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APPLICATIONS OF THE INTEGRATIVE SOCIAL WORK APPROACH IN THE TREATMENT OF ADOLESCENTS AND THEIR FAMILIES

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A Dissertation submitted to the Faculty of Arts, University of the Witwatersrand, Johannesburg for the Degree of Master of Arts in Social Work

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'The energy, idealism and intelligence of *youth* are *the prime* resources of each nation; if these resources are to be wisely spent, our youth must be involved in *the mainstream of* national life. Youth is impatient - as it should be - with excuses for perpetuating evil. *In the excess of its zeal*, it sometimes abandons reason. But he who does not lose his mind over certain things has no mind to lose.'

L. Eisenberg, Science: 1970, p.1692.

TABLE OF CONTENTS

	Page
DECLARATION	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	v
PART I : GENERAL INTRODUCTION	
CHAPTER 1 - *INTRODUCTION*	1
CHAPTER 2 - THE SETTING OF THE STUDY : THE YOUTH ADVICE BUREAU (JOHANNESBURG)	15
PART II : *THEORETICAL PERSPECTIVES ON* ADOLESCENCE AND THE FAMILY	
CHAPTER 3 - THE ADOLESCENT AND HIS FAMILY ...	33
CHAPTER 4 - THE FAMILY AND THE ADOLESCENT ...	64
PART III : THE RESEARCH STUDY	
CHAPTER 5 - SOCIAL CASEWORK WITH ADOLESCENTS AND THEIR *FAMILIES*	96
CHAPTER 6 - SOCIAL GROUPWORK WITH PARENTS OF ADOLESCENTS	152
CHAPTER 7 - FAMILY THERAPY WITH ADOLESCENTS AND THEIR FAMILIES	207
PART IV : CONCLUSIONS TO THE STUDY	
CHAPTER 8 - THE PRESENT STUDY : SUMMARY, RECOMMENDATIONS AND CONCLUSIONS	268
APPENDICES	281
REFERENCES	304

DECLARATION

I, Nathalie Goldberg declare that the text of the dissertation entitled 'Applications of the Integrative Social Work Approach in the Treatment of Adolescents and their Families' is my own unaided work, and that all the assistance I received in its preparation consisted of professional guidance for and practical supervision of the social work services rendered; that all the research was conducted by myself; that all the calculations of results obtained have been performed by myself; and that the conclusions I have reached have resulted from my own study. No part of the substance of this dissertation has been submitted in the past, or is being submitted, or is to be submitted, for a degree in any university other than that for which I am now a candidate. The data used in this dissertation were obtained from the Youth Advice Bureau, Johannesburg, and in the course of post-graduate studies with the School of Social Work of the University of the Witwatersrand, Johannesburg.

N. Goldberg

ABSTRACT

The present dissertation focuses on the integrative social work approach in the treatment of adolescents and their families. The term 'integrative approach' is defined as the multiple usage of social casework, social groupwork and family therapy in the treatment of adolescents and their families. Eight practice skills essential to the integrative or unitary approach to social work are identified : (1) assessing problems; (2) collecting data; (3) making initial contacts; (4) negotiating contracts; (5) forming action systems; (6) maintaining and co-ordinating action systems; (7) exercising influence; and (8) terminating the change effort.

The setting of this study is the Youth Advice Bureau (Johannesburg), which is described in its historical perspectives as well as in its structural, functional and social connotations of the present day.

There are four main aims of the present study, namely: (1) to analyse problems experienced by the adolescents and their families who constitute the clientele of the Youth Advice Bureau; (2) to examine current social work practice in relation to these categories of problems; (3) to devise and introduce new programmes; and (4) to formulate recommendations with an emphasis on the restructuring of programmes based upon the integrative approach to social work practice.

These aims are achieved through a dual-focused approach: firstly through the presentation of relevant social work literature on adolescence, families and appropriate treatment modalities; and secondly through a three-faceted research design including social casework, social groupwork

and family therapy studies. The method of data gathering consists of three steps, namely:

(1) a descriptive analysis of the case records from two years of social casework service;

(2) the innovation and analysis of a short-term group for the parents of adolescents; and

(3) the innovation and analysis of four cases of family therapy treated at the Youth Advice Bureau during 1974-5.

There are nine major findings emerging out of the research studies. These include (a) specific treatment effectiveness results, for example that in social casework the main approach utilised was that of brief treatment, and that there was a general improvement in parent-adolescent communication through the social groupwork experience; (b) identifiable policy changes in the functioning of the Youth Advice Bureau, for example that social casework treatment was more family-oriented, and that there was a significant increase in the percentage of follow-up performed on cases after the initiation of the social casework research project; and (c) ideological contributions in the sphere of the integrative practice of social work, that is that both social groupwork and family therapy, as the two innovations effected by this study, were feasible and successful treatment adjuncts.

Based upon the findings of the research project, the dissertation concludes by making several recommendations. These relate (1) to suggested policy changes in the functioning of the agency; (2) to increased in-service training of its practitioners; (3) to the provision of ongoing research facilities and the concomitant systemisation of recording procedures at the Youth Advice Bureau; and (4) finally to the extension of the agency's professional knowledge and skills into the wider community.

From a service consisting of one-to-one social casework, integrative social work practice is introduced at the Youth Advice Bureau and found to be a viable, effective approach in the treatment of adolescents and their families.

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PART I

GENERAL INTRODUCTION

PART I

CHAPTER 1

INTRODUCTION

CONTENTS

		Page
1.1	Background to the Study...	2
1.2	The Setting of the Study: The Youth Advice Bureau (Johannesburg)	4
1.3	The Aims of the Study	4
1.4	Integrative Social Work practice	5
1.5	Methods of Obtaining Data	8
1.6	Explication of Terms Used	8
1.7	Synopsis of the Study	10
1.8	Limitations of the Study	10
1.9	Potential Usefulness of the Study	11
1.10	Summary of the Introduction	12
References to Chapter 1	... ...	13

CHAPTER 1

INTRODUCTION

1.1 Background to the Study

From the earliest records of man's history, there are references to youth which suggest that adults characteristically perceive adolescents with considerable ambivalence. Hesiod, in the Eighth Century, B.C. said :

> 'I see no hope for the future of our people if they are dependent on the frivolous youth of today, for certainly all youth are reckless beyond words ... when I was a boy, we were taught to be discreet and respectful of elders, but the present youth are exceedingly wise and impatient of restraint.'[1]

In South Africa, a high percentage of the country's resources is invested in white youth, in adolescents. In order that this investment shall produce dividends for society as a whole, communities should mobilise resources for the purpose of facilitating the enrichment of this phase of life.

While youth has always been a subject of admiration as well as contention, modern urban-industrial societies are confronted with the unprecedented recession of their young from the adult world. Consequently, what has emerged is an adolescent subculture virtually separate from that of the adult and that of the child. Whereas in primitive cultures, puberty itself represented the attainment of adulthood, today it heralds the beginning of the 'middle phase,' that is a period after childhood and before adulthood. For the purposes of the present study, puberty is distinguished from adolescence and is regarded as a maturational, hormonal, biological growth process, whereas adolescence refers to the psychological, social and maturational processes initiated by puberty.[2]

Adolescence is a developmental phenomenon unique to man.[3] It is a sociological determined entity. Hoffer (1965) differentiates between youth and adolescence, saying that society can have adolescents but no youth.[4] Sebald (1968), on the other hand, maintains that the reverse situation holds with equal truth, that is, that some societies can have youth but not adolescents.[5] The inference to be made from this argument is that adolescence *is defined within a definite cultural context.* Adolescence in Western society is characterised by a crisis of discontinuity of status; the adolescent is neither child nor adult. As Ginott (1969) has said:

> 'A day comes in any parent's life when there is a sudden realisation: "My child is a child no longer"... There is joy ... there is also apprehension ... There is also conflict. As parents, our need is to be needed; as teenagers, there need is not to need us.'[6]

Social work with adolescents by implication means social work with families. The phrase in common parlance, the 'generation gap', *reflects* the impact of the adolescent child upon his parents and vice versa. The restless and exuberant energy of adolescents frequently results in frustration and resistance in the parents. If an adolescent seeks therapeutic help for his problems, then the problems are not his alone but those of his parents, and often his siblings, as well. Likewise, for the parent in despair over his teenager's behaviour, his is a shared, *complex problem reflecting the psychodynamics* of the family in its entirety.

When a family member signals by his behaviour that a problem exists, the social worker has to assess whether it is the individual problem, the *family problem or even* the community problem which is of primary significance.[7]

Communities recognise problems associated with human growth, behaviour and the social environment. Clinics, schools, specialised services and welfare agencies form some of the responses to these needs. The Youth Advice Bureau (Johannesburg) is one community resource system which offers its services as a youth and family treatment centre in the city.

1.2 *The Setting of the Study: the Youth Advice Bureau (Johannesburg)*

It was the awareness of the family as a dynamically operating system which motivated the writer to formulate new therapeutic services at the Youth Advice Bureau. From a service consisting predominantly of one-to-one social casework[+], [8] the writer embarked upon several programmes which included individual social casework, joint social casework with parents of adolescents, joint social casework with one or both parents and the adolescent, social groupwork with parents of adolescents, and family therapy.

These methods of social work intervention were not intended to provide a comparison. Each was designed and instituted, with the co-operation and participation of colleagues at the agency, as an additional service, so as to increase the comprehensiveness of services provided. When all these methods of social work are used concurrently, an integrative approach towards helping families in stress can be developed.

1.3 The Aims of the Study

The following are the aims of this dissertation::

(1) To analyse problems experienced by the adolescents and their families who constitute the clientele of the Youth Advice Bureau.

+ *In 1972, in:* 3 per cent of cases *mother and client were seen jointly;*
32 per cent of cases mother was seen alone;
19 per cent of cases the adolescent client was seen alone;
5 per cent of cases the parents were seen jointly. [8]

(2) To examine current social work practice in relation to these categories of problems.

(3) To devise and introduce new programmes, thereby increasing both the comprehensiveness and the sophistication of services at the Youth Advice Bureau.

(4) To formulate recommendations with regard to the management of the *Youth Advice Bureau, with an emphasis on the restructuring of* programmes based on the integrative approach to social work practice.

1.4 Integrative Social Work Practice

This dissertation concerns a study of the treatment services for adolescents and their families using the integrative approach to social work.

The integrative approach to the practice of social work refers in this dissertation to the multiple usage of the three highly developed theoretical and clinical methods of social work practice, namely social casework, social groupwork and family therapy, in their applicability to the field of adolescents and their families.

Pincus and Minahan (1973) define social work as follows:

> 'Social work is concerned with the interactions between people and their social environment which affect the ability of people to accomplish their life tasks, alleviate distress, and realize their aspirations and values. The purpose of social work therefore is to (1) enhance the problem-solving and coping capacities of people, (2) link people with systems that provide them with resources, services and opportunities, (3) promote the effectiveness and humane operation of these systems, and (4) contribute to the development and improvement of social policy.'[9]

The focus of integrative social work practice is on the interactions between people and systems in the social environment.[10] *This study*

concentrates on ily system, although outside systems such as schools and em ic situations impinge on *any family system.*

Pincus and Minahan (1973) refer to social work practice as a planned change effort:

> 'The term 'planned change' was deliberately chosen because of its connotations. The word 'plan conveys the idea of a purposeful and well-thought-out scheme, method, or design for the attainment of some objective or goal. The word 'change' implies movement, a difference in or alteration of a situation or condition from one point in time to another. We view social work as a *conscious, deliberate, and purposeful* planned change effort.'[11]

The social worker is viewed as the change agent, the agency which employs him as the change agent system, and the people who sanction or ask for the change agent's services, who are the expected beneficiaries of service, and who have a contract with the change agent as the client system.[12]

Eight essential practice skills are differentiated by Pincus and Minahan in the process of social work practice. These skills are summarised below :

(1) Assessing problems. *Throughout the planned change process the* social worker continually assesses and reassesses situations and makes decisions about what needs to be done and how to do it.

(2) Collecting data. Three general modes of data collection are presented, namely questioning, observation and the use of existing written material. It is suggested by the writer that the additional method of tape-recording be included here as an effective mode of *data collection*

(3) Making initial contacts. Contact is the initial coming together of a worker and a potential client system. *Social workers use a* variety of methods to contact people who require and request help.

(4) Negotiating contracts. The social worker's first step in

influencing people to become involved in the change effort is to negotiate a contract, or working agreement, with them. The negotiation of a contract is a continual process in which the worker identifies purposes, works for clarification, and handles disagreements and resistances.

(5) Forming action systems. The action system is composed of the social worker and the people he works with to accomplish the specified tasks and goals. In the present study, action systems were formed predominantly by members of an adolescent's family.

(6) Maintaining and co-ordinating action systems. An action system becomes a social entity after it has been put together by a worker and members begin to interact. When problems arise in the initial functioning of the system and threaten the achievement of its purpose, the social worker must find a means of maintaining and co-ordinating the system. The social worker can use programme activities to help resolve problems of functioning at any one time, and to facilitate the development of relationships over time.

(7) Exercising influence. The term 'influence' can be defined as effecting the condition or development of a system. In social work, this means having an effect on [illegible]vement of outcome and method goals.

(8) Terminating the change effort. Termination is not just some point reached at the end of the planned change effort, but an integral part of the whole process which the worker carefully prepares for and helps bring about. Skills in terminating a planned effort and disengaging from relationships are as necessary as skills in initiating the effort and engaging people in it. The way the change effort process is brought to an end affects both the success of the worker's effort and his future relationships with those involved.[13]

1.5 Methods of Obtaining Data

The dual focus of the present study is adolescents and their families, and social work practice. According to Winckler (1965), research into any field of social work 'must be preceded by research in respect of existing services and study of up-to-date literature.'[14] Bearing this in mind, the writer reviewed the literature for the past decade on adolescence, families, family therapy, social groupwork and some of the modern ideology of social work practice as emerged in the current literature. While the main body of social work theory stems from American and British sources, the writer also reviewed relevant South African research.

The procedure for gathering data consisted of three steps, namely:

(1) An analysis of case records at the Youth Advice Bureau for the two years January 1973 to December 1974, illustrating the method of social casework.

(2) The preparation for, and the recording and analysis of a short-term group for parents of adolescents.

(3) The initiation and subsequent analysis of four cases of family therapy treated at the Youth Advice Bureau during the two-year period 1974-1975.

1.6 Explication of Terms Used

The following terms as used in this dissertation will have the described meanings:

(i) Adolescent. An adolescent refers to a male or female, usually of the white race, between the ages of 13 years and 21 years in the Western culture.

(ii) Young adult. This refers to a male or female in Western society between the ages of 22 years and 28 years. As with the term 'adolescent,' young adult usually refers to members of the white race.

(iii) Client. The client is the person(s) who enter(s) a contract with a social worker in order to receive an amelioration of his (their) problem(s). The client may be an individual, a group of persons or a family. To facilitate comprehension, a single client will always be referred to in the masculine, 'he'.

(iv) The writer. This refers to myself, Nathalie Goldberg, as the candidate for the Degree of Master of Arts in Social Work, as author of this dissertation, and as a practising social worker at the time of the research study at the Youth Advice Bureau. In excerpts from the texts of therapeutic interviews, the term 'writer' may be interspersed with the terms 'worker,' and 'leader,' as in the groupwork experience.

(v) Integrative approach. The integrative approach to the practice of social work refers in this study to the multiple usage of social casework, social groupwork and family therapy in the treatment of adolescents and their families.

(vi) Sculpture. Sculpcure refers to a dynamic, active, nonlinear process that portrays relationships in space and time so that events and attitudes may be perceived and experienced simultaneously.[15]

(vii) Sculptor. The sculptor is the person who identifies and places his characters in spatial relation to one another, in order to portray his perception of the relationships being described.

1.7 Synopsis of the Study

This dissertation is divided into four parts.

Part I (Chapters 1 and 2) provides a general introduction to the study, as well as a description of the setting of the study.

In Part II (Chapters 3 and 4), the theoretical perspectives of this study are surveyed. These include a discussion of adolescence and the family system per se, and the treatment of adolescents and their families in social work practice. Case examples are cited to illustrate the text.

Part III (Chapters 5, 6 and 7) is a presentation of the research study. This includes three sub-studies, involving the three methods of social work practice being considered. Chapter 5 presents the social casework research study; Chapter 6 the social groupwork research study, and Chapter 7 the study of family therapy at the Youth Advice Bureau.

In Part IV (Chapter 8), the results are summarised, and on the basis of the findings, conclusions are drawn and recommendations are put forward.

1.8 Limitations of the Study

There were five major limitations of this dissertation. These were:

(1) In terms of its constitution at the time this research study was undertaken, the Youth Advice Bureau's first aim was 'to endeavour by all appropriate means to deal with the problems of European Youth in Johannesburg ...' The clientele of the Youth Advice Bureau was therefore almost exclusively white, although as the case records will reveal, a few clients of other race groups did receive help. While the writer will refer to adolescents in Johannesburg as a whole, the characteristics discussed will reflect only the culture of some: the white group.

(2) Because of the paucity of published indigenous South African literature, most of the material was obtained from British and American sources. However, relevant South African material was also reviewed.

(3) The analysis of case records for the two-year period 1973-1974 relied on the non-standardised records of four social workers employed at the Youth Advice Bureau at that time.

(4) The social groupwork analysis was limited by the crude selection of cases, the difficulties inherent in quantifying change in social work research, and by the human element which involved the loss of some raw data by members of the group.

(5) The family therapy cases were not tape-recorded, and so the analysis had to be undertaken through the use of the case records of two social workers on a non-standardised basis.

1.9 Potential Usefulness of the Study

There are four potential uses of this study. These are :

(1) This study provides a feasible expansion of services in a small, financially insecure social welfare organisation, the Youth Advice Bureau. This expansion of services falls within a modern theoretical framework of social work practice.

(2) It is hoped that this study will provide encouragement for future research to be undertaken at the Youth Advice Bureau, specifically into the areas of community work in both black and white communities.

(3) The results of this study will enable the Youth Advice Bureau management to formulate its policy and to develop its services, so that a wider clientele may be reached with effective social work intervention.

(4) This study suggests a blueprint, based upon the integrative approach to the treatment of adolescents and their families, for youth advice bureaux of the future.

1.10 Summary of the Introduction

Adolescence was described in its maturational and psychosocial context, and social work practice with adolescents was emphasised as being part of social work with families as a whole.

The setting of the study was the Youth Advice Bureau in Johannesburg. The four-fold aims of the study were outlined, and an explication of the term 'integrative social work practice', as it is used in this dissertation, was given.

The three methods of obtaining data, the definition of terms used and a synopsis of the study were then presented. The limitations of the study were listed in terms of five points, and the introduction was concluded with a discussion of four potential uses of the present study.

In conclusion, this study has been motivated by the writer's interest in developing more effective services for adolescents and their families at one social welfare agency catering for the needs of youth. The results of the modest research project will be presented in the hope that they will improve treatment services offered at youth agencies in general, and at the Youth Advice Bureau (Johannesburg) in particular.

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PART I

CHAPTER 2

THE SETTING OF THE STUDY: THE YOUTH ADVICE BUREAU (JOHANNESBURG)

CONTENTS

		Page
2.1	General Introduction	15
2.2	Section A: A Portrait of the Youth Advice Bureau ...	16
2.2.1	The Beginnings: the 1950's	16
2.2.2	The Constitution of the Youth Advice Bureau ...	17
	(I) The Aims and Objects of the Youth Advice Bureau	17
	(II) The Finances of the Youth Advice Bureau ...	18
2.2.3	Consideration of Changes in the Structure of the Youth Advice Bureau: 1960's and 1970's ...	19
2.2.4	The Principles of the Youth Advice Bureau ...	20
2.2.5	The Aims of the Youth Advice Bureau ...	21
2.2.6	The Functions of the Youth Advice Bureau ...	21
2.2.7	The Youth Advice Bureau: 1977	23
2.3	Section B: Social and Welfare Services for White Youth Johannesburg	23
2.3.1	Shelter for Youth	24
2.3.2	Entertainment for Youth	24
2.3.3	Education for Youth	26
2.3.4	Therapeutic Services for the Emotionally Troubled Adolescent	27
DIAGRAM	... ...	28
2.4	Summary of and Conclusions to the Setting of the Study ...	31
References to Chapter 2	... ...	32

CHAPTER 2

THE SETTING OF THE STUDY: THE YOUTH ADVICE BUREAU (JOHANNESBURG)

2.1 General Introduction

According to Ruth Smalley, social workers are committed to 'releasing human power in individuals for personal fulfilment and social good and social power for the creation of the kinds of society, social institutions and social policy which make social realisation possible for all men.'[1]

In the United States of America, there has been a trend away from specialised services towards programmes that cater for the individual and family within the context of group and community life.[2] This trend has manifested itself in three ways.

(i) in the merger of two or more specialised agencies into a single multifunctional agency;

(ii) in the expansion of a specialised agency to a broader function; and

(iii) in a closer collaboration between specialised agencies, through a system of joint planning and co-ordinated service.[3]

In contradistinction to America, the South African welfare system is based upon specialisation (of services rather than of training). There is an emphasis upon the partnership between the State and voluntary welfare organisations in providing specialised services.[4] Johannesburg therefore has a multiplicity of welfare agencies serving specific familial needs, for example an agency catering for children under 12 years of age, two government bodies providing services for white children and youth, a society

catering for the problems of adolescents and their families, to wit the Youth Advice Bureau.

Johannesburg is a metropolitan city with a white population of 445,800 people.+ The Youth Advice Bureau is the only voluntary welfare organisation in Johannesburg which offers specialised services for youth.

In order to examine the Youth Advice Bureau in its wider welfare context, the writer has divided this Chapter into two main sections:

Section A - which will present a portrait of the Youth Advice Bureau; and
Section B - which will outline youth services for whites in the city of Johannesburg.

2.2 Section A: A Portrait of the Youth Advice Bureau

2.2.1 The Beginnings: the 1950's

During the latter half of the 1950's, there was an increasing interest in and concern about juvenile delinquency in South Africa, leading to a National Conference on Juvenile Delinquency in March, 1956. In Johannesburg, during the same period, there erupted a wave of anti-social behaviour on the part of white adolescents. Community concern about this behaviour resulted in several public and later committee meetings, culminating in the formulation and subsequent registration, in December 1958, of an organisation entitled the 'Johannesburg Institute for Youth Problems.'

As the registration of the Johannesburg Institute for Youth Problems required the determination of priority purposes, the Executive Committee decided to establish an advice bureau as its first activity. The Advice

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+ Figure obtained from the City of Johannesburg 'Vade-Mecum.' The 44th Edition, The Johannesburg City Council, 1974.

Bureau was duly opened in February, 1960. A part-time social worker was appointed to work under a Professional Committee comprising a psychiatrist, a personnel manager and a social worker. The Advice Bureau was advertised as being an organisation to assist young people with behaviour problems, offering skilled advice and help.

2.2.2 The Constitution of the Youth Advice Bureau

To date,[+] the official constitution of the Youth Advice Bureau is still that of the original 'Johannesburg Institute for Youth Problems'.[++] A new, revised constitution was formulated at the Annual General Meeting of the Youth Advice Bureau in October, 1976, and this document still awaits official ratification by the National Welfare Board.

Two sections of the revised constitution will be examined in this study. These are: (I) the aims and objects of the Youth Advice Bureau and (II) the finances of the Youth Advice Bureau.

(I) The Aims and Objects of the Youth Advice Bureau

Eleven aims and objects are listed in the revised constitution. These are::

'(a) To deal professionally with the problems of young people as they affect individuals, families and the community.

(b) To provide an information service on matters affecting the interests of young people.

(c) To perform preventive and promotive services in order to disclose the incidence of problems of young people.

(d) To organise for this purpose as members, subject to the conditions set out in this Constitution, such organisations, bodies and persons as have had experience of dealing with problems of young people and are willing to make contributions of any nature whatsoever towards their solution.

+ February, 1977.

++ Undated, but probably issued in 1959-60.

(e) To study the causative factors of problems of young people and to devise and suggest the appropriate preventive measures and to co-operate with Universities or other organisations in related fields.

(f) To engage actively in remedial measures in relation to social, emotional, scholastic, career and related problems as they affect young people and to support, encourage and co-operate with other organisations having the same object.

(g) To assist and encourage the establishment of Youth Counselling Bureaux which young people and their parents, guardians, counsellors or teachers may approach with their psychological and behavioural problems for the necessary advice and help in overcoming them and to co-operate with or support other organisations engaged in similar services.

(h) To take part in and to be represented on such organisations as may have similar objects or may affect the work of the Bureau.

(i) To promote, support or oppose as may seem expedient from time to time, legislation having a bearing on the aims or work of the Bureau.

(j) Raise funds through public appeals and otherwise for any of the aims and objects of the Bureau.

(k) To do all such other things from time to time as may be deemed expedient for the purpose of achieving the objects of the Bureau.'

(II) The Finances of the Youth Advice Bureau

Two points relating to the finances of the Youth Advice Bureau are of interest in this portrait of the agency. These are quoted from the revised constitution:

'(ii) The finances of the Bureau shall be derived from such revenue as accrues to it by way of grants-in-aid, fund raising efforts, membership fees, levies, legacies and donations or otherwise as it may legally become entitled to.

(iii) Fees of members shall be as determined by the Executive Committee from time to time.'

Apart from regular fund-raising efforts on the part of the Committee of the Youth Advice Bureau, the agency does receive an annual grant from the

Johannesburg City Council, subsidisation of salaries for the social workers from the National Council for Marriage and Family Life (S.A.)[+] on an annual basis, and fees from clients which are nominally charged according to the clients' means.

2.2.3 Consideration of Changes in the Structure of the Youth Advice Bureau: the 1960's and 1970's

In the early 1960's, the Executive Committee and professional staff of the Youth Advice Bureau favoured the idea of merging with other related welfare organisations in Johannesburg, in order to provide a family counselling centre encompassing all age groups.[++] The two organisations approached were the Johannesburg Marriage Guidance Society and the Johannesburg Child Guidance Clinic. The early negotiations of these three agencies were abandoned owing to a lack of clarification of the aims of each separate organisation. In the latter half of 1974, however, the Youth Advice Bureau and the Johannesburg Marriage Guidance Society began to revitalise the subject of a merger organisation.

A meeting of the two organisations was held in January, 1975 under the guidance of an objective facilitator. A Joint Working Committee was formed at this meeting, and consisted of representatives of the two organisations whose role was to pursue the ideas and the practical administrative aspects of the proposed merger.

The Executive Committee of the Youth Advice Bureau resolved in February, 1975 'to co-operate as far as possible with the Marriage Guidance Society'

+ Commonly abbreviated as F.A.M.S.A.

++ Relate this to aims (e) and (f), p.18.

in respect of joint premises, public education programmes, in-service training of personnel, maintaining a Joint Working Committee, and in representation at one another's Executive Meetings[+]. The Executive Committee of the Marriage Guidance Society, however, resolved in March, 1975 'to suspend further talks about the possibility of a merger.'[++] Efforts to form a merger organisation did not therefore succeed.

The Youth Advice Bureau, although a specialist agency, sees itself as part of the wider network of social welfare resources. This view was expressed by way of formal application by the Director for affiliation to the National Council for Marriage and Family Life (S.A.), abbreviated as F.A.M.S.A. This affiliation was approved in April, 1975. The Youth Advice Bureau is also affiliated to three other organisations, namely the Johannesburg Co-ordinating Council of Registered Welfare Organisations, the Johannesburg Council for Adult Education, and the National Council of Women.

2.2.4 The Principles of the Youth Advice Bureau

The four guiding principles of the Youth Advice Bureau can be enumerated as follows :

(i) It is vital to the present and future well-being of any society to cherish the interests of its youth.

(ii) The family is the nurturing ground and the core of intimate human relationships, forming the basis of the social and psychological adjustment for youth.

+ Quoted from a letter from the Director of Youth Advice Bureau addressed to Mr. B. McKendrick, School of Social Work, University of the Witwatersrand, dated 10th March, 1975.

++ Quoted from a letter from the Director of the Johannesburg Marriage Guidance Society addressed to the Director of the Youth Advice Bureau, dated 6th March, 1975.

(iii) It is important to develop communication skills within the family system. For this, professional help is becomming increasingly necessary.

(iv) A main focus of the Youth Advice Bureau is on young people with problems, which affect others in their environment, causing a 'ripple effect' in the community at large. It is more economical and effective to treat relatively controlled problems rather than severe and complex family issues.[5]

2.2.5 The Aims of the Youth Advice Bureau

In a public talk on the Youth Advice Bureau, the Director spelled out three main aims of the agency.[+] These aims incorporate and summarise the eleven aims cited in the Youth Advice Bureau's Constitution, as revised.[++] These aims are:

(i) To deal professionally with youth problems affecting the stability of individuals, the family and the community at large.

(ii) To provide an information service on matters affecting the interests of young people and parents.

(iii) To perform preventive functions, through public education, thus promoting sound family relationships and serving the needs of youth.

These aims are accomplished through certain functions and services, which will be listed below.

2.2.6 The Functions of the Youth Advice Bureau

The principles and aims of the Youth Advice Bureau are carried out through four broad functions: individual and family help; social groupwork; community work and education.

+ Unpublished talk delivered in August, 1975.

++ See pp. 17-18 of this dissertation, for the full list of aims.

(i) Individual and family services. This refers to social casework on both a short-term and long-term basis, with adolescents, their parents, or adolescents and their parents jointly, as well as to family therapy itself.

(ii) Social groupwork services. Since the initiation of this research project, the Youth Advice Bureau has formulated an ongoing programme of social groupwork as one of its regular services. Groups have been conducted with two-parent families and single-parent families of adolescent children.

(iii) Community work services. The Youth Advice Bureau engages in a wide variety of community work, which includes an information and referral service; a telephonic counselling service; interviews with the press, representing both the English and Afrikaans newspapers; radio broadcssts; a fortnightly English newspaper column which was operative from 1963 until 1975, and which dealt in question-and-answer form with adolescents' and parents' problems and queries;[+] regular newsletters describing the work of the Youth Advice Bureau which are distributed to members and other social welfare organisations; and finally, a potential television broadcast, which is still in the negotiating phase.[++]

(iv) Educational services. The Youth Advice Bureau holds frequent talks with cultural organisations, service groups and educational bodies on various aspects of adolescence; it arranges public education programmes such as films and symposia; it offers advice to the black community on how to initiate and manage a similar service in the black, coloured and Indian areas of Johannesburg; and most importantly it is an accredited Field Work Training Centre for the University of the Witwatersrand, the Randse Afrikaans Universiteit, and the University of South Africa, (Unisa).[+++]

+ See Appendices II, III and IV for examples of these newspaper columns.

++ To date, February, 1977.

+++ Unisa is a correspondence university situated in Pretoria.

2.2.7 The Youth Advice Bureau: 1977

The Youth Advice Bureau is a small social welfare agency, situated in the business area of the city of Johannesburg. It maintains a professional staff consisting of two social workers and one clinical psychologist. The Management Committee consists of the Executive Committee with its various sub-committees, namely the Fund-raising Sub-committee, the Membership Sub-committee and the Education Sub-Committee. As there is no Board of Management, the Executive Committee of the Youth Advice Bureau performs the functions of such a body. Among these functions is the ratification of all new services introduced by the social workers to the Youth Advice Bureau.[†] The Youth Advice Bureau operates a forty hour working week, and the professional staff receive weekly mentoring from a consultant psychiatrist treating adolescents and their families. The social workers avail themselves of many learning opportunities, and are members of the Group for the Advancement of Family Therapy. A modern library of relevant literature is part of the Youth Advice Bureau's *'equipment'*. The three main services offered at the Youth Advice Bureau in the treatment of adolescents and their families are social casework, social groupwork and family therapy.

This brief portrait of the Youth Advice Bureau has described the historical perspectives of the agency, its operation in a practical sense, and its functions in a philosophical sense.

2.3 Section B: Social and Welfare Services for White Johannesburg Youth

It is not possible, within the framework of this study, to examine in any detail the youth welfare scene in Johannesburg. The writer has therefore selected several relevant aspects of youth life for discussion, so as to enable the Youth Advice Bureau to be viewed in its wider social context. These aspects will include shelter, entertainment, education and therapeutic services for adolescents.

[†]Permission for conducting social groupwork and family therapy was obtained by the writer from the Executive Committee at the initiation of the study project.

2.3.1 Shelter for Youth.

Excluding parental homes, what accommodation facilities are available in Johannesburg for white youth? There are seven women's hostels and four men's hostels, most of them run by various religious groups, and one by the Municipal Housing Scheme. The hostels all provide board and lodging for young working men and women, are inexpensive and are located in all areas of the city. They do not offer any form of counselling service.

In addition to hostels, there are numerous residential hotels, most of which are situated in the most densely populated suburb of Johannesburg - Hillbrow. Apart from boarding in private homes, living in flats, and students living in university and college residences, numerous young people rent large, old houses which accommodate anything from four to twelve people at a time. This form of group living, mostly found (in the writer's experience) in the upper-middle class socio-economic groups, is referred to as living in a 'commune'.

2.3.2 Entertainment for Youth

The City of Johannesburg Parks and Recreation Department controls and staffs 26 recreation centres in all areas of the city. These centres cater for all age groups, ranging from toddlers to the aged. Facilities offered include a wide range of interests, for example, drawing, cooking, physical activities, musical lessons and hobbies like photography.

In its pamphlet on the recreation centres, the Johannesburg City Council has advertised its facilities as follows :

'Leisure is not a luxury; it is a part of daily living;
No need to be bored; no need to be lonely; no need to be frustrated;
Modern society has done so much for man :
. it has shortened his working hours
. lengthened his life span ....
and created its own problems:
. produced too much leisure time...
. destroyed opportunities to be creative...'+

In general, recreation centre activities for youth are frequented more in the daytime than in any evening activity. The night hours are often devoted to other forms of socialising, for example dancing. Church youth groups which provide cultural as well as social activities like dancing have increased in popularity over the past few years. Apart from commercial entertainments like the cinema, the theatre and two ice-skating rinks, the youth activity most popular in the 1970's has been the discotheque, which provides modern dance music and the opportunity to meet other young people, especially of the opposite sex. A feature of the Johannesburg modern music scene over the past few years has been the annual all-day Pop and Folk Festivals, each drawing crowds of up to five thousand young people at a time.

Recreation is also provided in answer to specific needs, for example, 'weight watchers' groups. Finally, outdoor activities such as sports, camping and motorbike racing or "scrambling" also absorb a large portion of the leisure time of adolescents.

+ Pamphlet entitled 'Recreation Centres in Johannesburg', published by the City of Johannesburg Parks and Recreation Department, undated.

2.3.3 Education for Youth

The Johannesburg School Board has under its auspices 35 high schools situated in all areas of the city. Of the 35, 22 are English-medium schools, nine are Afrikaans-medium, and the remaining four are dual-medium language schools. Apart from these Government schools, there are numerous private high schools in Johannesburg, both co-educational and monastic schools.

School-leavers seeking higher qualifications have various choices open to them, to name a few: three universities, one English-medium, one Afrikaans-medium, and one dual-medium correspondence university; various colleges such as those offering secretarial courses for school-leavers with or without a matriculation certificate; colleges for post-matriculation study, such as the Teachers' Training College and the Witwatersrand College for Advanced Technical Education. This latter College offers a wide variety of courses including optometry, pharmacy and many trades. Early school-leavers are frequently trained in the business world for various trades or specific jobs, for example, factory work.

This then is a summarised representation of educational opportunities available to white Johannesburg youth. Where does the adolescent who is experiencing problems directly related to his education go to for help?

The Department of Education controls four clinics of school psychologists in Johannesburg, and these clinics send their professional staff out to the various government schools on a rotation basis. Because there is no resident psychologist or social worker at the government schools, most of the work of the school psychologists is concentrated upon psychological testing rather than therapy. There are some private schools in the city which employ social workers on their professional staff.

On a post-graduate level, the University of the Witwatersrand runs a Counselling and Careers Unit, which staffs clinical psychologists and social workers. This Department caters for any problem which the university student might have, whether or not it is directly related to his studies.

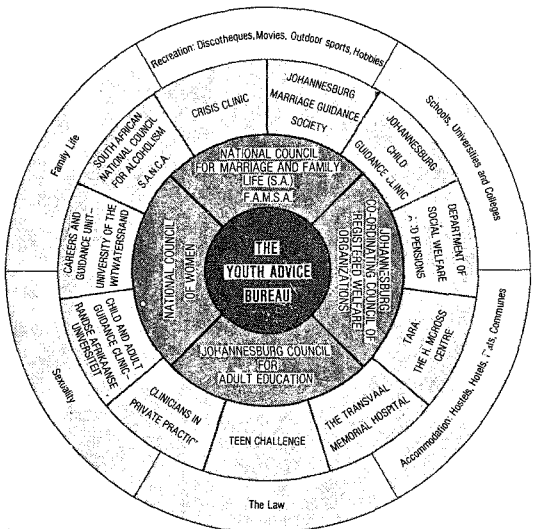
In addition to the abovementioned list of therapeutic services for troubled adolescents, there are services which cater for specialised problem areas such as perceptual learning difficulties and mental retardation. Johannesburg has a number of private schools which serve children and adolescents with these particular problems. Some of these schools are residential while others are run on a day-school basis. There are, in addition, a few government schools which control special classes for children suffering from learning difficulties and for immigrant children, but these are all at the primary school level.

2.3.4 Therapeutic Services for the Emotionally Troubled Adolescent

All people experience problems at some time in their lives. It is indeed man's capacity for suffering which makes him cruel on the one hand, and resilient and resourceful on the other. Not everyone experiencing a problem seeks professional guidance. Broadly speaking, the person who does seek help is one who is experiencing a crisis with which he cannot adequately cope on his own.

There are various facilities in Johannesburg catering for youth with problems. In order to see the Youth Advice Bureau in this welfare context, a diagram has been drawn up. (See Figure I, p. 28).

Fig. 1 DIAGRAM OF THE JOHANNESBURG YOUTH ADVICE BUREAU IN ITS WELFARE AND SOCIAL CONTEXT



KEY

- The Youth Advice Bureau
- The Organisations to which it is affiliated
- Liaison with these agencies – which offer youth services
- Wider social context of youth life in Johannesburg

The diagram portrays the Youth Advice Bureau as the centre of a wider welfare community, interacting with all three concentric circles:

- youth in its social environment (the outer circle);
- youth receiving therapeutic help from local welfare organisations (the middle circle);
- and the Youth Advice Bureau as it interacts with the four Councils to which it is affiliated.

The social environment includes family life, sexuality, the law, accommodation, education and recreation. The four Councils have been enumerated previously.+ The therapeutic services catering for white youth include the following:

(i) The Johannesburg Child Guidance Clinic, which staffs social workers, clinical psychologists and psychiatrists, and caters for white children and their parents up to the age of 16 years;

(ii) Tara: The H. Moross Centre, a neuropsychiatric hospital with short-term, intensive therapeutic facilities. This Centre runs a Children's Clinic as well as an Adolescent Unit;

(iii) The Transvaal Memorial Hospital, the local children's hospital, which has an outpatient psychiatric clinic;

(iv) The Johannesburg Youth Advice Bureau, which caters for white youth from the ages of 16 years to 28 years;

(v) Teen Challenge, which is a residential home for adolescent drug addicts;

(vi) The Randse Afrikaanse Universiteit (R.A.U.) conducts a Child and Adult Guidance Clinic for the public;

+ See p. 20 of this dissertation.

(vii) The South African National Council for Alcoholism (S.A.N.C.A.) runs under its auspices a small residential treatment centre for young drug addicts;

(viii) The Crisis Clinic, which falls under the aegis of the Department of Social Welfare and Pensions. This Clinic, situated in Hillbrow, is staffed by professional psychologists and social workers as well as by student and lay volunteers. It is open seven evenings a week, and one morning when there is a Parent and Child Counselling Service. The Crisis Clinic caters for all age groups, and has on its caseload a large number of adolescents;

(ix) The Department of Social Welfare and Pensions,which controls a professional staff of thirty-eight white full-time social workers. They deal with youth who have come into conflict with the law, and with troubled youth generally. These social workers are termed 'Probation officers,' as a young offender is often put on probation by the juvenile court, and the social worker then has regular contact with such a young person;

(x) Ministers of religion usually offer counselling services to their congregants; and

(xi) Clinicians in private practice draw caseloads of all age groups within a family. These clinicians include psychiatrists and psychologists, and a small number of private social workers.

In summary, it can be seen that the Youth Advice Bureau forms one part of the network of provisions and services for white Johannesburg youth. It is a welfare organisation which touches on all aspects of family and adolescent life, including problems of accommodation, recreation, education, choice of career and problems related to the psychodynamics of family life.

2.4 Summary of and Conclusions to the Setting of the Study

The Youth Advice Bureau was initially established in response to problems of juvenile delinquency amongst white Johannesburg youth. It was registered in 1958 as a welfare organisation under the title of the 'Johannesburg Institute for Youth Problems', and the present title of the Youth Advice Bureau awaits official ratification by the National Welfare Board.

A revised constitution of the Youth Advice Bureau also awaits official ratification. The eleven aims of this constitution were listed. In the recent past, the Youth Advice Bureau explored the possibility of forming a merger organisation together with the Johannesburg Marriage Guidance Society, but this did not materialise. In its wider welfare context, the Youth Advice Bureau is an affiliate of two local councils and two national councils, and has close liaison with at least another ten welfare organisations in Johannesburg.

The Youth Advice Bureau deals with problems related to all aspects of family life related to the adolescent, including problems of sexuality, schooling and family communications.

The three-fold aims of the Youth Advice Bureau are to provide therapeutic services to youth and their families, to provide an information service to the general public, and to perform preventive functions. It achieves these aims through wide-ranging services, both educational and therapeutic.

Finally, it may be said that the single most important guiding principle of the Youth Advice Bureau is that the family is the nurturing ground and the core of intimate human relationships, forming the basis of the socio-psychological development of youth.

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PART II

THEORETICAL PERSPECTIVES ON ADOLESCENCE AND THE FAMILY

PART II

CHAPTER 3

THE ADOLESCENT AND HIS FAMILY

CONTENTS

	Page
3.1 Definitions	34
3.1.1 Adolescence	34
3.1.2 The Family	36
3.2 Adolescence: A Developmental Phase ...	39
3.2.1 Introduction	39
3.2.2 Three Phases of Adolescence ...	40
3.2.3 Conclusion	46
3.3 Adolescence: Identity Formation ...	46
3.3.1 Introduction	46
3.3.2 Vocational Identity in Adolescence ...	49
3.3.3 Sexual Idendity in Adolescence ...	51
3.3.4 Conclusion	52
3.4 Adolescence: A Subculture	52
3.4.1 Introduction	52
3.4.2. The Peer Group	53
3.4.3 Conclusions	57
3.5 Summary of Chapter 3	58
References to Chapter 3	60

CHAPTER 3

THE ADOLESCENT AND HIS FAMILY

3.1 Definitions

Two definitions will be described in this section: that of adolescence and of the family.

