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Intra-psychic effects of a group intervention programme on adolescents of divorce

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Divorce is one of the most stressful and complex mental health crises facing children today. As parents are often under tremendous stress during the time of divorce, they may be incapable of providing the support and guidance children need. The purpose of this research was evaluating the effects of an intervention programme on the self concept as well as on the levels of anxiety and depression of adolescents of divorce. A literature study was done and an empirical investigation was conducted. Eight adolescents who were still in the acute phase of the divorce process were evaluated before and after taking part in a group intervention programme. The ten-week programme was divided into three components, an affective component, a cognitive component and a support component focussing on conflict and anger management. Although the intervention programme did not serve to insulate the members from the negative effects of divorce, the findings of this research indicate that a group intervention programme can reduce feelings of anxiety and depression and enhance the self-concept. It is recommended that such an intervention programme be used as an adjunct to the normal school programme.

Introduction

Early views of divorce were that it is a short-term crisis of acute dimensions (Despert, 1953; Goode, 1956). However, Wallerstein (1994: 103) does not see it as a brief, time-limited crisis, but rather as a long-term experience. Divorce is seen as an extended process of changing family relationships, characterised by multiple stages usually following on a period of parental conflict within the marriage (Wallerstein & Kelly, 1980:79). It has a lasting effect on children and, contrary to popular belief, its impact increases over an extended period following the parental breakup (Wallerstein & Kelly, 1980; Wallerstein, Lewis & Blakeslee 2000). In her report on a landmark 25-year study, Wallerstein found that " ... divorce is a cumulative experience for the child ... at each developmental stage the child's problems resulting from divorce seem to crescendo" (Siatis, 1997:75). Bohannan (Kaplan & Sadock, 1997:53) describes the psychological, legal, economical and social sequellae of divorce (Myers, 1999; Robinson, 1997; Wild, 1999). Most persons report such feelings as depression, ambivalence and mood swings at the time of the divorce (Dowling & Barnes, 1999; Smart, Neale & Wade 2001; Hoff-Oberlin 2000). The recovery is a gradual process and the worst turmoil tends to abate after about two years (Kaplan & Sadock, 1997:53).

The stressful effects of divorce are so multifaceted and serious, that children of divorce are regarded as a population at risk (Gibson, 1994:141; Wallerstein *et al*., 2000; Dowling & Barnes, 1999; Schwartz, 1997). It has been found that it has an extremely negative effect on factors such as their social-emotional well-being and school performance (Ferreira, 1997:67-84; Luttig, 1997:51-60). Frequently observed problems are lowered academic achievement, restless behaviour, concentration problems, increased daydreaming and aggression, anxiety, depression (Kelly & Berg, 1978:218; Wiehe, 1984:17; Umbersohn, Wortman & Kessler, 1992:15), interpersonal problems (with parents, teachers and peers) and a negative self-concept (Pam & Pearson, 1998:195-206; Smart & Neale, 1999:98; Forehand, Biggar & Kotchick, 1998:119; Kantrowitz & Darnton, 1992:50; Kalter, 1984). A positive self-concept is related to so many other variables concerning academic performance, social and emotional well-being that when divorce negatively affects a child's self-concept, a multitude of intra- and inter-personal problems as well as school related problems may be generated (Omizo & Omizo, 1987:46; Kitson, 1992: 181).

Adolescence is a period of particular vulnerability (De Varis, 1995:242; Kalter, 1984:304; Hetherington & Anderson, 1987:247), as it is during this developmental phase that children experience dramatic changes in various areas of development, such as physical maturation (Simmons & Blyth, 1987), cognitive level of functioning (Piaget, 1952, 1972), socio-emotional development and identity formation (Erikson, 1950, 1968, 1982) as well as moral development (Kohlberg 1968; 1970; 1981; 1984; Reimer, 1993). After a divorce adolescents face the formidable task of adjusting to two sets of significant changes in their lives, namely those that normally arise during the adolescent developmental period and those that flow from the divorce process — which may include harsh changes in life-style and the loss of part of their previous emotional and financial support systems (Myers, 1999; James & Sturgeon-Adams, 1999; Kaslow & Schwartz, 1987:392; Umbersohn, Wortman & Kessler, 1992:15).

