Summary of PhD Work

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Title of Thesis   : Effectiveness of Solution Focused Brief Therapy on Self-Concept, Self Esteem and Adjustment among Bullied Adolescents

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Bullying behaviors involve disruptions in an individual's functioning in various spheres of life, with one causing a detrimental upon the other, thus acting as an impediment in achieving the broader objective of holistic development of adolescents, which is upheld as an important objective in health policies of almost every nation. This makes it imperative to address the impact of bullying, especially on the variables of self-concept, self-esteem and adjustment as it is particularly known to have negative implications for them. The focus of the present study was to study the effectiveness of Solution Focused Brief Therapy on Self-Concept, Self Esteem and Adjustment among bullied adolescents.

A total number of 350 male and female adolescents served as a sample of the study, of which 60 (male=29 and female=31) participants were screened out for further analysis. All the participants, within the age bracket of 13 -16 years & Grades 8-11 were taken from different schools in Delhi NCR. Tools used in the present study were: (i) Multidimensional Peer-Victimization Scale as a screening tool for the identification of 'victims of bullying', (ii) Saraswat's Self-Concept Questionnaire, (iii) Rosenberg's Self-Esteem Scale and (iv) Vohra's Global Adjustment Scale. Informed consent was duly taken from respondents after briefing them about study and ensuring maintenance of anonymity and confidentiality throughout the study.

The study began in two phases, the first phase aimed at screening, assessment and the second phase included intervention. Phase 1 involved using Multidimensional Peer-Victimization Scale as a screening tool for identification of 'victims of bullying' as participants. Following this, the sample was divided into Experimental and Control groups using Random Assignment. Fishbowl technique was used for this purpose. This was then led by establishment of baseline measures of the three variables of interest (Pre-assessment scores were established). After the baseline assessment, the second phase of the study, intervention phase for the Experimental group (n=30) followed. Each individual in the sample was assigned to 6 sessions each of Solution Focused Brief Therapy, the modules of which were planned basis SFBTA treatment manual (2nd version) as developed by Solution Focused Brief Therapy Association, 2013. To decipher the success of treatment modality, post intervention reassessment (post-assessment scores) of the three variables was done, for both Experimental and Control groups.

The research utilized a 'convergence model of triangulation using parallel phases' mixed method design. Within Quantitative approach, the Pretest-Posttest Controlled Group Design type of Experimental method was used. Independent t test and Paired t test at the pre- and post-intervention stage were employed. Within the Qualitative approach, interview sessions as a part of intervention were adopted to collect and analyze qualitative data.

The findings from the quantitative investigation revealed Solution Focused Brief Therapy was effective in producing significant improvement in the Self-Esteem, Self-Concept and Adjustment scores. At the baseline, the treatment and non-treatment groups had no significant difference between them. The post assessment scores revealed significant differences between the two, pointing to the role of the treatment, i.e. SFBT that was made available only to the Experimental group; this could perhaps be seen as a reason that led to difference in scores. Also, a within group analysis revealed that the Experimental group reported increase in scores of Self-Esteem, Total Self-Concept, Physical Self-Concept, Social Self-Concept, Temperamental Self-Concept, Moral Self-Concept, and Intellectual Self-Concept. Further, in comparison to the

Control group, it was found that the Experimental group experienced a boost in their Self-Esteem, increased Emotional, Health, School and Social Adjustment than the Control group counterparts. The current results gave a moderate to very high magnitude of effect size, implying that SFBT was significant in bringing a real change in the participants of the treatment group. In the light of findings obtained, all hypotheses stand proven. Thus, from the above, it stands evident that SFBT was a helpful technique not only in terms of understanding differences between the 2 groups- treatment & non-treatment (Between Group Analysis), but also proved to have a high impact as a technique in itself, basis the findings of the Within Group Analysis.

To further establish the effectiveness of SFBT as a technique, a Qualitative Analysis was undertaken. The purpose of this was to understand the subjective experiences and felt changes, if any, from direct accounts as shared by participants during interview sessions held. The 150 therapy sessions so held were subjected to thematic analysis, which led to the emergence of 5 themes, 18 sub-themes and 79 codes highlighting the bullying experiences of the participants, impact it had on their lives and how SFBT was helpful in navigating these participants through their then vulnerable states. Their accounts, as shared during the course of therapy, reflected how their sense of self got faltered, with their self-beliefs and appraisals declining; their ability to adapt with situations was thwarted in general-both as a general, internal competency to affecting how they cope with the challenging demands placed on their inner and outer worlds.

Building blocks of bullying, as shared by felt experiences of participants were explored, role of school ethos and culture came to the fore in its role in promoting bullying, though inadvertently. Inequalities in social prowess, as seen operating in school cultures, were found to be contributing factors to this phenomenon. These findings lent support to RQ1. Ramifications of bullying at different levels of human existence were navigated through, largely in terms of psycho-social consequences. Role of stakeholders emerged as potent forces that can promote or prevent bullying- in terms of teaches, peers and family systems, thus lending evidence to RQ2. Various tools and techniques integral to SFBT were identified as promoters of the change process. Use of 'SF' language was found to be a *facilitator of goal attainment*. It was also found that the simple and effective tools and techniques of this modality made outcomes achievable. As various realms of their existence were meandered through with the means of 'therapy questions' & 'effective use of Solution Focused Language' that act as potent tools of change, participants began reporting subjective changes. In some cases, they were objectively observable too, in terms of their newly acquired assets of *confidence*-to deal with such experiences strongly by *lowering their felt intimidation* in the face of bullying, thereby making them less vulnerable to victimization; *use of active ignorance* as an effective tool that helped them cope; and *assertiveness*: to put their opinions across strongly, thereby making them less vulnerable to such incidences, to name a few. The above mentioned findings lend evidence to the previously formulated RQ3 for qualitative inquiry.

Thus, in an attempt to achieve triangulation, a mapping of results from quantitative findings and qualitative exploration goes on to prove the effectiveness of solution focused approach to achieve better self-conceptions, enhanced self-esteem and better adjustment among bullied adolescents. The current study thereby establishes its effectiveness as a modality to deal with victimization triggered by bullying, by providing substantial evidences in line with objectives of the study. Use of mixed methods design further adds to the credibility of the results so obtained.