

# JOURNAL OF HUMAN BEHAVIOUR & DEVELOPMENT ISSUES

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- COMMUNITY PSYCHOSOCIAL RESEARCH (COMPRES): A NEW RESEARCH FOCUS AREA FOR COMMUNITY RESEARCH AT THE NORTH-WEST UNIVERSITY IN SOUTH AFRICA
- THE ILLNESS PERCEPTION AND MEANING-MAKING OF PEOPLE LIVING WITH HIV/AIDS
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- "THINK AND GROW RICH" - AUTHOR: NAPOLEON HILL



## JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENT ISSUES

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## Community Psychosocial Research (COMPRES): A New Research Focus Area for Community Research at the North-West University in South Africa

Herman Grobler\*

In a country like South Africa where the majority of people do not have access to psychological support services the psychological needs of people are not known and these needs need to be investigated. However, as individuals do not function in isolation, it is also important to investigate these needs within their social context, relating social conditions to mental health. Therefore, psychosocial research can play an important role in this process of investigation. The tendency of people to function within a social context, makes it logical to conduct research on individuals within specific communities where social context is taken in consideration. Furthermore it does not always seem effective to address needs from one discipline only, as a psychological need for example may often be linked to social and or educational needs as well. Psychosocial research cross the boundaries of singular disciplinary approaches and provides the opportunity for individuals, families and communities to be exposed to a broader spectrum of expertise.

In 2013 a need was expressed by the Deans of the Faculty of Health Sciences and the Faculty of Education, North-West University, Potchefstroom in South Africa to establish a research entity in which researchers, who mainly work in the context of mono disciplinary research, could start collaborating in a multidisciplinary capacity. Additionally, in the light of the importance of community engagement, it was decided that the new entity should mainly focus on community research. A task team was formed and a process of planning and refinement was initiated. At the end of 2014 the idea became a reality when the Senate of the University approved the application. In January

2015 COMPRES officially became operationalised as a research focus area.

Research in COMPRES focuses on human behaviour within a community context from the scientific perspectives of Psychology, Social work and Education. The vision of COMPRES is to conduct high quality, scientific and evidence-based research on community psychosocial wellness in appropriate South African contexts, with the aim to prevent pathology and improve psychosocial well-being. In addition, the researchers within COMPRES want to establish ourselves as leading role players in community psychosocial research in the wider Southern Africa region, and in doing so develop and provide appropriate models for understanding and addressing community psychosocial adversity and wellbeing within a developing context.

The focus on community engagement is especially relevant and in line with the constant need of academics and researchers to become more involved in communities, not only by means of voluntary work, but to bring back the knowledge from the communities, integrating it with teaching-learning and research, and responding to the communities by ploughing the knowledge back into communities. The research climate in South Africa is constantly changing and the need for community research has been voiced louder and louder. The North-West University is moving towards a greater focus on community engagement where the latter forms an overarching umbrella over research and teaching-learning. There is a need for researchers and lecturers to become actively involved in research processes that move beyond boundaries of specific disciplines and communities. One opportunity that presented itself was to motivate researchers in the three sections of Psychosocial Behavioural Sciences (Psychology and Social work), The Centre for Child, Youth and Family Studies

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(researchers in Social work, Psychology and Education) and Education Studies to work together in bigger research projects where the impact in the community could be of greater significance than smaller scientific studies. The culture of multidisciplinary research has not been settled within these disciplines and in that lies the opportunity for COMPRES. Although these three sections are all part of the North-West University, the Centre for Child, Youth and Family studies (CCYF) is situated in the Western Cape Province, more or less 12 000kms away from the main campus. However this also provides the opportunity for colleagues to work across provinces and to conduct comparative research. Currently COMPRES consists of a team of registered psychologists, educationists and social workers with researchers ranging from junior researchers to senior researchers, rated with the National Research Foundation (NRF).

Although a very young focus area, the first publications have already been published and exciting projects are either running, or are in the process of development. Some of the existing projects are:

- Action research for community engagement and community based educational research;
- Promotion of psycho-social well-being in South African school communities;
- Training resilience through Eco-Adventure;
- Biopsychosocial well-being interventions for individuals, groups and communities;
- Evidence based forensic assessments.

New projects in the process of approval are for example:

- The strengthening families, strengthening communities project;
- Y-PAR: giving marginalised youth a purpose;
- HIV prevention through a gender lens;
- Mentoring project;
- Structured intervention programs.

The challenge for COMPRES now is to involve the researchers across disciplines in the different projects, to invite international researchers to become involved, and by doing that, enhancing the impact of the studies in the broader research community and creating opportunities for funding.

COMPRES stands for a research entity where the expertise of the community is acknowledged and integrated into the research process and where participant contributions are valued and incorporated during various stages of the research process. The dream is for COMPRES to become a home for emerging researchers, researchers and established researchers, as well as the community members who are part of the projects and those who would like to become part of initiatives within COMPRES. Although it is important for the researchers of COMPRES to do conduct scholarly research that will change the lives of individuals, families and communities, these changes cannot occur from one dimensional relationships where researchers in COMPRES are seen as life savers. Reciprocal relationships are needed between the researchers who act as representatives of the University and the community itself, within which they work together towards better circumstances and opportunities. COMPRES will form the glue between the university and communities in building reciprocal relationships where both parties benefit.

Furthermore COMPRES has begun to build relationships and commit to partnerships. Some of these partnerships include governmental organisations, e.g. the National Department of Education, the Department of Social Development and the Department of Health. Non-governmental organisations are already involved, for example the national Research Foundation, charity organisations and faith based organisations. Thirdly and most importantly are the communities with whom partnerships are important if national policy wants to be dictated. These partnerships carry the voice of the communities and represent the problem areas in environment where the government can make a difference.

The structure of COMPRES is not static and will evolve by means of strategic planning and experience. Researchers who work within mono disciplines need to collaborate and feel secure in an environment that will support and empower them to elicit and develop their potential. The researchers in COMPRES want to contribute to scholarly high impact research on national and international level and contribute to the research community.

The spectrum of results expected from the research conducted in this entity include an advanced understanding, in the South African context, of:

- assessment and evaluation of psychosocial risks, strengths, and forensic cases;
- practices regarding the support of individuals, families and communities through evidence-based interventions to deal with psychological disorders, trauma, adversity and life stress;
- practices regarding the support of professionals who work with individuals and communities in psychosocial need;
- the experiences and dynamics of individuals, families and communities regarding quality of life and well-being;
- support for the enhancement of quality of life and well-being of individuals, families and communities;
- development of innovative and cutting-edge indigenous research methodologies that will

enable researchers to access data in a respectful manner from participants and also to demonstrate academic rigour to develop new knowledge;

- advancing the respective fields of discipline by showing originality and relevance in research outputs; and finally;
- international collaboration as a way to ensure quality and capacity building.

The researchers of COMPRES stand amidst exciting new opportunities and look forward in collaborating on national and international level. We are moving forward with the aim of making a difference and contributing to the broader research community.

## The Illness Perception and Meaning-Making of People Living with HIV/AIDS

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Traumatic events such as serious illness can have a devastating impact on a person's life. Earlier researches on persons living with HIV (PLHIV) have found that HIV infection is a medical and existential crisis. PLHIV go through psychological trauma as well as social problems such as depression, stigma, poverty and marginalization in India and elsewhere. It is evident that when people go through stressful life experiences, such as being diagnosed with HIV, ascribing positive meaning to these experiences help them cope with it. However, the meaning based psychological growth and wellbeing among PLHIV has not been adequately explored in this country. This sets the background for an exploration of the ways in which PLHIV attribute meaning to and make sense of the experience of living with HIV. The study has adopted a qualitative, phenomenological research design to explore the meaning that the participants attribute to their experience. 19 men and 18 women, between the age of 24-54, all of them seropositive and who have known their positive status for an average of 10 years participated in the study. Through purposive sampling they were recruited from various care and support centres of PLHIV across 5 districts of Kerala. Analysis of their interviews identified 11 representations of HIV which were the ways in which HIV is perceived and lived by the participants. The findings of the study are expected to help in HIV-counseling. However, this study is a one-time report of the experiences of people living with HIV. The cross-sectional and the exploratory, phenomenological nature of the study do not equip it to draw any causal conclusions.

**Keywords:** HIV, meaning-making, lived-experience, coping, counselling.

### Introduction

It is only natural that when confronted with life threatening events people ask questions such as "why has this happened?", "why me?" or "why now?" This process of asking questions and finding answer to one's own questions is what researchers refer to as "making sense" of the situation (Baarnhielm, 2000; Plattner & Meiring, 2006). When individuals experience setbacks in their life, they respond to it in an adaptive way that may enable them to return to their previous level of psychological functioning (Taylor, 1983). One of the important themes around which such adaptations occur is a search for meaning. Meaning-making, according to Taylor, is an individual's attempt to understand what has happened and to appraise what has been the impact of what has happened on one's own life (Taylor, 1983).

It is a basic need to seek meaning and fulfilment in life (Baumeister, 1991). Many authors have found

that people need a source of meaning to be happy (Fleer, Hoekstra, Sleijfer, Tuinman & Hoekstra-Weebers, 2006; Frankl, 1969; Taylor, 1983). Research on one's psychological adjustment to life-threatening illness, such as cancer and AIDS has increasingly placed its attention on the construct of personal meaning.

Meaning in suffering has been a subject of exploration and discussion since many years (e.g., Frankl, 1966; May, 1960; Yalom 1980). Researchers in psychology have approached the concept of meaning-making as a problem the individual must face in the context of trauma or when experiences challenge expectations especially in the wake of any crisis in life (e.g., Boals, Banks, Hathaway & Schuettler, 2011; Plattner & Meiring, 2006; Wright, Crawford, & Sebastian, 2007). Researchers have highlighted the significance of meaning in life as a cognitive strategy that influences mental well-being and helps in effective coping with difficulties in life (Bower, Kemeny, Fahey, & Taylor, 1998; Janoff-Bulman, 1992).

Personal meaning has been considered as protective factor while coping with life-threatening illness such as AIDS (Fife, 2005; Farber, Mirsalimi, Williams, & Mcdaniel, 2003; Farber, Schwartz,

Schaper, Moonen, & Mcdaniel, 2000). Meaning in life has also been found to be resulting in self-esteem (Schlegel, Hicks, Arndt & King, 2009; Waterman, Schwartz, & Conti, 2008), positive functioning (Dibb & Kamalesh, 2012; Flowers et al., 2006), coping (Jacobson, Luckhaupt, Delaney, & Tsevat, 2006; Schwarzer & Knoll, (n.d.); Sherman & Simonton 2011), life satisfaction (Compton, Smith, Cornish, & Qualls, 1996; King, Hicks, Krull, & Del-Gaiso, 2006; Ryan & Deci, 2000; Steger & Kashdan, 2006) and positive well-being (Scannell, Allen, & Burton, 2002; Wong, 1998). Mascaro and Rosen (2008) found that a sense of personal meaning was negatively related to depressive symptoms, depression and hopelessness, and positively related to meaning fulfillment, hope, and internal locus of control. Moreover, meaning in life is also thought to be resistant to change by all but major life events (Park & Folkman, 1997).