This research was motivated by the fact that adolescents of divorce from Government schools in middle income Johannesburg areas were constantly being referred to school counsellors. These referrals were because of behavioural problems, deteriorating academic performance, truancy, drug-related problems and general discipline problems. In consultation with these adolescents it became clear that their intra-psychic functioning was often seriously compromised. They appeared to have little self confidence, they experienced stress and anxiety and were often severely depressed. In fact Kaplan and Sadock (1997:49) see parental divorce as a serious precipitating factor to adolescent suicide, and say that "... suicide attempts may occur as a direct result of the divorce; one of the predictors of suicide in adolescence is the recent divorce or separation of the parents". Within a school context individual therapy is becoming very difficult due to an increasing amount of referrals and a dwindling staff ratio in the ancillary services. Prophylactic group intervention for at-risk learners was therefore thought to be a viable alternative.

Kantrovitz and Darnton (1992:50) maintain that the emotional wounds that children suffer as a result of divorce could remain with them throughout their lives, but that higher levels of conceptualisation of the divorce correlate positively with a positive self-concept, with a clear self identity and with self confidence. It is with this in mind that group intervention programmes have been designed for assisting children in coping with divorce-related stressors (Roizblat, Garcia, Maida & Moya, 1990). However, very few of these programmes have targeted the adolescent age group. It is precisely within this age group that individuals may find it easier to discuss their problems in a group context rather than in individual counselling, because using peers as sounding boards for their own feelings is part and parcel of the adolescent experience. The group is potentially a place where learners can share feelings, common experiences, problems and possible solutions, learn communication skills, receive and experience empathy and enjoy the satisfaction of helping others (Hammond, 1981:392).

Research problem

It would appear that children, and especially adolescents whose parents are divorced, are at an increased risk for a variety of psychosocial problems — at both an intra- and an inter-psychic level. Supportive intervention to help them work through the complex impact of

their parents' divorce is therefore extremely important. The school-based divorce intervention programme of Pedro-Carroll and Cowen (Pedro-Carroll & Cowen, 1985; Pedro-Carroll, Cowen, Hightower & Guare, 1986), which was designed for use with primary school children was adapted for adolescents and was used in this research. This research attempts at determining the effects of this ten week school-based intervention programme on the following facets of the intra-personal functioning of adolescents of divorce: self-concept, level of anxiety and depression. These facets of intra-personal functioning were chosen for research purposes because, as mentioned above, literature indicates that they are seriously compromised in children of divorce.

The main research problem reported on here was the following: *What intra-psychic effects does a school-based group intervention programme for adolescents of divorce have on these adolescents?*

Subsidiary problems emanating from the main problem revolved around the effect of the group intervention programme on the adolescents'

- self-concepts
- levels of anxiety, and
- levels of depression.

Research hypotheses

An adapted version of the divorce intervention programme of Pedro-Carroll *et al.* (1986) allows for experiences, thoughts and feelings to be expressed and shared, and it facilitates higher levels of conceptualisation of the divorce and the whole divorce process. It was hypothesised that a group intervention programme for adolescents of divorce during the acute stage of divorce, would

- have a positive effect on their self-concepts,
- lessen their anxiety, and
- alleviate feelings of depression.

The Divorce Intervention Treatment Programme and its objectives

The adapted version of the Divorce Intervention Programme is comprised of ten weekly group sessions, each lasting for two hours. The main objective of the group process during the Divorce Intervention Programme was to create a climate of openness, honesty and genuineness — in Rogers' (1973;1989) terminology it would be warmth, empathy and congruency. This would be an emotional climate conducive to intra- and inter-personal growth and development.

The general goals of the intervention programme were

- increasing self-knowledge and self-understanding
- strengthening or building up the self-concept
- addressing problem areas which may cause anxiety
- addressing problem areas which may cause depression
- improving interpersonal relationships (this aspect is not focused on in this article).

