



EFFECT OF BEHAVIOUR THERAPY ON AGGRESSION AND SELF ESTEEM IN DIFFERENT AGE GROUPS OF JUVENILE DELINQUENTS

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ABSTRACT

The subjects selected for this study were 60 juvenile delinquents boys and they were at the age group of 10 to 12 and 13 to 15 years. The subjects were chosen from the Government Children's Home for Boys, Chengelpattu. The chosen sixty subjects were equated on the basis of their age group. They were divided into three equal groups of twenty each and designated as experimental group I & II and control group. The dependent variables selected were aggression and self esteem. Two Standard questionnaires were administered in Tamil to measure these variables. The independent variable chosen was Behaviour therapy. The Behaviour therapy programme were given for 90 minutes during morning for both experimental groups for all the days except Sundays for 12 weeks. No treatment was given to control group. The Behaviour therapy given consists of cognitive Behaviour therapy and exposure behaviour therapy and which include yogasanas, dance, rhythmic, cognitive restructuring, progressive muscular relaxation, minor games, major games, citizenship training, social skills training and community singing. The training load were progressively increased based on the performance of the juvenile delinquents. Random group design was used and the statistical analysis of 't' ratio, ANCOVA and Scheffe's Post Hoc tests were computed. It was concluded that aggression has reduced for both experimental groups and it was also observed that self esteem has increased for both experimental groups due to behaviour therapy.

KEYWORDS: Behaviour Therapy, Aggression, Self Esteem, Juvenile Delinquents, ANCOVA, Scheffe's Post Hoc tests.

INTRODUCTION

Juvenile delinquents are minors, usually defined as being between the ages of 10 and 18, who have committed some act that violates the law. These acts aren't called crimes as they would be for adults. Rather, crimes committed by minors are called delinquent acts. Instead of a trial, the juvenile has an adjudication after which he receives a disposition and a sentence. However, juvenile proceedings differ from adult proceedings in a number of ways.

Delinquent acts generally fall into two categories. The first type of delinquent act is one that would be considered a crime had an adult committed it. For particularly serious crimes, some jurisdictions will even try children as adults. When children are tried as juveniles, on the other hand parents are often required to pay the court costs for the child. The second type of delinquent act is one that wouldn't normally be a crime had an adult performed it. These are typically known as age-related or status crimes. The most common examples of age-related crimes are staying out past curfew and truancy which is the continued failure to attend school.

Deviance in a sociological context describes actions or behaviours that violate cultural norms including formally enacted rules as well as informal violations of social norms. It is the purview of sociologists, psychologists, psychiatrists and criminologists to study how these norms are created, how they change over time and how they are enforced, (Douglas, 1982).

Edwin Lemert (1981) developed the idea of primary and secondary deviation as a way to explain the process of labeling. Primary deviance is any general deviance before the deviant is labeled as such. Secondary deviance is any action that takes place after primary deviance as a reaction to the institutional identification of the person as a deviant.

Adolescence is the transitional stage of development between childhood and adulthood, during which a person experiences a variety of biological changes and encounters a number of emotional issues. The ages which are considered to be part of adolescence vary by culture, and ranges from preteens to 19 years. According to the World Health Organization, adolescence covers the period of life between 10 and 20 years of age. Adolescence is often divided by psychologists into three distinct phases namely early, mid, and late adolescence, (Jean Piaget, 1971).

Adolescent psychology addresses the issues associated with adolescence, such as whether or not storm and stress is a normal part of this period. The American Psychological Association has a separate division dedicated to adolescence and the psychologists specializing in this topic attempt to answer questions dealing with the age group. One of the issue in adolescent psychology discusses whether adolescence is in fact a discrete developmental period, a point along a continuum of human development, or a social construction (Hicks Harper, 2006).

Behavior modification is the use of empirically

demonstrated behavior change techniques to improve behavior, such as altering an individual's behaviors and reactions to stimuli through positive and negative reinforcement of adaptive behavior and/or the reduction of maladaptive behavior through its 'extinction', punishment therapy.

Pear and Martin (2007) indicate that there are seven characteristics to behavior modification. They are such as there is a strong emphasis on defining problems in terms of behavior that can be measured in some way, the treatment techniques are ways of altering an individual's current environment to help that individual function more fully, the methods and rationales can be described precisely, the techniques are often applied in everyday life, the techniques are based largely on principles of learning - specifically operant conditioning and respondent conditioning, there is a strong emphasis on scientific demonstration that a particular technique was responsible for a particular behavior change, and there is a strong emphasis on accountability for everyone involved in a behavior modification programme.

