

SUMMARY AND CONCLUSIONS

Undoubtedly the world will witness yet more violence and wars. And thus, there is one grand war yet to be fought and won. It is a war we all must wage against aggression itself.

- Goldstein & Kelvin

CHAPTER VI

SUMMARY AND CONCLUSIONS

6.0 INTRODUCTION

Aggression is considered as a typical adjustment mechanism, used as an attempt to hurt, injure, harm or destroy the source of frustration. Johnson (1972); Baron (1977); Kerbs and Miller (1985) stress aggression as a behaviour directed against another being, with an intention to harm or injure. 'Aggression' refers to a wide variety of behaviours which occur under a wide variety of conditions. With humans, the common defining element is generally considered to be 'intent to harm someone'. But this 'intent' is often difficult to demonstrate. (Beck, R. C.) Thus, reviewed by most social psychologist aggression can be divided mainly into two types :

1. Hostile aggression: An emotional, angry aggression often triggered / provoked by pain, frustration, insults etc. In addition, hostile impulses can turn into deadly behaviour by presence of environmental cues or stimuli (like a weapon).
2. Instrumental aggression : It is controlled by environmental rewards and histories of social learning. It is not necessarily caused by anger or emotion. Primarily, its goal is only to gain some desired rewards like money, valuables, goods etc.

The range of factors influencing aggressive behaviours include : Frustration, irritation, anger, arousal, imitation, instrumental reward and social norms, as well as such biological factors as hormones, blood sugar level and brain damage.

6.1 CAUSES AND DETERMINANTS OF AGGRESSION

Research reveals that there is no single cause of human aggression. Different theories propose different views about its origination.

- **Innate View of Aggression :** The innate view suggests, aggression being inborn in human beings. Aggressive energy keeps constantly building up until it is discharged through catharsis.
- **Frustration – Aggression Hypothesis :** It suggests that frustration leads to a readiness to act aggressive. However, whether aggression actually occurs depends on the presence of aggressive cues. In simpler words this view maintains that frustration leads to aggression, and that all aggression is caused by frustration.
- **Observation Learning Theory :** It presumes that people learn to be aggressive through rewards and punishments.
- **Media/Pornography :** While another form of evidence and a conclusion by most experts is about ‘media violence’ producing subsequent aggression in viewers. Moreover, viewing ‘Pornography’ which contains violence against women can lead to increased aggression towards women.

6.2 REDUCING AGGRESSION

Many techniques have been proposed which can control and prevent aggression (Baron, 1983). The five techniques most often used by Social Psychologists have been represented in the form of a table below.

Table 39 : Techniques For Reducing Aggression.

TECHNIQUE	WHEN IT IS EFFECTIVE
<i>Catharsis</i> : Venting aggression through fantasy, exercise, verbal / physical aggression.	Inconsistently effective, sometimes effective when aggression is targeted directly at the tormentor.
<i>Punishment</i> : Aversive stimulus delivered after an aggressive behaviour.	Must be consistent and contingent on aggressive behaviour. Most effective in reducing instrumental rather than hostile aggression.
<i>Incompatible Responses</i> : Humour, Empathy or mild sexual arousal.	Documented for aggression in response to mild frustration.
<i>Social Restraints and Modeling</i> : Presence of non-aggressive models.	Requires proper social environment. Here, modeling often is strongest, when the model is powerful and attractive.
<i>Cognitive Strategies</i> : Analysing the issues with rational explanations, developing stress management and stress inoculation techniques	Can help to mitigate effects of other variables such as T.V. violence and frustration.