3.1.1 Adolescence

In the Oxford Illustrated Dictionary, 1975, the adolescent is defined as a 'person between childhood and maturity; between the ages (roughly) of 14 and 20.'[1]

The term 'adolescence' is derived from the Latin 'adolescens,' the present particle of adolescere, which means to grow from childhood to adulthood.[2]

A dictionary definition of adolescence, while precise, does not convey the dynamic process of this period of human development. Adolescence as it exists in Western society is a product of the dual influences of the Judeo-Christian culture and urban industrialisation. Prior to the Industrial Revolution in Europe,+ the attainment of physiological maturity was equated with adulthood and therefore brought with it working status. Western culture lacks formal rites of passage that would clarify the transition from one status to another.[3] Hence, the distinguishing feature of adolescence today is what has been referred to as 'hiatus status.'[4] Adolescents are no longer considered to be children, and yet they are not expected to take their position in the adult world. They have some adult privileges (status), but they are not expected to take on full adult responsibilities or functions.

+ The late 18th Century and early 19th Century.

The nature of Western society's ethos stresses individuality against conformity, and thereby places the burden of deciding upon a cause, on life meanings and goal aspirations, in the hands of the individual. While there are advantages and disadvantages to this status situation, there is no doubt that 'the price paid for this freedom of self-exploration and individual identity determination is a longer and more confused search - *in short, a prolonged adolescent period.*'[6]

In summary, the concept of adolescence was developed in response to social, political and economic developments in urban industrial society. In Western society, the social factuality of adolescence is reinforced by the law, for example compulsory education. In South Africa, adult status is officially reached at the age of 21 years. The age of 18 years, however, brings with it certain adult privileges, for example the right to vote, to obtain a driver's licence, and military service eligibility.

The study of adolescence began with the work of G. Stanley Hall in his book entitled 'Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education' published in 1904.[7] From the beginning of this century until the present day, one situation in regard to adolescence has become clear: adolescence is a social fact.[8] In countless numbers of studies, adolescence has been viewed from many different angles: physiological, psycho-analytical, sociological, psychological, anthropological and economical. In traditional social work theory, there has in the past been a psycho-analytical bias to the study of adolescence,[9] *although this is less* operative in the present.

For the purpose of this dissertation, the adolescent is considered as any *boy or girl between the ages of 13 years and 21 years, in accord with the*

policy of the Youth Advice Bureau. Adolescence begins with puberty, and ends with the attainment of psychological and practical independence.

3.1.2 The Family

The Oxford Illustrated Dictionary, 1975, defines family as '(i) a set of parents and children, or of relations, whether living together or not; or (ii) all descendants of common ancestor, house, lineage; group of people from common stock.'[10]

The family is a term for a social institution as old as the human species itself. Basically, the family performs two tasks: it ensures physical survival and builds the essential humanness of man.[11]

It must be emphasised that the adolescent cannot be seen in isolation from the family: every adolescent being part of a family unit. Indeed, none of us lives his life alone. For the purposes of this dissertation, the family refers to the modern nuclear family consisting of father, mother and children living together in the same dwelling unit, or as separated by law,or as deceased.

Ackerman (1958) lists six social purposes served by the modern family. These are :

(i) The provision of food, shelter and other material necessities to sustain life and provide protection;

(ii) the provision of social togetherness which is the matrix for the affectional bond of family relationships;

(iii) the opportunity to evolve a personal identity;

(iv) the patterning of sexual roles;

(v) the training toward integration into social roles and acceptance of social responsibility; and

(vi) the cultivation of learning and the support for individual creativity and initiative.[12]

The family is the basic nurturing unit of growth and experience. The family's task is to socialize the growing child and to foster the development of his identity. The indefinable and intangible processes by which a child absorbs and responds to his family atmosphere are those factors which in part determine his personality. Family relationships regulate the flow of emotion, facilitating some paths of emotional release and inhibiting others. Also, family situations reflect its perception of phantasy and reality, and this influences the child's growth of reality perception. The family, then, is the primary group.[13] It is intermediate between the individual and the wider society, it moulds the personalities of each of its members and simultaneously reacts to stimuli from the outer group.

In recent decades, there have been significant changes in the family with regard to its functions and roles. In the words of Sander (1973); 'No institution has been more altered by the rapidity of social change than that transmitter of culture and that crucible of personality formation, the family.'[14]

Zimmerman (1972) makes the point that the nuclear family is a 'biological' phenomenon of primate human society. It is not an adaptive form in the evolutionary series of development, nor a functional aspect of the industrial society. Rather, it is practically universal in human time and social space. Its nucleus is a unit of husband-wife and parents-children.[15]

Writing on the modern American family, Birwhistell (1970) has suggested that the nuclear family is so idealised that it may well be a nonviable system. Such a unit lacks lateral support. In addition, just before the turn of the century, there began a trend of defining parents not only as legally, morally, religiously and economically responsible for their children, but also as finally responsible for the personalities of their children, and the parents (especially the mother) came to be regarded as the cause of 'bad' personalities. The goals of the American family, in the author's opinion, are myths. Birwhistell maintains that if the pathology inherent in this ideal and its impossible goals could be unmasked, better access could be gained to the talent and energy now so wastefully employed by so many unhappy people.[16]

Whereas during the Victorian era sex roles were clearly defined and exclusive, today many parental roles are shared. Different parental authority and roles produce different effec- the socialisation of the child, and particularly on the adolescent. *Decision-making*, authority and affectional ties are dynamic parts of any family system. Bloch and La Perriere (1973) refer to those behaviours concerned with the acquisition and maintenance of power as the 'politics' of the family.[17] What is important for the socialising adolescent is consistency in this regard. A stable environment provides an adolescent with assurance that tasks to be mastered and skills to be learned will have meaning over time.[18] An adolescent's family helps to fulfil his personal needs, teaches him cultural patterns of behaviour, and prepares him for adult role performance.[19]

Finally, one has to view the family at all times as a dynamically operating system. The currents of feeling, the social and role expectations are myriad in kind, are of all degrees of intensity, and are ever changing.

Family relationships are close and interdependent: anything affecting one individual affects his family and vice versa.[20] The family as a system is difficult to describe verbally, in linear form. As Duhl, Kantor and Duhl (1973) stated: 'In family life... the action never ceases for each member, although one or another may be highlighted at any moment.'[21]

3.2 Adolescence: A Developmental Phase

3.2.1 Introduction

It is necessary to consider adolescence from a developmental point of view simply because a man becomes an adult; it is not something which he acquires through fortune.[22] And adolescence is that phase of growth which transforms child into adult.

Puberty is characterised by the onset of hormonal activity which is under the influence of the central nervous system. This hormonal activity leads to broad physiological and psychological changes, including the development of primary and secondary sex characteristics.[23] The rate at which males and females mature differs considerably. In a study in America in 1971, the authors Paonessa and Paonessa found that whereas teenage girls had been adequately prepared for the onset of puberty, teenage boys rarely received such preparation.[24]

In adolescence, there is an increased interest in a one-to-one relationship with a member of the opposite sex. There is an acceleration of emotional expression of both a sexual and an aggressive nature. According to Stricklin (1974), the adolescent has a need to rebel against brutal control and the social structure. He has frequent mood swings, and

alterations in his need for dependence and independence.[25] The adolescent as a human being shares two of man's dual attributes, those of intelligence and dependence.[26]

The simultaneous maturation of sexual, intellectual and performance capabilities in adolescence provides a new level of integration and differentiation of psychological and psychosocial needs. Gilbert (1970) maintains that the predominant theme of adolescence is adult role behaviour. This involves problems of sexuality, social competence and authority relationships.[27]

Another author, Count (1967) has postulated that conflict is both a normal and essential factor for adolescent growth, and that it may be stimulated, encouraged and managed for constructive and creative purposes.[28]

3.2.2 Three Phases of Adolescence

A number of authors (Cole and Hall (1970);[29] Blos (1962);[30] and Erikson (1969)[31]) divide the adolescent period into three distinct phases: early, middle and late adolescence. Early adolescence arises with the increase of instinctual processes. During this period, the adolescent may experience emotional upheavals and revived Oedipal ties, and he turns to his peer group for support. In middle adolescence, the individual attempts to find out who he is. This is the period of identity

formation. In late adolescence, the individual becomes increasingly concerned with what his place in society is, and this involves decisions on career and marriage.

One might simplify the three phases of adolescence as follows: early adolescence is the physiological phase, mid-adolescence is the psychological phase, and late adolescence is the social phase of development. These three phases will now be discussed in some detail.

(a) Early adolescence

Adolescence begins with puberty. As Blos (1962) has stated:

> 'The term 'adolescence' encompasses the sum total of those psychological changes that are attributable directly to the onset of puberty.' [32]

Concurrent with physiological changes, there are corresponding personality changes. During this phase of adolescence there is increased activity, increased aggressiveness, decreased dependence upon the adult (especially parental) world, and a greater scope of social interaction. With the advent of full puberty, there is a surge of sexual and aggressive energies. The early adolescent begins to withdraw from his emotional ties with his parents. With the dimunition of parental and other adult influences there follows a re-evaluation, a reality-testing of his parents and their values and attitudes. The withdrawal from the parents normally causes a kind of mourning reaction, the typical depression of the adolescent. Since the cause of the depression seems obscure, the adolescent is labelled as 'moody'. As one researcher, Giovacchini (1968) puts it:

> 'The gay, carefree days of adolescence as nostalgically reconstructed by adults is a sharp contrast to the heavy, troubled expressions so frequently observed on the faces of many young men and women.' [33]

In large measure, the mood swings of adolescents are related to the making and breaking of relationships, whether in actuality or phantasy. The establishment of individuality is commonly facilitated by derogation of the parents: everything the parents do is wrong, unacceptable. But the adolescent desperately wants his parents' love and care. Like all human emotions, the struggle for independence is one with strong ambivalences.

The adjustment to the new body image is in itself one calling forth both psychic and social resources. The physical changes are so marked as to bewilder the adolescent and make him appear gawky. The adolescent looks at himself in the mirror and asks: 'Is that me? Who is me?'

Throughout the turmoil of early adolescence the adolescent is constantly concerned with the all-important task of achieving a healthy relationship with a member of the opposite sex. This task is accomplished largely through association with the peer group.+

In summary, the main characteristics of early adolescence are :

(i) Rebellion against and withdrawal from adults, particularly parents.

(ii) Intense narcissism, with a strong preoccupation with one's own body and self.

(iii) Sexual urges and feelings become intense and gain expression through phantasy and later heterosexual relationships.

(iv) A marked increase in aggressive urges, now supported by a corresponding increase in physical size and strength.[34]

+ See pp. 53-57 of this Chapter.

(b) Mid-adolescence

It is during this phase of development that the capacity for the highest level of abstract thinking first makes its appearance. This is a development of unique importance. The ability to reason deductively and inductively at an abstract level provides the adolescent with important new adaptive and defensive techniques.

In a study of 600 female college students in Amer[illegible]on (1961) suggested the occurrence of an 'organic developmental step during mid-adolescence which might be referred to as the advent of self-cognition.'(p.18) Nixon continues to state that introspection is the essential business of mid-adolescence. 'The baby walks when his skeleto-muscular system has matured sufficiently; the adolescent looks at himself when his 'third eye' has reached maturation...' (p.29).[35]

Elkind (1967-68) has suggested that the appearance of new mental structures in adolescence helps to account for many of the experiential and behavioural characteristics of this age period. The capacity for combinatorial thought, that is for taking all factors into account in problem solving situations, sets the stage for indecision, dogmatism and dependence. Likewise, the capacity to introspect leads to self-consciousness, self-examination, and to the construction of social facades which mask true feelings and thoughts.[36]

The process of cognitive development has heretofore been considered to follow a given ontogenetic pattern. 'Blowing the mind,'a phrase often used by mid-adolescents, can be seen as a creative effort to open up new possibilities beyond the confines of rigid thinking. It involves the

young person in a spiritual world, allowing him the possibility of experiencing the unknown. In a world where old values have lost their meaning, this is seen as a real possibility for the creation of a world which is relevant.[37]

It is during mid-adolescence that three main needs of the adolescent emerge:

(i) Gradual emancipation from parents;
(ii) The need to make a vocational choice; and
(iii) A growing sense of responsibility.[38]

These three needs operate within each phase of adolescence. In the attempt at emancipation from his parents, the adolescent moves towards his own ego identity. This intensely complicated process of identity formation has been well documented by Erikson.+

In summary, the phase of mid-adolescence is characterised by:

(i) The development of abstract thought;
(ii) Increased introspection; and
(iii) The formation of a separate ego identity.

(c) Late adolescence

The adolescent at this stage is an emerging adult. Past realities in his life become increasingly important. One of the striking characteristics of this time of life is the continuation of the sense of play: the adolescent plays at being adult. This accounts for the impulsivity of many late adolescents, who cannot see as adults can, the serious consequences of some of their actions, for example, dropping out of school or college.

+ See pp. 46-52 of Chapter 3.

In late adolescence, there is generally even less contact with the parents than in the other two phases. The ambivalences about the parents, though, tend to diminish, as the adolescent begins to realise that independence is really available to him.

The loss of parents is now more real than psychological (as in mid-adolescence), and is compensated by more meaningful and sustained relationships within the peer group.

The task of seeking a sexual identity resolves at this stage through the exploration of sexuality in all its implications. No longer is sexual encounter a solely physical expression. The adolescent is now capable of caring for other people: falling in love involves feelings of true and intense concern for the beloved.

Sexual experience is fraught with contradictions in Western society. Officially, Western culture disproves of sexual intercourse outside of marriage. The conflict ... young person is how much he is allowed to experiment sexually ... society with mixed standards. Children are raised as though they have no sexuality, and then when they are late adolescents, they are expected to be adequately equipped, psychologically and socially, for marriage and its full sexual implications. This is the contradiction of an outmoded puritan heritage.

The frustration of the late adolescent is reflected in this pop-song by the Rolling Stones, written in the 1960's :

'I can't get no satisfaction
I can't get no girl reaction
And I try and I try and I try and I try
I can't get no...
I can't get no
I can't get no satisfaction, no satisfaction.' [39]

Late adolescence is the period of serious occupational choice, and inherent in this choice is the search for one's identity. The adolescent's relationship with his parents will influence his or her choice of career strongly.

In summary, late adolescence is the period where:

(i) The adolescent is often playing the role of being an adult while holding on to his childlike impulsivity;

(ii) The peer group becomes vitally important;

(iii) Sexual exploration extends into the emotional sphere; and

(iv) The adolescent makes a choice of career.

3.2.3 Conclusions

The writer has thus far outlined what the adolescent is by definition and by development. Adolescence by its nature is an interruption of peaceful growth. The concept of normality in adolescence has to take all the vicissitudes and conflicts of adolescent and family life into account. In the words of Anna Freud (1952):

> '... it is normal for an adolescent to behave for a considerable length of time in an inconsistent and unpredictable manner; to fight his impulses and to accept them; to ward them off successfully and to be overrun by them; to be deeply ashamed to acknowledge his mother before others and, unexpectedly, to desire heart-to-heart talks with her; to thrive on imitation of and identification with others while searching unceasingly for his own identity; to be more idealistic, artistic, generous, and unselfish than he will ever be again, but also the opposite: self-centred, egoistic, calculating.'[40]

3.3 Adolescence: Identity Formation

3.3.1 Introduction

The advanced rate of technological and scientific development presents society, and youth in particular, with an unpredictable future. The

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adolescent's quest for identity includes the need to define an anticipated future.[41] Thus for one to know his identity is to grasp the meaning of his past and potential for the future.[42]

The main exponent in the field of identity is Erik H. Erikson, who, in his manifold writings, employs the term identity with a number of connotations. These include a sense of *individual identity - an unconscious striving* for a continuity of personal character; a tendency towards ego synthesis; as well as a maintenance of an inner solidarity with a group's ideals and identity.

Erikson (1969) says that :

> 'the process of identity formation emerges as an evolving configuration - a configuration *which is gradually established* by successive ego synthesis and resynthesis throughout childhood; it is a configuration gradually integrating constitutional givens, idiosyncratic libidinal needs, favored capacities, significant identifications, effective defenses, successive sublimations and consistent *roles.*' [43]

Adolescence is comprised of a different set of *identification processes from that operating* during childhood. The adolescent identifies with significant persons and with ideologies which give meaning to his life.

Ego strength is seen by Erikson (1962) as arising in the adolescent's interaction he has with others, including the community. Ego strength emerges from a mutual confirmation of the individual and his community, where he is recognised by *society as being 'a bearer of fresh energy'*, while the adolescent recognises society as a living process which inspires loyalty as it receives it. The 'fresh energy' to which Erikson refers includes the craving for locomotion - being on the go; cognitive gifts and the physical development of the *adolescent.*[44]

A sense of identity as well as overcoming a sense of identity diffusion represents the polarity of the adolescent period. The identity crisis *may generally be applied to any individual's loss of self image or identification.* Erikson applied the term to a wide range of psychosocial phenomena, with the emphasis on adolescence as a period of 'psychosocial moratorium'. The identity crisis is particularly related to the adolescent period, as this is the time in which the individual is required to define his sense of identity as separate from that of his family or peers.[45]

An identity crisis becomes manifest when the individual finds himself exposed to a combination of experiences, each of which demands his simultaneous commitment. These experiences include physical intimacy, occupational choice, energetic competition and psychosocial self definition.[46]

In the search for a new sense of sameness and continuity, the adolescent has to re-experience many of the crises of earlier years, before he can install lasting ideals for his eventual identity.

De Levita (1966) includes in his description of identity the concept of roles. The adolescent is acutely aware of his own appearance and what he is doing, and the impressions he makes on others.[47]

In a non-verbal study of 420 male and female adolescents, Long, Ziller and Henderson (1968) concentrated on *developmental changes in* the self-concept. Since the adolescent is between groups, the authors see him as being 'marginal'. He therefore has problems of self identity relat.. *to his marginality.* The results in brief showed that the boys' perception

of self in relation to their fathers was relatively close and stable, whereas for girls the period of puberty (*i.e. early adolescence*) was marked by a withdrawal from parents.[48]

3.3.2 Vocational Identity in Adolescence

The danger of the adolescent period, according to Couvaras (1972), is one of diffusion. This she explains as the inability to identify with a certain occupation and to define one's vocational identity.[49] Miller (1966) maintains that society does not take note of the needs of adolescents. Adolescents have a need to do productive work which is valued by society in order for them to establish their identity as adults. In Miller's view, it is society's failure to provide adolescent work outlets of value which is one of the *aetiological causes of delinquency.*[50]

Allen (1968) refers to a survey of European and American literature on youth, which he maintains fails to take account of major social changes in respect of youth problems. Out of 18 general textbooks on adolescence, not one emphasised the adjustment necessary in starting work.[51]

Bettelheim (1962) sees the female student as being more a victim of technology than the male adolescent student. This is because in dedicating herself to study, *the female student is failing to define* her identity in terms of social expectations as wife and mother.[52]

According to Kiell (1964), the question of 'what shall I be;' to the adolescent actually means 'with whom shall I identify?' The problem of a vocational choice is partly the problem of identification. It is primarily the inability to settle on a vocational identity which is disturbing to youth.[53]

Many authors consider the problems of youth as arising from the changing of modern man's relationship to work.[54, 55, 56, 57] Technological developments have confused the vocational roles of the individual. In the past, occupational roles were relatively well defined, but the modern youth finds it difficult to define an occupation or vocation in a constantly changing technological world, for existing roles may disappear in years to come.[58] According to Cole and Hall (1970), adults today are as confused as the adolescent is in the world of modern technology and development.[59]

In the choice of vocation, the adolescent is attempting to answer the perplexing questions 'who am I?' and 'what am I to become?' In the words of Conrad:

> 'I don't like work - no man does - but I like what is in the work - the choice to find yourself... Your own reality... what no other man can ever know.'[60]

For some adolescents, the multiple choices they face in relation to finding their identities may lead to great confusion and depression. This may result in a choice of desperation: that of a negative identity rather than a non-identity, as evidenced by the hippies of the 1960's. Erikson (1956) defines a 'negative identity' as 'an identity perversely based on all those identifications and roles which, at critical stages of development, had been presented to the individual as most undesirable or dangerous, and yet, also as most real.'[61] Where a negative identity is absent, the integration of the ego takes place. As Erikson says:

> 'The sense of ego identity is the accrued confidence that the inner sameness and continuity is matched by the sameness and continuity of one's meaning for others.'[62]

3.3.3 Sexual Identity in Adolescence

Adolescence is the time when the individual's sexual identity must be resolved. Homosexual attractions and bisexual conflicts are generally accepted as part of the adolescent period, especially during the early phase. In the past, there were double standards for boys and girls: what was permissible in sexual experimentation for boys was not permissible for girls. This has now changed. Adolescent boys are much more in touch with their emotions, and they are allowed to be so by society. Sexual experimentation is more acceptable too, due to advanced contraceptive techniques. According to a report in Time Magazine, 1974, the sexual revolution at most American colleges is over, 'premarital sex among unmarried students is accepted as a matter of course.'[63]

Dreyfus (1967) maintains that adolescence is a period in which intimacy is both sought after and feared. The present generation of adolescents is born into a world which moves so fast that the time for intimate relationships is minimal. Hence the search begins. Youth, not having received the intimacy they need for growth and identity, feel cheated by their parents and by society in general. Since intimacy seems to carry the connotation of sexuality, which is still antithetical to the puritan ethic, our society does not freely permit intimate relationships. In Dreyfus' view, this can lead to rebelliousness and delinquency.[64]

Geleerd (1961) relates the sense of identity to the emotional experience of learning to walk. When the child can walk away from the mother, differentiation between self and other objects is established. In puberty, the many inner and outer bodily changes demand a new orientation of the body ego.[65]

3.3.4 Conclusions

A sense of identity and a crisis of finding one's separateness represents the polarity of adolescence. The two main areas of identity formation are vocational identity and sexual identity. The question 'what shall I be?' often means 'with whom shall I identify?' in the adolescent's serious occupational choice. The manifold choices for adolescents often lead to frustration and a resulting negative identity, or even a non-identity. As regards the adolescent's sexual identity, the search for intimacy and lasting love relationships is a priority goal.

During the late adolescent period, an identity crisis can occur, although as Couvaras (1972) points out: 'the formation of identity neither commences nor ceases with adolescence.'[66]

Identity formation, in summary, is a partly conscious and largely unconscious process. Although it occurs throughout a person's lifetime, it reaches its peak during adolescence. Generally, it refers to a sense of sameness, a unity of personality as experienced by the individual himself, and as he is recognised by others, over a period consistent through time.[67]

3.4 Adolescence: A Subculture

3.4.1 Introduction

The adolescent subculture, and the attitudes of many an adult towards this, is reflected in this quotation from a comic strip entitled 'The Small Society':

'Parent A - Dirty, rotten, crazy, mixed-up kids. If you ask me they're *all goofy! Long hair, sloppy dress,* loud music, bare feet...

Parent B - Relax, Hocker. You're getting excited for nothing. There's nothing wrong with teenagers - since they're too old to do things little kids do... and not old *enough* to do things adults do... they do things nobody else does.' [58]

To emphasise separateness and autonomy, one has to acquire unique and distinct features and this often means being different. Adolescents often complain about the unreasonable attitudes of the adult world. Frequently, they reveal that they resent the adult *telling them how to live. This* goes beyond simply being restricted and having their liberties curtailed. So many of the peculiar and bizarre mores of the adolescent are an attempt to create a *culture that they feel* is *truly* their own, one that has not been imposed on them by the adult world.[59]

Piaget (Elkind, 1970), in his writings on egocentrism, maintains that the young person is primarily concerned with himself. One of the consequences of adolescent egocentrism is that the adolescent is continually constructing or reacting to an imaginary audience. To quote Piaget:

> 'When young people *actually meet, each is more concerned* with being the observed than with being the observer. Gatherings of young adolescents are unique in the sense *that each young person* is simultaneously an actor to himself and an audience to others.' [70]

3.4.2 The Peer Group

Closely related to the status of adolescents as a separate group is their intense and almost exclusive allegiance to the peer group. The

adolescent peer group has its own forms, fads and standards.[71] Because of the ambivalent array of moral values presented to the adolescent by society, he learns to rely on his peer group for standards of conduct. Special language, clothes, music, reading material, role behaviours in the clique or crowd, dating and courting help youths express collectively a cohesive cultural distinctiveness, that is, a youth culture.[72]

Among the imputed hallmarks of this youth culture are sloth, sloppiness, sexual promiscuity, drug abuse and insistence on immediate gratification, mixed with a liberal dose of bad manners, disrespect for authority, and renunciation of traditional values.[73]

There are writers who disagree entirely with a notion of a youth culture, asserting instead that adolescents as an essentially unique age group are a vanishing species. From this point of view, the adolescent generation, beneath its superficial trappings, is a dull, stereotyped, unimaginative segment of our population that shrinks from individuality and prematurely adopts identities prescribed or modelled by their parents.

One such author, Pfuetze (1967), did a study on 'youth in the crisis of society.' He reached a threefold negative characterisation of *youthful rebels. He maintained (a) that youth were not revolutionaries*, (b) that they did not belong to any wage-oriented class, and (c) that they did not belong to any age limit generalisation. Pfuetze said that the origin of youth was based on the decline of the family which they tried to replace by an eros centred upon one's own person, like the Thracian Narcissus who fell in love with his own reflection in a pool and pined away.[74]

The writer of this dissertation would tend to agree with those authors and researchers who view the adolescent phase as a very definite, highly specific period of psychosocial development. Peers enable the young person to develop and crystallize his identity, to attain personal autonomy, and to make an effective transition into the adult world. The peer group provides the adolescent with a sense of belonging and a feeling of strength and power that is very important to him. Josselyn (1952) stresses the stabilizing effect of group membership and control at a time when rebellion against parents is paralleled by rebellion against their internalised *counterpart, the superego.*[75] The adolescent's relationship with his peer group is less emotionally charged than his relationship with adults. The group offers limitations, freedom, values and standards in a more palatable form.

Grinder (1973) identifies three major styles by which adolescents appear to participate in the youth culture. These are :

(i) *Hedonism* - *where young people, rather than search for any cosmic meaning, will indulge in what Reisman has termed 'the cult of immediacy.'*

(ii) Complacency - a segment of young people who are so thoroughly socialised that they accept the dominant political, economic and moral values of society without question.

(iii) Alienation - other young people are so disillusioned with contemporary social conditions that they either withdraw from society or actively attempt to change the existing *policies and practices.*[76]

Erikson (1967) maintains that the two modes of conduct often ascribed to adolescents, those of hedonism and scepticism, are refutable. In Erikson's view, masses of young people today feel attuned to technological and scientific promises of indefinite progress. Youth's accommodation to new trends will not, therefore, be characterised by a coming back to conventions.[77]

Peer associations serve as the adolescent's major channel for ego development, and as an arena for coping with role choice. According to Maier (1965), adolescenthood has to be seen as a distinct phase in the dependency-independency-dependency continuum: dependency upon peer norms provides potentials for personal independence which leads eventually to dependence upon wider societal norms.[78]

Margaret Mead has stated that commercialisation and publicizing of styles have created a mass adolescent culture pattern. (Ginsberg, 1961). Experimentation and pursuit of imaginative byp.ths is discouraged. Mead mentions three research results on adolescence which have not been used in social practice. These results are:

(i) The establishment of a wide range of difference in the physical, emotional and intellectual maturation of each sex;

(ii) The establishment of the unevenness of maturation within the individual, so that the adolescent needs more rest, more leisure, more time to stabilise labile trends and more material for the imagination; and

(iii) Failure to provide the necessary environment in post-puberty.[79]

In a discussion of the apparent decline in traditional values among modern young people, Worsley (1965) says that the changed attitudes of youth

towards parental authority reflect the changed attitudes of society towards authority in general. A basically conservative society frustrates those seeking new ways. It is suggested that the problem lies in the moral and social inadequacy of the dominant generation, rather than in the young people's rebellion.[80]

3.4.3 Conclusions

In concluding this subsection, it can be seen that adolescence as a developmental phase has a considerable impact on any society that is not rigidly and statistically structured. The adolescent's internal struggles typically find expression in behaviour that to some extent violates the mores established by the previous generation. Part of the evolutionary process involves the adolescent's search for a leader, a peer group. Against the backdrop of a valued relationship in childhood, parental limits for adolescents are important.+

The philosophy of our culture has come to give little voice or audience to the basic idealism and sensitivity that has always been characteristic of adolescents. In a society of materialistic orientation, the ultimate goal of having sufficient money to possess the luxuries of life offers little immediate satisfaction to adolescents. Interwoven with this sterility of educational goals is an atrophy of the inherent gratification of depth relationships. The challenge for society today is to help the adolescent resolve his conflicts so that his impulses can finally find expression constructively for him and for others in the adult world.[81]

+ The writer is reminded here of one of her clients at the Youth Advice Bureau. A teenage boy of 13 years was arguing and physically fighting against his father's restriction on his going out that night. The boy finally burst into tears and said: 'I want to do what I want to do, but I also want you to control me.'

3.5 Summary of Chapter 3

Adolescence was defined as the age period between 13 years and 21 years. The dynamic process of this stage of development was emphasised, and the status of the adolescent in western society was explored. Many studies on adolescence have been reported in the literature, the first having been that of G. Stanley Hall in 1904.

The family in Western society was defined and its social functions were enumerated. The status of the nuclear family in modern society was examined, firstly in terms of its tasks and secondly in respect of its mythical ideals and goals. The family was viewed as the primary group operating as a dynamic system.

Adolescence was described as a developmental phase during which there is physiological, sexual, intellectual and emotional maturation. The needs and conflicts during adolescence were explored. Adolescence was then discussed in terms of three stages: early, middle and late adolescence. In brief, these refer to the physiological, psychological and social phases of the maturational process.

Adolescence was portrayed as the main period of identity formation in an individual's life. Selected writings on this subject were presented, with particular reference to Erikson.

In addition, related issues such as vocational identity, negative identity and non-identity, and identity crisis were examined. Vocational choice in late adolescence was seen in relation to the quest for identity, and this was followed by a brief discussion of the resolution of the sexual identity.

In the final subsection of this Chapter, the adolescent subculture, the peer group, was discussed. Various authors disagreed with the concept of a youth culture. Three major styles of participation in the peer group were enumerated. The ego development through peer associations was described, as well as the social needs of the adolescent group. Modern society's attitudes and failures in relation to adolescents was presented, and a challenge was issued for society today.

This Chapter has stressed the necessity for considering the adolescent as part of the total family structure. What then are the tasks of the family as related to the adolescent, how important is the relationship between the adolescent and his parents, and what treatment techniques are available for the troubled adolescent and his family? All these questions will be answered in Chapter 4.

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PART II

CHAPTER 4

THE FAMILY AND THE ADOLESCENT

CONTENTS

	Page
4.1 Introduction	65
4.2 Tasks of the Family as Related to Adolescence ...	66
4.2.1 Sexual Tasks and Conflicts	67
4.2.2 Educational and Vocational Tasks	67
4.2.3 Facing Separation	68
4.2.4 The Clash in Values	68
4.2.5 Changes in Family Communication	68
4.3 The Relationship Between the Adolescent and his Parents ...	69
4.4 Treatment Techniques of the Family and the Adolescent ...	71
4.4.1 The Philosophy of Social Work Practice with Adolescence	71
4.4.2 Four Approaches to Adolescent Therapy ...	73
4.4.3 Family Treatment of Adolescents	82
4.5 Case Study, to Illustrate the Text of Chapters 3 and 4 ...	84
4.5.1 Initial Contact	84
4.5.2 The Family	84
4.5.3 Treatment Plan	85
4.5.4 Jerry's History and Presentation	85
4.5.5 Identity Crisis	86
4.5.6 Peer Group Associations	87
4.5.7. Jerry and the G Family	88
4.5.8 Personality Assessment	90
4.5.9 Treatment, Casework Relationship and Subsequent Developments	91
4.6 Summary of Chapter 4	92
References to Chapter 4	94

CHAPTER 4

THE FAMILY AND THE ADOLESCENT

4.1 Introduction

Families with adolescents can be described as living in a stage of transitional crisis characterized by confusion.[1] The importance of family communication, particularly between adolescent and parent, is highlighted in this 'Small Society' comic strip:

'Father to mother - *I am going to have a heart-to-heart talk with Ethnic...*

Father to son - I want to discuss something with you, son - *We live like strangers under one roof* - and we must try to better understand each other - *it's very important that we communicate more* - above all we should reason together - we should talk to each other *honestly and we MUST respect* one another -

Son to father - Why?

P O T C H (Father strikes son)

Mother to father - What was that about?

Father - Our relationship just meaningful.'[2]

In Chapter 3, the adolescent's vacillation [illegible] being a child and being an adult was described. He needs help from his family in his growth toward maturity, for it is the family that must provide the setting in which he can ultimately resolve his struggle in a positive way.[3]

Though it has long been recognised that the adolescent is in a state of confusion that is normal, insufficient attention has been paid to the fact that parents have their own normal difficulties at the same time. Indeed,

the intermeshing tasks of the parents and the adolescent represent a particular period within the family life cycle.[4]

The middle years of adolescence frequently coincide with the middle years of the parents. The adolescent's struggle for independence and a clear identity can only be successfully achieved when the parents themselves have resolved their identity crises, when they have been able to separate from their own parents. The daily bombardment of the adolescent's erratic behaviour, a reawakening for the parents of the pain experienced during their own adolescence, the threatened loss in parental status as the child becomes, in a sense, a rival to them, these are trying experiences for parents of adolescents.[5]

When dealing with adolescents, ther fore, social workers have to give specialised attention to the family group as a whole.

4.2 Tasks of the Family as Related to Adolescence

Scherz (1971) lists three universal psychological tasks for the family and the individual family member. These are:

(i) emotional separation versus interdependence or connectedness;
(ii) closeness or intimacy versus distance; and
(iii) self-autonomy versus other responsibility.[6]

The long period of adolescence is characterised by successive waves of turbulence and quiet and a series of maturational crises, during which the three universal tasks of both family and asolescent are heightened.

Scherz (1967) has analysed the crisis of adolescence in family life under five main areas; namely: sexual tasks and conflicts, educational and

vocational tasks, facing separation, the clash in values, and changes in family communication.[7] These areas will be elaborated upon briefly.

4.2.1 Sexual Tasks and Conflicts

For the parents, adjustment to menopause and changes in sexual activity come at a time when the adolescent's sexuality is budding aggressively. His developing sexuality may cause past unresolved sexual conflicts in the parents to flare up. Moreover, although the adolescent is moving towards a sexual identity outside of the home, with peers, he needs the parents' support against regressive attractions. The parents need to guard against undue sexual competitiveness, stimulation and seductiveness with the adolescent. Somehow they have to come to terms with the sadness that sexual changes in the middle years of life often bring.

4.2.2 Educational and Vocational Tasks

The tasks of learning and vocational achievement are not entirely separate from the sexual developmental tasks. In learning, the adolescent is typically struggling with alternating spurts of growth and regression. At the same time, the parents are often involved in their own conflicts in regard to achievement. Men have often reached a vocational plateau, women are approaching the end of their major achievement, that of rearing their children. Parents are ambivalent towards their adolescent's achievement: they want him to achieve more than they did, but are envious of him. If the parents feel dissatisfied with their own achievements, they may experience marital disharmony or their conflicts may be lived out through the adolescent. The parents' task here is to keep their competitive achievement needs under control, so that the adolescent can have room to test and expand his capacities and not be forced to carry the burden of their unresolved problems.

4.2.3 *Facing Separation*

The maturational task faced by members of the family is that of finding a comfortable balance between letting go and holding on, between emotional *separatedness* and emotional connectedness. The conflict over letting go and holding on is usually intensified by the parents' and the adolescent's inability to realise that the family is not disintegrating. What is really happening is that a different kind of family is emerging.

Separation is always accompanied by mourning. In a sense, the family that has an adolescent member is experiencing the symbolic death of the family structure. Periods of sorrow, depression, rage and anxiety are not uncommon for both the adolescent and his parents. The crisis of separation is transitory, however, and eventually a 'new' family will arise, one in which the adolescent will have to become an independent adult, connected by affectional ties to parents who have grown closer to each other.

4.2.4 The Clash in Values

The adolescent's struggle towards a self-identity is commonly revealed in his questioning of parental and adult values and attitudes. The parents, in turn, are uncertain about which values to retain and which to relinquish. Value clashes frequently occur about everyday matters, such as clothing and hairstyles. The unprecedented changes in the values of society at large impinge upon this conflict. Parents are forced to examine their own values: those which are basic to the family's life style, and those which are obsolete.

4.2.5 Changes in Family Communication

Communication becomes more difficult because the adolescent tends to be emotionally labile and unpredictable, at times being explosive, hostile,

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4.2.5 Changes in Family Communication

Communication becomes more difficult because the adolescent tends to be emotionally labile and unpredictable, at times being explosive, hostile,

provocative and demanding, at other times withholding and withdrawing. Parents tend to respond to the adolescent in kind, sensing a loss of intimacy. What makes communication more difficult is the tendency of the adolescent to communicate more by behaviour and attitude than by verbalisation. Openness and explicitness in communication between parents and adolescents is the goal to be striven for in the family at this stage.

Holmes (1964) makes the point that a conversational style which would appear to the average adult to be one of abnormal candour is the best atmosphere for the adolescent. Holmes states:

> 'Until he matures, the adolescent must rely strongly upon such primitively magical mechanisms as direct effrontery, bald provocation, and simple extortion.'[8] (p.85)

Competition and conflicts at this time are expressed most often in clashes over family values and standards about behaviour, school and work achievement, and sexual interests. It is not uncommon during this transitional crisis to have the emergence of marital disharmony.[9]

4.3 The Relationship Between the Adolescent and His Parents

In expanding his relations with the wider world, and in preparing to fulfil his roles as a responsible adult in society, the adolescent has a unique need to preserve the security of his basic bond with the family. 'For the adolescent, the family is a protective envelope, a buffer between his raw skin and the venturesome, though unpredictable experiences of contact with the larger world.'[10]

In support of the above is an interesting study performed by Larson (1972), designed to measure the purpose, type and quality of relationships between adolescents and their parents. Data for the survey were obtained through

the mass administration of a precoded and pretested survey instrument of all 7th, 9th and 12th graders in an American southern ore city of 12,000 in November, 1967. Findings indicated support for the expectation that adolescents who perceive their parents as understanding, willing to talk to them when they have a problem, fairly easy to talk to and 'in touch,' will find less occasion to react against them and see less reason to *differen*. *ate between* parental and friend societies. In contrast, when the qualities of a good relationship were weak or absent in the teenager's relationship with his parents, a large *proportion assigned priority to their* best friends. Larson therefore concluded that the quality of the adolescent's relationship with his reference sets is essential in determining the relative influence of the type and purpose of the relationship.[11]

In a comparable study on parent-adolescent communication, a questionnaire was administered to 376 high school students aged 13-18 years. Bienvenu (1969) found that good listening habits, freedom of expression, understanding, and acceptance are associated with a higher degree of communication, whereas criticism, sarcasm, lack of trust and lack of acceptance of the adolescent by the parents are associated with a significantly lower degree of communication.[12]

Adolescence can be seen to be a transitional, maturational period not only for the child concerned, but for the family as well. The need for open, direct and honest communication at this time is of vital importance. No family ever achieves total communication. Messages are conveyed both verbally and nonverbally, they are at times misdirected and misunderstood. The awareness of both the *adolescent and his parents* of the subtleties and ambivalences of this period, and the crises inherent in the process for each generation, is helpful at this time. Much of what is going on is unconscious,

and even phantasised. Nevertheless, it is as relevant and real to the familial relationships as are the more obvious facets of communication. In the words of the Little Prince :

'What is essential is invisible to the eye.'[13]

4.4 *Treatment Techniques of the Family and The Adolescent*

In this section, the writer proposes to outline the philosophy of adolescent therapy underlying all treatment techniques, to consider four differing approaches to the treatment of adolescents, and finally to discuss family treatment of adolescents.

4.4.1 *The Philosophy of Social Work Practice with Adolescents*

While social casework between social workers and individuals remains an important area of adolescent therapy, it is important to bear in mind the influence and effect of the total family on the adolescent, and vice versa. Anna Freud (1952), in considering the needs of treatment, had the following to say:

> 'While an adolescent remains inconsistent and unpredictable in his behaviour, he may suffer, but he does not seem to be in need of treatment. I think that he should be given time and scope to work out his own solution. Rather, it may be the parents who need help and guidance so as to be able to bear with him. There are few situations more difficult to cope with than that of an adolescent son or daughter during the attempt to liberate themselves.' [14]

Whether a social worker helps an adolescent through the medium of social casework, social groupwork or family therapy, it is worth considering the general knowledge base of the speciality, that is communication in general with an adolescent in therapy.+

+ The word 'therapy' is interchanged intermittently in this Chapter with the words 'treatment' and 'social work practice'.

As in any specific field of social work practice, the social worker must possess a working knowledge of adolescence and its many facets. Apart from this, a main principle to be followed is that the social worker 'be free within himself and sufficiently committed to an adolescent patient to provide him with a human setting in which the therapist is really there - physically, intellectually and emotionally ....'[15] The adolescent seems to have a knack of perceiving the real feelings of his therapist,+ like an inner radar system. Because of the marginality of the adolescent period, the social worker has to have a special awareness of the client's dependency-independency struggle, and the problems of identifying with an adult therapist.

Gitelson (1948) maintains that 'the adolescent, because of his demobilised psychic structure, bombarded by anxiety, and emotionally self-centred, puts the psychic integrity of the therapist to its severest test.'[16]

Meeks (1971) has suggested that the therapist convey to the adolescent that the goal of treatment is not to dominate through psychological warfare but to foster understanding and responsible decision-making.[17]

The adolescent client resents the imposition of adults on his behaviour.[18] The social worker does not therefore tell the adolescent how to live his life. Instead, the worker conveys what has been termed the 'courage to be' - a mustering of strength to find suitable solutions to one's problems of existence.[19]

As with any relationship between an adolescent and an adult, the therapeutic encounter too is tinged with ambivalence. The adolsecent opposes his adult therapist, yet he wants to be close to him. The therapist must be able to tolerate the criticism by the adolescent, he must be able to hear what the

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+ The term 'Social worker' is used interchangeably with the term 'therapist' in this Chapter, because many of the references quoted use the latter term, and they are felt to be applicable to the social work situation.

adolescent has to say. Respect for the client is the fundamental tenet of any therapy. Respect, as Sullivan (1954) defines it, is an awareness of another's feelings and his security operations.[20]

Since the adolescent's behaviour is frequently destructive, the social worker's aim is to help the client to cease from self-destructive activities and to encourage in him the will to live more meaningfully. For, as Jersild (1963) has put it:

'A search for meaning is linked with the fact of being alive.'[21]

The process of therapy with an adolescent is one that can facilitate his further growth and the development of new strengths and capacities. It is important that the social worker's interventions be designed to stimulate the adolescent to develop an ongoing system of behaviour, by which he can understand himself in relation to others, get in touch with his own affects, make relevant, flexible decisions, and learn to take responsibility for his own actions.[22]

4.4.2 Four Approaches to Adolescent Therapy

In the extensive literature on adolescents, the writer has come across many different approaches to the treatment of the adolescent with problems. Four of these approaches have been selected for presentation here. These are:

(1) The use of role theory, as expounded by Varley (1968)[23];
(2) Planned short-term treatment (PSTT), as presented by Kerns (1970)[24];
(3) Task-centred casework, as systematised by Reid and Epstein (1972)[25];
(4) Rational behaviour therapy, as illustrated by Maultsby (1975)[26].