Meaning has been equated with purpose in life, life satisfaction and positively valued life goals (Jim, Purnell, Richardson, Golden-Kreutz, & Andersen, 2006). Taylor (1983) was of the opinion that the basic belief of most individuals is that their life is meaningful. This belief is found to impact their understanding of the past and the present and it determines what is important in life (Fleer et al., 2006). This has also been found contributing to their psychosocial well-being and life satisfaction (Guo, Gan, & Tong, 2013). Taylor (1983) argues: "when an individual has experienced a personally threatening event, the readjustment process focuses around three themes: a search for meaning in the experience, an attempt to regain mastery over the event in particular and over one's life more generally, and an effort to enhance one's self-esteem to feel good about oneself again despite the personal setback" (p.1161).

On the other hand research also shows that people who fail to attribute positive meaning to their experience may end up in a cycle of rumination (e.g. continuously trying to find a cause for the event), which is maladaptive (Park & Folkman, 1997). Meaninglessness is found to be associated with decreased or lack of motivation in individuals with depression (Jim et al., 2006). Some of the cognitive theories that explain the link between depression and thought patterns suggest that maladaptive cognitive patterns can result in depression (Jim et al., 2006).

Illness meanings manifest an individual's personal experiences and explanations of their conditions. Illnesses meanings are "dynamic, situated and

contingent" (Kleinman, 1988, p.9). It helps one value one's own illness (Frank, 2002). Therefore the importance of meaning-making in psychological health has long been recognized in the clinical literature, (e.g., Frankl, 1969; Kleinman, 1988; Yalom, 1980) although researchers have started the investigation of the impact of meaning as an adjustment strategy in severe adverse life events only recently (Folkman & Moskowitz, 2000; Jim & Andersen, 2007; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). However, little attention has been given to illness meanings with regard to HIV infection around the world. Most of the literature that does exist provides descriptive comparisons of lay and biomedical ideas surrounding HIV causation, symptoms and treatment (Bear, Weller, Garcia, & Rocha, 2004), and does not include the perspective of those infected (Scott, 2009). A few research reports in the literature on HIV have suggested that positive meaning may have a beneficial effect on psychological adjustment to the disease (Park, Folkman & Bostrom, 2001) and may even be associated with health protective effects (Farber et al., 2003). Despite such findings, meaning has received little attention in the research literature on HIV-related adjustment especially in our country. Hence the current study was undertaken with the objective that exploring the lived-experiences of Persons Living with HIV (PLHIV) and studying their meaning-making would help mental health professionals to effectively contribute to the psychosocial wellbeing of PLHIV.

### Method

#### Design of the study

The study has adopted a qualitative, phenomenological research design to explore the meaning that the participants attribute to their experience. Polkinghorne (1989) emphasises the validity of this approach to explore meaning-making styles of participants when he says: "The locus of phenomenological research is human experience, and it approaches topics of interest to psychology through their presence in conscious awareness.... Phenomenologically based inquiry ask[s] how meaning presents itself to experience...." (p.45). A semi-structured interview was used as the primary tool to elicit data from the participants with the following research questions in mind: (a) how do PLHIV perceive their illness; (b) What meaning-making themes do PLHIV arrive at based on the way they perceive their illness.

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## Participants

The participants were 19 men and 18 women (N=37), between the age of 24-54, all of them positive and who have known their positive status for an average of 10 years. Purposive sampling method was used to recruit the participants. The minimum educational qualification of the participants was 10th standard (n=19) and the maximum was post graduation (n=4). Participants who met the diagnostic criteria for AIDS at the time of study, as defined by the World Health Organization (World Health Organization, 2005) were excluded from the study. All the subjects were recruited from various care and support centres of PLHIV across 5 districts of Kerala.

## Procedure

Data was collected through interviews, the average duration of which was 2 hours and 13 minutes. The interviews were structured based on the research objectives. The probes of the interview included general basic information about the participants; their life stories with specific focus on the experiences of being infected initial reaction, experience of stigma, impact of the infection on psychological and physical health; their coping strategies and how the meaning-making process has had impact on their psychological well-being. The interviews occurred in the care and support centres of the PLHIV. The interviews began with a broad question: "how is it for you talk about your experiences of being infected with HIV". Participants were encouraged to respond in narrative form. Interviews were translated from the vernacular to English and transcribed by the researcher. Data were collected and analyzed simultaneously. The interviews took place between October 2013 and March 2014.

Interpretative Phenomenological Analysis (IPA) was used to analyze the data. As a research approach IPA explores "how someone makes sense of a major transition in their life" (Smith, Flowers, & Larkin, 2011; p. 3) like diagnosed with cancer or being infected with HIV. IPA engages with the meaning the experiencer attributes to his/her experience (Pietkiewicz & Smith, 2012; Smith et al., 2011). IPA has phenomenology as its philosophical approach (Smith et al., 2011). Researchers who use IPA as a data analysis method engages reflectively with the participants' accounts (e.g., Smith et al., 2011). In the current study multiple coders were employed to ensure the objectivity of

the interpretation. As per the IPA guidelines the transcripts of the current study were analyzed by the coders independently before a joint thematic framework was agreed (e.g., Michie, Smith, Senior, & Marteau, 2003). The researcher was one of the two coders who drafted the final thematic framework of this study. After having analyzed the data using the steps stipulated by IPA (e.g., Smith et al., 2011) eleven meaning-making themes were decided upon by the researcher in consultation with two other inter-raters to enhance objectivity as IPA recommends (e.g., Larkin, Watts, & Clifton, 2006; Smith, Flowers, & Larkin, 2013; Smith et al., 2011). Five of these themes appeared to be similar to the representations of HIV/AIDS identified by Schwartzberg (1993). They were also adopted to this study as the "meaning related attributions" (Schwartzberg, 1993, p. 484) of PLHIV while the other six themes emerged as inductive codes in the current study.

## Results

### *The meaning-related attributions of HIV*

The coders used inductive and a priori codes to extract meaning-making themes from the transcripts (Fereday & Muir-Cochrane, 2006; Thomas, 2006). Five themes were adopted from the study of Schwartzberg, (1993) that identified 5 specific representations of HIV/AIDS as meaning attributions: HIV as punishment, loss, isolation, catalyst for spiritual growth and HIV as contamination of one's self. Inductive coding identified another 6 meaning-making themes. The table below provides the meaning-related attributions in the descending order of frequency of its emergence along with the number of participants whose transcripts had one or more indicators of these attributions and with the total percentage of the participants who mentioned these themes in their interview.

#### **1. HIV as a Spoilt Identity (28 of 37; 76%)**

HIV as a spoilt identity was manifested through extreme fear of stigma followed by suicidal ideation. Most of the participants shared fears of being hated by everyone because of being HIV infected. Many participants reported being treated like pariah; some thought that they brought bad reputation to their family. Most of the HIV positives believed that their family thought that the positive member brought them disgrace.

Example:

**Participant 19**, 43 year old, female, mother of two:

"How do you think you can survive with this? You can't say this to anyone. They will push you out of the society. People will not even give you drinking water. Because people think whoever is HIV infected is immoral; they sell themselves for money and that is how they get this. So people hate HIV positives. Who wants to know if you got it because you have been immoral or your husband has been immoral. No one is interested in that; people are only keen on labelling."

#### **2. HIV as not-the-worst (21 of 37; 57%)**

Though the participants agreed that living with HIV is not easy, they were also of the view that it is not too difficult either. They perceived HIV as not the worst disease that one can be afflicted with. They think that HIV infection is certainly better than having a cancer or diabetes. They were also of the view that if the question was about HIV being incurable, then HIV infection is not the only disease in that category. One participant recalled that the fits she had in the childhood as more unmanageable than HIV itself. A participant who was also haemophilic found that more troublesome.

Example:

**Participant 36**, 29 year old, female, mother of two:

"I am not sure if HIV is very bad. Recently a lady who was younger than me, died in our neighbourhood. When my son heard that he said: "mum your disease is much better than what that lady had... at least you can live longer". I was shocked when my son said something like that. I thought about that for a long time."

#### **3. HIV as Fate/Punishment of God (19 of 37; 51%)**

Half of the participants were of the view that God had something to do with their HIV infection. Some of them termed it as karma which is also underpinned by Hindu religious beliefs. Some reported that HIV infection was a punishment for being promiscuous and for being too sexual. Women participants who reported being infected from their husbands thought that maybe God wanted to teach them something through this experience. One female participant with Christian religious background thought that God would reward her if she went through this without

complaining. Some also thought that it had pedagogical intention.

Example:

**Participant 34**, 51 year old, female, lost husband to AIDS:

"Ever since I was born I have only seen poverty. Both my parents were daily wagers. I see life as a mixture of good and bad.... comforts and troubles. I don't know if it is God's punishment. But at the same time when you have only sufferings from all corners you ask God why that is happening... maybe God willed it this way"

#### **4. HIV as Loss (19 of 37; 51%)**

The participants report of the sense of loss they have experienced due to HIV infection is divided into three categories namely, loss of relationships, loss of health and loss of identity.

##### **4.1. Loss of relationship (12 of 37; 32%)**

There has been a profound sense of loss of one's close relationships due to HIV infection. It is interesting to note that this sense of loss was stronger than the loss of health that the infected experienced. It reconfirms sociological ramifications of HIV infection.

Example:

**Participant 9**, 48 year old, male, who has been a successful business man:

"You know when you have everything they are there with you. If you don't have anything you have no one; you are a piece of shit. But it is not their fault also. As a matter of fact, the family should not be influenced by outside factors. If you tend to listen to other people you get poisoned. A lot of families who have HIV patients with them live together. Ok... I have a son and a daughter; I look at them like kids; I don't have any difference. The attachment has come down a lot"

##### **4.2. Loss of health (11 of 37; 30%)**

It is interesting to note that only 11 participants had any concern over HIV affecting their health. Most of the participants had a sense of control when it came to the manifestation of HIV infection on their health. However, some of those who reported HIV as having an impact on their physical health termed HIV infection as a 'paralysis' or as an agent that weakened their body.



### 4.3. Loss of Identity (5 of 37; 14%)

This was felt by those who had to run away from their family and society and go into 'hiding' because of HIV infection. They reported feeling that they lost their identity; one participant termed it as equal to "not having a face before the society or before the family".

### 5. HIV as Isolation (16 of 37; 43%)

Participants experienced HIV as isolating them from the society and even from their own family. Some of them have had the experience of family and friends going away from them, while some others isolated themselves because they regarded themselves as "outcasts".

