

Conduct Disorder among Adolescents: An Intervention Approach through Psycho-Yogic Program

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ABSTRACT:

Conduct Disorder is a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated and is seen commonly among adolescents these days. These behaviours fall into four main groupings: aggressive conduct, nonaggressive conduct, deceitfulness or theft, and serious violations of rules. We thus conducted this study in order to reach to a gradual solution of these problems. A Control group study was conducted on a sample of 80 adolescents, taken through quota sampling, with 50 in Experimental and 30 in Control group. Child Behavior Checklist 6-18 years by T. M. Achenbach (2001) was used for pre and post readings. After 8 weeks of intervention, significant improvement was noticed in Experimental group at 0.01 level of confidence thus indicating that Psycho-Yogic Intervention can be applied to reduce the symptoms of Conduct Disorder among adolescents.

Keywords: *Conduct Disorder, Adolescents, Psycho-Yogic intervention.*

INTRODUCTION

As infants, children develop gradually and evenly but as they step into adolescence, children radically change in shape and size physically. Simultaneously with the physical growth, the nature and behaviour of the adolescents also change. They tend to develop a sense of self and personal identity as well as the capacity to make their own decisions and manage life tasks without being overly dependent on other people. This important stage of life is usually marked between 10 and 19 years. According to a report by WHO (2007), the total population of young people in India itself is approximately 327 million which makes up nearly 30% of the population of country. In that 30%, nearly 21% of the total population falls in the age bracket of 10-19, which is classified as adolescents—a distinct segment consisting of young people. The proportion of young adolescents aged 10-14 is the largest among all young people.

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How one learns to contemplate, feel and behave in different new ways is a result of one's experience in various events in life situations and interactions with parents, teachers, and other important people in one's life. This means that an individual changes in response to actions and reactions of the people in his/her environment and this process continues throughout the life.

The adolescents approach identity formation, when their childhood goes well, with a sense of self as an autonomous, active, and competent agent in a relatively secure world. If there are any developmental problems, the adolescent may be hindered by feelings of mistrust, shame and doubt, guilt, and/or inferiority and futility. Identity formation is a challenging process even under the best circumstances; problems in earlier development may render it even more difficult and decrease the likelihood of positive outcomes (Moshman, 2005) including role confusion and a weak sense of self.

The physical and the psychological changes that occur during adolescence can lead the children in this age to experiment with their bodily as well as mental faculties, sometimes leading to fatal results. If the questions and problems arising from their psycho-social and physiological conditions are left unaddressed, it might lead to psychological disorders underlying attention seeking behaviours. It is during this period that they may be experimenting with drugs, alcohol or sexuality. Without proper guidance and counseling they may fall into vicious traps leading to losses which might have short or long term effects on their physical or psychological well-being.

It is estimated that at least 10 percent of 5-15 year olds have a diagnosable mental health disorder. **Singh, Sharma, Mathur, Gupta and Khatri (1989)** studied three hundred and forty eight children of age group 5-15 years and found that 50 out of 348 children were having mental health problems. Similar result was obtained by **Muzammil, Kishore and Semwal (2009)** who found that overall prevalence of psychosocial problems among adolescents was 31.2% in Dehradun during 2006-2007.

The results of a cross-sectional research on 400 children by **Anita, Gaur, Vohra, Subash and Khurana (2003)** indicated the prevalence of psychiatric disorders in children of ages between 6 and 14 years, in rural and urban areas of Rohtak, to be **16.5 percent**. It was also observed that **Conduct disorder was the most common psychiatric disorder witnessed in these children with a total prevalence rate of 4.5 percent; and 4.58 percent** according to a study by **Sarkhel, Sinha, Arora and DeSarkar (2006)** conducted on a sample of 240 students, of ages between 10 and 15 years studying in various schools in Kanke.

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate societal norms or rules are violated (DSM-IV TR, 2005). Children or adolescents with this disorder often react aggressively to others. They often display bullying, threatening, or intimidating behaviour. Symptoms of the disorder vary with age as the individual develops increased physical strength, cognitive abilities, and sexual maturity. Behaviours which are less severe, like lying, shoplifting, and physical fighting tend to emerge initially at first, whereas more severe behaviour, like burglary, is likely to surface at a later age.