6.2.1 Rational Emotive Behaviour Therapy (REBT)

It is a humanistic action oriented approach to emotional growth, developed by 'Albert Ellis'. It emphasizes on individuals capacity for creating their emotions; the ability to change and overcome the past by focusing on the present, and the power to choose and implement satisfying alternatives to current patterns. 'Ellis' stresses about our thoughts having the ability to affect our lives negatively. Thus, his emphasis is on training the client to identify their irrational cognitions and to re-evaluate them in more realistic terms. His theory construes that if people are taught to think more rationally; their behaviour will become less irrational and their emotional problems will get reduced. His therapy framework takes into account the A-B-C-D-E paradigm; wherein :

A = Activating / triggering event for the (provocative) situation

B = Belief system (Rational and Irrational beliefs) which an individual carries

C = Consequence (Produced by 'A')

D = Disputation of Irrational beliefs

E = Effective new thought which can produce changes in behaviour, emotions, and cognition as a result of treatment application.

6.2.2 Social Skills Training (SST)

It is a behaviour modification procedure in which the individual is instructed, coached, trained and supported in taking positive, socially acceptable action in situations. There are variety of components included in social skills training, such as behaviour rehearsal, feedback, prompting, model presentation, programming of change and homework assignments. The training in Social Skills is usually carried out in a group.

Behaviour Rehearsal And Model Presentation

'Behaviour rehearsal' and 'model presentation' are usually employed when assessment reveals that the client lacks requisite behaviour in situations.

Through the procedure of behaviour rehearsal the client is usually trained to acquire both verbal and non-verbal components of behaviour. In Model presentation, the therapist models, the appropriate behaviour through physical and verbal means of 'role plays'. This helps the individual to observe, understand and imitate the modified behaviour in the particular situation. While in role reversals the trainer takes the role of the client and vice-versa. The trainer here points out if there are any errors of omission and commission, which require alterations.

FEEDBACK : Feedbacks are offered after each rehearsal. Positive aspect of clients performance are carefully noted and appreciated. Even small improvements are taken note of and reinforced.

PROMPTING : Directions or signals are used during the role plays to prompt responses. This is either before or during rehearsal or model presentation. Hands signals and other body gestures are used as the prompting cues.

PROGRAMMING OF CHANGE : Specific goals are established for each session. The focus in every session is usually on one or two targeted behaviours. Positive behaviours are encouraged through appreciation. While minor annoying responses of the clients are ignored and at appropriate time when really required the therapist asserts himself calmly.

HOMEWORK ASSIGNMENTS

Homework assignments, which are mutually agreed upon by both the client and the therapist are used to prompt completion of objectives. They indicate about, the date the assignment was given, description of the assignment, when it is to be completed and the date completed.

6.3 RELATED RESEARCH

After reviewing the related published research on reduction of aggression through Social Skills Training and Rational Emotive Behaviour Therapy, it was

noted that practically little research has been done in this area, especially in context with REBT and the usage of a combined therapeutic package of the above slated therapies and studying its effects. This prompted and motivated the researcher to dig deeper into this loop hole. Though, if we go deeper into the history of scientifically and psychologically overcoming and controlling aggression, it dates back to Freud and Breuer.

The first notion of **Catharsis** given by Freud and Breuer seemed to control aggression consistent with common sense. People often say, they need to “let off steam” or “get something off their chest”. But general studies done, offer little support for the proposition that catharsis can serve as a general technique for controlling aggression (*Quanty, 1976; Green and Quanty, 1977*). A number of experiments suggest that people who are given an opportunity to aggress directly against someone who has angered them, may actually become more aggressive subsequently, and derogate as well as punish their victim. (*Buss, 1966; Geen, 1968; Geen, Stonner and Shope, 1975*). However, *Feshbach (1984)* points out, this research does not imply that one should bottle up his hostilities and aggressive feelings. The venting of inhibited feelings may be satisfying and even therapeutic. But ‘catharsis’ is simply not a consistently effective method of reducing human aggression.

Blanchard and Blachard, 1986 highlighted **Punishment** – delivering an aversive stimulus after an undesired behaviour as one of the most common means that societies and individuals use to control aggression. *Sears, Maccoby and Levin, 1957; Olweus, 1980; Stevenson and Hinde, Hinde and Simpson, 1986*, revealed that punishment may be particularly tricky as a method of controlling aggression, because punishment is itself a kind of aggression. As is well known that aggression often instigates counter aggression. Furthermore, an aggressive punisher may serve as a model of aggression. In particular parental violence and punitiveness often seem to encourage rather than discourage aggression in children. *Baron (1983)* came to the conclusion that, to be effective, punishment should be relatively strong; it should be applied

quickly and consistently after the undesired aggressive behaviour, and finally punishment should be clearly contingent upon the “bad” aggressive behaviour.

