activities that relate to a particular intervention objective. In psychotherapy alone there are 250 different approaches and each approach has its own technique. The technique is the minimal set of intervention activities needed to accomplice an intended intervention objective. Present researcher thought of using techniques which can facilitate ventilation, catharsis, interpretations, confrontation, cognitive restructuring, positive reinforcement, analysis of problem situations,

and ways of looking at problem solutions.

Two techniques were selected i.e. Role Play/Drama and case records. In Role Play/Drama technique group members were instructed to stage various characters depicted in the theme. In the case records the same theme was presented followed by discussion.

Psychodrama is form of therapy that uses 'Acting' to help persons in solving their problems disturbing them. Group members act out situations and relationships that are disturbing to them. Psychodrama has a close relationship to drama and to individual therapy. In 1909, Jacob L. Moreno became interested in treating viennese school children by having them act out little plays written for them about various problems of behaviour. The word 'Catharsis', cleansing and purifying, is frequently used in connection with the clinical aspects of psychodrama. Action catharsis brings relief as an individual relives events that he has not been able to understand and has caused tension and stress. There is an integrative catharsis in psychodrama therapy as the individual is encouraged to identify with positions and problems of others. Action is vital to psychodrama. Action involves the interaction of psychological states and motor behaviour. Acting is the personal

behaviour of individual expressed by action words, feelings, and thoughts. Thus group members are able to see and understand the relation of emotion to their behaviour. Adlerian psychiatrist, Dr. Rudolf Dreikurs saw value in the use of psychodrama in dealing with problem children. Dr. Jules Masserman, psychoanalyst and a thinker also considers psychodrama as a valuable therapy, when Jacob Moreno's idea of a 'Theater of Spontaneity' was transformed into an experimental theater of psycho-sociological concern, it led to formal development of the technical uses of psychodrama. Goethe's interest in disturbed persons made others keenly aware of the relevance of literature and psychology. Both Freud and Adler acknowledged his influence on them. It is in a musical play called Lila that Goethe offered as an instrument for a psychological care for the treatment of a depressive person. This may be regarded as a forerunner of hallucinatory psychodrama. In short, drama immitates life. It helps members get insight and solution into certain psychosocial problems that they face.

Role Play/Drama :-

The central idea of this technique lies in assignment

or roles to various group members who act out the problem situation. The role playing scene is followed by group discussion and sometimes, the scene is replayed with variations of personnel or circumstances. The cardinal objective of this technique is to provide a close-to-reality base for personal understanding and insights into needs and problems. To the extent to which the trainee is able to identify himself with the role playing participants he is better able to appraise his own actions toward others and their reactions to him. The technique introduces the actors to the situation with dramatic impact. Role playing has been called by some pioneers (Moreno 1914) as 'Reality Practice'. In this sense role playing provides the opportunity for us to play a part in a situation and practice how to behave most effectively. It prepares members in handling themselves in various situations and correct mistakes, behaviour which is appreciated by the society. This technique also prepares members to develop better strategies to cope up with stress producing situations.

The group plans the situation :-

One of the requirements is that the action be spontaneous and natural. Hence, planning of the scene could be

done but no script and rehearse. Following mentioned steps are necessary in using Role Playing:

- (A) Defining the problem.
- (B) Creating a readiness for role playing.
- (C) Establishing the situation.
- (D) Casting the characters.
- (E) Briefing and warming up.
- (F) Acting.
- (G) Analysis and discussion.
- (H) Evaluation.

Features of Technique.

- (1) It provides opportunities to experiment with different ways of behaving, to understand other people and their behaviour..
- (2) Learning of 'risk-producing' situation is possible.
- (3) It provides opportunities to analyze objectively.
- (4) Group can see their own mistakes without 'risks'.

- (5) Group members can unload their own feelings, release their tensions.
- (6) Learning of 'Problem-solving' situation is possible.
- (7) Group members can explore their own feelings and gain insight.
- (8) It provides opportunity to diagnose problems and learn to seek resources to solve them.
- (9) It brings human life behaviour into laboratory.
- (10) The group itself teaches and learns itself.
It is an insight giving process, where problems are detected by group members themselves, resources are pin-pointed, new resources are mobilized and better quality of life aspirations are created.