The reason for aggressiveness in the children with conduct disorder was reflected upon in a study by **Sterzer et al. (2005)**. Functional magnetic resonance imaging during passive viewing of pictures with neutral or strong negative affective valence was performed in 13 male adolescents with severe Conduct Disorder aged 9 to 15 years and in 14 healthy age-matched control subjects. The findings reflected an impairment of both the recognition of emotional stimuli and the cognitive control of emotional behaviour in patients with Conduct Disorder, resulting in a tendency for aggressive behaviour.

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The result of a recent study by Euler, Sterzer and Stadler (2014) indicates that **cognitive control under distressing emotional stimulation was affected in adolescents with Conduct Disorder but not in healthy controls. They also concluded that executive functions, in reactive aggressive Conduct Disorder patients, are more susceptible to the harmful effects of distressing emotional stimulation.**

Conduct problems have an adverse effect on the overall personality of an individual as more problematic and difficult behaviour can occur in later adolescence and early adulthood. The results of several studies support this evidence. **Lynskey and Fergusson (1995); Disney and her associates (1999); and Connor, Ford, Albert and Doerfler (2007)** found in their study that early conduct problems were significantly associated with later substance use and definitely increases the risk of substance use and abuse in adolescents. In another research it was indicated that **children diagnosed with conduct problems were at a greater risk for internalizing psychopathology which in turn is responsible for social problems with peers (Polier, Vloet, Herpertz-Dahlmann, Laurens & Hodgins, 2012).**

For adolescents suffering from Conduct Disorder, **Risperidone appeared to be an adequately tolerated and effective treatment in children with severe disruptive behaviours such as aggression and destructive behaviour (Findling et al., 2000; Pandina, Aman & Findling, 2006). Though risperidone was an effective treatment for disruptive behaviours, some of the most common side effects of the drug included somnolence, headache, appetite increase, and dyspepsia. Side effects related to extrapyramidal symptoms were reported in 7 (13.2%) and 3 (5.3%) of the subjects in the risperidone and placebo groups, respectively (Snyder et al., 2002).**

For Conduct Disorder, overall treatment response, apart from controlling aggression, is poor (Sengupta & Shivalkar, 2007). The problem is compounded by the fact that treatment for such disorders is usually long term and lasts over a lifetime of the patient. In the long term, the medications can do more harm than they can benefit the individual who has been on such drugs since his/her childhood. Though the evidence suggests that antipsychotics, antidepressants, mood stabilisers, antiepileptic drugs, stimulants and adrenergic drugs can be well tolerated and effective therapeutic options for individuals with conduct disorder and comorbid psychiatric conditions yet the most successful therapeutic outcomes are likely to be achieved by combining the current advances in psychopharmacology with behavioural and psychosocial interventions, aimed at modifying the excessive patterns of maladaptive behaviours observed in conduct disorder (Tcheremissine & Lieving, 2006).

Needless to say, the search for non-invasive and non-medication therapies and behavioural treatments is what is required to be researched for, in order to create an effective, long term and responsible treatment regime for the same (Collingwood, 2010), because the child again regresses to his habitual problematic behavior as soon as the effect of the drugs lose effectiveness or intensity.

Adolescents are responsible for shaping the social and economic development, challenge social norms and values, and build the foundation of the world's future. Maturing earlier than previous generations, both physically and socially, adolescents and youth have high expectations for themselves and their societies. Most youth who exhibit some form of behavioural, emotional, or developmental disorder seek help to receive some form of psychosocial intervention. Although the need has been great, research on the psychosocial treatment of children and adolescents has not received as much attention as that of adults. It is assessed that more than 200 treatment modalities are actually practiced with this population, and research has examined only a few (Hibbs & Jensen, 1996).

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The present research is designed with the purpose of providing a Psycho-Yogic intervention program for resolving behavioural problems among adolescents. This Psycho-Yogic Intervention Program includes three yogic practices, namely, Surya Namaskara, Ujjayi Pranayama, Yoga Nidra and a psychotherapy, namely, Behaviour Therapy.

