DISCUSSION

Anybody can become angry – that is easy. But to be angry with the right person, and to the right degree, and at the right time, and for the right purpose, and in the right way – that is not within everybody's power and is not easy.

- Aristotle

CHAPTER V
DISCUSSION

5.0. INTRODUCTION

Aggression and violence affect society in a wide and penetrating manner. Their impact and manifestations are visible in many apparent and many more, not so apparent ways. The victimization and distress caused by these behaviors are staggering, the number of perpetrators and victims have gradually increased over the past decades (*Loeber* and *Farrington*, 1998; Snyder and *Sickmund*, 1995; *Uhlenberg* and *Eggebeen*). Infact, research indicates that highly aggressive children are at risk for adult crime, alcoholism, drug abuse, unemployment, divorce, and mental illness (*Farrington*, 1995; *McCord* amd *McCord*, 1960; *Robins*, 1966) and are a burden to service delivery systems. *Olweus* (1979) found that the correlation between early and later aggression was, on an average 0.63, which is as high as the stability of intelligence over time. Since then, many studies have replicated the finding that different forms of aggression, (including severe emotional temper tantrums), are highly stable over time (*Caspi*, *Elder* and *Bem*, 1987; *Farrington* 1991, 1994; *Haapasalo* and *Tremblay*, 1994; *Loeber*, *Tremblay*, *Gagnon* & *Charlebois*, 1989; *Pulkkinen*, 1992; *Tremblay* et al, 1991). When latent antisocial behaviour construct are used, the correlations between early and later antisocial behaviour often are higher, (with correlations as strong as 0.92) for boys antisocial behaviour between grades IV and VI and between grades VI and VIII (*Patterson*, 1992). Studies have also shown that early aggression predicts different manifestations of later violence, including frequent fighting by age 18, partner assault and conviction for violent offenses by age 32 (*Farrington*, 1994; *Sattin* and *Magnusson*, 1989).

With its devastating impacts, aggression has long been a serious concern for professionals and lay persons alike. It is not surprising therefore, that a wide

variety of theoretical concepts have been looked at, to aid in our understanding and control of anger & aggression (*Baron*, 1977).

Different studies have produced different results concerning the effectiveness of various attempts to reduce aggressive behaviour. As 'Encyclopedia of Mental Health' explains, the extent to which one can expect the possibility of reducing or controlling aggression depends, to a certain degree on the aggression theory that one believes. For example, the outlook seems less promising if aggression is considered as an integral part of genetic make up of the human species than if aggression is considered primarily a behaviour learned from others. In the former case, aggressive actions can perhaps be controlled by societal strictures, but the aggressive instinct will always remain within. In the latter case, decreasing the modeling of aggression or increasing the modeling of rewards for non-aggressive behaviour could conceivably produce effective results.

Another complication in understanding and controlling aggression is that different people react very differently is similar circumstances. When frustrated, some people react aggressively, while others become withdrawn and depressed. Depression itself can lead to aggression and a delayed aggression can produced seemingly unpredictable acts of violence. Psychologists simply do not have all the answers to why some people react aggressively and others do not when faced with identical predicaments. However still many techniques have been developed to control and prevent aggression (*Baron*, 1983). Baron, in his attempt further has complied five strategies mainly studied by social psychologists for reducing aggression :

- Catharsis : Venting aggression through fantasy, exercise, verbal-physical aggression.
- Punishment : Aversive stimulus delivered after an aggressive response.
- Incompatible responses to aggression : Humour, Empathy or mild sexual arousal.
- Social restraint and modeling : Presence of non –aggressive models.

- Cognitive strategies : Developing stress management and communication skills.

From the above mentioned techniques by Baron, the intervention strategies for the present study have taken into consideration cognitive strategies and techniques involving social restraints and modeling. The objective of the research study, involved evaluating the effectiveness of a therapeutic package consisting of Rational Emotive Behaviour Therapy (REBT) and Social Skills Training (SST) on aggressive Indian adolescents. The participants in the study were divided into three groups. The first group was administered the Rational Emotive Behaviour Therapy. The second group was given the Social Skills Training (SST). While the third group was provided with a combined therapeutic package of REBT and SST. REBT was chosen with a view that disputation of irrational beliefs held by an aggressive individual could be defeated and replaced through appropriate and logical reasoning which otherwise make him behave in a maladaptive manner.

Moreover the investigator felt, this therapy could prove more effective as compared to other treatments since adolescence is described as the stage which brings forth the capacity for logical and theoretical reasoning, systematic problem solving and acquisition of abstract concepts. These in turn are reflected in social and personality development as well as in problem solving behaviour. Also, since surprisingly no studies were available amongst Indian adolescent population, the chosen therapeutic packages were being tested here for the first time. On the other hand the concept of using SST derived through previous studies advocated in social learning theories aligned with investigators mind. As *Hersen* (1979) noted, teaching of social skills can enable the acquisition of those behaviour which serve as interpersonal alternatives to aggression Eisler and Frederiksen (1980) explained, through SST the individual is explicitly trained in specific target behaviours that facilitate conflict resolution, thereby diminishing reliance upon inappropriate aggression. In addition, few social values recommended by the parents have been touched

upon in the training sessions. The objective being to enhance and clarify them in the process. Finally a combined therapeutic package was introduced with the thought that a combination package could prove more effective as compared to individual therapies. Because apart from clarification of irrational beliefs, the individual with a set of training in social skills would appropriately know how to behave and react in situations which he otherwise finds provocative.

The Experimental and the Control groups were tested before and after implementation of the package through the Buss-Durkee Inventory of Aggression. Follow ups were done after two months to check endurance of the therapeutic package. Further data was analysed using 't-tests' for small samples. This chapter entails an explanation for the obtained results, elaborating on :

a. A comparative study of Control and Experimental Groups.
b. The effectiveness of REBT on aggressive behaviour (BDI : Overall and Subscales).
c. Effectiveness of SST on aggressive behaviour (BDI : Overall and subscales).
d. Effectiveness of combined therapeutic package on aggressive behaviour (BDI : Overall and subscales).
e. Comparative study of the three Experimental Groups on their overall and subscale scores on aggression.
f. Comparison of males and females on their aggressive behaviour (BDI : Overall and subscales).
g. The distribution of aggressive individuals over various birth orders.
h. The distribution of aggressive adolescents over various family patterns.

5.1. COMPARATIVE STUDY OF CONTROL AND EXPERIMENTAL GROUPS (BDI : Overall)

$H_0$1 : The null hypothesis, that "there will be no difference in the overall aggressive behaviour of individuals in the Control Group (CG) and those

exposed to the various therapeutic conditions in the Experimental Group (EG) at post tests" was rejected.

The results revealed for a remarkable decline in the aggressive expressions and behaviours of the individuals exposed to the varied therapeutic conditions. Irrespective of the therapy administered, an observable change was noted after intervention. As Diagnostic and Statistical Manual IV explains, "supportive therapy mechanism of any kind proves effective for aggressive personality disorders". The Diagnostic Research Criteria for aggressive personality disorders indicates this behaviour related to a pervasive pattern of negativistic attitudes and passive resistance to demands for adequate performance, present in a variety of contexts, it usually is indicated by four (or more) of the following characteristics in these individuals :

1. They passively resist fulfilling routine social and occupational tasks.
2. Complain of being misunderstood and unappreciated by others.
3. Are sullen and argumentative.
4. Unreasonably criticize and scorn authority.
5. Express envy and resentment towards those apparently more fortunate.
6. Voice exaggerated and persistent complaints of personal misfortune.
7. Alternate between hostile defiance and contrition.

The applied therapies seemed to have worked with the intervention groups because they were directly attacking those aspects of their behaivours which were probably taken for granted by them. Through application of REBT, their irrational beliefs and misperceptions were vigorously 'disputed' and 'debated'. Clarifications were brought about those misguided beliefs, which acted as the guidelines for their aggressive behaviours. Modifications in their cognitive processes may have been a positive contributor for improvements and drops in their overall aggressive reactions.