(1) Role Theory

Varley utilizes three main concepts: role, multiple roles and role conflict. Role is defined as '... a pattern of actions either intentionally taught or

accidentally learned that are performed by a person in an interactional situation' (23, p.362). The way in which one enacts a role depends upon one's perception of the role in relation to others.

Multiple roles refer to the complex of roles associated with each role which a person occupies. There are different rights and obligations associated with the enactment of each role, for example, son, student, group member and so on.

On role conflict, Varley states that 'whereas only one role can be active at any given time at the behavioral level, the obligations associated with two or more roles may come into play simultaneously, forcing an individual to make a decision about which role has priority' (23, p.362).

In therapy, the focus is on the role in which the patient is demonstrating a breakdown in performance. The concepts of role theory are thought to be particularly valid in the treatment of adolescents, both because of the fragility of the ego in adolescence, and because roles of adolescents in Western society are poorly defined. The adolescent who cannot easily tolerate probings into his developmental history can become positively involved in a therapeutic process that is focused on his current realities. Also, a clear definition of the roles of both therapist and adolescent, as well as the duration and aims of treatment tends to diminish the threat to the adolescent. It is a fragile, but conscious alliance between therapist and client, as Meeks states.[17]

Definitive role structuring prevents ego diffusion, which is the real threat of adolescence. 'The therapist cannot permit himself to be viewed either as a surrogate parent or as a friend. He must be and remain what he is, a person

who is interested in the adolescent and trained to help him resolve his difficulties. The adolescent must realize the therapist's concern for him is based on professional regard for him, not personal interest in him' (23,p.366).

(2) Planned Short-term Treatment

Planned short-term treatment (PSTT) was designed to close the gap between the increasing demands for services to adolescents and the available resources. The establishment of a PSTT approach involves more than a consideration of the time element; it requires new skills and places more emotional demands upon the social workers.

The name 'planned short-term treatment' originates from Parad and Parad (1968)[26]. PSTT makes the structured use of time an important treatment variable. The client and worker make a contract to work towards a specific goal within a given number of sessions. At the end of this time period, the contract is renegotiated and treatment is either terminated or extended. Negotiating a contract is one of the practice skills of Pincus and Minahan's model, described earlier in the text.+

The nature of the client-worker relationship differs in PSTT from long-term treatment in that the aim is NOT to build a therapeutically dependent relationship with the resulting transferences becoming a focal point of treatment. In PSTT the dependency is not heightened, but rather the relationship takes advantage of the client's potential for independent problem solving.

In the very first appointment, the worker must be clear about and accept the problem for which the client is both concretely and preconsciously seeking

+ See Chapter 1, pp. 6-7.

help. This is the social work maxim of 'starting where the client is'. The more clearly the goal of treatment is delineated, the easier it is to evaluate goal-directed behaviour. The worker must closely observe the course of treatment session by session.

A major difference between PSTT and long-term treatment is that the worker confronts the client early in the contact with behaviour patterns that interfere with the problem solving. In long-term treatment, the worker is much less active, and attempts to develop the client's self-awareness so that he can make these connections for himself. The important element of short-term treatment is not so much the length of time but the planned nature of the process.

After termination, the agency administration must support PSTT with a 'revolving door policy', that allows for flexible intake and prompt follow-up services as needed by clients.

The conclusion reached by Kerns after one year of practical application of PSTT was that the approach is helpful with adolescents who, while they are forming their own identity, are already overly concerned about whether they are normal. Kerns maintains that the appropriateness of a case situation for PSTT is determined by three factors:

(i) the kind of goal for which the client and worker are willing to strive;
(ii) the positive, intrapsychic and external factors in the adolescent's and family's life situation which can be utilized in problem solving; and
(iii) the skill and confidence of the worker.

(3) Task-centered Casework

This approach to therapy was not specifically applied by Reid and Epstein to the treatment of adolescents. It is nevertheless included here (a) because

it relates to planned short-term treatment, and (b) because the approach was utilized in combination with PSTT in therapeutic programmes at the Youth Advice Bureau.

Task-centered casework is defined by Reid and Epstein as 'a system of time-limited treatment for problems of living.' (25,p.1). The problem which the client is most anxious to resolve is normally seen as the primary target of intervention (25,p.21). A task defines what the client is to do to alleviate his problem. Once the task has been explicitly formulated and agreed upon, the caseworker and client decide on the approximate amount and duration of service. The process of terminating treatment is begun in the initial phase when the duration of treatment is set (25, p.23).

This theory corresponds to the Pincus-Minahan model of social work practice, where termination is listed as the final stage in the planned change effort.+

The Reid-Epstein model lays stress on explicit worker-client agreement on the objectives of treatment, the organisation of treatment goals and methods around client tasks, and the specification of modes of intervention. Diagnosis is centered around the target problems and tasks rather than the client's personality traits or functioning.

The empirical basis of task-centered casework is previous research studies on casework. Reid and Epstein draw three generalisations from previous studies:

(i) recipients of brief, time-limited treatment show at least as much durable improvement as recipients of long-term, open-ended treatment;

(ii) most of the improvement associated with long-term treatment occurs relatively soon after treatment has begun; and

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+ See Chapter 1, pages 6-7.

(iii) regardless of their intended length, most courses of treatment turn *out to be relatively brief* + *(25,p.23)*.

In order for a problem to be considered appropriate for the task-centered approach, three criteria must be met:

(i) The client himself must explicitly acknowledge the problem and express willingness to work on it;

(ii) The client should be in a position to take action to alleviate the problem, with the social worker serving as his agent in this task; and

(iii) The problem must be relatively limited and specific in nature.

'The basic strategy of brief, task-centered casework rests on one central assumption: That the effectiveness and efficiency of methods normally used in casework practice can be increased considerably if they are concentrated on helping clients achieve specific and limited goals of their own choice within brief, bounded periods of service ' (25, p.147).

A brief example of planned short-term treatment and task-centered casework as effected by the writer at the Youth Advice Bureau is the following summarised case:

'Mrs. F telephoned the Youth Advice Bureau requesting an appointment. She came into the office on the following day. The family consisted of Mrs. F and her second husband, of eight years standing. She had divorced her first husband, and had the custody of their two sons, aged 22 years and 17 years. Mrs. F then had two more children with her present husband, a boy aged 7 years and a daughter aged 5 years.++

+ Reid and Shyne's study of 1969 illustrated all these points. See reference 27.

++ The initials and names used in this case example are all fictitious, in order to preserve the anonymity of the family.

The eldest son, Gary, moved into a flat on his own one year previously, due to 'family tensions', to quote mother. The problem which brought Mrs. F to the Youth Advice Bureau was that her 17 year old son, Grant, had the previous week argued with his step-father, and had moved out of the home to go and stay with his elder brother, Gary. Grant was a apprentice electrician. Mrs. F felt that her husband had been wrong in the argument, but admitted that things were more pleasant at home since Grant had left.

As the social worker felt that Mrs. F was not amenable to in-depth social casework, and as there was a clearly defined problem, she decided to embark upon planned, short-term task-centered casework. Accordingly, the social worker offered Mrs. F two more treatment sessions with her husband and son, after which they could all decide on whether to renegotiate a contract or terminate treatment. The specific task was spelt out and agreed upon, as an attempt to clarify and resolve the conscious feelings of the family in relation to Grant's moving out of home.

The father did not present himself for the following interviews, but Mrs. F and Grant came. The task in the second interview was explicitly stated by the worker as a clarification of how Grant felt about having left home, and to expose both mother and son to each other's feelings about the change.

The worker structured the interview around the aim of treatment, so as to concentrate on the planned use of time. Much time was spent trying to elucidate Grant's feelings leading up to his leaving, and having left, home. He expressed feelings of alienation: 'I felt like an alien; like I wasn't needed around.' His feelings of sadness and rejection were expressed, as well as his adjustment to living with his brother. A few repeated issues of contention in the home were discussed, for example, Grant's lack of

cleanliness, finance, household chores. The mother was able to ventilate *her ambivalences:* that both her sons had left home made her feel guilty, and also rejected by them, but on the other hand she felt relieved that Grant had moved out of the home.

A second interview with both mother and son was held a fortnight later. Both Mrs. F and Grant described the adjustments to the move over the two *week period, and seemed to be accepting* of the change. At the end of the interview, Mrs. F said: 'Well, that concludes that.' Neither mother nor son wished to extend the casework treatment, but were invited to come back for help at any time in the future.

In her assessment of the case, the social worker went into the complexity of the family dynamics which were operating, but which were not explored. The role confusion, personality weaknesses, strengths and psychic defence mechanisms of both mother and son were elaborated upon, but not dealt with in the treatment which would then have become long-term.

The goal and task for which the social worker and clients were willing to strive was the resolution of Grant's move out of his parents' home. This goal was felt to be achieved in three sessions of planned, short-term treatment with a task-centered approach.

(4) Rational Behaviour Therapy

Maultsby, *in this article on rational behaviour therapy,* applies the treatment specifically to acting-out adolescents.[26] Therapists involved in this method have produced a differential diagnosis of adolescents, based on their behavioural patterns as opposed to their unconscious dynamics. Five types of adolescents are distinguished :

(i) adolescents who act out (neurotic adolescents);

(ii) adolescents who act up (normal adolescents);

(iii) adolescents who act bad (antisocial adolescents);

(iv) adolescents who act for real (psychotic adolescents);

(v) adolescents who act their best (mentally defective adolescents).

Adolescents, according to Maultsby, always fit into one definite type of personality structure. That basic personality structure causes definite behavioural clusters or patterns that enable perceptive therapists to make positive, differential behavioural diagnoses. For therapeutic change, acting-out adolescents must replace their habits with adaptive behaviours.

Rational behaviour therapy is based on the learning theories of Orval H. Mowrer (1960), James G. Holland and B.F. Skinner (1961), Julian B. Rotter (1954) and Donald O. Hebb (1959). The basic hypothesis in rational behaviour therapy was enunciated by Epictetus two thousand years ago: it is not facts or events that upset man, but the view he takes of them. There are three clinical concepts that derive from the above maxim, and these are :

(i) the rational behaviour theory of human emotions;

(ii) the five rules used in rational behaviour therapy, to recognise rational attitudes and beliefs; and

(iii) the idea that therapeutic self-help is one of the most important aids to efficient therapeutic progress.

The rational behaviour theory of human emotions is that people change their emotional feelings without drugs only by changing their attitudes and beliefs - that is, their habits of thinking.

Rational behaviour therapy teaches people to help themselves as much as possible - mentally, emotionally and behaviourally. 'Most adolescents like that idea. They especially like the ever-increasing self-mastery they get to by using the rational self-help techniques' (26, p.39).

Of the four different theories to the treatment of adolescents outlined above, all three methods except the rational behaviour method were utilised in the treatment of adolescents at the Youth Advice Bureau. Rational behaviour therapy was excluded as a treatment approach because of its specificity of application, and because the philosophy of behaviour therapy did not accord with the therapeutic philosophies of the social workers at the Youth Advice Bureau.

4.4.3 Family Treatment of Adolescents

Because adolescence is a maturational period reflecting a stage in the total family life style, it holds dramatic import and investment for all members of the family. When therapeutic intervention is necessary, therefore, some form of family treatment should be considered.

Because conflict in the adolescent is essentially interpersonal and inter-relational, the family group is the natural arena in which to work it out. Family treatment provides direct channels for working through problem areas, and facilitates changes in role behaviour and in role communication. During the transitional crisis of adolescence, family treatment affords an avenue for working through the symbolic death and reconstitution of the family in an interactional process that is often less threatening, less anxiety producing, and less guilt provoking than other types of treatment. Problems of connectedness and separatedness are crucial, and these are best mastered in the presence of the full family.[28]

In a disordered family, separations of the generations is lacking. There exists in all actions a threat of abandonment and loss of love. Such families often choose a scapegoat, *someone who will sacrifice his autonomy* in order to fill in the voids and the unresolved conflicts in the parents' lives. When a child who is a scapegoat reaches adolescence, he, like all other adolescents, struggles to grow. The family can neither support nor tolerate his striving towards independence. To be most helpful to a family such as this, the social worker would have to work with not only the adolescent alone, but the whole family.

Weiner (1966) maintains that family interviews are suitable in any situation in which the problem manifested by the adolescent seems related to the transactional patterns of the family.[29]

Perhaps the greatest single benefit of family treatment is the opportunity it provides for a healthy release of affection. The adolescent can tolerate his struggles better when he sees that his parents really care, and he is *less fearful of losing their love.* The parents themselves can more easily let go of the adolescent when they see that although the old family structure is disappearing, the family still does exist, albeit with a new structure.[30]

The therapist must observe and evaluate the interactions within the family, particularly on issues of dependency, sexuality, achievement and values. The parents are encouraged to stand together on vital issues. The kind of family treatment to which Scherz (1967) refers must include at a minimum the parents and the adolescent, although it could include the entire family unit.[30]

As the family members become involved in the treatment process, they learn to become aware of their behaviour and to communicate with each other in a

more meaningful way. They begin to find new ways of relating to each other, new ways of living together - ways that allow for the individualisation of its members. The adolescent can begin to achieve freedom from parental authority with a minimum degree of emotional tension. He can begin to establish his own identity.[31]

4.5 Case Study, to Illustrate the Text of Chapters 3 and 4

4.5.1 Initial Contact

In May, 1975, a telephone call was received from Mr. G+, complaining that his son of 19 years was refusing to go to work. He was asked to come with his wife and son for an interview at the Youth Advice Bureau's offices.

4.5.2 The Family

This was a Dutch family who had emigrated to South Africa approximately eleven years prior to the contact. The father was a sales representative; the mother, a Dutch qualified pharmacist, was not employed outside the home. There were three children: Jerry, aged 19 years, daughter aged 17 years and daughter aged 10 years.

Whereas the father spoke good conversational English, the mother's English was hesitant. Jerry spoke fluent English, with a definitive accent. The family lived in a house in one of the north-western suburbs of Johannesburg.

The father was described by the social worker as short, stocky and strong, with restless broad hands. The mother was of average height, a woman who dressed simply and non-fashionably. Jerry was thin, of average height, with collar length blond hair kept rather unkempt. His piercing blue

+ The names and initials in this case presentation are fictitious in order to preserve the anonymity of the family involved.

eyes were spoilt by a drooping left eyelid (a birth injury). He usually dressed in denim jeans, T-shirts, leather lumberjacket and sneakers. Both he and his father smoked excessively.

4.5.3 Treatment Plan

In the initial interview, Jerry stated that he felt mixed up and that he needed to find himself. The parents' aim in coming for help was to secure their son in satisfactory employment. Because of the differing goals of parents and son, and also because of the nature of Jerry's problem, the social worker decided to offer him individual social casework. This was agreed upon by the parents and by Jerry. Accordingly, from the end of May until the end of September, 1975, Jerry was seen first in weekly and then in bi-weekly sessions for a total of 20 interviews.

During this time, the parents participated in a short-term 5 week group for parents of adolescents, run jointly by the writer and a co-leader. Jerry knew of his parents' participation in the group, and while the outline of the group's activities and purposes was explained to him by the social worker, the content of the sessions was not disclosed.+

4.5.4 Jerry's History and Presentation

Jerry started experiencing problems when he first entered high school at the age of 14 years. He requested to go to boarding school, to which his parents consented when he was 16 years. Jerry spent a disastrous year at boarding school, where he was introduced to a 'heavy drug scene.' He was immensely unhappy at the school, and ran away a few times. His parents were unsympathetic, and refused to allow him to return home until he had completed a year at the school. Jerry had some violent experiences at the school, and these included his having witnessed the death of a friend of his in a shooting accident.

+ The parents' participation in the group is presented under the initials of Mr. and Mrs. G, in Chapter 6 of the present study.

On his return home, he was persuaded by his parents to matriculate, on the promise of a motor car. He did matriculate at the end of 1974, and from then on until the casework contact he had neither worked nor studied. Jerry said that he was not working because he wanted to punish his father, for all the rough times his father had given him over the past few years.+

Jerry was a late adolescent. One of the disturbances of his development at this stage was his inability to play at being an adult (see page 44 of Chapter 3.) He remained in limbo: neither child, nor adult, nor student.

Jerry appeared as a complex of contradictions. On the one hand, he dressed and behaved like a strong man, a real 'toughie' who frequently got involved in physical fights with other boys, wearing the traditional garb of the gang boys: leather jacket, chain in pocket, jeans, with strong group prejudices; the motorbike rider who feared nothing and no one. On the other hand, Jerry wrote beat poetry (totalling 154 poems), loved his tropical fish, listened to pop music, enjoyed the outdoor life, and enjoyed drawing and painting.

4.5.5 Identity Crisis

In the text on late adolescence, the writer made the point that this is a period of serious occupational choice (see page 46, Chapter 3, par.1). Inherent in this choice is the search for one's identity.

After conducting six interviews with Jerry, the social worker made the following personality assessment :

+ This will be elaborated upon later in the case presentation.

> 'Jerry is a young boy undergoing an identity crisis. He simply cannot find himself, cannot find models for his life, and he rejects outright the models provided by his establishment parents. He is in the throes of a real ego diffusion. He has rejected the counter-culture of drug-users and drop-outs, feels isolated and alone and is struggling to find an answer without feeling that he is compromising his individuality with regard to his father. He is essentially a sad young boy, with a poor self-image. This is related to his eye defect. He is consciously confused about himself and his life, and is desperately seeking some form of identification. The one area of identity formation in which he has succeeded is in his heterosexual relationships. These have been numerous and adequate.'

One might add here that Jerry was experiencing a non-identity rather than a negative identity crisis (see page 50, Chapter 3, par. 3). The question of work for Jerry really was equated with 'What shall I be? With whom shall I identify?' (see page 49, Chapter 3, par. 5).

4.5.6 Peer Group Associations

After the assessment above (June, 1975), Jerry began to appear as more hopeful, more positive and less destructive in his attitudes, particularly towards his father. The reason for this change was, to quote the case record: 'A circle of friends into which Jerry had moved.' This peer group, consisting of approximately eight adolescents, was very important for Jerry. He spent sessions with the social worker illustrating the ways in which his friends spoke and expressed themselves, the slang they used, and openly stating that he had to try and do things just like they did so as to be one of them. He was feeling confident and liked, secure and respected, and it was these feelings which led to Jerry's spontaneous discussion of seeking employment.

Jerry began to paint posters, some of which he sold to friends. He started dating a girl, and spent much of his time with one particular

member of the peer group. On the issue of work, Jerry wavered and came to the realisation that he was afraid of people and being judged, and especially therefore of interviews for jobs.

Jerry's integration into the peer group did indeed serve as a channel of ego development (see page 56, Chapter 3, par. 2). His dependence on peer norms gave him the potential and resourcefulness to seek his own independent functioning.

4.5.7 Jerry and the G.Family

Jerry's relationships within the family were generally difficult. Whilst he 'liked' his mother, he bore strong feelings of antagonism and resentment towards his father. Whilst he was fond of his youngest sister, he 'hated' his older sister , as she was spoilt and favoured by his parents, by his account.

In early September, Jerry had a serious motorbike accident, while racing against a car. He and his passenger were thrown off the bike, and Jerry sustained injuries to his right hand, leg and ribs. His friend, more seriously injured, was hospitalised. Jerry refused to go to the hospital, even for outpatient treatment, in spite of a fractured leg, as he was afraid of doctors, and especially of injections. Jerry described his family's reaction to the accident as one of great love and concern, and he felt good about this.

After the initial period of progress, described in relation to his group of friends, Jerry experienced a series of crises in the family. After an argument with his older sister, he threw a glass at her, cutting her foot open. His father subsequently threatened him that if he did not

have work by the end of September, he would have to get out of the house. Jerry reacted with tremendous anger and irrationality to this threat. He spoke of plans to leave home, and to abduct his younger sister, steal his father's car, and burn down his room. He sold some of his precious items: his tropical fish, his record player, his cupboard.

Jerry's anger towards his father seemed to be based upon a deep-seated feeling of rejection, of a father's love based upon conditionality and acceptability rather than on a love for himself, as he was, with his competencies and inadequacies, his sociability and his alienation. Jerry seemed to frequently provoke his father into rows and threats, and in the past into beatings. The results each time were a feeling of angered martyrdom on Jerry's part, and an intensification of his destructive drives. The inconsistency of the parent who alternatively promised him a motor car, a motorbike, and a landrover with the parent who issued him with an ultimatum to clear out of the house confused Jerry.

Jerry here exemplifies the adolescent who is afraid that, in moving away from his parents and in seeking adult status in work, he will lose their love (see page 68 , Chapter 4, par. 2). Clashes in values occurred regularly in the G household: over Jerry's clothing, hairstyle, music, and his unemployment. Jerry's poor relationship with his father was reflected in his inability to choose a career (see page 67, Chapter 4, par. 1; and page 49, Chapter 3, par. 4). Taking a job meant for Jerry the loss of an extremely effective form of parental provocation, as well as an identification with the 'establishment' working man.

At this time (September), Jerry underwent a phase of depression. This was characterised by a lack of interest in his friends and their concern for him,

a cessation of painting, writing poetry or working on an old motorcar, a generalised deflation of mood, a weight loss and a tendency to oversleep. He then had another motorbike accident, and was treated at the hospital for a painful but not serious injury.

The parents' participation in the group (earlier in the year) revealed some concern forand a great deal of confusion about their son. In a sculpting exercise done by each member of the group, the father placed Jerry right outside the room in which the rest of the family were closely assembled. This confirmed for the social worker Jerry's feelings of being rejected and cast out as the 'bad boy.' Both the group leaders felt that the G.parents were not open to any deep insights into their familial relationships, although they did gain satisfaction from ventilating and receiving group support with their problems.

4.5.8 Personality Assessment

Towards the middle of October, after a further 14 interviews with Jerry, the social worker made the following personality assessment:

> 'Jerry G has the makings of a classical juvenile delinquent, an angry young boy, suspicious of the adult world at large, unhappy at heart, with a poorly defined ego structure. The one thing which is real for Jerry is violence, the acting out of his inner frustration. He has done this within his peer group through socially acceptable, 'manly' channels, for example in motorbike racing. But underneath it all, there is a boy who is destructive, of both himself as seen in his repeated accidents, or of others, and possibly of both. What keeps Jerry from being the classical delinquent, the drug addict, the boy held up on charges of one kind or another?
>
> 'The answer in part is that Jerry, more than anyone, is aware of his feelings of hating and of being hated, of being manly but feeling boyish, of striving for things which he both wants and despises. Jerry has insight into himself, and this perhaps is his most positive resource. He is a boy: outwardly one of the 'toughies,' ... inwardly frightened above all of himself, lonely, insecure, unsure of himself, of the whole world, equally critical of the conservative people who work and marry as of the dropouts who do neither, seeking all the time a root on which to hold and with which to grow but in the end falling back on his own rather meagre resources: anger, anger, anger.'

4.5.9 Treatment, Casework Relationship and Subsequent Developments

Treatment with Jerry was long-term, intensive social casework. The case was transferred to another social worker in October, 1975, as the writer was leaving the employ of the Youth Advice Bureau.

The casework relationship was a good one. Jerry and the social worker related well throughout the period of contact. The worker felt an honest liking for Jerry, and a respect for his inner strivings to find himself and what he wanted. The worker twice experienced and expressed anxiety about Jerry: firstly, after his initial accident, when he refused to see a doctor and was in obvious pain; and later when he spoke of violent impulses towards a friend of his.

Jerry had his own slang language, which the social worker could understand well after some initial difficulties. Some of his expressions were the frequent cause of amusement during casework sessions.

Jerry at first reacted with sarcasm and anger to the worker's proposed departure from the agency. He welcomed the idea of a joint transfer interview with the new social worker, which was held towards the end of September. Although Jerry expressed feelings of tolerance and amiability toward the new worker, he never allowed himself to get involved in a therapeutic relationship with her.+

In the final interview with the social worker, in October, 1975, Jerry again expressed a mood of depression and anxiety, and himself requested hospitalisation in a neuropsychiatric hospital. An interview was subsequently arranged for Jerry with a psychiatrist at the hospital,

---

+ According to the new worker's verbal accounts and discussions with the writer, after transfer of the case.

through the new social worker, but Jerry cancelled the appointment. After a bad spell at home, Jerry actually went out and sought work, and was at the last verbal report (January, 1976) working as an apprentice electrician for a friend of his father's. He has not continued his treatment at the Youth Advice Bureau.

4.6 Summary of Chapter 4

This Chapter began with an examination of the transitional crisis of adolescence for the total family unit. Parents were seen to have their own difficulties at that time.

The tasks of the family as related to adolescence were mainly dealt with under five areas, namely sexual tasks and conflicts, educational and vocational tasks, facing separation, the clash in values and changes in family communication. This was followed by a discussion on the relationship between the adolescent and his parents.

Treatment techniques of the family and the adolescent was the next section, and this was discussed under three subheadings, namely the philosophy of social work practice with adolescents, four approaches to adolescent therapy, and family treatment of adolescents. The four approaches outlined were role theory, planned short-term treatment, task-centered casework, and *rational behaviour therapy. A case example was cited illustrating* the use of planned short-term treatment and task-centered casework in combination.

The final section of Chapter 4 was the presentation of a case study, *which illustrated* the texts of both Chapters 3 and 4. The case of Jerry G. was discussed with reference to the theoretical presentation of adolescence

as a developmental phase, with references to the identity struggle, the adolescent subculture, the adolescent and his family and treatment techniques of the family and the adolescent. Jerry G.presented as a late adolescent with a rather acute identity crisis, the resolution of which occurred through three sources: social casework, the peer group and finally work identity.

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PART III

THE RESEARCH STUDY

PART III
CHAPTER 5

SOCIAL CASEWORK WITH ADOLESCENTS AND THEIR FAMILIES

CONTENTS

		Page
5.1	Introduction	97
5.2	Presentation of the Results	98
5.3	Discussion of the Results	131
5.3.1	Introduction	131
5.3.2	Short-term Treatment	134
5.3.3	Long-term Social Casework	140
5.3.4	Problems Within the Family	143
5.3.5	Social Casework Treatment at the Youth Advice Bureau	145
5.4	Conclusion and Summary	148
5.4.1	The Major Results of the Study	148
5.4.2	Conclusion	149
References to Chapter 5	... ...	150

CHAPTER 5

SOCIAL CASEWORK WITH ADOLESCENTS AND THEIR FAMILIES

5.1 Introduction

Social casework is but one method of social work. Together with social groupwork and family therapy it forms an integrative approach to helping people with problems. For the purposes of a clear analysis of the results featured in this dissertation, the three methods referred to are dealt with separately.

The aim of this part of the study is to give a descriptive analysis of the cases dealt with at the Youth Advice Bureau (Johannesburg). The population consisted of all the clients who had been interviewed by a social worker for the two-year period January 1973 to December 1974. The time limit was arbitrarily chosen because of its proximity to the year in which this study was initiated, and hence the representativeness of the findings as related to the present would be increased. Two years were selected as a fair indication of the kind of services being rendered at the Youth Advice Bureau, and more particularly of the changes introduced between 1973 and 1974.

The writer analysed each case situation, and these numbered 112 in 1973 and 125 in 1974. The method of analysing the files took the form of a 'descriptive study.'[1] A tabular format was drawn up, with the following 19 categories: age and occupation of clients; referral source; date of initial contact; with whom the initial contact was held; presenting

problems; subsequent interviews in the case; family composition; position of the client in the family; number of telephone contacts; duration of the casework contact; marital status of parents and their occupation; family problems in addition to those presented initially; service offered; resolution of the case; follow-up service; and finally assessment of the case.

Each of the above categories of information was obtained from the individual case files. These files were drawn up (during the two-year period under consideration) by three social workers at the Youth Advice Bureau, including the writer.

The method of data presentation consisted of tables, graphs and histograms. The analysis of the two years were combined into single tables, in order to facilitate the presentation and, where appropriate, the comparison of results. Each table is followed by a brief description of relevant results.

The 'client' in all the results presented refers to the adolescent member of the family who was experiencing or presenting a problem.

5.2 Presentation of the Results

TABLE 1[+]: AGE DISTRIBUTION OF CLIENTS, 1973 AND 1974

Age in Years	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Under 13	1	0,9	1	0,8
13-15	21	18,7	35	28,0
16-18	56	50,0	60	48,0
19-21	23	20,5	22	17,6
22-24	7	6,3	7	5,6
Unrecorded	4	3,6	-	-
TOTAL	112	100,0	125	100,0

+ For a more detailed breakdown of age frequencies for 1973 and 1974, see Appendix I.

As can be seen from the above Table, half of the clients for both years fell into the 16-18 year age group. There was an increase in the number of clients between the ages of 13-15 years, from 18,7 per cent in 1973 to 28 per cent in 1974.

TABLE 2 : SEX DISTRIBUTION OF CLIENTS, 1973 AND 1974

Sex	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Male	52	46,4	56	44,8
Female	58	51,8	69	55,2
Unrecorded	2	1,8	-	-
TOTAL	112	100,0	125	100,0

Table 2 illustrates that the number of male and female clients in 1973 and in 1974 were very similar, in each year the numbers of female clients being slightly greater than that of male clients.

TABLE 3A: OCCUPATION OF THE CLIENT, 1973 AND 1974

Occupation	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1973
Scholar - day school	51	45,5	67	53,6
Unemployed	15	13,4	12	9,6
Office worker	14	12,5	13	10,4
Post-matric student	7	6,3	5	4,0
Salesman	6	5,4	-	-
Scholar - boarding school	5	4,5	7	5,6
Unrecorded	5	4,5	8	6,4
University student	3	2,6	8	6,4
Apprentice tradesman	3	2,6	2	1,6
Army trainee	2	1,8	2	1,6
Professional worker	1	0,9	1	0,8
TOTAL	112	100,0	125	100,0

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Apprentice tradesman	3	2,6	2	1,6
Army trainee	2	1,8	2	1,6
Professional worker	1	0,9	1	0,8
TOTAL	112	100,0	125	100,0

There was a fairly high percentage of unemployed clients for both 1973 and 1974, these being 13,4 per cent and 9,6 per cent respectively. As almost half of the clients in 1973 and over half in 1974 were school pupils, it would be useful to see the distribution of these clients into their year of study at school. This follows in Table 3B.

TABLE 3B : BREAKDOWN OF THE CATEGORIES 'SCHOLAR' (TABLE 3A), FOR DAY AND BOARDING SCHOOLS COMBINED, 1973 AND 1974

Year of Study	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Standard 5+	-	-	1	1,4
Form I	4	7,1	4	5,4
Form II	6	10,7	12	16,2
Form III	14	25,0	12	16,2
Form IV	15	26,8	16	21,6
Form V++	7	12,5	11	14,9
Unspecified	10	17,9	18	24,3
TOTAL	56	100,0	74	100,0

That the highest number of scholars for 1973 were in Forms IV and III corresponds to the age distribution of the 1973 client population, viz. 23 cases aged 17 years and 20 cases aged 16 years (see Appendix I). In 1974, there was an equal number of scholars in Form II as in Form III (16,2%), and this too can be correlated with the higher frequency of clients in the 13-15 year age group (see Table I, p.98).

+ Standard 5 refers to the highest grade in the primary or elementary school; Forms I to V are the high school grades.

++ Form V is the matriculation year.

TABLE 4 : SOURCE OF CLIENT REFERRAL TO THE AGENCY, 1973 AND 1974

Referral	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Private+	31	27,7	49	39,2
Press	32	28,6	30	24,0
Social Welfare agencies ++	14	12,5	20	16,0
Crisis centres+++	8	7,1	8	6,4
Professional practitioners++++	13	11,6	6	4,8
Not stated	6	5,4	4	3,2
Schools and colleges	5	4,5	4	3,2
Hospitals	-	-	2	1,6
Police	1	0,9	-	-
Aptitude testing centre	1	0,9	1	0,8
Minister of religion	1	0,9	1	0,8
TOTAL		100,0	125	100,0

Apart from an increase in the number of referrals from social welfare agencies from 12,5% (1973) to 16 per cent (1974), and a decrease in the number of referrals from professional practitioners from 11,6% in 1973 to 4,8% in 1974, the sources of client referral follows a similar pattern throughout the two-year period under consideration. The fairly high

+ Private - refers to a friend, relative, ex-client or person himself.

++ Social welfare agencies - refers to all the social welfare agencies with which the Youth Advice Bureau maintains a close liaison (see pages 28-30, Chapter 2).

+++ Crisis centres - refers to two crisis agencies, viz. Lifeline and Crisis Clinic.

++++ Professional practitioners - refers to psychiatrists, general medical practitioners, psychologists, attorneys in private practice.

referral rate from the Press came about as a result of two main publications: (i) an advertisement on the leader page of the English language early morning newspaper, 'The Rand Daily Mail,' under a section entitled 'What's on today?' - this is published every morning of the week excluding Sundays; and (ii) a fortnightly article on Saturdays in the evening English language newspaper, 'The Star,' putting forward a problem of adolescence and offering a guide for answering the problem.+

TABLE 5 : DATE OF INITIAL CONTACTS BY MONTH, 1973 AND 1974

Month	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
January	13	11,6	15	12,0
February	7	6,2	12	9,6
March	10	8,9	9	7,2
April	8	7,1	10	8,0
May	10	8,9	10	8,0
June	9	8,0	10	8,0
July	10	8,9	10	8,0
August	11	9,8	11	8,8
September	4	3,5	8	6,4
October	13	11,6	10	8,0
November	10	8,9	10	8,0
December	5	4,4	10	8,0
Not stated	2	1,7	-	-
TOTAL	112	100,0	125	100,0

+ See Appendices II, III and IV for verbatim reports of a selected number of these articles.

The purpose of this Table was to see whether there was an increase in the numbers of clients approaching the Youth Advice Bureau in times of explicit tension, that is at examination times. The writer therefore expected to find an increase in new clients in May-June, and particularly in September-October-November, both periods of school, college and university examinations in Johannesburg. This expectation was not substantiated, however, as can be seen from the evenly distributed results of Table 5. In order to understand why this was so, one would have to know for what problems clients came to the agency for help. This can be seen in Table 7, p. 105.

As can be seen from Table 5, the number of new referrals to the Youth Advice Bureau was small. These statistics do not, however, take into account the telephonic interviews and letter contacts held with clients during the two year period, and these occurred with as much frequency as to have doubled the figures presented. At the time of this case analysis, a case was only assigned a number if the client came into the office for an interview.+

It is remarkable to note the frequency with which the number of new clients totalled 10 in any one month, this reading four times in 1973 and seven times in 1974.

+ Since 1975, this has been altered to include telephonic interviews.

TABLE 6 : THE FAMILY MEMBER AT THE INITIAL INTERVIEW, 1973 AND 1974

Family member	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Mother	43	38,4	51	40,8
Adolescent client	31	27,7	27	21,6
Parents	13	11,6	16	12,8
Mother and client	4	3,6	12	9,6
Father	11	9,8	8	6,4
Other relative and client	8	7,1	3	2,4
Client and boy/ girl friend	-	-	3	2,4
Step-mother	-	-	2	1,6
Parents and client	-	-	2	1,6
Father and client	-	-	1	0,8
Not stated	2	1,8	-	-
TOTAL	112	100,0	125	100,0

From the above Table it can be seen that the person who most frequently contacted the Youth Advice Bureau with a problem was the mother of the family. Thus, 38,4% in 1973 and 40,8% in 1974 of all the initial interviews were conducted with the mothers of adolescents. The second highest frequency of initial interviews was held with the clients themselves, that is, the adolescents experiencing problems. These percentages were 27,7 for 1973 and 21,6 for 1974.

There was a negligible attendance of both parents at the initial interview (0% for 1973; 1,6% for 1974), although parents on their own came in 11,6% and 12,8% of the cases, for 1973 and 1974 respectively.

In view of the fact that the highest frequency of initial interviews was held with the mother of the families, the question of what problems they presented arises. This is seen in the following Table.

TABLE 7 : THE PRESENTING PROBLEM, 1973 AND 1974

Problem	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Uncontrollability	28	25,0	28	22,4
Poor family relationships	16	14,3	26	20,8
Emotional disturbance+	26	23,2	17	13,6
School problems++	11	9,7	15	12,0
Left or leaving home	13	11,6	11	8,8
Choice of career	2	1,8	7	5,6
Courting relationship problems	2	1,8	6	4,8
Employment problems	3	2,7	6	4,8
Suspected drug taking	3	2,7	3	2,4
Legal advice sought	2	1,8	2	1,6
Suspected pregnancy	1	0,9	2	1,6
Other	5	4,5	2	1,6
TOTAL	112	100,0	125	100,0

The presenting problem naturally varies according to the person who came for the initial interview. It follows that as most of the initial interviews were held with mothers of adolescents, the problem presented most frequently was that of 'uncontrollability' (25 per cent in 1973; 22,4% in 1974). Emotional disturbances like depression, anxiety and

+ Emotional disturbance - refers to depression, anxiety, disturbed behaviour, sexual aberrations.

++ School problems - refers to under-achievement, truanting and general unhappiness at school.

sexual difficulties formed a fairly high percentage of problems presented (23,2% in 1973; 13,6% in 1974), and these were mostly brought as requests for help by the adolescents themselves.

In a newspaper article entitled 'The Age of Depression,'[2] an American psychiatrist, Dr. Renshaw, is quoted as saying that as the closing end of this century draws near, 'the anxious era appears to be giving way to the age of depression.' The head of the Adolescent Unit at Tara: The H. Moross Centre, a neuropsychiatric hospital in Johannesburg, is quoted as saying:

> 'Parents rarely recognise emotional problems. They come here in anger, with children they have labelled delinquents... Actually, a large majority of them are just unhappy or depressed - sad children, who are pessimistic about the future.'

Further on in the same article, school problems are referred to by the *Director of the Youth Advice Bureau, who says:*

> '... social workers see the depression in both the under-achieving and over-achieving child... What teachers don't realise is the child's energies might all be going into coping with some problem... it is an adult misconception that youth is a time of bliss.' +

The category 'poor family relationships' encompasses relationship difficulties between any family members, but at the Youth Advice Bureau at least some of these tensions were focused on the relationship between one adolescent child and another family member, usually one of the parents.

In view of the fact that mothers and adolescents brought such differing angles of their problems to the agency for help, it is important to see who came for subsequent interviews. These results follow in Table 8.

+ For this article in its entirety, see Appendix V.

TABLE 8 : THE FAMILY MEMBER AT SUBSEQUENT INTERVIEWS, 1973 AND 1974

Family Member	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Client	22	45,8	25	44,6
Mother	14	29,2	12	21,4
Client and mother	-	-	8	14,3
Father	5	10,4	-	-
Parents	4	8,3	3	5,4
Client and parents	-	-	4	7,1
Father and client	-	-	1	1,8
Total family	-	-	3	5,4
Other+	3	6,3	-	-
TOTAL	48	100,0	56	100,0

Of the 112 cases seen in 1973, 48 of them (42,9%) returned for subsequent interviews, and of the 125 in 1974, 56 cases came for more than one interview (44,8%).

The majority of subsequent interviews was held in both years with the adolescent client, the next highest interviewee being the mother, registering 29,2% for 1973 and 21,4% for 1974.

The most noteworthy results of Table 8 are the decrease in the frequency with which the family members were seen on their own, juxtaposed against the increase in the frequency with which more than one family member was seen for subsequent interviews. These categories illustrate one by one the fundamental move in agency policy over the two year period under consideration: from one of individualised treatment to that of more

+ Other - refers to another family member, for example, brother, or to boy/girl-friend.

family oriented treatment. Whereas the client and his/her mother were not seen together at all for subsequent interviews in 1973, in 1974 they were interviewed jointly in 14,3% of cases. Whereas the father was interviewed on his own in 10,4% of cases in 1973, he was n... seen once on his own in 1974. The policy of the Youth Advice Bureau changed towards interviewing as many family members as possible in the initial assessment phase of treatment. Thus, in 1974, the father was seen either with his wife, or with his wife and adolescent child, or just with his adolescent presenting the problems, or in the total family context in 19,7% of cases.

In order to facilitate the examination of these results, they have been presented in pictorial form. Please see the graph labelled Figure II

Figure II: THE FAMILY MEMBER AT SECOND AND SUBSEQUENT INTERVIEWS. 1973 AND 1974.

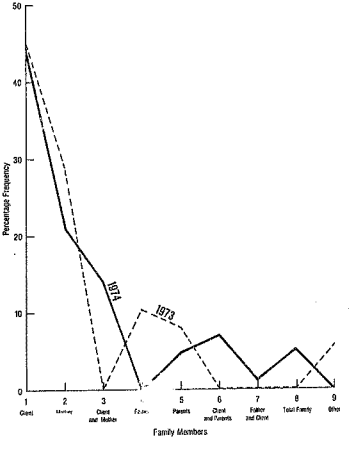


Figure II illustrates, from category 3 onwards, the opposite directions which subsequent interviews took in the two years 1973 and 1974. Although the percentage of change is relatively small, it is not the quantity so much as the direction of the move which is important.

Bearing this in mind, it is relevant to know for how long clients continued to have social casework treatment. These results follow as Table 9.

TABLE 9 : THE DURATION OF CASEWORK CONTACT, 1973 AND 1974

Duration	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
1 interview	68	60,7	57	45,6
1-2 weeks	23	20,5	14	11,2
3-4 weeks	5	4,5	18	14,4
5-6 weeks	1	0,9	5	4,0
7-8 weeks	6	5,4	6	4,8
9-11 weeks	-	-	-	-
12-16 weeks	4	3,5	10	8,0
17-21 weeks	-	-	3	2,4
22-26 weeks	-	-	4	3,2
27-52 weeks	-	-	5	4,0
52 + weeks	5	4,5	1	0,8
Ongoing+	-	-	2	1,6
TOTAL	112	100,0	125	100,0

+ Ongoing - cases still in treatment at the time this analysis was completed in July, 1975.

While there were five cases treated for more than a year in 1973, the number was three in 1974, including the cases still in social casework treatment at the time of this analysis.

Although the majority of clients were only seen once, as reflected in Table 9, the figure was reduced from 60,7% in 1973 to 45,6% in 1974. The next highest frequency of contact lasted from one to two weeks in 1973 (20,5%) and from three to four weeks in 1974 (14,4%), that is for a further one or four interviews subsequent to the initial interview. During this period, telephone calls and collateral contacts would also have been made where necessary.

The contacts with clients reflected in Table 9 include regular contacts, such as weekly or fortnightly interviews, as well as erratic contacts, for example, a client making an appointment whenever he felt the need to do so.+

In order to get an idea of how much of the casework contact was actual interviewing, and how much consisted of telephonic conversation, the number of telephonic contacts with clients and their families was recorded. These results are presented as Table 10.

+ This Table will be discussed in more detail under the 'Discussion', further on in this Chapter.

TABLE 10 : THE NUMBERS OF TELEPHONIC CONTACTS WITH CLIENTS, 1973 AND 1974.