Example:

**Participant 4**, 52 year old, male:

"They (my family) think that I have been living an immoral life and that's how I got this. I tried convincing them but nothing worked. I am isolated in the family. They don't share food with me. I have to cook my food myself. I have to do everything for myself. It is as though I am an alien in my own family".

### 6. HIV as a Drive for Spiritual Growth (15 of 37; 41%)

Though most of the participants reported having some religious affiliation and being very active or somewhat active in religiously it is interesting to observe that not many of them reported HIV being a reason for spiritual growth. However, those who made use of HIV infection as a means for spiritual invigoration reported HIV as a reason for being more active in spiritual matters.

Example:

**Participant 3**, 49 year old, male:

"I began thinking about and focusing on spiritual things. This gave me awareness that death is a reality. Death itself became a subject of my study especially in terms of what changes does death bring about in a person. Since I am a Christian, my religion had imparted a lot of hope in death and in life-after-death. Therefore, I had a thought that I should live a noble life till I die. This thought rejuvenated my spirit even if my body was wasting away. So I can say that this infection has been a turning point in my life."

### 7. HIV as Contamination of One's Self (13 of 37; 35%)

The participants weighed HIV as a burden, which they could not "keep down and relax". Some of them conceived HIV as a trap it kept them reminding that one has a serious disease in oneself that people would hate if they came to know. Some of them called themselves "ugly" because they have been infected.

Example:

**Participant 17**, 40 year old, female, mother of two, lost husband to AIDS:

"I know that there is a virus in my body; it will never go away from my body. I have to live with it; there is no medicine for it. If a medicine is developed we are only lucky. It is like a trap from which you have no escape. You have to live with it till your end.... That's all".

### 8. HIV as a Shield (9 of 37; 24%)

Some of the participants understood HIV as protecting them from engaging in self destructive behaviours or from being impulsive. They reported as being more self caring after being infected. Some of them have become more disciplined because of which they believe they will not engage in self-destructive behaviours like drug abuse, alcoholism and promiscuity.

Example:

**Participant 33**, 38 year old, male, father of two:

"Had I not become HIV positive I would not have taken care of my life and I would have jumped into serious issues. HIV protects me from all that"

### 9. HIV as a Career (8 of 37; 22%)

Viewing HIV as a career was reported by a few of the participants who work as counsellors or Out Reach Workers (ORW). They earn a living from HIV/AIDS related services. Even if HIV has obstructed their normal life by infection or by the loss of their husbands due to AIDS they find comfort in the fact that it has also provided them a venue to use their time and energy and also to raise income.

Example:

**Participant 32**, 33 year old, female, infected through rape:

"There are so many good things that have happened. I got a job as an ORW. That brings me a

stable income. I live a more happy life now. I am able to advise people who are HIV infected and help them lead a happy and positive life. This gives me a lot of satisfaction. So these are all some of the good things that have happened in my life".

### 10. HIV as a New Identity (5 of 37; 14%)

Though a vast majority of the participants viewed HIV as a spoilt identity, it is interesting to observe that a few of the participants also sensed HIV as a new and enjoyable identity (even made them a celebrity) which otherwise they could not have ever achieved. It is also interesting to note that 4 of the 5 participants who reported enjoying this identity was women, who HIV gave a chance to come out of their role as housewives and face the society in a new role.

Example:

**Participant 10**, 45 year old, ORW, lost husband and son to AIDS, remarried to an HIV infected:

"I had always desired to come out of the kitchen and do something for people. I had no education to do that. But after the infection I could do that. I learned everything about HIV and gave class to people, to nurses, paramedical, to social workers and so on.... (laughs). My classes were all much appreciated because I had a story to tell them during the class. That was my own story and that was a real story. Whoever I gave class to was all taken aback by my story. They used to say that I gave class like a post-graduate. I loved it... (laughs.....). I thought that's exactly what I would have done had I become a medical doctor myself. I could not become that. However, HIV gave me a chance to become what I always wanted to".

### 11. HIV as Deservedness (4 of 37; 11%)

It is interesting to observe that there have been a few participants who refused to believe HIV as a punishment but blamed themselves for the infection. They termed themselves as 'deserving' of what they are through. Though there were only four who thought of themselves as deserving HIV infection, all of them happened to be men. It is possible that they are adhering to the conventional belief of the Indian society that men are responsible for the spread of HIV.

Example:

**Participant 20**, 50 year old, widower, father of two:

"I have been living a very promiscuous life... My doctor told me that that could be the reason for my

infection. I used to also heavily drink and go to women who sold sex for money. So I deserved to get this disease. I am not someone who blames God like other people who consider that God has punished them, or it is their karma and so on.... I deserve it. I bought it by paying for it. If I have this disease then I am the reason for it.... I am to blame and no one else; my behaviour is the reason for it".

## Discussion

The studies on the experience of living with HIV/AIDS and its meaning in Indian context become significant because of the strong association of the disease with stigma, isolation and discrimination (Bharat 1995, 2000). Moreover discrimination connected with HIV does not stop with the infected person alone. The families of the infected are also ostracized (Temoshok & Chandra 2000). It is in this background that how PLHIV perceive their illness and what meaning they attribute to HIV infection becomes significant. It has long been established that being infected with HIV is traumatic (Sherr, Nagra, Kulubya, Catalan, Clucas & Harding, 2011) and that it produces emotional distress in PLHIV like anguish and anxiety (Brandt, 2009; Cluver & Gardner, 2007; Cruess et al., 2000); feelings of guilt, anger and shame (Shawn, Campbell, Mnguni, Defilippi & Williams 2005; Antoni et al., 2000). Confirming these findings majority of the participants of the current study reported that they experienced stigma as more traumatizing than the disease itself. It is dealing with a spoilt identity as a result of being infected with HIV that was more problematic for some, even traumatic than the disease. Other studies from India also show that stigma has a strong impact on the mental health of PLHIV (e.g. Steward et al., 2011).

Researchers have shown that there is a new sense of self emerging from successful passage through trauma (e.g. Neimeyer, 2006) promoting the personal growth of the traumatized (McFarland & Alvaro, 2000; Updegraff & Taylor, 2000). In the case of many their understanding of self and the world is shattered as they go through experiences of trauma (Janoff-Bulman, 1992). It is not the event itself that defines the stressful experience as traumatic, but rather one's perception of one's experience (Janoff-Bulman, 2006). At this point, to survive people must "find a way to live" (Baumeister, 1991; p. 15) and this process of finding a way to live is equated with finding meaning in life. The results of the current study show that being diagnosed with HIV has been



traumatic for many of the participants which is evident from the fact that 58% of them had suicidal ideation and 43% thought death was imminent. However, as life went on they began to attribute positive meaning to their infection such as HIV is not the worst disease one could live with, HIV has been helpful for personal and spiritual growth and some even saw HIV as a shield a protection from other contaminations of life.

Meaning refers to accommodative coping (Lazarus, 1991) which includes cognitive restructuring (Brandtstädter, 1992) and benefit finding (Cordova, Cunningham, Carlson & Andrykowski, 2001). Searching for meaning has been found helping those who have been through traumatic experience like being diagnosed with cancer or HIV cope with their disease (e.g. Snyder, 1999). Meaning has also been found contributing to the psychological wellbeing of the traumatized (Pakenham, Dadds & Terry, 1995). Those, in this study, who have been able to ascribe positive meaning to being infected did also report that they have been able to cope with the disease. So too has been the case of those who were able to attribute some benefits to being infected: like who found HIV infection as career or HIV as a new identity. They reported this stance as contributing to their psychological wellbeing. At the same time it is also interesting to note that some of the participants had taken the HIV infection less seriously because even before being infected with HIV they have already been struggling with other issues. For instance, women who have had alcohol abusing husbands thought putting up with husband's drinking was much worse than the HIV infection itself.

The current study goes hand in hand with the striking themes found in the literature on finding meaning in terminal illness: that, there is a conscious effort from the part of those in terminal illness to modulate thoughts, emotions and behaviours in order to achieve desired goals (e.g., Zeidner, Boekaerts & Pintrick, 2000); that the construction of illness-meaning is influenced by one's culture (Kleinman, 1988); that search for meaning is linked to coping (Lazarus, 1991; Lazarus & Folkman, 1984). Though this study discusses the illness perception and the subsequent meaning-making process of PLHIV, excluding some of the specific representations, overall patterns of seeing a disease as punishment, isolation, loss, a new identity, a shield and as a source of spiritual and personal growth could be applied to other populations.

This study is a one-time report of the experiences of people living with HIV in terms of how they view being infected with this virus and living a life that is stigmatized. The study was undertaken as cross-sectional and the exploratory, phenomenological nature of the study does not equip it to draw any causal conclusions. A longitudinal approach would have elicited the changes that ascribed meaning goes through in the course of time. However, this study is significant in terms of its utility for psychotherapy. It is important to highlight, in the therapeutic intervention with PLHIV that HIV is not the end of the life of the infected as some might think. Psychotherapy with PLHIV has to be designed in a way that it helps the HIV infected pass from negative meaning to positively perceiving their illness.

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## A Rights-Based Approach to Understanding Violence-Tolerance and its Implications: A Bangladeshi Example

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The article contained herein is a snippet of a much larger study on violence and a rights-based approach towards understanding violence-tolerance. Field research conducted in Bangladesh, Canada, Nicaragua, the Netherlands, and the Caribbean context was imported to inform the larger study. This paper adopts a rights-based analysis of the issue of Violence against Children (VAC) incorporating Bangladesh as country example; it examines the knowledge, attitudes, perceptions and beliefs of a small section of the populace; looks at the country's standing with respect to the implementation of the UN Convention on the Rights of the Child; and puts forward a few recommendations for change. The research aims to promote a 'lowering' of threshold of violence-tolerance, thereby fostering a more child-friendly society. The basic premise that violence might be understood and addressed through an understanding of structural inequity and the cultural acceptance of violence paved the way for this empirical research. Galtung's (1969) theory of structural and cultural violence, which was the catalyst for this research, has promoted an increasingly rights based approach to international development issues; and allowed for a deconstruction of the violence concept and its epistemological implications, framing the argument against violence-tolerance more in terms of human rights and social justice. This article further promotes the rights discourse.

**Keywords:** children's rights; violence; tolerance; rights-based.

### A Rights-Based Approach

The United Nation's Secretary General's Study on Violence against Children 2006:

“Much violence against children remains hidden because of fear, societal acceptance and lack of reporting mechanisms. The emerging picture is one in which some violence is expected and isolated, and the majority of violent acts experienced by children are perpetuated by people who are part of their lives: parents, schoolmates, teachers, employers, boyfriends or girlfriends, spouses and partners.”