Case record discussion : (Technique : II)

Various case records regarding different psycho-social situations were prepared. In every session different case histories are presented and group members are asked to :

- (1) Know the case content thoroughly.
- (2) Clarify certain issues clearly.
- (3) Raise questions about blanket content.
- (4) Focus on hidden information.
- (5) Identify the problem.
- (6) Probe the individual's situation pictured in the content.
- (7) Spot the problem.
- (8) Probe the various resources available, mobilize new resources to spot out the problem.
- (9) Know what help the person requires.
- (10) Analyze various solutions of the problem.
- (11) Reflect, react on the total discussion.
- (12) Have awareness about self in relation to society.
- (13) Deep experience of self in relation to the content.

This technique is a set of procedures developed to facilitate group members' ability to scan, actively and objectively, their own emotions and behaviour and to trace the impact of these on their life style. The role of the counsellor is to provide opportunities for viewing

characteristics of self and others. It is a set of experiences designed to improve interpersonal interactions, know others' problems, know one's own problem, needs and probe with insight emicable solutions which will ultimately lead to overall growth and development.

This provides insight into behaviour, moods, emotions, and thoughts with interpretation of problem situations and solutions. This is designed to help clients cope up more effectively with problems, crises, and developmental task they face. Help members clarify feelings, values, make decisions and choices, resolve conflicts, gain self understanding, explore opportunities for growth, communicate effectively with others.

Major aspects of case discussion

- Development of deeper and fuller understanding of the lived experiences of group members.
- The understanding of other members' experiences also help to have insight into one's own feelings, needs and problems.
- ~~To~~ probe attitudes towards the society.
- Group members' philosophy of life may get reflected in discussion.

- More suitably equipped for confronting life's problems and crises.
- Love, faith and acceptance of self to be emphasized.
- To accept oneself the way he is.
- Development of better quality of life.

Process of Research :-

Before starting the Action research project, the staff members of the institution were oriented about the nature, objectives, philosophy, methodology and phases of the research programme. The M.S.W. trainees who were to assist the researcher in the project were also oriented and inducted in a similar way.

After staff and observers' training and orientation 100 inmates who were to participate in the research programme were explained in detail the programmes' objectives, philosophy, methodology and well spelled out schedule. Five sessions were given to prepare them to participate in the research project meaningfully.

First of all, self-esteem test was administered to all 100 inmates in a big hall of the institution. First

part of the test was self-sort under standard instructions to keep in mind a kind of person one actually is. After 15 days interval Ideal self-sort test was administered to the same group under standard instruction to keep in mind the kind of person one would like to be. Each subject made two appraisals-one for the self and other for the ideal self. Self-ideal congruence was obtained by correlating the two sets of scores for each subject. This constituted the measure of self-esteem.

The highest self-esteem and the lowest self-esteem correlations were respectively .80 and .20.

The self-esteem-wise distribution of sample runs as under :

<u>SELF-ESTEEM</u>		<u>NO.OF SUBJECTS</u>
.8	....	9
.7	....	7
.6	....	11
.5	....	32
.4	....	15
.3	....	16
.2	....	10

For the purpose of having two groups namely the Experimental group and the Control group, subjects were randomly divided into two groups in such a fashion that in both the groups all the levels of self-esteem were adequately reflected. The two groups were thus strictly comparable.

EXPERIMENTAL GROUP :

<u>LEVEL OF SELF-ESTEEM</u>		<u>NO. OF SUBJECTS</u>
.7	....	7
.6	....	7
.5	....	15
.4	....	7
.3	....	7
.2	....	7

CONTROL GROUP :

<u>LEVEL OF SELF-ESTEEM</u>		<u>NO. OF SUBJECTS</u>
.8	....	9
.6	....	4
.5	....	17
.4	....	8
.3	....	9
.2	....	3

Those subjects whose self-ideal correlation was .6 and above were put in the high self-esteem category while those whose self-ideal correlation was .5 and .4 were considered as having Moderate self-esteem level, and subjects with .3 and .2 self-ideal congruence were put in the low self-esteem category.