Number	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
0	8	7,1	3	2,4
1	68	60,7	35	28,0
2	19	15,2	35	28,0
3	8	7,1	15	12,0
4	3	2,7	7	5,6
5	2	1,8	11	8,8
6	1	0,9	-	-
7	1	0,9	3	2,4
8	1	0,9	2	1,6
Over 8	-	-	9	7,2
Not stated	3	2,7	5	4,0
TOTAL	112	100,0	125	100,0

As can be seen from the above Table, the highest numbers of telephonic contacts between clients and social workers were one and two contacts. The high frequency of single calls in 1973 (60,7%) is accounted for by the fact that nearly all of these were initial contacts made by potential clients to the Youth Advice Bureau, prior to making appointments for interviews. There is a noteworthy increase in the findings in the number of second and third calls between social workers and clients from 1973 to 1974, these increases reading 12,8% and 4,9% respectively.

In considering the adolescent and his problems, it is important to view him in his total family situation. For this reason, the family composition of each case was analysed, and is presented in the following two Tables.

TABLE 11A : THE FAMILY COMPOSITION OF CASES, 1973 AND 1974+

Family member (excluding client)	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974.
0 siblings	9	8,0	8	6,1
1 sibling	34	30,4	44	33,5
2 siblings	33	29,5	40	30,5
3 siblings	13	11,6	14	10,6
4 siblings	4	3,6	9	6,9
5 siblings	5	4,5	3	2,3
6+ siblings	1	0,9	1	0,8
Aunt and uncle	2	1,8	-	-
1-3 half-siblings	5	4,3	-	-
1-3 step-siblings	2	1,8	4	3,1
Maternal grandmother	-	-	4	3,1
Not stated	4	3,6	4	3,1
TOTAL	112	100,0	131	100,0

The number of cases for 1974 totals 131 because six cases were included in more than one category. For example, one case had a maternal grandmother staying with the family, as well as one sibling; in another case the client had two siblings as well as two step-siblings. The highest percentage of clients fell into the single category in both years, that is, a total of two children in the family. While there is a fair number of half-siblings, it is interesting to note that in only 3,1% of cases for 1974 and 1,8% in 1973 were there members of the extended family living with the nuclear family group.

+ The family composition refers to the members of a family living together under the same roof.

In order to obtain a full picture of the client and his family, one must include the frequency of cases in which the client lived together with both of his parents. This analysis follows in Table 11B.

TABLE 11B : PARENTAL COMPOSITION OF CASES, 1973 AND 1974

Parents	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Mother	91	48,7	114	50,2
Father	82	43,9	103	45,4
Step-mother	7	3,7	4	1,8
Step-father	7	3,7	6	2,6
TOTAL	187	100,0	227	100,0

The vast majority of clients had both a mother and a father, as reflected in the above Table. In both 1973 an 1974, the numbers of fathers living together with the adolescent client was slightly less than that of mothers.

Two important considerations arise out of the results presented in Tables 11A and 11B. The first is that it might be relevant to establish what position the adolescent client held in his family, that is the birth order within the family. The second is that as the majority of clients had both parents, it would be interesting to see what marital status these parents held. These two considerations follow as Tables 12 and 13.

TABLE 12 : POSITION OF THE CLIENT IN THE FAMILY, 1973 AND 1974

Position	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Only child	8	7,1	8	6,4
Oldest child	33	29,5	40	32,0
Second child	35	31,3	36	28,8
Third child	19	17,0	25	20,0
Fourth child	7	6,3	5	4,0
Fifth child	2	1,8	3	2,4
Eighth child	-	-	1	0,8
Not stated	8	7,1	7	5,6
TOTAL	112	100,0	125	100,0

This is an inadequate Table, as it does not reflect the number of children in the families of the clients. It is important to view the client's position in the full context of his family, so that one would understand whether the client was the second of two or three siblings, for example. For this reason, the full breakdown of the position of the client in his family composition is described in diagrammatic form. This follows as Figures III and IV overleaf.

The highest frequency of positions of the client in his family was that of the oldest child in the 1974 population, registering 32 per cent, and the second child in the 1973 cases, this figure registering 31,1%. If one then looks at Figure III, it can be seen that of the 35 clients who were second children, 20 of these were the youngest child in a family of two children. Similarly, in Figure IV one can see that of the 36 clients

Figure III: THE POSITION OF THE CLIENT IN HIS FAMILY, 1973.

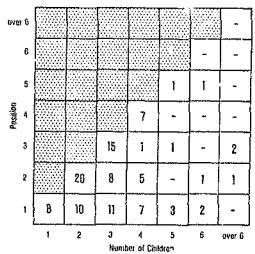
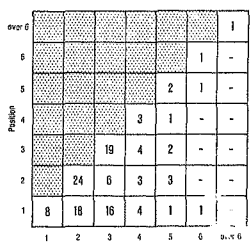


Figure IV: THE POSITION OF THE CLIENT IN HIS FAMILY, 1974.



who were second children in 1974, 24 of these were in fact the youngest child. This pattern repeats itself for the third child in both 1973 and 1974, as reflected in Figures III and IV respectively. Thus, of the numbers of clients reported to be second, third or fourth children, the majority is in fact the youngest of two, three or four children in the family.

Having considered the position of the client within the family, the marital status of the parents will be presented in the following Table.

TABLE 13 : MARITAL STATUS OF THE PARENTS OF CLIENTS, 1973 AND 1974

Marital Status	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Married	70	62,5	86	68,8
Divorced	12	10,7	13	10,4
Divorced and remarried	14	12,5	6	4,8
Widowed	7	6,3	9	7,2
Not stated	4	3,6	5	4,0
Separated	1	0,9	4	3,2
Widowed and remarried	2	1,8	1	0,8
Deceased	2	1,8	-	-
Single	-	-	1	0,8
TOTAL	112	100,0	125	100,0

The most outstanding result of this Table is that well over half of the client population in both 1973 and 1974 had families where the parental relationship was intact, that is where the parents were married. Considering that the divorce rate for white marriages in South Africa in

1972 was 9,5 per 1,000 married couples,[+] this is an unforeseen finding. Moreover, in view of the fact that these clients were people experiencing problems for which they had sought professional help, the result is particularly noteworthy. Two possible reasons for the surprising results of Table 13 are suggested:

(i) that married couples are concerned with family tensions to the extent of seeking professional help in a crisis situation; or

(ii) that in a marital relationship which produces its own unresolved tensions, the adolescent child is scapegoated and labelled as the problem, rather than the couple recognising and seeking marriage guidance.

There is some evidence of this latter point in the literature on adolescence, family life and family therapy. A question that raises itself in relation to Table 13 is: where do the families of divorced parents go to for help?[++] They do not, except in 23,2% of cases in 1973, and in 15,2% of cases in 1974, approach the Youth Advice Bureau with their adolescent's problems. There are several agencies and associations in Johannesburg catering for single parents, or family problems, but it is only the Youth Advice Bureau which specialises in the problems and treatment of adolescents and their families.[+++]

+ Quoted from the Human Sciences Research Council Newsletter number 50, October, 1973.

++ It is perhaps worthy of consideration that the Youth Advice Bureau does not extend itself sufficiently to meet the needs of the adolescent of divorced parents. Since this social casework analysis was completed, however, two groups for single parents of adolescents have been conducted at the Youth Advice Bureau. More detail of this will be given in Chapter 6.

+++ See Chapter 2 of this study for more details of this.

The single parent in the one case in 1974 referred not an an unmarried mother, but to the parental brother, a bachelor, of a deceased couple. This man had then adopted the couple's son.

Having examined the details of the family composition, and the problems presented at the Youth Advice Bureau and by whom, the social portrait of the client population will be completed by a presentation of the breadwinner's occupation. This follows as Table 14.

TABLE 14 : BREADWINNER'S OCCUPATION, 1973 AND 1974

Occupation	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Not stated	22	19,6	35	28,0
Professional + worker	22	19,6	19	15,2
Manager ++	17	15,2	12	9,6
Owner of business	12	10,7	16	12,8
Office worker	3	2,7	13	10,4
Salesman/lady+++	14	12,5	8	6,4
White collar worker ++++	9	8,0	7	5,6
Artisan	7	6,3	5	4,0
Unemployed	-	-	3	2,4
Mine worker	1	0,9	5	4,0
Farmer	-	-	2	1,6
Retired	3	2,7	-	-
Deceased	2	1,8	-	-
TOTAL	112	100,0	125	100,0

\+ Professional worker - includes university qualified employment, for example, architect, teacher, attorney, accountant.

++ Manager - includes director and co-director of a commercial business.

+++ Salesman/lady - includes insurance salesman, traveller, counterhand.

++++ White collar worker - includes factory hand, caretaker, post office employee.

It emerges from Table 14 that the occupation of the breadwinner of the family, commonly the father, was frequently not inquired after by the social worker. Of those clients where the information was sought, the highest percentage of employment occurred in the professional bracket (19,6% for 1973; 15,2% for 1974). Coupled with the figures for managerial employment, white collar workers and owners of businesses, this figure reflects a high percentage of middle and upper middle class status clients. These figures total 53,5% for 1973 and 43,2% for 1974.

Having examined in some detail the social portrait of the clientele of the Youth Advice Bureau, it is important to see what other family problems emerged in the course of treatment, and subsequently how these problems were diagnosed and treated. The family problems of clients, in addition to those presented initially, will be presented in the following Table, Table 15.

TABLE 15 : FAMILY PROBLEMS OF CLIENTS, IN ADDITION TO THOSE PRESENTED INITIALLY, 1973 AND 1974

Problem	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
Poor parent-child relationship	25	22,3	27	21,6
None or not stated	40	35,6	18	14,4
Poor parental relationship	7	6,3	25	20,0
Family crisis+	21	18,8	17	13,6
Emotional disturbance++	12	10,7	18	14,4
Alcoholism	3	2,7	10	8,0
Drug suspicion/taking	3	2,7	5	4,0
Sibling rivalry	-	-	3	2,4
Financial difficulties	1	0,9	2	1,6
TOTAL	112	100,0	125	100,0

\+ Family crisis - refers to divorce, teenage pregnancy, adoption, abortion, epilepsy, court charges, illness, suicide or death within the nuclear family.

++ Emotional disturbance - refers to depression, anxiety, disturbed behaviour and sexual aberrations within the nuclear family.

It is interesting to note that in both 1973 and 1974, almost one quarter of the cases reported difficulties in the adolescent's relationship with his parents. This was the case irrespective of who actually approached the agency for help, the adolescent or the parent. Indeed, the findings of this Table can be related to those of Table 6 (p. 104) and Table 7 (p. 105). These two Tables reflected that the family member most frequently interviewed initially was the mother of the adolescent child, and that the problem for which she sought help was that of the uncontrollability of the adolescent (See pages 104-106). The problem of poor family relationships was expressed in 14,3% of the 1973 cases, and in 20,8% of the 1974 cases (see page 104), and this corresponds to the findings of the above Table.

The category 'not stated' registered the highest percentage of 35,6 in 1973, and was reduced to only 14,4% in 1974. This is not so much an increase in family problems from one year to the next as an indication of improved social history taking and recording methods utilized by the social workers over the two year period.

There was an interesting increase in the percentage of difficulties within the parental relationship, from 6,3% in 1973 to 20 per cent in 1974. The 1974 result does not substantiate the low frequency of divorced parents in that same year, viz. 10,4% (See Table 13, page 116), and reflects something of the tensions within an intact family. In a comparison of the categories 'poor family relationships' from Table 7 (page 105) and 'poor parental relationships' from Table 15 above, the 1973 result shows a difference of 8 per cent, whereas the 1974 result records only a 0,8% difference. The percentages in both 1973 results (for Tables 7 and 15) are lower than those

for 1974. Age[illegible] interpreted not as an increase in the problems that families w[illegible]xperiencing from one year to the next, but rather as a result reflecting the increased orientation of social workers at the Youth Advice Bureau to family problems and family difficulties, in whichever familial subsystem these may lie.

The category 'emotional disturbance' recorded fairly highly in both 1973 and 1974, and includes any single member of the family suffering from depression or anxiety, as well as the homosexuality of the adolescent. These figures registered 10,7% for 1973 and 14,4% for 1974.

It must be borne in mind that these figures are taken from a small percentage of Johannesburg's white population who have sought professional help for their family problems. This point has three implications:

(i) the results do not reflect the general white population statistics;
(ii) the majority of cases were from intact marital relationships, but these families were not without problems; and
(iii) some families who were concerned with their problems seek positive professional methods of alleviating the stress.

Considering the specific problems brought by the initial interviewee to the agency, as well as the additional family problems as expressed subsequently by the same or another family member, the question of what treatment was offered to the client population needs to be explored. This analysis follows as Table 16.

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TABLE 16: THE TREATMENT OFFERED TO CLIENTS, 1973 AND 1974

Treatment	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
1. Referral elsewhere +	30	26,8	23	18,4
2. Regular casework for client	25	22,3	28	22,4
3. Joint casework for parents & client	14	12,5	31	24,8
4. Regular casework for parents	12	10,7	11	8,8
5. Erratic casework for client ++	12	10,7	11	8,8
6. Single interview & follow-up	5	,5	10	8,0
7. Family therapy	-	-	8	6,4
8. Separate parent & client casework	9	8,0	-	-
9. Not stated	5	4,5	3	2,4
TOTAL	112	100,0	125	100,0

Table 16 presents dynamic data, which reflect the changes in the treatment approach and application over the two year period 1973 to 1974. Perhaps the two most noteworthy results are those where the blanks are featured, viz. the categories 'family therapy', which increased from no cases in 1973

+ Referral elsewhere - applies to another social welfare agency, more appropriate for the treatment of a particular problem, or to a private therapist: psychiatrist or clinical psychologist.

++ Erratic casework - refers to continued contact with a client whenever he or she felt the need for a casework interview. This generally occurred any number of times from twice monthly to once bi-monthly.

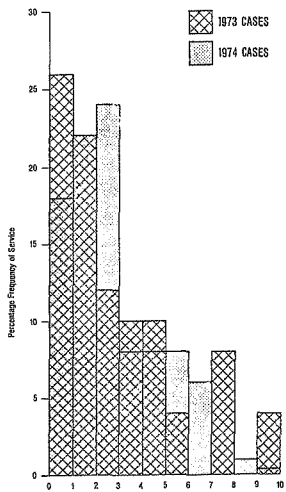
to eight cases in 1974, and 'separate parent and client casework' which was reduced from nine cases in 1973 to no cases in 1974. These two results, while small in number, illustrate the fundamental move in the policy of the Youth Advice Bureau, a move towards viewing the family as a total, dynamically operating system, and not as a number of separate, individual units, each with its own specific and isolated problem. The percentage of parents interviewed regularly with the adolescent client doubled over the two year period from 12,5% in 1973 to 24,8% in 1974. It is interesting to see the decline in numbers for the first three categories in 1973, and in direct reversal the incline for 1974. This observation can more easily be seen in a diagrammatic figure, which follows as Figure V.

The categories of service as represented on the horizontal axis of Figure V refer to the treatment services listed in Table 16, numbered 0-1, 1-2, 2-3, 3-4, 4-5, 5-6, 6-7, 7-8, 8-9 and 9-10 for the nine categories.

As can be seen from Figure V, the first three categories give a pictorial representation of descending stairs (1973) and ascending stairs (1974). The move upwards illustrates graphically the policy change in the treatment of clients approaching the Youth Advice Bureau, as discussed previously. More than one quarter of the 1973 caseload was in fact referred elsewhere for treatment, and this figure was reduced to 18,4% in 1974. The reason for the decrease in the frequency of referrals from the Youth Advice Bureau is believed to be the extension of treatment services offered to clients and their families. These additional services included joint parent and child casework, social groupwork and family therapy.

Thus far the treatment services offered to clients and their families have been analysed. It would be interesting to see how the cases were terminated -

Figure V: BAR DIAGRAM OF THE SERVICE OFFERED TO CLIENTS, *1973 AND 1974.*



was it for example a planned termination, or did the client not arrive for subsequent interviews? This presentation follows as *Table 17*, entitled 'Resolution of the Case.'

TABLE 17 : RESOLUTION OF THE CASE AS RECORDED AT THE LAST CONTACT, 1973 AND 1974

Resolution	*Number of Cases 1973*	*Percentage 1973*	*Number of Cases 1974*	*Percentage 1974*
Client will phone again	33	29,5	17	13,6
Referral elsewhere	26	23,2	20	16,0
Further appointment unattended	4	3,6	19	15,2
Case terminated	7	6,3	27	21,6
Open-door case+	-	-	17	13,6
Mother to contact social worker	14	12,5	8	6,4
Parents to ask child to contact social worker	11	9,8	6	4,8
Ongoing case	-	-	8	6,4
Not stated	11	9,8	2	1,6
Other++	6	5,3	1	0,8
TOTAL	112	100,0	125	100,0

This table presents some contradictory results. Whereas the percentage of *clients who* told the social worker that they would telephone for another interview (and who did not do so) was reduced by almost half from 1973 to 1974, the percentage of unattended appointments increased by 11,6% over the two year period. *When the two sets of figures are added together, however,* that is the

+ Open-door case - refers to a situation where the case was left open on the understanding that the client could resume casework treatment whenever he felt the need again.

++ Other - includes one set of parents awaiting a group; the crisis resolved itself in a practical manner; the adolescent to request his parents to attend an interview; or the mother to speak to her husband re a joint interview.

categories 'client will phone again' and 'further appointment unattended', they almost equal one another. The figures total 28,8% for 1973 and 33,1% for 1974. The explanation for the apparent contradiction lies in the altered approach adopted by the social workers over the two years. The change that occurred was from that of leaving the decision for commitment to treatment to the client, to a decision on the part of the social worker that the client could benefit from casework treatment, and therefore with the agreement of the client, a further appointment was made for him. In the final analysis, each approach yielded the same unfruitful result.

A further contradiction in the results of Table 17 rests with the result for the category 'referral elsewhere,' as compared with the results from the same category recorded in Table 16, page 122. In Table 16, the number of cases referred elsewhere was recorded as higher than that of Table 17 above. A possible explanation for this anomaly lies in the recording of data by the individual social workers. Whereas there were relatively few cases for whom the treatment offered was not recorded (see Table 16), there was a higher number of unstated resolutions of the cases for 1973 (see Table 17, page 125, category 'not stated.')

Two noteworthy results of Table 17 are:

(i) The increase in the percentage of cases actually terminated, a rise of 25,3% from 1973 to 1974. The fact that these cases were terminated implies that a process of termination was undergone in the casework treatment;

(ii) The increase in the operation of an open-door policy from 0% in 1973 to 13,6% in 1974. This policy implied that clients who felt that they did

not need more treatment at a particular time wanted to know that they could return at some stage in the future and resume casework with the same social worker.

Finally, one cannot view the results of Table 17 in isolation from actual follow-up which was done on the cases. This analysis follows as Table 18.

TABLE 18 : FOLLOW-UP OF CASES, 1973 AND 1974

Form of follow-up	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
No follow-up	67	59,8	37	29,6
Clients referred elsewhere and no follow-up	22	19,4	19	15,2
Social worker telephoned client	2	1,7	29	23,2
Letter to client from social worker	-	-	17	13,6
Case terminated and no follow-up	7	6,5	-	-
Ongoing case+	-	-	10	8,0
Client's parents to telephone social worker	4	3,6	-	-
Client to phone social worker	3	2,8	9	7,2
Social worker phoned referred agency/therapist	3	2,8	2	1,6
Social worker telephoned client's parents	2	1,7	-	-
Calls from referred agency/ therapist	-	-	2	1,6
Letter from client	2	1,7	-	-
TOTAL	112	100,0	125	100,0

+ Ongoing case - when the analysis was completed in July, 1975.

The most obvious and significant result of Table 18 is the decline in the frequency of cases in which no follow-up occurred, a decline registering 30,2% from 1973 to 1974. Once again, this reflects a change in policy at the Youth Advice Bureau, where the follow-up both of cases actively terminated as well as those who dropped out of treatment was carried out.

The second category 'clients referred elsewhere and no follow-up' is in keeping with the ethics of the profession. Unless specifically indicated, a social worker would not contact a new agency or therapist so as to enquire after the progress of his ex-client. The accepted practice here is for the new treatment source to contact the referring social worker, for a follow-up report. This does not occur with any noteworthy frequency either, as can be seen from the second last category in the above Table.

The other interesting result of Table 18 is the increase in the frequency with which the social workers telephoned their ex-clients, registering 21,5% over the two year period. Also noteworthy is the slight increase of 4,4% in the number of times that ex-clients telephoned the social worker.

If Table 17 (page 125) is examined, it can be assumed that the cases left with unresolved endings were taken into account in the follow-up of cases. This would apply especially to the 1974 cases, where social workers actively contacted their ex-clients either by telephone or by letter in 36,8% of cases. (This measures against 1,7% for 1973. See Table 18, the third and fourth categories combined.)

Having examined the resolution of cases and the follow-up procedures adopted by social workers, it would be interesting to see the assessments the social workers made of their cases. This follows as the final Table, Table 19.

TABLE 19 : ASSESSMENT OF CASES, FOR 197. AND 1974

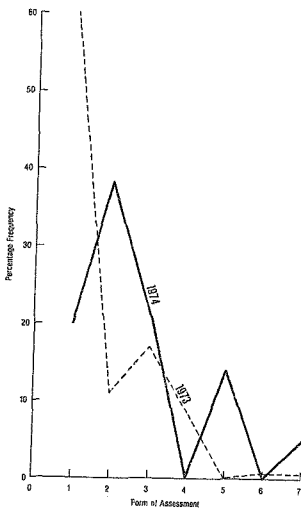
Form of Assessment	Number of Cases 1973	Percentage 1973	Number of Cases 1974	Percentage 1974
1. No assessment made	68	60,7	25	20,0
2. Assessment of family dynamics	13	11,6	48	38,4
3. Personality assessment of client	20	17,9	27	21,6
4. Assessment of an interview	9	8,0	-	-
5. Brief superficial assessment	-	-	18	14,4
6. Assessment of social worker-client relationship	1	0,9	-	-
7. Assessment of client's situation	1	0,9	7	5,6
TOTAL	112	100,0	125	100,0

The significance of the comparative statistics in this Table can more easily be recognised by examining a pictorial graph. For this, please see Figure VI, overleaf.

The numbers on the horizontal axis of Figure VI correspond to the types of assessment made as specified in Table 19.

The most dramatic and obvious result to be seen in Figure VI is the sharp decline in the percentage of cases in which the social worker did not make any assessment of the case, a decline of 40,7%. Of comparable relevance is the increase in category 2, 'assessment of family dynamics,' from 1973

Figure VI: GRAPH OF THE ASSESSMENT OF CASES, 1973 AND 1974.



to 1974. This increase is depicted as a sharp rise of 27 per cent. Category 5, 'brief superficial assessment,' shows an increase from 0% to 14,4% from 1973 to 1974, and indicates that while the number of cases in which no assessment was made is relatively high in 1974 (20 per cent), the social workers frequently attempted to make brief assessments of what was

transpiring in the course of treatment rather than no assessment at all. This did not occur during the previous year at all, when no brief assessments were made.

This Table and Figure complete the analysis of the results of all the records at the Youth Advice Bureau for the years 1973 and 1974. A discussion of the results in their entirety follows below.

5.3 Discussion of the Results

5.3.1 Introduction

Martin Buber's treatise on human life, 'The fundamental fact of human existence is man with man,' forms the philosophical base of social casework.[3]

Helen H. Perlman (1971) makes the point that casework is "not a 'thing' that can be given to anyone; it is not an agency program. An agency whose program is to promote family welfare usually uses the casework method towards this end."[4] The use of social casework at the Youth Advice Bureau is viewed in this light, as part of an integrative approach in the programme and policy of promoting youth and family welfare.

There is a multitude of definitions of social casework. All imply a dual concern: to help the individual in his relations with society, and society in its dealings with the individual.[5]

Perlman (1973) has defined social casework as :

> 'a problem-solving process by which an individual (or family group) is helped to cope more effectively and gratifyingly with some problematic aspect(s) of his person-to-task or person-to-person roles.'

She goes on to add that life is a continuous problem-solving process from birth to death. There are times, crisis periods, in some people's lives when they cannot cope unaided. People fail to carry out their life tasks because of one or a combination of the following conditions (the 3 D's):

(i) There are actual deficits of means by which to cope;

(ii) there are discrepancies between what the task requires and the person's motivation and capacity, or discrepancies between reality and the person's perception of it; and

(iii) there are disturbances or distortions of emotion.[6]

Whereas the writer of this dissertation understands social casework in terms of relat'onships, there are those authors who prefer to use more measurable terms. 'The events of treatment may be described, and we think with greater clarity, without recourse to this overused construct' (i.e. 'relationship.')[7]

Perlman (1970) has listed the '4 p's' of the problem-solving model of social casework. These are: (i) the person who has (ii) a problem with which he seeks help at (iii) a place which is proferred by a social worker who uses (iv) a process which engages and enhances the person's own problem-solving functions.[8]

Certain modes of action must be followed in order to bring about the resolution of a problem. These are :

(1) The problem must be identified by the person.

(2) The person's subjective experience of the problem must be identified, i.e. how he perceives it.

(3) The facts of the problem and its influence upon the person-in-his-life-space must be examined.

(4) The search for possible means of solution must be identified and considered.

(5) Some choice or decision must be made as a result of thinking through and feeling through what behaviours seem the most likely to affect the problem.

(6) Action taken on the basis of these considerations will test out the validity and workability of the decision.[9]

The problem-solving model stands firmly upon the recognition that life is an ongoing, problem-encountering, problem-solving process. It is a method for helping individual persons or families to cope with or resolve some difficulty that they are currently finding insurmountable, in ways that will maximize their conscious effort and competence.[10]

It is generally accepted by most people working therapeutically with adolescents that 'one of the most important means for helping the adolescent attain adulthood is to listen to him, to empathize with his struggles, and help him in a non-dictatorial way to find a solution to his conflicts that will prove constructive in adult life.'[11] Josselyn's views quoted above form the rationale for individual casework with adolescent clients, as practised at the Youth Advice Bureau. They also bring to an end the dilemma of the 'sixties,' when social casework was challenged as being an outmoded and luxury form of treatment for an unjustifiable minority of people in trouble.+

+ For a more detailed exposition of this, three essays by Helen H. Perlman can be read:
(i) 'Casework is Dead.' (Social Casework, January 1967);
(ii) 'Can casework work?' (Social Service Review, December 1968); and
(iii) 'Casework and the 'Diminished Man'.' (Social Casework, April, 1970).

In the analysis of the files of the cases treated at the Youth Advice Bureau over a two-year period, most of the cases were in fact treated via the medium of social casework. The problem of trying to describe a highly dynamic, subtle process in linear form is the limitation of a written study of any description. In order to try and lessen this problem, case examples will be cited where relevant to the text. The major results found in the case analysis will be discussed under four subheadings entitled '*short-term treatment*'; '*long-term* social casework; 'problems within the family'; and 'social casework treatment at the Youth Advice Bureau.'

5.3.2 Short-term Treatment

In the history of social work, only a limited number of theorists have given heed to the matter of time. This is rather strange seeing as time plays so poignant a role in the human condition. 'Time is the silent language that speaks of potentiality and limits, of *creativity and death*, of change and permanence.'[12]

It is both appropriate and important to consider the time element in social work practice. This applies particularly to adolescents, who tend *to be impulsive, who want r ady answers*, who cannot sustain controlled introspection for long periods of time.

People come for help when they cannot cope, when they are faced with a crisis situation.

> 'Yesterday, all my troubles seemed so far away
> Now it looks as though they're *here to stay*
> Oh I believe in yesterday.'[13]

The whole body of crisis theory led logically on to the reconsideration of short-term treatment or brief therapy in social work.

Table 9 (page 110) reflects the duration of treatment contact with clients at the Youth Advice Bureau. The statistics are noteworthy, as they are in keeping with the literature on brief treatment. In 1973, 92 per cent of the cases had up to 11 weeks of contact with the agency. In 1974, the percentage registered 80.

In a study comparing brief and extended casework, Reid and Shyne (1969) found that short-term treatment of interpersonal problems yielded more progress than long-term, continued service, and that the progress was equally durable.[14]

Reid and Shyne differentiate between three kinds of short-term treatments. First, the label refers to cases terminating early in a projected course of long-term treatment. Second, treatment may be short-term because of the limited nature of the problem. Third, treatment may be short-term by design. The course of treatment here is normally defined (between the client and the social worker) in advance as comprising so many interviews over so much time.[15]

The Reid and Shyne study was a comparison of planned short-term service (PSTS) with continued service (CS). When the project was designed, it was assumed that CS was a more effective service than PSTS. Crucial to the experiment was the random assignment of case to service patterns, since the intent was to compare the use of different methods with similar clients. Each caseworker was given a proportionate share of cases in each major service pattern.

In brief, the findings of the Reid and Shyne study, as well as those of other similar studies quoted by these authors+ reflect three important facts. These facts are:

(1) Planned, short-term treatment yields results at least as good as, and possibly better than, open-ended treatment of longer duration.

(2) Improvement associated with short-term treatment appears relatively durable.

(3) Short-term treatment can be used successfully under most conditions if its objectives are appropriately limited.[16]

Closely related to the body of theory on short-term treatment is that on crisis intervention.

The major theoreticians of crisis theory have been Erich Lindemann, Gerald Caplan and Howard J. Parad.

Lydia Rapoport (1967) challenges the myths and fallacies regarding crisis work, and these include the association between the depth and the length of treatment, the lasting nature of treatment, change as 'cure' in long-term work, and that cure is related to cause. Rapoport makes the point that termination in crisis interviews is a planned ending, and that the client is not expected to have solved all of his problems, but just the one which was interfering with his general functioning.[17] Brief treatment has taken much of its foundation and rationale from the whole body of crisis theory.

+ Other studies quoted by Reid and Shyne include:

(1) Phillips, E.L. & M.S.H. Johnston. Psychiatry, 17: 267-75, 1954.
(2) Muensch, G.A. American Psychologist, 19: 476, 1964.
(3) Schlien, J.M. In: Psychotherapy Research, edited by Stollack, Guerney & Rothberg, pp. 156-62. Chicago: Rand McNally, 1966.

Brief treatment 'has the potency to do more than restore functioning. It can actually produce profound changes in the personality by facilitating some rapid reorganisation of psychiatric structure and energy.'[18]

Here follows a summarised presentation of a case treated on the basis of short-term treatment at the Youth Advice Bureau.

Case example of short-term casework.

Introduction - This was the case of Jane W,+ 17 years old, a scholar at high school. Jane lived with both her parents and her older sister, aged 19 years, in a house some 10 km out of the central city.

Presenting problem - Mrs W, Jane's mother, came for the initial appointment in December, 1975. She was worried about Jane's difficult behaviour, suspecting that her daughter might be schizophrenic. The mother was a nurse.

Brief history - The family had moved up from Cape Town three years previously, a move to which Jane had objected. After being in Johannesburg for one year, Jane contracted encephalitis and had been difficult since then: 'impossible at home, irritable, bitchy, violent,' to quote mother. She slashed her wrists twice. Mother also called Jane 'manipulative, a congenital liar, and she has no insight.'

Father had become violent with Jane and had hit her across the face on one occasion. Mother described Jane socially as being attractive and popular.

+ All names used in this case example are fictitious, in order to preserve the anonymity of the real family.

Mrs W felt that Jane had a love-hate feeling for the mother. She also mentioned a difficult marital situation. At one time, the parents had separated due to the father's heavy drinking. They came together, and this pattern was repeated several years later. The marriage subsequently stabilised. The times of separation were shattering to Jane, and as a consequence, she failed one year at school.

Presenting situation - Mrs W was extremely worried about Jane's persistent depressions. She found it difficult to respond to Jane's overtures of affection.

Social worker's assessment and plan - The primary issue was to establish whether or not Jane was emotionally ill. The social worker saw the possibility of Jane having become the focus of the family problems, leaving everyone else to function adequately. The social worker therefore decided to have a single assessment interview with Jane alone, and thereafter the family members would be seen jointly for short-term casework.

Interview with Jane - The social worker found no grounds for confirming the mother's fear of schizophrenia. It was clear that Jane harboured a distrust of her parents, and that she was being scapegoated for the marital disharmony. Jane conceded to an interview with her mother, but not with her father as well. The social worker's plan was to see Jane and her mother together, and thereafter to interview the parents together without Jane.

Joint interview with parents - In this interview, Mr and Mrs W were helped to place Jane's behaviour in the context of normal adolescent expectations. Incidents which were related to the social worker indicated to her the kind of communication which was taking place in the family, and this was interpreted

to the couple. For example, father felt rejected by Jane and then became punitive, thus perpetuating the bad feelings. The social worker made a decision not to go into the dynamics of the marital relationship with the couple, as she felt that short-term, problem-focused social work would be most appropriate with this family. The social worker recommended one or two more interviews with both parents and Jane.

Final interview - A final interview was held with Mr and Mrs W and Jane. This was the social worker's assessment and termination of casework:

> 'The three were able to discuss their negative feelings in a reasoned way .... and also to express many of the positive elements which, once known to each other, could be very constructive in their relationship. Particularly father, who had difficulty communicating affection, was able to show Jane how he held back because he feared rejection by her ... Essentially, Jane was made to feel loved and supported by her parents and that this had emerged unharmed despite the upheavals. This valuing of her in this frank way, which would not have been possible in a normal situation at home, should enhance her self-esteem considerably. It was decided that no further appointment be made, but that they should feel free to resume the contact whenever they wished.'

Conclusion - In this family, rather complex, deep-seated difficulties were dealt with in focused, problem-oriented short-term social casework. The 'open-door' policy recommended in brief treatment was applied. In a period of two months, during which five interviews were held (one per telephone), the relationship between parents and daughter was re-infused with positive feelings.

Although the results of Table 9 (page 110) reflect a small number of cases who were treated with long-term social casework, a single example of a long-term case will be outlined in order to illustrate some of the differences in the two treatment modalities.

5.3.3 Long-term Social Casework

Long-term social casework, or extended treatment, assumes a variety of forms. It may be of long duration but of low intensity (occasional interview over a period of years); it may be (though seldom is) set up to last a specified but relatively long time; it may be part of a programme of long-term care, such as institutionalisation. The dominant form is what might be termed 'open-ended treatment,' which theoretically continues until there is no further need for it. While it may turn out to be short, often because of the recipient's unwillingness to continue, its practitioners expect it to be of long duration, and in fact usually regard a certain amount of contact (four interviews is a conventional number)[19] as necessary before the recipient can begin to make meaningful use of treatment.[20]

Rather than problem-centred treatment, extended casework must be viewed as a slow process of self-exploration. It has been shown in various studies (already quoted) that it is not a superior form of treatment for individuals or families with either superficial or complex problems. Nevertheless, as a form of self-study, long-term social casework does have a place in social work. One example of extended social casework which occurred at the Youth Advice Bureau follows below.

Case example of extended social casework

Introduction - This was the case of Bill A,+ aged 20 years, a university student. Bill lived with his family: his father,a professional man, his mother, his brothers aged 14 and 13 years, and his sister aged 11 years.

Presenting problem - The initial interview was held with Mr and Mrs A, who were distraught after their son had announced to them that he was a

+ The names and initials in this case are fictitious, so as to preserve the anonymity of the family involved.

homosexual. The social worker telephoned the son, Bill, and he came in for an appointment on the following day.

Social worker's assessment and plan - The initial assessment took place over two interviews with Bill. Bill felt that he had been covertly homosexual since prepuberty, but only actively so for a few years. He had told his parents 'because I felt that they should know.' He said that his father took it fairly well, but that his mother went into a severe depression, and this had alarmed him.

The social worker recommended therapy for Mrs A, either with another social worker at the Youth Advice Bureau or privately. The reason she did not suggest joint therapy for Bill and his mother was twofold: firstly, Mrs A sounded too depressed to enter such a situation, and secondly, Bill requested individual social casework. He requested open-door therapy, but the social worker felt that while a time limit would not be set for the duration of the treatment, a commitment to a certain time arrangement should be made. This was agreed to, and Bill attended weekly interviews thereafter. The social worker's assessment at this stage reads as follows :

> 'Social worker is not sure whether Bill needs more intensive help than she can offer, but for the moment he has a tremendous need to talk, to be heard, and to share.'

Bill and the social worker clarified that it was not the aim of social casework to make Bill become heterosexual, as he did not want this. He wished rather to explore and understand his homosexuality and his family relationships.

Course of casework - In consultation with the supervisory psychiatrist, the social worker decided to pursue the issue of Mrs A obtaining some form of

therapy for herself, or for herself and her husband. Mr and Mrs A were accordingly interviewed by the social worker, and they agreed to enter into a casework situation with another social worker at the agency. In all, three interviews were held with both parents, and one interview with the mother alone, with the second social worker.

Collateral Casework - The casework with Mr and Mrs A revolved around a discussion of the parents' reactions to Bill's homosexuality. Both parents felt that it was ruining his life, and they feared the effect that he would have on their other children. Social worker concentrated on discussing homosexuality in its realistic context, and this seemed to offer the parents some comfort. They were helped to gain confidence in themselves as parents, and in their ability to raise their children without them necessarily having 'abnormalities.'

Contacts with Bill - Bill was seen continually on a weekly basis by the first social worker. He was seen a further 30 times over an eight month period.

A theme which recurred throughout the course of the casework was the extent to which Bill fragmented or split the different facets of his life and feelings. During this time, the tension with his parents seemed to ease considerably, and they even invited one of Bill's 'gay' friends to dinner one evening.

The two social workers collaborated periodically on the case.

As the casework relationship intensified, Bill was able to explore some of his anxieties about being homosexual, and somewhere a wish not to be so, and not to have to split off the different elements of his life: the sexual, the friendship, the familial, and the student life.

Termination - Social casework was terminated when Bill decided that he wanted to undergo intensive psychoanalytic treatment. Termination was an active process which took place over five interviews.

Conclusion - This was the case of a homosexual young boy of 20 years who was seen regularly in social casework treatment over a period of 12 months. Casework began as a form of crisis work, and extended into a slow, unlimited form of self-exploration. His parents were seen by another social worker during the same period. Social casework with Bill was of a sustained, intensive form of therapy.

It is felt that this case example adds support to the view that there is a time and a need for extended social casework in certain situations, at the Youth Advice Bureau.

5.3.4 Problems Within the Family

Because the family is a dynamically operating system, the tensions in any of the subsystem units may be reflected anywhere within the total system. Of particular importance in the family system is the subsystem of the marital pair. The parents are faced with having to replace old, personal conflicts within the perspective of the current family system, rather than to view them as fixed on the personal past, and, therefore, unamenable to growth.[21]

It is important to view the presenting problems of clients seeking help at the Youth Advice Bureau in the context of the above (See Table 7, page 105). Each of the eleven categories of problems has to be seen in the arena of the total family system. The first five categories: 'uncontrollability', 'poor family relationships,' 'emotional disturbance,' 'school problems,' and 'left or leaving home' reflects the surface of

deeper familial tensions. Why those problems emerge in relation to only one adolescent child is a question to be answered by the social worker working with each particular family.

Considering the above, it is interesting to see which child it was who was most commonly the 'index client.' Was it the first-born child, or more *frequently the second, third or fourth child who was 'the problem'?* (See Table 12, page 114, and also Figures III and IV). The majority of clients in 1973 were the second of two children, and in 1974, the oldest of three or four children. Although the phenomenon of scapegoating within the family is well documented in the literature, there is no explanation in a theoretical sense for which child is likely to be the focus of the family's problems. This has to be analysed and understood in each individual case.

As the family is a system, additional family problems of cases can be correlated with those problems presented by the interviewee at the initial interview (See Tables 15, page 119 and 7, page 105 respectively). Whereas 'poor family relationships' (Table 7) rated fairly highly for problems presented by adolescent clients (14,3% in 1973; 20,8% in 1974), this category was unfolded in the course of casework as a more specific problem of 'poor parent-child relationship' (Table 15), registering 22,3% in 1973 and 21,6% in 1974. An interesting development related to Table 7 is that which features in Table 15 as 'poor parental relationship,' which took an increase of 13,7% over the two year period recorded (reading 6,3% in 1973 and 20 per cent in 1974). This figure cannot be accounted for by the duration of casework treatment,+ so it would have to be explained in terms of the unmeasurable context and content of the therapeutic process, and what problems and issues were discussed therein.

+ In 1973, 31,3% of cases were seen from 1-11 weeks;
In 1974, 34,4% of cases were seen from 1-11 weeks;
See Table 9, page 110 .

The category 'emotional disturbance' features in both Tables 15 and 7, registering a double increase, from 10,7% to 23,2% in 1973, and an almost identical figure for 1974: 14,4% and 13,6%. It is interesting that where there is a high incidence of emotional disturbance given as the presenting problem in 1973, there was still a 10,7% mention of the problem within the general family context as well.

Whereas the category 'family crisis' rates fairly frequently in Table 15 for both 1973 and 1974 (18,8% and 13,6% respectively), this group of problems was not put forward by clients or their families as the presenting problems.

In attempting to interrelate the results of the Tables, it must be remembered that 'each crisis involves the family, and the outcome will affect the family system as well as its members. Each crisis also offers potential for growth.'[22]

5.3.51 Social Casework Treatment at the Youth Advice Bureau

In both 1973 and 1974 the initial interview was most frequently held with the mother of the family. The discrepancy of 10,7% and particularly of 19,2% between the mother or the adolescent being the initial interviewee in 1973 and 1974 respectively, is worthy of comment. At an agency which advertises itself as a youth advice bureau, one would expect at least at equal number of adolescents as mothers to approach the agency for help. It is possible that the Youth Advice Bureau does not project an adequate image to young people, and that its advertising outlets reach the parent generation rather than the teenagers themselves.

Interestingly, subsequent interviews in the majority of cases were held with the adolescent client himself (45,8% in 1973 and 44,6% in 1974).+

This is a satisfactory result, as it is commensurate with the policy of a youth and family agency that half of all second and subsequent interviews were conducted with the adolescent client himself. However, the move towards total family therapy, as against the isolation and treatment of the index client in a family, offers itself as a challenge to this result. There were cases at the Youth Advice Bureau where the initial interviewee (usually the mother++) recognised that the problem was hers to sort out and not that of her adolescent child. Bearing in mind, however, that the family system reflects tensions emitting from each member, more joint casework and family therapy should have featured at the Youth Advice Bureau. The moves towards this policy over the two year period were clearly detailed,+++ and this was an encouraging result. The actual treatment offered to clients and their families at the Youth Advice Bureau features in Table 16, page 122.

Casework with adolescent clients alone was engaged upon in 33 per cent of cases in 1973 and in 31,2% of cases in 1974. Joint casework with parents and their adolescent child almost doubled from 12,5% to 24,8% over the two year period. This illustrates the move towards more family oriented treatment of clients approaching the Youth Advice Bureau for help.

Family therapy per se increased by 6,4% from 1973 to 1974, and this too supports the analysis of the changing focus of the Youth Advice Bureau: it is no longer specifically a youth agency, so much as it is becoming a family agency. In all, treatment services with more than one family member

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+ Please see Tables 6 and 8, pages 104 and 107 respectively.