Although yoga in modern society has been often thought of as a form of physical exercise, traditionally, yoga practice has been a multicomponent discipline involving postures and physical exercises, breath-regulation techniques and the control of attention and enhancement of mindful awareness through the practice of meditation (Khalsa, 2013). **Emotionally disturbed, destructive, aggressive, hyperactive children can benefit from yogic discipline (Satyananda, S., 2006).**

The practice of Surya Namaskara as a whole gives a great number of benefits. It strengthens the back and helps balance the metabolism. The practice is known to give health, vitality, spiritual well-being and advancement. Surya Namaskar is a time and cost effective form of exercise for body as well as mind and helps maintain a sound balance of mental health and physical rigour.

Deep breathing patterns which are practiced in yoga can have quite an advantageous effect on the practitioner's physical and mental health. As observed, the rate and depth of breathing have distinctive effects on heart rate and the autonomic nervous system. An emotionally disturbed child also needs to relieve his apprehension and remorse, and gradually control his resistance mechanisms so that normal personality growth can continue. As the sensations of heat and cold, pain and pleasure, awaken during the practice of Yoga Nidra, the centres of the brain responsible for maintaining harmony between our inner and outer environments are automatically stimulated.

In general, the programs set such goals as increasing the amount of time the child remains seated, the number of math papers completed, or appropriate play with peers. Reinforcement programs reward the child for improvements and, at times, punish misbehaviour with loss of rewards (Barlow & Durand, 2012).

This **Psycho-Yogic Intervention program** is thus anticipative to be advantageous for adolescents with Conduct Disorder so that their energy can be channeled and used in the right direction.

METHODOLOGY

Sample

A sample of 80 male adolescents (11.5-15.11 years) with 50 in experimental and 30 in control group, selected from various clinics and hospitals in New Delhi, was taken through quota sampling and was administered Psycho-Yogic Intervention for 8 weeks.

Research Design:

The design used is '**Control Group Design**'.

Tools Used:

Child Behavior Checklist 6-18 years by T. M. Achenbach (2001).

Procedure:

- Preparation
- Surya Namaskara asanas:

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- Pranamasana
- Hasta utthanasana
- Padahastanasana
- Ashwa sanchalanasana
- Parvatasana
- Ashtanga namaskara
- Bhujangasana
- Parvatasana
- Ashwa sanchalanasana
- Padahastanasana
- Hasta utthanasana
- Pranamasana

- Ujjayi Pranayama
- Yoga Nidra:
 - Preparation
 - Resolution
 - Rotation of Consciousness
 - Breath Awareness
 - Opposite feelings and sensations
 - Visualization
 - Resolution
 - Ending the practice
- Behaviour Therapy
- End Process

Total time: 1 hour

Total Intervention Time: 8 weeks

RESULT

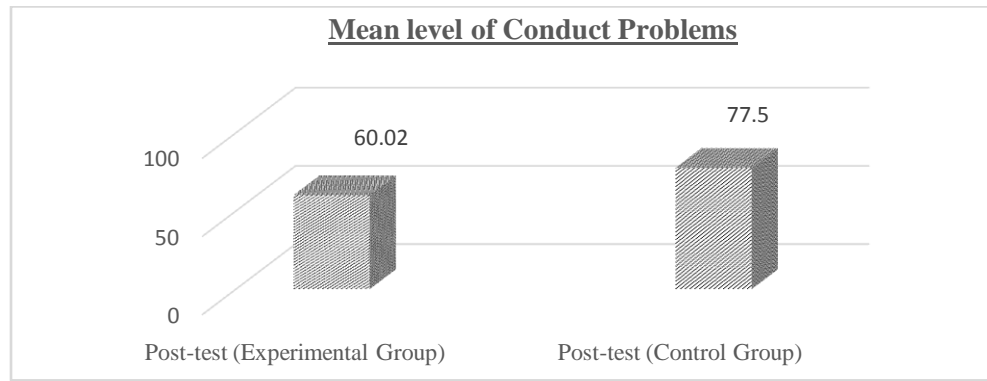
Alternate Hypothesis:

1. There is significant effect of Psycho-Yogic Intervention in reducing the symptoms of Conduct Disorder among Adolescents.