Kaplan and *Sadok* (1994) gave an explanation with reference to aggressive disorders in context of interpersonal relationships. They expressed, these

peoples tend to manipulate themselves, into a position of dependence, they expect others to do their errands and to carry out their routine responsibilities. They lack self confidence and are typically pessimistic about the future. During application of 'Social Skills Training', the intervention group was exposed to situations with the vital target to generate 'sensitivity' and 'empathy' about the impact of their negative behaviour on others. The role plays & role reversals, proved effective in this context. The SWOT analysis was an eye opener with reference to many of their own behaviours reflected in the protagonist. The process ultimately enabled in creating and opening them towards their 'blind' and 'hidden' selves.

The treatment with the combined interventions, gave a vast platform of awareness and knowledge to the participants, in terms of their cognitions as well as actions. While with the base of SST they could actually understand on how to project themselves in social situations.

The 'Control group' on the other hand showed aggravation in their mean scores at post tests. Adolescence has been expressed as the time of rapid change marked with various stress and storms. The aggressive child may perhaps express such reactions in all the more augmented ways when unable to handle stressful situations. This could have been one of the reason for the rise in their aggressive behaviours in deprivation of any therapeutic intervention.

5.2 COMPARATIVE STUDY OF CONTROL AND EXPERIMENTAL GROUPS ON THE AGGRESSION SUBSCALES

The aggression inventory (BDI) comprised of eight subscales. These eight subscales had been grouped into aggression and hostility by Buss-Durkee. The scales of 'assault', 'indirect', 'irritability', 'negativism' and 'verbal aggression' had been kept in the aggression category while 'resentment' and 'suspicion' were included in the 'hostility' aspect of aggression. 'Guilt' was placed in another third category as a component having its influence on aggression.

The Control and Experimental Groups were both reevaluated at post test on their various subscales. The differences, if existing between the two groups on any of the components of aggression have been accounted and discussed in this section.

$H_0$2 : "There will be no significant differences at post tests in the aggressive behaviour of individuals of CG and EG, on any of the subscales of the inventory".

The null hypothesis, was accepted for all the subscales leaving the area of 'suspicion'. The discussion for the subscales is as follows

Assault : When the component of 'assault' was observed a high drop in the mean scores on this component were observed after interventions for the EG. A significant difference between CG and EG was noted after interventions. The CG mean scores at post tests were seen increasing as Graph –2 apparently reveals.

On the other hand, in the case of EG 'assault' was amongst one of the subscales displaying the maximum impact of therapy. Buss-Durkee (1957) define assault as the physical violence against human beings which includes fighting but excludes the destruction of property. In *Buss's* (1961) classification of aggressive & hostile behaviour, 'assault' has been categorized in the 'Organ' system, which makes use of bodily parts or weapons to destroy its target of aggression. *Caspi* and *Moffit* (1991) on similar lines explained, aggressive adolescents manifest the behaviour of assault or attack through external interplays. It could be either ones bodily parts which are made use of to fight physically and express ones inert anger or in some other cases, they access the external objects available for threatening and giving vent to their repressed feelings. Though this excludes the motive of destruction.

Many studies have identified aggressive adolescents as being insecure and fearful in their interactions. Probably 'fighting' or 'attacking others physically'

is the garb they wear to prove their worth and confidence. In relation to Indian context, the Indian male is expected to be physically strong, possessing the strength to give protection to his family (especially physically) whenever needed. He has been projected as the strong protector of the family. These adolescents too had been typically carrying many of these irrational cognitions which were discovered during rapport formation. The males reported assault as the mark of being 'masculine'. While females shared of being at par with men, and using it occasionally, where and when required. The process of 'disputation' through many situations of SAQ may have enabled for a change in this direction. On the other hand through means of role playing alternative solutions were provided to the respondents than 'physically' attacking others. These perhaps stood as the beneficial hallmarks in creating a significant difference between the groups intervened and those which were not exposed to any treatment conditions. A high level of unalterable change in the 'assault' behaviour of the CG group could also be related to the biological factors effecting aggressive behaviour. As *Olweus* (1980) reported, in case of males the circulating levels of testosterone in the blood had a direct causal influence on provoked aggressive behaviour. On similar lines Susman and *Dorn* (1991) also explained the rapidly increasing hormone levels, especially testosterone in case of boys, cause the adolescents emotions to be aroused more rapidly than before and are also associated with the more rapid shifts in their moods. Biologically this happens to be the time period when most adolescents, are influenced and provoked easily by anger and aggressive instances, because of hormonal effects. However, most adolescents are able to storm out of these situations. But probably, the aggressive adolescent who is already vulnerable to such emotion, may get more gripped with every unresolved issue, especially in lack of any therapeutic intervention.

Indirect Aggression : A significant difference was seen between CG and EG on the subscales of Indirect aggression. Buss-Durkee inventory defines this component as 'Malicious gossip', 'Practical jokes' about the hated person and

where the person is not attacked directly, but by devious and undirected aggressions (eg. Slamming doors, temper tantrums). The discharge of negative affect is against no one in particular. They have placed this subscale with the aspect relating to 'Interpersonal relationships', where aggression is expressed directly through assault, threat or rejection or indirectly through verbal means as in spreading gossips or speaking lies about the hated person.

In other words, it could be that using 'indirect means' of harming others may give aggressive individuals a 'cathartic effect' or a relief, after venting out their aggressive tendencies. However quantitatively this was not the trend observed with the 'Control group' when their scores were evaluated at post intervention.

Indirect aggression is also one of the very common tendency reflected in today's society; especially towards people against whom one is frustrated and wishes to rebel but due to societal strictures is unable to do so. In instances like these, the individual makes use of indirectly harming the other person through rumours, gossips pranking jokes or making use of malicious lies. Using the 'Indirect means' tends to save the individuals relationship as the real motives of the tormentor remain hidden. But the investigator found while dealing with the aggressive group in intervention sessions that 'indirect means' were not very frequently used as the weapons by this group to express their aggressive behaviour as compared with the direct attack of 'Verbal' or 'Physical aggression'. Infact, the discussions carried out with the experimental group reflected for no emphatic stress by these individuals on their interpersonal relationship. They felt it was more important to express their real emotions, whether or not, that expression subsequently would lead to damage or spoil their relationships. The SAQ and TAT stories were more reflective of it. One of the responses in context with Interpersonal relationship of SAQ was answered, "I won't give a damn shit; let him feel bad but if he hurts me even I am not going to forget, forgive and recover". Their typical response mode observed was, "who is bothered to maintain a relationship, if the other individual is untrue". These responses also broughtforth one of their major characteristic of

being over emotional and reactive. Some of them also expressed vulnerability to dissociations in many of their relationships. This point was picked up by the investigator and worked upon thoroughly especially through many situational role plays of SST.

At the termination of intervention, the EG displayed a significant drop in their mean scores on the subscale. The activities on generating cooperation and team spirit involving roles of responsibility boosted up their self confidence. The researcher comprehended that one tends to use malicious lies, gossips, when one feels inferior to others and thereby gets frustrated. Unable to accept this inferiority the individual, tries to derogate the victim through Indirect means. Probably with enhancement in their self esteem alongside with their direct interaction, with those individuals for whom they earlier possessed 'hostilities', provided an opportunity for them to deal directly and have more positive experiences. In the process it enabled to shed them atleast some of their false perceptions about, few of those significant individuals whom they held as victims for personal frustration.

Negativism : 'Negativism' has been defined in the aggression inventory as an oppositional behaviour, usually directed against authority. It involves a refusal to cooperate, which may vary from non compliance to open rebellion against rules or conventions. The t-test evaluated a significant difference between CG and EG. However when the post test mean scores were observed, a stability in the scores was seen for CG. While the EG group scores reduced to only a certain extent. This showed a positive impact of the therapy, but benefits were not as strong as the results seen on other subscales. However this results may also be seen in the light, that pre test scores of this component were already quite low as compared to all other pre and post test mean scores of other areas. Hence scope for improvement itself was lower. Still however some kind of reduction in score is significant enough to prove that intervention of some kind can prove beneficial to bring down the scores in this area.

Irritability : It is the readiness to explode at slightest provocation, which includes quick temper, grouchiness, exasperation and rudeness. The results of EG groups for this subscale were very interesting from pre to post test. Infact a significant and impactful effect of therapy was seen for this variable. Also significant differences were noted for EG and CG on the subscale.