The definition of the child as contained in Article 1 of the Convention on the Rights of the Child (CRC) is “every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.” The definition of violence is that of Article 19 of the CRC: “all forms of physical or mental violence, injury and abuse,

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neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.” Here 'violence' is defined as 'violence'! This provision tells states parties to take “all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence... while in the care of parent(s), legal guardian(s), or any other person who has the care of the child.” Other articles entitle children to physical and personal integrity, and establish high standards for protection. Article 34 makes it mandatory for states parties to protect children from all forms of sexual exploitation and sexual abuse. Article 37 prohibits torture or other cruel, inhuman or degrading treatment or punishment, as well as capital punishment and life imprisonment without possibility of release. It reads that “every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age.” Article 40 states that children who come into conflict with the law should be “treated in a manner consistent with the promotion of the child's sense of dignity and worth”. Articles 14, 16, 17, 37 and 40 for example, that pertain to freedom of thought and expression, right to privacy, access to information and the media, detention and punishment and juvenile

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**Table: 1 The meaning-related attributions of HIV (N=37).**

	Meaning-related Attributions	n	%
1.	HIV as spoilt identity	28	76
2.	HIV as not-the-worst	21	57
3.	HIV as fate/punishment of God	19	51
4.	HIV as loss	19	51
5.	HIV as isolation	16	43
6.	HIV as a catalyst for spiritual growth	15	41
7.	HIV as contamination of one's self	13	35
8.	HIV as a shield	9	24
9.	HIV as a career	8	22
10.	HIV as a new identity	5	14
11.	HIV as deservedness	4	11

delinquency, may certainly evoke rebuttals in many traditional circles.

A child rights-based approach to development does not inherently mean that things will change overnight but it does establish a set of clear guidelines, goals and standards to measure progress that is outlined in an internationally agreed framework, gleans commitments from governments, civil society organizations, communities, families and children, and recognizes an established monitoring system that ensures transparency and accountability to the task at hand, providing a good, safe and just life for our world's children. With its adoption children are no longer seen as recipients of services, but as subjects of rights and participants in actions affecting them. In addition, duty bearers – local and national governments – are held to their obligations to do all that is needed in the best interest of the child. This message forms the essence of this work and dictates the shape, form and outcome of this research.

The basic elements of any rights-based approach are:

- o Addressing the accountability of duty bearers (with reference to the CRC);
- o Enhancing empowerment of the right holders through a participative approach and active involvement;
- o Conducting interventions that directly address violations of rights;
- o Having in place operational processes based on rights programming principles that guide and shape the development interventions (referring to e.g. conducting a situation analysis, and monitoring and evaluating achievement in child rights and protection).

#### ***A Rights-Based Approach to Education: An Example***

A rights-based approach establishes certain basic entitlements – such as education and freedom of expression – as a human right and a child's right. Education, for example, was formally recognized as a human right since the adoption of the Universal Declaration of Human Rights in 1948. This translates to not only access to educational provision, but also the obligation to eliminate discrimination at all levels of the educational system, to set minimum standards and to improve quality. A rights-based approach to education deems education as necessary for the fulfillment of

any other civil, political, economic or social right. The Millennium Declaration commits many countries to ensuring that all girls and boys complete primary education and to the elimination of gender discrimination in educational access. Human and children's rights are mainstreamed into the policies and programmes of many countries and this leads to a conceptual, analytical and methodological framework for identifying, planning, designing and monitoring development activities based on international children's rights standards.

The following elements are necessary, specific and unique to a rights-based approach and can be used for policy and programming in the education sector:

- o Situation assessment and analysis to identify the claims of human rights in education and the corresponding obligations of governments, as well as the immediate, underlying and structural causes of the non-realization of rights;
- o Programme planning, design and implementation. Programming is informed by the recommendations of international human rights bodies and mechanisms;
- o Assessing capacity for implementation. Programmes assess the capacity of individuals to claim their rights and of governments to fulfil their obligations. Strategies are then developed to build those capacities;
- o Monitoring and evaluation. Programmes monitor and evaluate both the outcomes and processes, guided by human rights standards and principles.

#### ***A Rights-based Approach to Education: Benefits***

- o Promotes social cohesion, integration and stability: A rights-based curriculum includes a focus on respect for families and the values of society and thus promotes understanding of other cultures and peoples, contributing to intercultural dialogue and respect.
- o Builds respect for peace and non-violent conflict resolution: Schools and communities are required to create learning environments that eliminate all forms of physical, sexual or humiliating punishment by teachers and challenge all forms of bullying and aggression among students.
- o Contributes to positive social transformation: A

rights-based approach empowers children and other stakeholders. It fosters social transformation towards rights-respecting societies and social justice.

- o Is more cost-effective and sustainable: In the long term building inclusive, participatory and accountable education systems will serve to improve educational outcomes. Poor performance and high drop-out rates are facilitated by school violence and abuse, discriminatory attitudes, an irrelevant curriculum and poor teaching quality.
- o Produces better outcomes for economic development: A rights-based approach to education can be entirely consistent with the broader agenda of a country's plan for economic and social progress.

#### **Bringing about Rights-Based Change**

Society revolves around the discursive. This article recognises discourse as action, as a 'practical, social and cultural phenomenon' (Van Dijk 1997). Local discourse and context are recognised and interpreted as functional parts of global contexts and vice versa, establishing ideology as the link between discourse and society, often responsible for the reproduction of power and domination. Targeted change therefore has to embrace this element. It may mean, first and foremost, the adoption of a premise or a word or a doctrine or a philosophy that would start the wheel of change in motion. 'Rights' as discourse has to become the language of the streets; it has to be internalised as the *modus operandi* and it has to 'emerge' from the populace.

The influence of societal structures on ideology ought not to neglect the reverse. Gramsci (1971) identifies the existence of a 'political society' and a 'civil society' with the former being "the domain of coercion, the latter being the domain of 'hegemony'". He notes that at the same time, both elements establish and enforce the value system (Morera 1990). Althusser (1971) viewed,

"...ideologies not as a nebulous realm of ideas but as tied to material practices embedded in the social institution...the central effect ...as positioning people in particular ways as 'social subjects'." (261)

"Michel Foucault's work on discourse was explicitly directed against Marxism and theories of ideology... For Foucault,

discourses are knowledge systems of the human sciences (medicine, economics, linguistics, etc.) that inform the social and governmental 'technologies' which constitute power in modern society." (261)

Frankfurt School philosophers maintain that cultural products are more autonomous expressions of contradictions within the social whole than mere 'epiphenomena of economy'.

"According to Habermas, a critical science has to be self-reflexive and it must consider the historical context in which linguistic and social interactions take place." (Althusser (1971, 261)

People can only make sense of the salience of discourse in contemporary social processes and power relations by recognising that discourse not only constitutes society and culture, but is also being constituted by them (Fairclough and Wodak 2007). Discourses are connected to each other; they involve an understanding of the rules. Discourse is not produced without context and cannot be understood without taking the context into consideration (Duranti and Goodwin 1992). Context then always includes intertextuality and sociocultural knowledge. A rights-based approach has to be cognisant of the subtle nuances of cultural interplay in shaping the mind-set of a people as, in the end, it may prove to be the most critical tool for change.

#### **Bangladesh: A Country Example**

"Bangladesh ratified the Convention on the Rights of the Child (CRC) in August 1990, marking children's rights to life, survival and development on the national agenda. Despite this, outdated legislation, inadequate policies and poor services continue to jeopardize the rights of children".

The following is its Reservation:

"[The Government of Bangladesh] ratifies the Convention with a reservation to article 14, Paragraph 1: "Also article 21 would apply subject to the existing laws and practices in Bangladesh."

Haradhan Kumar Mohajan (2014) writing about child rights in Bangladesh noted that, "About half of the populations of Bangladesh are under the age of 18 who are considered as children and more than



20 million of them are under the age of 5. About 73% of children live in the rural areas and 27% live in the urban areas. One third of these children continue to live below the international poverty line. The violation of child rights is a common matter in Bangladesh. The children have basic rights to education, balanced diet, health and nutrition, protection, participation, recreation, safe water, sanitation, and hygiene. Most of the children of Bangladesh are deprived from these basic rights."

In a country with a population close to 160 million, discussions on rights with a small group of NGO staff, parents, and young boys and girls in situ can only skim the surface of the issue. At the same time however, valuable lessons were learned when focus groups sessions were held with three groups of Bangladeshi respondents (all respondents totalled 32), consisting of housewives, teachers, NGO staff, journalists and children (11-18years).

The discussion on rights and violence struck a chord as almost all participants felt that the country had become more violent over the last decade and that tolerance of violence had dramatically increased, with very few people standing up against it. The common perception was that girls and women appeared to suffer most from violence; as instances of rape, torture related to dowry, forced child marriages were raised as major concerns. 'Eve teasing', harassing girls and women was common and actually seen as the most common form of violence; in fact, the shared opinion was that the female segment of the population had to cope with more violence than their male counterparts.

Violence was mainly defined in its 'direct' expressions such as biting, teasing, beating, acid throwing and mental and physical maltreatment or torture. Yet, a few people also mentioned disregarding human and children's rights. Sexual violence, especially meted out to girls and women, was seen as most common, largely explained by the fact that 'sex', 'sexuality', 'sexual rights' and 'reproductive health' were issues hardly discussed in the nation, and if they were, were discussed in an unwholesome and incomplete manner. Herein, lies also the solution, as better education, awareness raising and skills training are listed as routes to a less violent society.

The participants were hopeful about the country's future, with fewer resources than their 'richer' neighbours India and Pakistan, they were making strides in the fields of health, child survival and

women's education (The Economist 3 November 2012); they also think, probably as a result, that violence will decrease over the coming years. There is a unanimous view that the right kind of laws are largely in place, but that they are poorly implemented, if at all; respect for human and children's rights is also seen as critical.

In 2010, it was announced that the government, acting on an order from the High Court, had banned corporal punishment in all schools, a move that seems to have the support of a large section of the population; only a few of the respondents were in favour of corporal punishment, and that only in special circumstances: "if they are out of control of their parents" and "if somebody is involved in sexual violence".

Like everywhere else, children living on and off the streets have a tough life, to use an understatement. It was sad to hear that in addition to the regular exploiters, such as gangsters, corrupt shopkeepers or taxi or rickshaw drivers, the 'elite' was also singled out as abusing and taking advantage of them.

## Conclusion

The rights-based approach calls essentially for the integration of the standards and principles of children's rights into any undertaking. In the case of development programming, this means it must form part of the plans, strategies and policies so as to promote greater awareness among governments and other relevant institutions of their obligations to fulfil, respect, and protect these rights and to support and empower individuals and communities to claim their rights. It calls for the generous and consistent implementation of the CRC by all members and groups in society. It calls for the end of the violation of children's rights in the forms of child labour, child marriages, child sexual abuse, neglect, incest, corporal punishment, domestic abuse and infanticide. These are phenomenon that are often fed by cultural beliefs, norms and practices, and maintained by structural elements in society.