++ See Table 6, page 104.

+++ See Table 16, page 122 followed by the discussion on page 123, and Figure V.

totalled 23,2% of cases in 1973, and 40% of cases in 1974. This shows an increase of 16,8% over the two year period.

One can relate this move in agency policy to the increase in the frequency with which social workers made an assessment of their cases in terms of family dynamics. This increase registered 26,8% from 1973 to 1974. (See Table 19, page 129). Whereas some form of assessment was made in only 39,3% of the 1973 cases, the figure reads 80 per cent for 1974.

With the majority of clients only having been seen once in 1973 (60,7%), and almost half in 1974 as well (45,6%),[+] what kind of follow-up service was performed in order to understand and reduce these high figures? Follow-up of cases took an increase from 14,3% in 1973 to 55,2% in 1974, a rise of 40,9%.[++] This statistic does offer an explanation to the rather high percentage of cases who were supposed to telephone or come for interviews, and who did not do so. These figures read 33,1% in 1973, and 28,8% in 1974. (See Table 17, page 125).

It can be seen that while there is still a large number of cases treated at the Youth Advice Bureau through the medium of individual social casework, there is an increasing tendency to extend the services offered at the agency to include more family members in a joint casework or family casework context. This has been reflected in the tables which were presented and discussed, including those on initial and subsequent interviews, the duration of casework, the services offered to clients, the assessment, resolution and follow-up cases for the two years 1973 and 1974.

+ See Table 9, page 110.

++ See Table 18, page 127.

5.4 Conclusion and Summary

The aim of this Chapter was to give a descriptive analysis of the cases dealt with at the Youth Advice Bureau (Johannesburg). There was a total of 112 clients in 1973, and 125 clients in 1974, whose files were analysed in terms of 19 tables, and several accompanying figures.

The first few tables reflected a social portrait of the clientele of the Youth Advice Bureau. Most adolescent clients were scholars; and a fairly high number of clients came from families where the breadwinner was a professional person, or a man who owned his own business.

A significant number of clients were referred to the Youth Advice Bureau either privately or through the press, and most initial interviews in both years were conducted with the mother of the family. The highest frequency of presenting problems was accordingly that of 'uncontrollability.' There was also a fairly high percentage of problems of poor family relationships. Initial and subsequent interviews held with the adolescent himself featured quite highly in the cases.

5.4.1 The Major Results of the Study

There were four major results of the study. These were :

(1) The vast majority of clients at the Youth Advice Bureau received brief treatment, either planned or unplanned. In all, 92 per cent of cases in 1973 were involved in social casework lasting a maximum of 11 weeks, and 80 per cent in 1974. The period of 12 weeks is the theoretically defined limit of brief social casework.[23]

(2) The majority of clients were adolescents who came from intact families. The comparison of married to divorced parents of clients registered

62,5% to 10,7% in 1973, and 68,8% to 10,4% in 1974. At a social welfare agency catering for adolescent and family problems, one would have expected a higher rate of broken homes. A possible explanation for this result is that these families go elsewhere for help. It is also possible that in a family where the marital couple are experiencing difficulties, they might find it easier to concentrate on their adolescent's problems rather than their own, and therefore approach a 'safe', youth agency rather than a marriage guidance society.

(3) The statistics analysed reflect a shift in Youth Advice Bureau policy and practice towards more family oriented service. This is borne out by the increase (a) in the percentage of joint interviews, which rose from 12,5% to 24,8% from 1973 to 1974, and (b) in the percentage of family therapy offered, which rose from 0% in 1973 to 6,4% in 1974. As a comparison against these results, individual casework with adolescents remained fairly constant throughout the two year period, registering a frequency of 33 per cent in 1973 and 31,2% in 1974.

(4) Follow-up of cases increased by 40,9% from 1973 to 1974, which reflects a policy of planned social work, as well as an attempt to reduce the universal problem in social welfare agencies: that of a high drop-out rate of clients after the initial contact.

5.4.2 Conclusion

The Youth Advice Bureau (Johannesburg) catered for a small, rather select number of clients over the two year period January 1973 through to December 1974. The practice of predominantly individual casework altered with the formulation of a more planned, progressive policy of social work service in terms of more family oriented casework, and with the introduction of two new services: those of social groupwork and family therapy. These two forms of social work intervention will be dealt with separately in the following two chapters.

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PART III
CHAPTER 6

SOCIAL GROUPWORK WITH PARENTS OF ADOLESCENTS

CONTENTS

		Page
6.1	Theoretical Introduction	154
6.1.1	Rationale for Practising Social Groupwork at the Youth Advice Bureau	154
6.1.2	Three Contemporary Approaches to Social Groupwork .	154
6.1.3	The Rationale for Using Tropp's Methodology ...	156
6.1.4	The Five Principles of Tropp	156
6.2	Aims of the Social Groupwork Research Study ...	157
6.3	Methodology of the Research Study	158
6.3.1	Selection Procedure and Venue of the Group ...	158
6.3.2	Questions	159
6.3.3	Questionnaires: a 'before-after' research design...	159
6.3.4	Content Analysis of the Group Sessions ...	160
6.3.5	Planning for the Group	161
6.3.6	Limitations of the Social Groupwork Research Design	161
6.4	Brief Description of Group Members	162
6.5	Outline of the Five Group Sessions	165
6.6	*Research Finding*	166
6.6.1	Questions	166
6.6.2	Questionnaires	169
6.7	Content Analysis of the Group	175
6.8	Summary and Conclusions of the Social Groupwork Study ...	199
References to Chapter 6	... ...	205

"Every man is in certain respects

"a. like all other men,

"b. like some other men,

"c. like no other man."

Clyde Kluckhohn and Henry A. Murray, 'Personality Formation: The Determinants.' Personality in Nature, Society and Culture. New York, Knopf, 1949, p.35.

CHAPTER 6

SOCIAL GROUPWORK WITH PARENTS OF ADOLESCENTS

6.1 Theoretical Introduction

6.1.1 Rationale for Practising Social Groupwork at the Youth Advice Bureau

Social groupwork was used as a method of treatment at the Youth Advice Bureau for three main reasons. These were:

(i) Together with social casework and family therapy, social groupwork would form part of an integrative approach to the practice of social work.

(ii) Social groupwork's special quality, that of providing a sharing, learning experience for people with a common concern, seemed to offer a worthwhile service which was not previously used at the Youth Advice Bureau. By offering a specific form of treatment, it would become possible to reach a wider clientele.

(iii) Because it was hoped that data on social groupwork would provide the management of the Youth Advice Bureau with a demonstration of (a) the effectiveness and (b) the appropriateness of the service.

6.1.2 Three Contemporary Approaches to Social Groupwork

The three contemporary approaches to social groupwork practice can be described as follows:

(i) the preventive and rehabilitative approach;

(ii) the interactionist approach;

(iii) the developmental approach.[1]

(i) The Preventive and Rehabilitative Approach

In this approach to social groupwork, the individual is the focus of change, with the underlying assumption that the group members become 'therapists' for one individual with a problem.

Tropp (1971) maintains that a 'primarily individual focus is not appropriate for dealing with a common concern.'[2] The theoretical bases of the preventive and rehabilitative approach to social groupwork include role theory, social systems theory, social behavioural theory, cognitive theories and the social psychology of influence.[3]

(ii) The Interactionist Approach

The interactionist approach stresses that change must occur both in the client and in his environment. It is based upon a model in which 'a self-realizing, energy producing client with certain tasks to perform and a professional with a specific function to carry out engage each other as interdependent actors within an organic system.'[4]

(iii) The Developmental Approach

A leading exponent of the developmental approach to the practice of social groupwork is Emanuel Tropp, and for purposes of the present study, the content analysis of the parent group run at the Youth Advice Bureau[+] will be examined in the light of Tropp's methodology of group counselling in groupwork practice.[5] Tropp's fundamental tenet on social groupwork is reflected in the following quotation:

> 'People can be helped to help each other: this is the heart of the matter, and all else is commentary.'[6]

+ See pages 175-199 of this Chapter.

Tropp's approach to social groupwork involves three bases, namely:

(a) it is humanistic, in that it is essentially a view of one human being by another;

(b) it is developmental, in that it sees all people on a developmental scale, attempting to cope with life situations and tasks on varying levels of satisfaction, effectiveness and responsibility; and

(c) it is phenomenological, in that it deals primarily with the question 'what is happening?', and it does so through the eyes of the group.[7]

6.1.3 *The Rationale for Using Tropp's Methodology*

In deciding upon the structure of social groupwork to be utilised, the writer was influenced by Tropp's methodology for two reasons: firstly, because it incorporated the value base of social work as a whole in a very active and fundamental way, and secondly because it provided a clearly outlined programme for planning and conducting a group at the Youth Advice Bureau.

Tropp's methodology begins with a statement of the most important value of social work: respect for the dignity of each human being. The special contribution of groupwork is the respect for the integrity of the group.

> 'The essence of group work practice lies in the particular medium it uses to achieve social work purposes. This medium is the group with a common goal ... with which all members are engaged, to accomplish their common purposes... and through which they achieve their individual gains.'[8]

6.1.4 The Five Principles of Tropp

The group leaders ran the group according to the five principles of social groupwork as expostulated in Tropp's study, 'A Methodology of Group Counseling in Group Work Practice,' namely:

(i) The primary orientation is towards a group phenomenon.

(ii) There is a distinct, active and crucial role for the worker.+

(iii) There is substantial planning for each group session, on the area of common concern to be discussed.

(iv) There is an informal structure for the conduct of each session.

(v) There is a sense of clear direction, both for the entire life of the group and for any given session, that is mutually understood and agreed upon between the group and the worker.[9]

In summary, the writer utilised the method of social groupwork as part of an integrative approach to social work practice at the Youth Advice Bureau. The group was planned and analysed in terms of Tropp's methodology of group counselling for groupwork practice, and was run according to Tropp's five principles of social groupwork.

6.2 Aims of the Social Groupwork Research Study

There were four aims of the social groupwork research study, namely:

(1) To introduce the method of social groupwork practice for the first time at the Youth Advice Bureau, so that the agency's services could be broadened and deepened to reach a wider client population, and so that specific gains inherent in the groupwork method, different from the gains of social casework, could be achieved.

(2) To study the actual process of social groupwork in terms of Emanuel Tropp's methodology.

(3) To cause a shift in the services of Youth Advice Bureau towards an integrative approach in the practice of social work with adolescents and their families.

+ This principle was viewed with the utmost importance by the writer, and will be referred to repeatedly throughout the presentation of the results of the groupwork experience, later in this Chapter.

(4) To maintain the social groupwork method of social work as an ongoing treatment service of the Youth Advice Bureau, that is, on the basis of the results achieved from this initial group, to promote the running of other groups, for example groups for single parents of adolescents, with the writer acting in a consultant capacity.

6.3 Methodology of the Research Study

6.3.1 Selection Procedure and Venue of the Group

Members of the group were drawn from the population of parents of those adolescents who had received treatment at the Youth Advice Bureau during the one year period May 1974 - May 1975. Selected parents were approached in writing[+], and also telephonically by the writer.

Parents were invited to participate in a series of five group meetings promoting communication between parents and adolescents, and with the expressed aim of experiencing mutual support, sharing and understanding. The parents contacted by letter or by telephone were drawn from the caseloads of the three social workers, on their recommendations. Four couples responded to the invitation.

The five group sessions were initially held at Tara: The H. Moross Centre, and the venue was subsequently changed (due to administrative complications) to the Crisis Clinic premises, in Hillbrow.[++] The group was run for five consecutive weeks on a Thursday evening, from 8 p.m. until approximately 9.30 p.m. All group members attended each session, as well as the two

+ See Appendix VI for the letter inviting parents to join the parents' group.

++ Hillbrow is the most densely populated suburb of Johannesburg, and is situated within 10 km of the central city.

group leaders: the writer and her colleague, a male psychiatric registrar at Tara: The H. Moross Centre.+ Each group meeting was fully recorded on casette tapes with the permission of group members, and later transcribed by the writer.

6.3.2 Questions

In the first group session,the members identified themselves both verbally and by displaying name tags. They were then issued with three questions which they were asked to answer in writing. The reason for asking these questions at the start of the group was to identify the common concerns which brought the individual group members together. The questions were:

(i) What areas are of most concern to you in relation to your adolescent ?

(ii) Who do you hold responsible:

  (a) the adolescent?

  (b) any other member of the family ? Specify.

  (c) the family as a whole?

  (d) anybody else? Specify.

(iii) What changes do you feel should be made to rectify the situation?

6.3.3 Questionnaires: a 'before-after' Research Design

In addition to the questions, each parent was issued with a questionnaire entitled 'Communication Questionnaire for the Parents,'++ which they completed and returned to the group leaders in the first half-hour of the session. A complementary questionnaire entitled 'Communication Questionnaire for the Adolescent'+++ was handed out to each set of parents, to be taken home for their adolescent child to fill in, and to be returned the following week.[10]

+ In excerpts from the text of group discussions, this group leader will be referred to as "Dr.I.".

++ See Appendix VII for the questionnaire in full.

+++ See Appendix VIII for the questionnaire in full.

These two questionnaires constituted the 'before' part of the before-after research data. The 'after' part of the study consisted of the identical questionnaires for both parents and adolescents, and was posted to them three months after the termination of the group.

The results of the before-after study appear further on in this Chapter. In the parents' group, the number of completed forms totalled six instead of eight, as one set of parents mislaid their initial questionnaires.+ There were only two adolescents who completed their two questionnaires: the third adolescent mislaid her initial responses, and the fourth adolescent was not issued his questionnaire by his parents.++

6.3.4 *Content Analysis of the Group Sessions*

A content analysis of the group sessions was done as part of the research study of the group. This analysis was performed according to Tropp's view that there are four individual gains for group members, as well as three additional points of assessment which the group leader abstracted from Tropp's methodology. These seven criteria for consisted of the four individual gains, as follows:

(i) release,

(ii) acceptance and support,

(iii) self-reappraisal, and

(iv) reality-orientation;

as well as the following criteria:

+ The initial questionnaires were issued to the parents together with those of their adolescents at the end of session three, for their joint perusal at home.

++ Excerpt from a note from the mother, dated 20/10/75: 'As regards A's forms, we both feel it wiser to leave him out of the picture as things are going so well and he is being communicative and co-operative.'

(v) evaluating and perceiving,

(vi) concentration on the purpose, structure and function of the group; and

(vii) alternative ways of coping.

In the content analysis of the group, excerpts from the tapes will be quoted and analysed in terms of the above seven criteria.

6.3.5 Planning for the Group

The group was planned by the writer and her co-leader according to two main publications, and their own ideas. The first of the writings was the methodology of Tropp, already referred to. The second of these was a booklet entitled Communication Workshop for Parents of Adolescents, by Jane E. Brownstone and Carol J. Dye (1973).[11] This booklet consisted of a definitive, highly structured programme for running a group of parents of adolescents. The leaders extracted three main guidelines from the Brownstone-Dye workshop:

(i) the duration of the group, namely five sessions,

(ii) the questionnaires for parents of adolescents and adolescents themselves, which were photocopied from the booklet,and

(iii) the author's focus on the communication patterns of parent-adolescent difficulties.

6.3.6 Limitations of the Social Groupwork Research Design

There were four main limitations of the social groupwork research design. These were:

(1) The selection of cases. The group members were not selected according to any statistically approved method. The reason for this was that in order to form the group, voluntary participants were necessary. The eight group members were selected according

to the judgment of the three social workers at the Youth Advice Bureau, and the members' willingness to join the group.

(2) As a result of the crude selection of group members, the results cannot be generalised to any other client population.

(3) It is very difficult to quantify 'change' or 'effectiveness' in social work practice, and this applies particularly to social groupwork. According to Trecker (1967):

> 'Social group work has an especially perplexing problem in attempting to make judgements about the value of given groups in the lives of participants. The fact that most members of social agency groups are likewise members of other groups and subject to a never-ending stream of group influences makes it very difficult to screen out the specific contribution of group work or to say: 'This is what happens as a result of social group work.''[12]

Nevertheless, some quantification of results was attempted in the before-after study design, as well as in studying the actual group process according to Tropp's criteria of individual gains.

(4) The fourth limitation of the social groupwork research study rests with the human element involved. Instead of having a complete set of eight parent questionnaires to study, and four adolescent questionnaires, there was a total of only six and two questionnaires respectively, and this was due to the fact that some questionnaires were mislaid, and that others were not completed.

6.4 Brief Description of Group Members

As indicated in the detailed analysis of the cases at the Youth Advice Bureau[+], the majority of clients approaching the agency were of comparable

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+ See Chapter on social casework, pages 96-151.

socio-economic status.[+] This applies equally to the four couples who constituted the parents' group, as they were drawn out of the general caseload.

In order to preserve the anonymity and confidentiality of the group members, only their initials have been used to describe them, and the names of the adolescents have been altered.

(1) Mr and Mrs W

This was an English-speaking couple who lived in an upper-middle class suburb of Johannesburg. Mr W was an architect. He tended to dress casually, sported a wide moustache and was aged approximately 48 years. Mrs W was a tall, softly spoken woman with short brown hair. She had strong opinions of her own. She was not employed outside the home.

Mr and Mrs W had four children, the eldest of whom was the focus of their difficulties at the time of the group. He was Anthony, aged 16 years, in the prematriculation year at high school.[++]

(2) Mr and Mrs A

Mr and Mrs A were an English-speaking couple who lived with their two adopted children in a middle-class suburb of Johannesburg. Mr A was a broad, balding, spirited man in his mid-forties. His profession was optometry. Mrs A was a soft spoken, gentle, overweight woman also in her mid-forties. She had a reserved, compassionate disposition. She was a remedial teacher at a primary school. It was their daughter Erna, aged 17 years, who was presenting problems. She was a girl with diagnosed minimal brain dysfunction, and was, at the time of the group, in Standard 7,[+++] training for secretarial work.

+ See Table 14, Chapter 5, page 118.

++ Prematriculation year refers to the penultimate year at high school, Form IV.

+++ Standard 7 caters for the average white child aged 13-14 years.

(3) Mr and Mrs B

Mr and Mrs B were a couple in their early forties who resided in an upper class suburb of Johannesburg. Mr B was always smartly dressed in a suit and tie, and by profession he was a managerial businessman in the city. Initially sceptical about the group, he became an actively participant member after the first two sessions. Mr B smoked. *Mrs B was an elegantly dressed, well groomed woman who had a great need* to talk during the group sessions. She was not employed outside the home. The B's had four children, two boys and two girls. The eldest son, Arthur, aged 16 years was in his prematriculation year at high school and was presenting problems.

(4) Mr and Mrs G

Mr and Mrs G were a Dutch couple who had emigrated to South Africa approximately ten years prior to their contact with the Youth Advice Bureau. Whereas Mr G's English was colloquially fluent, Mrs G struggled with the language. The couple, in their mid-forties, lived in a lower middle-class suburb of Johannesburg.
Mr G was employed as a travelling salesman. He dressed smartly, was short and stocky, aggressive in his manner, and he smoked.
Mrs G did not practise her pharmaceutical qualifications in South Africa. She had the appearance of being disshevelled, and wore outmoded clothes. The G's had three children, one son and two daughters. The eldest child, Jerry, aged 19 years, had matriculated but was refusing to work or study. At the time of the group, he was engaged in social casework treatment with the writer on an intensive basis.+

+ See Chapter 4, pages 84-92 for a presentation of this case in social casework treatment.

6.5 Outline of the Five Group Sessions

Session 1

The first session was devoted to establishing the identity of the members, and of the two group leaders, by use of name tags and verbal introductions. Group members were required to fill in the three questions designed to clarify the purpose of the group, as well as the questionnaires for parents of adolescents. The remainder of the time was utilised in achieving an understanding between all members on the purpose, structure and function of the group for its duration of five sessions. The individual gains of release, acceptance and support, self-reappraisal and reality-orientation were specified by the leaders as part of the aims of the group.

Session 2

This session was devoted to sculpting, in which each member was allotted a certain amount of time to portray in non-verbal, spatial terms the dynamics of his present family members' relationships with other. This programme activity was suggested by the group leaders, and accepted by the group members at the initial meeting.

Session 3

In this session, each member was asked to sculpt in brief his or her family or origin. This was designed to trace patterns of communication between the members' present families and their families of origin. This activity was followed by general discussion amongst the members about problems with their adolescent children. Members were issued with their own and their adolescents' completed questionnaires for perusal, all together, at home.

Session 4

The fourth session was set aside for a discussion of modes of communication between people, and especially between adolescents and their parents. Group members were invited to quote examples of communication behaviours from their own experiences.

Session 5

The final session was divided into three parts: firstly, a continuation of the discussion on modes of communication; secondly, a free discussion by members on any changes they perceived in their relationships with their adolescents since the inception of the group; and finally an exploration of the feelings of group members about the group as a whole, and about its impending termination.

6.6 Research Findings

6.6.1 Questions

As indicated previously[+], three questions were set at the opening of the first group session, in order to establish the common group concerns. The replies to these questions tended to be personalised. Nevertheless, a crude Table of the results, grouped into the categories which emerged from the respondents' replies, follows overleaf.

+ See page 159, this Chapter.

TABLE 20: THE GROUP MEMBERS' CONCERNS AND AIMS FOR THEIR ADOLESCENT CHILDREN

Question	Response Categories	Frequency of Responses
What areas are of most concern to you in relation to your adolescent?	The future	3
	The adolescent's development into a responsible adult	3
	The adolescent's seeking of independence	1
Who do you hold responsible ?	The adolescent	4
	Another member of the family	1
	The family as a whole	1
	Anybody else, e.g. friend	4
What changes do you feel should be made to rectify the situation?	Improved family relations	3
	Practical improvements e.g. begins working	2
	Improved general relationships	1
	TOTAL NUMBER	= 6

Table 20 presents a crude categorisation of the results of the respondents. The frequencies were not totalled, as on some questions, group members gave more than one response, so that the total of respondents is rendered redundant. It is important to note that there were only six replies to these questions, as one set of parents mislaid their question replies together with their questionnaires, when they were issued with these to take home and peruse with their adolescents.

Table 20 shows that the areas of most concern to the parents in the group were those of the future, coupled with a desire for their adolescents

to grow into responsible adults. One parent was most concerned about her son's seeking of independence in unacceptable ways.

The responses to question 2, which asked whom the parents held responsible for the problems existing with their adolescent children, illustrated the highest frequency of responses as those of the adolescents themselves, and an outsider, for example a friend. Only one parent perceived the problem as being related to the family as a whole, and equally one parent saw the problem as being related to another family member, for example a sibling.

The highest frequency of responses to question 3, which asked what changes the parents envisaged, were in the category 'improved family relations.' This is an interesting result, as it does not correspond to the results of question 2, where only one parent saw the adolescent's problems as being related to the family as a whole. It seems, though, as if three of the parents wished for improved family relationships with the implicit understanding that this in itself would alleviate whatever difficulties were being presented by their adolescents. An alternative explanation for this somewhat contradictory result is that the adolescents were presenting problems which reverberated upon the whole family, and that while parents could not see their part in the problems themselves, they desired improved family relations for the sake of all family members. Other changes which were desired by parents included two responses regarding practical improvements, for example for the son to begin working, or to remain at school, and one response related to the adolescent's general inability to socialise.

The one important feature to be gained from the results of Table 20 is that there were indeed common concerns which brought the group members

together, and on which the group's purpose and structure could be based. These results were discussed with group members at the beginning of session 2, so that the common group concerns could be highlighted and understood by every group member.

6.6.2 Questionnaires

The results of the two questionnaires, 'Communication Questionnaire for the Parents' and 'Communication Questionnaire for the Adolescent' appear in tabular form overleaf. There are two tables, Table 21 which presents the parents' results, and Table 22, which presents the results of the adolescents.+

Description of the tables

On both the parents' and the adolescents' questionnaires, a list of the 22 questions asked is reproduced, with the respondents' before and after score on each item.

The column 'total score' reflects the weighted response of parents and adolescents to questionnaire items. The answer 'never' on the key counted one point; 'almost never' two points; 'sometimes' three points; 'almost always' four points and 'always' counted five points. Thus, for example to question 1 on Table 21, four parents responded 'almost always,' and two parents responded 'always.' This was scored as $4 \times 4 + 2 \times 5 = 26$. This simple procedure enables a crude comparison to be made between before group and after group responses.

It should be noted that certain questions on both questionnaires were posed in such a way that a negative response was in fact a positive reply. For

+ For the original questionnaires in full, please see Appendices VII and VIII.

TABLE 21. PARENTS' PERCEPTION OF THEIR COMMUNICATION WITH THEIR ADOLESCENT CHILDREN

QUESTION	BEFORE GROUP: Number of parents giving this response /					TOTAL SCORE	AFTER GROUP: Number of parents giving this response /					TOTAL SCORE
	1	2	3	4	5		1	2	3	4	5	
1. Are you interested in the things your adolescent does and is interested in?				4	2	26					6	30
2. Do you stick to the subject when you talk to your adolescent?			1	3	2	25				5	1	21
3. Is your adolescent able to say what he feels around home?			2	1	3	25				4	2	26
4. Does your family talk things over with each other?			2	2	2	24					6	30
5. Do you listen to and value your adolescent's opinion?			2	2	2	24				4	2	26
6. Do you make clear the things you mean to say?			1	2	3	26			1	2	3	26
7. When your adolescent has problems, does he discuss them with you?	1	1	1	3		18		2	1	3		19
8. Do you ask to hear your adolescent's side of things?			2	1	3	25			1	4	1	24
9. Do you discuss matters of sex with your adolescent?		1	3	1	1	20		1	4		1	19
10. Do you trust your adolescent?			1	4	1	24				5	1	25
11. Do you have confidence in your adolescent's abilities?			2	2	2	24			2	2	2	24
12. Do you usually stay calm when you talk about a problem?		1		4	1	23		1	2	1	2	22
13. Do you explain your reasons for objecting to something your adolescent wants to do?			1	1	4	27			1		5	28
14. Do you feel your adolescent shows respect for your ideas and opinions?		2	4			16	1	1	2	2		17
15. Do you wish that you and your adolescent could communicate better?			3	1	2	23			3	3		21
16. Do you interrupt your adolescent before he has finished talking?	1	3	2			23	2	3	1			25
17. Do you talk to your adolescent as if he were younger than he is?	2	2	2			24	4		2			26
18. Do you find yourself thinking about other things while you are talking to your adolescent?		2	4			20	4	2				28
19. Does your adolescent disagree with your opinions?			2	2	2	12			5	1		17
20. Are there times when you feel your adolescent can't do anything right?		1	5			19		2	3	1		19
21. Do you feel that you and your adolescent seldom talk except when someone is upset or crying?	1	2	1	2		24	4		1	1		25
22. Do you find your adolescent "tuning you out" instead of talking with you?			4	1	1	15		2	3	1		19
	N = 6					487	N = 6					517

/ KEY

1 - NEVER
2 - ALMOST NEVER
3 - SOMETIMES
4 - ALMOST ALWAYS
5 - ALWAYS

TABLE 22. ADOLESCENTS' PERCEPTION OF THEIR COMMUNICATION WITH THEIR PARENTS

	BEFORE GROUP — Number of adolescents giving this response f					TOTAL SCORE	AFTER GROUP — Number of adolescents giving this response f					TOTAL SCORE
	1	2	3	4	5		1	2	3	4	5	
1. Do your parents seem interested in the things you do and are interested in?			1	1		7				1	1	9
2. Are you able to say what you really feel around home?			1		1	8			1		1	8
3. Does your family talk things over with each other?			2			6		1	1			5
4. Do your parents listen to and value your opinion?		1	1			6			1		1	6
5. When you have personal problems do you discuss them with your parents?		2				4	1	1				3
6. Do your parents ask to hear your side of things?			2			6			1	1		7
7. Are you able to discuss matters of sex with your parents?		1	1			5		1			1	7
8. Do you feel that your parents trust you?			2			6			1	1		7
9. Do your parents have confidence in your abilities?		1	1			6				2		8
10. Do your parents let you know their reasons for objecting to something you want to do?			2			6				2		8
11. Do you feel that you show respect for your parents' ideas and opinions?			1	1		7			1	1		7
12. Do you wish that you and your parents could communicate better?		1	1			5			1	1		7
13. When your parents sit down and talk to you about a specific problem, do they bring in a lot of other things by the time they're through?			1	1		5			1	1		5
14. Do your parents tend to talk to you as if you were much younger than you actually are?		1		1		6		1	1			7
15. Do your parents keep you from finishing what you have to say to them by interrupting?			1	1		5		1	1			7
16. Do your parents seem to be thinking about other things while you're trying to talk to them?			2			6		1	1			7
17. Do you hesitate to disagree with either of your parents?		1		1		6	1	1				9
18. Are you sometimes confused by what your parents really mean by what they say?			2			6			1		1	4
19. Are there times when you feel your parents think you can't do anything right?		1	1			7			2			6
20. Do your parents often become upset when they talk to you about some problem?			2			4			1	1		5
21. Do you feel that you and your parents seldom talk except when someone is upset and angry?		1	1			7			2			6
22. Do you find yourself turning out your parents instead of talking with them?			2			6			1		1	4
	N = 2					130	N = 8					142

f KEY

1 - NEVER
2 - ALMOST NEVER
3 - SOMETIMES
4 - ALMOST ALWAYS
5 - ALWAYS

example, question 15 of Table 22 asks: 'Do your parents keep you from finishing what you have to say to them by interrupting?' The answer 'never' in this instance is a highly positive reply. For these questions, posed in reverse, the key for the weighted scoring procedure was also reversed. Accordingly, for the question posed above, the answer 'never' was scored as a five, rather than as a one, as appears on the key.

Both Tables 21 and 22 were divided into two sections, the first section consisting of the positive responses, and the second section consisting of the reversed, negative questions. The broken line running across both Tables indicates where the reversal procedure took place.

Discussion of the results

The results from Table 21 illustrate a rise from the 'before' group score of 487 to the 'after' group score of 517, and while final conclusions cannot be made on the basis of such crude data, the results nevertheless reflect an overall improvement in the parents' perceptions of their communication with their adolescents through the group experience.

The biggest afterscore gains were on the following items: 1, 4, 18, 19 and 22. This illustrates that parents felt more positive and definite about the issues of showing an interest in the things that their adolescents were interested in; of the family talking things over with each other; of the parents not thinking of other issues while talking to their adolescents; of their adolescents disagreeing less frequently with their (the parents') opinions; and of their adolescents talking with their parents instead of 'tuning them out.'

Table 22, the adolescents' perceptions of their communication with their parents, also shows an overall improvement from before the group until

after the group. The results show an increase from 130 to 142 points. These scores are so much smaller than those of Table 21 because the number of adolescents only totalled two, as compared with six parent respondents.

The biggest afterscore gains in Table 22 were reflected in the following items: 1, 15, 17, 7, 9, 20 and 12. This illustrates that adolescents felt more positive and definite about the issues of: their parents showing more interest in their activities; their parents allowing them to complete what they had to say without being interrupted; of not hesitating to disagree with their parents; of being able to discuss matters of sex with their parents; of the feeling that their parents had confidence in their abilities; of their parents not becoming upset when discussing some problem with them; and of wishing for better communication between their parents and themselves.

The improvements in the afterscore results in Table 22 were generally lower than those of Table 21, but because of the different numbers of respondents in the two sets of results, it is difficult to know whether this is a relevant difference or whether it is only a reflection of the discrepancy in the numbers involved. The two comparable areas of improvement as perceived by the parents and their adolescents were in the amount of interest the parents were showing towards their adolescents (item 1 - both Tables), and in the reduction in the frequency of disagreements between the adolescents and their parents (item 19 - Table 21; item 17 - Table 22).

In spite of the overall improvements, there is one noteworthy result which illustrates a deterioration in the adolescents' perceptions of their

communication with their parents. This is reflected in question 22 of Table 22, where the responderts found themselves 'tuning out' their parents more than before the group, a decline from six points to four points. It is interesting to contrast this result with the parents' perceptions of the same issue, as can be seen on item 22 of Table 22. Here, there was an increase in the score from 15 points to 19 points, reflecting a positive perception that the problem had improved. It is to be expected that some discrepancies would appear in the results for three reasons:

(i) people perceive things in different ways, particularly members of the same family with regard to an emotive issue;

(ii) it was the parents who had the active benefit of the social groupwork experience, and their adolescents were at the 'receiving end' of this experience; and

(iii) 'freak' results may be expected when the respondent group consists of only two subjects.

In conclusion, it appears that not only did the parents gain improvement in their relationships with their adolescents, but so did the adolescents themselves, who were the passive recipients of the learning process experienced in the group. This is a gratifying finding, as it substantiates Tropp's modest statement :

> 'All that can be claimed for the group counselling experience is that it offers the member many opportunities to achieve improved coping patterns in his private life.' [13]

6.7 Content Analysis of the Group

The content analysis of the group process will consist of a presentation of each of the five sessions, beginning with an introductory paragraph stating the plans for that particular session, and followed by a description of what actually took place in the session. Excerpts from the actual text of the group session will then be quoted and assessed in terms of the seven criteria abstracted from Tropp,[+] followed by a discussion of the group process.

The following key applies to all excerpts which will be quoted from the five sessions. The number will be placed next to the relevant sentence or paragraph of the text, and will appear on the right hand side of the page.

Key

1 - release of emotion;

2 - acceptance and support, where the members obtain a sense of belonging, a sharing of concerns, and a resultant enhancement of self-worth;

3 - self-reappraisal, where each member reviews his attitudes to himself and others and finds new perspectives on his life situation;

4 - reality-orientation, where the members [illegible] their similarities to and differences from others, they find [illegible] how to relate to others and how to handle interpersonal situations;

5 - evaluating and perceiving, which is what the leaders see and understand from the group and a reality-oriented attempt at empathizing and grasping what a member [illegible] trying to express and accomplish;

+ See pages 160-161 of this Chapter.

6 - concentration on the purpose, structure and function of the group, which involves the leaders in guiding the group along the lines of its common goals with a flexible but planned programme for the course of the group;

7 - alternative ways of coping, which include resignation, identifying new ways of handling oneself and others, testing out these new ways, or departure from the situation.[14]

Session 1

There were three specific aims which the group leaders identified for the initial meeting. These were:

(i) to identify the broad purposes of the group in terms of Youth Advice Bureau policy and practice;

(ii) to elicit the specific areas of common concern of all group members; and

(iii) through the above two aims, to begin to achieve a feeling of group identity.

There was a fourth aim, which was applicable to the entire duration of the group, and that was to achieve the four individual gains for group members. These gains, as stated above were : (i) release; (ii) acceptance and support; (iii) self-reappraisal; and (iv) reality-orientation.

In order to clarify for group members the essential purpose of social groupwork, the group was introduced by the writer+ as follows:

+ As there were two group leaders, the term 'writer' is interchanged with 'leader' or 'worker' when the one leader of the group is being identified.

'Welcome to our group for parents and adolescents. Tonight is the first of five sessions, each of which will be held on Thursday nights from approximately 8 p.m. to 9.30 p.m... The purpose of the group is to concentrate on the communication patterns within the family, and particularly between yourselves and your adolescent children. We are interested in common concerns and problems, for that is what brings us here together as a group...' 15

Forty minutes of this session was spent in the group members identifying themselves, by name and profession, and by filling in their sets of questions and questionnaires. The remainder of the time was allocated to the description by each member of the problem as he or she experienced it, and to the establishment of the structure, function and purposes of the group for its planned existence of five sessions. With regard to the function of the group, the group leaders discussed their proposed outline for the entire length of the group with the group members. This was agreed to by the group members.

Two selected excerpts from the verbatim text of the session will now be given, to illustrate the areas of individual gain which were fostered and obtained, and the worker's role in this.

Excerpt 1

'Mrs B	: My main concern is my son's sudden change of attitude towards us ... recently he met a girl at a party, a little older than he is, and I don't know what she's doing to him...	1
Worker	: He's rebellious... does anyone else have the same problem?	2,5
Mrs A	: Exactly.	2,4 4
Mrs B	: How what did <u>you</u> do;	2,4
	.....	
Dr I	: You tried to discipline her?	5
Mrs A	: Yes .. one day she was not at the friend she said she was going to.	1

Worker	:	Does anyone else have a feeling of distrust?	5,2,4,6
Mr G	:	No, we can trust our son...	1
Mr and Mrs W	:	Yes, we do...'	1

Excerpt 2

'Worker	:	Mrs A, how do you see your problem?	2
Mrs A	:	Well, my daughter's sixteen... we'd like her to tell us when she's going out. She's become closed in; she doesn't communicate...	1
Worker	:	How do you see it, Mr A?	2
Mr A	:	Yes, she's secretive. But at 'social welfare' they said to keep the lines of communication open.	1
Worker	:	What does everyone think of this ?	2
Mr B	:	Oh, I have the same problem. I told Arthur not to use my car as he is under age. Anyway, he took the car with his friends in it... We had an argument... I took him by the shirt. He said 'don't you bluddy touch me.' He has a rather vile temper. I thought he'd strike me ... I'm fairly aggressive...	1,2 1 3
Worker	:	How do the rest of you feel about this?	2
Mrs W	:	Well, my son defies me, says he's going out at a quarter to one on Sundays...	1,2
Mr A	:	I remember stealing my Dad's car ... L A U G H T E R...'	2,3,4,7

Discussion of the two excerpts

There are three noteworthy points to be observed from session . These are:

(1) The worker concentrated on establishing the purpose of the group, i.e. not that of ventilation of emotion and sharing between an

individual group member and the social worker, but of eliciting and sharing common group concerns. To this end, both group leaders 'directed the traffic' of the group, i.e. they structured the group process.

(2) People experiencing problems generally need to share them with others. What made the release of emotion special in the discussion reflected in Session 1 was the sharing of problems with a group of previously unknown persons, all of whom had come together for that express purpose. Hence, the release of emotion and the obtaining of acceptance and support from other group members was an active process guided by the social worker, and occurred frequently throughout the session.

(3) There was an attempt to orientate the members towards their reality situations through release, acceptance and support, and even, as occurred twice, through self-reappraisal. Group members were offered the professional, objective assessment of the leaders' perceptions and evaluations, and finally, were shown an alternative method of coping by another group member, who illustrated an attitude of humour to a similar problem (see final quotation of excerpt 2).

Session 2

This session consisted of a programmed activity, sculpting, which was designed to promote individual gains in a specific, focused activity.

According to Northen (1971), 'varied activities may be used to accomplish different objectives in relation to the improvement of the psychosocial functioning of members.' Northen uses the term 'action-oriented experience', by which she means 'all the myriad of activities, other than discussion, that

comprise the content of the group experience.' ka (1972) defines programme as 'any activity which the group de. n the presence of the group worker during the course of group meetings.'[17]

In this session, the group moved towards more spontaneous release of emotion, as well as the achievement of acceptance and support. This will be illustrated further on in the discussion of Session 2.

Although sculpting is a technique normally utilised in family therapy, there is no doubt that such a technique can be appropriate in social groupwork. A definition of th· term 'sculpting' is quoted :

> 'Sculpting is a dynamic, active, nonlinear process that portrays relationships in space and time so that events or attitudes may be perceived and experienced simultaneously. It is meant to provide the meanings, metaphors and images of relationships in a way that can be shared by all who participate and observe. Information is not talked about but experienced through action and observation.' 18

The rationale for using sculpting in the group was threefold:

(i) because it provided an interesting method for each group member to perceive his own family situation in a graphic, possibly new dimension, sharing that experience with the group as a whole, as well as viewing everyone else's perceptions of his family relationships;

(ii) because it seemed an exciting way of mobilising the members of the group, of literally 'getting them moving' in an active and constructive way, and of affording the members the opportunity to participate, albeit briefly, in the family tone of another group member's family; and

(iii) because it was felt that a programme of activity was an advantage in a short-term group.

The roles in sculpting include: (i) the sculptor, who portrays his perceptions of his family; (ii) the monitor, or leader, who guides the sculptor; and (iii) the actors, who play the role in which the sculptor places them. The actors consisted of all group members, including the group leaders.

The group members were encouraged to make unrestricted use of the room space available for their sculptures, to move furniture about where necessary, and to portray their present family relationships in spatial terms.

The sculptor began in each case by 'setting the stage,' that is, by stating what the setting was, the size of the room, the furniture in it. He then chose his actors, each one to represent a member of his particular family. He placed each person in relation to himself and each other in the room, and stated whether the actor was to be seated, where, how and what he would be doing, if anything. Each member was allotted 10 minutes to sculpt his or her family, after which five minutes was spent in a discussion of the sculptor's and the actors' feelings in their situations, and the group's perceptions.

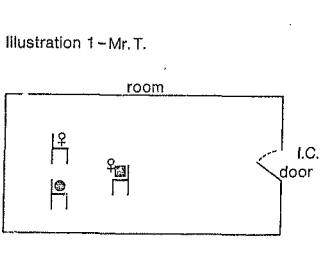
The guiding principle to which the leaders subscribed was that the family system does not only inhabit physical space, but is surrounded by a functional space and invisible, though meaningful, psychic boundaries.[19]

As much of the session consisted of silent action, verbal excerpts were limited. In order to illustrate the gains obtained through the technique, though, two members' sculptures are diagrammatically portrayed together with the discussion.

KEY TO THE DIAGRAMS

- father
- mother
- G Gregory
- J Jean
- M Mike
- — seated on floor
- ⊓ seated on chair

Illustration 1 – Mr. T.

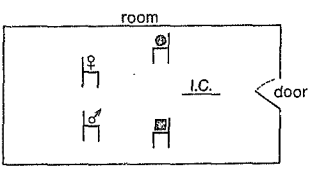


Description : The youngest daughter is seated on the father's lap. Mother, father and two daughters are all seated closely together, all on the same level. The index client, Jerry, is placed out of the room, out of the family circle.

Excerpt from the discussion

'Worker	:	How do you actually feel about your positions?	6
Mr G	:	I feel fine	
Mrs G	:	Well, I wish that Jerry was inside the room with us.	1
Daughter 1	:	I feel quite comfortable...	
Daughter 2 (laughter)	:	It's nice and cosy here, on Daddy's lap...	1,2
Worker	:	And how about you, Jerry?	6
Jerry	:	Well, I feel out of it.	1
Mr G	:	Well, there's always room for Jerry.	
		We're always there.	3,4
Worker	:	Yet you put him outside.	5
Mr G	:	Yes, well, that's where he always is. I wish he wasn't	1,3
Dr I	:	What do the rest of you feel about this?	6
Mrs A	:	I think it's awful. Poor boy...	4
Mr G	:	But we'd like him to come into the room.	1,3
Mr B	:	I can sympathise; I know just what you're talking about.'	2

Illustration 2 – Mr. W.



Description: Father places the whole family in one room, with himself and mother at opposite poles. The children are all seated reasonably closely to the parents, with daughter nearer mother, and sons nearer father. The index client, Anthony, is seated on the floor, near father, reading a newspaper.

