

CHAPTER SEVEN

CONCLUSION AND SUMMARY

7.1.0.

INTRODUCTION

The present research investigation was undertaken with a view to developing a therapeutic intervention package for helping children overcome their behaviour disorders.

The problem under investigation, hypotheses tested, the design employed, the variables of the study, the procedural details and the results obtained have all been discussed in earlier chapters of this thesis. This chapter, therefore, discusses the conclusions that can be drawn from the results obtained, the limitations of the present study and suggestions for further research.

7.2.0.

CONCLUSIONS

The following conclusions can be drawn from the present study.

1. There was a positive correlation between teacher and parent ratings on aggression and hyperactivity. Both ratings were done for the same trait. The positive correlation, therefore, shows that the ratings were done on the same plane. The highest correlations were on the delayed intervention condition.

2. Yoga did help in reducing the aggressiveness and hyperactivity of children. It had more of an effect on hyperactivity, however. This is probably because the overactive muscles of an hyperactive child need more calming down, and this is yoga's main aim. Yoga, however, needs to be practised over a long period of time for a long-lasting effect to take place.

3. Reinforcement, too, did have a positive effect on the reduction of behaviour disorders of children. Aggression was more significantly influenced than hyperactivity, and the effect of parental reinforcement was better than that of teacher reinforcement. This confirms the view that reinforcement has to be consistently and correctly administered for it to have maximum effect.

4. The therapeutic package, too, had a positive effect on the reduction of the two behaviour disorders. The development of this therapeutic package was the problem that was under investigation. This package consisted of a combination of yoga, reinforcement and time-out. And this proved effective inspite of the fact that time-out was not effective independently. This therapeutic package proved equally effective for both aggression and hyperactivity, with parent ratings indicating more improvement

when compared to teacher ratings.

5. The use of these intervention strategies proved to be effective for the experimental groups in comparison to the control group. This proves that the reduction in behaviour disorders was due to the strategies employed.

6. Aggression, when divided into the three categories of low, medium and high, showed that high aggression was most significantly affected. Similarly, medium hyperactivity benefited most from the intervention strategies.

7. There was more effect on post-intervention than on delayed intervention suggesting that a longer duration of administration of the intervention techniques is necessary.

7.3.0. LIMITATIONS OF THE PRESENT STUDY

Following are some of the limitations of the present study.

1. The first limitation is that since it was an experimental study, the intervention period was only of three months duration. Hence, results obtained were not fully suggestive of long-term effects. Had the experiment been of longer duration, it might have been possible to state with some amount of certainty that the

results obtained indicate a positive effect.

Or, contrastingly, the results might have been different, suggesting a totally opposite conclusion. As it is, the only tentative conclusion that can be reached after the present study is that the therapeutic package has a certain potential for further use.

2. Another limitation is that the original sample size could not be maintained. Although the sample at the start of the study was 120, it had to be reduced, due to unforeseen factors, to 110 by the end of the study. Had the original sample size been maintained, the statistical results might have been different.

3. A limitation related to the sample is that of uncontrolled family influence. In India, the joint family system is prevalent, and relatives take a close interest in the goings-on of the family. The pressure on the parents, particularly on the mother, is tremendous to follow the "old-and-trusted" patterns to handle any problem. Or simply to do nothing at all, especially in the case of boys. This could be a reason why reinforcement and/or time-out may not have been effective to their full potential.

4. Still another limitation concerns one of the measuring

instruments that was used. It was a questionnaire that was specially developed for this study. This became necessary due to the lack of available standardized tests for measuring the two behaviour disorders. In spite of taking precautions to make it as error-free as possible, there are bound to be a few differences when a questionnaire is compared with a standardized test.

5. One of the main limitations was the lack of cooperation on the part of the teachers and parents. This concerned the administration of reinforcement and time-out. The administration procedure, although explained to them at the outset, was not strictly followed. Many parents found it difficult to understand the value of reinforcement. They found it to be an added cost that was not really necessary. Time-out was more difficult to apply for teachers. In a class of 60 students, after having sent one student out of class, it is then difficult for the teacher to time the duration when she has to devote all her time to teaching.

6. One limitation concerned the practise of yoga asanas. The children were asked to perform the asanas, daily, at home. This, however, could not be supervised by the investigator.

These limitations, cultural, social, familial and socio-economic, must, therefore, all be taken into account before any treatment intervention can be planned.

7.4.0.

SUGGESTIONS

Keeping the above mentioned limitations in mind, following are a few suggestions which, if taken into account, can show results with a greater degree of certainty.

1. Changes can be made in the sample. Besides increasing it, more variables can be brought into play; for example institutionalization v/s non-institutionalization, different socio-economic backgrounds, different age groups can all be variables in any future research.

2. More interventions than the ones employed in the present study can be used as treatment strategies. As mentioned earlier, cultural effects have to be kept in mind. Hence, interventions like reinforcement and time-out should not be used in societies where their value is not recognized and hence, they cannot be administered correctly.

3. If possible, future interventions should be such that do not require parent or teacher cooperation, since they are unable to fully give it due to various reasons. Contrastingly, peer ratings

can be used. Peers, being almost constantly with the sample children, tend to be more correct in readings of their classmates.

4. As far as yoga is concerned, it has already been mentioned that three months is too short a time to gauge the long term effects of it as a therapy. With a longer intervention, therefore, this limitation can be overcome. Another advantage of a longer intervention would be that yoga could be used as a variable, in terms of using different groups of asanas on the same disorder and comparing their effects. It may, therefore, be possible to state, in future, which asana helps which disorder.

5. However, before interventions can be used for treatment, diagnosis of behaviour problems has to be done. For this, a standardized tool is necessary. If this is made available, future research would be rid of the limitation of error-prone diagnosis. Besides standardized tests, other measures too can be developed; for example, sociometric scales. This would also become a validation procedure for the diagnosis.

6. A larger sample size can be used in future research so that conclusions reached can be taken to be definitive.

All these suggestions need to be taken into account for any future research to be more conclusive.