Baron, 1983, Ramirez, Bryant and Zillman, 1983 reported any response that is incompatible with aggression; for a e.g. humour, empathy or mild sexual arousal may serve to reduce aggression. Thus in their studies they demonstrated the ability of incompatible responses to reduce aggression. However, seen from a broader perspective, this technique can temporarily divert attention, and thereby control aggression. But as seen, it cannot offer a permanent solution to the issue.

In the present research, a more pragmatic and logical technique of using cognitive strategies has been stressed for reducing aggression. The technique of Rational Emotive Therapy advocated by *Albert Ellis, (1962 – 1977)* is an influential form for cognitive restructuring. It focuses to view problems differently, by thinking about them more constructively and less irrationally.

Aaron Beck (1976) also stressed the importance of ‘irrational thinking’ and ‘negative emotions’. According to him the individual or clients hold on to three themes, which they call as “Cognitive Triad”. They are :

- a. Events are interpreted as negative
- b. The individual dislikes himself, and
- c. The future is appraised negatively

Such distortions in thinking are manifested through :

1. Personalization : Reference to one’s self example, blaming one’s self for odd happenings.
2. Polarized thinking : Denotes dichotomous thinking. Example – Mild rejection is understood as total rejection, or total acceptance.
3. Selective abstraction : Jumping to conclusion in the absence of corroborative evidence.
4. Overgeneralization : Arriving at sweeping conclusion from a single experience.

Misra (1992) has given four abstractions dealing with the fundamentals of Cognitive Learning Perspective. He has emphasized the importance of cognitions in learning and therapy. They are :

1. The human organism responds to cognitive representations of his environment per se.
2. These cognitive representations are functionally related to the progress and parameters of learning.
3. Most of the learning is cognitively mediated.
4. Thoughts, feelings and behaviours are casually interactive. Therefore therapies are geared towards individual's imagination. While goals are there to modify individual's feelings and thoughts.

Congruent with the views of *Albert Ellis* and *Beck*, *VD Swaminathan* and *KV Kaliappan* (1993) conclude through their studies that thoughts are of great concern when a client has misconceptions about his behaviour or environment. These misconceptions must be challenged; their role in maintaining difficulties must be identified, and more accurate conceptions developed. Careful attention must be devoted during change efforts, in order to create clients expectations that will facilitate change.

Dryden, 1994; *Ellis*, 1977, 1985, 1988, 1991; *Ellis* and *Dryden*, 1987, 1990, 1991; *Hauck*, 1974 have used Rational Emotive Behaviour Therapy with a large number of hostile, furious and violent clients. Sometimes in the course of few sessions, they have reported that through REBT they are able to help clients become constructively assertive, instead of keeping self defeating anger. They emphasize on large-scale educational methods of minimizing and eliminating – rather than suppressing, repressing or ventilating unhealthy hostilities.

Bandura and *Walters* (1963), *Bandura* and *Wittenberg* (1971), *Berkowitz* (1970a, 1970b), *Deutsch* (1969), *Feshbach* (1964), *Hook* (1969), *Schacter* and *Singer* (1962), and various other investigators in their reviews and studies have

tended to show that when an individual becomes unhealthfully aggressive, and feels intense hostility in his gut, or displays overt violence to others, mere cathartic release of his feelings, as so many uncritical therapies advocate today, will not only fail to diminish or eliminate his anger and punitiveness, but may well abet aggravating these behaviours. These studies tend to substantiate the cognitive perspectives which includes rational-emotive therapy hypothesis that, the most elegant way to change destructive aggressive feelings is to help people understand their cognitive emotive prejudices, and to radically change powerful destructive beliefs.