Excerpt from the discussion

'Worker	:	How do you each feel about your present positions?	6
Mrs W	:	I feel fine.	1
Daughter	:	Me too.	1
Son	:	I feel quite comfortable.	1
Anthony	:	Okay.	1
Worker	:	And you, Mr W?	6
Mr W	:	I'd like to be a little further away, quite honestly... um... I need to be separate from my family, I suppose...	1,3,4
Worker	:	Yet you arranged the sculpture, Mr W?	5
Mr W	:	Yes, because I think this is an accurate description of where everyone in the family is in terms of relating to one another.	1,3,4
Mrs /.	:	But you don't feel comfortable?	2
Mr W	:	Mmmm...	
Mrs B	:	How about you, Mrs. W?	2
Mrs W	:	Well, I feel alright. It doesn't surprise me what Hugh (Mr W) says. He sort of needs to be by himself often. '	1,4

Discussion of Session 2

There were three noteworthy observations arising out of Session 2. These were :

(1) There was a more concentrated and specific form of emotional release in this session, as compared to the first session. The identifiable

emotions included those, in excerpt 1, of affection, frustration and hopelessness on the part of both Mr and Mrs G; and in excerpt 2 of contentment, the need for privacy, frustration and understanding.

(2) There was an increase in the amount of self-reappraisal and reality-orientation in this session, as compared with Session 1. This was due in part to the fact that group members were becoming better acquainted with one another, and therefore felt more comfortable about discovering themselves with others. While the worker enabled this self-reappraisal and reality-orientation to occur, through her evaluation of the sculptures, part of the self-reappraisal emerged through the actual process of sculpting itself. This substantiated the leaders' rationale for utilising the technique in the group.

(3) More spontaneous group support and acceptance started to emerge in Session 2. For instance, in excerpt 1, group members expressed their opinions on the sculpture only after the group leaders had invited them to do so. In excerpt 2, however, there was spontaneous comment and support from group members. This is viewed as an exciting development, as it is an observable illustration of what social groupwork aims at accomplishing: the attainment of individual gains through common group concerns.

Session 3

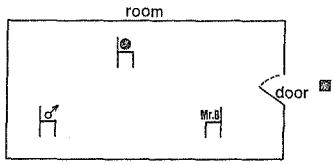
This session was divided into a programme activity and a free discussion revolving around the problems group members were experiencing with their adolescents. The time was used in a planned, limited way, and group members seemed to gain release, acceptance and support, as well as self-reappraisal, and, in one case, a new orientation towards reality. This will be demonstrated in the excerpts from the group session, and the discussion which follows.

The first part of the session was devoted to a brief sculpture by each group member of his or her family of origin. This was done in order to try and trace patterns of relating between members' families of origin and their present families. This was explained to the group by the worker as follows:

> 'What we agreed on doing tonight was to explore your own families, to see where each of you came fro[illegible]. We are going to try and trace patterns between those early relationships in your lives and your present family *relationships*. Each of you will have five minutes to sculpt your original families, and you may choose any time period you wish to represent the time you still lived at home with your parents and siblings.'

In order to illustrate what was achieved in this programme activity, one excerpt of this sculpting will be diagrammatically represented, and the discussion which followed will be quoted from.

Mr. B's sculpture, when he was aged 10 years.



Description : *Mr B placed his mother, elder brother and himself* equidistant from each other, fairly far apart, and father out of the room.

It is important to note that in the sculpture of his present family, (in Session 2), *Mr B had placed his eldest son, the index client,* outside the room, and he and his wife and three other children closely together inside the room.

Excerpt 1 - Discussion following sculpting

'Worker	: How do you feel, Mr B?	6
Mr B	: Well, I never felt close to either of my parents, actually. My mother and I were terribly distant, but now we're quite close. It's just that my father was too busy doing his own thing, golf and so on, and my mother used to go along and watch.	1
Worker	: And so you felt left out?	2,5
Mr B	: Well, my father wanted me to play golf too. He was a very impatient teacher.	1,3
Worker	: And did you play?	5
Mr B	: Oh yes! I love sport now. At school I played hockey, rugby, tennis, golf and I did swimming.	1,3,4 7
Worker	: And the fact that Arthur does not particularly like sport, is that a disappointment for you?	5
Mr B	: No ... well, initially yes, it was. But now I've accepted it. It took some doing!'	3,1,4

Discussion of excerpt 1

On being invited to discuss his feelings about his sculpture of his family of origin, Mr B initially expressed feelings of distance, isolation and rejection. On concentrating on the purpose of the exercise, and evaluating and perceiving what Mr B had said, the worker encouraged Mr B to look at what was happening in his family at that period in time, and how he had coped with his feelings then. From this, Mr B gained release, self-reappraisal and insight into his way of coping, by conforming, so that he could realistically view his orientation to his family as it was portrayed at the time.

From this point, the worker attempted to trace patterns between Mr B's family experiences as a boy, and his way of coping, and what his expectations and disappointments were with his own son, Arthur.

Through the process of self-reappraisal, he gained some insight and release, so that he could realistically orientate himself towards his present situation.

The latter part of Session . was spent in a general discussion of group members' problems with their adolescents. The worker . red the discussion so that it focused on communication difficulties between the parents and their adolescent children. This was a free-flowing discussion, during which group members 'compared notes' and gained some acceptance and support from one another. Here follows an excerpt from the discussion.

Excerpt 2

'Mr B	: He's (his son) just lackadaisical about everything	1
Mr W	: We did have a similar situation ... he (his son) had no real initiative...	2
Mr G	: Well, our son's also lazy as anything, but we haven't got a problem of sport actually. In our family we have a motto: 'helpmekaar.'+	2
Worker	: *Why do you think your adolescents are lazy?*	5,6

+ *Dutch/Afrikaans word literally translating as 'help together'.*

'Mrs A	: *It's a kind of laziness for anything specific that needs doing, but a restlessness in general.*	1,5
Mrs B	: Yes...	2
Worker	: What are your adolescents communicating to you by their laziness?	5,6
Mr B	: A sort of resistance.	5
Worker	: Yes, what else?	6
Mr G	: *A stubbornness.*	5
Mr A	: Terrible quality that !	2
Worker	: What does the resistance and stubbornness reflect?	5,6
Mrs B	: That they've got minds of their own.	5
Worker	: Right! A way of showing their independence.'	2,5,6

Discussion of excerpt 2

This excerpt from the text reflects the worker's concern with structuring the group so that it would achieve the purposes the group leaders and members had established together at the outset. Nevertheless, the group leaders did not wish to structure the group to such an extent that no free discussion between group members was allowed for or expressed. *It was a time-limited group, and the leaders were concerned* that 'to allow a group *to drift, on* the assumption that this cultivates freedom, is a waste of valuable time.[20] The leaders attempted to follow one of Tropp's methodological issues, that of a balanced use of focus and flexibility.[21]

The excerpt quoted illustrates spontaneous release, acceptance and support on the part of group members, as well as an active learning process guided by the worker. The members were asked for their own perceptions, evaluations and interpretations of the issues being discussed. Apart from the more obvious learning acquired here (i.e. *that of adolescent*

independence), the members were also learning a more subtle process of how to analyse a situation, and how to seek meanings in their adolescents' behaviour patterns.

At the end of Session 3, parents were issued with their own and their adolescents' questionnaires, and invited to take these home and peruse them together with their adolescents as an exercise in communication.

Session 4

Session 4 revolved around the account of a personal crisis which two members had experienced in relation to their adolescent son. Their situation was analysed in terms of the communication patterns which were described, and in generalising these patterns to all the group members. The group progressed in this session in the areas of release, and acceptance and support particularly, as well as in self-reappraisal of individual members and in their reality orientation. None of the parents had discussed their questionnaires with their adolescents.

The actual plan for the fourth session was to hold a discussion on modes of communication, specifically between parents and adolescents. The group leaders asked each member to think of any recent crisis or incident between themselves and their adolescents, and through a discussion of these incidents, an analysis of the communication patterns would be made, and where pertinent alternative modes of communication and behaviour would be suggested.

Most of Session 4 resulted in a discussion of a real crisis which Mr and Mrs B had experienced during the previous week, with their adolescent son, Arthur. The leaders tried to extrapolate general principles of communication

from the B's specific situation for the group as a whole, and to elicit group opinion and feeling on the matter. Although the leaders had prepared a list comprising modes of communication, this was not used in Session 4, but was deferred to Session 5. Tropp's axiom in this regard was adopted: 'overprepare and underuse.'[22]

It has been decided to quote a rather extended excerpt from Session 4, to illustrate the movement of the group. Only relevant communications will be quoted, so that at times, gaps in the conversation will occur.

The crisis which was referred to above involved Mr and Mrs B's son, Arthur, who had run away from home with a friend. He was found in Durban,+ by the police, and returned home by aeroplane. After he had returned home, he had a violent argument with his father, and said that he was leaving home again. The discussion is picked up at this point. The numbers on the left hand side of the text refer to paragraphs, as this will facilitate the discussion of the text further on.

'Mr B	: ... I said: 'Now come on, Arthur, don't be ridiculous. You can't just leave - you've got no money, nothing.'	
1	So he said 'I'm going' because he wasn't wanted at home. I said that was nonsense.	1
Worker	: Did you feel that he should get out? I'm not judging the	
2	situation as being reasonable or unreasonable, but is that the way you felt?	2,6
Mr B	: Well, I felt that he could go, because I wasn't going	
3	to have four kids ruined because of one.	1,3
Worker	: So, in terms of communication, you probably did communicate to him that if he behaved like this he should get out?	6,5

+ Durban is a seaside city, approximately 600 kms. from Johannesburg.

Mr B 5	: No...	3
Worker	: We started off wanting to analyse communication. Your situation is out of the ordinary. Let's discuss	
6	the communication that took place and share some other people's feelings about this ...	6
Mrs A	: We suffer this restlessness terribly. Everything	
7	is alright as long as she's in motion..	1,2
Mr W 8	: *We went through it. He still hitches around a lot.*	1,2
Dr I 9	: Hitching is the ultimate in freedom.	2,5
Mrs B 10	: And how did you stop it?	2
Mrs W	: We gave him an ultimatum: either he changed or he got	
11	out.	2,4
Worker	: Did any of you explain to your adolescents why you	
12	were opposed to hitching?	2,5
Mrs B 13	: Surely they know? ...	3,4
Worker	: Now, how does Arthur think that you both feel about	
14	him not going to school? Have you discussed it directly?	6
Mr B 15	: No... he's got so many problems.	3
Worker	: Yes, he certainly has. Would you like to speak to Dr I and myself after the session, to discuss what	
16	you could do about it?	2,7
Mrs B 17	: Yes, please...	1
Mrs B	: Has anyone else had the experience where they're	
18	asking for help?	1,2,4
Mrs W 19	: Yes, we did, a while back.	1,2
Mrs B	: Did he say it in so many words: get help for me, I	
20	can't cope with myself?	1,4

Mr W 21	: When we did offer him help, he didn't refuse.	1,2
Mr A 22	: It was exactly the same with Erna...	1,2
Dr I 23	: I think it can all be seen as a very positive thing, in the sense that it has come to a point of crisis. It's like an abscess: it looks worse when it bursts, but that's when things start happening, and can get better ...	2,5
Worker 24	: Well, I got a lot out of this discussion. My personal feeling is that the communication was pretty straight, *and not devious, not provoking guilt*... you were trying to understand him... you didn't reject him in spite of what he's done...	2,6,5
Mrs B 25	: Well, that's a great relief...'	1,2,3,4

Discussion of the excerpt from Session 4

The complex interactions which occurred in Session 4 can best be analysed in terms of six pertinent points.

(1) The excerpt from the text begins with the tail end of Mr B's lengthy description of the crisis his family had experienced in relation to his son. It is important to note that the worker's perceptions and evaluations were all directed towards the purpose of the group, that is *the common concerns which brought the individual members together to* constitute a group.

(2) As the group had planned to discuss communication during this *fourth session, the worker* attempted, with sympathetic support, to analyse the members' particular crisis situation in terms of the group's planned

programme for the session. This point is illustrated in the worker's invitation for group opinion on the crisis situation, in terms of communication (see paragraph 6), and also in the worker's final assessment and evaluation of the crisis (see paragraph 24) . This latter quotation included more detail on the kind of communication which took place in the B's crisis.

(3) On doing a crude frequency distribution of the key points which emerged in the discussion of Session 4 in its entirety, the writer demonstrated the following results :

Key	Frequency
1	11
2	15
3	5
4	5
5	6
5	4
7	1

As can be seen from the above results, the communication most frequently expressed in this section of the group session was that of acceptance and support (15 times), closely followed by the emotion of release (11 times). This is felt to be a satisfactory result, as the essence of the groupwork experience is to feel part of an accepting group of people. In order to feel part of that group, one had to feel that one was understood and accepted, and that the other members could demonstrate concern and emotional support. That this communication emerged so strongly in Session 4 is understandable in the light of the release of two members' crisis emotions. The particular emotions released included those of: frustration (see paragraphs 1,3,7); anxiety (see paragraphs 1,18,20); anger (see paragraphs 1,5); defensiveness (see paragraphs 1,3,5); concern (see paragraphs 1,17,18); and relief (see paragraphs 17,25).

The key points 'self-reappraisal' and 'reality orientation' (numbers 3 and 4 respectively) occurred with the same frequency in the discussion, and were in fact twice grouped together (see paragraphs 13 and 25).

It is noteworthy that there was the seeking of group support more frequently than leader support during this session, as for example in the discussion on hitching (see paragraphs 8-13).

The worker concentrated on the purpose of the group a total of four times in the group discussion quoted. The particular crisis situation which was being related would have been dealt with on entirely different grounds in a social casework interview. This leads on to the next point.

(4) As two members of the group had experienced a specific crisis, and were consuming too much of the group time in seeking support and advice, the worker suggested that they see the leaders after the session, in order to further discuss the matter, and to advise the couple on where to seek individual therapeutic help (see paragraphs 16 and 17). The leaders took this action on the basis of Tropp's methodology. In a subsection on interventive actions, Tropp states:

> 'If it (a problem) cannot be worked out within the group process (or it is too time-consuming for the group), the worker can see this member immediately after the meeting...'[23]

(5) Through acceptance and support, the group leaders perceived and evaluated the situation so that what to group members might have appeared as an overwhelmingly negative situation was interpreted in a positive light (see paragraphs 23 and 24). This was done through the use of crisis theory, which operates on the tenet that in a crisis people are more susceptible to influence and change.+ [25]

+ Crisis is defined by Lydia Rapoport as 'an upset in a steady state.' [24]

(6) The final comment in the excerpt, from Mrs B, gives voice in five words to the value for her of the group experience. The simple sentence 'Well, that's a great relief' includes the four pertinent individual gains which the group leaders hoped to achieve, namely release, acceptance and support, self-reappraisal and reality-orientation.

Session 5

The aims of the final session were threefold, namely:

(i) to discuss modes of communication in general terms, and with specific examples from the group members' experiences;

(ii) to have an open discussion on any changes or improvements which group members perceived in relation to their adolescents; and

(iii) to elicit the feeling tone of individual members, having been part of the group, and now having to terminate.

The areas of individual gain were most predominant in this session. In addition, the members learned new methods of evaluating and perceiving their adolescents' behaviours, through the guidance of the worker along these lines.

Two excerpts from the text will be quoted, in order to illustrate the two predominant themes running through Session 5: communication modes and the termination of the group.

Excerpt 1

'Worker : Some parents do make their children feel guilty... you get the situation where one of the parents, usually the mother, is always ill after some argument. This is a passive, guilt-provoking situation. 5,6

Mrs B	:	So I was wrong to let him know I was upset?	3,4
Worker	:	No, not at all. That was a straight, honest communication: 'You know, you worry me.'	2,5
Mrs A	:	I said to Erna she's giving me grey hairs, and she said she'd give me a few more ...	1,2,3
		L A U G H T E R	
Worker	:	What are the other wrong ways of communicating?	5,6
Mrs W	:	Sarcasm...	5
Mr B	:	Degrading them, talking about them...	5
Worker	:	Yes, that's right. Nobody can tolerate being humiliated. Talking about people is an indirect rather than a direct mode of communication...	5,6
Mr G	:	Well, my son is always telling his mother to tell me things.	1,3,5
Worker	:	Yes, that is a detoured communication...	5
Mrs W	:	My son once told me that either I could kick him out or he would do just as he pleased.	1,3,5
Worker	:	That is called a double-bind communication, which means giving someone two alternatives to a situation, both of which lead to awful consequences or punishment...'	5,6

Discussion of excerpt 1

Most of the discussion in the excerpt of Session 5 included 'evaluating and perceiving' and a 'concentration on the purpose, structure and function of the group.' The amount of release, and related acceptance and support was less than in previous sessions. This was because the focus of the discussion was on the worker eliciting specific information, that is examples of communication, and then of evaluating these examples in the light of theories of communication.

The discussion on modes of communication seemed appropriate in the final session because of its neutral rather than emotive quality.

A further noteworthy pattern which emerged in the excerpt quoted above was that of the style of the discussion. The group members seemed to respond well to the topic under discussion, and seemed easily able to relate examples of modes of communication from their personal experiences.

The final part of the session was spent in a free discussion of everyone's feelings relating to the termination of the group and what they had each gained from it. Here follows a brief excerpt from this part of the group.

Excerpt 2

'Mrs A	:	Well, I'll really be sorry to say goodbye to everyone.	1,2
Mrs B	:	Oh, yes, me too.	1,2
Worker	:	Why is that?	5
Mrs B	:	Well, you get to know people, and to share things with them...	2
Mr G	:	From my part, it's been good because I can see that Jerry is not the only impossible teenager around...	1,2
		L A U G H T E R	
Mrs W	:	Well, I find that we're arguing less.	1,4
Worker	:	That's really good...	2
Mrs B	:	We've managed to sort things out at home... life's generally more peaceful...	1,4,5
Mr A	:	Erna's less restless these days.	1,4,5
Worker	:	Why do you think she is?	5
Mrs A	:	She's got a boyfriend who's interested in her...	4,5
Mr A	:	And don't forget, we've been taking her out more on weekends...'	4,5

Discussion of excerpt 2

There were two pertinent points emerging from excerpt 2 of the text, namely:

(1) The discussion was spontaneous and warm on the part of the members, especially as regards feelings of acceptance, and sharing and togetherness.

(2) There were several members who mentioned improvements in their relationships with their adolescents. (a) The one improvement cited related to a reduction in the amount of arguing between the parents and the adolescent. This statement correlates with the findings of the parents' questionnaires. In Table 21, one of the areas of improvement as perceived by the parents was a decrease in the frequency of disagreements between the adolescents and their parents (See page 170). (b) The second area of improvement cited was in a generalised feeling of life being more peaceful at home. This statement, coming as it did from Mr B, reflects the relief associated with having taken positive steps towards resolving the crisis with his son, who had run away from home. In this respect, the group was very opportunely timed for Mr and Mrs B. (c) A third area of improvement reflects an increased interest shown by the parents in their adolescent daughter's problem of restlessness, and in their taking active, positive steps to alleviate this problem (See the end of excerpt 2, the discussion between Mr and Mrs A). This correlates with the second important area of improvement which was demonstrated in the questionnaire results of the adolescents (See Table 22, and discussion page 173).

6.8 Summary and Conclusions of the Social Groupwork Study

Social groupwork was used as a method of service at the Youth Advice Bureau for two reasons: primarily to form part of an integrative approach

to the treatment of adolescents and their families, and secondarily to reach a wider clientele with a specific form of treatment.

The analysis of the five group sessions consisted of two separate aspects: (i) an objective study of parent and adolescent questionnaires in the form of a before-after study; and (ii) a more subjective analysis of the content of the group sessions, in terms of Tropp's methodology of group counselling in social groupwork practice.

In the questionnaire results and content analyses of the group meetings, a movement was traced in the group members in respect of the individual gains they achieved from the group experience. These gains were release of emotion, acceptance and support from other group members, and a degree of self-reappraisal towards a situation in which they were more realistically oriented towards their parenting tasks.

The two main areas of improvement in the group members' communications with their adolescent children were (a) in the reduction of frequency of arguments with their adolescents, and (b) in the increased interest shown towards their adolescents. These results, shown in the before-after study, were substantiated in the content analysis of the group process (see Session 5).

There were several other areas of noteworthy improvement in both the parents' and the adolescents' responses in the before-after research design. Many of these are difficult to substantiate with excerpts from the content analysis of the group, as they involved direct dealing with the adolescent. For example, there was an increase in both parents' and adolescents' scores on question 16 of the parent questionnaire, which asked parents: 'Do you interrupt your adolescent before he has finished talking?' It is not

possible to quote an illustration of this improvement from the group discussion, however, as these did not directly involve the adolescents. Other similar items of improved communication which featured in the questionnaire results included question 17, which asked parents: 'Do you talk to your adolescent as if he were younger than he is?' and question 18 which asked: 'Do you find yourself thinking about other things while you are talking to your adolescent?' Both these items showed an increase in the after-group score.

There were four other items which showed interesting results on the questionnaire analysis, and which can be studied in the light of the full group report, as heard on the tapes. These items will be listed below, with appropriate excerpts from the group discussions.

(1) Question 4 : 'Does your family talk things over with each other?'

This item showed a discrepancy in the results of parents and adolescents, the parents' responses showing an increase of six points, and the adolescents' a decrease of one point. This discrepancy can either be explained in terms of different perceptions of a situation by the family members involved, or it can be seen as a 'freak'result, seeing as the respondent group of adolescents only totalled two. *An illustration from the group discussion* which perhaps reflects how one parent felt about the family talking things over with each other comes from Session 3: 'In our family, we have a motto: 'helpmekaar.''

(2) Question 10 : 'Do you trust your adolescent?'

This question showed an increase of one point in both respondent groups. The issue of trust was one which was raised several times throughout the

group sessions. One illustration of this can be quoted from the full text of the group meetings. This discussion was raised by one group member in the initial session:

'Mrs A : One day she (her daughter) wasn't at the friend she said she was.

Worker : Does anyone else have a feeling of distrust?

Mr W : Yes.

Mr G : No, we can trust him...

Mrs A : We like to do things as a family. She says she's doing one thing and goes and does something else.

Worker : What does everyone think of this?

Mr B : Oh, I have the same problem...'

One can conclude from this type of discussion that raising an issue and discussing it with the group as a whole was a helpful experience for group members, and in fact resulted in a slight improvement in the issue itself, as in this case, that of trust.

(3) Question 13: 'Do you explain your reasons for objecting to something your adolescent wants to do?'

On this item, parents' responses improved from before the group until after the group by one point, and those of the adolescents by two points. An illustration of a discussion on the parents giving their reasons for their opinions and feelings took place in Session 4:

'Mrs W : He still hitches...

Mrs B : And how did you stop it?

Mrs W : We gave him an ultimatum...

Worker : Did you explain to your adolescent why you are opposed to hitching?

Mrs B : Surely they know! ...'

It is reasonable to assume that the worker's interjection, and other similar episodes which occurred throughout the five sessions, produced some degree of positive change in the thinking and behaviour of the parents. Not only did the parents perceive an improvement in this connection, but so did the adolescents, as reflected in the results of the questionnaires.

(4) Question 15: 'Do you wish that you and your adolescent could communicate better?'

This was an interesting result, which reflected a decrease in the parents' before and after responses of two points, and an increase in the adolescents' responses of two points. This discrepancy can be explained in the light of the greater overall improvement in parent scores as compared to those of the adolescents. It is possible to deduce from this that whereas the parents felt that the communication with their adolescents was adequate three months after the termination of the group, the adolescents still desired an improvement in the communication with their parents. Rather than any specific discussion which could illustrate this point, it is the entire learning experience of the group which is believed to be responsible for this interesting result.

In summary, the two facets of the short-term group, namely the before-after research design and the content analysis of the five group sessions, showed an improvement in the communication between parents and their adolescent children, particularly in the four areas of individual gain; release, acceptance and support, self-reappraisal and reality-orientation.

The social groupwork experience conducted with parents of adolescents at the Youth Advice Bureau was felt to have achieved its four stated aims, namely:

(1) A method new to the Youth Advice Bureau was introduced and found to be feasible and successful.

(2) The actual process of social groupwork was planned and studied in terms of Tropp's methodology of group counselling in groupwork practice.

(3) By successfully extending the treatment services of the Youth Advice Bureau, the writer was moving towards the concept of an integrative approach in the practice of social work with adolescents and their families.

(4) Social groupwork has been accepted as a part of the programme of service at the Youth Advice Bureau. One group for single parents was run five weeks after the completion of the writer's groupwork study. The writer acted in a consultant capacity for this group, which was run in July, 1976. A further group, also for single parents of adolescents, was held in January-February 1977, and the writer again acted as a consultant for the two social workers who led this group.+

+ A summarised report of the writer's groupwork study was presented to the social workers and the Executive Committee of the Youth Advice Bureau in August-September, 1975. A general discussion was held, and it was decided (though not formally minuted) to attempt to provide a ongoing social groupwork service for clients approaching the Youth Advice Bureau. As the writer was due to leave the employ of the agency in October, 1975, she was invited to act in a consultant capacity for any future groups to be run. Accordingly, in June 1976 three meetings were held with two social workers planning a group. For the second group, the writer was again approached by a social worker at the Youth Advice Bureau and her co-leader, a voluntary social worker from Britain, and four meetings were held with these two social workers in order to help them to plan the group, to formulate their aims and to assess the outcome of the group. These meetings were all informally held.

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PART III

CHAPTER 7

FAMILY THERAPY WITH ADOLESCENTS AND THEIR FAMILIES

CONTENTS

		Page
7.1	Introduction to the Theory Relating to Family Therapy ...	208
7.1.1	Definition	208
7.1.2	General Systems Theory...	209
7.1.3	Principles of Systems Theory as Applied to Family Therapy	211
7.1.4	Stages in the Family Therapy of Adolescence ...	212
7.1.5	Communication in Family Therapy	215
7.1.6	The Essence of Family Therapy: The Active Experience	216
7.2	Family Therapy in Practice: Presentation of Cases ...	217
7.2.1	The Initial Assessment of Cases	218
7.2.2	Problem-solving in the Family	223
7.2.3	*Communication in the Family*	225
7.2.4	Roles in the Family	229
7.2.5	Modes of Behavioural Control in the Family ...	234
7.2.6	Dyadic Relationship in the Family	237
7.2.7	Sculpting	245
7.2.8	Termination of the Family Therapy	251
7.2.9	Assessments of the Family Therapy Cases ...	254
7.3	Summary and Conclusions	261
7.3.1	Limitations of Family Therapy at the Youth Advice Bureau	262
7.3.2	Recommendations	264
7.3.3	Conclusion	265
References to Chapter 7	... ...	266

CHAPTER 7

FAMILY THERAPY WITH ADOLESCENTS AND THEIR FAMILIES

7.1 Introduction to the Theory Relating to Family Therapy

7.1.1 Definition

According to Walrond-Skinner (1976), family therapy can be defined as 'the psychotherapeutic treatment of a natural social system, the family, using as its basic medium, conjoint interpersonal interviews.'[1]

Beels and Ferber (1969) define family therapy in terms of four considerations. These are :

(1) There are more than two people in the therapy.

(2) Nonverbal and verbal interactions are equally significant; the therapist must therefore take note of manipulation of membership, gesture, seating arrangements and posture by any and all participants.

(3) It is often shorter than individual therapy, but this is enormously variable.

(4) The purpose of family therapy is to effect change in the family system of interaction, and not change in the behaviour of individuals.[2]

The goal of changing the family system of interaction is family therapy's most distinctive feature. The first purpose of working with a family group is therefore to improve its function as a family. Family therapists regard as one of the family's most important function the promotion of the differentiation, and in the case of children, the ultimate separation, of the individual family from what Bowen (1966) calls the 'undifferentiated family ego mass'.[3]

The therapist does not try to promote family group cohesion, but on the contrary tries to promote its growth and differentiation.[4]

7.1.2 General Systems Theory

During the past twenty to thirty years, there has been a tremendous increase in knowledge and information in the behavioural and biological sciences related to the study of man. This has led to attempts to formulate an approach which will include all aspects of life, utilizing and correlating theoretical data from spheres of activity relating to human behaviour as disparate as biology, ethology, psychology, cybernetics, sociology and anthropology. The development of general systems theory has been such an attempt, which has served to provide a comprehensive, holistic approach to the study of man and behaviour utilising scientific concepts, data and methods.[5]

General systems theory was conceived by Ludwig von Bertalanffy in the 1940's and seemed able to provide a unifying theoretical framework for both the natural and social sciences.[6,7] Ackoff (1960) placed systems theory in its developmental context when he stated: 'The tendency to study systems as an entity rather than as a conglomeration of parts is consistent with the tendency in contemporary science no longer to isolate phenomena in narrowly confined contexts, but rather to open its interactions for examination and to examine larger and larger slices of nature.'[8]

In general systems theory, there exists the system, the system's environment (supra-system) and the system's components (sub-systems); and the theory is concerned with the description and exploration of the relationship between this hierarchy and interrelated units.

General systems theory states that a system is a whole and that its objects (or components) and their attributes (or characteristics) can only be understood as functions of the total system. A system in turn is not a random collection of components, but an interdependent organisation in which the behaviour and expression of each component influences and is influenced by all the others. The concept of wholeness implies in turn the concept of non-summativity, that is, the whole constitutes more than simply the sum of its parts.[9]

Because systems theory is concerned with the interrelationship between system components and between systems and supra-systems, a great deal of emphasis is placed upon communication, that is, on how the systems components interact.[10]

That the family is a system is disputed by few. The family is a designation for a system as old as the human species itself. Ackerman (1958) stated: 'There is nothing fixed or immutable about family, except that it is always with us... In one sense, we have had thousands of years in which to grow accustomed to it, and yet, in another, each generation in turn must learn again how to live with it.'[11]

A family is a system that operates through transactional patterns. Repeated transactions establish patterns of how, when, and to whom to relate, and these patterns underpin the system. Transactional patterns of behaviour are maintained by two forms of constraint: (i) the generic, involving the universal rules governing family organisation - for example, the power hierarchy, role complementarity; and (ii) idiosyncratic, involving the mutual expectations of particular family members. Thus the system maintains itself.[12]

The family system differentiates and carries out its functions through subsystems. Individuals are subsystems within a family, and dyads such as husband-wife or mother-child can be subsystems. Subsystems can be formed by generation, by sex, by interest, or by function. Each individual belongs to different subsystems within the family, allowing individual differentiation as well as the learning of interpersonal skills.[13]

7.1.3 *Principles of Systems Theory as Applied to Family Therapy*

Family therapists have utilised five fundamental principles of systems theory in their work. These are:

(1) The family is an open system which interrelates with other systems including extended families and society at large.

(2) The undifferentiated family system can be broken down into several subsystems.

(3) The system is made up of several component units, that is, the family members. The family system is considered to be an entity, the whole of which is different from the sum of its parts.

(4) For family therapists, the structure, organisation and transactional patterns of the system are the important variables in determining the behaviour of the individual members of the family system.

(5) The concept of homeostasis has been widely applied to the family system. Changes from within or without affect the system, affect the behaviour of all the components of the system; however, there is considerable pressure within the family to maintain the status quo and to minimize such changes.[14]

Family therapy is concerned with effecting change in relationships between the component parts of the system. The focus of intervention is on the

disturbance in the system - its organisation, structure, functions and relationships. This is the most distinctive feature of family therapy.[15]

7.1.4 Stages in the Family Therapy of Adolescents

McPherson, Brackelmans and Newman (1974) outlined eight stages in the family therapy of adolescents.[16] These are outlined briefly below.

(1) Presentation of the family system

In the initial phase, the family therapist assesses what has disturbed the family system, how the family views their difficulties, and what the family members' expectations are. The systems approach to the request for treatment assumes that stress has disequilibrated the previously stable, homeostatic family system. The family's attempt at re-equilibration frequently takes place through the scapegoating of a family member, usually a child or adolescent. The therapist begins 'where the family is,' and therefore forms an initial alliance (through individual social casework) with the scapegoated teenager. The family is subsequently drawn into the therapy, and begins to recognise that the adolescent's problem is a family problem.

(2) Preparation for family therapy

'*In preparation for family therapy, the therapist recognizes and accepts* the family members 'where they are' emotionally, in an existential manner of speaking.' The authors hold the view that if the parents initially request treatment for the adolescent alone, this should be taken as the starting point for the intervention. 'Involvement of other family members can be brought about only cautiously and gradually.'[17]

(3) Family therapy begins

This is an important stage because if the family is not ready to identify itself as the patient,' it may withdraw from therapy. The therapist must take care to express his aims, his role and how his support for various family members might change from session to session. The therapist will identify the subsystems that have formed within the family. In the disturbed family, one parent is often outside of an 'inner circle' and the other in an alliance with one or several children. Affective communication in such a family is blocked along several lines.

(4) The therapist is accepted into at least one subsystem of the family

Families will allow the therapist to enter the family system in different ways. The experience of being accepted into the family is one that is intuitively felt by the therapist; he may find it easier to use slang words and expressions, for example. From a dynamic point of view, the family system and its defenses are stronger than one or even two therapists. Changes are most possible when the therapist is moving within the system while at the same time functioning as consultant to the system.

(5) Subsystem boundaries are dissolved

Subsystem boundaries are dissolved by a dramatic return to the fold of a family member who emotionally had been outside the 'inner circle' of the family system. The isolated family member is often one of the parents.

(6) The family members sort out their roles

The sorting-out process of who does what, to whom, why and how, occurs during the dissolution of stable, rigid subsystems. This process is analogised by McPherson, Brackelmans and Newman to 'working through' a

problem in individual therapy. In family therapy, it involves a careful examination of the behaviour and communication within the family. During each stage of family therapy, the therapist must be sensitive to the aspect of the system that presents itself foremost.

(7) The children separate themselves emotionally from the marital relationship

The children begin to separate themselves from the marital relationship in the final stages of family therapy. This is especially true for the index patient. A discussion of such notions, for example, is that it is not the child's job to protect the parents, and that in therapy an emotional and open dialogue can safely take place between mother and father may initiate the steps towards separation. Before separation can be accomplished, each family member must grow to be an individual who is a member of the family system but who is also striving to be an autonomous person. Families need to learn about the limits of each person's perception of the other's inner experience, about assuming responsibility appropriately, and about defining the kinds of problems that are shared family problems as opposed to those that are confined to the individual.

(8) The family system realigns itself, redefines its roles, and moves toward stabilization

In this final stage of family therapy, the affective lines of communication between husband and wife are re-established in earnest. The negative aspects of the marital relationship - which are often more easily dealt with than the positive ones - are partially worked through. Husband and wife have begun the difficult task of talking to each other about tender and caring feelings.

The three authors quoted above, who heavily emphasise the marital relationship in dealing with the family, conclude their paper by stating

that a family therapist must truly believe that the people he is treating did not marry only for neurotic, maladaptive reasons, but also for the good they saw in each other.

7.1.5. Communication in Family Therapy

Family therapists who follow the general systems theory of working concentrate *on the communication between family members.* Some axioms which govern human communication are :

(a) All behaviour is communicative.

(b) Messages have 'report' or 'command' functions.

(c) Command messages define relationships. It is through this medium that relationships are shaped, and which often result in ambiguity, duplicity or misunderstanding.

(d) In families, command messages are generally patterned as rules which constrain and order the behaviour of family members in patterns of mutual influence.

(e) Change and stability are important issues in communication. Most family members resist change.

(f) The inability to change rules is defined as system pathology. The system is considered pathological when the rules are set in such a fashion that there is no way of changing them.

(g) The family therapist must install himself as the meta-communicator and must intervene to change rigid rules in the family system, and therefore to promote more effective and affective communication.[18]

Virginia Satir is a family therapist whose predominant theme is one of unclear communication, and the teaching of clear, effective communication in families. Satir (1967) states : 'The therapist will not only exemplify

what he means by clear communication, but he will teach his patients how to achieve it themselves ... he will spell out the rules for communication accurately. In particular, he will emphasise the necessity for checking out meaning given with meaning received... Like any good teacher, the therapist will try to be crystal clear.'[19]

7.1.6 The Essence of Family Therapy: The Active Experience

Of central importance to family therapy is the fact that it is an active experience between the therapist and the family system. The altered perception of family relationships, which is the therapeutic sine qua non, results from an active or participatory or non-verbally immediate experience within the therapeutic hour. Beels and Ferber (1969) express this point as follows:

> 'Family therapy provides a means of getting at what is happening, not as in individual therapy, by explicating the contradictions, connotations and hidden levels of the verbal channel, but by bringing the happening into awareness, manipulating or highlighting its features: seating arrangements, gestures, interruption patterns, tones of voice, laughter...' 20

The way in which the therapist uses his own personality during the course of treatment is a distinctive feature of family therapy. 'The most viable, but not necessarily reliable, resource in clinical work is the worker himself.'[21] While family therapy is very personal to individual therapists, it nevertheless needs to be systematised, with the social worker making assessments all along the line.

Certain 'ground rules' have to be established in the first session of family therapy. The therapist must convey the message that it is the group as a whole that interests him and that he will not simply be treating an individual in the presence of other family members.

It is very important to formulate a working contract with the family. A contract may be defined as: 'the organised set of explicitly or tacitly understood ways in which the interactors in a system agree to carry on their business... what is involved is not only an assumption of responsibility for the roles and tasks required to achieve a desired end but also a warrant to maintain and sustain the change system.'[22]

The contract between the two subsystems of family plus family therapist includes four areas of concern: (i) the definition of treatment goals with the family; (ii) a decision on who constitutes the family in a particular case; (iii) a decision as regarding the venue of the family therapy; and (iv) a decision as regards the length, frequency and number of sessions.

The essence of family therapy is the focus of attention on the family as a system of personalised individuals.

'The family therapy session is a slice of real life.'[23]

7.2 Family Therapy in Practice: Presentation of Cases

Four cases of family therapy were treated at the Youth Advice Bureau during the two-year period January 1973 to December 1974.+ Three of the cases were treated by the writer, and the fourth family by a colleague.

+ In the descriptive analysis of cases treated at the Youth Advice Bureau (Chapter 5), a total of eight cases of family therapy was recorded. See Table 16, page 101. The treatment offered to clients, however, was not in all cases the treatment in fact rendered. Whereas eight cases were offered family therapy as a means of treatment, on a detailed study of the case files, it was shown that only four families in fact participated in family therapy as a process of treatment.

The analysis of these cases was guided by Epstein, Sigal and Ratoff's systematisation of family therapy techniques,[24] as well as having drawn upon McPherson et al.'s eight stages of family therapy with adolescents, and the writer's own experience. The presentation of family therapy cases will thus be analysed in terms of nine subheadings. These are :

(1) The initial assessment, which includes the family composition, the presenting problems and the rationale for using family therapy.
(2) Problem-solving techniques in the family.
(3) Communication in the family.
(4) Role behaviour in the family.
(5) Modes of behavioural control in the family.
(6) Dyadic relationships.
(7) Sculpting.
(8) Termination of family therapy.
(9) The social worker's assessment of the case.

It is important to note that the analysis of family therapy cases is not in any way a study which can prove, statistically, the effectiveness of family therapy as a technique utilised at the Youth Advice Bureau. However, the analysis does trace the dynamic movements in the four families, and the social workers did give detailed assessments, albeit subjectively, of the family therapy process. Rather than a scientifically validated study of family therapy, this presentation is regarded as an in-depth study of a technique of social work practice introduced by the writer to the Youth Advice Bureau.

7.2.1 The Initial Assessment of Cases

The initial assessment of family therapy cases usually took from one to two interviews. Included in this assessment were three phases, namely:

(a) the family composition; (b) the presenting problems and (c) the rationale for using family therapy.

(a) The family composition[+]

(1) Family M : Father - businessman
Mother - typist, full-day
Gregory - aged 18 years, discharged from army service
Jean - aged 16 years, in Standard 9 at high school[++]
(Mike - Jean's boyfriend, very important in the family therapy).

(2) Family N : Father - dentist
Mother - nursery school teacher, and remedial teacher
Tessa - aged 16 years, in standard 9 at high school
Denise - aged 14 years, in standard 7 at high school[+++]
Jenny - aged 11 years, in standard 4 at primary school.[++++]

(3) Family O : Father - mobile crane operater
Mother - saleslady
Daughter - 26 years, married
Son - aged 23 years, living on his own
Sally - aged 16 years, in standard 9 at high school.

+ The four families have been arbitrarily designated four letters of the alphabet by which to identify them, and the names of the adolescent children have all been altered in order to preserve the anonymity of the families involved.

++ Standard 9 - the penultimate year of high school, catering for the average white child aged 16-17 years.

+++ Standard 7 at high school is the second of five years of high school in Johannesburg, catering for the average white child aged 14-15 years.

++++ Standard 4 is the penultimate year of primary school, catering for the average white child aged 11-12 years.

(4) Family P : Father - owner of a business
Mother - assisted father in business
June - aged 20 years, trainee teacher
Mervyn - aged 17 years, in standard 8[+] at a private college[++]
Lynn - aged 15 years, in standard 7 at high school.

(b) The presenting problems

(1) Family M . November, 1974. Mrs M telephoned the Youth Advice Bureau, and requested the name of a private psychiatrist for her son, who had been discharged from the army due to a nervous breakdown. Mother mentioned her daughter who had had to have an abortion following upon an unwanted pregnancy. Mother cried while speaking over the telephone. She spoke too of father's tremendous anger towards Jean. Family therapy was suggested by the social worker, and mother said that she would put it to the family. The first interview was recently held with Jean alone, at her request; the second with Jean and parents; the third and subsequent interviews with the total family.

(2) Family N . April, 1974. Mrs N telephoned requesting an interview. She described communication difficulties between her husband and her eldest daughter, Tessa. The initial interview was held with Dr and Mrs N. Mrs N felt that the relationship difficulties between

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+ Standard 8 - this is the third year of high school, and caters for the average white child aged 15-16 years.

++ Private college - this is a privately rather than a governmentally run school, and usually offers additional subjects for study, for example typing.

her husband and daughter were not the daughter's fault, but that of her father, and she did not wish to include Tessa in the treatment programme. Social worker agreed to treat Dr and Mrs N, her assessment and plan of treatment in this initial phase stating: '... to focus attention on the relationship problems between Dr and Mrs N... the difficulties of communication between the couple obviously having a tremendous bearing on the problem at hand ...'

(3) Family O. November, 1974. Mrs O telephoned, having been referred by the Johannesburg Marriage Guidance Society. Mother complained that her daughter, Sally, was very difficult to handle, and that she was not doing well enough at school. After the initial interview with Mrs O and Sally, the social worker advised the inclusion of father, and family therapy sessions were arranged outside of normal office hours.

(4) Family P. November, 1974. The presenting problems in this family were centred upon the son, Mervyn. In the initial interview with Mr and Mrs P, they complained of a boy with original obsessive-compulsive behaviour which had deteriorated into quite the opposite, for example, Mervyn had no regard for his cleanliness, he slept in his clothes and he had no table manners. The parents felt that they had 'lost Mervyn somewhere', and described his difficult relationships with his two sisters as well. Family therapy was suggested, and was begun from the second session.

(c) *Rationale for using family therapy*

(1) Family M. Each member of the family was experiencing problems, and family therapy seemed a logical treatment medium, even as a preliminary investigation of possible individual psychopathologies. This was seen to be a family in crisis and was motivated to accept family therapy as a means of solving their crisis situation.