Sessions 1–3 focused on the affective component (although cognitive, social and normative aspects were also constantly at issue). Techniques used included each telling their own "life story"; family drawings as a basis for discussion; describing feelings and in so doing enhancing the group members' emotional vocabulary and lending the opportunity for catharsis; completing sentences such as: "Divorce is ...", and then using these inputs as a basis for interaction; role playing of difficult situations specifically in the parent-child relationship.

Sessions 4–6 made up the cognitive and interpersonal skill-building component of the programme. The main goal here was mediating the effective evaluation of problems, generating alternative solutions and choosing the most desirable of the alternatives. Seeing divorce as a solution and discussing the positive outcomes that it may have, formed a topic for discussion. The following list of communication strategies were also touched on: active listening, conversation skills, communicating and interpreting body language and conflict resolution (which links closely to problem solving). A considerable amount of role playing was also done in these sessions in order to give the group members "hands-on" practice with what had been discussed.

Sessions 7–10 made up the support component of the programme. The main goals of these sessions were self-concept building, assertiveness training and dealing with anger. This encompassed identifying anger and dealing with it constructively and assertively.

As has been stated, this research focused on a group intervention programme aimed at providing adolescents of divorce with the knowledge and coping skills required to understand their situation better, preparatory to overcoming the possible adverse effects resulting from parental divorce. Emphasis was placed on improving the self-concept and addressing possible problem areas causing anxiety and depression. Interpersonal relationships also formed a central part of the programme, although the evaluation of the interpersonal relationships is not focussed on in this article.

Research methodology

The research design

A semi-structured group approach was used and during the group sessions it was attempted to create a supportive environment in which the adolescents shared, explored and clarified divorce-related experiences. To evaluate the effectiveness of the programme, certain test media were used before and after the adolescents took part in the group intervention. Furthermore, a quasi-experimental design was used (Heppner, Kivlighan & Wampold, 1999:151-172; Johnson & Christensen 2000:255-279; McMillan & Schumacher, 1989:32). As Rosnow and Rosenthall (1996:169) put it, "... quasi experiments also have treatments, outcome measures, and sampling units, but they do not use randomization to allocate sampling units to treatment conditions." Three broad categories of non-randomized research designs of either the between–subjects or within–subjects type, are: non-equivalent-groups designs, time-series designs (single case experimental designs) and correlational designs. In this research a pre-test, post-test follow-up design was used, in which the effects of a treatment are inferred from a comparison of the outcome measures obtained before and after the treatment is introduced (Rosnow & Rosenthall, 1996:173; Heppner *et al.*, 1999:156).

In this case the researchers were not in a position to assign subjects to conditions randomly, as a situational variable (available volunteers) who would be the testees "When a researcher encounters a situation in which it is not practical or feasible to randomly assign subjects to conditions, he or she can use a quasi-experimental design" (Heppner *et al.*, 1999:151).

The outcomes of the test media that were chosen remained reasonably constant within a particular time frame. With this in mind, repeated periodic testing prior to the intervention programme (which is necessary in single subject research) was not deemed necessary to enhance the reliability of the evaluations. The presumption was that within a ten-week period the outcomes of these tests should not differ greatly if it were not for the intervention. The reliability therefore lies within the integrity of the tests used, as well as in the group, consisting of multiple testees.

In this experimental design, availability sampling was used — also known as convenience sampling or accidental sampling (Ary, Jacobs & Razavieh, 1990:176; McMillan & Schumacher, 1989:161; Neuman, 1999:196). As it is a non-probability or non-randomised sampling method, it is recognised that generalization needs to be done with caution, as the sample may not necessarily be representative of adolescents of divorce in general. Therefore it needs to be stated that findings which are significant, are significant for this particular group of testees. Furthermore, seeing that it also had to be a volunteer sample, it is recognized that specific characteristics pertaining to volunteers could have had an effect on the findings of the study (McMillan & Schumacher, 1989:161; Rosnow & Rosenthal, 1996:204).