Aggression is a social behaviour, subject to social influences. Social models can instigate aggression; fortunately they can also reduce it. Social learning theory identifies several variables that influence the expression of aggression; most notably the characteristics of a provocative situation, the manner in which the individual labels the situation, the interpersonal skills repertoire brought to bear upon the situation, and the consequences associated with aggressive behaviour in response to the situation.

According to the results of a classic experiment, a question was posed before many experimental subjects – “Driving along a busy highway, you see a woman on the side of the road, struggling to change a flat tire. Do you stop to help her.”

In this experiment, *Bryan & Test* (1967) reported that your answer to the question would most likely depend on, whether you had earlier passed by a man who was helping another woman change a flat tire. If you were like other subjects, in this experiment, who had seen the helpful model, you would be twice as likely to stop and help, than if you had not seen the model earlier.

Baron, 1971, *Baron & Kepner*, 1970; *Donnerstein & Donnerstein*, 1976 found, many experiments suggest that viewing non-aggressive models make people less aggressive. Non-aggressive people can play more than the positive (but

passive) role of being “good example”, they can also openly censure others “aggressive behaviour”.

On the contrary, the question arises in cases of aggressive individuals. Do they have the skills in their repertoire that are necessary to deal effectively with provocative situations in a pro-social manner ? As *Hersen* (1979) suggested, if it appears that the problem reflects primarily a skill deficit, the course of action involves the teaching of the relevant social skills appropriate to the situations which the client finds problematic. The rationale for the teaching of social skills stem from social learning theory’s emphasis on the acquisition of behavioural skills that serve as interpersonal alternatives to aggression. As noted by *Eisler* and *Fredenksen* (1980), the individual is explicitly trained in specific target behaviours that facilitate conflict resolution, thereby diminishing reliance upon inappropriate aggression.

One of the earliest reports of a specific skills training program for the treatment of temper disorders was carried out with a 14 year old adolescent boy, by *Kauffman* and *Wagner* (1972). The authors developed a training program composed of modeling, role playing, cueing, prompting, coaching, cue fading and social reinforcement. Skills were trained across several experimental phases that made use of reinforcement schedules, stimulus generalization, multiple reinforcers and a hierarchy of provocative training situations. Anecdotal results indicated that the boy’ overall behaviour improved and that he spent less time in isolation and time-out after treatment was initiated than before.

Goodwin and *Mahoney* (1975) demonstrated that the inclusion of coping responses in simple modeling resulted in improvement in the conduct of aggressive-impulsive boys. The children first viewed a model engaging in coping responses that were explicitly emphasized and illustrated. After viewing this film and practicing these coping responses, the children showed dramatic improvements in overall behaviour that were maintained at follow-up.

Similarly, *Thelen, Fry, Dollinger and Paul* (1976) showed videotapes to delinquents residing in a group home in which a model had initial difficulty. But was later successful in coping with various interpersonal situations. As indicated by staff behaviour ratings, the boys showed better home adjustment after viewing and enacting these situations.

Goldstein, Sherman, Gershaw, Sprafkin and Glick (1978) have documented the use of Structured Learning Therapy (SLT) in several studies aimed at improving the adolescent's pro-social repertoire. SLT consisting of modeling, role playing, social reinforcement and transfer (generalization) training, was found to produce significant gains in social behaviours of individuals.

The study by *Koko et al* (1981) employed social skills to promote anger control in hospitalized adolescent patients. Training consisted of modeling, instructions, discussions by therapists, modeled role plays, rehearsal, videotape and corrective feedback, and finally repeated coaching and rehearsal. The findings indicated that training facilitated the acquisition of five anger control skills that generalized to novel role-play situations. Furthermore, the skills generalized to settings dissimilar to the treatment settings, as assessed during staged provocations, and were sufficiently large to be detected by staff members unassociated with the study.