(2) Family N. Preparation for family therapy with the N family was a lengthy procedure. The marital couple were treated in joint social casework interviews for eight months. The eldest daughter, Tessa, was subsequently included in treatment which was then categorised as family therapy. After five months of treatment with this family group, the total family was drawn into family therapy. Full family interviews totalled seven sessions, and were held over a two month period.

(3) Family O. Of the three children in the O family, Sally was the only one residing at home with her parents. Family therapy was viewed as being important in order to assess family functioning as a whole, and in this way to analyse Sally's role as the index client in the family. The social worker wanted to include the son, who had left home, in the family therapy, but father refused to consider this. Family therapy with the parents and daughter was felt to be important in assessing any individual psychopathologies as well.

(4) Family P. The social worker assessed the problem in this family as being one of poor communication, and motivated the family towards family therapy in order to take the focus of the problem off the son, Mervyn.

It can be seen that the presentation of the family systems and the preparation for family therapy, the first two stages of McPherson et al., took varying degrees of time with the four families. In all instances the social workers practised the philosophy of 'being where the client is'. The N family was only seen as a total family unit after 13 months of other tr. ent, first social casework with the parents, followed by the

inclusion of the eldest daughter. With the M family, family therapy was begun early in the treatment, but was later changed to individual sessions for each of the children. Family therapy with families O and P was short-term, and begun early in the treatment.

7.2.2 Problem-solving in the Family

A family problem is a situation in the life of the family which in their opinion poses a threat to the emotional well-being of the family or its continuance as a functioning entity. Problem-solving refers to the coping patterns utilized by the family unit in dealing with the abovementioned type of threat.[25] There are essentially two categories of problems: instrumental problems and affective problems. Instrumental problems refer to problems related to doing things in the family, and affective problems to problems of feelings between family members. In what way did the four families identify, label and deal with these problems?

(1) Family M. The parents tended to identify the problems as being *entirely in the hands of their two children, especially* the daughter. The instrumental problems, for example, Jean's involvement with her *boyfriend of whom parents disapproved, were intertwined* with affective problems.

The family members could not interpret their problems as family problems, but rather tended to focus on particular family members, or outsiders, as the initiators and maintainers of the problems. So for example, the father tended to dictate a solution to a problem, which was usually scorned by his children. Mother, at times of stress, sought 'magical solutions' to the family problems, for example she once stated: 'My husband and I will just go and live overseas together, and everyone will be happy like that. The kids can do what they want.' Gregory

mostly solved family problems by denying their existence or importance, frequently having been heard to say to Jean: 'Ah, cool it man, it's not so serious.' Jean, a very angry young girl, pushed her problems onto everyone else with a resolute inability to see her own part in any problematical relationships. She blamed her parents for their attitude towards her and Mike; she blamed Mike for his lack of understanding of her needs, and later in family therapy, when her relationship with her parents had eased and she had broken up with Mike, she expressed feelings of 'hatred' towards her brother, Gregory.

(2) Family N. The mother identified the problems in this family, and initially assessed the father-daughter relationship difficulties as being the father's problem entirely. She therefore proposed omitting the daughter, and working with the father, which was agreed to for an extended period of time. The problems in this family tended to be affective rather than instrumental. Father denied responsibility for certain problems, for example financial strain; and the daughters generally sought family solutions to problems being experienced.

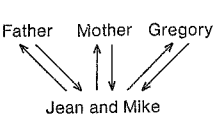
(3) Family O. The problems in this family were identified by the father, and were of both an instrumental and affective kind. Father identified the problems as being the sole responsibility of his daughter, and absolutely denied the part his poor relationship with his wife played in the family problems. The mother colluded with the father in this respect. Sally, the daughter, while unable to defend herself effectively against her father's often frank bullying, found fault with her mother's inconsistent and at times violent handling of her. Sally succumbed to the problem identification by responding with confusion and guilt.

(4) Family P. The problems in this family were identified mainly by the father, but partially by the mother too. There were both instrumental and affective problems, but predominantly the latter. Mother sought to identify the problems as being the responsibility of the son; father identified the difficulties in terms of the whole family.

7.2.3 Communication in the Family+

Communication, like problem-solving, falls into two main categories: instrumental communication, that is related to clothing, feeding, fetching and so on, and affective communication, that is the ability of family members to express feelings. Under affective communication, there are several subdivisions. These include: (a) covert versus overt communication; (b) clear versus ambiguous communication; (c) straight versus deviant communication; (d) unidirectional versus bidirectional communication; (e) open versus closed communication; and (f) direct versus indirect communication.

(1) Family M. The communication in this family tended to be overt, usually straight, bidirectional, open but sometimes ambiguous. The communication pattern within the family was diagrammatically portrayed for them at the fourth family session, as follows:



+ Verbatim excerpts are quoted from the case reports, where these occurred.

Here is an example of the family's communication, extracted from the eighth family interview. Only mother, Gregory and Jean were present, since father was absent for several weeks on a business trip.

'Worker : We all seem more relaxed since Mr M is away.

Mrs M : Silent - looking upset.

Jean : Yes. That's why I'm going to leave home next year, because it's so much nicer to live in peace than in the tension that's usually around.

Gregory : I also feel better. But I'm looking forward to Dad's return...

Mrs M : It's only peaceful because I offer Jean no opposition. She does just what she likes. I've just had enough of the fighting...

Gregory : Yes, Ma, but you're somewhere else. Like high on grass, in a little world of your own.

Mrs M : (Embarrassed) Well, at least I'm not depressed any more.

Worker : I wouldn't say that, Mrs M.

Mrs M began to weep.'

It can be seen that the communication flowed between all family members, and was open and direct. This excerpt does not reflect any ambiguities of communication.

(2) Family N. The communication in this family tended to follow a pattern of the overt expression of negative, 'emergency' emotions, and a difficulty of expression of positive, 'welfare' emotions except on the part of mother. The communication was multidirectional, at times ambiguous but generally clear, straight, although father's communications were often devious and sarcastic, and generally clear.

Here follows an excerpt from the first full family interview, in August 1975, some 15 months after treatment with this family was begun. Father was ill, and absent at this interview.

'Denise : You always take my clothes without asking for them.

Tessa : *Oh, rubbish.*

Denise : Oh yes, and you never put them back in their place.

Tessa : Well, how come Jenny's allowed to borrow what she likes?

Mother : Yes, why do you let Jenny borrow your clothes and not Tessa, Denise?

Denise : I'll tell you why. Because Jenny returns them neatly folded to their proper places, that's why.

Jenny : Smiling quietly.

Mother : Does she really?...

Denise : And Tessa never puts anything back. *Anyhow she's got a* lot more than me.

Mother : That's not true, Denise.

Denise : Oh, no? Then how come she got a new dress for the dance and I didn't?

Tessa : Oh, you know why you didn't, because you've got a long dress...

Mother : Denise, do you really think that I love you less because I *can't afford to buy you a new dress?*

Denise started crying.'

The social worker's assessment of treatment at this stage included the *aim of treatment in terms of* the family communication. 'The family has expressed the thought that family therapy is helping them to air feelings otherwise not dealt with at home. *The aim of the therapy is* to slowly help them to do this without having to come for help. A pattern

of family communication should be developed and worked towards, where social worker can withdraw and leave an improved communications network as part of the family's own growth and strength.'

(3) Family O. The communication in this family tended to be unidirectional, on the part of the father to his daughter and wife, indirect, closed, overt, and ambiguous. The ambiguity usually took the form of a double-bind communication, that is, where two alternative situations were placed before the daughter in both of which she would lose. Here follows an excerpt from the first full family interview, with father, mother and Sally present.

'Father : She does so badly at school.

Mother : That's true. She does.

Father : She says she wants to go out and work. But I'm telling her here in front of you that she will never be allowed to work at the age of 16 years. She'll get her matric if she has to repeat it and repeat it and repeat it. Her cousins take home good reports, and that makes their parents feel a lot better than us.

Sally began to cry.

Worker : What are you feeling, Sally?

Sally (sobbing): It sounds like you just want me to be as clever as my cousins, Daddy.

Father : No, Sally, not as clever as your cousins, just as clever as your friends.'

Father's last sentence here illustrates the ambiguous, double-bind message he was transmitting to his daughter. *Indirectly, he was telling her that* she was quite unacceptable as she was.

(4) Family P. The communication in Family P tended to be open, direct, multidirectional, straight and generally clear. Here follows an excerpt from the first full family session. Present were father, mother, June, Mervyn and Lynn.

'Father : You all need a special study time to make sure that you do your homework properly.

June : Well, in Roy's family (her boyfriend) his mother is much more involved in their school work, and they get better results. We all feel you're too involved in your sculpting and gardening, Ma...

Mervyn : Ja, and in keeping the house tidy.

Mother : Well, it's true that I only care about their results and not their actual studies... maybe I should give up my other interests... but Roy always admires my beautiful garden...'

In this excerpt, it can be seen that the children were able to express their feelings openly towards a responsive mother.

7.2.4 Roles in the Family

Roles in the family can be divided into three broad categories. These are: (i) traditional - father works, mother at home, father fairly involved with the children; (ii) complementary - where there is a sharing of tasks between the spouses; and (iii) idiosyncratic - where one member of the family is scapegoated, and this is usually a child or adolescent.

(a) Family M. In this family, the roles were partially traditional and partially complementary. The father was the main wage earner, with the tasks of disciplining, controlling and deciding about his family's affairs.

The parental couple did collaborate though on many issues. Gregory's role tended to be that of the peacemaker. Jean's role was central in the family dynamics. She took the role of the aggressive, acting-out irresponsible adolescent. Important in the maintenance of this role was the scapegoating of her boyfriend, Mike, as the 'bad influence' in the family. Here follows an excerpt from two early assessments of the case made by the social worker :

'This is a family in crisis. Somehow all the links of communication have been distorted and twisted ... The role that Mike plays as the bad object needs to be clarified... What started to emerge were the dynamics of Jean's relationship with Mike. Why did she become so involved with a man so directly opposed to her parents' values and standards? Why does the relationship persist in spite of Jean's dissatisfactions with it?

Two later assessments by the social worker indicate Jean's role in the family, and the insight her father gained into this. In a single interview with the parents alone, during the course of the family therapy, 'social worker tried to illustrate to parents how Jean was fighting because she could not cope with the power she felt to be hers. They therefore had to place Jean in a subsystem of her own for a while, and the tensions might well lessen for everyone... Examples were given on how to 'decentralise' Jean, especially in her relationship with Mike.'

Subsequent to the termination of family therapy Jean and Gregory were treated with individual social casework. During this treatment phase, the social worker requested the parents to participate jointly in a single interview, so as to include them in some way in the treatment course, and to gauge their feelings.

Much of this single session with the parents was spent in discussing Jean and Mike, and Gregory. Father's assessment of Jean was noteworthy: 'Father came up with something very interesting here. He said that at first he blamed everything onto Mike, but that now he knew that Jean was the one who persistently got herself into difficulties, that it was she herself wh seemed to perpetuate crises for herself.'

Later in this chapter the roles adopted in Family M will be further explored in the presentation of their sculpting.

(2) Family N - The roles in this family were mainly complementary, with a role reversal of the parental couple. While Dr N was the main provider, Mrs N was the parent who administered the finances, who took major decisions and who was the emotional support of the family. Tessa adopted the role of the 'fighter' in the family, arguing repeatedly with her father and sister Denise. Denise, the middle child, took on a role as the family 'stabiliser,' the sensible, clever, mature middle child. The youngest daughter, Jenny, placed herself in a distant, helpless but amiable position.

Here follows an excerpt from the social worker's report and assessment of family roles:

'This is a professional, middle-class Jewish family. They are a normal family with normal anxieties and stresses with three teenage daughters, a passive, undemonstrative and rather ineffectual father, and a warm, insightful, emotional mother ... The mother, the pivot of the family, not only has her own feelings with which to contend, but those of her whole family too... Denise is a very central figure in the family. She has played along with the image of being the mature, sensible, always coping

young girl, and right now it seems that she cannot cope with this role ... hence her breakdown in the first family session illustrating her own very real vulnerabilities and her awareness of them... Tessa is a feeling young girl ... with her parents she is defiant and defensive ... She has adopted the aggressive, rebellious role in the family ... Jenny placed herself in the position of being 'switched off' most of the time. The family referred tolerantly to Jenny as being 'unconscious.' This role protects Jenny from feelings with which she cannot cope, but her self-awareness does stimulate her to attend regular sessions with the social worker at her private school...'

(3) Family O - The roles in this family were traditional and idiosyncratic. The father adopted the role of being the wage earner, the controller and the decider of family issues. There was very little complementarity of roles with his wife. The family roles were idiosyncratic in that Sally, the daughter, was scapegoated. All parental conflicts and irresolutions were foisted onto her, and she was confused and bewildered, yet accepting of this role. One of the precipitating and aggravating factors in the scapegoating of Sally was that the elder brother had moved out of the house only a few months before the family approached the Youth Advice Bureau. Here is an excerpt from the social worker's report on the role behaviour of the O family.

'One thing is clear: that the problems which Sally manifests are one of the only things that bring her parents together in any kind of way. Father becomes supportive and protective of mother ('why doesn't she help her mother in the kitchen?'), and mother gains satisfaction out of being martyred. Sally's own personal needs are not really taken into account. The parents

decide what is 'good' for her ('she is still a child') and they react with frustration and anger when Sally does not respond accordingly. In this sense, Sally is the scapegoat in the family, a role which she needs as much as her parents do. Being the scapegoat, Sally takes the focus of attention off the poor marital relationship...'

(4) Family P - The roles in this family tended to be complementary with a degree of idiosyncratic scapegoating of the middle child, the son Mervyn. The eldest daughter, June, adopted the role of the 'voice' of the family in conflict situations, as well as the pacifier in the face of the parents' immobilisation and repetitive anger. The youngest daughter, Lynn, was able to adopt the role of being the helpful child when she began to feel happier, in the course of family therapy. Here follows selected excerpts from the social worker's assessments of the different family members' roles:

'It seemed to me that Mr and Mrs P had idealistic notions of family togetherness and were being disappointed... Mr P still felt that he and his wife were securely in authority positions in the family... The children criticised their parents for never holding different points of view, but always showing a united front by influencing each other's points of view... I speculated whether Mrs P was feeling personally threatened by the material coming to light, and was defensively trying to 're-identify Mervyn as 'the problem'... June was the one who at each stage came to the rescue and initiated discussion. Mervyn said that he did not care whether anyone understood him, and June suggested that maybe he was enjoying perpetuating the feud and proving that he was the 'wronged one'... Later, June attacked Mervyn saying that they had all come together for these sessions at great personal inconvenience for his sake ... In a sense, the circumstances

of this family had turned full circle, as Mervyn was once again identified as 'the problem.' Mr P reiterated that he only wanted a 'united family'...'

7.2.5 Modes of Behavioural Control in the Family

Behavioural control refers to the pattern adopted within the family for guidance of the handling of impulses, maintaining standards of good and bad behaviour, and dealing with physically dangerous situations. Four modes of behavioural control have been identified : (i) rigid control; (ii) flexible control; (iii) laissez-faire control and (iv) chaotic modes of control. The social worker must examine aspects of behavioural control such as: is it consistent, do the parents collaborate and work together and is it fair?

(1) Family M - The behavioural control in this family was mainly flexible, with occasional displays of rigidity. The disciplining and rules were jointly agreed upon by both parents, but expressed and specifically dealt with by the father. Here follow a few quotes from the interview reports and the social workers' assessments of the behavioural controls of this family:

'Two subjects were discussed, in the main. One related to social standards of today, and Mr M's passionate rejection of sexual experiences prior to marriage, comparing this to extramarital sex. Gregory expressed confusion about his own sexual morality, but insisted that premarital sex was totally different ...

The parents are intelligent people with very definite ideas on child-rearing and strict moral standards, for example, they say grace at every meal.

Father asked why Gregory should be dressing like an adolescent now at his age, and social worker put it to the parents that Gregory had missed out on

normal teenage socialisation while at school, where he was an isolate. Father did not seem to denigrate Gregory's values at all, and maintained that he merely challenged Gregory's ideas to hear what he thought...'

(2) Family N - The modes of behavioural control in the N family could be said to have been flexible, with a tendency towards being laissez-faire. The disciplining was at times instituted by father, but more often by mother, and then rather ineffectually. Here follow some excerpts from the case record, which highlight these points:

'Dr N, with his sarcastic wit, always seemed to offend Tessa and the other children. Mrs N accused him of provoking the children into arguments...

The N's have two dogs... the large dog is quite a menace in the street; he attacks passers-by... On one such occasion, Mrs N complained bitterly that her husband was completely uncaring about this... and she had to take the full responsibility for caring for the injured woman... Dr N did not even as much as chastise the dog.'

If Dr N had been a more effective disciplinarian, both with his children and his pets, there would possibly have been more discipline in his family. Dr N's great passivity and non-involvement made for rather laissez-faire behavioural controls in this family.

'...On probing a little into the other family relationships, it emerged that Dr N got on well with his other daughters (and not Tessa), particularly the middle one. He explained this as follows: 'Because she isn't cheeky and obstinate...' Mrs N intercepted: 'Tessa's just like him, they never give in...'

(3) Family O - The behavioural controls in this family were rigidly laid down by the father. Here follow two excerpts from the social worker's reports, to illustrate the rigidity of behavioural control:

'Father was emphatic that Sally would not go out to work at 16 years ... Mrs. O introduced the subject of an event which had occurred between herself and Sally over the weekend. Briefly, it emerged that they had had a series of arguments, which culminated in Sally having fallen down the back stairs and hurting herself on the head. Sally, weeping said that her mother had pushed her down the stairs... Mrs O replied that even if this was so, it was justifiable... Sally began to cry loudly at this, and gesticulated at her mother with her forefinger, saying: 'You pushed me down, Mommy, you pushed me down.' Father became enraged at this point, and literally screamed at Sally words to the effect that if he ever saw her point a finger at her mother again, he would slap her into the ground; if the social worker didn't teach her how to live, then he certainly would...'

(f) Family P - The behavioural controls in this family followed a pattern of flexibility. Controls were generally agreed to by both parents, and instituted mainly by father. Here follow various examples of the behavioural controls, as quoted from the case report:

'I (social worker) noticed that Mr P's communications with the family assumed a repetitious, circular form of preaching to them on the merits of children being taught correct behaviour to enable them to fit into society - he believed this to be the parents' role and he made no apologies for it. If polite requests were defied, then orders had to be given... The family then discussed a recent example when Lynn had allowed her boyfriend to

come in, park his motor-bike inside the house... and when the parents came home, Mr P had shouted at both Lynn and her boyfriend. During the discussion, both Lynn and Mr P admitted to having been in the wrong, but explained that both had acted impulsively...'

7.2.6 Dyadic Relationships in the Family

The family system can be broken down into several subsystems, for example the parental subsystem, the parent-child subsystem. The subsystems, usually considered to be dyadic in their number, form a vital part of the family's communication and relational patterns. It is important to isolate and examine these dyadic relationships within the total family system, in order to understand the various roles the family members play within the subsystems and within the total system. A parental dyad might be so close as to block out the children in the family, for example, or a parent-child dyad might be so destructive as to force each family member to take sides, including the other spouse. The dyadic relationships of the families involved in family therapy at the Youth Advice Bureau were examined by the social workers. There follows a brief analysis of these relationships in the four cases being studied.

(1) Family M - There were essentially three dyadic subsystems to be considered in Family M. These were: (a) the parental dyad; (b) the sibling dyad and (c) the daughter-boyfriend dyad.

(a) The parental dyad. At one stage in the family therapy, the social worker felt that Mr and Mrs M's obviously good relationship might be excluding of the children. She accordingly requested a single interview with the parents alone, to assess their relationship. The social worker's assessment of this interview included the following quotation:

'...when the parents were seen together they were as relaxed and easy and warm with each other as ever before. In other words, they were not using Jean as a power object in order to bind themselves on good terms. They have their own relationship apart from the children, but it lets the children in to a great extent...'

(b) The sibling dyad. There was generally a measure of tension between brother and sister, with frequent jibes direct at each other during the course of conversations. In the sculpting exercise, Gregory expressed feelings of Jean's fighting attitude: 'She's fighting us three, like it's some kind of battle or match.' Gregory, in keeping with his role as the pacifier, tended to play down Jean's sometimes violent anger towards him over incidents which occurred between family interviews. Their relationship did not resolve itself to any significant extent throughout the course of family therapy, Jean expressing feelings of 'hatred' towards Gregory when family therapy was nearing termination.

(c) The daughter-boyfriend dyad. The relationship between Jean and Mike was a very important one in terms of the dynamics of family M's relationships. Excerpts from the social worker's reports on this relationship will be quoted.

(i) 'As Jean's relationship with Mike sounded turbulent and fraugh with problems, social worker discussed the idea of seeing them together... Mike subsequently came to the sessions (individual sessions with Jean after the termination of family therapy.) After one or two of these joint sessions, Mrs M telephoned saying that she did not want Jean and Mike to come together as she resented paying for him. Social worker ... explained her reasons for wanting to see them together in terms of their being a subsystem of the family which was causing great tension, and the family causing tension with

couple, and that it seemed to make sense to try and help them work out their very difficult relationship, whether insight in this area would lead them to break up or to continue together on a happier basis...

(ii) The relationship between Jean and Mike was stormy, turbulent, at times violently aggressive, seldom relaxed and happy. After three *argumentative sessions, social worker felt frustrated with the couple.* She conveyed this feeling to them, and asked the couple whether they were motivated to get along better, or whether they needed to perpetuate their aggressive relationship. ... Part of what recurred in their relationship was a distrust of each other ... They were extremely jealous and possessive of each other over everything and anything that they could not share with each other. In this sense, theirs was an immature closed relationship, *breeding the frustrations* that recurred continually...'

Jean was transferred to another social worker when the writer left the agency, and she continued to participate in social casework treatment. Jean's relationship with Mike deteriorated at this point:

(iii) This has become terribly stormy over the past few weeks. Jean has in fact broken up with Mike a number of times, only to run back to him again... At this stage, social worker feels that Jean is realistically beginning to ask herself why she has put up with Mike for this length of time...' and in April, 1976, 'Jean informed social worker that she had finally broken off her relationship with Mike...'

Jean's relationship with her parents at this point in time was much improved, and more relaxed and easy-going than previously experienced. It is noteworthy that Jean could only relinquish her destructive relationship with Mike when her family relationships had improved, independently of her relationship with Mike.

(2) Family N - The two main dyadic relationships forming subsystems in the N family were (a) the husband-wife dyad and (b) the father-eldest daughter dyad.

(a) The parental dyad. Although the initial approach to the Youth Advice Bureau by Mrs N was for problems related to her eldest daughter and husband, a full eight months of social casework was spent with the parental dyad alone, before the daughter was included to form a family group. The marital relationship formed an important part of the therapeutic services offered to this family. Excerpts from the social worker's reports on the marital relationship will be quoted from various points in the case record.

'... Gradually, the N's began to speak more and more about their own relationship and less and less about Tessa... In one interview, Mrs N made the following insightful comment: 'Have you noticed that my husband and I always talk through you?' The issues of their reluctance to discuss feelings openly was brought up. ... More startling however, is the fact that Dr N NEVER calls his wife by her name, let alone by a pet name. Dr N was uncomfortable during this somewhat poignant and revealing discussion, and he said that we were supposed to be talking about Tessa.... ...One one occasion, Mrs N was feeling very much alone. She felt that due to a *small series of family incidents, she was alienated from her husband with* regard to the children, and even went so far as to express: 'What do I need him for?' '

Later on in the joint sessions, the relationship between Dr and Mrs N improved markedly. 'More recently in our interviews, Dr N has been expressing his need for communicating, and even contemplates entering into an encounter group, preferably without his wife. This was interesting, as it highlighted his need to become more independent, especially in a situation

where his feelings would be touched upon. Mrs N was very pleased about this, and not at all threatened... They began to talk about the improvements in their relationship generally. ... The aim in this case should be towards the growth of the father; the recognition of his childish and childlike needs in regard to the family and especially in regard to his wife. The awareness of these needs within him would hopefully produce some changes... Father in the recent sessions was reported to have confided in his wife that he was very depressed, and a feeling that he could not care whether he was alive or dead. The whole family reacted strongly to this, especially Tessa who seemed really sad and upset by the incident. Mrs N was upset but grateful that her husband could express his feelings to her, something she said, and he agreed, that they had not done for 15 years. Mrs N retained an enormous warmth and support for her rather irresponsible husband; this feeling of his childishness was voiced often by all the family members except Jenny...'

(b) The father-eldest daughter dyad. The father - Tessa dyad was referred to frequently during the course of the joint sessions with Dr and Mrs N, but more understanding of their relationship was gained when Tessa joined in the family therapy. Selected quotations from the case report are used to illustrate the dynamics and movement of this dyad:

'Mrs N felt that the strain between her daughter and husband was not the daughter's fault, but her husband's... At the time of the initial contact, father and daughter were not speaking to each other. This followed on an incident on holiday when Dr N struck Tessa across the face. It was this incident which made Mrs N contact the Youth Advice Bureau... Dr N is threatened by Tessa's maturing, by her need for other men and the implied

rejection of him, who up until recently, was the predominant male figure in her life. He is intolerant of all signs of her young adulthood, such as long fingernails and makeup... Before she reached puberty, there were no relationship difficulties, and Mrs N described him as 'the good father'. ... The relationship between Tessa and Dr N has improved markedly... Recently, the N's went away on holiday for a short while, and it was relaxing. Tessa and Dr N got on particularly well... Tessa's relationship with her father has improved, according to everyone. She says that she does not argue so much with him anymore, and has been able effectively to 'switch off' from his irritating points. What has happened here is probably an acceptance by Tessa of her father's weak points, as well as an ability to share feelings to some extent in a controlled situation...'

(3) Family O. The husband-wife dyad was of the greatest significance in family O. The difficulties in their relationship were, however, denied, and the family tensions foisted onto their daughter. In a session on her own mother did speak about her poor marital relationship, but in family therapy sessions, both parents tended to deny this. Here follow selected quotations from the case report.

'Mrs O made it explicitly clear that she and her husband did not get on, in fact that they are hardly on speaking terms, but that when it comes to issues of disciplining Sally, then they agree. They have been married for 27 years. Mrs O says that they have not a single friend.... Mr O spoke about the terrible relationship between the mother and Sally. He said that he views mother and daughter as one person and that it hurt him terribly to see how antagonistic they were. He used words like 'hate' and 'contempt' to describe Sally's feelings for her mother, and this made Sally cry bitterly and deny these feelings. Mrs O supported her husband's

claim about Sally's behaviour towards her, saying that she is terribly aggressive .... It is interesting that the O's have remained married for 27 years ('I am not 49 for nothing') in spite of all the bad feelings. Mrs O is terribly alone and cannot commit herself to relationships in any fundamental, open way.... Mr O spoke in a sad, bitter voice, about his feelings related to their situation. He said that he and his wife did not get on, that they did not even talk to each other at home, and that this was all because of his children, all three of them. They ruined his marriage. Had his wife been more strict as he would have liked, they would not have had any of this finger pointing and disobedience.

What can be seen in the dynamic operations of this family is comparable to a neurotic seesaw. While the seesaw was up with mother and Sally, it was down with father. Now while it was up with father and Sally, the balance is kept by mother taking a plunge downwards. Mother was sensitive to this change within the family circle, and blamed the therapy for it ...'

(4) Family P. There were two main dyadic relationships to consider in the P family. These were: (a) the parental dyad, and (b) the mother-son dyad.

(a) *The parental dyad*. *The relationship* between Mr and Mrs P was good, supportive and understanding. There are two brief quotes from the social worker's report which illustrate this.

'Mr P said that he enjoyed his family life, until his children started growing up and questioning his authority; this had made him feel very distressed and insecure. His only hobby is, he says, his wife, but since the development of the recent family problems, the children have

interfered with his 'pursuing his hobby', by pre-occupying him with other matters....

Mrs P said that she had a very happy marriage and everything she could wish for, except that now a gulf had developed between her and Mervyn and Lynn...'

The extent to which the marital dyad excluded the children was not explored by the social worker, but it seems a reasonable assumption to make on the basis of the father's view of his relationship with his wife.

(b) *The mother-son dyad.* *The mother-son relationship was a tense one.* Mother tended to blame Mervyn for any family difficulties which occurred. Here follow selected excerpts from the text to illustrate their relationship, in the context of the family as a whole:

'They were not conveying their true feelings to each other, but maintaining a protective facade...This was particularly evident in Mrs P's communications with Mervyn, and he seemed to be trying to goad her into being more 'real' and less studied in her responses... Mrs P asked Mervyn why she always had to be so careful of what she said to him. She got the impression that he *did not want to discuss anything with her...* Although there were many opportunities for Mrs P to voice her disappointments with Mervyn, she remained non-committal throughout... I (Social worker) silently speculated whether Mrs M was feeling personally threatened by the material coming to light, and was defensively trying to re-identify Mervyn as 'the problem.'... Mother and Mervyn had had a terrible row over the weekend, and father had come home and hit Mervyn and confiscated his motor-bike... I said it might help everyone if they explained frankly what their feelings had been at the time, and perhaps they could prevent similar hurts in the future if they understood each other. Mervyn said that he did not care whether anyone

understood him... Mrs P said that she did not deserve such treatment from Mervyn as she was always studying his desires, planning meals according to his tastes, and asking other members of the family to be tolerant with him ... It seemed that Mrs P had been making many overtures to Mervyn which had been coolly received... We discussed why Mervyn should vent his aggressions on the very person who cared for him and protected him mostly... Mervyn had expressed his frustrations on the one person who was both safe and vulnerable, his mother...'

7.2.7 Sculpting

Two programme activities were conducted in the family therapy cases: that of compiling a genogram of the family, including the parents' families of origins, and that of sculpting. The one case of sculpting selected for presentation, was that of family M., as it was the most comprehensively reported.

Family sculpting is a technique whereby the relationships between family members are recreated in space through the formation of a physical tableau. This 'tableau vivant' symbolises the emotional position of each member of the family in relation to the others.[26]

The M family's sculpting will be outlined, followed by the discussion that took place and the social worker's assessments of the activity.

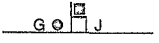
Father was not present at this interview, so the three family members were mother, Gregory and Jean. Social worker took the position of father in the sculptures. The order, volunteered by the family, was first mother, then Jean and finally Gregory. After this, a change element was introduced: the arrival (imaginary) of Mike, the boyfriend. Here, the social worker wanted to portray the impact that Mike was having on each member of the

family system. Both sets of sculptures will now be reproduced.

KEY TO THE DIAGRAMS

- father
- mother
- I.C. index client
- ♀ daughter
- ♂ son
- — seated on floor
- ⊓ seated on chair

i) Mrs. M.

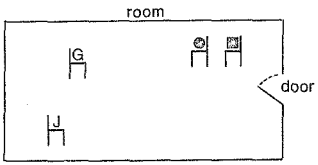


Description

Father is placed seated on a chair, mother standing beside him, and the two children seated on the floor, the son nearest mother and Jean nearest to father.

Each member was asked how they felt in their respect positions. Social Worker said that as father she felt uncomfortable as the only one seated on a chair. Gregory and mother were satisfied. Jean voiced displeasure at being seated on the floor.

ii) Jean

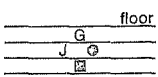


Description

Mother and father are placed seated next to each other, and Gregory is placed seated on a chair fairly near to his parents, separated by a coffee table. Jean places herself in the far corner of the room, seated on a chair.

Both Mrs M and Gregory expressed discomfort at Jean's placing herself so far away from the rest of the family, Gregory stating: "She puts herself in the corner by choice; no one else puts her there."

iii) Gregory



Description

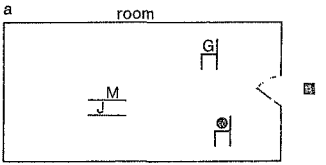
This was an interesting sculpture. Gregory took great care in placing everyone in the exact positions he wanted, all seated on the floor in a circle, making the point that the knees were not to be touching. Father's and son's arms encircled the family round their backs.

Mother and Gregory expressed great pleasure in this sculpture, but Jean felt uncomfortable, and wanted rather to be on the ceiling, so that she could watch everyone else.

The change element was introduced at this point: Mike walks in.

i) Jean

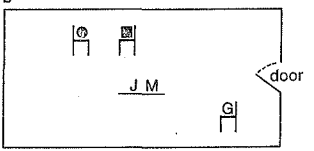
a



Description

Father is placed right outside the room the minute Mike enters the family circle. Jean said that that was how it was in reality, not how she would have liked it to have been. She was invited to change the picture according to her desires, and the following sculpture emerged :

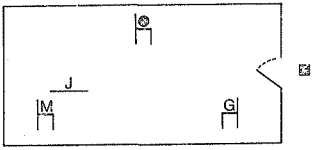
b



Description

Father and mother are seated next to each other on chairs, with Gregory not far away, and Jean and Mike seated on the floor, close together, in the middle of the rest of the family. Mother expressed feelings of discomfort, but Jean and Gregory preferred this sculpture to Jean's previous one.

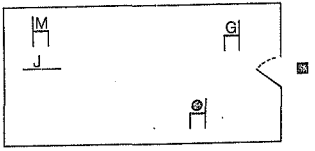
ii) Gregory



Description

Father is again placed out of the room on Mike's entry into it. Everyone else is placed quite a distance from each other in the room: Jean seated on a stool next to Mike, on a chair, mother knitting and Gregory reading. Jean said that she felt fine, mother felt okay, and Gregory expressed feelings of being 'out of it.'

iii) Mrs. M.



Description

Mother also placed father outside the room. She placed herself, seated, fairly near to her son, and Jean and Mike at the far corner of the room. While Mike was seated on a chair, Jean was placed on the floor at his feet.

Jean expressed great discomfort and even reluctance to sit where her mother placed her. She said: 'I don't like sitting here, I feel inferior.' Gregory said that he felt uncomfortable for Jean too, but that he was aware of how Jean and Mike isolated themselves.

In the discussion of the sculpting activity, the social worker made the following six points :

(i) Jean isolated herself from the family network, and everyone was both aware and sad about this.

(ii) Jean herself felt that she could only integrate into and relate more with her family together with Mike. (See altered sculpture when Mike present, p. 248).

(iii) Gregory's feelings of an integrated family, without Mike present, were clear.

(iv) Jean's guilt feelings were raised. She described feelings of guilt and humility in relation to her family, and hence her positioning of herself and Mike on the floor, while all other family members were seated on chairs, on a higher level. Jean implied that if Mike was more acceptable to the family, then she could afford to let out some of her softer feelings.

(v) During the course of the sculpting, Gregory used various descriptions of Jean. All related to her aggression. The expressions he used intermittently were: 'She's fighting us three; it's some kind of battle, or match: father has exploded out of the room; mother is crumpled into a corner; and Jean is standing with a lance at the door.'

(vi) Father and mother were always placed together before Mike entered into the sculpture, and then separated after Mike came into the picture.

> This seemed to indicate the dramatic and destructive influence Mike and Jean's relationship had on the family, and more particularly on father.

One of the direct consequences of the sculpting was that therapy was begun shortly afterwards with Jean and Mike, as a subsystem group within the family. This was conceeded to by the whole family.

The social worker assessed the sculpting as having been a worthwhile activity. She felt that 'action speaks louder than words, especially where there are certain blocks to the expression of feelings, as for example with Jean.'

7.2.8 Termination of the Family Therapy

Termination in family therapy should be reached when the initial therapeutic contract or its extensions has expired. Of the four cases of family therapy conducted at the Youth Advice Bureau, two were short-term and two were long-term. In the long-term cases, termination of family therapy was reached at by the mutual decision ofthe social worker and the families, precipitated by the social worker's impending departure from the agency. In the short-term cases, family therapy was not terminated as a result of the expiry of a contract, but on the decision of the clients not to pursue the therapy. This was felt to be a failing of the family therapy in the short-term cases, as no initial contract was agreed upon, and the therapy ended rather abruptly in both cases. Family therapy can be characterized 'as a process having comparatively definitive stages, as well as clear beginning and end points... the danger of abortion of treatment is highest.'[27]

In the long-term cases, termination was an active process which took place over four or five sessions. In family N, this marked the end of therapy, but in family M, the daughter Jean and her boyfriend, Mike, continued to have joint social casework sessions with another social worker. Family therapy with this family in particular consisted of flexible numbers of family members being present: the entire family, the absence of father for eight sessions, two interviews with the parents alone, and finally the subsystem treatment of Jean and Mike. Beels and Ferber state:

> 'The point we want to make is that family therapy's attention is devoted towards a family group, but the whole group does not need to be present at any one time. The interest and allegiance of the therapist is towards the whole family, and this interest and allegiance defines family therapy, not the number of people in the room... The membership of the meeting is, rather, something which the therapist manipulates for particular ends.' [28]

Here follow excerpts from the social workers' reports on the termination of the four family therapy cases.

(1) Family M. 'On return from their vacation (end of May, 1975), social worker did not hear from Mrs M, so she contacted her. Mrs M said that she had been thinking about the family therapy, and felt that she agreed with social worker about highlighting Jean's power within the family, and that both she and her husband thought that maybe the family therapy was perpetuating this. They therefore thought it better to stop family therapy. Social worker accepted mother's feelings, but requested that she ask Jean and Gregory if they would like to have individual sessions. Mrs M came back to social worker that both Jean and Gregory wanted to see social worker...'

Gregory terminated social casework before social worker left the agency, but joint casework with Jean and Mike continued with another social worker on an erratic basis over the next 10 months.

(2) Family N. '... social worker told the family that she would be leaving the agency. Mrs N expressed sadness, and she and Tessa seemed to be the most affected ... there were three sessions of termination. During the termination period, much the same subjects were raised as before, but tackled slightly more superficially... The family did not feel that they wanted or needed to transfer to the new social worker, and social worker agreed with them on this... Mrs N expressed the feeling that they could try and manage to cope on their own, and she seemed confident about this. Dr N agreed with her, passing a comment on the money they would save ! ... The final session ... was very informal... Each family member was asked to give voice to their dreams of the future.... Everyone seemed sad to say goodbye, and social worker said that she would contact them before Tessa wrote her matriculation examinations..'

(3) Family O. 'Social worker asked what everyone would like to do. Mrs O reiterated that she did not wish to come to the sessions again. Mr O more or less agreed, but said that he would come if everyone wanted to. Sally said that she wanted the sessions to continue. The social worker offered various alternatives, as for example:

(i) individual social casework for Sally;

(ii) the family be referred to another therapist, e.g. a psychiatrist - a suggestion which they all vehemently opposed;

(iii) Sally be seen by another social worker, and parents continue joint treatment with present social worker; or

(iv) in-patient treatment for Sally at a hospital for the treatment of her pervasive depression. The last suggestion upset Sally very much, and was consequently withdrawn by social worker. Sally agreed to come for an individual social casework interview with social worker the following week. She did come for this interview, but did not contact social worker after that date...'

(4) Family P. 'When I (social worker) asked how they felt about a further appointment, Mr P said that he saw no point in it. Mervyn said it was 'not getting them anywhere,' and Jean attacked Mervyn saying they had all come together on these occasions at great personal inconvenience for his sake, only to find lack of co-operation on his part. I felt that, although certain awarenesses had been reached ... there was not enough to motivate the whole family to make further sacrifices for family therapy... Perhaps it was a pity that family therapy had to be abandoned at this stage if in fact they were colluding by projecting the 'bad' feelings onto Mervyn and, in the nature of their communications, making him the 'problem'...'

Family therapy extended over a five month period of time with family M, on a regular once weekly evening basis; over a six month period with family N; over two family interviews with family O and over four interviews over a period of two months with family P. In all, 16 family therapy interviews were conducted with the M family, with various membership groups of the family being present, mostly the entire family, or family without father. With the N family, a total of 22 family therapy interviews were conducted 15 of these with the triad of father, mother and eldest daughter, the remaining seven with the entire family.

7.2.9 Assessments of the Family Therapy Cases

In order to obtain some idea of the social worker's assessments of the movement in the families in the course of family therapy, the initial

assessment made of the family group and the last assessment made will be quoted. In addition, the members of the N family gave their own written assessments of the family therapy, and these will be quoted verbatim.

(1) Family M.

(a) Initial assessment. 'This is ostensibly a well-integrated, happy family. The parents are intelligent people with very definite ideas on rearing children, and strict moral standards... But underneath the good looks and good clothes and good standards and good ambitions there is an explosive barrel of anger and frustration and acting out behaviour... Until recently, a very happy family (in Mrs M's words), in the same year, in the same half-year both son and daughter go through a major crisis on their lives: the son a breakdown in the army, the daughter a pregnancy at the age of 16 years and a subsequent abortion. Why?... I (social worker) plan to obtain a family tree from the parents at the next session... Plan: Weekly evening family therapy.'

(b) Final family therapy assessment. 'Social worker presented this family for professional discussion on two occasions: first at a seminar of post-graduate candidates in social work in a lengthy presentation including the sculpting; and secondly at a small group discussion of the Group for the Advancement of Family Therapy. One point put forward was that according to Wynne, one works in family therapy with unnoticed but observable issues rather than unnoticed but referrable issues... Social worker never really gained full understanding of why this family was experiencing the tensions which it was... She began to see that it was Jean who in her life seemed to experience violent relationships; she created them and needed them and got them; she suffered through them and yet, by her own admission, was glad of them... Gregory, through a controlled, intimate relationship (individual

social casework), through sharing his values with someone who seemed to respect them, began to grow. He began to move slowly outwards. From a boy frightened to leave his family, yet frustrated within it, he took the plunge... Gregory came into his own, through the family therapy and more particularly through short-term, individual, non-intensive social casework...

Mrs M expressed strong feelings that the family therapy had helped them all, and that Jean in particular had benefited from it. Social worker felt that to some extent the lines of communication had been opened up in this family, for instance in previously closed issues such as Jean's abortion and what this meant to her. The husband and wife seemed less depressed and angry than in the early stages of therapy, and more willing and able to cope with the strife presented by their children at home. Mr " in particular was able to view his children's values and standards less subjectively and critically, and this created more sharing and good feeling tones in the family, for example between father and Gregory.

Family therapy was felt to have been the treatment method of choice for this family in crisis, and was undertaken at the pace of the clients, with varying numbers of family members present at various stages in the family therapy.'

(2) Family N.

(a) Initial assessment. 'There has been a lot of movement in this case. It took seven months of regular parental casework to involve the teenage daughter in family therapy. There are positive resources within this family with which to work. The two most important of these are (a) that Dr N has found and admitted that he needs to talk about his feelings, that

he has worthwhile feelings to talk about, that he can commit himself to do this; and (b) that feelings are being expressed, both negative and positive, and are tolerated by all three of them.'

(b) Final family therapy assessment. 'Mrs N is seen as a highly articulate, energetic active person, with a real depth of concern and understanding for her family and an ability to separate from them at a fundamental level. She is not afraid of feelings, whether they be positive or negative in nature, nor of her own vulnerabilities... Dr N spends his energies in a constructive fashion, occupying himself with things rather than people... Tessa's relationship with her father improved through the course of family therapy. Tessa generally became more tolerant and positive towards family members... Denise rejected these overtures on Tessa's part repeatedly, and this hurt Tessa quite a bit... The family awareness of the roles they each played, particularly Denise as the central, stabilising child, caused different reactions: understanding and concern on the part of both parents and Tessa, anger on Denise's part, and silent support from Jenny.