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**Table 5.2 Human Development Information on Bangladesh (UNICEF, 2013)**

Human Development Index	U5MR	Adult literacy rate	Life expectancy	GNI USD	Population (000)
146	139	57	69	770	150,495

## Self-Regulation and Creativity in Elementary School Children: Twin Study Analysis

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Self-Regulation can be best referred to the self's capacity to alter its behaviours (Baumeister & Vohs, 2007). It increases the degree to which human behaviour is flexible and able to adapt. Self-regulation has been found to be associated with success or failure in many different domains such as education, health, personal growth etc. Insufficient self-regulation has been found leading to underachievement in school. In the academic context creativity is another important variable which provides students with choices, ability to accept different ideas, boosts their self-confidence, and helps to build upon the students' strengths and interests whereby enhancing their academic achievement. It is a pulsating force beneath the academic and artistic endeavours of young children and adolescents. Little research has been done into understanding if Self-Regulatory capacities and creativity are inherent or acquired. The classical twin study method was used in the present study to assess the extent of plasticity of self-regulation and creativity amongst elementary school children. The sample comprised of 120 (60 twin pairs) of elementary school children with 30 identical twin pairs (MZ) and 30 fraternal twin pairs (DZ) (age ranging 9-12 years) reared together and each pair studying in the same school. Results point towards the significant contribution of the genotype in Self-Regulation and a conjoint role of nature and nurture in creativity indices.

**Keywords:** Self-Regulation; Creativity; Heritability estimate; Elementary school children

Self-regulation can be termed as a broad concept encompassing a number of interdependent aspects including, affective capacities i.e. moods, feelings and emotions and cognitive capacities i.e. beliefs, perceptions and knowledge. Self-Regulation is conceptualized as a generic umbrella including the set of processes and behaviours that support the pursuit of personal goals within a changing external environment. Barkley (2001) defines self-regulation as altering of the responses by acting on the self. It increases the flexibility and adaptability of an individual's behaviour by enabling him to adjust his actions to a remarkably broad range of social and situational settings (Baumeister, Heatherton, & Tice, 1994). Bronfenbrenner and Ceci (1994) in the bio ecological model explained that an individual remains central to development over time.

The nature vs. nurture debate which has its relevance in dynamics of every psychological phenomenon seems to have serious implications for self-regulation as well. Proponents of behaviourist and gestalt traditions posit that personality development occurs as a result of interactions with

the environment. Contrarily trait and psychodynamic theorists look within the individual to seek reasons behind growth of personality. In the same regard an individual's ability to self-regulate behaviours and emotions may be identified and explored by having a critical understanding of innate and biological characteristics along with the environmental contexts in which he/she is dwelling. Self-regulation strategies displayed by an individual reflect his/her temperamental or inborn characteristics (Eisenberg et al., 2003; Kochanska et al., 1997; Zahn-Waxler et al., 1996; Rothbart, Derryberry & Posner, 1994). The ability to inhibit an unfavourable response by a stabilized "effortful control" on the behaviour has been documented from toddlerhood to early school age. Dynamics of Self-Regulatory processes is a complex phenomenon especially in case of twins. Unlike the first-born child, after birth the infant twins face two opposing maternal images, a mother who through her containment of the twin, can aid development but the same mother, who in so doing also interferes in the twinship (Burlingham, 1952). Beaver et al. (2009) analysed contribution of genetic and environmental influences on levels of self-control and delinquent peer affiliation. Results were obtained from a longitudinal sample of adolescence twins. The data revealed that both self-control and contact with drug using friends were influenced by genetic factors and the non-shared environmental,

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whereas the shared environment exhibited relatively small and inconsistent effects.

On a similar pattern the origins of creativity have been explored from both the genotype and phenotype perspectives. Dreyer and Wells (1966) supports that nurture plays a vital role and strongly advocate that it is the environment in which a child grows that really inculcates creativity in them. He believes that any child nurtured in a creative environment would begin to exhibit creative traits in their life. J. B. Watson's (1925) statement is a classic example of this school of thought.

"Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select – doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors." – John B. Watson (1974).

On the other hand recent researches have begun to explore the contributory role of genetics in creativity. Reuter, Roth, Holve, and Hennig (2006) described what they called the first candidate gene for creativity. This study replicated and extended their work for a more careful analysis of five candidate genes: Dopamine Transporter (DAT), Catechol-O-Methyltransferase (COMT), Dopamine Receptor D4 (DRD4), D2 Dopamine Receptor (DRD2), and Tryptophane Hydroxylase (TPH1). Study also revealed that fluency, by itself, was not an adequate measure of creativity, and that originality had a negligible relationship with the genes under investigation. In a study of high mathematical creativity (Haylock, 1984) in pair of identical twins aged 11 to 12 years, twin boys were found to have almost identical profiles in a series of assessment of some significant personality and attitude characteristics.

Amidst these equivocal findings supporting both nature and nurture as playing significant contribution in shaping self-regulation as well as creativity particularly in children, the present study aims to unravel the distinct contributions that exist in this regard. The idea of using twins to study factors affecting human behavioural variation was first discovered by Sir Francis Galton in 1875. The classical twin study method was used in the present study to assess the extent of plasticity of self-regulation and creativity amongst elementary school children.

## Hypotheses

1. Intra pair correlations of indices of Self-regulation (Identified regulation and Intrinsic Motivation) would be higher in MZ as compared to DZ twins studying in elementary school.
2. Intra pair correlations of indices of Self-regulation (Extrinsic and introjected regulation) would be higher in DZ as compared to MZ twins studying in elementary school.
3. Intra pair correlations of Creativity indices (i.e. Fluency, Flexibility and Originality) would be higher in MZ as compared to DZ twins studying in elementary school.
4. Significant proportion of variance in Self-Regulation and Creativity scores would be attributable to genetic variance amongst elementary school children.

## Method

### Participants

The sample comprised of 120 (60 twin pairs) elementary school children studying in various public schools of Patiala and Chandigarh. There were 30 identical twin pairs (MZ) and 30 fraternal twin pairs (DZ) (age ranging 9 - 12 yrs.) reared together and each pair studying in the same school. Initially the school authorities were requested to provide information of twin pairs on roll. Details on monozygosity and dizygosity were later procured from the school records. Parental consent was obtained keeping in mind the ethical issues involved in psychological testing.

### Procedure

Administration of the test was done in a group setting. Each group comprised of 10 subjects (i.e. 5 twin pairs). Rapport was established with the subjects before administration of the test to ascertain their involvement. Standard verbal instructions were given before each test since the reading ability of elementary school children is not proficient. Testing was done over a period of three different sessions. The first session was used for rapport building with the twin pairs. Both identical twin pairs and fraternal pairs were administered the Academic Self-Regulation scale by Ryan and Cornell (1989). On the next day, the Torrance test of creativity was administered to the twin pairs. Finally the psychological testing concluded with a session of games and snacking treat of sweets and chocolates. A Follow up session was done with



parents and children with the purpose of providing information about the results to the parents.

### Measures

Torrance Tests of Creative Thinking (1962): Torrance test of Creative Thinking (Figural forms, Torrance. E. Paul, 1974): Torrance's method of assessment of creative potential especially figural forms emphasize the ability to generate many new ideas (Fluency) that are unusual (Originality) and represent a variety of categories (Flexibility) as well as ability to embellish the ideas (Elaborations). Test battery comprised of 3 figural activities:-

- |                          |               |
|--------------------------|---------------|
| i. Figural tasks         | Time allotted |
| ii. Picture construction | 10 minutes    |
| iii. Picture Completion  | 10 minutes    |
| iv. Lines                | 10 minutes    |

In the Picture construction task something clever and unusual is expected to be drawn using an egg-shaped piece of paper. In the Picture completion task abstract lines are to be completed as objects. In the Parallel lines task the parallel lines are to be completed as objects.

Academic Self-Regulation Questionnaire (ASRQ, Ryan & Connell, 1989): The scale assesses children's styles of regulating their behaviour in the academic domain on a continuum from external control to autonomous self-regulation. The 26 items comprising the questionnaire present reasons why children engage in school-related behaviours such as doing homework, doing classwork, and answering difficult questions in class. Following each reason, children rate, on 4-point Likert-type scales, how true the reason is for their own behaviour. Items were associated with four subscales representing less to more autonomy in children's self-regulation: external (to avoid negative consequences or because of externally imposed rules); introjected (to gain adult approval or avoid negative affects); identified (to achieve a self-valued goal); and intrinsic (for inherent enjoyment of the activity). Alpha reliabilities for these subscales range from .75 to .88.

### Results

The main objective of the present investigation was to study associations between Creativity and Self-Regulation in MZ and DZ twins and calculating the heritability estimates for each variable.

Intrapair coefficient of correlations for External Self-Regulation had a significant positive association of  $r = 0.34$ ,  $p < .01$  level in DZ twin pair. On the other hand value for intrapair coefficient of correlations in the MZ twin pair was  $r = 0.88$ ,  $p < .01$  level. This reveals that whatever may be the source, children with the same genotype have almost similar levels of extrinsic forms of Self-Regulation. A similar picture emerges for Introjected Self-Regulation with  $r = 0.75$ ,  $p < .01$  highly indicative of nearly identical levels of Introjected forms of Self-control or the MZ twin pair. Though intrapair coefficient of correlations for Introjected Self-Regulation had a positive and a significant association of  $r = 0.39$ ,  $p < .01$  level for DZ twin pair yet it was relatively smaller as compared to the intrapair coefficient of correlation for the MZ twins. The MZ twin pairs had very high intrapair correlation value again for Identified Self-Regulation with  $r = 0.84$ ,  $p < .01$  consistently depicting the strong similarity in level of Identified Self-Regulation between the monozygotic twin dyad. For the DZ twins Identified Self-Regulation had an intrapair coefficient of correlations,  $r = 0.30$ ,  $p < .05$  level. Intrinsic motivation had the highest intrapair association with  $r = 0.66$ ,  $p < .01$  for the DZ dyad almost comparable to that of the MZ pair i.e.,  $0.68$ ,  $p < .01$ . The major role of genotype in influencing all forms of Self-Regulation becomes clearly evident from high correlations in the levels intrapair coefficient of correlations of MZ pairs relative to the DZ pairs. Zahn-Waxler et al. (1996) studied behaviour problems in 5 year old MZ and DZ twins, genetic and environmental influence, and patterns of regulation and internalization of control in 5 year olds. Correlations between observed patterns of regulation at ages 3, 4 and 5 years and behaviour problems at age 5 years were often significant for MZ twins in comparison to DZ twins. Wade, Milner and Kronl (1981) studied evidence for a physiological regulation of food selection and nutrient intake in twins. The genetic effect on nutrient intake was assessed in 13 MZ and 10 DZ pairs of healthy female adult Caucasian twins. Calculations based on the concentrations of energy as percentage of calories from protein, fat, carbohydrate, and alcohol, were calculated from 3-day food records. Nutritive intake of monozygotic twins was significantly similar relative to DZ twins for the protein concentration, the carbohydrate concentration, and the absolute intake of carbohydrate per day. The above cited provides interesting insights into how even regulation of diet amongst MZ twins has greater levels of similarity.