While some theorists are of the viewpoint that an active role in the formulation of problem solutions combined with pro-social modeling by other can produce considerable behaviour change, as well as promote generalization. Such gains could be maximized when a variety of coping responses and solutions are included in the training program. Working on these lines *McNamara* (1968) exposed an aggressive boy to children participating in a "relearning group" in which verbal rehearsal and active problem resolution strategies were taught. First, group members modeled pro-social responses to conflict related situations, then the target child rehearsed these solutions before the group.

After training, the intensity and frequency of aggressive behaviour were reduced, and the child's social behaviour improved significantly.

Thus, controlling aggression has to be a collective attempt on our part to refine, and elaborately work out techniques to reduce aggression. These interventions have been just two new attempts in this endeavour. As *Goldstein & Kellvin* (1983) commented, "Undoubtedly the world will witness yet more violence and wars. And thus, there is one grand war yet to be fought and won. It is a war we all must wage against aggression itself".

6.4 RATIONALE OF THE STUDY

As we are aware, there has been a strong upsurge in the recent past, in aggressive behaviour as well as in its expression. Manifested in the forms of institutionalized aggression like war, at organized level in the work place, as family discord at homes and a damaging feature in Interpersonal relationships. Thus, it can leave deep impact and repercussion on the mental well being of an individual. And since anger begets anger it can move in the direction of creating severe psychological disbalance.

Subsequently, the question arises, that why aggression in our society is rising and what are the prevalent means to control, curb or reduce it. As Baron (1977) pin pointed, "With its devastating impacts, aggression has long been a serious concern for professional and lay persons alike. It is not surprising therefore that a wide variety of theoretical concepts have been looked in to aid in the understanding and control of anger and aggression." Thus, as a clinical psychologist and researcher, the investigator felt an urgent need, to do concrete work in this area, looking into various methods to bring about, reduction in aggression. The present research is one such attempt, to work with scientific means and therapies for reducing aggression in Indian adolescents. Adolescent group, has been especially targeted here, as it is most naïve and vulnerable to react impulsively in stressful situations. The research process here involved the development and implementation of a therapeutic package comprising of

Rational Emotive Behaviour Therapy and Social Skill Training with emphasis on a few social values. The focal attention of the research remained that if the therapies prove effective in reducing aggressive behaviour; they could be used as therapeutic tools which could aid professional counselor and psychologists in schools for enabling the adolescents to reduce their aggressive behaviour.

6.5 METHODOLOGY

The methodology involved development and implementation of a therapeutic package studied for its effectiveness on aggressive behaviour. The sample population consisted of 72 students from classes VIIIth to XIIth belonging to the age group of 14 - 17 years. The participants were matched on age, sex, language and socio-economic – status. 36 students were selected for exposure to various therapeutic conditions, forming the Experimental Group (EG). Another 36 of the Control Group (CG) were untouched by any intervention. The study was carried in seven phases which included the phase of Pilot study, REBT training, Data collection, Pre-intervention, Intervention, Post-intervention and follow-ups. It was hypothesised that there will be no significant difference between CG and EG with respect to their aggressive behaviour, at pre and post intervention stages. The effectiveness of REBT, SST and Combined package was evaluated. The research also attempted to make comparative analysis amongst the genders on aggression. Finally, the investigation tried to study the distribution of aggressive adolescent over various birth orders as well as in relation to their family patterns. The tools used for the study were :

- General Information Form prepared by the investigator.
- Buss-Durkee Inventory of Aggression by Buss, A and Durkee (Adapted)
- Mental Health Questionnaire by Kapur, M. and Parimu, B.
- Thematic Apperception Test by Murray.
- Situational Aggression Questionnaire prepared by the investigator.

In the therapeutic intervention, three separate EG's, were exposed to REBT, SST and to a combined package consisting of REBT and SST. Responses to provocative situations were evaluated and used as a base in all stated intervention conditions. REBT sessions utilized A-B-C-D-E paradigm to evaluate each situation wherein the precipitating factors leading to negative thought patterns were determined. Through rational disputation, attempt was made to change these false perceptions and maladaptive thought patterns.