Behavior therapy is a broad term referring to psychotherapy, behavior analytical, or a combination of the two therapies. In its broadest sense, the methods focus on either just behaviors or in combination with thoughts and feelings that might be causing them. Those who practice behavior therapy tend to look more at specific, learned behaviors and how the environment has an impact on those behaviors. Those who practice behavior therapy are called behaviorists. They tend to look for treatment outcomes that are objectively measurable. Behavior therapy does not involve one specific method but it has a wide range of techniques that can be used to treat a person's psychological problems. Behavior therapy breaks down into three disciplines: applied behavior analysis (ABA), cognitive behavior therapy (CBT), and social learning theory (SLT) ABA focuses on operant conditioning in the form of positive reinforcement to modify behavior after conducting a functional behavior assessment and CBT focuses on the thoughts and feelings behind mental health conditions with treatment plans in psychotherapy to lessen the issue, (Antony & Roemer, 2003).

METHODOLOGY

The subjects selected for this study were 60 juvenile delinquents boys. They were at the age group of 10 to 12 and 13 to 15 years. The subjects were chosen from the Government Children's Home for Boys, Chengalpattu. Permission was obtained from the Director of Social Defense, Chennai to give behaviour therapy. The chosen sixty subjects were equated on the basis of their age group. For the experimental group I 20 subjects were in the age group of 10 to 12, and for experimental II, 20 were in the age group of 13 to 15 years and 20 subjects of control group consisting of 10 from 10 to 12 age and 10 were from 13 to 15 years.

The dependent variables selected were

aggression and self esteem. The independent variable chosen was behaviour therapy. Both psychological variables were quantified by using standard psychological questionnaires. The aggression scale developed by Bhard Waj (2001) was administered among the subjects. Scale consist of 28 statements and each statement had five options. The self esteem of the subjects was assessed using Self Esteem Inventory (SEI) constructed by Prasad and Thakur (2003). The questionnaire consists of 30 statements and the subjects had chosen any one of the seven options provided for each statement. For better understanding of the subjects both questionnaires were administered in Tamil.

All the subjects of both experimental groups were gathered in the play area at 6.30 am. After a proper warm-up, they were briefly informed of the programme of the day. The behaviour therapy programme were given for 90 minutes that is from 6.30 am to 8.30 am for all the days except Sundays for 12 weeks. No treatment was given to control group.

For the purpose of the study both cognitive behavioural therapy and exposure behaviour therapy were given to both experimental groups. Cognitive behavioural Therapy (CBT) is the most widely used therapy for behavioural modifications. Research has shown that it is more effective in the treatment of panic disorders, phobias, social anxiety disorders and generalized anxiety disorders among many other conditions. Cognitive behavioural therapy addresses negative patterns and distortions in the way we look at the world and ourselves. For behaviour therapy the investigator provided yogasanas, dance, rhymics, cognitive restructuring, progressive muscular relaxation, minor games and major games for juvenile delinquents (Ram Ahuja, 2007).

Exposure therapy, as the name suggests expose to the situations or objects of behaviour disorders. The idea is that through repeated exposures, one feel an increasing sense of control over the situation and the disorders will diminish. Rather than facing the biggest fear right away which can be traumatizing. Exposure therapy usually starts with a situation that is only mildly threatening and works up from there. This step-by-step approach is called systematic desensitization. Systematic desensitization allows one to gradually challenge the fears, build confidence and master skills for controlling panic. For the purpose of the study the investigator gave citizenship training, social skills training, community singins etc., which would help to build confidence, motivation control the behaviours along with relaxation techniques among juvenile delinquents. The training load of cognitive Behaviour therapy and exposure behaviour therapy were progressively increased based on the performance of juvenile delinquents.

The investigator has used random group design for this study. Both psychological variables were tested for all the three groups prior and after behaviour therapy. Statistical analysis were used to find out the significance of the differences using 't' ratio and ANCOVA.

Whenever the ‘F’ ratio is significant, Scheffe’s Post Hoc test was computed.

comparing the changes in pre and post test means of aggression due to behaviour therapy among juvenile delinquents groups (JD) of 10 to 12 age and 13 to 15 age is presented in table I.