Horace quoted "anger is momentary insanity" or as this subscale presented, a readiness to explode at the slightest provocation. Irritability was found by the investigator as a component distinguishably existing in high levels in these adolescents. They showed traits of being emotionally non resilient or reactive. As *Jersild, A. T.* (1979) explains, that much of the exasperation and irritability one sees in the behaviour of the aggressive adolescent arises from a lack of tolerance for their own limitations, for being unable to discover the answers to their own problems. Inturn their demands on others are thus much in common with what they hold for themselves.

In one of the cases, the investigator was reported from the mother of a participant member about her son being extremely provocative and irritable, about every day issues. For example, she explained; "if he was asked on the reason for his coming home late or where he had gone", he would respond irritably that "its his life and he has the awareness and knowledge on what he needs to do". He would express that he expects no interference from any one. It would make him so irritable that he would respond by passing some hurting comments or would throw away the served food or break things around. In the pre intervention sessions the investigator noted restlessness and impatience existing in most of the respondents. Like when filling the various 'questionnaires', the students would finish half of it and get extremely irritable and would toss away their pens with open defiance to comply. Many of their TAT stories expressed a strong feeling of rejection from their environment. A sense of worthlessness and low self esteem were observed in their narration about many stories related to the 'protagonist'. With exposure to role plays in situations like eight and eighteen and further with the usage of SWOT analysis

may have enabled them to view directly the impact of their negative irritable behaviour on others. The activity designed on 'concentration' also may have proved beneficial here in establishing a rhythm in becoming more calm and composed. REBT sessions were also encouraging in this direction, where many of their false notions about inappropriate behaviours were effectively refuted. The results apart from being quantitatively significant, also broughtforth changes in a qualitative manner in their irritability behaviour. Towards the end of the sessions marked changes were also observed by teachers. One of the teachers commented about the participant "Ab isme thodi shanti Aai..... Now he is atleast at little peace with himself".

Resentment : 'Resentment' has been defined as 'jealously' and 'hatred' for others, "a feeling of anger at the world over real or fancied mistreatment, *Buss* and *Durkee* (1961). The DSM IV describes that the close relationship of people with aggressive disorders are rarely tranquil or happy. Because they are bound to their resentment more closely than to their satisfaction, they may never even formulate goals for finding enjoyment in life. *Jersild, A.T.* (1979) explains, the aggressive adolescent learns a great variety of indirect means of venting his anger and hostility. But often his success in curbing his anger is deceptive, and often it is gained at a high price. Evidence that he has not succeeded in smothering his rage appears when he 'blows his top' because of trivial annoyance. And the little annoyances simply touches off anger that has been smoldering for a long time. While in another case, he may express his resentment indirectly through fantasy or day dreams of revenge or of someone coming to grief, or of scenes of personal triumph that put the offending person in his proper place, *Symonds* (1949).

When the results for resentment subscale were analyzed a significant difference between the two groups (CG and EG) were obtained. The mean scores of pre and post tests showed a reasonable difference for the EG. Though a very significant result may not have been possible. This could be attributed to the reason that 'resentment' develops over a period of time as a deep rooted trait or

tendency, difficult to be removed. The therapist or intervener, can only clarify misconceptions /ill feelings governing these individuals, more at an apparent level. But until the individual himself, doesn't takes the responsibility of fighting time and again with his misinterpretations and irrational beliefs about others, this characteristic trait may become difficult to be diminished. Moreover the intervention phase, seems as a negligible time period for removing inherent characteristics traits of individuals. The CG did not show any decline in scores at post tests. This pin pointed towards the effectiveness of the applied therapeutic interventions.

Suspicion : The subscale of 'suspicion', showed no significant difference between the Control and Experimental groups . 'Suspicion' has been defined, as the projection of hostility on to others. It varies from being distrustful and wary of people to beliefs that others are being derogatory or are planning harm. *Ullman* (1952) explains, one way the aggressive adolescent deals with his situation, is by externalizing his anger to make it seem that it is others who are angry, bitter and unfair and that one's own anger, if it shows is only a kind of righteous indignation and a necessary defense against others, who are at fault. It usually then becomes less uncomfortable, when one is in a bad mood linked to some condition within oneself by attributing the difficulty to someone /something else.

Also, when the person externalizes his anger, he disowns his own responsibility for it. When the EG mean scores were observed at post-tests some drop in the scores was evident as compared to CG with no such indication. The interesting thing noted here was that individuals who were individually scoring high in the BDI on 'Suspicion' subscale, were scoring low on the components of 'guilt'. This relationship perhaps indicates that when the individual externalizes his anger (projects on others), believes that other are trying to harm or derogate him, then it in a way serves to protect him from facing realities within himself that otherwise might involve him in overwhelming feelings of guilt and self-reproach.

Thus 'suspicion' being a hostile inner feeling probably can not get affected through brief interventions. A long term focused therapy, can bring some significant change in a trait which is innately governed.

Verbal Aggression : *Buss* and *Durkee* defined 'Verbal aggression' as the negative affect expressed in both the style (i.e. arguing, shouting, screaming) and content of speech (threats, curses and being over critical). The BDI has categorized verbal aggression under the heading of 'Organ System Involved' where it is characteristic of a vocal response that delivers noxious stimuli to another organism, for example, threat or rejection.

In this context *Worchel* (1974) expresses that by the time a child reaches adolescence, he acquires various means of verbal 'attack'. These include name calling, belittling using sarcastic remarks etc. While some adolescents frequently use gossip, teasing, swearing and even slander as ways of expressing their anger.

A significant difference was evaluated at post tests between CG-EG groups. During pre test the investigator found a common use of abusive words in aggressive population. Even girls were not far behind, as evident from SAQ responses. At pre test a very high mean score was observed for the EG. A special emphasis was made by the investigator, in this direction while implementing the various components of the package. Verbal aggression may have left its impact more through REBT and combined package. The CG scores on the other hand showed no significant change in this context. This also implies that in deprivation of therapy for control group no improvement can occur in verbal aggression of adolescents.

Guilt : The last subscale of the inventory was 'Guilt'. The BDI defines guilt, as feelings of being bad, having done wrong and suffering pangs of conscience. In Psychology of Adolescence, *Jersild* A. T. (1979) expounds, that it is often difficult for an aggressive adolescent to accept himself as one who is angry and hostile. The adolescent who is self-accepting is one who can face himself

without guilt as a human being who becomes angry, who has a great capacity for anger, and who is likely to become angry in the future. If seen from the perspective of 'Psychoanalytic theory' either the super ego ruling the moral principles remains undeveloped or even if developed, it remains concealed by 'id', which seeks to avoid pain and wishes to obtain pleasure at all costs. Rather the moment such individuals are struck by something unpleasant or unfaourable from their dictated and defined terms they retaliate. From this perspective the high pretest score of EG and CG indicated that the 'id' was not so strongly governing them. It could be generalized in case of both the groups, that they had well developed and strong moral values governing them. And the effort was required more in the direction of clarification in their present revealed values. The EG results indicate towards reduction in guilt scores pinpointing the usage of therapies being effective in making these individuals more self accepting, with a greater self regard for one self as compared to pre-interventions, where they showed signs of unacceptability and running away from themselves, for knowing about being involved in wrong actions. The interventions provided them with a positive direction, on their ways of dealing with themselves.

5.3 EFFECTIVENESS OF REBT ON AGGRESSIVE BEHAVIOUR (BDI : Overall)

The discussion on this aspect has been carried in two parts. Firstly, impact of REBT in reducing overall aggression scores, followed by its impact on the sub components.

Ho3 : "There will be no impact of REBT on the overall aggression scores of participants". The null hypothesis was rejected since significant therapeutic impact on the overall aggressive behaviour was observed at post tests. Graph 3 shows this change and difference in mean scores.

The REBT was applied to the target group, with the view to make them understand that outside events or people do not cause our feelings, but our

beliefs (interpretations and evaluations about those events or people) are the inherent cause for such feelings. And through changing our beliefs, we can change our feelings and inturn our behaviour. The essence was also to make the target group realize that they themselves were responsible to control their behaviour by replacing their thoughts. In terms of the present investigation this process of replacement required an intensive knowledge and detection about their irrational beliefs and further discriminating such beliefs from the rational ones. Finally, disputing each such belief in an effective manner. Selected participants for the study were enquired during rapport formation on reasons/causes for their provocative behaviours. Open ended questions allowed for an opportunity to elaborate and give their detailed views about varied aspects thereby providing the investigator an outline and insight about their belief systems. Encouragement, probes and more specific questions facilitated the process better. For example, they were questioned like, "Tell me about some incident, where you acted aggressively, got into a physical fight or verbally abused or merely threatened someone. Let me know some of those things which make you fight ?" These two questions were asked with the purpose, to make them recount and realize the number of times they had behaved aggressively and henceforth it would provide a platform to the investigator, to obtain indepth information about provocative things in relation to their personal contexts and environments.