The subjects

A group of 6–8 members is regarded as ideal for group work (Yalom,

1985:284). It was decided to recruit group members whose parents had divorced during the past year (which would place them in the "acute phase" of the divorce process), and who were in early (13–15 years of age) or middle-adolescence (16–18 years of age). The group members were selected from four English-medium government secondary schools in the Johannesburg area. A letter was sent to the four schools requesting learner participation as well as the names of possible participants. All the volunteer group members were white and came from middle class socio-economic backgrounds. Five of the volunteers were in early adolescence (three girls and two boys) and three in middle adolescence (two girls and one boy).

An interview was conducted with the custodial parent of each of the prospective participants, to procure written permission and to explain the group process. Furthermore an initial interview was held with each of the respondents. During these interviews the intervention programme was explained, detailing the group objectives, the time of each session (two hours) and the duration of the programme (ten weeks).

The eight volunteer group members were then subjected to a battery of tests. The tests were again administered after the ten-week programme had been completed.

The instruments

Test media were used before and after the 10-week intervention programme in order to obtain information regarding the following facets of the participants' intra-psychic functioning: the participants' self-concepts, their levels of anxiety and their levels of depression. In order to do this, the following tests were used: The ASCS (Vrey & Venter, 1983), the IPAT (Cattell, Schreier & Madge, 1986) and the BDI (Beck, Wald, Mendelson, Mock & Erbough, 1961)

- The ASCS (The Adolescent Self-Concept Scale). The items in this scale are formulated in such a way that the responses distinguish between a positive and negative self-concept. The dimensions that determine the structure of the self-concept are: the physical self, the personal self, the family self, the social self and the moral-ethical self. The quality of the individual's experience of self-respect and self-esteem in each of the dimensions, both separately and jointly, indicates how he perceives himself (Vrey, 1974:3; 1979). A positive self-concept consists of a positive or favourable evaluation of the self in relation to certain values (Vrey, 1974:95; Purkey, 1970:12). Scores of 28–55 are regarded as indicating a low self-concept; scores of 56–70 indicate a medium self-concept and 71–90 would be indicative of a high self-concept. The pre- and post-programme results on the ASCS appear in Tables 1 and 2.
- The Institute for Personality and Ability Testing (Illinois) designed the IPAT Anxiety Scale. It was developed from extensive research and practice as a means of acquiring clinical information on anxiety rapidly, objectively and in a standard manner. It is a brief, non-stressful, clinically valid questionnaire for measuring anxiety. According to Cattell *et al.* (1986:1) the scale provides an accurate appraisal of free anxiety levels. Considering the total score on the scale, an individual sten score of 1, 2 or 3 indicates stability, security and general mental health. Stens of 4, 5, 6 and 7 are still in the "normal range" and need occasion no further particular inquiry if the individual (or group) has no other indications of psychological difficulty. A sten of 8, 9 or 10 indicates definite psychological morbidity, which could have adverse effects on schoolwork and social-emotional adjustment. The pre- and post-programme results on the IPAT appear in Table 4.
- The Beck Depression Inventory (BDI) (Beck *et al.*, 1961) is an instrument used to diagnose depression. It is based on the premise that the number of symptoms the person experiences will intensify as depression increases. The items listed on the BDI include the attitudes and symptoms reflected in the vast amount of research that has been done on depression and which is stipulated in the DSM IV. In terms of validity it has been found that scores on the BDI correlate significantly with other ratings of depression and also with behavioural measures of depression (Metcalf & Goldman, 1965; Williams, Barlow & Argas, 1972, as in Forehand, Biggar & Kotchick, 1998:119). The Inventory consists of 21 statements reflecting various attitudes and symptoms. Each category describes a specific behavioural manifestation of depression and consists of four graded statements. The respondents have to evaluate themselves according to the listed statements. Respondents rate symptoms 0–3 (0 would indicate the absence of a particular symptom and 3 would indicate that the symptom is severe), giving a total score range from 0 to 63. The pre- and post-programme results on the BDI appear in Table 6.