ANALYSIS OF AGGRESSION

The statistical analysis of dependent ‘t’ test

**TABLE - I
MEAN AND DEPENDENT ‘T’ TEST FOR THE PRE AND POST TESTS ON AGGRESSION**

Groups	Mean		MD	SD	‘t’	Level of Significance
	Pre Test	Post Test				
JD of 10 to 12 age group	94.65	93.05	1.60	1.98	3.61	0.05
JD of 13 to 15 age group	96.80	95.95	0.85	25.70	0.15	NS
Control Group	97.25	90.65	6.60	4.57	6.46	0.05

JD: Juvenile Delinquents

Tabulated ‘t’ ratio for significance at 0.05 level for df 38 is : 2.02

NS=Not significant

Table I shows that the pre test mean of JD of 10 to 12 age JD of 13 to 15 age and control group are 94.65, 96.80 and 97.25 and the post test mean are 93.05, 95.95 and 90.65 respectively. The obtained ‘t’ ratio of JD of 10 to 12, JD of 13 to 15 and control group are 3.61, 0.05

and 6.46 respectively. The table value required for significance with df 38 at 0.05 level is 2.02. It reveals that the ‘t’ ratio of 10 to 12 age group and control group are significant. Further, Analysis of Covariance (ANCOVA) was and the result is presented in table II.

**TABLE - II
COMPUTATION OF ANALYSIS OF COVARIANCE OF AGGRESSION**

Tests/Groups	JD of 10 to 12 Age Group	JD of 13 To 15 Age Group	Control Group	Source of Variance	Sum of Squares	df	Mean Squares	Obtained F Ratio
Pre Test Mean	94.65	96.80	97.25	Between	77.23	2	38.62	0.13
				Within	16729.50	57	293.50	
Post Test Mean	93.05	95.95	90.65	Between	281.73	2	140.87	0.47
				Within	17246.45	57	302.57	
Adjusted Post Test Mean	94.04	95.60	90.01	Between	331.73	2	165.87	0.87
				Within	10685.26	56	190.81	
Mean Diff	1.60	0.85	6.60					