Thus in free-living humans even primitive physiological mechanisms influencing food selection are operative and that these mechanisms are highly subject to genetic influence. Beaver et al., (2009) studied genetic and environmental influences on levels of Self-Control and delinquent peer affiliation. Results were obtained from a longitudinal sample of adolescence twins. The data revealed that both self-control and contact with drug using friends were influenced by genetic factors and the non-shared environment, whereas the shared environment exhibited relatively small and inconsistent effects.

Amongst the fraternal (DZ) twin pairs intrapair coefficient of correlations on indices of Creativity ranged from ( $r = 0.06$  to  $0.53$ ). For the MZ twin pairs intrapair coefficient of correlations on indices of Creativity ranged from ( $r = 0.09$  to  $r = 0.69$ ). Originality sub-dimension of Creativity had a positive intrapair coefficient of correlations of  $r = 0.34$ ,  $p < .05$  level in the DZ twin pair. For the MZ twin pair, inter pair correlation for Originality component of Creativity was  $r = 0.09$  which was considerably lower than the DZ twins correlation. Similarly Flexibility component of Creativity had a strong correlation for the DZ twin pair ( $r = 0.53$ ,  $p < .01$ ) in comparison to the within MZ twin pair ( $r = 0.33$ ,  $p < .05$  level). These results indicated that MZ twin pairs differed in their exploratory strategies and creative expressions thus leading to reduced intrapair coefficient of correlations on Originality and Flexibility.

A comparative analysis reveals that for DZ twin pairs no significant intrapair coefficient of correlations emerged for Fluency ( $r = 0.06$ ) whereas for the MZ twin pairs Fluency association was significantly high ( $r = 0.43$ ,  $p < .05$ ). Intrapair correlations of Elaboration for DZ twins had an  $r$  value of  $0.18$  which is a weak association. On the other hand Elaboration intrapair coefficient of correlations for the MZ twin pairs were highest at  $r = 0.68$ ,  $p < .01$  level, very clearly demarcating the role of genotype in influencing the expansion of ideas and fluency of responses amongst elementary school children.

Thus for the third hypothesis it may be concluded that both nature and nurture are differentially effecting the sub components of Creativity. These results corroborate the findings of Reznikoff's (1973) study that had explored genetic influence in creative abilities. The pool of subjects for this study consisted

of 117 pairs of twins, 13-19 years of age. A battery of ten creativity tests, including five developed by Guilford, and one measure of verbal intelligence were administered to each subject. The majority of intraclass correlations for both the monozygotic and dizygotic twins on the 11 measures attained statistical significance, with the correlations tending to be somewhat higher in the identical twin groups. When the intrapair variances of the identical and fraternal twins were contrasted directly on the various tests, there were few statistically significant results. Inter-correlations between the 11 tests compared two at a time revealed higher correlations in the monozygotic group, indicated a somewhat more consistent performance from test to test. These results impel us to further explore the role of genotypical variations in Self-Regulation and Creativity by calculating the Heritability Coefficients for each of the indices.

The third hypothesis stating that "Significant proportion of variance in Creativity, Self-Regulation scores would be attributable to genetic variance amongst elementary school children" was verified after calculation of Heritability Estimates using the Falconer's formula. Within the sub components of creativity, Fluency had Heritability Estimate of  $0.75$  indicating that 75% of variance in scores of elementary school children were under the influence of genetic variations. The Heritability Estimate of  $0.40$  showed that 40% of variance in Flexibility sub component of Creativity was attributable to the genotype. Originality obtained a Heritability Estimate of  $0.50$  which denotes that the genotypical variation was responsible for creating 50% of the variation in scores of elementary school children in novelty of responses. Extremely high Heritability Estimates bordering around 1 are suggestive of the fact that 100% variance in scores for Elaboration, Extrinsic Self-Regulation (i.e. Heritability Estimates of  $1.02$ ,  $1.09$  and  $1.09$  respectively) had been caused by genetic variance. Retrospectively considering, these estimates are spuriously high and may be a result of error of measurement obtained from a smaller sample of participants. 71% variance in scores for Introjected Self-Regulation could be interpreted to be emerging from genotype variations since the computed Heritability Estimates stood at  $0.71$ . Intrinsic Self-Regulation obtained a Heritability Estimate of  $0.06$  denoting that a mere .06% variance was being governed by genotype variance. These Heritability Estimates show a varied picture from the correlations obtained by the MZ and DZ twins



on Self-Regulation. Again a small sample could be the reason behind almost negligible Heritability estimate values for Self-Regulation.

On a similar pattern Mosing et al. (2009) studied genetic and environmental influences on optimism and its relationship to mental and Self-Regulation. Genetic factors explained 36%, 34% and 46% of the variation in optimism, mental and Self-Regulation, due to non-shared environmental influences. Yamagata et al. (2005) studied genetic and environmental aetiology of effortful control. The results indicated that effortful control had substantial genetic basis and had a genetically coherent structure. Keller et al. (1992) studied work values in 23 MZ and 20 DZ twins reared - apart to test the hypothesis that genetic factors are associated with work values. Univariate and Multivariate analysis were performed. Results indicated an average 40% of the variance was related to genetic factors and 60 %of the variance to environmental factors.

### Concluding Remarks

Since Self-Regulation is a fundamental attribute to sense of positivity and wellbeing, results of the study clearly point at a strong contribution of environmental influences in shaping this capacity. Children picked early in schooling can be trained to enhance their self-regulatory capacities which would have far reaching effects on their personal growth.

As we know creativity is an asset in the classroom since it provides the students with the possibility of exploring different ideas, boosting self-confidence and initiating novelty even in mundane aspects of classroom teaching. Academic achievement can thus be promoted through external sources since the present study also sheds light on the plasticity of creativity.

Avenues for further research point towards cross sectional as well as longitudinal assessment of these two variables to ascertain how far the role of the genotype exerts control over the phenotype.

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**Table No.1:- Intra pair correlation of indices of Self-Regulation for MZ and DZ twins**

Self-Regulation	Intra Pair Correlation	
	MZ	DZ
External Regulation	0.88**	0.34*
Introjected Regulation	0.75**	0.39**
Identified Regulation	0.84**	0.30*
Intrinsic Motivation	0.68**	0.66**

**Table No.2:- Intra pair correlation of Creativity indices (Fluency, Flexibility and Originality and Elaboration) for MZ and DZ twins.**

Creativity Indices	Intra Pair Correlation	
	MZ	DZ
Fluency	0.43*	0.06
Flexibility	0.33*	0.53**
Originality	0.09	0.34*
Elaboration	0.69**	0.18

**Table No.3:- Showing Heritability Coefficients (using Falconer's formula) depicting Heritability Estimates of Creativity and Self-Regulation.**

	Fluency	Flexibility	Originality	Elaboration	External Regulation	Introjected Regulation	Identified Regulation	Intrinsic Motivation
Fluency	0.75							
Flexibility		0.40						
Originality			0.50					
Elaboration				1.00				
External Regulation					1.00			
Introjected Regulation						0.71		
Identified Regulation							1.00	
Intrinsic Motivation								0.06

## Application of Cognitive Behavior Therapy on an Adolescent Girl Suffering from Internalizing Disorder

Vandana Shriharsh\*

Amool R. Singh\*\*

Adolescence is a crucial age of emotional oscillations. An adolescent can easily get frustrated if his/her emotions are pent up and he/she cannot express them on the particular moment. Many times adolescents may develop some specific psychological problems if their emotional problems are not managed with right guidance and support and if their energy cannot be channelized in the right direction. The present paper presents the application of cognitive behavioural therapy on an adolescent girl who was suffering from internalizing disorder due to lack of emotional expressions and physical feats in her childhood. She responded well on therapy.

### Introduction

Internalizing behaviors are typically expressed by being socially withdrawn. Examples of internalizing behaviors include: Anorexia or bulimia, depression and anxiety (Smith, D.D. (2014).). In the present case the adolescent girl was suffering from anxiety withdrawal symptoms indicative of internalizing disorder.

Anxiety disorders may be demonstrated as intense anxiety upon separation from family, friends, or a familiar environment; as excessive shrinking from contact with strangers; or as unfocused, excessive worry and fear. Anxiety disorders are difficult to recognize in children. Because withdrawn children engage in very low levels of positive interactions with their peers, peer rating scales may help educators identify these disorders. Children with internalizing behaviour problems, regardless of the type, tend to be under-identified, and this leaves many of them at risk of remaining untreated or receiving needed services later than they should (Smith, D.D. (2014). Females are at higher risk of internalizing disorders. (Herringaa et. al., 2013).

In the present investigation an attempt is made to apply cognitive behavior therapy on the target behaviours of the adolescent girl.

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### Brief Clinical History

Index patient Ms. Y, 15 years old, Female, Hindu, Hindi Speaking, Studying in Standard IX, belonging to middle socio economic status, hails from urban area of Ranchi. She was brought to the RINPAS outpatient department by her parents on 19/08/2014 with the chief complaints of less interaction with parents, irritation by small things, not responding to teachers in classroom, overreacting to parents when things are not of her choice, frequent pain in lower legs, poor academic performance, tapping feet, stops interaction with family members in anger and fears criticism and scolding by parents and teachers since the past one year.

### Personal History

Index patient was apparently well before one year. Since the past one year she had become irritable by nature. She was not answering the questions put forth by the teacher to her in the classroom. When parents brought something (e.g. clothes) from the market for her and she found the things not of her choice, she used to tap her feet in ground, make noise to do things, to show her anger, e.g. slam the book or utensils. She had decreased her interaction with parents, when things were not of her choice or she was not appreciated. Often she overreacted on these issues. Her academic performance was poor. When she was in anger many times she felt pain in her legs, especially her thighs. She had been fearful of criticism by parents and teachers on her performance. In her early childhood she was a shy

but lovely child. When she was of 11 years old in IV Standard, she was brought to her nani's (mother's mother) house. In nani's house nani was staying alone as her sons were working in other cities. For 4 years she had been staying with nani, not going outside of house. Her parents used to meet her at nani's place. In nani's house she remained aloof as there was no one of her age with whom she could play games. There were no friends in neighbourhood also. After 4 years when she was in VIII Standard she came back to her parents place. Parents noticed behavioural changes in her. Here there was a joint family (parents, younger brother, grandparents, uncle, aunt, cousins). She used to be aloof and not interacting with family members. Her academic performance was average till standard IV but started deteriorating after that. Till standard IX it was much deteriorated.