Further in intervention sessions, each and every situation of SAQ was thoroughly debated, with questions like – 'How can you prove, that what you are thinking is true ? Where is the evidence? What so terrible would happen, if things did not/wouldn't go the way you want them to be ? Can't you be happy even if you don't get what you want ? Explain why you can't tolerate the person / situation ? During practice session they were asked to 'dispute' some of their problems or other target members irrational beliefs. This exercise helped in cultivating the art of disputation, more prominently. The results were promising at post tests. However the follow up sessions showed a certain

amount of regain in their aggressive expression. The quantitative results complemented this knowledge. This could have happened since disputation of irrational beliefs, is like a 'fight' or 'challenge' against those beliefs, which one always assumed as correct. 'Shunning' or throwing them out of one's system requires an ongoing struggle of intellectual debating. And even professionals and experts after practicing years of REBT, at times tend to give in to their irrational beliefs, to which they have clung for long. A more prolonged and sustained intervention with very high focus and conscious effort from the client / target person would help mitigate this effect over a period of time.

5.4 EFFECTIVENESS OF REBT ON AGGRESSIVE BEHAVIOUR (BDI : Subscales)

Ho4 : "There will be no impact of REBT on aggressive behaviour as measured by the subscales of the inventory". This hypothesis was partially supported for some of the components when post test results were examined. From the eight subscales, the subscales on 'Negativism' and 'Resentment' showed, no impact of REBT. The various other subscales showed the following trends.

Assault : In case of assault subscale the null hypothesis that REBT will have no impact on the subscale of assault was rejected. The result indicated, a positive impact of therapy on aggressive behaviour. During intervention sessions, the investigator attempted to dispute each and every irrational belief presented by the participants. Interestingly, in many instances it was noted, the external stimuli which caused their original feelings of anger, were almost irrelevant for them. When they got into physical fights or assault, they were not seeking to determine the cause of their anger and to respond to that cause, but rather accepting the anger to seek for an unrelated and effective method to release their feelings. Briefly, while questioning & disputing i(B) of a respondent; it was asked – "How does acting aggressively by getting into fights, help you get your anger out ?" The response came "It helps in taking out all the things, which are burning up inside me from long. Plus it is also a

reaction to the person who has created hassles for me. If I am very angry, I can hit anyone". The next point brought out their point of i(B) more clearly, as how hitting anyone, can help you to release your anger, even when the other person is not at fault ? The response was " I do this to make them feel, the way I feel. And if I am going through suffering and problems in any way, even others have no right to stay happy. The debating for such beliefs, continued through different situations till the point, they clearly understood about their inappropriate reactions and thoughts governing such actions. Though significant impact of therapy was evident at post tests, scores indicated a rise at follow ups, perhaps conveying that to keep in check of provocative emotions, which itches the individual to fight, he must practice a rational inner dialogue with his thoughts more vigorously. Being a tedious process & not following the same completely, may throw up more such signs in the future.

Indirect : On this subscale, null hypothesis was once again rejected, due to the significant result obtained from pre to post. Thus, a positive impact of the therapeutic intervention was seen for this subscale. However, when qualitative analysis was observed, it was noted that reacting indirectly or using indirect means to aggress were applied along side as complementary means with direct ways of attacks, when situation remained unresolved. In light of this, 'dissonance theory' predicts, after behaving aggressively people need to justify their bad behaviour and may do so by derogating their victim. Derogation may then lead to a vicious cycle of further aggression..

REBT happened to be effective as, in its usage irrational beliefs tend to get clarified and the residual effect becomes visible to the individual by taking responsibility for his actions & behaviour. The projection of aggression through different ways like malicious gossips, practical jokes & temper tantrums etc. are then less manifested.

Negativism : The null hypothesis, "REBT will have no impact on the subscale of 'Negativism' was accepted". Negativism relates to the oppositional

behaviour, non –compliance and open rebellion against rules, conventions or individuals in position of authority. A non significant impact on the variable through this therapy, is in ways indicative of the fact, that this type of expression has deep rooted cause, developed at an early stage of life. The cause as pinpointed by Salvason (1943) is, that a child feels inferior, and though he expects an unfavourable response from the objects of aggression he finds negative attention is better than no attention. It could also on an extreme end, be that the individual possess an intense hostility against the parent figures, and anything dictated by them is unacceptable, like certain rules, conventions, traditions to be followed. Slowly the individual projects and extends the same typical behaviour of non –compliance to anybody in the same position of authority. No significant influence of therapy on this component, was also seen in the light of the strong 'defense mechanism' which these adolescents were carrying. They were 'rationalizing' and 'believing' strongly about many of their irrational tendencies as appropriate and correct, which left little scope for the investigator to help. In terms of 'Psycho-analytic' theory, the 'Ego' was rationalizing their destructive behaviour as being appropriate and further nothing could be done about it. In any case, therapy works only when the individual first accepts his behaviour as maladaptive and then desires to modify.

Irritability : The component of irritability was effectively dealt by REBT. The null hypothesis, "REBT will have no impact on the subscale of irritability was thus rejected".

The target group showed high mean scores on pre-tests. Infact the participants described in their interactions on how seemingly insignificant interactions left them annoyed or aggravated at times. The feelings occurred constantly and could be triggered by any interaction or minor inconvenience. One of the participant explained, at first they try to inhibit or control their minor annoyances and others irritating behaviour towards them. However, if the persons aggravations do not stop, it makes them extremely irritable which then

leads to anger and rage. Further leading to direct or indirect attack on the target person. The investigator could evaluate the low frustration tolerance existing in these individuals. Low Frustration Tolerance (LFT) explained by Ellis (1998), is the weak/low capacity to withstand what one doesn't like. When an individual feels furious, his basic view consists of the idea that whatever frustrates him should and ought not exist. That its existence not only proves unfair, but this unfairness again must not prevail further. The disputational process involved realization, that one would almost inevitably defeat himself unless he submits to his demands besides accepting that unfairness and injustice cannot be completely taken away from the environment and life.

Resentment : The hypothesis that REBT will have no significant impact on the subscale of resentment was accepted. Though there was a slight drop in scores, which showed that the therapy did bring about some effect in reducing resentment amongst the target population. However as the t-test scores were insignificant, the results cannot be generalized for a larger population base. The results may not support a positive influence of therapy in reducing feelings of resentment. In this context 'Ellis', recognized the irony of this emotion and remarked "hatred can consume you more than almost any other feeling and like jealousy and a few other passions, it can literally obsess you and run your life. It usually goes far beyond the feelings of deprivation and bothersomeness associated with mere frustration and brings with it an illusion of self interest. On the surface, you seem absorbed in your own situation and ostensibly strive – through the feeling of anger – to get what you want and to get rid of what you don't. But what an illusion!"

The investigator noted the resentment feelings governing such adolescents. If they carried hatred for somebody, they would see that individual as devil incarnate and further they would magnify those traced 'evil' traits. Infact they used these remarked traits as an excuse for their intense hatred, which enabled them to reduced their guilt.

Lack of any significant impact could also be due to the feelings of hatred / jealousy etc. which are governed by innate traits, not easily changeable. These arise because of the conflict with the basic values of the individual and the life script positions that an individual adopts for onself due to the experiences that occur during the first five years of one's life. Out of the four life scripts, "I am O.K. , you are not O.K"; "I am not O.K., you are not O.K."; "I am not O.K, you are O.K." and "I am O.K., you are O.K." (*Eric Berne* in his study on Transactional analysis). If an individual chooses the scripts like "I am O.K. you are not O.K" or "I am not O.K. you are not O.K" life position; all experiences get driven by these states; and they are likely to become resentful in many cases. These are also related to the deep rooted values of the individual. REBT would thus not impact much till these life positions are altered; which require deep rooted value reorientation and value clarifications. Such intervention would require a long period of time.