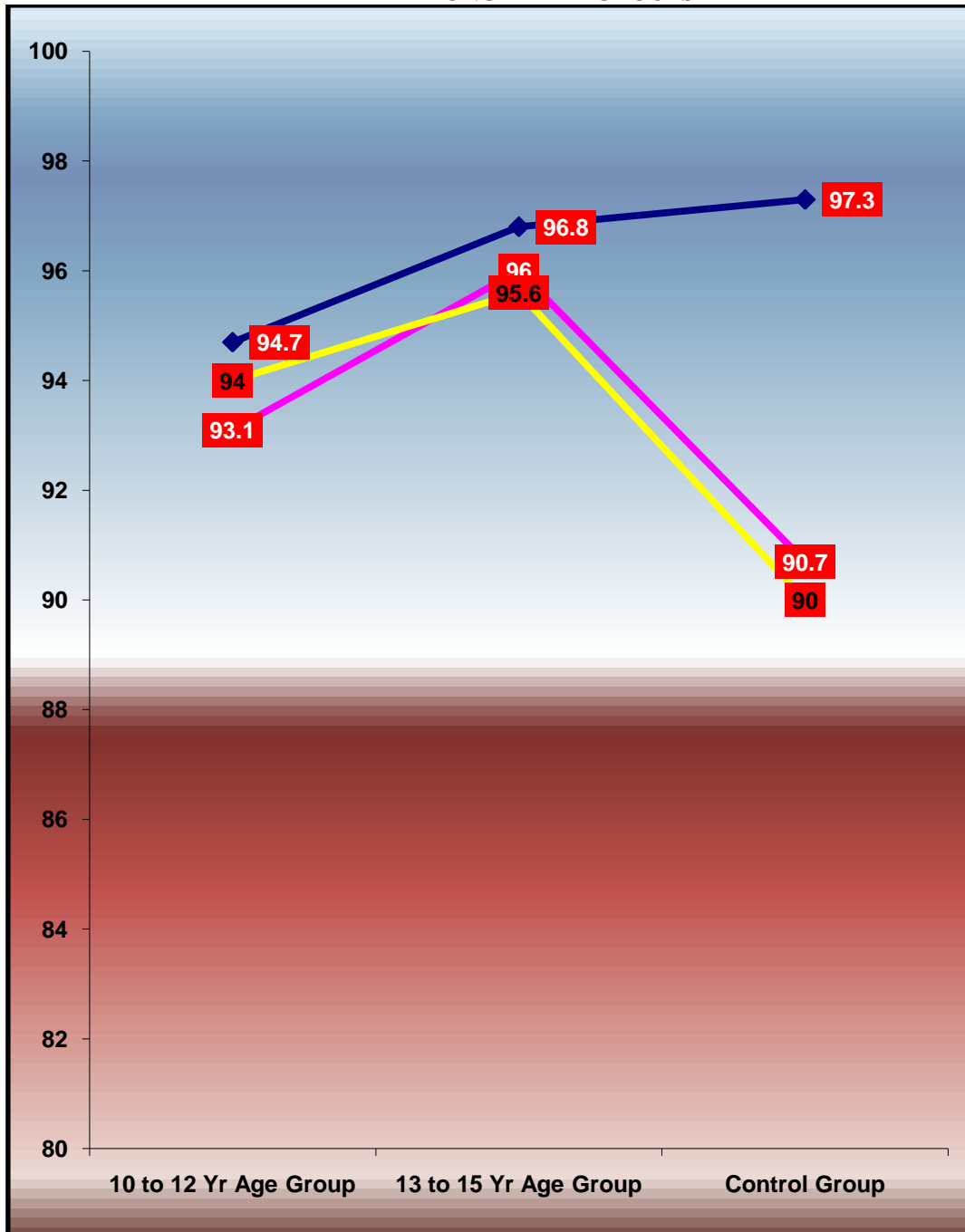
JD : Juvenile Delinquents

Table F-ratio at 0.05 level of confidence for 2 and 57 df =3.16, 2 and 56 df =3.16.

As shown in table II, the obtained pre test and post test F ratio for aggression is 0.13 and 0.47 respectively. The table required for significant at 0.05 level is 3.16 and hence both ‘F’ values are not significant. The adjusted post test means of aggression among JD of 10 to 12, 13 to 15 and control group are 94.04, 95.60, and 90.01 respectively. The obtained F

value 0.87 is lesser than the required value of 3.16. It reveals that the adjusted post test scores of three groups not differ significantly. As the adjusted post test F ratio is insignificant, the Scheffe’s Post Hoc test was not made. For better understanding the graphical representation is given in figure 1.

FIGURE 1
LINE GRAPH SHOWING PRE, POST AND ADJUSTED MEANS ON AGGRESSION DUE TO BEHAVIOURAL THERAPY AMONG THREE GROUPS



ANALYSIS OF SELF ESTEEM

The statistical analysis of dependent 't' test comparing the changes in pre and post test means of

Self Esteem due to behaviour therapy among juvenile delinquents groups (JD) of 10 to 12 age and 13 to 15 age is presented in Table III.

TABLE - III
MEAN AND DEPENDENT 'T' TEST FOR THE PRE AND POST TESTS ON SELF ESTEEM

Groups	Mean		MD	SD	't'	Level of Significance
	Pre Test	Post Test				
JD of 10 to 12 age groups	86.60	92.00	5.40	14.53	1.66	NS
JD of 13 to 15 age groups	89.85	95.15	5.30	14.98	1.58	NS
Control Group	89.80	90.55	0.75	1.92	1.75	NS

JD: Juvenile Delinquents

Tabulated 't' ratio for significant ace at 0.05 level for df 38 is : 2.02

NS=Not significant.

Table III shows that the pre test mean of JD of 10 to 12 age JD of 13 to 15 age and control group are 86.60, 89.85 and 89.80 respectively and the post test mean are 92.00, 95.15 and 90.55 respectively. The obtained 't' ratio of JD of 10 to 12, JD of 13 to 15 and control group are 1.66, 1.58 and 1.75 respectively. The

table value required for significance with df 38 at 0.05 level is 2.02. It reveals that the 't' ratio of all the three groups are not significant. Further, Analysis of Covariance (ANCOVA) was computed and the result is presented in table IV.

TABLE - IV
COMPUTATION OF ANALYSIS OF COVARIANCE OF SELF ESTEEM

Tests/Groups	JD of 10 to 12 Age Group	JD of 13 To 15 Age Group	Control Group	Source of Variance	Sum of Squares	df	Mean Squares	Obtained F Ratio
Pre Test Mean	86.60	89.85	89.80	Between	138.70	2	69.35	0.92
				Within	4308.55	57	75.59	
Post Test Mean	92.00	95.15	90.55	Between	221.23	2	110.62	1.08
				Within	5819.50	57	102.10	
Adjusted Post Test Mean	92.44	94.92	90.33	Between	211.07	2	105.54	1.05
				Within	5634.97	56	100.62	
Mean Diff	5.40	5.30	0.75					