Statistical method used

In this research, hypotheses about a group of learners were tested, but, because of the small sample size neither the z nor the t test statistics could be used. The z statistic was ruled out, because it was a small sample. The central limit theorem was not applicable, and the t statistic was therefore not appropriate because the sampled population was not known sufficiently to approximate a normal distribution. For this reason a non-parametric procedure needed to be used (Daniel & Terrell, 1995:722; Lockhart, 1997:554; Hurlburt, 1994:434). Although the virtues of non-parametric tests have been much debated, those who favour using non-parametric tests argue that they have most of the virtues of traditional parametric tests, without the possible distortions that may arise if assumptions are violated. However, one disadvantage is that non-parametric methods tend to focus exclusively on null hypothesis testing. The goal of model fitting, obtaining confidence intervals and so forth is set aside in favour of tests of significance (Lockhart, 1997:554). This proved not to be a handicap in this research, as hypothesis testing was exactly what the researchers wanted to do. However, as has been said, it has to be borne in mind that the significance of the results was judged in terms of the size of the difference, relative to the variability within the group, and one could not generalize from the findings.

The Wilcoxon signed-rank test was used in this research (Daniel & Terrell, 1995:723). This is a well established non-parametric procedure that is often used for one-sample cases. The test is very useful to the behavioural scientist because it enables the researcher to make the judgement of "greater than" between any pair's two values as well as between any two "difference scores" arising from any two pairs (Siegel & Castellan, 1988:87). Whereas the sign test uses information only about the direction of the differences within pairs, the Wilcoxon signed-rank test gives more weight to a pair which shows a large difference between the two conditions than to a pair which shows a small difference (Siegel & Castellan, 1988:87; Runyon, Haber & Coleman, 1994:310-311). The Wilcoxon signed-rank test was chosen because the study employed two related samples and it yielded difference scores, which could be ranked in order of absolute magnitude (Siegel & Castellan, 1988:90). This test determines whether or not the data imply that the population distribution of scaled responses are the same for the group in the before testing as in the after testing. The differences are ranked according to their absolute values from smallest to largest and whenever the rank sums for negative and positive differences depart considerably from their expected values, the hypothesis of no difference is rejected. Substantial departures indicate a difference from the expected value and provide evidence that differences exist (Jarrett & Kraft, 1989:607; Lockhart, 1997:555).

Results of the investigation

Self-concept (Tables 1, 2 and 3; Figure 1)

The group had an overall gain of 35 points, with an average increase of 4.25 points. The total increase was highly significant ($p < 0.01$). Furthermore, the improvement of the group's social self was significant ($p < 0.05$).

All the group members indicated a slight improvement in self-

concept on the ASCS, with an improvement range of between 2 and 9 points. Pre- and post-programme results indicate that two respondents remained in the low self-concept category (respondents A and F — although respondent F had a 9-point gain); Three improved from low to medium self-concept (respondents C, D and G), one remained in the medium self-concept category (respondent E) and two respondents maintained high self-concept readings (respondents B and H). In terms of the sub-categories of the self-concept the social and personal self seemed to have gained the most benefit, followed by the value and family self, with self criticism indicating very little improvement and the physical self no improvement.

Table 1 Adolescent Self-Concept Scale — Pre-test

	Group member								Total
	A	B	C	D	E	F	G	H	
Physical Self	6	16	8	10	10	5	9	17	81
Personal Self	4	17	7	9	13	8	9	15	82
Family Self	8	15	12	10	11	4	11	14	85
Social Self	4	16	9	9	10	6	7	12	75
Value Self	5	15	7	10	11	7	8	15	78
Self criticism	8	6	7	6	6	7	8	7	55
Total	35	85	50	54	61	37	52	80	456

For the purposes of convenience of interpretation the following diagnostic categories are given:

Diagnostic categories	**Total Scores**
Low Self-concept	28–55
Medium Self-concept	56–70
High Self-concept	71–90