Suspicion : "REBT will have no impact on the subscale of suspicion was rejected". As Buss & Durkee mentioned; suspicion accounts for the distrust, wariness and projection of hostility on to others. In the intervention process the participants mentioned their unconfirmed belief of distrust against various people in the environment like the parent figure (Situation – 1) of SAQ or their feelings of hostility which would arise in a few particular situations towards their friends (Situation-15 & 17) etc. The other aspect noted by the investigator was in individuals scoring high on the element of suspicion, there was a feeling of often being alienated, lonely, anonymous and impersonal. Suspicion arises in many cases due to one's personal interpretation of facts, situations, people etc. REBT helped here in the logical analysis of such situations & cases, bringing better clarity and redefining the interpretation by removing irrational basis and subsiding emotional biases which may otherwise govern the logical interpretation of situations and people. Therefore the intervention programme devised here, apart from vigorous debating also stressed on constructive options. This involved making them take the responsibility of exploiting their

talents; become part of bigger groups, where they could devote themselves for a cause. The main focus was, the individual himself rising upto the occasion and exerting himself to express his talents, through constant motivation of the investigator. In terms of REBT process it meant taking responsibility for ones life. At post tests, apart from their distrust & hostility declining; a rise in their self esteem levels was evident.

Verbal Aggression : It is a more direct form of aggression which incorporates the aspects of 'arguing', 'shouting', 'screaming', 'threatening 'and 'cursing'. When REBT was applied to produce change in 'verbal aggression', a significant impact was visible. The null hypothesis that "REBT will have no impact on the subscale of verbal aggression was therefore rejected".

The group reflected high pre-test scores on verbal aggression. Infact, verbal aggression happens to be one of the easiest means of taking out, the simmering anger through means of words and expressions. The use of abusive language in responses to situational questionnaire and in their day to day dealings was not uncommon with the target group. To cover this aspect, the investigator emphasized to explain the connection between 'words' and 'emotions'. And how by changing the words with which one relates with another individual, event or situation could enable to alter the related emotion as well. In this context, the section on labeling 'Present inappropriate – appropriate emotions,' mainly dealt with creating awareness in them for using and replacing more appropriate and a less heavy emotional word. They were explained that certain words create emotional reactions. The words we use affect only in accordance with the meaning we give them. They have no power in their own right. Words like – 'too much', 'horrible' create disturbed emotions. When we use such words we give those words a magical beyond – reality meanings. Further changing this tendency of using inappropriate words, could alter our emotions. Instead, replacing them with words like bad, unpleasant etc. can create more appropriate and undisturbed reactions. The disputation process alongside involved, questioning them on how usage of abusive language helped them ?

What, if they would use more balanced ways to express themselves ? 'Debating' was done on how they would get charged up, if others used harsh, abusive language against them. Related to this, they were suggested to 'express themselves' in situations, where they felt highly 'irritated' rather than 'physically' or 'verbally' attacking the other person. It was observed that the tendency to reduce verbal aggression is not easy, especially in cases where the adolescent has adopted maladaptive patterns like, screaming, shouting, threatening etc. as his weapons, to make himself heard. The follow ups showed the scores rising back. It can be interpreted that though REBT had an impact but the effect could not totally sustain as the process of disputation might not have thoroughly been practiced.

Guilt : In the area of 'Guilt' the hypothesis that "REBT will have no impact on this subscale was rejected". The results showed a decline in the scores of this area, from pre to post tests.

The focus intervention of REBT package helped the target population understand the logical process of how behaviour of aggression can leave an impact on them and others. This rational breakdown of cause and effect of beliefs, behaviours and actions and further making them understand how these affect others, brought them to a greater awareness level on the adverse impact of their behaviours. Such initiatives may have thus created greater realization leading for an influence on the 'guilt' component. It should be noted here that the reductions in score did not imply for the aggressive behaviour enhancing. But it clarified them to have 'guilt' for appropriate reasons and work upon those aspects, which were inhibiting their progress.

5.5 EFFECTIVENESS OF SST ON AGGRESSIVE BEHAVIOUR (BDI : Overall)

The theme of SST for reducing aggressive behaviour involved the process of 'role –play', 'modeling' and 'behaviour rehearsal'. The participants in this context were introduced to some activities related to producing change in their

'social' value system (As explained in Chapter III). The skills Training lead to a positive impact on most participants as was later observed at post tests.

$H_0$5 : "There will be no impact of SST on the overall aggressive behavirour of the participants" was rejected. The null hypothesis was rejected with a resultant significant impact of therapy conspicuous after interventions. The high mean scores observed at pretests, gave the investigator an indication for a very efficient handling of these adolescents during the intervention process. As *Megargee* (1973) describes, "they are individuals excessively prone to express their anger upon minimal provocation". However as priorly mentioned, many studies have proved that teaching in social skills can serve as an interpersonal alternative to their aggression. And through training in SST, individual is explicitly taught in specific target behaviours which facilitate conflict resolution, thereby diminishing reliance upon inappropriate aggression (*Eisler* and *Frederiksen*, 1980). With these clues in mind, the SST programme was framed.

The success of the intervention process could be attributed to the usage of 'Role plays' and 'Behaviour rehearsals', which helped the individuals to empathise and clearly identify with the role models in those situations. The results are aligned with many previous researches which used the process of SST for reducing aggression. Infact *Wagner* (1968) was amongst the first experimental investigator demonstrating that behaviour rehearsal or role playing of appropriate forms of anger expression was effective in modifying modes of anger expression by adult psychiatric patients. Also *Foy Eisler* and *Pinkston* (1975) investigated that modeling alone produced initial decrements in undesirable behaviours. While the addition of skills instruction facilitated not only the acquisition of appropriate skills but also their maintenance across time. Secondly, through SWOT analysis natural flow evolved where the target members got exposed to their 'blind' and 'hidden' selves. The training in instilling social values through medium of social skills thus proved as a positive contributor in the package. As *Rakos* (1990) pointed, drive mediated

aggression is more amiable than instrumental aggression and that to reduce instrumental aggression, participants need to be given value training.

5.6 EFFECTIVENESS OF SST ON AGGRESSIVE BEHAVIOUR (BDI : Subscales)

$H_0$6 : "There will be no differential impact of SST on aggressive behaviour as measured by the inventory subscales" was partially accepted. No impact of the intervention was visible on the subscales of 'negativism', 'resentment', and 'guilt'. However, the impact was observed on others subscales.

Assault : 'Assault' showed a remarked effect of therapy. Prominently, it was noted situations of SAQ tapping feelings of rejection, insult and hostility were mainly dealt by the participants through physical reactions of fights, kicking, beating along with verbally abusive language. Through generating 'empathy' in role plays, an alternative reaction pattern was available. On the other hand, tasks which involved taking initiative in class room activities were emphasized through repeated rehearsal of behaviours, making them note, intricacies of investigators behaviours while modeling themselves. This lead for another type of coping style for them, which they were bereft off. Further the new behaviour sustained with negligible increase at follow ups. In this context, previous research findings have reported success in reducing 'assault' and 'rage' through SST. Simon and *Frederiksen* (1977) employed the basic package of 'modeling', 'rehearsal' and 'feedback', with an adult having a history of physical assault and rage attacks. Results displayed improvements on the attacked target behaviours. *Matson* and *Stephens* (1978) have also reported similar results with this kind of program, with a combination of social reinforcement in treating four combative female residents.

SST thus may have helped the target group in this case, to tackle these issues through training with acceptable social behaviours and the awareness created through understanding of social norms.

Indirect : The component of 'Indirect aggression' again showed significant impact of the applied intervention. Though when the mean scores were observed, pre and post test results did not show, any remarkable difference, as was in the case of other subscales. However some change was produced which perhaps could be attributed to the role-play and role reversal situations. For example, in situation 1, the role reversal situation at once created the ground for empathetic situation, when parents showed their temper tantrums and rejected the clothes, which their son brought. Similar results were noted, for other situations as well. These findings are congruent with the success reported of an SST program, for the treatment of temper disorders on a 14 year old adolescent, *Kauffman* and *Wagner* (1972). The authors developed a training program composed of modeling, role-playing, cuing, prompting, coaching, cue fading and social reinforcement. The adolescents were trained on these skills across several experimental phases which made use of reinforcement schedules, stimulus generalization, multiple reinforcers and a hierarchy of provocative training situations. Anecdotal results indicated that the boy's overall behaviour improved and he spent less time in isolation.