Social skills training process involved usage of behaviour rehearsal, modeling and role plays. Training touched upon few social values (as proposed by parents in the pilot study) through the same medium.

The participants exposed to combined package were given comprehensive intervention entailing both these procedures.

Pre-post and follow up test scores were considered for analysing the effectiveness of the therapeutic interventions on aggressive behaviour. The 't-tests' were applied to evaluate the impact of these therapies.

6.6 MAJOR RESULTS OF THE STUDY

1. REBT contributed significantly in reducing overall aggressive behaviour in adolescents.
2. REBT was effective upon most areas of BDI sub-scale, leaving 'negativism' and 'resentment' components.
3. SST programme enabled to decrease overall aggressive behaviour in individuals.
4. The areas of 'resentment', 'negativism' and 'guilt' were not effective with the SST package.
5. The combined package produced significant results in bringing down the overall aggressive levels.
6. The combined package was unable to have an impact on the 'negativism' subscale. Significant effects in other areas were noted.

7. The control group showed aggravation in their overall aggressive behaviour, from pre to post tests.
8. 'Irritability' and 'verbal' components increased the most for CG, at post intervention sessions.
9. A comparative analysis between the intervention strategies showed Combined package to be most effective, followed by REBT and lastly SST.
10. The impact of REBT was most, on 'verbal aggression' and 'suspicion', amongst the various strategies.
11. 'Assault' was comparatively effectively dealt by SST.
12. 'Irritability', 'resentment', 'guilt' and 'indirect aggression' produced results through the combined package.
13. The subscale of 'negativism' could not be effectively handled through any of the interventions.
14. No significant difference in aggressive behaviour was observed between genders at pre-tests.
15. Significant difference were seen between the genders on the 'assault' and suspicion subscale at pretests.
16. Both 'boys' and 'girls' responded equally well to the interventions. However, boys showed slightly more improvement as compared to girls.
17. Post test results revealed a significant difference between the genders on the 'suspicion' subscales.
18. In context of birth order, the first born were found as most aggressive, amongst all the birth orders.
19. Major proportion of aggressive adolescents belonged to 'nuclear families'.

6.7 CONCLUSIONS

The present investigation was carried with the prime focus on finding whether REBT, SST and a combination of the two therapies could have an effect in reducing aggressive behaviour in adolescents. The results evaluated a significant impact of the interventions given.

‘Rational Emotive Behaviour Therapy’ could have proved effective, as cognitive developments exercise their maximum strengths during adolescence time frame. ‘Piaget’ mentioned concrete operations involving major power in child’s reasoning get well developed by later childhood (6 – 12 years). Stepping into adolescence with some background of logical and rational thinking, makes them swiftly sail into formal operation stage with a good ‘thinking’, deduction – induction processes, interpositioned logic and reflective thinking. Henceforth reasonable, logical and rational explanation provided to them about their false perception and irrational beliefs through REBT, worked upon in reducing their aggressions.

The training in ‘Social Skills’ enabled in giving a more direct and concrete solution for managing their aggressive impulses in social situations. It contributed in generating ‘sensitivity’ and ‘empathy’ for individuals in their social environments. More than social skills, ‘self-awareness’ created by opening them to their ‘blind selves’ through ‘Johari Window’ and the usage of SWOT analysis added as stepping stones for this package. Again, training in some basic social values, with direct interactions with their social environments gave the participants an actual platform to perform and obtain related feedbacks for further improvements.

The implementation of the combined package proved most significant amongst the strategies adopted for the research. Here, RBET package enabled the target group to shed their false beliefs and misperceptions related to their environments. A logical insight about how their behaviour leaves an impact on situations, people and themselves was created in the process. The generation of this self-awareness brought in them a ‘desire to change’. This was further supported through SST. With training in social skills they could learn to handle those same situations, more adaptively, which earlier were viewed by them as provocative.