Table 2 Adolescent Self-Concept Scale — Post-test

	Group member								Total
	A	B	C	D	E	F	G	H	
Physical Self	8	18	7	8	11	3	9	17	81
Personal Self	6	17	7	11	16	9	12	14	92
Family Self	8	15	13	13	5	8	12	15	89
Social Self	3	17	10	11	12	10	9	16	88
Value Self	8	12	10	9	11	10	8	16	84
Self criticism	8	8	9	6	8	6	8	4	57
Total	41	87	56	58	63	46	58	82	491
Improvement	**6**	**2**	**6**	**4**	**2**	**9**	**6**	**2**	

For the purposes of convenience of interpretation the following diagnostic categories are given:

Diagnostic categories	**Total Scores**
Low Self-concept	28–55
Medium Self-concept	56–70
High Self-concept	71–90

Table 3 Signed-rank values (ASCS)

ASCS subsections	Total (before)	Total (after)	*P* value signed-rank
Physical Self	81	81	1
Personal Self	82	92	0.0938
Family Self	85	89	0.4375
Social Self	75	88	0.0313*
Value Self	78	84	0.5
Self criticism	55	57	0.8125
Total	456	491	0.0078**

* $p < 0.05$; ** $p < 0.01$

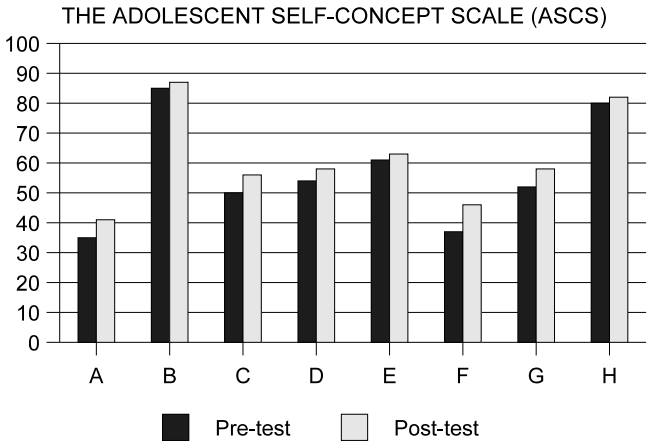

Figure 1

Anxiety (Tables 4 and 5; Figure 2)

In total there was a 14-point decrease in anxiety levels, as measured by the IPAT, with an improvement range of between 0 and 3 points. This was a significant difference ($p < 0.05$). The anxiety level of seven of the 8 respondents decreased, with one respondent's anxiety level remaining the same (respondent H). The group average anxiety level improved from high anxiety (8.1) to normal anxiety levels (6.4).

Table 4 IPAT Anxiety Scale pre- and post-test results

Group member	Before	After	Improvement
A	9	8	1
B	8	5	3
C	10	8	2
D	8	7	1
E	8	6	2
F	10	7	3
G	8	6	2
H	4	4	0
Total	65	51	**14**
Average	**8.1**	**6.4**	

Diagnostic categories	**Stens**
Indications of stability	1–3
Normal	4–7
High Anxiety	8–10

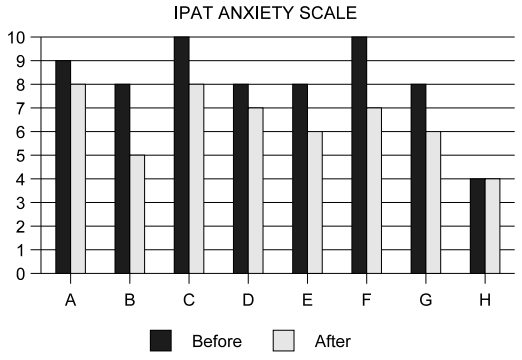

Figure 2

Table 5 IPAT Anxiety Scale signed-rank values regarding the group total scores

Before	After	Improvement	*P* value signed-rank
65	51	14	0.0156*

* $p < 0.05$

Depression (Tables 6 and 7; Figure 3)

On the BDI, the depression score of all the respondents was lower in the post-test. In total there was a 54 point difference between the pre- and post-programme BDI results, indicating a considerable decrease in depression in the group members. This difference was significant ($p < 0.05$). The improvement indicated a range of between 1 (respondent D) and 19 (respondent G) points. The average depression rate shifted from moderate depression (20) to mild depression (13.4).