Negativism : The area of negativism did not show any significant impact of the therapy though a slight decrease was seen in the mean scores after interventions. It could be interpreted here, that a drastic change cannot be produced through any therapy especially if, the individual has been non-compliant and rebellious since childhood, as explained by Buss & Durkee. Apparently only slight modifications can be produced in brief therapeutic interventions. May be longer duration programmes could probe better and in-depth about the reasons behind such behaviour and subsequently attack to bring in more effective changes.

Irritability : The training in 'social skills' positively contributed in reducing the irritability component. During pretests high scores on irritability subscale were noted. Studies indicate, during adolescence aggressiveness is generally attributed to hormonal changes. Other evidences point towards pubertal stage

being related to emotional dispositions or aggressive attributes for boys and not for girls and for early adolescents than late adolescents. Though not all evidence is supportive of this atleast in the earlier stages of puberty the young adolescents tend to show more irritability and rebelliousness (*Susman et al.*, 1987).

The present investigation on this component brought forth, the relevance of 'Social Learning Theory' observed in few cases. Like, a female student of class XI scored high, in the area of irritability. She expressed on getting irritated on trivial issues and subsequently would throw things around her, shout at her mother and younger sister. She admitted, of the behaviour occurring naturally to her. Further probing with her mother disclosed about this type of reaction pattern being learnt from her 'father'. The mother explained about her husband having suffered a severe paralytic attack, as a result of which he was unable to speak from his left side. His deep frustration of being physically handicap and the thrust of having two daughters, made him severely irritable at home. However, both the daughters without fail had adopted the irritability mode, the resultant pain of which the mother had to bear. The investigator found, many of these adolescents had severe anger, while even describing their personal experiences related to the irritability mode. It was evident, that such feelings did not occur in isolation, but rather contextually within some social system, thus demonstrating the importance of the 'Social learning theory'. The participants described in some sessions, their family members or close relative and friends by whom they were influenced, with quick, often violent tempers, when angry. In some cases, social interactions involved violence and physical aggression as well. *Bandura* (1973) expressed, "Much of the adolescents aggressive behaviour seems to have been 'modeled' for them; they learn what they see in their homes and neighbourhoods.

However inspite of all prevailing reasons, a drop in their post test mean scores was evident. At interventions, these individuals were suggested, to let people know, when they get irritated about what was happening and the feelings they

were going through etc. This key point perhaps further enabled them to take out their steam when they would get enraged. Later sessions recognized from their self reports that clearly articulating their feelings rather than bottling them up until they exploded was an effective strategy, although a new concept for them; but which proved effective.

Alongside, the exercises on 'concentration' made them feel relaxed and at peace for short periods when things looked like exploding. Suggestions were made to 'concentrate' on a point or overload their thoughts with beautiful things, when irritable thoughts or things occurred. The comprehensive efforts put in this direction, might have yielded for the positive outcome altogether.

Resentment: No significant therapeutic impact of SST was produced on this subscale. This variable is associated with feelings of jealousy and hatred towards other – a feeling of anger at the world over real or fancied mistreatment. A high score at pre tests on this subscale substantiated for the "hostile attribution bias" for this group. Hostile attribution bias refers that hostile children perceive others, especially peers as acting with hostile intent, particularly in situations of causal ambiguity (*Dodge* and *Coie*, 1987, *Graham* and *Hudley*, 1993). Situational role plays of (3,9,19), were designed with the same purpose from their responses obtained on these situations. Moreover, the activities framed on social values to inculcate team spirit and cooperation had one of the purposes of making these individuals interact with others more openly thereby reducing their jealous & hostile feelings. However these activities didn't prove as successful on this front. SST probably did not work, as these feelings form a deep -rooted part of their system. May be individual dealing with each person, wherein they are made to cathartate every emotion, and further intervened, would prove as effective.

Verbal : On the subscale of 'Verbal Aggression' significant impact of therapy was observed as the null hypothesis was rejected. Irrespective of the gender, high scores were obtained by almost all participants on this aspect. Items of the

inventory like-"When arguing I tend to raise my voice," "When I get mad, I say nasty things"; "When people yell at me, I yell back" etc were responded positively by most. It wasn't uncommon to use nasty words and language when aroused, as their initial pre test scores also indicated. In the skills training, and in the process of activities incorporating training to work in a team and cooperating with others, a new perspective arose for them, when in situations they were taught behaviour rehearsal, on how they required to express themselves. Feedbacks obtained in the form of problems they faced, helped reducing the behaviour considerably. The results obtained were amazing, with high reduction in verbal aggressive behaviour. The results align themselves, with those of *Foy et al.* (1975). They used the basic skills training package of instructions, modeling, rehearsal and feedback to teach appropriate responses to verbally abusive patients and reported success on it.

The 'follow-ups' however indicated for regaining of the behaviour, as the increase in scores indicate. The skills training process is a support mechanism to tackle apparent behaviours. It thus brought immediate & visible improvement by reducing verbal aggression. But in the absence of a rational understanding of these behaviours, and without re-orienting the deep rooted values; and not exploring the root causes for such verbal aggression, the learning of skills got waned over a period of time. Since social skills may not have been practiced regularly. This also shows that prolonged effort may be required.

Guilt : In the area of 'guilt', the results were not significant to reject the null hypothesis. As *Buss* and *Durkee* explain that guilt has an inhibiting influence on aggression. In case of many respondents, the following two questions : It could be analyzed from psychoanalytic view point, these feelings of 'guilt' are ruled over by the 'super-ego' relating to the morals, rules or principles instilled by parents and society, at an early stage of life. By the age of adolescence the 'super-ego' is more or less developed. There pre test scores on the component were already very high. This indicated that the participants had the awareness

and understanding to realize the difference between correct and incorrect notions. A training which would make them confident about their appropriate behaviour in social context was required. Probably the SST training aptly provided this support which was reflected in their reduction and improvement in aggressive behaviour, in relation to other areas. So only clarifications can be brought but instilling new concepts and related ideas is difficult on an apparent level. This may require considerably more extensive time period or some other type of complementary in-depth therapy.

5.7 EFFECTIVENESS OF COMBINED THERAPEUTIC PACAKAGE ON AGGRESSIVE BEHAVIOUR (BDI : Overall)

Combined package consisting of a combination of Rational Emotive Behaviour Therapy and Social Skills Training was framed so that if individually the therapies fail to have an impact, them probably a combined treatment would serve being effective on aggressive behaviour. The results of the study are discussed as follows :

$H_0$7 : "Participation in the combined therapeutic package will not have any impact on the overall aggression scores" was rejected. A significant impact was visible at the post test sessions. The effect may have been produced, as special emphasis was given on differentiating between rational and irrational aggression. It was clarified that certain amount of aggression must be present in all human beings. What is important, however is not only the presence of aggression, which are basic and necessary but rather the amount of conscious control over them, the degree of awareness of their rational usefulness, and finally the ability to direct these aggression into creative and constructive channels. The process was carried through detection, discrimination and disputation of irrational beliefs. The emotional aspects of participants was attacked through SST, wherein they were exposed to situations which generated 'empathy' and 'sensitivity' towards others. Alongside training in 'Social values' enabled them to achieve a sense of belongingness to a social

group. Also, the 'rejection' and 'disapproval' were being managed by them more constructively after these interventions. Infact an intervention with REBT and SST together, proved more of a comprehensive and a complete package. With training in SST, the REBT fundamentals got reinforced better and vice-versa. *L'abate* (1985) suggested, if social skills training programme fails to yield to the forms of generalization training in real setting, then use of cognitive strategies to foster generalization and inhibit anger that blocks the performance of appropriate behaviour appears to be a viable addition to the skills training regimen. Moreover, it serves as a treatment strategy in its own right when clients enter treatments with the skills but experience difficulty using them consistently.

5.8 EFFECTIVENESS OF COMBINED THERAPEUTIC PACKAGE (BDI Subscales)

$H_0$8 : "Participation in the combined therapeutic package will not have any impact on the aggressive behaivour as measured by the subscales of the inventory".