Result Table 1

Group		N	M	SD	df	t	Level of Significance
Experimental	Post	50	60.02	5.085	78	12.06	P<.01
Control	Post	30	77.50	6.872			

Graphical Representation of Table 1



DISCUSSION

The main objective of the present study was to explore the effect of Psycho-Yogic intervention program on behaviour deviance among adolescents. On completion of the study, the results indicate that there is significant effect of Psycho-Yogic Intervention Program in reducing the symptoms of Conduct Disorder. For the symptoms related to Conduct Disorder, the value of t is 12.06 for the post data of experimental group and control group which is significant at 0.01 level of confidence. This confirms the positive effect of Psycho-Yogic Intervention on levels of conduct problems among adolescents as they are able to reflect upon their own behaviour and decide what is best for them.

The child who has the symptoms of disruptive behaviour, severe aggression as well as socially maladaptive behaviour, gradually shows significant improvement in conduct through the practices of yogic discipline and participation in behaviour therapy.

Hiremath, Hunshal and Gaonkar (2008) laid emphasis through their research on the fact that a considerable percentage of students i.e. 15-20 percent of adolescents have difficult problem behaviour. This indicates that adolescents with high score in externalizing problems tend to be aggressive, act out their feeling and emotions and also express more verbal and physical threats often.

Yoga recommends that the mind must keep the body and sense organs under its control (**Shankar, 2002**). Since emotional disturbances are regarded responsible for disorganized human behavior, they can be tamed by controlling a person's emotions. Emotions can be controlled by controlling the mind (**Ghosh, 2005-06**).

Further, **Buchha (2012)** in his study indicated that like other yoga exercises, the Sun Salutation promises to improve the physical, mental and spiritual aspects. It is said to be effective in alleviating stress, boosting concentration, stabilizing emotions and inducing peace of mind. Surya Namaskar benefits the body by improving blood circulation, digestion and flexibility. The joints, and ligaments are strengthened and the nervous system's functions are sharpened. The exercise is also believed to have a positive effect on the pituitary, thyroid and parathyroid glands in the endocrine system.

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Powell, Gilchrist and Stapley (2008) studied the effect of an intervention involving massage, yoga, breath work and relaxation delivered to young children with identified emotional and behavioural difficulties, and found that children in the Intervention Group showed improvements in self-confidence, social confidence, communication and contribution in the class. Similar study was conducted by **Singh et al. (2007)** who assessed the effectiveness of a mindfulness training procedure in modulating the aggressive behavior of adolescents with conduct disorder who were at risk of expulsion from school because of this behaviour. The adolescents were able to learn the mindfulness procedure successfully and use it in situations that previously occasioned aggressive behavior.

Satyananda, S. (2006) emphasized that for emotionally distressed children, who find inactivity almost unbearable, the combination of physical movement and progressive relaxation is most appropriate. After Surya Namaskara the child will willingly lie down in Shavasana for Yoga Nidra. The purpose of the exercise is to induce deep relaxation, so that negative impressions locked in the unconscious mind will float to the surface and be dissipated. Children with behavioural problems have pent-up feelings of anger and aggression. For them, the practice of Yoga Nidra provides much needed relaxation and restores the balance of mental and pranic energy and also helps in releasing and rechanneling their energies in a more constructive way.

Behaviour therapy in itself is an effective tool which brings about a definite change in one's behavior as **the basic goal of behaviour therapy is to teach the child new ways of behaving through changing the environment, teaching new skills, or changing cognitive and emotional process (Hetherington & Parke, 1986)**. Rather than exploring inner conflicts and attempting cognitive change, behaviour therapist attempt to modify behaviour directly by manipulating environmental contingencies- that is, by the use of reward and punishment (**Coleman, 1988**).

CONCLUSION

With Psycho-Yogic Intervention, disruptive patterns pertaining to Conduct Disorder can be gradually reduced with regularity and continuity of the practices. This not only leads to the experiences of optimum health and well-being, but also provides a way into accepting one's behaviour and acting according to the norms of the society. As a child reflects upon his own behaviour, he is able to analyse and eliminate the disorderly behaviour and enhance positive conduct. It, thus, develops a sense of physical and emotional control, and the use of one's abilities in the right direction, which in turn leads to better performance at personal level as well as in the society.

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