6.8 LIMITATIONS

- The time frame becomes a major drawback in such research studies. The follow-ups, if continued for around an year, could provide more authentic results about the efficacy of the therapeutic tools, in the given contextual setting.
- A real life environment is very difficult to be maintained in conditions. While RET and Social Skills Training were the two specific interventions, it is also possible that some external factors like media, normal process of education, events in normal course of life may also have improved the scores. Likewise some other events may also have adversely affected the therapeutic process.
- The normal course of therapeutic intervention cannot be always followed as per the ideal time schedules of the schools. This governs the possibility to dilute the impact of the interventions.
- As a part of the pre, post and follow-up testing, respondents are administered the same questionnaire familiarity with the questions may sometimes lead to answers which they remember from their past responses. Another possibility could be discussion with other peer levels responding on the questionnaire. They may have used those discussion points to respond at the post and follow-up stages, and not have reflected their personal reactions.
- Sustenance of these improvements requires a further involvement of parents, teachers, etc. who must reinforce the change process. This again is not always practicably possible.
- Non-availability of contributions from Indian psychologists in the areas of investigation has turned out to be a handicap in the study.
- In reference to SST, investigator had to read many books before developing the programme still somewhere apprehension remained during implementation on the appropriateness of the intervention style. Exposure

to programmes, where in training is giving in therapeutic settings, can prove beneficial for the starters.

6.9 SUGGESTIONS

Following the detailed study carried out during this research project, it was felt that a much smaller sample size may be taken up for any future research. This would enable a more focused and in-depth analysis on the target population, which would give a better insight into the subject.

- It was observed that adolescents anger was often closely related to family anger. Interventions that are aimed at improving the participants 'self control' but do not address the parents lack of self control may fail in the long run. If the parents get willing to work alongside with their adolescents, the training's might become more effective. Interventions involving parents can yield different set of results.
- The aggressive population showed high scores on obsessive – compulsive – disorder, when measured by MHQ. A high degree of correlation between the two aspects, indicates further more valuable research to be done in this area.
- REBT results showed immediate gains in their aggressive behaviour at follow ups. Further research can be carried out with a long term therapeutic arrangement. Herein individuals across situations could be reinforced with the art of assiduous disputation. This probably could prove more beneficial.
- Further investigative studies need to be carried out where Social Skills Training are combined with inclusion of a comprehensive package of value education training, which probably could lead to more long term impact on aggressive behaviour.
- The subscale of negativism which was not handled effectively through any of the applied interventions. It probably requires therapeutic interventions where deep rooted tendencies of the individual could be attack. Further studies could undertake Transactional analysis or Psychoanalytic perspective to deal with such innate tendencies.

- Studies involving larger samples in context with the distribution of aggressive adolescents over various birth orders and family patterns could help in generating results which could be generalized for a larger population.
- The combined package used in the present study had a highly significant impact in reducing aggressive behaviour. This package could be further utilized by Psychologists and Counsellors in schools, working with aggressive adolescents. However, the trainer, who wish to utilize the intervention package in the future should attain proficiency in Social Skill Training as well as in REBT. Mishandling in therapeutic situations may result in aggravation of the aggressive tendencies of these adolescents.
- More awareness and understanding about the small duration intervention programs needs to be created for school staff and teachers. Many are of the opinion that researchers are more interested in their studies, rather than brining constructive, long lasting changes in their students. With restricted mind frames and attitudes, it gets difficult to convince and receive support. An open-attitude can contribute more towards success of training programs. In this context, short-term programs carried in schools, by professional Psychologist stressing on the need, importance and utility of research programs, could prove as a boon for researchers in the future.
- The area of 'Spiritualism' has its own therapeutic base. Studies related to these areas assert on its immense power in controlling mind and subsequently our emotions. Further research combining 'Cognitive Strategies' with 'Spiritualism' might provide some interesting contribution for controlling aggression at large.
- Longitudinal studies done in this area could help in finding the long term impact of these therapies on aggressive behaviour.
- If a cross-cultural study could be conducted a comprehensive analysis may emerged.