This hypothesis was partially accepted. It was noted that the hypothesis with held true for the areas of 'Negativism'. The other subscales indicated effectiveness of the package.

Assault : Significant difference seen in the scores of 'assault' proved the impact of the package. As found in earlier tests, REBT and SST individually proved as effective therapies.

Combined treatment reflected a similar trend. This could have been as the usage of rationally 'disputing' their illogical beliefs was the first step. Conveying about 'assault' not being the means to reach out to their ends of reacting aggressively as the next. This rational process of understanding the 'assault' behaviour against the impact on others and especially in context of social norms, helped develop a self-awareness and a desire for change. Coupled

with social skills training package, the target group was helped in overcoming these behavioural aberrations on a social level. REBT package may have impacted positively for handling social behaviour.

Indirect : The null hypothesis "Combined therapeutic package will have no impact on the 'Indirect subscale' was rejected.

The significant impact of the package could have been due to exposure made to situational role-plays, which generated high degree of 'empathy' i.e. to put themselves in the shoes of others. This was further clarified through the REBT process, where in 'disputation' was done on how their behaviour was negatively affecting the lives of those around them, the impact it had on their environments. The entire process reinforced the learning gain through the skills training.

'Negativism' : The null hypothesis "Combined therapeutic package will have no impact on the 'Negativism' subscale was accepted". Even on exposure to the combined therapies of REBT and Social Skills Training, significant impact was not proven statistically. This may have been caused, since negativism is a deep-rooted issue, which requires substantial time; and needs a multi-pronged approach. Apart from the two therapeutic packages, specific interventions to alter the life script positions, and continuous reinforcements on positive perspectives in every situation (good or bad events) needs to be brought out and conveyed to the targeted population. This is a slow process which looks at reorienting the deep-rooted beliefs of an individual. A friend-philosopher approach with high degree of involvement of parents or parental figures would be needed.

Irritability : The 'combine therapeutic package' brought forth significant changes in the direction of irritability. Therefore, the null hypothesis that the package will not bring any changes on this subscale was rejected. Both SST and REBT when applied alone too have made highly significant impact. Thus, a combined impact proved effective. Irritability is a behavioural manifestation

which requires emotional control & maturity. Using REBT approach, a rational explanation of action & reactions, causes & effects were elaborated, to expose the individual to their behavioural patterns and further they were made aware of the impact of such behaviours on others. With higher level of self-awareness a desire for change was brought amongst individuals. A social skills training on managing and controlling these behaviours & emotions thus may have played a combined role of reducing the level of irritability.

Resentment : The combined therapeutic package accepted the alternative hypothesis as significant change was seen in the area. Thus the null hypothesis, "there will be no significant impact of combined treatment on the resentment subscale" was rejected. It can therefore be interpreted that combined treatment of the therapies, complemented to produce this change, which individually proved ineffective when handled by REBT and SST.

Suspicion : The t-test results on this subscale reflected, a significant impact on the component, as the effect of the combined treatment. Looking into SST, it came forth that training in social skills changes, the apparent visible behaviour in individuals. However, the irrational belief system ruling for the deep-rooted causes of such a behaivour tend to persist. By attacking the apparent level through SST and further debating the irrational beliefs enabled to bring in a significant change in this area.

Verbal : The combined therapy proved effective in producing an impact on 'verbal behaviour. Thus, null hypothesis, "there will be no significant impact of combined treatment on the verbal subscale" was rejected. Understanding the aggression process within themselves through REBT and then managing their emotions and behaviour through SST could have enabled to control this aspect.

Guilt : The rational disputation and clarification in social values through social skills training might have created the positive impact on this subscale. A reduction of scores in this area express about the intervention group getting appropriate clarity in context with their many wrong notions expressed in their

own versions which created the base of 'guilt' in them. It is important that 'guilt' in the individual should be for the right reason and further instead of delineating him towards the wrong path, motivates him into constructive positive actions. The combined package probably hit this target point and brought a highly effective changes in other related areas to aggression.

5.9 COMPARATIVE ANALYSIS AMONGST THE THERAPIES

$H_0$9 : The null hypothesis, "there will be no differential impact produced on aggressive behaviour by the different treatment conditions of the experimental group" was rejected. When the differentials between pre and post results were observed, it was seen that the combined package proved most effective, followed by REBT and finally the training in 'Social skills'.

The combined package proved worthy of its effect as REBT enabled the target population to understand the logical process of how behaviours of aggression impact them and others and further SST provided the training on how to handle themselves in social situations.

$H_0$10 : the null hypothesis. "There will be no difference in effect amongst the three treatment conditions of EG measured by the subscales of the inventory" was rejected. A comparison between the three EG conditions were made for the three therapeutic packages. It was visible that for the different subscales, impact of these three packages varied in their effectiveness. For few subscales one package proved more effective, while for some other subscales another package proved more impactful. A packagewise detailing of effectiveness has been taken up here for the relevant subscales.

REBT : The 'verbal aggression' and 'suspicion' subscales were most effectively dealt by REBT. In the context of Verbal aggression, the exercise on using the 'appropriate words' for the related feelings together with cognitively disputing the irrational beliefs helped the participants positively. While in case of 'suspicion', the logical analysis of the situations presented along with

debating brought clarification and reinterpretation of same events, people, situations through the process of discriminating and delineating their rational from their irrational beliefs which were otherwise effecting them.

SST : 'Assault' component was best dealt through SST. The role- play with the role reversals situations gave the participants a chance to sensitively empathise and view, the impact of their behaviours on others.

The reason that SST could positively attack the area of 'Negativism' could be contributed to the clarification provided on social values along with the training of other attributes.

Combined Treatment Package : The maximum impact on subscales was brought forward by the combined treatment. The areas of 'Irritability', 'Resentment', 'Guilt', and 'Indirect' aggression were most significantly effected by this package. It proved to be most effective in comparison to the other two packages. The combination package of REBT therapy and SST complemented each other. REBT therapy created a firm basis for understanding the process of aggression which laid the foundation for change, through awareness building on their behaviours. This established a desire for change; which was used as the basis for training in social skills package. Further this enabled the individuals to understand and manage their emotions and behaivours, thus defining and training them on behavioural skills which were as per social norms. This combination package of REBT and SST proved a very potent therapeutic intervention for the mentioned subscales.

It should be noted that the area of 'Negativism' couldn't be handled effectively through any of the therapies.

5.10 COMPARATIVE STUDY OF GENDERS ON AGGRESSIVE BEHAVIOUR (BDI overall)

The section here has made a comparative analysis of male versus female population of EG, on their aggressive behaviour in relation to their overall and

subscale scores on the aggression inventory, at pre and post intervention phases.

$H_0$11 : "No difference in aggressive behaviour will exist amongst genders on their overall aggression scores at their pre tests" was accepted.

$H_0$12 : The null hypothesis "No difference in aggressive behaviour will exist amongst genders at post test on any of the subscales of the inventory" was rejected.

As the test scores trend revealed before intervention. It was difficult to pinpoint which gender happen to be more aggressive. Both sexes, seem to be at par in their expression of aggressive behaviour. The obtained results from this study break the years of misconception of the Indian man being more dominating, aggressive or overbearing. On the other hand, women in India have been identified as being comparatively docile, non rebellious patient, empathetic and enduring in all circumstances. However, the changing trend of time reveals as in every walk of life, women wish to express themselves and be heard, let alone aggressive behaviour. The results reflect the fast changing pattern of urban society in India, wherein the urban females seem to be less tolerant and more overt in their expression of demands and aggressive behaviour. This could also be because of their greater awareness and consciousness of their position in Indian society vis-à-vis, centuries of perceived gender inequality which has been prevalent in the social system.

Studies indicate varied pattern of results in this area. *Eagly* and *Steffen* (1986) reported that though men in their study were some what more aggressive than women, but on an average, sex differences are inconsistent across studies. Some researchers hold, that women on an average are less aggressive than men (*Elliott*, 1994; *Maccoby* and *Jacklin*, 1974). While others maintain that gender differences either do no exist (*Cotton et al.* 1994; Sheldon and *Chesney* 1993; *Tieger*, 1980) or exist only at specific developmental periods (*Hyder*, 1984). In another study *Loeber* and *Hay* (1997) found gender differences manifest at the

pre-school stage and accentuate extensively by middle and high school developmental period.