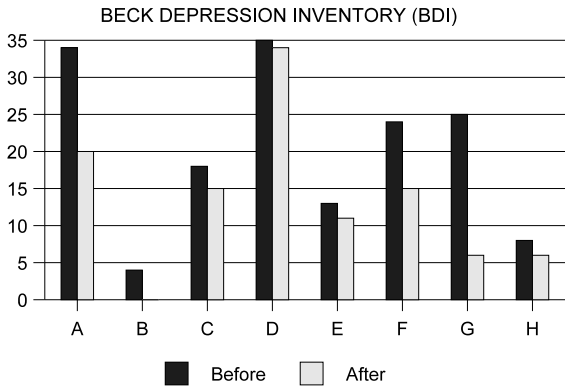

Figure 3

Table 6 Beck Depression Inventory pre- and post-test results

Group member	Before (Pre)	After (Post)	Improvement
A	34	20	14
B	4	0	4
C	18	15	3
D	35	34	1
E	13	11	2
F	24	15	9
G	25	6	19
H	8	6	2
Total	161	107	54
Group Average	**201**	**134**	

Diagnostic categories	**Scores**
No depression	0–9
Mild depression	10–15
Moderate depression	16–23
Severe depression	24–63

Table 7 Beck Depression Inventory signed-rank values regarding the group total scores

Before	After	Improvement	*P* value signed-rank
161	107	54	0.0078**

* $p < 0.05$; ** $p < 0.01$

Discussion of the results

The study was designed to test the hypotheses that children of divorce who participate in a group intervention programme would exhibit a more positive self-concept, less anxiety and less depression. The results of the investigation indicated that all three of these hypotheses could be accepted. One needs to bear in mind that the significance of the results is judged in terms of the size of the difference, relative to the variability within the group.

The self-concept

The total improvement in self-concept of the group, as a whole, can be regarded as highly significant ($p < 0.01$) (see Table 3). In the pre-test it was found that five of the eight respondents had low self-concept scores, which supports literature findings in this regard (Wallerstein & Kelly, 1980; Omizio & Omizio, 1987:46). A slight improvement in self-concept was noted in all the group members (Figure 1). A possible explanation for this is that the self-concept is a relatively stable dimension that tends to resist change over a short period of time. Self-concept has however consistently been shown to be a reliable measure of mental health, of the ability to cope with problems, to function under stress, to act efficiently and to form relationships with others (Smilansky, 1992:52). It is therefore quite possible that even a slight positive change in self-concept could have a positive ripple effect on the psychological functioning of the individual. If this positive change in self-concept can be accomplished during the acute stage of the divorce process it bodes well for the resolution of the remaining two stages of the process. The adolescent's self-concept may be regarded as the result of conscious and/or unconscious comparisons with one or more reference group (Smilansky, 1992:54). During adolescence the peer group can be considered as the dominant reference group, which has a considerable impact on the individual's self-concept. Adolescents readily turn to their peer group for support and advice. The sharing of painful experiences, problem solving skills and sometimes humorous interactions within an accepting and containing environment (such as was created within the group) seem to have contributed positively to strengthening the adolescents' self-concepts. The gains in personal and social self seem to link directly with the contents of the programme, whereas the physical self was not addressed at all in the programme — and consequently remained static.

Anxiety

The total improvement (diminishing) in anxiety level of the group as a whole, can be regarded as significant ($p < 0.05$) (see Table 5). On the pre-test only one of the eight respondents had an anxiety rating within the normal range. Seven of the eight respondents fell within the "high anxiety" category — which supports the findings of Kantrowitz and Darnton (1992:50). The group as a whole indicated a reasonable drop in anxiety level, moving from the "high anxiety" category, to the "normal" category (Table 4; Figure 2). This is of considerable importance because, just as is the case with the self-concept, anxiety is regarded as a stable dimension, which resists change over a short-term period (Pedro-Carroll & Cowen, 1985:609). A further reason for even a modest decrease in anxiety levels' being regarded as significant, is that divorce often heightens adolescents' vulnerability to one of the most common problems facing single-parent families, namely economic hardship. Economic hardship is a major factor accounting for adolescents' distress and anxiety, as it serves as a secondary incidence of divorce. As such it contributes to a diminished parenting capacity, possible parental absence (due to long working hours) and changes in household composition (Umbersohn *et al.*, 1992:15). As economic hardship is a factor which is not easily resolved in the short-term, anxiety pertaining to this secondary incidence of divorce may still have been present in the members at the end of the intervention programme, and therefore also the anxiety generated by it.