Next day 'depressive affect scale' was administered to all the 100 subjects. Institutionalized inmates have always been suffering from mild to severe depressions. The life in the institution has been extremely monotonous and full of rules and regulations. Emotional starvation has been quite common. Inmates feel that there is no bright future for them. Life seems absurd to them. They have pessimistic outlook towards life. This brings a feelings of hopelessness, helplessness and psychic chaos. Suicidal tendencies are common. There are examples of inmates who have committed suicide. Researcher felt that 'depressive affect' scale would be desirable under such a state of affairs. Depressive affect scale consisted of 30 items. Three point scale was used for marking each item. Higher score indicated more depression.

Dutt

The test consisted of 90 statements covering the following areas :

1. Insecurity-Loneliness.
2. Depression.
3. Inferiority complex and self-consciousness.
4. Guilt proness.
5. Ergic tensions.
6. Paranoid suspiciousness.
7. Emotional instability.
8. Hypochondriacal tendencies.
9. Somatic reactions.

For the purpose of administering the treatments, the 50 experimental subjects were divided into 8 sub-groups.

Of these 8 groups, 4 groups were given treatment-1, i.e. Drama/Role Play and the remaining 4 groups were given technique-2 i.e., case records and discussion. The groups receiving treatments 1 and 2 were quite comparable with respect to their self-esteem as shown in the following table.

Level of Self-esteem	Technique-I	Technique-II
High self-esteem	7	7
Moderate self-esteem	10	12
Low self-esteem	7	7

Technique-I (Drama/Role play) :

All the observers and subjects were given sufficient orientation about this technique. In every session group members were given a social theme related to their lifestyles or their socio-cultural background. A few of them used to play roles given to them or role decided and chosen by them. The Drama or Role play used to last for about 30 minutes. In the initial few sessions observers had to motivate them to participate in the Drama. After staging the themes, the same group members used to discuss the theme played and the content. The characters and their performance, dialogue, involvement in the role, etc etc used to get focused. Several questions regarding the problem mentioned in the theme used to get pictured in the

interaction among themselves and with observers. Each session continued for about 1 to 1½ hours time. Twenty four such sessions were conducted under technique-I.

In Technique-II, various cases based on the same themes of technique I and some ex-inmates' cases were presented and the group members were instructed and oriented to interact among themselves on the problem, needs solutions etc. For this technique also 24 sessions were conducted.

Each sub-group was given two sessions a week for the period of three months. Sessions were conducted in one of the small rooms of the institution in the evening. They were conducted in the most informal, free atmosphere.

The participation account of every member was maintained for all the sessions by all the six observers. After 8 sessions, 16 sessions and 24 sessions they were graded on 18 variables, mentioned earlier. After a few sessions, 8 inmates could not continue because of various reasons viz. illness, absconding, disinterest, death in the family etc. and only 42 subjects remained throughout the 24 treatment sessions.

Having completed all 24 sessions all 42 subjects were given treatment's Evaluation test with a view to knowing their suggestions, degree of usefulness, joy of sessions etc.

Towards the end of the experiment once again all the 100 subjects were given post-treatment tests on self-esteem, depressive affects and Dutt Personality Test.

Method of Analysis :

The analysis was carried out in three parts. The first part dealt with the comparison of experimental and control group members in respect of their overall self-esteem, depressive affect, and nine anxiety related components of Dutt personality Inventory. In this case the before after design was used and the data were analyzed using covariance technique. Adjusted mean scores were also calculated for both the groups.

In the second part the main and interaction effects of training duration (three levels) and treatment techniques (two levels) on each of the eighteen components of self-esteem were analyzed using a 3 x 2 factorial design.

In the third part the main and interaction effects of self-esteem (three levels) and treatment techniques (two levels) on nine components of Dutt Personality Inventory, and Depressive affect were analyzed using a 3 x 2 factorial design.