In 2014, one day she switched off all the lights when some programme was going on in the school campus. She was not able to tell the reason to school teachers. Because of this reason she was brought by parents to RINPAS.

According to her parents index patient was born out of full time caesarean delivery. Birth cry was present. She was underweight during her birth but no other birth complications were present. She was bottle fed most of the times in infancy, only for few months she was breast fed. She was started sitting without any support in 6 months of age, standing in one year without any support, walking in one year 3 months and speaking in one and half year. She did thumb sucking till 2 years of age.

In her early childhood she was a shy but lovely child. She used to play with children younger to her. She used to teach them in play at her home. She was not going in her neighbourhood as restricted by parents. In her school she used to play with other children.

In her middle childhood she was shifted to her nani's (mother's mother) house where there was no interaction with children. There was no other family member except her nani. She used to be remaining alone in nani's house. In school she was interacting with children. She used to miss her parents place, her younger brother and cousins at nani's house. Nani was producing good food and appreciating her for all academic things whether done properly or not. Initially she was responding to teachers in class in VI-VIII standards but gradually interaction was decreased and was stopped till IX standard

after coming back to her parents' place. She was average in studies till class IV. Her performance deteriorated V class onwards. Now her academic performance became poor.

In her adolescent age she became less interactive with classmates and family members. She used to talk with only few classmates. She had no close friends. She took parts in extracurricular activities where group performance was there. She did not take part in solo activities. She liked activities like dance, drama and sports. She used to keep her things in organized way.

### Psychological Assessment

Before therapy Revised Behaviour Problem Checklist was administered. This checklist was administered to assess the problem behaviours within the adolescent. Before therapy scores were: T=48 for conduct disorder, T= 49 for socialized aggression, T= 51 for attention problem, T= 65 for anxiety withdrawal, T= 50 for psychotic behaviour and T= 53 for motor tension excess. She got high score on 'Anxiety withdrawal scale' that is indicative of internalizing disorder. She has poor self-confidence and self-esteem, which may be associated with hyper-sensitively to criticism, fear of failure. She might be suffering from generalized fearfulness and anxiety. Her anxiety and fear might cause her to withdraw from age appropriate social and interpersonal experiences. Slight above average score on attention problems and immaturity shows distractibility and immature behaviour in her. Slight above average score on 'motor tension excess' scale shows symptoms of motoric over activity in her.

### Therapeutic Plan

Index patient was cooperative and motivated towards psychological treatment. According to target behaviours therapy was planned.

### Goals of Therapy

1. Educating about symptoms and the nature of internalizing disorder.
2. Time management and improving daily activities.
3. Relaxing anxiety and controlling anger.
4. Building self-confidence and self-esteem.
5. Challenging cognitive distortions.
6. Improving behavioural problems.
7. Improving attention.



8. Improving academic performance.
9. Desensitizing fear of criticism.
10. Educating family members
11. Improving family interaction.
12. Improving social interaction.
13. Improving coping skills
14. Improving assertiveness and personality dynamics

### Therapeutic Package

1. Informative Counselling.
2. Activity scheduling.
3. (a). Relaxation Exercises.  
(b). Anger management exercises.  
(c) Positive imagery.
4. Building self-confidence & self-esteem.
5. Cognitive restructuring.
6. Behavioural management techniques.
7. Attention exercises.
8. Counselling to improve academic performance.
9. Systematic desensitization.
10. Psycho-education to family members.
11. Counselling to improve family interaction.
12. Counselling to improve social interaction.
13. Counselling to improve coping strategies.
14. Role plays to improve assertiveness and personality dynamics.

**Sessions:** Twelve sessions each consisting of 45 minutes to 1 hour once a week given to patient and three sessions given to parents.

### Therapy Report

1. Educating about symptoms and the nature of internalizing disorder: Patient was given information about the internalizing disorder after establishing therapeutic relationship with her. She was told that she can improve her day to day activities and performance by taking therapeutic sessions to understand how she can overcome with her symptoms. She was told that many adolescents are facing this type of problem and this can be cured by little efforts. She was motivated to take therapeutic sessions once a week.
2. Time management and improving daily

activities: As there was no time management and no channelization of her energy, the therapist helped her for it. She was told to manage her time for studies, tuition, and leisure time. She was motivated to join some sports club, do cycling or any sport activity which can channelize her energy. She was motivated to practice her lessons in writing. Her parents were told to manage tuition of difficult subjects at home so that individual attention can be given to her and she would have more time for self-study as she was spending much time to reach at coaching institutions. Her time was divided in that manner so that she would have enough time for home work, tuition, self-study and leisure time for sports and other activities( e.g. she liked to cook food in kitchen of her choices; 15-20 minutes were there for that activity in the activity schedule made for her).

She was advised not to waste time in watching cartoons, sitting alone in anger etc. she was advised to do rather relaxation, stress outburst exercises and practice attention exercises to be told in later sessions.

3. Relaxing anxiety and controlling anger: She was told some breathing and muscle relaxation exercises. She practiced these exercises in front of therapist and started doing at home. She was told some anger management exercises likes rubber band techniques, sarvangaasan, some breathing exercises to control anger and stress outburst exercises were also told.

Patient was given positive imagery. She was asked which natural scenes she lived. Then asked to imagine the scene and made her relaxed eg. imagery of mountains and river scenes with greenary giving peace.

4. Building self-confidence & self-esteem: Patient was realized her strength and how she can handle her day to day problem more efficiently. She was also realized the positivity of her family environment and school performance till class IV. She was encouraged that she can regain her self-esteem.

5. Challenging cognitive distortion: Many cognitive desortions were found like over generalization, selective abstraction, disqualifying the positive, catastrophising, emotional reasoning and personalization. Her cognitive destortions were challenged and restructured through guided association, challenging absoultes, reattribution,

decatastrophising, externalization of voices and turning adversity to advantage. She was told to record her thoughts and related emotions. She was given an alternative / balanced thoughts to practice.

6. Improving behavioural problems: To control her behavioural problems like tapping feet, over reacting, some behavioural management techniques were applied like token economy, self monitring, appreciation of appropriate behaviour by parents instead of highlighting her inappropriate behaviour.
7. Improving attention: She was made learn some attention exercises to enhance her attention span.
8. Improving academic performance: Pateint was encouraged to discuss her problems which deteriorated her academic performance. Her academic records and class works were checked. It was found that there was problem in learning materials and slow speed. Also problem in organising her answer in the frame of reference of questions. She was explained the techniques to learn the lessons and important points e.g. making points and noting down in a chart paper and revising the points daily, understanding the concept and then making points. This would help her to learn the materials. She was told to practice the things in writing and by fixing time limit for answering to enhance her speed.
9. Desensitizing fear of criticism: Systematic desensitization was applied for coping up her with fear of criticism. A hierachy was made for the situations in which she felt that she could be criticised. Then those were arranged from least anxiety provoking to highest anxiety provoking situation. She was made to learn relaxation exercises. With the anxiety situation relaxation was given. In this way she was desensitized for her fear of criticism. She was also given some positive thoughts to practice.
10. Educating family members: Patient's parents were given information about her symptoms and factors responsible for development of internalizing disorder. They were told that with the help of psychotherapy and family co-operation she would be improved. They were explained how time management could help her. They were advised to help her for spending some time in sport activities to channelize her energy.

11. Improving family interaction: Patient was counselled along with family members once. Her parents were counselled separately for 3 sessions. They were asked to understand the child's nature. They were asked to reward / appreciate the appropriate behaviour. They were told not to criticize or highlight the inappropriate behaviour. Rather they can just give an indication that her behaviour is inappropriate and if she would behave appropriately then could get what she wanted. They were advised to share her feelings related with day to day problems. Also advised that for different subjects they could arrange tution at home instead of sending her for coaching classes. They were also asked to call some children of her age at home on some occassions eg. festivals, birthday celebration; if possible she could be sent for half an hour in some park or sports club. Also they were told to enhance her interests e.g. cooking some food, handicraft works.

12. Improving social interaction: Her parents were encouraged to go in social gatherings once in month and bring their children meet society persons on occassions like festivals. Also they were asked to bring her to some relative places, to allow her for spending some time with her uncle, aunt and cousins.

13. Improving coping skills : The patient was encouraged to cope up her day to day problems with more effective manner. For this some role plays were done. She was encouraged for knowing about her own strengths and utilizing them (e.g. her traits like organised work, soft spoken).

14. Improving assertiveness and personality dynamics: The patient was told to do role plays with the help of therapist to enhance her communication skills. She was given some skills to practice in role plays to enhance her assertiveness as she was introvert and always hesitated to say her point of veiv to others assertively. As she used to be timid less confidence many role plays done to build up her self confidence. She was realized her efficiency. Also she was realized that she is an adolescent not a child. She was told about the adolescent age biological and psychological changes also. She was encouraged to pratice behaviours which were appropriate to her age.



## Therapy Outcome

1. Got information about her illness and was aware and ready to change.
  2. Started managing her time and following the activity schedule.
  3. Started giving sometime for the creative work and task of her interest e.g. cooking one food of her choice once a week.
  4. Started doing some physical feats like cycling.
  5. Started taking time for relaxation exercises and attention exercises.
  6. Improvement in self-confidence and physical appearance.
  7. Behavioural improvements were there e.g. stopped tapping feet and overreacting.
1. After termination of therapy the score on subscales of revised behaviour problem checklist was found zero except 'Anxiety withdrawal' (After therapy T= 46, before therapy T= 65) and 'attention problem' (After therapy T= 43, before therapy T= 51). On these two subscales scores came down to below average category.
  2. There was improvement in her grades in examination of IX standard.
  3. Doing anger management exercises and there was control on anger.
  4. Improvement in interaction with family members.
  5. Improvement in overall communication skills and assertiveness.