Depression

The total improvement (diminishing) in depression level of the group, as a whole, can be regarded as highly significant ($p < 0.01$) (Table 7).

On the pre-test only two of the respondents showed "no depression" (Table 6). Four of the eight respondents fell within the "severely depressed" category according to the BDI. This would indicate that they were morbidly depressed and that therapeutic intervention was necessary, as they were seriously at risk for suicide (Kaplan & Sadock, 1997:41). The considerable decrease in depression levels, as measured by the BDI (Figure 7), could be the result of various factors. Firstly there was the cathartic effect of voicing their negative emotions and being contained by the group. Secondly, information on the effects of divorce could have modified the adolescents' problematic beliefs pertaining to parental divorce. Furthermore, the addressing of cognitive distortions by means of feedback from other group members and the group leader could have had an effect very similar to that of cognitive therapy — which is regarded as one of the therapies of choice for depression.

Comments on the present research and suggestions regarding future research

- In future research it may be more proficient not to have early and middle adolescents in the same group, as some early adolescents may not yet be functioning at a formal operational cognitive level. The level of discussion may be influenced negatively by having adolescents at different developmental levels in one group. However, there may also be positive spin-offs to having early and middle adolescents in the same group. For the older group members it could have the advantage that they re-experience feelings and problems that they may have had when they were in the early adolescent phase and when the marriage was already in a state of deterioration and turmoil. The possible positive effect on the early adolescents in the group may be that they are exposed to feelings and to interpretations made by older group members. It may "inoculate" them against negative feelings that they may develop in the middle adolescent phase, and so help them to cope with feelings that may surface later on.
- The findings of this research cannot be generalised, because there was only one group involved. It is therefore recommended that the research be replicated with several groups so as to verify the findings.
- It needs to be borne in mind that the pre-testing may have had an effect, albeit slight, on the results of the post-testing.
- History may have had an effect on the post-testing. This means that other events may have taken place and the mere fact of the progression of the adolescent developmental phase over the 10-week period may have had an effect.
- The group programme consisted of many facets and as elements of human inter- and intra-personal functioning are inter-dependent, the various factors could have influenced one another. (Improved self-concept ⇦⇨ less anxiety ⇦⇨ less depression)

Recommendations

It is recommended for future group intervention programmes for adolescents of divorce that

- a differentiation be made between early adolescence and late adolescence, as emotional maturity and cognitive development play an important role in group work;
- a larger representative study sample be used, in order to be able to generalise to the greater relevant population with more confidence;
- long-term follow-up evaluations be made, in order to determine the extent to which positive short-term programme outcomes endure; and linking on to this
- long-term follow-up sessions be scheduled in order to pro-mote positive developmental gains;
- the inter-personal effects of the group intervention programme for adolescents of divorce be evaluated in greater depth;
- the intervention programme also be evaluated with adolescents of different ethnicity and socio-economic backgrounds; and
- if at all possible, individual therapy run concurrently with the group process. If individual therapy cannot be done within the school context, adolescents can be referred for private individual therapy if the family can afford it or if they have access to an adequate medical scheme. There needs to be close co-operation between the group counsellor and the individual therapist.

In conclusion

It would seem that a group intervention programme for adolescents of divorce can be used effectively as an adjunct to the normal school programme. A group intervention programme does not insulate the adolescents of divorce from the negative effects of divorce. However at an intra-psychic level, such an intervention programme can contribute to altering the adolescents' perceptions of the divorce, reduce feelings of anxiety and depression and enhance their self-concepts.

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