Guze, 1976. *McGee*, *Feehan*, *Williams* (1992); *Robins* (1966, 1986) and *Zoccolillo* (1993) reported that girls develop antisocial behaviours mainly during adolescence rather than earlier, and most of these acts are of a non-aggressive nature. Elliott (1994), *Loeber*, *Huizinger* and *Thornberry* (1996) reported, the hazard rate (i.e. the rate of new cases emerging) of self reports violence peaks earlier for female adolescents than for male adolescents (age 14 vs age 16 respectively).

Post tests revealed a significant difference in aggressive behaviour amongst genders, in their sensitivity and reaction to therapy. When the mean scores were observed, it was evident that both populations showed significant improvements to therapeutic interventions, however boys responded slightly more effectively as compared to girls. Results, again broughtforth the conclusion that the picture and image of the stereotyped 'Indian girl' who is more sensitive and empathetic as compared to boys, especially when elaborated on the pros and cons of things and further would try to act on those grounds, doesn't seem to fit in here.

5.11 COMPARATIVE STUDY OF GENDERS ON AGGRESSIVE BEHAVIOUR (BDI Subscales)

$H_0$13 : The null hypothesis, "No difference will exist in the aggressive behaviour amongst genders of the EG at pre test on the various subscales of aggression" was partially accepted.

$H_0$14 : "No difference will exist in the aggressive behaviour amongst genders of the EG at post test on the various subscales of aggression" was again partially accepted.

Pre-test results (Comparison between boys and girls) on the subscales of BDI.

The results revealed significant difference on the subscale of 'assault' and 'suspicion'. No differences were seen in their expressions of aggressive behaviour on any other component.

Assault : The scores show that boys had scored higher in comparison to girls. This can be attributed to the fact that society in general, especially in India has a defined stereotype for males, as the one who provides and protects for his family. Aggression in terms of physical strength has been traditionally seen as a sign of manhood. Assault derives itself from these manifestations. The boys have thus always tried to live upto these defined image patterns, which resulted in such higher scores. It is also possible that the boys though may not be so aggressive by nature, but in order to live upto the macho image of manhood, may have tried to project themselves as the aggressive physically violent person; since they may believe that is the right / expected thing to do.

The scores on indirect, negativism, verbal aggression and guilt do not show significant differences between the genders in their expressions of aggressive behaviours here. The similar scores for the genders on the subscales on indirect aggression reflects that it is not clearly governed by gender afflictions.

The irritability scores too are not affected by change in gender. This is so because it has more to do with individual's mental state and environmental factors, rather than gender related issues. The scores for resentment do not show any reasonable variation with respect to gender. This could be because, resentment is a score which is reflected against the world in general. Resentment arises more out of the circumstances and upbringing and life experiences of an individual rather than merely out of gender bias.

Suspicion : The scores show a visible higher measure for girls, in comparison to boys. This could be due to the kind of exposure available to the sexes, in

India. While boys are provided several avenues for exploring interest and also in terms of information and education; scope of girls are comparatively limited. Many of the girls still spend time doing more things within the confines of the home and interacting mainly within the known circle of family, relatives etc. This may have also to do with the cultural norms in India, besides the law and order which limits the scope for girls. Though this scenario is fast changing. These factors reduces the exposure to the world, leave them with more time to delve on issues, while at the same time, because of the limited circle of people around them, may be spending more time working around issues dealing more with relationships. These factors could play a role in deepening the 'whys', and 'hows' of relationships, interpersonal issues etc; which can seed greater levels of suspicions. This can also be seen in the current trend of soap serials on television screens in India during the last decade. While this could be a reflection of our society, or whether the girls and females derive such traits of harm and suspicion learnt from the media, is still a matter of conjecture. But the viewership ratings show that these programmes of relationships, plots, intrigue and complex subplots, centered around women, are mainly viewed by females of various age groups and backgrounds. While boys, spend lesser time around people related issues, while looking at outdoor activities, politics, sports, etc.

Negativism & Verbal Aggression : Scores show no difference in terms of gender.

Post Test Scores : As discussed above at pre tests since the subscale were not seen to get affected by specific gender related issues, the scores were not expected to vary. The groups improved uniformly across most of the subscales like: indirect, resentment, irritability etc. This was expected since the results display that reasonable levels of variation were not seen, because of changes in gender.

However, in case of boys, the scores did show an improvement in case of 'assault' subscale. This may be seen with respect to our discussion for the subscale at the pre-test level. One of the main reason for such scores, was the desire to live upto this false sense of manhood which has been propagated and perceived over time immemorial. Social skills training focused on breaking this myth as well. Through 'Johari window' and SWOT analysis awareness was created about their hidden and blind selves while REBT helped in shedding away many of their irrational cognitions related to people and the socialization process. This awareness may have made the boys reflect their true selves.

In case of 'suspicion', girls continued to show higher levels of suspicion. Again looking at our discussions for the subscale at the Pre-Test Level, we can understand the factors governing this. The issues involved is of much larger level, governing our society, its norms and the environment which is given to the girl child, when she grows up. It needs more time and more involvement of family and people who take care of their upbringing. The values also need to be re-aligned, besides also looking at providing greater exposure to world, better opportunity for the female child to go out and face, healthy world, which doesn't make the girl and her family feel insecure about this type of exposure. The SST and REBT thus would have little impact if such external but very important factors are not tackled along the way.

5.12 BIRTH ORDER AND AGGRESSION

$H_0$15 : "No relations will exist amongst the birth orders of aggressive adolescent", was rejected. A significant relationship between birth order and aggression was observed. It was noted (from the general information form) that first born out listed the second or other birth order children. The investigator interestingly note more of 'verbal', 'negativism', and 'assault' as the key expressions in them as compared to other birth order adolescents of the same aggressive group. Also, a study by Small et al, 1988 reveals that first born are likely to have more conflicts with parents than later born. Berger and

Thompson, 1995 explained, the elder sibling puts to the younger one, 'you should be grateful to me I have to drag them in, so you have it easy'. Relevant to these results, are contributions made by Alfred Adler (1929) in his theory on 'Individual Psychology'. He explained, first borns, begin life as the exclusive focus of their parents attention and then are often abruptly dethroned with the birth of their first sibling. The result may be that the child feels cheated and later becomes an unruly misfit. This further generates feelings of anxiety and hostility in them. As *Horney*, K. (1937) elucidates this point, basic hostility usually grows out of resentment over the parental behaviour that led to anxiety in the first place.

Because the hostility cannot be expressed directly to parents it is typically repressed, which further only increases the childs anxiety. The individual then relies heavily on three modes of social behaviours – 'moving towards others', 'moving against others' and 'moving away from others'. And probably in light of this theory, this groups was opting for the mode of 'moving against others'. Horney explains, this mode involves the pursuit of satisfaction through ascendance and domination of others. Self protection is provided via ones power over others. Basic hostility may be expressed but basic anxiety is usually denied. As a result feelings of weakness and vulnerability are neither explored nor resolved.

5.13 FAMILY PATTERNS AND AGGRESSION

$H_0$16 : No relation will exist amongst the family type of aggressive adolescents.

The null hypothesis was rejected here. The family patterns accounted for this study consisted of nuclear and joint families. Results indicated a highly significant relationship between nuclear families and aggression responding patterns of these adolescents. This relationship may exists because parents in nuclear families due to their inability and inexperience to handle their child well usually give into all their demands. In the process attention seeking

behaviour of the child slowly diverts and gets transformed into aggressive demands and expectations. *Patterson, Capaldi* and *Reid, Dishion* (1992) in this direction demonstrated that adults responses to aggressive child behaviours follow an escape avoidance route. To avoid esclation of child's aggression, adults fall into the reinforcement trap of giving into child's aggression to reduce their own discomfort. Inturn the children consequently learn that aggression pays off.

The second aspect could be that lack of extensive training in moral values which tend to get enhanced in joint families and inhibit aggressive tendencies in individuals. In this system apart from the parents, there are number of elders in the family who restrict the child to learn moral admonitions to behaviour. Further, the child's aggressive tendencies are checked and kept comparatively in control by the seniors in the family.