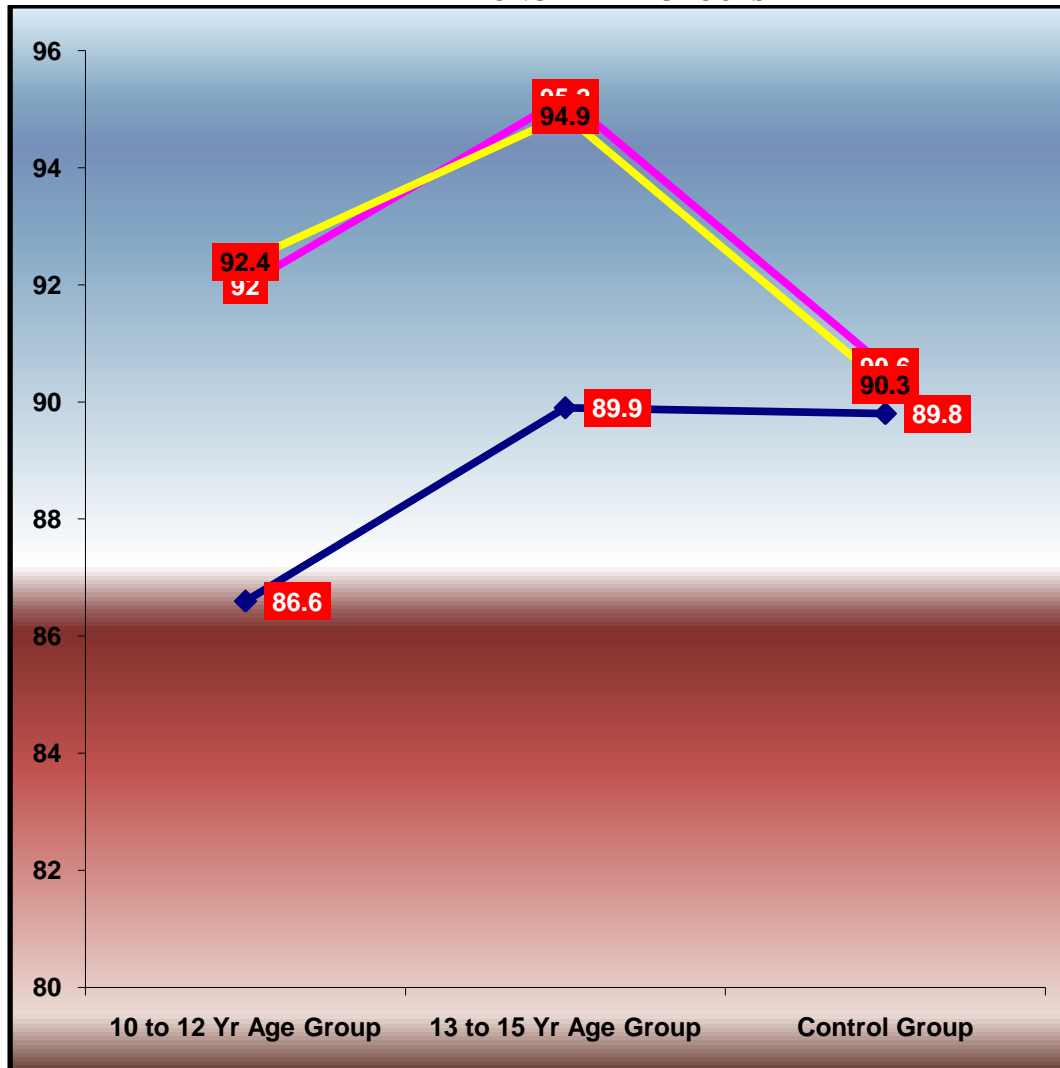
JD : Juvenile Delinquents

Table F-ratio at 0.05 level of confidence for 2 and 57 (df) =3.16, 2 and 56 (df) =3.16.

As shown in table IV, the obtained pre test F ratio for Self Esteem is 0.92 and 1.08 respectively. The table required for significant at 0.05 level is 3.16 and hence both 'F' values are not significant. The adjusted post test means of Self Esteem among JD of 10 to 12, 13 to 15 and control group are 92.44, 94.92, and 90.33 respectively. The obtained F value 1.05 is lesser than the required value of 3.16. It reveals that the

adjusted post test scores of three groups are not differ significantly. As adjusted post test F ratio is insignificant, the Scheffe's Post Hoc test was not computed. It is concluded that as a result of behaviour therapy both the age group of juvenile delinquents have failed to significantly alter their self esteem. For better understanding the graphical representation is given in Figure 2.

FIGURE 2
LINE GRAPH SHOWING PRE, POST AND ADJUSTED MEANS ON SELF ESTEEM DUE TO BEHAVIOURAL THERAPY AMONG THREE GROUPS



In this study it was concluded that

1. Due to behaviour therapy aggression has reduced for juvenile delinquents of both experimental groups of age group 10 to 12 and 13 to 15.
2. Self esteem has increased for juvenile delinquents of both experimental groups of age group 10 to 12 and 13 to 15 due to behaviour therapy.

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