Family therapy with the N family was a slow, intensive course of treatment Over a period of 15 months, the family reached some dimension of awareness and coping resources. It was a gratifying case with which to work, and social worker became very involved with the family. Family therapy was the treatment of choice in this case.'

(c) The family members' own assessment

Father refused to write out an assessment, so there are a total of four handwritten assessments of the individual family members' experiences of the

family therapy. These assessments were handed to the social worker at the last meeting of the family and social worker.

Mrs N

'What did I gain from sessions with Mrs Goldberg?

1. Support during trying times with husband and elder daughter.
2. More communication on a deeper level with husband.
3. More communication with daughters (all of them).
4. More mutual understanding between all of us, I think.
5. Situation between husband and elder daughter definitely improved.
6. Father appeared to have gained in understanding and tolerance (though still far to go perhaps!?)
7. Feel we can carry on without undue stress or unhappiness now.'

Tessa

'I think I have benefited by coming to talk to you every week because my relationship with the rest of the family has improved quite a lot (even though there are relapses now and then) and life has become more peaceful and easier to bear.

I feel we are more relaxed with each other and therefore it's easier to communicate with each other, which has become better and conversations more frequent.

We try to tolerate each other (even though we all seem to have a tendency of bugging each other now and then). But I think there is a definite more tolerance between , because I think there is more understanding.

But I feel there will always be some degree of tension between us, because no matter how hard one tries, there is always some one who bugs or just gets on your nerves.

But on the whole everything is better, and as long as everyone keeps on trying it can only improve.
Thanks very much for everything!'

Denise

'I still feel the same about these sessions as I did in the beginning, i.e. they are of no value.
Although I must admit, sometimes the atmosphere is pleasanter at home but I feel are just temporary spells because there is the continual threat of 'telling Mrs Goldberg' so anything which is done or said (in a nice manner) is done so because of a knowing that one has to not because one wants to.

When I say I did not enjoy coming to these sessions, I mean no personal offence towards you, but I don't believe that personalities of people can be changed, e.g. I don't think that Tessa will ever stop speaking to me like I am dirt because that's the way she is. Regards, '

Jenny

'I think we all benefited from these sessions as we now can understand each other more that we know how they feel. I feel like that and I also feel that when we talk out about our problems at every session they seem to get smaller each time we talk about them. I think it has brought us a bit closer as we know now a bit more of each other than we did before by this I mean their inner feelings. And also problems that we never understood or didn't want to we now understand them a bit. I think at these last few sessions we have benefited a lot in what I've said.'

(3) Family O

(a) Initial assessment. 'This is a family of long-standing problems, problems that in fact existed before Sally was born... What is Mr O seeking to reconstruct here? What are the pressures on Sally which make it almost impossible for her to show softness towards her mother, a softness which is most certainly there?... Positive feelings are hardly ever expressed in this family, and when social worker made some allusion to this, Sally herself said that she did not think it was necessary to say those things... The values in this family are superficial. They are preoccupied with appearances and social status and esteem. On pointing out to them the importance of separating out the real issues from the trivia, they responded in their own terms. For them it was VERY important that Sally's room was tidy, because how you are outside reflects on what kind of person you are inside...'

(b) Final family therapy assessment. 'Everyone's expectations in these sessions differed: Mrs O wanted Sally to be taught how to love and respect her, and obey her; Mr O wanted social worker to teach Sally the 'right way'; Sally and social worker both wanted to give everyone a chance to really express his/her feelings in the family situation. ... Father nevertheless seemed to have gained some insight, painful though it was, during the family therapy.

Family therapy was probably not the treatment of choice in this family, because of the unclear expectations, because of the entrenched difficulties between the parents, and hence the scapegoating of the daughter. The parents should have continued with marital counselling, and Sally should have received individual social casework help.'

(4) Family P

(a) Initial assessment

'I felt that it had been a fairly successful interview, but that

(a) I had perhaps allowed Mr P to feel somewhat threatened that I was not supporting him as the authority in the family.

(b) I had failed to clarify the goals of family therapy to the children...'

(b) Final family therapy assessment

'I felt that, although certain awarenesses had been reached in this interview, there was not enough to motivate the whole family into making further sacrifices for family therapy. Mervyn was so heavily defended throughout... Perhaps it was a pity that family therapy had to be abandoned at this stage, i.e. if in fact they were colluding at projecting the 'bad' feelings onto Mervyn... On the other hand, the problems may have arisen from within Mervyn's personality - some disturbance, even of a temporary nature (e.g. the stresses of adolescence rendering him incapable of seeing another's needs), or the academic pressures of college, in the event of his having a low I.Q...

Family therapy was the most advisable treatment medium for this family, although the aim of taking the focus of attention off Mervyn did not really succeed.'

7.3 Summary and Conclusions

Family therapy was defined as a treatment of a natural social system, the family. The underlying theoretical framework for the practice of most family therapy is provided by general systems theory. General systems theory is concerned with the communication between interrelated components

of a system. 'The family therapist who takes the view that people relate to one another as parts of social systems assumes that stress experienced by one person in a family unit will eventually influence other people in that unit.'[29] Five principles of general systems theory as applied to family therapy were enumerated, as well as eight stages of family therapy with adolescents.

A key feature of family therapy is the communication between family members, and some axioms which govern human communication were outlined.

The final subsection of the literature was devoted to the essential ingredient of family therapy, which was defined as the active experience, the immediacy of the family's and the therapist's confrontations and communications within therapeutic sessions.

The presentation of four family therapy cases dealt with at the Youth Advice Bureau during the course of 1974-1975 was then detailed in terms of nine subheadings. These included the initial assessment of the family, its problem-solving and communication patterns, its role behaviour, behavioural controls and an analysis of the dyadic relationships or subsystem units within it. Sculpting was utilised as an activity technique, and illustrated in one of the cases. The termination of the cases, and the social worker's assessments of the family therapy concluded the presentation of family therapy cases.

7.3.1 Limitations of Family Therapy at the Youth Advice Bureau

Although the writer feels that much was gained in adopting this new approach at the Youth Advice Bureau, there were many limitations which emerged on the analysis of the case results. These limitations were:

(i) Although both the social workers involved in the family therapy were attending regular monthly meetings at the Group for the Advancement of Family Therapy, these were not frequent enough nor intensive enough to offer sufficient guidance on how to practise family therapy.

(ii) An outline for the family therapy was not pre-planned by the social workers, for prospective clients.

(iii) No adequate contract of the family therapy took place, in any mutually agreed upon fashion determined by task or time.

(iv) No adequate and systematic method of recording the family therapy cases was devised.

In one of the cases, the social worker felt that family therapy had not been the treatment of choice. One has to consider the rather undefined contra-indications for family therapy.

According to Walrond-Skinner, there are five main contra-indications:

(i) When the family is physically unavailable. Sometimes this can include a psychological unavailability of key family members.

(ii) The presence of a malignant, irreversible trend in the family might make it too late to reverse the process of fragmentation. These families can be described as disintegrated closed family systems, and would apply to family O, as presented.

(iii) Some families may contain individuals who are too severely deprived emotionally to be able to share a therapist.

(iv) Some family systems sustain highly stressful interpersonal relationships over prolonged periods of time. The therapist then helps to perpetuate

a complementary emotional position which each partner needs in order to survive. There is usually no motivation here to change.

(v) There are some socio-economic and cultural situations which may contra-indicate family therapy.

7.3.2 Recommendations

In order to obviate the difficulties experienced by the first few family therapy cases, and to ensure a more effective family therapy service at the Youth Advice Bureau, three recommendations are made. These are:

(1) That the social workers be more actively and intensively trained specifically for the task of undertaking family therapy, either through the university or the existing Group for the Advancement of Family Therapy.

(2) That part of the training include good supervision, with recorded family interviews and even supervisory co-therapy sessions with a family. In this way, more highly trained social workers could offer a more effective, well-planned family therapy service.

(3) That a systematised and standardised form of recording of family therapy sessions be introduced at the Youth Advice Bureau, so there would be uniformity of case records for family therapy cases.+

+ The writer has adapted a form from Tara: The H. Moross Centre for this purpose. This form appears as Appendix IX, and could be utilised as a family structure and process record.

7.3.3 Conclusion

Social work as a helping profession is intricately connected with the welfare and effective functioning of the family system. Family therapy as a treatment technique with adolescents and their families forms part of the vital therapeutic armament for helping youth. It is important to include it as an ongoing service in the treatment repertoire of the Youth Advice Bureau (Johannesburg). Together with social casework and social groupwork, it forms part of the integrative approach to the treatment of adolescents and their families.

In conclusion, there is no 'right' way to practise family therapy. Beels and Ferber, in their review of family therapy approaches, make this point: 'Each man has his own style of work... It was pointless to try to abstract 'the technique'... since the personal stamp of the therapist was so clearly the first thing we had to understand.'[30]

The way in which the therapist uses his own personality during the course of treatment is a distinctive feature of family therapy. Walrond-Skinner emphasises that the therapist needs to free himself to be physically and emotionally mobile within the family.

'Growth springs from silence and acceptance as well as from movement and change: from stillness as well as from activity. The therapist's responsbility is to make possible a freedom of choice in terms of therapeutic intervention technique and therefore in terms of therapeutic outcome for the family.'[31]

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PART IV

CHAPTER 8

THE PRESENT STUDY: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

CONTENTS

		Page
8.1	Introduction	269
8.2	The Present Study: A Summary	269
8.3	Summary of the Major Results of the Research Studies ...	274
8.4	Recommendations Arising out of the Study	277
8.5	Conclusions	278
References to Chapter 8	... ...	280

PART IV

CHAPTER 8

THE PRESENT STUDY: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

8.1 Introduction

In South Africa, evidence of the importance of the family is shown in both the social welfare system and in professional social work practice. This orientation demands that both policy makers and practitioners should strive not only to keep up to date with modern trends in family care, but also to generate an interest and willingness to experiment and implement new processes and techniques.

8.2 The Present Study: A Summary

The present study was designed to explore the applications of the integrative social work approach in the treatment of adolescents and their families. The social welfare agency where the research was undertaken was the Youth Advice Bureau (Johannesburg), where, up until 1973, the predominant service rendered to clients consisted of individual social casework. It was the need for more family oriented social work practice which motivated the writer to formulate new therapeutic services at the Youth Advice Bureau, to wit joint social casework, social groupwork and family therapy. The integrative approach to the practice of social work referred in this study to the multiple usage of social casework, social groupwork and family therapy in their applicability to the field of adolescents and their families.

The central and distinguishing purpose of social work is 'its capability for providing the means and the opportunity by which persons can work out, find alternatives for, organize about, contend with, or, in other autonomous

PART IV

CONCLUSIONS TO THE STUDY

ways, deal with conditions (internal, interpersonal, or environmental) which interfere with productive social living.'[1]

The present study focused on improving and extending the means of and the opportunities for social work services at the only agency in Johannesburg catering specifically for youth and their families. The direction of the change was towards a more unitary or integrative approach to the practice of social work at the Youth Advice Bureau, so as to offer a more extensive and intensive form of treatment, in the light of modern social work practice ideology.

The data for the present study was obtained from the Youth Advice Bureau (Johannesburg). While this may be regarded as a limitation, each social welfare agency implements general principles of social work practice in its own specific area of service. It is hoped that this study may make a contribution towards other social welfare agencies dealing with youth, particularly in the sphere of initiating new projects which are concomitant with an integrative approach towards social work practice.

The setting of the study was portrayed in Chapter 2 (Part I). Since its inception in 1958, the Youth Advice Bureau has undergone many changes, both in its policy and practice. The three-fold aims of the agency were described as follows: to provide therapeutic services to adolescents and their families, to provide an information service to the public, and to perform preventive functions. These aims are achieved through close liaison with at least ten other social welfare organisations, and through educational and therapeutic services. Social work research, such as the present study, is considered to be a primary source of prevention of adolescent and family problems, as it implies an ongoing reappraisal and reassessment of client needs and agency services.

The Youth Advice Bureau arose out of a community response to a need. It therefore has an obligation to continually re-evaluate its functions in terms of the client system requisites. This is one of the two primary values of social work. Gordon (1962) enunciates these two values as follows:

(i) Social work has an obligation to ensure that people have access to the resources, services, and opportunities they need to meet various life tasks, alleviate distress, and realise their aspirations and values.

(ii) In providing societal resources, the dignity and individuality of people should be respected.[2]

Being a specialist agency, the Youth Afvice Bureau operates against the backdrop of current theoretical knowledge on adolescent and family life. Part II of this study presented the theoretical perspectives on adolescence and the family. Chapter 3 was concerned with definitions of adolescence and the family, and with descriptions of adolescence as a three-phased developmental process of maturation, involving two vital concepts: identity formation and the adolescent subculture or peer group. Chapter 4 continued the theoretical outline from the standpoint of the family tasks related to adolescence. Five main tasks were identified, namely: sexual tasks, educational and vocational tasks, separation tasks, the clash of values and changes in family communication during adolescence. The question of how to effectively help families undergoing the transitional crisis of adolescence was dealt with under a subsection of treatment techniques. Five of these were enumerated, namely: role theory, planned short-term treatment, task-centered casework, rational behaviour therapy and family treatment of adolescents. Finally, the presentation of the case of Jerry G sought to illustrate his problems, their resolution and treatment in the light of the theoretical framework on adolescence and the family.

Until the present research project was initiated, individual clients approaching the Youth Advice Bureau for help were treated in isolation from their families and communities. However, as Schwartz (1969) said:

> 'There can be no 'choice'... between serving individual needs and dealing with social problems, if we understand that private trouble is simply a specific example of a public issue, and a public issue is made up of many private troubles.' 3

The value of utilising Pincus and Minahan's model of practice as a frame of reference for this study was to move away from the image of the social worker at the Youth Advice Bureau as a caseworker serving the needs of individual clients alone. The conceptualisation of social work as a planned change effort was the motivating force for undertaking the present research project at the Youth Advice Bureau, within the framework of integrative rather than fragmented social work practice.

The research project was presented in Part III of this dissertation in three chapters. The initial aim of the present study was:

> 'To analyse problems experienced by the adolescents and their families who constitute the clientele of the Youth Advice Bureau.' +

This analysis was presented in Chapter 5, entitled 'Social Casework with Adolescents and their Families.' Each case situation for 1973 and 1974 was analysed in terms of 19 categories, and the method of data presentation consisted of tables, graphs and histograms. Who constituted the clientele of the Youth Advice Bureau during 1973-4, what problems these people were experiencing and the treatment they were offered were the questions answered in the descriptive analysis of cases.

+ See page 4 of this dissertation.

The treatment offered to clients at the Youth Advice Bureau during 1973 and 1974 reflected a change in agency policy and practice which was commensurate with current social work practice, as described in the literature reviewed in Part II of the study. These treatment changes achieved the second aim of this dissertation, namely:

> 'To examine current social work practice in relation to these categories of problems.' +

The third aim of the present study was:

> 'To devise and introduce new programmes, thereby increasing both the comprehensiveness and the sophistication of services at the Youth Advice Bureau.' ++

This aim was achieved through the introduction of two new services at the Youth Advice Bureau, namely social groupwork and family therapy.

Social groupwork (Chapter 6) was used as a method of service for two reasons: primarily to form part of an integrative approach to the treatment of adolescents and their families, and secondarily to reach a wider clientele with a specific form of treatment. The two facets of the short-term group: the before-after research design and the content analysis of the five group sessions, showed an improvement in the communication between parents and their adolescent children, particularly in four areas of individual gain, namely: release of emotion, acceptance and support, self-reappraisal and reality-orientation.

A study which focused so heavily on the integrative approach towards the practice of social work with adolescents and their families must logically have as part of its planned change effort a research chapter on family therapy.

+ See page 5 of this dissertation.

++ See page 5 of this dissertation.

Chapter 7 consisted of two main parts: (i) a theoretical introduction to family therapy and (ii) family therapy in practice. (i) Family therapy was defined as the treatment of a natural social system, the family. General systems theory, as the framework underlying most family therapy practice, was outlined in terms of its subsystems and principles. The essential ingredient of family therapy was defined as the active experience: the immediacy and intimacy of the family's and the therapist's communications within the therapeutic hour. (ii) Four family therapy cases treated at the Youth Advice Bureau during 1974-5 were then presented in terms of 9 areas of analysis, namely: the initial assessment of the family, problem-solving in the family, communication patterns in the family, role behaviour in the family, behavioural control in the family, subsystem units within the family, sculpting, termination of family therapy and the social worker's assessment of the family therapy.

The present Chapter (Chapter 8, Part IV) attempts to interrelate the previous seven chapters into a cohesive whole, and to make its recommendations on the basis of the entire study and its findings. This fulfils the fourth and final aim of this study:

> 'To formulate recommendations with regard to the management of the Youth Advice Bureau, with an emphasis on the restructuring of programmes based on the integrative approach to social work practice.'+

8.3 Summary of the Major Results of the Research Studies

A. Social Casework

There were four major findings in the descriptive analysis of cases at the Youth Advice Bureau during 1973 and 1974. These were:

+ See page 5 of this dissertation.

1. The vast majority of clients at the Youth Advice Bureau received brief treatment, either planned or unplanned. In all, 92 per cent of cases in 1973 were involved in social casework lasting a maximum of 11 weeks, and 80 per cent in 1974.

2. The majority of clients were adolescents who came from intact families. The comparison of married to divorced parents of clients registered 62,5% to 10,7% in 1973, and 68,8% to 10,4% in 1974.

3. The statistics analysed reflect a shift in Youth Advice Bureau policy and practice towards more family-oriented service. This is borne out by the increase
   (a) in the percentage of joint social casework interviews, which rose from 12,5% to 24,8% from 1973 to 1974, and
   (b) in the percentage of family therapy offered to clients, which rose from 0% in 1973 to 6,4% in 1974.

   These results show a distinct improvement on the findings of Keggie (1972), who stated that 'the Bureau's contact with clients is extremely brief in the majority of cases and only allows for very general and superficial counselling.'[4]

4. Follow-up of cases increased by 40,9% from 1973 and 1974, which reflects a policy of planned social work.

B. Social Groupwork

The social groupwork study achieved four major results, namely:

5. A new method to the practice of social work at the Youth Advice Bureau was introduced, and found to be feasible and successful.

6. By successfully extending the treatment services of the Youth Advice Bureau, the writer was moving towards the concept of an integrative approach in the practice of social work with adolescents and their families.

7. The two main areas of improvement in the group members' communications with their adolescent children, through the experience and learning obtained in the group, were (i) in the reduction in frequency of arguments with their adolescents and (ii) in the increased interest shown towards their adolescent children. In addition to these specific improvements, there was a general improvement in parent-adolescent communications as shown in the questionnaire scores: there was an overall increase of 30 points in the before-after research questionnaire issued to parents; and a rise of 12 points in the adolescent questionnaires.

8. Social groupwork has been accepted as part of the programme of services available at the Youth Advice Bureau.

C. Family Therapy

In contradistinction to the social casework and social groupwork research studies, each of which provided some objective statistical data, the family therapy study was an in-depth, qualitative analysis of four cases treated at the Youth Advice Bureau. The analysis was systematised and standardised for the four cases, and traced a movement in the families over the course of the therapy, from the initial interview until the termination of the contacts. Subjective interpretation was kept to a minimum, and wherever possible, verbatim excerpts from case files were quoted. The major result of this study can be described as follows:

9. Family therapy was an effective, worthwhile treatment service for at least three of the four families who participated in it: in other words: it works !

8.4 Recommendations Arising out of the Study

The purpose of social work, as spelt out in Chapter 1 of this study, is (1) to enhance the problem-solving and coping capacities of people, (2) to link people with systems that provide them with resources, services and opportunities, (3) to promote the effective and humane operation of these systems, and (4) to contribute to the development and improvement of *social policy.*[+5]

Professional practice, as Goldstein (1973) puts it, 'is a means, not an end in itself.'[6] In aiming to provide a more effective, integrative social work service at the Youth Advice Bureau, the writer hoped to make a contribution to both the agency and the client system which it serves.

A number of recommendations arise out of the three-faceted research project undertaken. These may be listed as follows:

1. That social groupwork and family therapy be included in the Constitution of the Youth Advice Bureau as regular treatment modalities.
2. That, in more specific terms, all treatment services at the Youth Advice Bureau be cognitive of the family as the client system requiring treatment.
3. That social work research be considered as part of the ongoing programme of service at the Youth Advice Bureau. This could be achieved by, for example, engaging social work students who

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+ See page 5 of this dissertation.

undertake their practical work at the Youth Advice Bureau, in well-formulated, brief but regular research projects.

4. That the Youth Advice Bureau, cognisant of its functions in the wider social environs, renders itself available - in an advisory capacity - to leaders of black communities who may wish to set up youth advice bureaux in their areas of residence.
5. That in the area of family therapy, social workers employed at the Youth Advice Bureau be actively and intensively trained.
6. That part of this training include adequate, intensive supervision through the purchase of professional supervisory sessions at accredited social welfare agencies, through private practitioners, or through a university.
7. That systematised and standardised recording techniques for all therapeutic services rendered at the Youth Advice Bureau be formulated.
8. That the eight essential practice skills for social work, as identified by Pincus and Minahan,[+] be considered and utilised in some measure for the treatment and research functioning of the Youth Advice Bureau.

8.5 Conclusions

The most essential and valuable element in social work practice is the social work practitioner himself. In combination with the agency in which he is employed, he forms the change agent system.

> 'A social worker brings to his practice his own personality, values, life style, and feelings about other people along with his knowledge and skills.'[7]

+ *See Chapter 1, pages 6-7.*

According to Goldstein (1973), there are three interrelated factors that contribute to the essential character of the social worker role. These are: (i) the practitioner's 'self'; (ii) the sentient characteristics, which affect how the practitioner relates, perceives and responds to the *experience; and (iii) professional role performance*, which includes (a) the status of the practitioner within the change system, (b) values - the personal and professional beliefs and preferences he brings to the event, and (c) intention - his purpose and aim.[8]

The social worker, thought of in terms of his personal characteristics in combination with his technical expertise, acts to maximize the processes of social learning, social adjustment and social change.[9]

The social worker's most powerful tool in effecting changes in the client system is himself.

> 'In order for the social worker to make conscious use of his relationships, he must be aware of his own emotions, hang-ups, and preferences and try to keep them from interfering with h[illegible].'[10]

It is the belief of the writer that along[illegible]cial worker's conscious *use of himself, he must possess an adequate* body of knowledge and skills that surround his professional activity, and that these two prerequisites can best be utilised to serve the client system (or people in need) in a social welfare agency which has a well-formulated programme of service, and which provides for ongoing research into its policies and practices.

The present study will conclude with the words of Pincus and Minahan (1973):

> 'We believe that while love is essential, love is often not enough. In order to help others change, we need to combine our creativity, spontaneous feelings, individuality, concern, and love for others with a body of knowledge about human behavior, the social environment, and processes of change; with proficiency in using techniques or procedures; and with a method of problem-solving that utilizes our knowledge and techniques and provides a systematic guide for our change efforts.'[11]

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APPENDIX I

DETAILED AGE DISTRIBUTION OF CLIENTS, 1973 AND 1974

Age in years	No. of cases 1973	% 1973	No. of cases 1974	% 1974
Under 13	1	0,9	1	0,8
13	3	2,7	4	3,2
14	5	4,5	14	11,2
15	13	11,6	17	13,6
16	20	17,8	24	19,2
17	23	20,5	22	17,6
18	13	11,6	14	11,2
19	14	12,5	11	8,8
20	4	3,6	5	4,0
21	5	4,4	6	4,8
22	3	2,7	4	3,2
23	3	2,7	1	0,8
24	1	0,9	1	0,8
25	-	-	1	0,8
Unrecorded	4	3,6	-	-
TOTAL	112	100,0	125	100,0

APPENDIX II

YOUTH ADVICE BUREAU - WHEN AND HOW TO SPEAK UP. 9/2/74.

A boy, aged 16, writes: "Please help to clear up an old argument I have been having with my parents. In the company of adults, should an adolescent challenge what an adult says and speak up to support his views, or remain silent out of politeness to the adults?"

ANSWER:

We assume you have been taken to task for disagreeing with adults in company. It is likely that you have been accused of impertinence and you are obviously resentful about being "censored". Before we sympathise with you, may we put some questions in return? (You need only to answer them to yourself).

Was your point, on each occasion, a well-considered one of your own? How was it expressed - calmly and logically, or with overtones of belligerence? Tolerantly, and in a spirit of exchanging ideas, or as a dogmatic statement of "fact"?

Too often, people of all age groups (though the young seem especially prone), ck on "slogans" which are used as substitutes for real thinking and trot them out as if they are the last words on a subject. The more unsure we are about what we are saying, the more we may try to cover up our confusion by sounding too sure.

The ordinary rules of politeness apply in any discussion, regardless of the ages of those present. Each one is entitled to put his views and each is obliged to listen and to consider. This is the basis of communication.

To discriminate here on grounds of age is certainly unfair. The wise know that there is more to be learned by listening than speaking. In the case of young people, expressing ideas is also an important thing to be learnt, through practice. Here an understanding, interested adult can do much to help. In the process, he, himself, may learn much of value concerning the attitudes and feelings of those around him.

We no longer live in times when young people had to be "seen, not heard". In our world, when it is so important to be articulate, it is not helpful to stifle a young person's urge to test his ideas in "adult" conversation. Reciprocity and restraint are vital examples in learning to get along with other people.

The "golden rule" is to speak, and to listen, with patience and respect, however young or old we are.

The Youth Advice Bureau (WO 2218) offers a confidential counselling service to young people and their parents, who have problems. Anyone interested is invited to make an appointment with one of our counsellors or to write to the Youth Advice Bureau, 216 Happiness House, corner Loveday and Wolmarans streets, Braamfontein, Johannesburg. Telephone: 724-4464, Mondays to Fridays, 9,30 am to 4 pm.

APPENDIX III

YOUTH ADVICE BUREAU - A NEED TO COMMUNICATE 23/7/75

"A lot has been written about the necessity for parents to "communicate" with their teenage children.

"If all the advice is correct, I should have a perfect relationship with my daughters. Unfortunately this is not so, particularly with the older one.

"I can't figure out what has happened to the warm, confiding relationship we used to have. These days when I ask her about her activities and invite her to tell me her problems, I get only grunts in reply.

"And if I try to draw her out she not only gets angry, but downright rude. The next moment, I'll hear her having a long intense telephone conversation with a friend. This all makes me feel that somewhere I must have failed her as a parent. Have all my efforts and concern been in vain?"

ANSWER:

"Communication", as we see it, is a process freely engaged in when both parties are willing to participate.

Unfortunately a lot of "propaganda" has given parents a mistaken idea that it means being intensely involved with all their children's thoughts, feelings and activities.

A young person can enjoy a good relationship with parents without their knowing "everything". Your daughter seems to have grown to feel she has a right to areas of privacy in her life.

It is probably important to her view of herself as an emerging individual. She is showing you that, if necessary, she will fight to assert this view of herself. She will resent what she sees as invasions of her privacy.

Muttered grunts can be a signal to a parent that a young person does not wish to discuss a personal matter. This is valid communication! If the subtle signal is not received by the parent, it will then be sent in a more obvious and defiant way - rudely! Unfortunately, this often has the effect of making parents feel insulted and rebuffed.

Reaction leads to counter-reaction. In no time a problem has been triggered off where none need have existed. Feelings are injured all round.

Anxiety drives parents to trying to maintaining constant surveillance over their children. This is soon sensed, and the response is defensive. A young person trying to free himself or herself from parental over-protection is trying to practice an independence he is going to need later on in adult life.

In fact, the stronger the actual dependency feelings are, the more vigorously a young person will react in efforts to break free of these feelings. After all, when one comes to think of it - the child who has adapted too well to being a child is ill-equipped to cope with the demands of adulthood. Adding a burden of guilt for hurting parents' feelings is not going to improve "communications".

It will only increase resentments.

Certainly, young people need to know that their parents are interested in them and concerned about their well-being. But they also need the freedom to decide what they do or don't wish to discuss with their parents.

Many people who would respect this principle on the part of other adults find it difficult to apply it to their own children. This because it is not easy for them to come to terms with their children's "separateness" as people.

They may also be afraid that the world will judge them to be "good" or "bad" parents according to the amount of control they can exert. This seems unfair to both generations.

We hope these insights will help to relieve your doubts and fears about "communications" in your family. You may come to the conclusion that, very often, your best policy might consist of "letting your children be".

Once your daughter is allowed freedom of choice about when and what she discusses with you, you may hopefully have a more relaxed, spontaneous relationship.

APPENDIX IV

YOUTH ADVICE BUREAU - HELP HIM FEEL HE'S ONE OF THE TEAM. 27/7/74

"I run a business organisation which employs many young people recently out of school. Some are a pleasure to deal with, and will go far; but so many seem to be irresponsible and lazy. In addition, I am frequently having to cope with arguments, absenteeism and resignations. What guidance do you have for a troubled employer?"

* * * *

By the time young people start working, they have experienced many things which will have influenced their attitudes.

Some, due to unfortunate circumstances at home or at school, start their working lives with a sense of failure, inadequacy or rejection. Others, again, leave school with hopeful anticipation of independence and recognition in an adult world, only to be disappointed.

In a few cases the social milieu encourages negative attitudes, such as: "Work is a nuisance to be avoided by every possible device"; "The law of the world is competition, and the happiest person is he who has the most material possessions."

We see much hope in the fact that many employers now realise that they share a community responsibility for fostering the mental and physical health of their employees. This is not only helpful to morale, but lessens the shock of a young person's initiation into the working world.

In his first job, the young person is a novice who is ignorant, makes mistakes, and who may consequently suffer much insecurity and distress. Reactions may take the form of aggressiveness, lack of vitality or physical ailments resulting in absenteeism.

Much of the remedy lies in the employer's hands, through words and gestures which imply: "You are one of us"; "We need your help"; "This is what we are trying to do"; "This is worth doing."

Studies have been made in differing kinds of leadership, and the response to them.

Under dictatorial leadership, people work submissively only while they are being watched, and show little initiative. Under laissez-faire leadership, they lack a sense of purpose and become restless. However, in a democratic atmosphere, where intelligent co-operation is sought, young people can rise to unexpected heights of responsibility and purpose.

Adolescents in industry need to satisfy their basic psychological needs as much as they did at earlier stages in the home or school.

Many unsatisfactory results reflect the failure of industry to satisfy these needs. We do not underestimate the importance of money as an incentive, but job satisfaction cannot be assessed in terms of monetary rewards alone.

Its real meaning can only be glimpsed when tasks are seen as the worker sees them - in the total setting of his life.

In problems at work, help is most successfully given by adults who are prepared to refrain from abrupt condemnation; and to accept that undesirable conduct might be a symptom of distress.

On Wednesday August 7 at 8 pm the Youth Advice Bureau will hold a symposium on "Training and career opportunities for non-matriculants." A panel of speakers will represent a wide field. The venue will be the Conference Room, 1st Floor, Happiness House, Loveday and Wolmarans streets, Braamfontein, Johannesburg.

APPENDIX V

THE AGE OF DEPRESSION

NEWSPAPER ARTICLE FEATURED IN "THE STAR", 21 JULY 1976, BY SUE GARBETT

The numbers of depressed South African adolescents seeking help and treatment from psychologists and psychiatrists are growing.

Interviews with top doctors in Johannesburg have shown that depression is the main problem among children they see.

Some show their depression by withdrawing. Others fight it, and are labelled juvenile delinquents.

Studies in Britain and Germany have shown that more than 50 percent of juvenile delinquents are depressed.

An American psychiatrist who recently visited South Africa, Dr Domeena Renshaw, wrote in a paper entitled, "Depression in the 1970's":

"As the final quarter of the 20th century approaches, the anxious era appears to be giving way to the age of depression.

"Parents and physicians, aware of the extremes of adolescence, may sometimes overlook a true depression until some crisis occurs, such as attempted suicide, which brings the youngester into the spotlight."

Dr D. Norris, head of the Adolescent Unit at Tara Hospital, in Johannesburg says nearly three quarters of his referrals are for problems that almost force the parents to seek help.

"Parents rarely recognise emotional problems. They come here in anger, with children they have labelled delinquents," said Dr Norris.

"Actually a large majority of them are just unhappy and depressed - sad children, who are pessimistic about the future.

"Some of the problems are caused by parental pressures to succeed."

A Johannesburg clinical psychologist agreed.

"Competitiveness is so great today that children feel inadequate," she said.

"If parents let their children know they love and value them for what they are, fewer would become depressed."

The Director of the Youth Advice Bureau, Mrs Bernice Bachmayer, said social workers see depression in both the under-achieving and over-achieving child.

The classic school report indicates the former with the remarks, "could do better, could try harder."

"What teachers don't realise is the child's energies might all be going into coping with some problem," said Mrs Bachmayer.

"The over-achiever can be striving at the expense of emotional stress, and will then become depressed.

Mrs Bachmayer said it is an adult misconception that youth is a time of bliss.

"Adults forget the pain of their own youth. They repress the unhappiness they suffered.

"Another misconception adults have, is that youth have it so much easier today. The pressure on young people to achieve today is

greater than ever."

Dr Norris mentioned that a high percentage of children were taken to the Adolescent Unit at Tara by their parents because it was felt they were not doing as well at school as could be expected.

"A high proportion of these children are males, and also the eldest child in the family.

"We find that over one third are in fact doing as well as can be expected.

"The ones who aren't doing well fall into two groups - those who are disinterested and those who have emotional problems."

Dr Norris said parents who could not recognise their children's emotional problems lacked empathy.

"They don't listen to their children enough. They observe their behaviour, but they don't try to understand their feelings, particularly if they have their own problems and pressures."

Dr Norris suggested parents listen more and lecture less, that they try and understand their children's values.

"Don't forget too, that the value systems of a society do change."

Dr Norris said the biggest new approach in dealing with adolescent problems was family therapy.

"I ask to see the whole family.

"It helps me to determine why the patient behaves as he does. Is he a symptom of a whole family problem? Is he a scapegoat in some

marital conflict?"

A clinical psychologist said once the family has been opened up and she can see how they communicate, she can help the adolescent within the context of the family to become less withdrawn, less sullen and rebellious.

"We challenge the parents in front of the child, to find out why he is being pressurised to achieve more and more.

"In this way we can often counteract the depression which we are seeing so much of today."

APPENDIX V.

YOUTH ADVICE BUREAU
(W.O. 2218)
(JOHANNESBURG)

215/6 Happiness House
Corner Loveday & Holmarans Sts.
Braamfontein, Johannesburg
27th November, 1974.

Dear

We wish to let you know that, as part of our developing policy, we are initiating a programme of Group Work, which we hope will interest you.

Our first group will consist of four or five couples who are parents of adolescent children, and will be under the guidance of two group leaders viz. Mrs Nathalie Goldberg (B.A. Social Work, Rand) and Dr. Kenneth Israelstam (M.B.,B.Ch., Rand). Mrs Goldberg is a member of the professional staff of the Youth Advice Bureau, and Dr. Israelstam is a Psychiatric Registrar at Tara: The H. Moross Centre.

Group Work is a method aimed at giving participants the age-old advantages of mutual support, sharing and understanding. Through skilled guidance, members are enabled to gain insights in to problems, feelings and related behaviours. While we realise that problems are always individual, there are nevertheless common dimensions to be found among young people and their parents.

Members of the first group will be in a similar position to yourselves - having consulted the Youth Advice Bureau in the past, being new to the group situation and being unknown personally to the two group leaders.

We plan to run the group once a week for 5 weeks, on Tuesday evenings from 8.30 pm until 10.00 pm.

Venue: THE CRISIS CLINIC: 15 ESSELEN STREET: HILLBROW

Dates: JANUARY 14th, 21st, 28th, 1975
FEBRUARY 4th, 11th, 1975

Fee: A nominal fee of R1 per session per couple will be charged

We enclose a stamped, addressed envelope, and would appreciate it if you would let us know before the 11th December, whether you wish to accept or decline this invitation.

We look forward to hearing from you.

Yours sincerely,

(Mrs) Bernice Bachmayer
Senior Social Worker/Director

R.S.V.P.

NAME: _____

We are interested in your invitation and will be present on the set dates _____

We are interested, but the dates/times are inconvenient for us _____ (Please specify a more satisfactory alternative)

We do not wish to participate in the group _____

APPENDIX VII

COMMUNICATION QUESTIONNAIRE FOR THE PARENTS

Read each question carefully. Circle the number which best describes your true feelings.

	Never	Almost Never	Some-times	Almost Always	Always
1. Are you interested in the things your adolsecent does and is interested in?	1	2	3	4	5
2. Do you stick to the subject when you talk to your adolescent?	1	2	3	4	5
3. Is your adolescent able to say what he feels around home?	1	2	3	4	5
4. Do you interrupt your adolescent before he has finished talking?	1	2	3	4	5
5. Do you talk to your adolescent as if he were younger than he is?	1	2	3	4	5
6. Do you find yourself thinking about other things while you are talking to your adolescent?	1	2	3	4	5
7. Does your family talk things over with each other?	1	2	3	4	5
8. Does your adolescent disagree with your opinions?	1	2	3	4	5
9. Do you listen to and value your adolescent's opinion?	1	2	3	4	5
10. Do you make clear the things you mean to say?	1	2	3	4	5
11. When your adolescent has personal problems, does he discuss them with you?	1	2	3	4	5

	Never	Almost Never	Some-times	Almost Always	Always
12. Do you ask to hear your adolescent's side of things?	1	2	3	4	5
13. Do you discuss matters of sex with your adolescent?	1	2	3	4	5
14. Are there times when you feel your adolescent can't do anything right?	1	2	3	4	5
15. Do you trust your adolescent?	1	2	3	4	5
16. Do you have confidence in your adolescent's abilities?	1	2	3	4	5
17. Do you usually stay calm when you talk about a problem?	1	2	3	4	5
18. Do you explain your reasons for objecting to something your adolescent wants to do?	1	2	3	4	5
19. Do you feel that you and your adolescent seldom talk except when someone is upset or angry?	1	2	3	4	5
20. Do you find your adolescent "tuning you out" instead of *talking with you*?	1	2	3	4	5
21. Do you feel your adolescent shows respect for your ideas and opinions?	1	2	3	4	5
22. Do you wish that you and your adolescent could communicate better?	1	2	3	4	5

Now complete these statements:

23. When I think about the future I worry most about ...

24. The best thing about our family is ...

25. I would like to be able to talk to my adolescent about ...

26. Most adolescents don't realize that...

APPENDIX VIII

COMMUNICATION QUESTIONNAIRE FOR THE ADOLESCENT

Read each question carefully. Circle the number which best describes your true feelings.

	Never	Almost Never	Some-times	Almost Always	Always
1. Do your parents seem interested in the things you do and are interested in?	1	2	3	4	5
2. When your parents sit down and talk to you about a specific problem, do they bring in a lot of other issues by the time they're through?	1	2	3	4	5
3. Are you able to say what you really feel around home?	1	2	3	4	5
4. Do your parents keep you from finishing what you have to say to them by interrupting?	1	2	3	4	5
5. Do your parents tend to talk to you as if you were much younger than you actually are?	1	2	3	4	5
6. Do your parents seem to be thinking about other things while you're trying to talk to them?	1	2	3	4	5
7. Does your family talk things over with each other?	1	2	3	4	5
8. Do you hesitate to disagree with either of your parents? Which one?_____ Both? _____	1	2	3	4	5
9. Do your parents listen to and value your opinion?	1	2	3	4	5
10. Are you sometimes confused about what your parents really mean by what they say?	1	2	3	4	5

	Never	Rarely	Some-times	Almost Always	Always
11. When you have personal problems do you discuss them with your parents?	1	2	3	4	5
12. Do your parents ask to hear your side of things?	1	2	3	4	5
13. Are you able to discuss matters of sex with your parents? Which one? _____ Both?_____	1	2	3	4	5
14. Are there times when you feel your parents think you can't do anything right?	1	2	3	4	5
15. Do you feel that your parents trust you?	1	2	3	4	5
16. Do your parents have confidence in your abilities?	1	2	3	4	5
17. Do your parents often become upset when they talk to you about some problem?	1	2	3	4	5
18. Do your parents let you know their reasons for objecting to something you want to do?	1	2	3	4	5
19. Do you feel that you and your parents seldom talk except when someone is upset or angry?	1	2	3	4	5
20. Do you find yourself "tuning-out" your parents instead of talking with them?	1	2	3	4	5
21. Do you feel that you show respect for your parents' ideas and opinions?	1	2	3	4	5
22. Do you wish that you and your parents could communicate better?	1	2	3	4	5

Now complete the following statements:

23. When I think about the future, I worry most about ...

24. The best thing about our family is ...

25. I would like to be able to talk to my parents about ...

26. Most parents don't realize that ...

APPENDIX IX

FAMILY STRUCTURE AND PROCESS RECORD *

I. Identifying Data

1) Index Client:

2) File Number:

3) Age: 4) Sex: 5) Date:

6) Presenting problems:

7) Educational and vocational history:

8) Ethnic and religious background:

9) Time family together (past and present):

10) Ecology of home (provisions for privacy; where together; noise level):

11) Geneology or three-generational family tree:

II. Field of Family Interactions

1) Communication (quality and clarity, primary content, directionality):

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* As adapted from Form TH/227, Tara: The H. Moross Centre, with verbal permission from Dr D. Norris, Head of the Adolescent Unit.

2. Rule systems (rigidity, consistency, quantity, purpose):

3. Control systems (methods, degree, consistency, effectiveness, conflicts):

4. Affect expression (methods, degree, consistency, how realistic):

5. Role-playing (traditional, idiosyncratic, rigidity, consistency, conflict, how realistic):

6. Values/goals/expectations (rigidity, consistency, conflict, idiosyncracy, how realistic):

7. Cohesion (degree, methods, consistency, rigidity, conflict, how realistic):

8. Socialisation (methods, areas, degree, flexibility, conflict, amount):

9. Intrusive influences (for example, friends, degree, conflict, how dealt with):

10. *External stress handling (that is, family defences, for example,* fight or flight, projection, denial, etc.):

III. Dyadic Family Relationships

1) Parental:

2) Father-adolescent:

3) Mother-adolescent:

4) Other parent-child:

5) Sibling:

6) Family-outsider, e.g. boy/girlfriend:

Problem Causation as seen by family:

IV. Assessment

1) Pathological structures (scapegoat, mediator, isolate, martyr, provoker, other):

2) Pathological processes (over-communication, under-communication, detoured communication, ambiguous communication, misinterpreted communication, rule rigidity, rule inconsistency, rule deficiency, covert rules, double standards, chaotic control, blaming, guilt-provoking, acting-out, role conflict, role reversal, value clash):

3) Areas of effective functioning:

V. Follow-up

1) At end of initial treatment programme:

Treatment modalities used (include number of sessions and duration of treatment):

Positive results of treatment (a) index client:

(b) on family structure and process:

Areas untouched or deteriorated:

Further recommendations:

2) Subsequent follow-up

Date: Signature:

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