## Implication

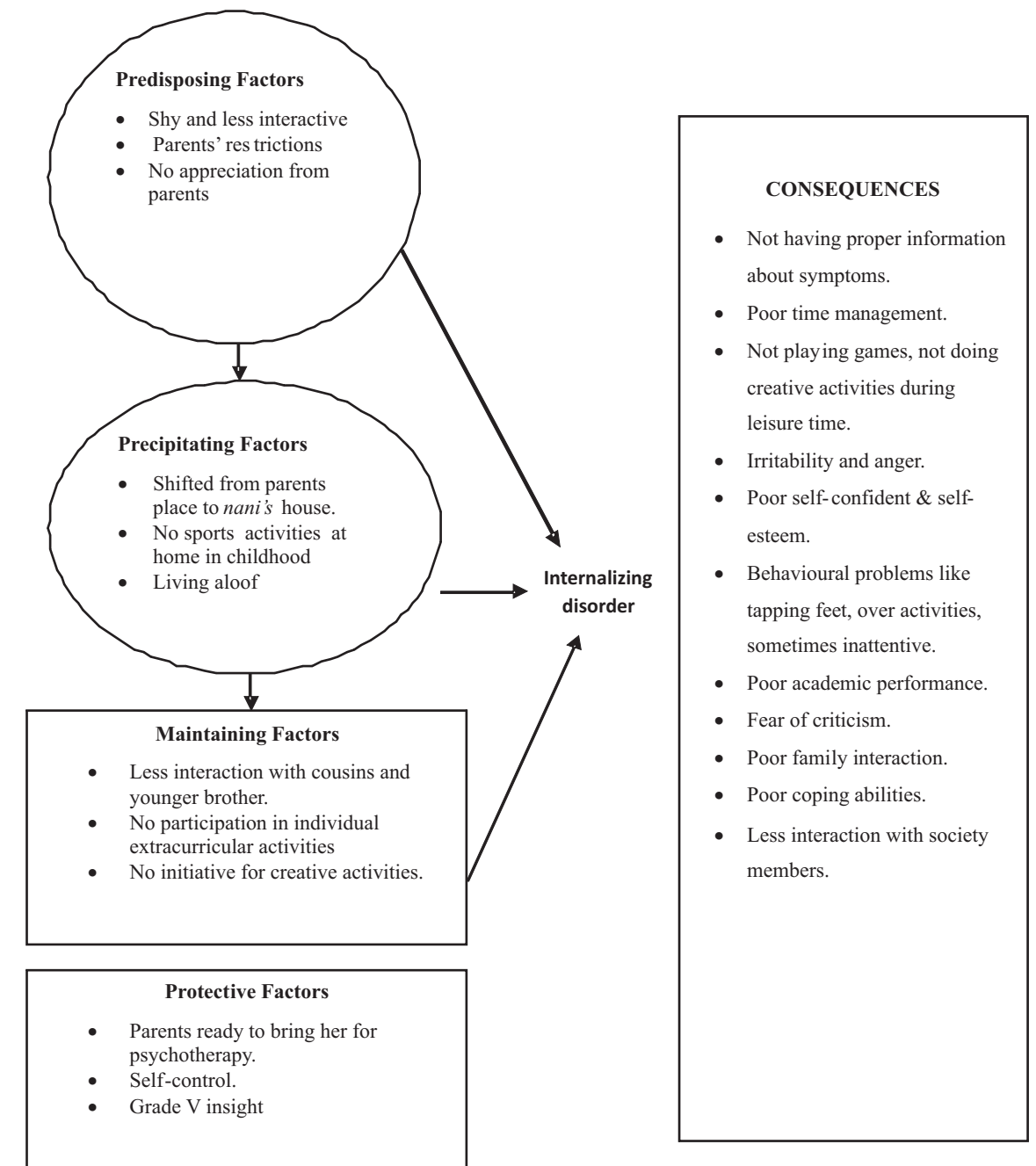
If the adolescents are given chance to express their feeling and to channelize their physical energy they will not develop psychological problems like internalizing disorders. They can adapt a better life style and can better understand themselves and others. They can further shine their talents and no emotions can get away them from their lives.

Left untreated, internalizing problems, such as a depressive or anxious mood, negative self-perceptions, and emotional distress, can undermine one's ability to succeed in school, live a healthy lifestyle, form and maintain close relationships with others, and, in general, accomplish life goals. When internalizing problems are experienced daily for at least two weeks, a psychiatric disorder – such as a major depressive disorder or a generalized anxiety disorder – may be underlying these problems. Among 13- to 18-year-olds, the lifetime prevalence of anxiety disorders is about 32 percent and the lifetime prevalence of mood disorders is about 14 percent. (Merikangas, K et. al., 2010) It is required to provide counselling or psychotherapy if any adolescent show the similar problems stated in the above case.

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## Therapeutic Formulation of Internalizing disorder of Ms. Y



## BOOK REVIEW

### “Think and Grow Rich”

**Author : Napoleon Hill**

**Reviewed By : Rajnish Shankhdhar**

Assistant Professor, Marketing, Amity Business School, Amity University, Lucknow, India

All the positive qualities are endlessly embedded within a human body and mind, how early one can detect such thoughts and execute it towards success consciousness is the basic idea framed out from this book. With a simple message that your subconscious mind is your best guide one should never give up and constantly attempt directed efforts with full positive forces of ideas towards his Goals as only this can change any adverse situation favourable within no time and lead one from rags to riches.

The book revolves around the tips required by any individual to devotedly work patiently towards ideas and desires with a never give up attitude that can bring a dynamic and a lasting change on any impoverished stage in life and also disallow interfering of failure consciousness whenever and where ever any one faces.

The book is an eye opener for all readers stating that it is not just wealthy inheritors that construct competency and fame but also feeble and poor small denizens from everyday life who magnetize their minds with intense desire for riches and wealth consciousness gradually becoming masters of their economic fate

**Review Message 1: Whatever the mind of man can conceive and believe it can achieve:**

The book constantly guides readers to believe in the magic of pulsating desire that transcends everything, the author states that desiring riches with a state of mind that becomes an obsession supported by planning of definite ways and means to acquire with persistence and not recognizing failures will bring riches. Quoting the life of Henry Ford and Thomas Edison the author states, success for such men came just one step beyond the point of

defeat at which defeat had overtaken them, for we must remember that Failure is a trickster with a keen sense of irony and shrewdness, it takes a great delight in tipping one when success is almost within reach

**Review Message 2: Both poverty and riches are the off spring of thoughts:**

While feeling the increasing significance of imagination the author highlights that all riches begin with thought and practical dreamers do not quit, quoting the episodes of wright brothers, Marconi, Charles Dickens and Edison the author states that despite more than ten thousand failures they all stood by their dream until making it a physical reality, here the author states six ways to turn desires into Gold which includes establishing a define date and writing out a clear concise statement of Targets reading it aloud everyday

**Review Message 3: The power of sub conscious mind, no one is doomed to bad luck:**

This is one of the best lessons any reader can learn, the book states that repeated instructions to your subconscious mind blended with positive emotions can induce a response from infinite intelligence, it is only your belief or faith that determines the action of your subconscious mind to help you in over whelming impediments. The sub conscious mind translates thought impulse into its physical equivalence constructing positive results, the author here also states the magic of self-suggestion which leads towards the building up of a person's Faith and every man is what he is because of the dominating thoughts that he permits to occupy his mind. Sometimes mixed with faith the sub conscious mind makes no distinction between constructive and destructive thought impulses at times

### **Review Message 4: Auto Suggestion**

How to motivate and guide yourself with reasoning becomes an essential part of your life, the author identifies them as self-suggestion principles stating that it is the agency of communication where conscious thoughts take place serving as a seat of action for your sub conscious mind thus this habit creates thought habits which are favourable to your efforts to transmute desires into its monetary equivalent and your ability will depend largely upon your capacity to concentrate upon a given desire until that desire becomes a burning obsession.

**Review Message 5: Every adversity carries with it the seed of an equivalent or a greater benefit**

Quoting Henry ford's Life struggle as a debtor turning into a millionaire the author states that specialized knowledge and organize planning can help overcome any adversity in life, quoting Henry Ford who had little schooling but had a profound knowledge about his business product, which later made him an invincible millionaire. The author here advocates the system of apprenticeship type training for business school students in the modern era, also termed as night schools operating in many large US cities, where students can be delivered authentic job training and can come out of their daily routine of attending degree classes which actually causes killing off ambitions eventually.

**Review Message 6: The workshop of the mind; transmuting ideas into cash**

Discussing the role of self-confidence and positive approach, the author states that the workshop to produce ideas and determination happens in a human mind and this can be classified into synthetic imagination and creative imagination and the great leaders are developed through creative imagination, ( sixth sense) the author states that one must exercise mind imagination just like any muscle of the human body to make it stronger, The author here narrates the tale of Asa Candler and Dr Frank Gonsaulus, Asa Candler invented the old kettle and the formula which led to the foundation and humungous success of Coca Cola Inc. while Dr Gonsaulus observed and rectified the US education system in early 60s by establishing Illinois Institute of Technology.

**Review Message 7: Snap out of mental inertia**

Explaining the obstacles most of the people face when working from rags to riches the author states that one must come out of mental lags or mental

inertia which happens in most of the individuals because of routine habits and life style. The author states initially most business leaders began in the capacity of followers but they became great leader because they were intelligent followers, further stating that money of itself is nothing but inert matter it cannot move or talk but understands people who desire it. The lawyers who know most of the laws do not win cases as compared to intelligent lawyers who can also prepare drafts and present cases well in courts, the author exclaims remember brains are priceless they cannot be stolen but money can.

**Review Message 8: The Mastery of procrastination; Failure permits no alibis**

The author states here that one must develop the capacity of definite and quick decision making, in the analysis of several hundred people who have accumulated fortunes beyond million dollar it disclosed the fact that every one of them had the habit of reaching decisions promptly. For this, one should create a Master Mind group that should consist of close experts who support your objective, as mentioned in the book, all genius brains of those days were Fords Acquaintances.

the author here also emphasizes that being garrulous is a big obstacle and one must know that genuine wisdom is usually conspicuous through modesty and silence and deeds but not the words are that count the most.

Further highlighting the significance of persistence the author mentions persistence beat resistance and breaks do not come but have to be self-made. Remember poverty is ruthless and bold but Riches have to be attracted with persistence as they are shy and timid.

**Review Message 9: The mystery of sex transmutation and the mighty brain**

The author stipulates the fact that behind every successful man is a women, he quoted the examples of Lincoln, Milton, Charles Dickens, Napoleon, Washington etc. as they all had a heart breaking affair which led them to become highly emotional and dynamic in imagination with executing decisions, the author says that if the sex glands are destroyed in a human body a major source of physical dynamism in performing human action is over.

Discussing the force of mighty brain the author explains that brain is a link between finite

intelligence of man and infinite intelligence of super power, A human brain has 14000000000 nerve cells in cerebral cortex and the power of positive emotions connect us to infinite intelligence which has in fact kept this little earth suspended in the space saving human too from falling from, providing great wisdom of knowledge and support, hence brain exercises must be practiced.

The author states that a human must not worry from the basic fears of old age death poverty criticism but

must strike hard on the goals as one must kill the habit of worry in all its forms by reaching a general blanket decision that nothing which life has to offer is worth the price of worry, even a dog lacks courage when its master lacks courage.

The book is an excellent read for the corporate world also providing an insight to the fact that every man is rich by thoughts and this can be converted to its monetary equivalent. Fortunes gravitate to men whose minds have been prepared to attract them just like water gravitates to ocean.

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